



Children's Safeguarding and Family Help

Children and Young People's Disability Service (CYPDS) policy and procedures

Camden's Children and Learning Directorate uses relational practice as the foundation for all our work. Our integrative relational practice framework is based on our values, and is designed to help achieve the Directorate's purpose: to work with children, families and communities to make a positive, lasting difference to their futures, so they have the best start in life.

We recognise the impact of structural inequalities on the lives of the children and families we work with and as a service we will embrace inclusive, anti-discriminatory and anti-racist practice based on our values and our mission to champion social justice.

Our practice framework centres on honest and compassionate relationships with those we serve and with each other. It is an expectation that all Directorate policies and procedures are implemented in line with our practice framework, and that any actions within policies and procedures reflect its ethics, values and practice expectations.

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Part 1 Services and eligibility

1.1 Introduction and purpose of policy

Camden's Children and Young People's Disability Service (CYPDS) is the main provider of social care services for children and young people aged 0-25 with complex needs arising from their disability. This policy sets out how their needs will be met and describes their journey, from the assessment, planning and review of services, arrangements for their preparation for adulthood and their transition to adulthood.

1.2 Service structure

Up to the age of 18 services for disabled children and young people in Camden are delivered by MOSAIC, a multi-agency partnership of health and social care services designed to provide integrated services that meet the needs of disabled children and young people and support to their families so that they can realise their potential.

The CYPDS is co-located with MOSAIC and delivers social care services for disabled children and young people. The service is part of the Children's Safeguarding and Social Work division within Camden's Supporting People Directorate.

From the age of 18 and up to 25 years, the CYPDS works closely with health colleagues in the Camden Learning Disabilities Service (CLDS) as well as with the Adult Social Care Locality Teams to ensure the holistic needs of young adults are also met.

The CYPDS is made up of the following team members with specialist knowledge of both children and adult Social Work, working across the 0 – 25 service :

- A dedicated Head of Service;
- Two Team Managers
- 4 Seniors Practitioners
- 8 Social Workers
- 1 Short Breaks Coordinator and 1 Short Breaks Assessor
- A specialist finance officer, Direct Payments Officer and administrator
- 2 non Social Work posts which are currently being developed.

1.3 Description of services – “the child’s journey”

The CYPDS provides a social care service to children and young people as follows:

Children and young people under the age of 18 will receive a service where they have been assessed as in need under section 17 of the Children Act 1989 due to disability or need ‘early help’ as described in section 10 of the Children Act 2004 .

The service provides short breaks as well as early help and statutory social work interventions for children in need, under child protection procedures and where the child is looked after by Camden and eligible for Leaving Care Services as outlined in the Leaving Care Act 2000.

From the age of 14 CYPDS practitioners support the young person and their families with their preparation towards adulthood. The team will continue to provide services under the Children Act 1989 but work will focus on their current and future needs and consider the most appropriate pathway for services post 18.

From the age of 18 CYPDS will continue to work with young adults up to their 25th birthday provided they have been assessed as being eligible for social care support under the Care Act 2014 and will facilitate any transfer to adult social care where the young adult meets the eligibility criteria.

The CYPDS also works closely with Camden’s Special Educational Needs (SEN) service and the local specialist educational providers as many of the children and young people meeting the threshold for a CYPDS service also require an Education, Health and Care plan under SEND legislation. CYPDS aligns social care support in line with the Department for Education’s Preparation for Adulthood outcomes which include employment, independent living, community inclusion and health.

The CYPDS works within the parameters of Camden’s child’s journey principles whereby the child and their family receive a social work service from the most appropriate social work team and experience as few changes of social worker as possible throughout their journey. This means that the CYPDS take a whole-family approach and work with both disabled children and their non-disabled siblings delivering statutory social work intervention.

1.4 Legal duty to provide services

- Local authorities have a duty under the Children Act 1989 and the Children Act 2004 to provide services for disabled children aged 0-18;
- The Children and Families Act 2014, the Care Act 2014 and the Leaving Care Act 2000, where a young person was formerly looked after, deal with support for young people with care and support needs preparing for adulthood.
- Local authorities also have a duty under the Care Act 2014 to provide services to disabled adults;
- The SEND code of practice and the Care Act statutory guidance place a duty on local authorities to begin preparing disabled young people for adulthood from the age of 14 onwards and support may continue to be provided through the young person's Education, Health and Care plan (EHC) up to the age of 25.

1.5 Eligibility criteria under the Children Act 1989 (0-18)

To qualify for a service from the CYPDS a child must first meet the requirements of section 17(11) of the Children Act 1989 which defines disability as follows:

- “a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.”

The Equality Act 2010 also defines disability as:

- “a physical or mental impairment that has a “substantial” and “long-term” negative effect on the ability to do normal daily activities.”

However not all children and young people who are defined as having a disability as outlined in the Children Act will receive a service from the CYPDS.

To establish whether the level of the child's needs relating to their disability meets the threshold for a service, the CYPDS will require a functional needs assessment (FNA) using the model shown at Appendix 1 and 2.2 below.

To meet the criteria for a service from CYPDS, the child must score at least 2 moderate or 1 severe or profound needs which have been identified by the relevant professional. For example if a child has communications difficulties it is expected that a Speech and Language Therapist will provide evidence of levels of functioning.

Where the child's primary need is their mental health, which is substantive and long term and is not a result of a learning or physical disability then CYPDS will sign post the family to other statutory services which may include CSSW or mental health services.

Depending on the level of the child's needs, the following services may be provided:

Statutory social work service:

- Where the child has complex social care needs and/or where there are concerns around parenting or high risk activity of a young person, the family will receive a full statutory social work service and will have an allocated CYPDS social worker.
- The social worker will work with the child and family to develop either a child in need or child protection plan with the aim of meeting the child's needs and reducing risk. The social worker will also carry out statutory visits to the family and will work closely with the professional network to seek to bring about change.

Short breaks service

- **Enhanced offer:** Children who do not require a statutory intervention but do require significant support due to the complexity of their disability will be eligible for a short breaks package of support. This may include a combination of direct payments, agency support, after school clubs and in extremely complex situations, overnight respite.
- The level of support will be determined by the social worker or other assessor in conjunction with the family based on an assessment of need. The child or young person will have a short breaks plan which will be reviewed by a social worker or other assessor and presented to the Short Breaks panel either 6 monthly or yearly dependant on the level of need. In some cases, packages of support can be reviewed more frequently.
- **Core offer:** Where the child has a disability but has a lower level of need and does not require statutory social work support, parents/carers can apply for short breaks via an online self-assessment tool (SART). Camden's short breaks core offer can equate to **up to 5** hours support, 52 weeks per year.

- The offer is reviewed a year from the date of the SART form being submitted by the family and does not need to be presented to the Short Breaks Panel. If at any time it is assessed that the child's needs have increased, an assessment will be undertaken by a social worker or assessor and consideration will be given to the package of support becoming enhanced.

1.6 Eligibility for 'Preparation for Adulthood' support from CYPDS (14-24)

1.6.1 General eligibility criteria

In order to meet the criteria for a Preparation for Adulthood specialist service from the CYPDS, the young person must be:

- between the age of 14 and 24 **and are:**
- already known to the CYPDS service and eligible under s17 of the Children Act 1989 and normally subject to an enhanced short breaks package of support
- likely to meet the eligibility for ongoing services post 18 as outlined in the Care Act 2014 (see appendix 3)
- moving into the borough and meet the criteria
- have acquired a permanent or substantial disability.

CYPDS eligibility and learning disabilities post 18

People with a formally diagnosed learning disability experience life-long impairments in both cognitive and adaptive functioning. In addition to the social care assessment of need, CYPDS will work closely with health colleagues to determine the following:

- **Cognitive functioning** will be assessed by an appropriate health professional from CLDS using a standardised measure of intelligence. The measure that is used most often is the Wechsler Adult Intelligence Scale – Fourth Edition. This involves the completion of a number of "Verbal" and "Performance" sub-tests and yields a Full-Scale IQ score. Learning disabilities are partially defined by a Full Scale IQ score of less than 70.
- **Adaptive functioning** will be assessed through interview, observation and/or the completion of standardised checklists such as the Adaptive Behaviour Assessment System (ABAS). Learning disabilities are partially defined where a significant, life-long impairment in at least two major areas of functioning is identified. The areas assessed will include communication, community use, functional academics, home living, health & safety, leisure, self-care, self-direction, social and work skills.

Both the cognitive and adaptive functioning of the person are considered when assessing whether a young person has a learning disability. There are many people who would score less than 70 on an assessment of cognitive functioning but who do not have significant problems in adaptive functioning, and would not be considered to have learning disabilities.

CYPDS eligibility and physical disabilities and sensory impairment post 18

CYPDS may work with young people without a learning disability but who have a physical disability or sensory impairment. Eligibility criteria for a service under the Care Act 2014 as set out in Appendix 3 and will be based on the young person's needs as identified by assessment and what help and support they will need in adulthood. Support will focus on preventing or delaying needs to arise or reducing needs so that the young person can achieve the outcomes listed in the Care Act 2014.

If the young adult is age 24 and older at the time of the referral, then a discussion will take place with the relevant community based adult social care service to determine whether it is more appropriate for adult social care to undertake an assessment of need. The aim would be to reduce any transfers between teams and ensure continuity of service for the young adult.

Part 2: CYPDS procedures

2.1 Referrals

2.1.1 Children under 18

- Internal referrals from services within Camden Children's Safeguarding and Social Work should be made using a CSF contact record.
- All other referrals from partner agencies should be via a CAF referral record and emailed to the Duty Manager at dutydct@camden.gov.uk and must be followed with a telephone conversation on 020 3317 2201.
- Families can self-refer for core offer short breaks via the on-line local offer website or by requesting a self assessment referral tool (SART) from the duty social worker at dutydct@camden.gov.uk. Referrals will be sent to the short breaks co-ordinator to process. Self-referrals should be acknowledged with 1 day and processed within 35 days as for all CSSW assessments but with an expectation that the time taken will be proportionate to the complexity of the child's needs.

The CYPDS will only accept referrals for children and young people under the age of 18 once a functional needs assessment (FNA) has been provided by relevant agencies (see Appendix 1 and section 2.2) unless the referral relates to safeguarding or welfare issues.

2.1.2 Young adults aged 18 and over

- Internal referrals from services within Camden Supporting People Directorate including Adult MASH should be made using a MOSAIC contact record.
- All other referrals from partner agencies, including families should be via the current CLDS referral form available from the CYPDS duty manager and emailed to dutydct@camden.gov.uk. This must be followed with a telephone conversation on 020 3317 2201.
- Referrals should be accompanied by the most recent health and/or educational reports where possible.
- Discussions should take place between CYPDS and CLDS health colleagues if the level of learning disability is not clear from the referral. In these cases, a joint visit between social workers and health colleagues may be undertaken to the young adult to complete an initial contact assessment (ICA).

A decision should be made on all referrals by the relevant manager or senior within 1 working day of receiving the referral in line with CSSW policy and referrers should be informed of the outcome of the referral in writing within 3 working days.

Where the referral is from the Contact Service or EDT, the referral pathway is:

- If the young person is already known to the CYPDS or has been in the past 3 months, a referral should be made directly to the CYPDS duty manager via the CSF or adult MOSAIC contact form.
- If the young person is not known to the CYPDS and the disability is not clear, then a referral should be made to either the children or adult MASH teams for screening.

2.2 Functional needs assessment (FNA)

The FNA is one tool that CYPDS use to determine eligibility for services.

Therefore a FNA **must** be carried out for all cases involving children and young people under the age of 18 who are being referred into the CYPDS. There is an expectation that professionals making referrals will have completed the FNA **before** the referral is made and that the outcome of the assessment is noted in the referral.

Where referrals are made by services or agencies other than health, for example the MASH social worker or a voluntary organisation, it is expected that the referrer would have gained consent from the family to contact the professionals involved and their views sought for the FNA as part of the referral. A referral will be accepted without an FNA where there are immediate safeguarding or welfare issues.

Agencies and professionals should be informed that a completed FNA or the information required to complete the FNA must be provided within 10 working days of making contact with the CYPDS or no further action will be taken on the contact.

If the functional needs assessment indicates that the child meets the threshold for a service from the CYPDS, the social worker should accept the referral and complete a CYPDS referral record.

If the information gathered indicates that the child or young person does not meet the threshold for the CYPDS the duty social worker should make contact with the referrer to discuss the reasons. The referrer should also be informed in writing of the outcome within 3 working days of the referral being received and sign posted to other support services where appropriate, including to the Camden Local Offer website. At this point only a contact record will be completed.

2.3 CYPDS child and family assessment

A specialist CYPDS child and family assessment should be carried out for every child and young person referred to the CYPDS. If the child is age 14 years or older at the time of the referral, then a preparation for adulthood assessment will be completed. An assessment will not be required if the family completes a self-assessment referral (SART) online for a core short breaks offer.

The assessment should:

- focus on the child or young person's needs stemming from their disability as outlined in the statutory guidance available at:
<https://www.gov.uk/government/publications/short-breaks-for-disabled-children>
- be based on the assessment framework and take into account all the child's developmental needs, parenting capacity and environment factors;
- consider both the strengths and vulnerabilities of the family environment including the identification of any potential risk to the child;
- be child focused and ensure all attempts are made to gain the voice of the child or young person;
- be carried out in line with the division's assessment policy available at;
<..\Assessment\Policies and guidance\Assessment policy and practice guidance.doc>

The assessment should also contain information about the child's social care needs that are relevant to their learning and which can be copied forward to the relevant section in the Education, Health and Care plan assessment.

This ensures that assessments and plans carried out by the CYPDS have clear outcomes that can be aligned wherever possible with other plans to avoid duplication and ensure an integrated approach to support for the child or young person.

The outcome of the assessment will make recommendations as to the level of intervention required based on assessed need and level of risk to the child or young person. This may be statutory intervention or provision of short breaks only.

2.4 Parent/carer assessment for children and young people under 18

Parents/carers need for a “short break” should always be considered as part of the child and family assessment under the Children Act 2004. When social workers or other assessors make recommendations for support, they should always consider the needs of the parent/carer as part of the overall package of care. However, social workers can complete a separate carers assessment alongside the CYPDS child and family assessment whenever parents request it.

The purpose of the assessment is to identify the parent’s support needs in the capacity of caring for a disabled child above and beyond what is reasonably expected if the child were not disabled.

When considering the parent carer’s support needs, the social worker should take into account:

- the wishes of the parent carer
- the wellbeing of the parent carer (using the same criteria as for adults under the Care Act 2014)
- the need to safeguard and promote the welfare of the child.

2.5 Self-assessment (SART)

Families can access the self-assessment template (SART form) on the local offer website or through requesting a SART form via dutydct@camden.gov.uk. Once completed, the information should be reviewed by the Short Breaks Assessor in order to assess the child’s needs and make a decision on thresholds and eligibility for services. This should be completed within the time-frame set out in section 2.1.

The timescale for completing the referral and agreeing the level of short breaks support to be provided is 35 working days in line with other assessments. The family should be notified in writing of the outcome of the assessment and should be informed that they will need to resubmit the SART form on an annual basis for review and renewal. The case will not need to be presented to the short breaks panel if the outcome is a core offer level of support.

If the SART referral is in reference to a young person age 14 or over then a preparation for adulthood assessment will be required, and the young person and family should be seen by a social worker. The case will then be presented to the short breaks panel to which the young person and their family should be invited to attend.

2.6 CYPDS short breaks

The majority of disabled children and young people between the ages of 5 and 18 who are known to CYPDS will have a short breaks plan, usually as an outcome of an assessment. This sets out what actions and services will be put in place to address their needs and improve outcomes.

This includes services such as direct payments, and/or after school clubs, services and support for non-disabled siblings. It may also include specialist services such as a referral to MOSAIC CAMHS or other behavioural support.

In support of this, the child will also have a finance plan detailing specific provision, for example transport or day care, and the total cost of the package of care being provided. The allocated CYPDS social worker is responsible for drawing up both plans.

Following assessment, the draft short breaks plan should be recorded in the child and family assessment form:

- If the outcome of assessment is a core short breaks offer the case will not need to be presented to the Short Breaks Panel and service provision can be authorised by the CYPDS team manager.
- If the outcome of the assessment is for an enhanced short breaks offer the social worker should present this to the Short Breaks Panel for agreement.
- All young people of aged 13+ will need to be presented to the Short Breaks Panel as this will inform their preparation for adulthood planning.

The final agreed short breaks should be recorded in the panel agreement section of the short breaks plan and the final paperwork distributed to all relevant parties, including the child and their family, and service providers.

The plan should be distributed within 10 working days from the date of the panel meeting, unless queries arise from panel discussions that require the family, social worker or service provider to provide more information.

2.7 Short Breaks Panels for young people up the age of 18

The short breaks panel is a multi-agency forum for overseeing the quality of enhanced offer short breaks plans for disabled children and young people under the age of 18. The Panel is also responsible for agreeing the allocation of services and resources for disabled children as part of the packages of care.

The panel is chaired by the CYPDS service manager or in their absence the CYPDS team managers. Panel members may include professionals from a variety of children's health, education and social care services. A minimum of 3 panel members are required for the meeting to be quorate.

The panel will meet twice a month in order to consider and agree enhanced offer short breaks plans, preparation for adulthood plans and finance plans. The panel may also offer guidance and advice to the allocated social worker on whether there is a need to escalate the case to a more robust statutory intervention in order to safeguard and promote the child's welfare.

Panel meetings are normally held at Swiss Cottage School for the children who attend there but otherwise will be held at Kentish Town Health Centre.

Parent/carers participation in the Short Breaks Panel process.

Parents should be invited to attend the panel meeting and it is preferable that they attend as significant decisions are made around the support their children and young people need. Interpreters should be provided where necessary to ensure that families are able to express their views.

Children and Young People's participation in the Short Breaks Panel process

Children and young people should also be invited to attend the panel at Swiss Cottage School. Their attendance should be discussed with the school to ensure they have the capacity to attend and they are able to manage the meeting in line with their disability and needs.

The SEND Code of Practice makes it clear that under the Mental Capacity Act, young people must be supported to make their own decisions from the age of 16. Each decision should be considered separately and every effort should be made to ensure that the young person's views are taken account of for each decision. It is therefore critical that young people attend meetings where decisions about their lives are being made.

This means that they should be expected to be present at meetings and that they are offered an advocate. Communication and decision making tools should be used to maximise young people's participation in the development of their short breaks plan.

2.8 Review of plans

All core offer short break plans will be reviewed on an annual basis with reviews held one year after the family submitted their online SART assessment. Families will be asked to re-assess the child or young person's needs online and re-submit this assessment for consideration.

All enhanced offer short breaks plans and finance plans will be reviewed by the Short Breaks panel at the following frequency:

- short breaks plans where the child has moderate difficulties and the finance plan involves a low level of service provision will be reviewed annually.
- Annual reviews can be brought forward at the request of a child/young person, their parent or a member of their professional network where there has been a change in circumstances and the service provision needs to be reassessed.
- Short breaks plans where the child has a high level of complex needs requiring a high level of service provision will be reviewed more frequently. The frequency of reviews will be determined by the CYPDS team manager in consultation with the allocated social worker and agreed by the panel chair at each meeting.

Where the child or young person is subject to a concurrent care plan, pathway plan, child protection or child in need plan under the Children Act 1989 the short breaks plan must align with the objectives set in the child's other statutory plan.

Short breaks plans should also be aligned with and reflected in the child or young person's Education, Health and Care plans to ensure outcomes are aligned and are in the best interests of the child. Please refer to the SEN policy available at: [SEN policy.docx](#)

As part of the review process, CYPDS social workers will need to update the child and family assessment (and any carers assessment) and record this, together with the proposed short breaks plan, on the CYPDS updated assessment/short breaks plan record.

The child must be seen as part of the review process unless they are receiving a SART core offer. All reasonable attempts must be made to ascertain the child's wishes and feelings; this may include the use of communication tools as well as observations of the child in different environments including home, school and after school activities.

The social worker should share their assessment and recommended plan with the family prior to submitting the case to the short breaks Panel. Any differences of opinion between the assessing social worker and the family must be clearly recorded and presented to panel.

The updated assessment, together with the updated finance plan, should be submitted to the short breaks panel co-ordinator at least 7 working days before the panel is due to be held.

2.9 Statutory intervention by the CYPDS

Some children who are known to the CYPDS will be 'children in need' under section 17 of the Children Act 1989 and the majority of children and young people will have a short breaks plan to meet their needs arising from their disability.

Where assessment shows that children have needs arising from safeguarding issues that are linked to parenting capacity, the CYPDS will provide a statutory social work service under the 1989 Children Act in line with relevant social work divisional policies and procedures.

The CYPDS will also provide a statutory social work service in cases that are reviewed at the short breaks panel and recommended as requiring an escalation to statutory social work intervention following concerns about parenting capacity and safeguarding issues.

These cases will be conducted in line with the division's *Safeguarding policy and procedures* available at: <..\Children in need\Safeguarding policy and procedures.doc>

All statutory plans will be reviewed on a 6 monthly basis with the review held shortly before the review of the short breaks plan so that statutory interventions can be taken into account at the panel meeting.

2.8.1 Children in need (CIN)

If there are concerns about the quality of parenting that the disabled child is receiving, and parents need more support in order to meet the child's needs, the child will have a CIN plan that addresses safeguarding concerns and parenting issues.

2.8.2 Child protection

The CYPDS will follow the London Safeguarding Children Board child protection procedures (available at: <http://www.londoncp.co.uk/>) whenever there are concerns that a disabled child may be suffering or at risk of suffering significant harm and the

child may be subject to a child protection plan. Child protection procedures may be invoked following assessment or in response to an incident but action should be taken and as soon as concerns arise.

2.8.3 Looked after children

Where the CYPDS looks after a child, whether as part of a package of care to meet their complex needs or whether this is due to concerns about parenting, the child will have a care plan which will be reviewed at the statutory LAC review in line with Camden's looked after children policies. [..\Looked after children](#)

From the age of 16, young people who are looked after and who are eligible for a leaving care service will have a pathway plan which will be reviewed in line with the *Preparing for independence* policy. [..\Leaving care\Preparing for independence policy.doc](#)

Looked after children or those eligible for Leaving Care Services whose care package includes a residential placement will also have their provision reviewed by the complex needs panel.

Part 3: CYPDS Preparation for Adulthood procedures

3.1 Structure and function

Camden's Children and Young People's Disability Service (CYPDS) also provides specialist social care services to young people and young adults from the age of 14 up to the age of 25 with complex needs arising from their disability. This is in order to prepare them for adulthood and help them move on to independence or adult social care services depending on their needs.

Between the ages of 14 and 18 the CYPDS will work with the young person to provide a service under the Children Act 1989 in order to meet their present assessed needs and take any action in order to safeguard and promote the young person's welfare.

At 14 the CYPDS will also begin planning for when the young person becomes an adult; this planning will be informed by the SEND code of practice (DfE 2014) and the Care Act 2014. The planning will focus on preparing the young person for independence and an adulthood in which they are able to lead full and active lives, participating as respected members of their local communities.

Preparation for adulthood assessments and plans will look at the young person's likely future needs arising from their disability and consider whether they will meet the threshold for an adult social care service under the Care Act 2014 (see appendix 3).

From 18 up to the age of 25 the CYPDS will provide support under the Care Act 2014 in order to promote independent living and prevent, reduce or delay the onset of needs so that young people can achieve good outcomes. Support will continue for as long as required up to the age of 25 whilst the young person completes their journey to independence or further adult care support.

The CYPDS will also offer advice and information to other CSSW social work teams who work with young people who have some low level needs but who do not meet the criteria for a service from the CYPDS. This includes advice on thresholds for services and signposting to appropriate resources. A member of the CYPDS with specialist knowledge in preparation for adulthood may also be able to attend young people's planning and review meetings to advise where necessary.

3.2 Preparation for adulthood assessment and planning

- Effective planning should take place for any young person who is likely to need care and support from adult services. Planning should begin when the young person is 14 (Year 9 where the young person has an EHC plan) and should involve all services working with the young person. This must be reviewed again at the age of 16 to ensure that robust pathways are identified for services post 18.
- The young person and their parents and should be involved in this planning so that they are aware of what support is likely to be provided once children's services ends involvement in the young person's life. The focus of planning should be on the young person's wishes and feelings and aspirations for the future.
- Reasonable adjustments should be made to enable the young person to participate and have their wishes and feelings known. Services must offer young people and their parents advice, guidance and information to help the young person prepare for independence.
- Direct work with the young person should help them to develop the skills they will need to manage independent living, reduce the impact of disability on their wellbeing and help them to increase functioning so they can become more independent and able to exercise choice and control over how they live their lives. This should include helping them to take decisions for themselves where they have the capacity to do so and where this is in doubt, a Mental Capacity Act assessment should be carried out.
- A preparation for adulthood assessment **should** be carried out under the Care Act for any young person who is likely to need care and support from the age of 18 upwards. Parents and young people can request an assessment and the local authority **must** give reasonable consideration to the request and provide reasons in writing if an assessment will not be carried out. An assessment **must** be carried out if there are concerns about the young person being neglected or abused.
- Young people or their parents should give consent to this assessment being carried out and the use of an independent advocate should be considered where the young person has difficulties in expressing their views.
- Preparation for adulthood assessments should be strengths based and look at how to support the young person to independence and should include:

- the young person's current needs and how these impact on their wellbeing;
 - their future care and support needs at 18;
 - what outcomes the young person aims to achieve and how individual services can collectively help them reach their goals as well as how families and communities can support them.
- Where the young person also has an Education, Health and Care plan or other statutory plan such as a child in need, child protection, care plan or pathway plan, there must be a full integration of assessment, planning and reviewing processes. Information available from each assessment should be used to contribute to the development of plans and plans should be fully integrated and reflect coherent outcomes for the young person.
 - Following assessment, the young person and their parents should be notified of the outcome of the assessment and the likely care and support pathway into adult services or alternative community-based options. Possible outcomes of assessment are:
 - There is no need for adult care and support.
 - The young person has eligible needs under the Care Act and services should be provided.
 - The young person has care and support needs but does not meet the threshold for adult social care services.
 - The assessment should identify the young person's eligible needs under the Care Act and the young person and their family should have an understanding of what support they will receive so that they know what the situation will be on reaching 18 or when education ends. This gives families time to plan any provision themselves if necessary.
 - services should also have regard to the NICE guidelines on standards of service provision for young people moving from children's to adult services available at: <https://www.nice.org.uk/guidance/ng43>

3.3 The initial adult Care Act assessment

Young adults known to the CYPDS will be subject to an adult assessment of their needs under the Care Act 2014 prior to their 18th birthday. For young people who may have a learning disability, the assessment will involve a Full Scale IQ test and a diagnostic suitability test undertaken by CLDS health colleagues unless the young person's disability is already well-documented.

For young people with a physical disability only, the CYPDS will liaise closely with the Adult Assessment and Safeguarding team to ensure that the right specialist and community based health services are in place when the young person turns 18.

Following the assessment, young adults receiving an ongoing service from the CYPDS will have an adult support plan outlining their adult social care needs. The plan will be implemented by the allocated social worker who will work with colleagues in adult health, education and housing to ensure the young person's holistic needs are met and their support plan implemented.

The timescale from allocation of the young adult's case to the support plan agreed at the Panel should not exceed 7 weeks. If, after Panel, there are ongoing tasks or actions that require continued social work input or where risks have been identified, the case will remain allocated to the social worker as part of 'Transition Planning'.

The expectation is that the young adult is seen a minimum of every 8 weeks whilst the case is allocated to a social worker to ensure that the plan is continuously assessed and reviewed and meets the young adults needs.

3.4 Transfer to adult services

- The move to adult services should take place when it is right for the young person; where the SEN service remains working with the young person after the age of 18 they should have a care and support plan under the Care Act together with their EHC plan where they remain in education.
- There should be no gap in provision and children's services should remain in place until relevant steps are taken, which may be closing the case (where the threshold for adult care is not met) or transferring to the appropriate adult care service. The CYPDS team will liaise with the relevant adult social care service to arrange for any further assessment and referral into that service. Social workers should refer to the Joint Transfer Protocol for further details. [Transition to adult services protocol.docx](#) as well as refer to Appendix 3 below.
- Where thresholds for adult services are not met, it is important that the CYPDS signpost young people and their families to appropriate community resources and other sources of help and support including those found on the Camden Local offer website.

3.5 Parent/carer assessment for young adults aged 18+

Where parents or carers are caring for a young adult the assessment of their needs will be carried out under the Care Act 2014 and should consider the impact of the caring role on all aspects of the carer's life and the sustainability of the arrangement. Support packages for carers should enable the carer to:

- care effectively and safely
- look after their own physical and mental wellbeing
- make use of IT and other technology
- make choices about their own life, for example working or studying
- find support and services within their community
- access information and advice on welfare benefits, financial support and other entitlements.

3.6 Safeguarding

3.6.1 For young people aged 14 - 18

The CYPDS will follow the London Safeguarding Children Board child protection procedures (available at: [London Safeguarding Children Board](#)) whenever there are concerns that a disabled child may be suffering or at risk of suffering significant harm. Child protection procedures may be invoked following assessment or in response to an incident but action should be taken and as soon as concerns arise.

3.6.2 For young adults aged 18 or over

The CYPDS will follow the [Pan London Safeguarding Adults procedures](#) whenever there are concerns that a disabled adult of 18 or over may be suffering or at risk of suffering significant harm. Safeguarding adults procedures may be invoked following assessment or in response to an incident but action should be taken and as soon as concerns arise.

Safeguarding adults investigations can be carried out by any qualified health or social care professional who has completed the s42 investigation training. The Safeguarding adults manager who oversees the process and chairs any meetings required must be a qualified social worker.

3.7 Care leavers

3.7.1 Pathway planning and preparation for adulthood

Care leavers who are known to the Children and Young People's Disability Service (CYPDS) may receive a social care service from the CYPDS up to the age of 25 if they are assessed as having an on-going need under the Care Act 2014.

For those young people, the pathway needs assessment and pathway plan will be the conduit for identifying and planning for the young person's preparation towards adulthood. The final pathway plan prior to the young person's 18th birthday should clearly outline the roles and responsibilities of the Looked After Children and Leaving Care Service alongside CYPDS.

The Independent Reviewing Officer will oversee planning and ensure that it takes into account the young person's mental capacity to make decisions as well as whether Deprivation of Liberty Safeguards are required (please see section 9 and 10 of this policy).

3.7.2 Providing a leaving care service

All care leavers are eligible to receive support from the Leaving Care team, including those receiving a social care service under the Care Act from the CYPDS. Social workers need to ensure that these care leavers are not disadvantaged by their status and receive their full entitlement to leaving care services. However this needs to be balanced against the need to ensure that there is no duplication in the provision of services and support between the two services.

3.7.3 Allocation of named support worker

It is essential that services ensure that care leavers always have a named worker whom they can contact and who provides on-going support; this person will carry out the statutory role of personal advisor. All decisions should be made on a case by case basis at the relevant review of the care leaver's pathway plan and adult care support plan.

Where there is an allocated social worker from the CYPDS actively providing support for the young person there will be no allocated personal advisor from the Leaving Care team as the social worker is able to carry out the role of personal advisor.

However if the CYPDS deallocates a case from a named social worker, or close a case pending annual review because the package of support has been put in place and there is no ongoing role for the allocated social worker, the case must be referred to the Leaving Care manager in order to allocate a personal advisor.

The personal advisor will then be responsible for pathway reviews and for referring the case back to the CYPDS should the young person require an allocated social worker in order to meet their needs.

3.7.4 Financial support

Any agreement between the Leaving Care team and the CYPDS as to what financial support will be provided by which team should be set out in the pathway plan and preparation for adulthood plan prior to the young person's 18th birthday.

Each team should carry out a separate financial assessment of the young person's circumstances to take into account the fact that the focus of these assessments will be different between the two teams.

If the young person is not eligible for ongoing input from CYPDS post 18, the case should be referred to the Leaving Care team manager to allocate a personal advisor who will ensure the young person receives all the financial and other support they are entitled to under leaving care legislation. Support is detailed in the Leaving Care Financial Support policy. [..\Leaving care\Financial support for care leavers 2018-2019.docx](#)

3.8 Quality Assurance Panel (QAP)

3.8.1 Panel remit

The QAP oversees the quality of support planning and the suitability of support packages provided to young people aged 18-24 under the Care Act.

The Panel is responsible for authorising individual packages of care and agreeing resources and will consider and review packages to ensure that they continue to meet the young person's needs and represent value for money.

The Quality Assurance Panel meets every Thursday morning and panel members are:

- Head of Service for CLDS (Chair)
- Head of CYPD (every other week)
- Senior Health Manager.

3.8.2 General principles

Quality assurance is the primary role of the panel and the guiding principles are:

- Any proposed support must be quality assured by a manager before being presented to the panel.
- Any proposed support must be in keeping with the Care Act's guiding principle of supporting people to live as independently as possible, for as long as possible.
- Any proposed support must focus on outcomes, including the desired outcomes of the disabled person and the informal carer(s).
- Any proposed support should evidence a strengths based and community focused approach. For example:
 - there is a focus on what the person can do/aspires to do with support
 - any informal support possibilities are explored with the person and those close to them before any paid for support is considered
 - free and universal services are accessed before any paid for support is considered
 - the use of equipment or telecare is considered before any paid for support is considered
 - short term enablement services are offered before any long term support is considered
 - direct payments are always offered
 - a carers assessment has been offered if there is an informal carer
 - the least restrictive options for long term support are always considered first.
- Eligibility for continuing health care must have been considered when the person has a high level of need and a high-level support package is being proposed.
- Since the CLDS panel has a health professional as a member, the panel can also agree joint funding by health of any proposed support plan for a young adult with a learning disability.

3.8.3 Panel Procedures

- Support plans for young adults supported by CYPD will be considered at Panel every second week.
- Representatives from the Awards and Contributions and Direct Payments team will attend the panel to support decision-making or provide relevant updates in advance.

- Social workers should book directly with the Head of Service or service manager by 4pm on the previous Wednesday and copied to the Awards and Contributions and the Direct Payments team to ensure they are able to attend if required or add a case note in advance.
- Bookings will not be accepted unless a QAP note has been added to MOSAIC case notes by the booking deadline.
- Case discussions at Panel will be led by the allocated social worker or other team member as appropriate. For more complex cases the team manager may support the allocated social worker.
- Following panel, the panel chair will write a MOSAIC case note of the decision reached by the panel.

Part 4 Other relevant policies

4.1 Case allocation

If there are no on-going social work activities or tasks to complete following the Short Breaks Panel or QAP the child or young person's case will remain open to the CYPDS but the social worker or other assessor will be de-allocated. The family must be informed that they can contact CYPDS duty at any time in between reviews if they have any concerns or their needs change.

If the case is to remain allocated to a social worker or other worker following the panel this must only be for a further period of 6 weeks. If after 6 weeks further intervention is required consideration needs to be given to stepping the case up to CIN status and allocated to a social worker.

If a child or young person is subject to a statutory CIN, CP or LAC plan the case will remain open to the CYPDS and a social worker allocated.

For case allocation for cases where the young person is a care leaver, please refer to section 3.7.3 above.

4.2 Recording supervision

Social workers and supervisors should refer to the division's "*Social work supervision*" policy for details of recording supervision for cases where the child is under 18.. [...\Staffing and Supervision policies\Supervision policies](#)

Case discussions on cases where the **young person is 18+** should be recorded on 18+ supervision record shown at appendix 5 and the completed document copied into case notes on MOSAIC clearly marked as supervision in the case note header. Supervision on open cases should be undertaken a minimum of every 8 weeks.

4.3 Closing cases and step down provision

Where it is determined through assessment that a child or young person no longer meets the threshold for a service from the CYPDS, the short breaks plan or the adult purchase order should be ended. This decision must be outlined to the family in writing.

Prior to closure, the CYPDS social worker or allocated worker should help the family to identify what community resources can be accessed under Camden's Local Offer and consider referral to an alternative early help service where appropriate. The short breaks co-ordinator should also offer guidance and advice to the young person and their family with regards to local services and provision that can be accessed.

The Short Breaks coordinator will continue to provide monthly drop in sessions to the community and the families are encouraged to attend these to consider alternative provisions in the local area. Details of these will be available from the Duty team at dutydct@camden.gov.uk

4.4 Children living out of Camden

Some young people will be placed in residential provision or foster carers out of Camden and social workers need to be aware of the need to ensure that these children are in receipt of universal and other services in the local area in order to meet their needs.

If the child is looked after and placed outside of Camden, social workers should refer to the divisional guidance on "Out of Borough Placements" available at: [...\Looked after children\Placement options policies\Out of borough placements policy.docx](#)

Some young people who have been placed in residential provision or living with foster carers out of Camden may express a wish to remain in the host authority on leaving their residential provision. However, this may raise difficulties in planning for adulthood.

As far as possible, and as far as this is consistent with the young person's wellbeing and safety, an expressed wish to remain in the host borough should be planned for as part of the young person's preparation for adulthood plan.

Social workers and other workers should liaise with services in the host borough to ensure that the young person will receive the right type of care and support to meet the needs identified in their preparation for adulthood assessment.

4.5 Mental capacity

It is essential that services working with a young person approaching their 16th birthday and beyond establish whether or not the young person has capacity to make a decision whenever they are called on to make any decisions regarding their welfare, education and care.

In the event that they are found to lack capacity, a decision should be made as to what action should be taken and who should be approached to make a best interest decision for the young person on the specific matter under discussion. Where appropriate, a Mental Capacity Act assessment should be carried out and the young person offered an advocate under the Act.

The Mental Capacity Act states that a person will be considered to have capacity to make a decision at the time it is being made unless it can be demonstrated that they lack capacity. A lack of capacity may be due to permanent or temporary impairment.

For this reason, a mental capacity assessment will be carried out as part of the preparation for adulthood assessment to establish the young person's capacity of specific decisions. This may include decisions about further education, residency, managing finances and sexual relationships.

It is important that the young person is presumed to have capacity, however where there is evidence to suggest the person may lack capacity, services should carry out a mental capacity assessment whenever a young person is expected to make a decision. Children's services will need to support families to understand the implications of this process from at least year 9 (age 14).

4.6 Deprivation of Liberty Safeguards (DOLS)

Sometimes a young person has complex needs requiring support services that may include measures that restrict their movement and these care arrangements may potentially breach their human rights as it amounts to a deprivation of their liberty.

Where a package of care involves potential deprivation of the young person's liberty, it is essential that CSSW obtains valid consent to the restrictions either from the young person, if they are competent to do so, or their parents. In some cases, it may be necessary for Camden to apply to the Courts for an order that the restrictions are lawful and in the child or young person's best interests.

Social workers need to be aware of the procedures around obtaining consent and making appropriate applications to court in cases involving a potential deprivation of liberty. For details of Camden's deprivation of liberty procedures please refer to the divisional policy available at: [Deprivation of liberty policy.docx](#)

4.7 Implementing the Transforming Care service model

The Transforming Care agenda aims to ensure that people with complex needs who are at risk of an in-patient admission can avoid unnecessary hospital admissions and remain in the community by ensuring that professionals plan suitable packages of support and intervention in the community.

The main mechanisms for planning within the Transforming Care agenda are:

- The dynamic risk register (formerly known as the risk of admission register) which identifies those people most at risk of in-patient admission.
- The Care, Education and Treatment Review (CETR) meeting that plans support to avoid in-patient admissions .

CYPDS will implement the Transforming Care agenda for children and young people in Camden by identifying service users with complex needs who may be at risk of in-patient admission, for example following placement breakdown. These are likely to be children and young people who:

- have learning difficulties and are subject to an EHC plan
- are exhibiting mental health difficulties or challenging behaviour
- are at the age of transition.

The service aims to ensure that where children and young people are at risk of admission, packages of care are in place to avoid this and enable them to remain in placements within community settings. If an inpatient admission cannot be avoided, the service will look to put in place a suitable package of care to enable the child or young person to leave hospital and return to the community.`

A Care, Education and Treatment Review (CETR) should take place when a child or young person is considered at risk of admission in order to look for possible alternatives to admission. If admission is inevitable, the review will look at what support is needed to ensure the child or young person can return to the community.

The review can also be requested by the family, the child or young person or their advocate or a professional working with the young person.

Social workers should liaise with the Specialist Nurse/Senior Care Co-ordinator for Transforming Care (Donna Steadman) for advice on holding CETR and can also chair the review.

- A CETR should ideally take place before admission but if this is not possible, social workers should at least have had a conversation with and taken advice from the Specialist Nurse/Senior Care Co-ordinator.
- If not held prior to admission, a CETR should be held within 4 weeks of admission.
- CETRs should also take place every 6 months if the child or young person is to remain in a non-secure hospital setting.
- CETRS should take place at least every 12 months where the child or young person is in a secure setting.

As far as possible, CETRs should take place in conjunction with any statutory review of the child's plan or when presented to the Short Breaks Panel.

The **dynamic risk register** will include those children and young people who have been identified as at risk of admission and requiring a CETR. The register will be held by commissioners for children's services and the information will be used to ensure the provision of suitable community-based services as an alternative to admission. The register will be overseen by the Complex Needs Panel.

Children and young people will be included on the register where there has been a change in the child or young person's presentation or changes in the circumstances of the family or support network that is causing concern to the professional network and cannot be managed safely, or where professionals have identified a need for more pro-active management of risk.

Cases placed on the register will be RAG rated according to the level of risk presented:

A Red RAG rating will be given where:

- There is a risk of imminent placement breakdown due to challenging behaviours, aggression or violence by the young person towards themselves or others;
- Their behaviours suggest the current care arrangements are no longer suitable and the young person cannot be cared for in the community and a hospital admission is needed;
- The young person is at risk of harm or presenting a risk to others.

An Amber RAG rating will be given where one or more of the following are met:

- The young person is in a residential placement of 52 or 38 weeks but providers are raising concerns that they may not be able to meet their needs.
- The placement is considered unstable.
- The young person is displaying significant challenging behaviours that providers are raising as being of concern.
- The young person has had a CAMHS tier 4 admission and concerns continue.
- The young person is known to the Youth Offending Service and there are concerns about their mental health/challenging behaviour.
- The young person is presenting significant challenging behaviours at school or education site and there is concern about their ability to meet the young person's needs.

Consent must be obtained for a young person's name to be included in the register. If the young person is under 16 and is considered not to be Gillick competent, their parent or carer should be asked to provide consent. If the young person is aged 16 or 17 and lacks capacity under the Mental Capacity Act a best interest meeting may have to be convened to decide on the best course of action. [Best interest meeting guidance.docx](#)

Cases that are included on the Amber list will be discussed by the Complex Needs Panel in terms of strategic support and the list will be retained by the Specialist Nurse/Senior Care Co-ordinator.

If a social worker wishes to have the name of a child or young person included on the amber list, this should be discussed at the review of the child or young person's plan and the Specialist Nurse/Senior Care Co-ordinator should be invited to the meeting.

4.8 Avoidance of risk register

The Transforming Care service model places an expectation on local authorities to plan for the alternative care provision for children and young people other than placement in hospital where the young person has learning difficulties and/or autism and whose behaviour may place themselves or others at risk.

The London Borough of Camden is currently in the process of developing a service model and this will be added to the policy once agreed.

4.9 Positive risk taking risk management policy

Part of a young person's preparation for adulthood is about learning to take risks in order to grow and develop so that they become more resilient and better able to cope with independence.

Colleagues in Adult Social Care have developed practice guidance around positive risk taking risk management based on a strengths approach and it is strongly recommended that social workers in the 14-25 team refer to the guidance and use the approach when working with young people.

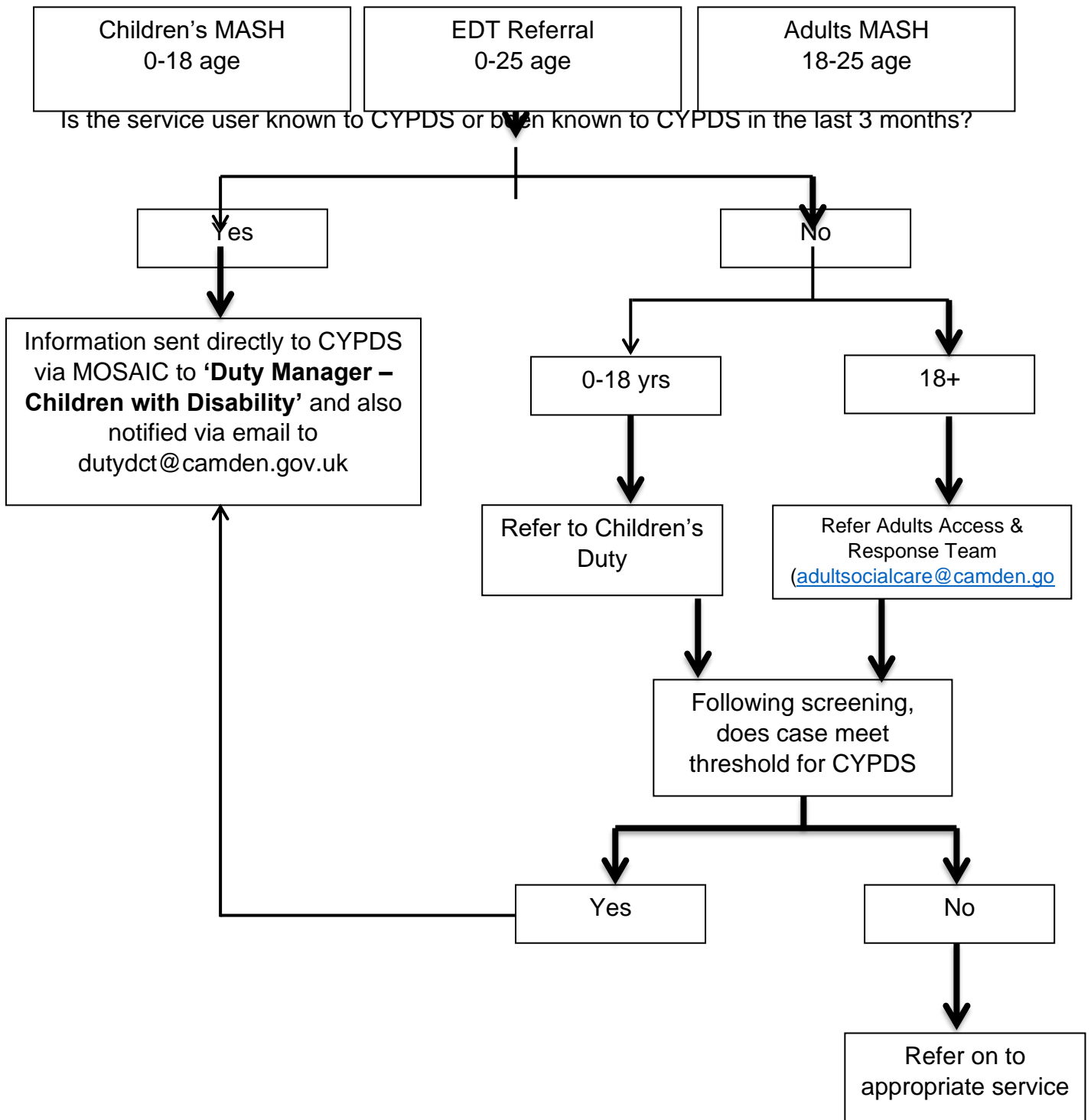
Appendix 1: Functional needs assessment matrix

| FUNCTION | 0 – NO PROBLEMS | 1 - MILD | 2 - MODERATE | 3 - SEVERE | 4 - PROFOUND | N – NOT TESTED |
|--|-----------------|--|---|--|--|----------------|
| INTELLECTUAL LEARNING (1) | No Problems | <ul style="list-style-type: none"> Usually functionally independent (allowing for age) Identified Specific Learning Disability (likely to have continuing educational implications). | <ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Moderate Learning Difficulty | <ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Severe Learning Difficulty | <ul style="list-style-type: none"> Psychometric / Developmental assessment reveals Profound Learning Difficulty | Not Tested |
| GROSS MOTOR (E.G. MOBILITY) (2) | No Problems | <ul style="list-style-type: none"> Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry. Motor organisational difficulties Mild motor impairment. | <ul style="list-style-type: none"> Difficulty in changing positions. Moderately delayed level of mobility Walks with aids or assistance, may use wheelchair May require postural management for function | <ul style="list-style-type: none"> Requires assistance to move in and out of position. Markedly abnormal patterns of movement. High level of postural management required. Unlikely to be independently mobile. | <ul style="list-style-type: none"> Unable to walk / uses wheelchair exclusively. | Not Tested |
| FINE MOTOR (E.G. MANIPULATION) (3) | No Problems | <ul style="list-style-type: none"> Possible tremor, unsteadiness, awkward release. Delay in acquisition of skills Some difficulties in play, writing, drawing or dressing. | <ul style="list-style-type: none"> Restricted movements of one or both hands when reading / stretching / feeding / writing / dressing i.e. affects daily life. Poor manipulative skills. | <ul style="list-style-type: none"> Requires aids / assistance for fine motor function. | <ul style="list-style-type: none"> No bilateral grasp and release. Unable to feed self or write, might use a switch system. | Not Tested |
| VISION (4) | No Problems | <ul style="list-style-type: none"> VQ < 6/18 in better eye. Problem e.g. amblyopia in one eye. Minor visual field loss. | <ul style="list-style-type: none"> VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility). Reads print with aids. Defect in at least half visual field. | <ul style="list-style-type: none"> Partially sighted i.e. VA 6/36 – 6/60 in better eye. | <ul style="list-style-type: none"> (Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements). | Not Tested |
| HEARING (5) | No Problems | <ul style="list-style-type: none"> One ear normal (<30 dB), profound loss in other (>70 dB). Bilateral hearing loss of 30 – 40 dB. | <ul style="list-style-type: none"> Bilateral hearing loss with 41-70 dB loss in better ear and / or failed free-field testing on 2+ occasions over a six month period. | <ul style="list-style-type: none"> Hearing loss of 71 – 90 dB in better ear | <ul style="list-style-type: none"> Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted. | Not Tested |
| SPEECH & LANGUAGE / COMMUNICATION (6) | No Problems | <ul style="list-style-type: none"> Child may show isolated pockets of specific speech and / or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay. | <ul style="list-style-type: none"> Child may show an uneven profile of development across verbal / non-verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in | <ul style="list-style-type: none"> Communication difficulties present as the primary factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the | <ul style="list-style-type: none"> Child presents with complex communication needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions. Alternative / argumentative systems used | Not Tested |

| | | | association with globally delayed learning skills and other areas of development. | key area of form, content and/or use. | as primary means of communication. | |
|-------------------------------------|-----------------|--|---|--|--|----------------|
| FUNCTION | 0 – NO PROBLEMS | 1 - MILD | 2 - MODERATE | 3 - SEVERE | 4 - PROFOUND | N – NOT TESTED |
| BEHAVIOURAL PROBLEMS (7) | No Problems | <ul style="list-style-type: none"> • Sometimes aggressive or difficult to manage / control (2+ times a week). • Sometimes tearful / depressed / anxious (unrelated to immediate circumstances). • Restless / distractible – often does not settle to age-appropriate activity. • Problems probably outside norms for age and social group. | <ul style="list-style-type: none"> • Frequent aggressive or difficult to manage / control (once a day). • Frequent tearful / depressed / anxious (once a day). • Rarely settles to age-appropriate activity. • Problems causing considerable difficulties to family or group. | <ul style="list-style-type: none"> • Persistently aggressive or difficult to manage / control (several times a day). • Depressed / anxious sufficient to be considered at risk of self harm or to be disrupting daily routines i.e. attendance at school. • Never settles to age-appropriate activity. • Unable to function in a group | <ul style="list-style-type: none"> • Aggressive behaviour causing significant injury to others requiring constant adult supervision. • Severe persistent self-harm behaviours (overdose, head banging, cutting) or assessed as suicide risk by appropriate child mental health professional. | Not Tested |
| SOCIAL / ENVIRONMENTAL (8) | N/A | N/A | THE community trust has no plans to use this category at this time | N/A | N/A | N/A |
| SELF HELP (9) | No Problems | <ul style="list-style-type: none"> • Some delay in independent function in relation to age norm. • Organisational difficulties requiring supervision. | <ul style="list-style-type: none"> • Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes. | <ul style="list-style-type: none"> • Requires constant assistance with ADL. | <ul style="list-style-type: none"> • Totally dependant on others for ADL. | Not Tested |
| PHYSICAL HEALTH (10) | No Problems | <ul style="list-style-type: none"> • Well controlled symptoms. | <ul style="list-style-type: none"> • Partially controlled symptoms. | <ul style="list-style-type: none"> • Has a serious deteriorating illness. • Poor control of symptoms. • Oxygen dependant. | <ul style="list-style-type: none"> • Palliative care required. • Requires mechanical ventilation. | Not Tested |
| EATING DRINKING and SWALLOWING (11) | No Problems | <ul style="list-style-type: none"> • Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth. • Infrequent episodes of choking: minimal risk of aspiration. • Rejection or intolerance of some textures e.g. spits out or gags on lumps. • Manages without NG or gastrostomy. | <ul style="list-style-type: none"> • Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth. • Periodic episodes of choking: some risk of aspiration. • Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away. • Needs intermittent NG or gastrostomy feeding. | <ul style="list-style-type: none"> • Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth. • Adverse reaction often observed when food or drink presented e.g. cries, extends. • Needs long term NG or gastrostomy feeding. | <ul style="list-style-type: none"> • Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth. • Frequent choking on all intake; significant risk of aspiration. • No oral feeding ability. | Not Tested |

Appendix 2

Referrals to Children and Young People with Disability (CYPDS) 0-25



Appendix 3: Eligibility under the Care Act 2014

The Care and Support (Eligibility) Regulations 2014 sets out the needs which meet the eligibility criteria for adults who need care and support.

2.—(1) An adult's needs meet the eligibility criteria if—

- (a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- (b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in paragraph (2); and
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

(2) The specified outcomes are—

- (a) managing and maintaining nutrition
- (b) maintaining personal hygiene;
- (c) managing toilet needs;
- (d) being appropriately clothed;
- (e) being able to make use of the adult's home safely;
- (f) maintaining a habitable home environment;
- (g) developing and maintaining family or other personal relationships;
- (h) accessing and engaging in work, training, education or volunteering;
- (i) making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
- (j) carrying out any caring responsibilities the adult has for a child.

(3) For the purposes of this regulation an adult is to be regarded as being unable to achieve an outcome if the adult—

- (a) is unable to achieve it without assistance;
- (b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety;
- (c) is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
- (d) is able to achieve it without assistance but takes significantly longer than would normally be expected.

Appendix 4

Case transfer to CLDS/ASC – Process

1. Social Worker completes Review/Reassessment /Support Plan

- Case presented to QAP & finance agreed
- In principle transfer agreed at QAP based on compliance with the principles in appendix 1, case note added to Mosaic
- Review/Reassessment identifies that the case is ready for transfer (Please refer to Terms of Reference Appendix 1)
- Next Review/Reassessment is tasked to 'CLDS Integrated Team'
- Social worker completes CLDS/ASC transfer summary Appendix 2 Part A, uploads to documents and emails to line manager.
- Social Worker to send a copy of the review/reassessment and support plan to the family with a covering letter re: case transfer including details of CLDS Duty (see appendix 3 for template).
- Social Worker to update the professional network in writing re: case transfer.



2. Line Manager approves case transfer

- Line manager audits case, ensures compliance tasks are complete and adds management comments and any agreed actions to Appendix 2 Part B
- Line Manager sends completed transfer summary to:
 - CLDS Duty Manager: Nicky Binder & Carol Nicolson. Cc Catherine Schreiber
 - ASC: Chris Stone and Susanne Knoerr
- Line Manager copies and pastes completed transfer summary into case notes as a 'Management overview'
- Receiving Duty Manager confirms case referral agreement via email
- Line Manager deallocates the case from CYPDS worker.
- Line Manager closes case to CYPDS service by removing CYPDS status in notes, on front sheet of Mosaic and deallocating virtual transitions manager role.
- All provisions on Mosaic are correct and authorised.

'Ready for Transfer' terms of reference

1. Young adults that will be 25 at the point of the next review/reassessment will be considered for transfer when:

- All aspects of the CYPDS checklist have been completed
- Transfer has been agreed with the receiving team

2. Young adults under the age of 24 that are considered 'settled' will be considered for transfer when all the following conditions are met:

- The young adult is no longer in education or subject to an EHCP
- Any safeguarding processes have ended and all episodes closed.
- The young adult is either settled long term accommodation or accommodation is being sought without any imminent move taking place.

Part A:

| CYPDS Transfer/Closure Summary to CLDS /Adult Social Care | | | |
|---|-------|------------------|--------------------------|
| Service User Name: | | MOSAIC No: | DOB: |
| Date of agreed transfer: | | | |
| Referring Team / Accepting Team: | | | |
| Summary/description of Disability/Presenting Needs: | | | |
| Details of any ongoing? issues/tasks at time of Transfer: | | | |
| Current Service Provision / costs: | | | |
| | | Details: | |
| Education, Employment & Training: | | | |
| Accommodation: | | | |
| Health: | | | |
| Advocacy: | | | |
| Social Care (including current support plan) | | | |
| Key People currently involved with the Young Adult: | | | |
| Name: | Role: | Contact details: | Informed of referral Y/N |
| | | | |
| | | | |
| | | | |

Part B:

| Case audit checklist (to be completed by the referring team prior to transfer) | |
|--|--|
| Date young adult was last seen and visit recorded | |
| Date of last supervision | |
| Is all personal information up to date on MOSAIC | |
| Is the professional network up to date on MOSAIC | |
| Is the young adults disability/need up to date on MOSAIC (via the Disability Form) | |
| Is the Housing Needs Profile form completed | |
| Is there a Health Action plan in place | |
| Has consent been sought where the young adult has capacity to give it | |

| | | |
|--|---------------|------------------------|
| Has a MCA and BI been considered where necessary | | |
| Has DOLS been considered | | |
| Date of last review/reassessment | | |
| Date of next review/reassessment | | |
| Date of QAP and whether funding was agreed | | |
| Is the finance plan on MOSAIC | | |
| Has a financial contribution assessment been completed | | |
| Has Advocacy been considered | | |
| Informal carers have been put on MOSAIC | | |
| Date of most recent carers assessment and date of review | | |
| Are there any outstanding workflows open on MOSAIC | | |
| All Safeguarding workflows have been completed. | | |
| Basic information states Adult context | | |
| Does the young person meet the conditions of the 'Ready for Transfer' terms of reference i.e. - The young adult is no longer in education - The young adult is no longer subject to an Education Health Care Plan - The young adult is in a settled long term accommodation provision (does not include the YP Hostel pathway) - There is not expected to be any further significant changes in the young adults care and support needs - Any safeguarding proceedings have ended, with all episodes closed | | |
| Managers comments: Case ready for transfer Y/N If 'No' the agreed actions are: | | |
| Action: | By Who | Completion date |
| | | |
| | | |
| | | |
| | | |

Case transfer agreed by:

Social Worker:

Line Manager of CYPDS:

Manager of receiving team:

Date:

Date:

Date: