



OPERATIONAL PROCEDURES FOR THE CHILDREN AND YOUNG PEOPLE'S DISABILITY SERVICE (CYPDS)

Owner: Children with Disabilities Team and
Integrated Services for Children

Version: 1.2

Issued: 30/9/21

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1. SERVICES AND ELIGIBILITY

1.1 INTRODUCTION AND PURPOSE OF INTERIM OPERATIONAL PROCEDURES

Sutton's Children and Young People's Disability Service (CYPDS) is the main provider of social care services for children and young people aged 0-18 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.

The CYPDS has embedded the practice models that are in place across Children's Services in Sutton, focusing upon a restorative and trauma informed approach.

1.2 INTERIM SERVICE STRUCTURE

Subject to change as consultation in progress

Up to the age of 18, services for disabled children and young people in Sutton are delivered by the Children and Young People's Disability Service with located within the Referral, Assessment and Intervention Service, People's Directorate, London Borough of Sutton.

The CYPDS is made up of the following team members:

- 1 × Head of Service;
- 1 x Service Manager
- 3 × Team Managers;
- 7 × Social Workers;
- 6 × Early Help Practitioners;
- 1 × Specialist Finance Officer, Direct Payments Officer and Administrator;
and
- 2 × Occupational Therapists.

1.3 DESCRIPTION OF SERVICES

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 Sutton 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.

The CYPDS also works closely with the appropriate adult services teams, including the All Age Learning Disability (AALD) Transition Team, Sutton'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 Sutton'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 but also utilising specialist teams that can provide additional expertise, for example the Court Team.

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

The SEND code of practice and the Care Act statutory guidance place a duty upon 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.

Details of Sutton's Local Offer for children with SEND can be accessed at: sutton.gov.uk/info/200611/suttons_local_offer.

1.5 ELIGIBILITY CRITERIA UNDER THE CHILDREN ACT 1989 (0-18)

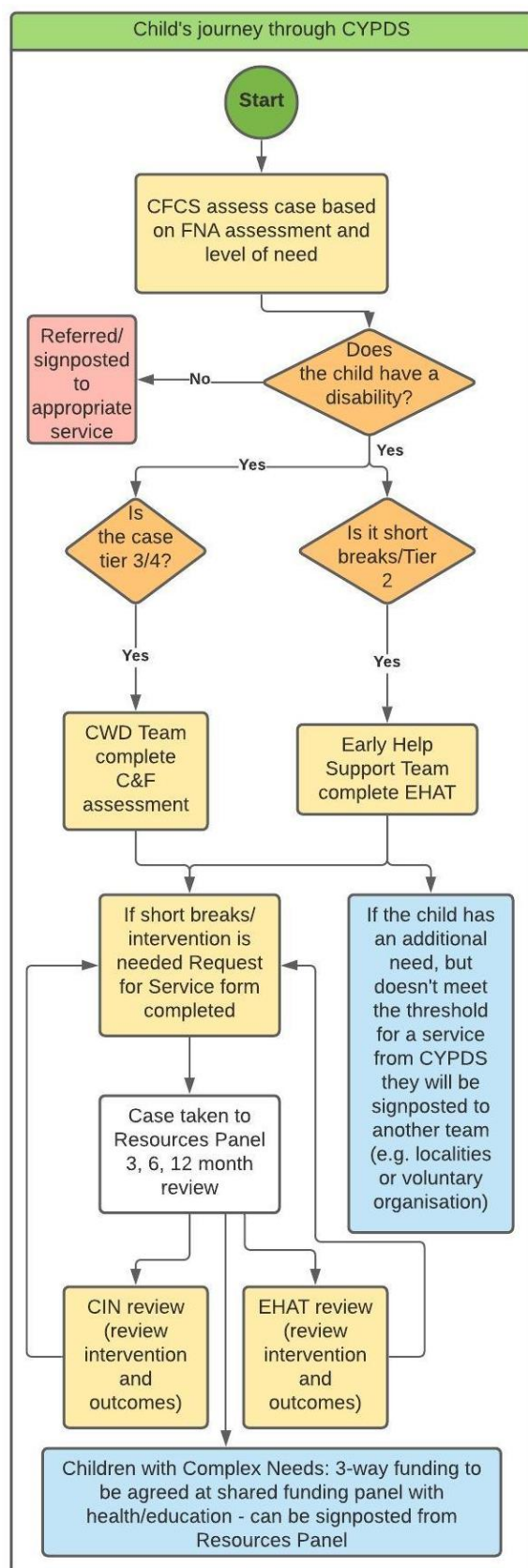
In Sutton we may assess the needs of a child with a disability through a Child and Family Assessment, or if a family is seeking short breaks or other support for their child with a disability, through an Early Help Assessment

In Sutton, we will ensure that children with disabilities will be assessed as a child in need of services if the following criteria are met:

- 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.” (This definition is referencing the CSDPA 1970 and uses language which is outdated, but remains the legal definition currently).
- The Equality Act 2010 which 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.”

1.6 SUTTON REFERRAL PATHWAY FOR CHILDREN WITH DISABILITIES

1.6.1 REFERRAL FLOWCHART AND PATHWAY



Referrals from partner agencies to the Children's First Contact Service (CFCS) can be made via the following routes:

- Referral form: sutton.gov.uk/cfcs
- Telephone (9:00-17:00): 0208 770 6001
- Email: childrensfirstcontactservice@sutton.gov.uk

For out of hours, contact the Emergency Duty Team (EDT):

- Telephone: 0208 770 5000
- Email: childrens.edt@sutton.gov.uk

The CYPDS will accept referrals for children and young people once a functional needs assessment (FNA) has been provided by relevant agencies (see Appendix 1) unless the referral relates to safeguarding or welfare issues in which case it will accept the referral and follow up regarding the FNA. Additional medical information and potential impact will be encouraged though in these referrals.

Families can self-refer by contacting CFCS directly but will need a Functional Needs Assessment to be provided by relevant agencies.

Where referrals are made by services or agencies other than health, for example the CFCS 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. 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, CFCS will transfer the case to the Specialist Support Team in CYPDS if it is a request for short breaks, or to the Social Work Team in CYPDS if there are statutory CIN or safeguarding issues. Usually, a child will present with at least 2 moderate or 1 severe or profound need in order to be referred for an assessment by the CYPDS. For example a speech and language therapist may provide an assessment in respect of a child's social and communication needs which will reference the FNA.

If the information gathered indicates that the child or young person does not meet the threshold for the CYPDS the CFCS worker or in some cases the CYPDS 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 Sutton Local Offer website. At this point only a contact record will be completed by CFCS.

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 or in respect of other social care concerns, then CFCS will sign post the family to other services which may include the Early Help Team, locality social work team, CAMHS or a voluntary organisation.

Internal referrals from services within Sutton's Children's Services should be made using a Transfer Google Request Form and will be progressed via the transfer process.

SPECIALIST SUPPORT TEAM CYPDS

Specialist support workers within the Specialist Support Team will complete EHATs for children who have been referred for targeted support or, for example, short breaks, EHCP contribution, parenting courses. The Specialist Support Team will work with children who are within Tier 2 of the LSCP Multi-Agency Threshold Guidance:

suttonlscp.org.uk/static/guidance_files/LSCP_Sutton_Threshold_Guidance_Oct_2020.pdf

When children and young people are referred into the service for EHCNA Social Care Advice, a review is carried out to determine whether the child is known, or not known to Children's Social Care. If the children or young person is known, or open to children's social care, the form will be sent to the allocated worker or team for completion. If a child is not known or closed to Children's Social Care, the

Specialist Support Team will make contact with the family and carry out an EHAT in order to inform the ENCHA Social Care Advice.

SOCIAL WORK TEAMS (TWO)

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. This will be in accordance with the London Child Protection Procedures and the LSCP Tier 3 threshold criteria addressing complex needs.

In Sutton a specialist CYPDS child and family assessment should be carried out for every child and young person referred to the Social Work Teams in CYPDS. The assessment should:

- Focus on the child or young person's needs stemming from their disability as outlined in the statutory guidance available at: 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.

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.

1.6.2 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. Please refer to the Sutton Practice Directive on CIN:

1.6.3 CHILD PROTECTION (CP)

The CYPDS will follow the London Safeguarding Children Partnership Child Protection Procedures (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.

These cases will be conducted in line with the London Child Protection Procedures (londoncp.co.uk) and the LSCP Multi-Agency Threshold Guidance (suttonlscp.org.uk/static/guidance_files/LSCP_Sutton_Threshold_Guidance_Oct_2020.pdf).

1.6.4 CHILDREN LOOKED AFTER (CLA)

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 Sutton's Practice Directive All About Me Reviews: proceduresonline.com/sutton/cs/user_controlled_lcms_area/uploaded_files/PD No. 30 - All About Me Reviews.pdf

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

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 Multi-Agency Panel.

1.7 CYPDS SHORT BREAKS

The majority of disabled children and young people between the ages of 5 and 18 who are known to CYPDS may have a short breaks support 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. Children under the age of 5 who have particularly complex needs that impact upon their parents' ability to meet their needs without social care support will also be open to CYPDS.

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 CAMHS or other behavioural support from the multi-agency network or voluntary sector.

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 or specialist support worker is responsible for drawing up the plans and presenting them to the Resources Panel.

1.7.1 SHORT BREAKS/ INTERVENTION SERVICE

In Sutton, where the child has a disability but has a lower level of need and does not require statutory social work support, they may benefit from a short break in the form of direct payments, personal budget or commissioned services. The purpose of the core offer is to support a child to be able to access an activity they otherwise would not be able to. This activity should enable community integration and promote independence, while developing particular interests and skills.

An Early Help Assessment (EHAT) will be carried out by a specialist support worker and a Support Plan taken to the Resources Panel.

The Core Short Breaks Offer is:

Option 1:

- Term Time – A contribution to one weekly after school club or one alternative weekend activity
- School Holidays – A contribution to one session during each school holiday week for a maximum of 10 sessions

Option 2:

- Term Time – Up to a maximum of 3 hours of Personal Assistant support via Direct Payments
- School Holidays – Up to a maximum of 6 hours of Personal Assistant support via Direct Payments

Option 1, any activity that requires the parent/carer to remain in attendance will not be approved.

The core offer is reviewed at the Resources Panel a year from the date of the EHAT being completed, or sooner if required. 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.

ENHANCED OFFER

In Sutton, Children who do not require a statutory intervention but do require significant support due to the complexity of their disability which impacts upon the ability of their parents to provide consistent care without some respite, will be eligible for an enhanced offer of support in order to sustain positive family relationships at home.

In this situation a child will be eligible for an Early Help Assessment which will determine the best package of support. This may include a combination of direct payments, agency support, after school clubs and in extremely complex situations, overnight respite. It may include signposting to appropriate voluntary or health organisations.

The level of support will be determined by the worker undertaking the Early Help Assessment in conjunction with the family based on an assessment of need. The child or young person will have a support plan which will be reviewed by a social worker or other assessor and presented to the CYPD Resources Panel either 3, 6 or 12 monthly depending on the level of need.

For all open cases to short breaks, all cases are allocated according to the annual review due date. For all new cases, requests are added to a waiting list, and at each point of allocation, a mixed caseload is assigned to the Specialist Support Worker of new requests for a short breaks assessment, and an annual review for existing short breaks cases.

Once cases are allocated, specialist support workers (SSW) will contact the family and organise a home visit in order to complete the EHAT or EHAT - Review. If the family are eligible for a short breaks package, package options are discussed with the family. The SSW will then complete a Request for Service and this is submitted to the Team Manager to review prior to being presented at the Resource Panel. The SSW will then present the case to the Resource Panel and the package will be discussed and either agreed, part agreed, or declined. The SSW will then complete the Early Support Plan which details the package that has been agreed and the case is then closed down with the agreed review date inputted of either, 3, 6 or 12 months. The case then goes back into the annual review cycle ready for the next review.

Children receiving support from the social work teams may also receive an enhanced offer of support and this will be assessed through the statutory child and family assessment and presented to the Resources Panel.

1.8 RESOURCES PANEL FOR YOUNG PEOPLE UP TO THE AGE OF 18

Within Sutton, the Resources Panel is a multi-agency forum (please note this is an aim at present) for overseeing and agreeing the quality of plans, allocations of resources and services for disabled children under the age of 18.

The panel is chaired by the CYPDS Service Manager and overseen by the Head of Service. A Team Manager will also attend. Two managers are required to attend in order for care plans to be approved. 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 weekly in order to consider and agree short break support plans, transition 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. It may also advise escalation to the Joint Funding Panel where more complex care packages need to be funded.

REVIEWS OF PLANS

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 support plan. The specialist support worker will need to update the EHAT and record this in the same way.

The child must be seen as part of the review process. 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 or specialist support worker should share their assessment and recommended plan with the family prior to submitting the case to the Resources Panel. Any differences of opinion between the assessing social worker and the family must be clearly recorded and presented to the Resources Panel.

The updated assessment, together with the updated finance plan, should be submitted to allagedisabilitybusinesssupport@sutton.gov.uk at least 5 working days before the panel is due to be held.

The Social Work Team will also provide a statutory social work service in cases that are reviewed at the Resources Panel and recommended as requiring an escalation to statutory social work intervention following concerns about parenting capacity and safeguarding issues.

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 support plan must align with the objectives set in the child's other statutory plan.

Short breaks support 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.

PARENT/CARERS PARTICIPATION IN THE RESOURCE PANEL PROCESS

In Sutton we will consult with parents on all aspects of the plan for their child and their views will be presented at the Resources Panel. They will receive a copy of the decision letter and plan within 14 working days. Should a parent disagree with the Panel decision, they should liaise with the allocated worker in the first instance, and if this does not resolve matters, they will be contacted by a manager.

CHILDREN AND YOUNG PEOPLE'S PARTICIPATION IN THE RESOURCE PANEL PROCESS

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. These will include CIN/CP Meetings, Annual Education Reviews or TAC Meetings.

This means that they should be expected to be present at meetings and that they may be offered an advocate. Communication and decision making tools should be used to maximise young people's participation in the development of their support plan. These may include their school or advocate or family to support them in making a short video or PowerPoint presentation. In Sutton we recognise that this is an area of further development within the CYPDS and will form part of our development plan.

1.9 CASE ALLOCATION

If there are no on-going social work activities or tasks to complete following the Short Breaks Panel 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 the case involves overnight short breaks, but no other ongoing social work activities, the case will remain open to a specialist support worker and overseen by the Head of Service, however it will have an annual child and family assessment completed by 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 CWD 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.

1.10 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 support plan should be ended. This decision must be outlined to the family in writing, with the support plan in place for a further 4 weeks as a transition for the family.

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

1.11 ADDITIONAL HEALTH CARE NEEDS

Where a child has continuing health care needs and requires additional health care support, the worker should complete the community healthcare pre-assessment with the family and forward to James Holden, Healthcare Commissioner at james.holden@swlondon.nhs.uk or contact the Community Nursing Team at: esth.chctqmh@nhs.net.

If a young person is 17.5, they should be referred for an Adult Continuing Care Assessment to ensure they are receiving support post 18.

1.12 OCCUPATIONAL THERAPY SERVICE WITHIN CYPDS

ELIGIBILITY

Children and Families are eligible for a formal occupational therapy assessment from the CYPDS Team Occupational Therapist Service if they are likely to benefit from Occupational Therapy and they have:

permanent and substantial disabilities

and

are not fully independent in, and have significant difficulty with, their essential activities of daily living, appropriate to their age and development.

and

whose environmental needs are not being adequately met.

or

whose parents are unable to sustain the current level of support without aids and adaptations.

This excludes children who have a short term need arising from a temporary impairment or hospital discharge such as a fractured leg.

Local Authority Occupational Therapists (OTs) work to support disabled children and families in achieving developmental milestones and:

- To maintain safe care by the identified carer/s;
- To support activities of daily living in partnership with Health to prevent postural deformities;
- To support progression of independence through functional activities
- To ensure housing is appropriate to the needs of the child with disabilities
- To assist in assessment for Blue Badges for children with physical and hidden disabilities

Process

On receipt of a referral through CFCS, the referral is screened by an OT to establish eligibility and if a specialist OT assessment is required and/or if referral to other therapy services or signposting to other agencies is required.

If the child requires subsequent additional assessment i.e. in the case of major adaptations, postural management, re-housing, complex equipment then the screening would identify the need for a more extensive specialist OT assessment.

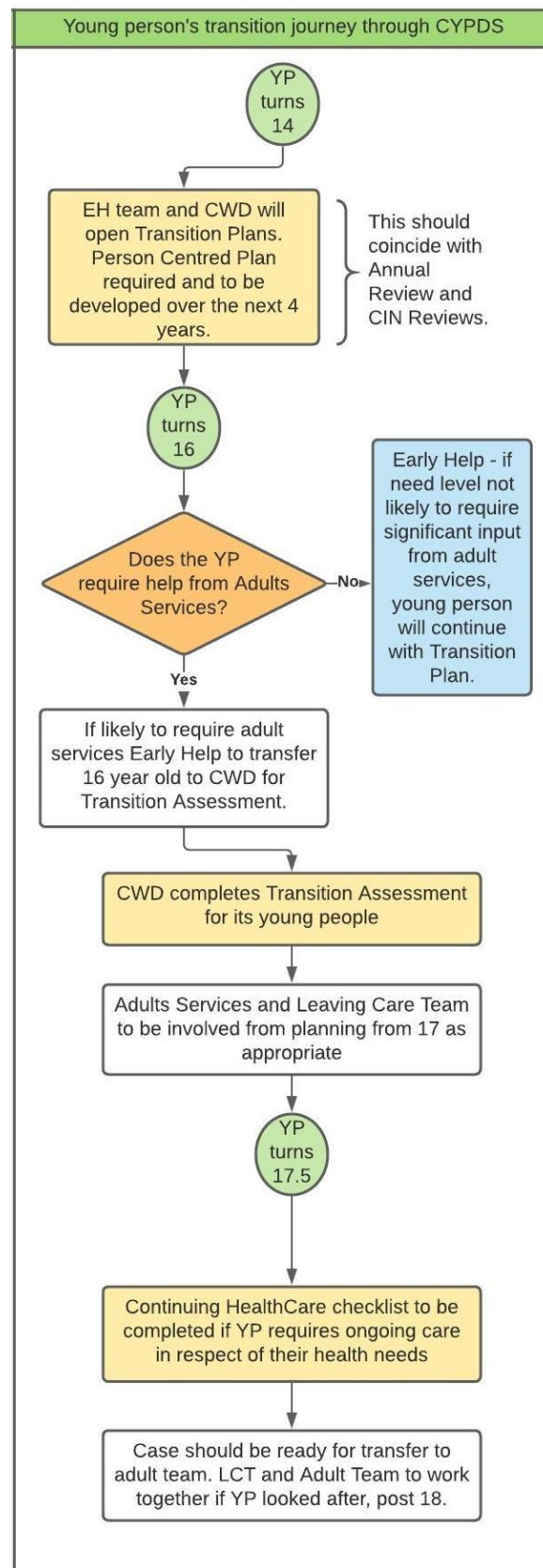
OTs in the CYPDS operate under the Children Act 1989 /2004 and Chronically Sick and Disabled Person's Act 1970 and Care Act 2014, and Equality Act 2010. These acts relate to the duty to assess and the scope of provision of aids and equipment by social care OT.

In addition, when completing risk assessments and providing moving and handling equipment, OTs need to adhere to the Health and safety at work Act 1974, Provision and Use of Work Equipment Regulations 1998 (PUWER), Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), Manual Handling Operations Regulations 1992 (MHOR), Management of Health and Safety at Work Regulations 1999.

Home adaptations through a Disabled Facility Grant (DFG) require adherence to the Housing Grants, Construction and Regeneration Act 1996 and Regulatory Reform (Housing Assistance) (England and Wales) Order 2002

2. CYPDS PREPARATION FOR ADULthood IN SUTTON 14-18

2.1 SUTTON TRANSITIONS FLOWCHART



2.2 STRUCTURE AND FUNCTION

Sutton'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 18 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.

Transition plans and assessments 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. All eligible children will have an open transition plan from 14 years old which will be reviewed on at least a yearly basis.

The CYPDS will also offer advice and information to other children's 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.

2.3 PREPARATION FOR ADULTHOOD 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 should be involved in this planning so that they are aware of what support is likely to be provided once children's services end its 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.

An eligibility assessment **should** be carried out under the Care Act 2014 for any young person aged 17 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. This forms part of the transition plan which is a dynamic tool and should be reviewed and updated with the transition plan in line with CIN and SEN reviews.

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.

Transitions assessments and plans 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. However, it is important to note that the assessment will remain open and reviewed as the young person's needs will continue to change. 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: [nice.org.uk/guidance/ng43](https://www.nice.org.uk/guidance/ng43).

2.4 TRANSITION OPERATIONAL GROUP

In order to facilitate a smooth transition of services and support for young people post 18, there will be a monthly meeting of the multi-agency Transition Operational Group (TOG). This meeting is attended by representatives from

Adults and Children's Social Care Services, Health, SEN and Housing. The meeting will oversee the planning of all young people over 17 who will need support and care services in place post 18. A TOG protocol is currently being drafted and a link will be available as soon as it is completed.

2.5 TRANSFER TO ADULT SERVICES

The move to adult services should take place when the young person is aged 17.5. 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.

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 Sutton Local offer website.

2.6 CARE LEAVERS

2.6.1 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 until the age of 18 and the appropriate adult service 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 Children Looked After and Leaving Care Service alongside CYPDS and Adult Services

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.

2.6.2 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 2014 from the CYPDS/AALD Transitions Team or appropriate adult service. 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.

2.6.3 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.

However if the CYPDS or the AALD Transitions Team/Adults Team 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 or the appropriate adult service should the young person require an allocated social worker in order to meet their needs.

2.6.4 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 an adult team 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.

3. OTHER RELEVANT POLICIES

3.1 CHILDREN LIVING OUT OF SUTTON

Some young people will be placed in residential provision or foster carers out of Sutton 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.

Some young people who have been placed in residential provision or living with foster carers out of Sutton 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 transition plan and liaison should take place with that host borough.

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 transition plan and assessment. The young person's capacity to make the decision about remaining in the host borough will need to be considered.

3.2 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 specific decisions regarding their welfare, education, residence and finances.

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 involved in a Best Interest Meeting 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 transition 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).

3.3 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 the CYPDS Social Worker 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 Sutton 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.

3.4 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. Please see link for further details: [Care Education and Treatment Reviews](#).

CYPDS will implement the Transforming Care agenda for children and young people in Sutton 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 James Holden, Healthcare Commissioner by emailing james.holden@swlondon.nhs.uk who will chair the CETR. James can also advise regarding other health or joint funded interventions, such as Positive Behaviour Support.

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. CETR should also take place every 6 months if the child or young person is to remain in a non-secure hospital setting. CETR should take place at least every 12 months where the child or young person is in a secure setting.

As far as possible, CETR 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 Nyambura Kiarahu who can be contacted at nyambura.kiarahu@sutton.gov.uk.

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 Frazer 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.

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 Coordinator.

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 Coordinator should be invited to the meeting.

Autism and Intellectual Disabilities Intensive Intervention Team (AID-IIT)

Who are AID-IIT?

AID-IIT is a Tier 4 N&S outpatient CAMHS team covering the London area. It is based at The Maudsley Hospital and works closely with the Service for Complex Autism and Neurodevelopmental Disorders (SCAAND). It is fully funded by NHS England in response to the Transforming Care Agenda. Its aim is to **reduce or prevent where possible inpatient CAMHS admissions for children and young people with Intellectual Disabilities and Autism** and to support these young people to continue to live within the community. AID-IIT is a multi-disciplinary team including:

- Clinical Psychologists;
- Assistant Psychologists;
- Occupational Therapist;
- Speech and Language Therapist (also linked to Guys and St Thomas's NHS Trust);
- Consultant Psychiatrist;
- Clinical Nurse Specialist;
- Specialist Teacher (also linked to the National Autistic Society).

Who can be referred to AID-IIT?

Any CAMHS professional can make a referral to AID-IIT. To be referred to the team young people need to meet the following criteria:

- Be under the age of 18;
- Have a diagnosis of Autism or Intellectual/Learning disability;
- Have their home address in a London borough;
- Be open to a London borough CAMHS;
- Be either:
 - At risk of admission to an inpatient unit;
 - Already admitted to an inpatient unit; or
 - Recently discharged from an inpatient unit;
- Remain open to a local CAMHS team who are willing to engage in joint meetings and clinical work with AID-IIT when needed;
- Consent for referral must be obtained from the family and where possible the young person.

What can AID-IIT offer?

AID-IIT will joint work with local areas for a short but intensive period, offering a range of activities depending on the young person, family and local network's needs including:

- Complex multi-disciplinary assessment of the young person's needs and recommendations for their support;

- Multi-disciplinary interventions and support to the young person and their family (adapted in light of their diagnosis of Autism or Intellectual Disability) - see list of professionals above;
- Consultation, training and advice to other professionals;
- Attendance at CETRs, CPA, and other network/care planning meetings.

The team can see people in a clinic setting or operate an outreach approach if clinically needed, working with young people and their networks in their homes, local areas or inpatient units (subject to COVID-19 restrictions).

The team aims to not have a long wait time for offering support. However due to the complexity of the young people referred it will always arrange a professionals meeting or consultation before starting any assessment or direct work with a young person and their family. Following this consultation AID-IIT may agree to offer direct assessment/intervention with the young person and family. Alternatively in some situations it may be more appropriate for AID-IIT to offer ongoing consultation to the professionals already involved and not directly intervene with the young person.

How to make a referral or find out more information about AID-IIT

If you have any general enquiries about the service, or would like to discuss a potential referral in more depth, please email AIDIIT@slam.nhs.uk.

APPENDIX A. FUNCTIONAL NEEDS ASSESSMENT MATRIX

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
INTELLECTUAL LEARNING (1)	No problems	- Usually functionally independent (allowing for age); - Identified specific learning disability (likely to have continuing educational implications).	- Psychometric/developmental assessment reveals moderate learning difficulty.	- Psychometric/developmental assessment reveals severe learning difficulty.	- Psychometric /developmental assessment reveals profound learning difficulty.	Not tested
GROSS MOTOR (E.G. MOBILITY) (2)	No problems	- Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry; - Motor organisational difficulties; - Mild motor impairment.	- Difficulty in changing positions; - Moderately delayed level of mobility; - Walks with aids or assistance, may use wheelchair; - May require postural management for function.	- 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.	- Unable to walk/ uses wheelchair exclusively.	Not tested

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
FINE MOTOR (E.G. MANIPULATION) (3)	No problems	- Possible tremor, unsteadiness, awkward release; - Delay in acquisition of skills; - Some difficulties in play, writing, drawing or dressing.	- Restricted movements of one or both hands when reading/ stretching/ feeding/ writing/ dressing i.e. affects daily life; - Poor manipulative skills.	- Requires aids/ assistance for fine motor function.	- No bilateral grasp and release; - Unable to feed self or write, might use a switch system.	Not tested
VISION (4)	No problems	- VQ < 6/18 in better eye; - Problem e.g. amblyopia in one eye; - Minor visual field loss.	- VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility); - Reads print with aids; - Defect in at least half visual field.	- Partially sighted i.e. VA 6/36 – 6/60 in better eye.	- (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	- One ear normal (<30 dB), profound loss in other (>70 dB); - Bilateral hearing loss of 30 – 40 dB.	- 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.	- Hearing loss of 71 – 90 dB in better ear	- Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted.	Not tested
SPEECH & LANGUAGE/	No problems	- Child may show isolated pockets of specific speech and	- Child may show an uneven profile of development across	- Communication difficulties present as the primary	- Child presents with complex communication	Not tested

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
COMMUNICATION (6)		/ or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay.	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 association with globally delayed learning skills and other areas of development.	factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the key area of form, content and/or use.	needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions. Alternative/ argumentative systems used as primary means of communication.	
BEHAVIOURAL PROBLEMS (7)	No problems	- Sometimes aggressive or difficult to manage/ control (2+ times a week); - Sometimes tearful/ depressed/ anxious (unrelated to immediate circumstances);	- Frequent aggressive or difficult to manage/ control (once a day); - Frequent tearful/ depressed/ anxious (once a day); - Rarely settles to age-appropriate activity;	- 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.	- Aggressive behaviour causing significant injury to others requiring constant adult supervision; - Severe persistent self-harm behaviours (overdose, head banging, cutting) or	Not tested

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
		- Restless/ distractible – often does not settle to age-appropriate activity; - Problems probably outside norms for age and social group.	- Problems causing considerable difficulties to family or group.	- attendance at school; - Never settles to age-appropriate activity; - Unable to function in a group.	assessed as suicide risk by appropriate child mental health professional.	
SOCIAL/ ENVIRONMENTAL (8)	Category not used at present.					
SELF HELP (9)	No problems	- Some delay in independent function in relation to age norm; - Organisational difficulties requiring supervision.	- Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes.	- Requires constant assistance with ADL.	- Totally dependent on others for ADL.	Not tested
PHYSICAL HEALTH (10)	No problems	- Well controlled symptoms.	- Partially controlled symptoms.	- Has a serious deteriorating illness; - Poor control of symptoms; - Oxygen dependant.	- Palliative care required; - Requires mechanical ventilation.	Not tested

FUNCTION	0 – NO PROBLEMS	1 – MILD	2 – MODERATE	3 – SEVERE	4 – PROFOUND	N – NOT TESTED
EATING, DRINKING AND SWALLOWING (11)	No problems	- 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.	- 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.	- 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.	- 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 B. 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.