



## Carers Partnership Board

### AGENDA

**Date:** Wednesday 13 June 2012

**Time:** 9.30 am

**Venue:** Mezzanine Room 2, County Hall, Aylesbury

No	Item	Timing	Page
1	<b>Apologies for Absence/changes in membership</b>		
2	<b>Minutes and matters arising</b> To agree the minutes of the meeting held on 14 May 2012	10 mins	1 - 8
3	<b>Transitions Protocol</b> Presentation from Amy Moore, Joint Commissioner Transitions, CYPS and AFW	20 mins	9 - 62
4	<b>Buckinghamshire Safeguarding Vulnerable Adults Board Annual Report 2010/11</b> Report from either Gill Manning-Smith, Service Manager, Safeguarding, or Charles Owen-Conway, Chairman of the Safeguarding Vulnerable Adults Board. The BSVAB Annual Report 2010/11 can be viewed and downloaded from this web page: <a href="http://www.buckinghamshirepartnership.gov.uk/partnership/sva/about_the_board.page">http://www.buckinghamshirepartnership.gov.uk/partnership/sva/about_the_board.page</a>  The BSVAB Annual Report 2010/11 direct	15 mins	

	document link: <a href="http://www.buckinghamshirepartnership.gov.uk/assets/content/Partnerships/sva/docs/10_11bsvabannualreport_final.pdf">http://www.buckinghamshirepartnership.gov.uk/assets/content/Partnerships/sva/docs/10_11bsvabannualreport_final.pdf</a>		
<b>5</b>	<b>Update from the Executive Partnership Board</b>	<b>5 mins</b>	
<b>6</b>	<b>Short Breaks Update</b> Update from Zita Calkin, Joint Commissioning Manager	<b>20 mins</b>	
<b>7</b>	<b>Priorities</b> Attached is the list of priorities agreed at the last meeting.	<b>30 mins</b>	<b>63 - 66</b>
<b>8</b>	<b>Carers Week Update</b> Update from Carers Bucks	<b>10 mins</b>	
<b>9</b>	<b>Hospital Discharge</b> Update from Carers Bucks	<b>20 mins</b>	
<b>10</b>	<b>Date and Time of next meeting</b> 12 September 2012 at 9.30am in Mezzanine Room 2, County Hall, Aylesbury, HP20 1UA. Future Dates:  14 November 2012 at 9.30am in Mezzanine Room 1		

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

*For further information please contact: Maureen Keyworth on 01296 383603  
Fax No 01296 382421, email: [mkeyworth@buckscc.gov.uk](mailto:mkeyworth@buckscc.gov.uk)*

## **Members**

Stephen Archibald, Carers Bucks

Nadiya Ashraf, Buckinghamshire County Council

Clare Blakeway-Phillips, NHS Buckinghamshire

Mary Brazier, Oxford Health NHS Foundation Trust

Richard Brook, Bucks and Milton Keynes Crossroads Care

Ian Cormack, Carer Representative

Lorna Hume, Buckinghamshire County Council

David Jack, Carer Representative

Jill Jack, Carer Representative

Joy Jannetta, Oxford Health NHS Foundation Trust

Margaret Morgan-Owen, Alzheimer's Society

Chris Petford, NHS Buckinghamshire and Oxfordshire Cluster

Ann Whiteley, Carers Bucks





# Carers Partnership Board

## Minutes

### Wednesday 14 March 2012

<b>Those in attendance:</b>	
Stephen Archibald	Carers Bucks
Nadiya Ashraf	Buckinghamshire County Council
Richard Brook	Bucks and Milton Keynes Crossroads Care
Ian Cormack	Carer Representative
David Jack	Carer Representative
Jill Jack	Carer Representative
Joy Jannetta	Oxford Health NHS Foundation Trust
Margaret Morgan-Owen	The Alzheimer's Society



No	Item
1	<p><b>Welcomes and Introductions/Apologies</b></p> <p>Apologies were received from Clare Blakeway-Phillips, Ann Whiteley and Tim Williams.</p> <p>Margaret Morgan-Owen asked about claiming for expenses. Nadiya Ashraf stated that no one should be out of pocket. It was agreed that the expenses claim form would be circulated to all members and completed forms returned to Stephen Archibald. It was also agreed that the claims form would be attached to future agenda packs.</p> <p><b>Action: Clerk</b></p>

## **2 Minutes and matters arising**

The minutes of the meeting held on 25 January 2012 were agreed subject to the following:

Nadiya Ashraf to be added to the list of attendees.

### **Matters Arising**

With regard to the budget for the Learning Disability Service, Nadiya said she had contacted Kerry Stevens, who had passed it on to another person. She would chase it up again.

### **Action: Nadiya Ashraf**

With regard to advocacy, Nadia informed members that POhWER had been awarded the contract. She stated that staff would be TUPE'd across. However, this would cause concerns for the viability of some of the organisations involved. The service would be different because there was a need to remove some of the steps in order to provide a more accessible service. The back office services needed to be quicker and a consultant was working on training models, looking towards developing on line resources. Ian Cormack asked if it could be revealed what was in the specification for the Advocacy and Direct Payments Service and considered it should have been less opaque and should have included input from Service Users and Carers.

Nadiya said the changes in the service specification were for the delivery of all direct payment service, taking into account national good practice and developments in the area of SDS. There was a contingency in the new contract for resources if services collapsed. Nadiya said POhWER has a robust training programme and was successful and highly regarded, with a clear structure and delivery programme. David Jack asked how they would deal with specialist training. Nadiya said communication plans would be put in place stipulating communication needs.

With regard to Talkback self advocacy they were funded to 31 March, but would continue to provide support for the Learning Disability Partnership Board. It was noted that self advocacy for people with learning disabilities was in the contract and Talkback and POhWER were having discussions in this connection.

Richard Brook suggested there was work to be done on how the local market was affected by such decisions and suggested further work should be done on this. This was not a criticism of the process but a comment on getting it right. Nadiya suggested that Richard should

send in comments if he wished. Margaret Morgan-Owen said it was not just the market place that was put under stress but also the service users. Nadiya said the amount of review and change that users are facing is huge and disorientating and the process was difficult to manage. Richard said this was an opportunity to sit down and analyse and identify what could be done to make a difference and align with modern practice.

With regard to representation on the Safeguarding Vulnerable Adults Board, Richard Brook informed members that he would be attending the May meeting of the Board.

Members discussed membership of the Partnership Board. It was noted that Ian Cormack and Nadiya Ashraf are Co-Chairmen of the Partnership Board. With regard to elections to the Partnership Board Nadiya said that because there were not enough carers to validate an election, work was being undertaken to validate this. It was noted that at least 50% of Carers Partnership Board members should be Carers with representation from Carers of people across the different Service User Groups. Discussions were being held with ULO about representation from areas such as Mental Health, Drugs and Alcohol and it was intended to elect to all posts at the same time. Ian Cormack suggested it would be useful to have carers who represented more than one aspect or interest group. Margaret Morgan-Owen said she would like to be considered as a member of the Partnership Board with a background of representing the Alzheimer's society and Ian Cormack agreed this.

With regard to feedback from the Executive Partnership Board, Stephen Archibald said the EPB was happy that other Partnership Boards could be more flexible in their approach to issues such as setting priorities. Nadiya said that for each Partnership Board to develop priorities under each of the suggested headings had been difficult. She suggested priorities should be developed around what each Partnership Board itself felt was important and wished to place an emphasis.

Ian Cormack reported that the Supporting People Partnership Board was now called the Prevention and Wellbeing Partnership Board, supporting people not having eligible needs. Ian also said the Executive Partnership Board had requested that a representative from each Partnership Board attend the Prevention and Wellbeing Board meetings. It was agreed that Stephen Archibald would represent the Carers Partnership Board. Members discussed the size of the EPB and whether it was becoming too unwieldy. There were District Council representations on the EPB and Margaret Morgan-Owen said she was unsure where they fed back to.

Ian Cormack referred to the transport consultation and asked whether members had responded. It was agreed that the link would be sent out to members.

**Action: Clerk** (*Addendum: it was noted that the consultation closed shortly after this meeting took place and the link was, therefore, not sent*)

It was agreed that Feedback from the Executive Partnership Board would be a standing item on the agenda.

**Action: Clerk**

David Jack asked whether there was a flowchart showing how the various Boards fed into each other and it was agreed that this would be circulated.

**Action: Clerk**

With regard to the User Led Organisation Update, Ian Cormack referred to the SDS Information event for Carers of People with Learning Disabilities, on 17 April 2012 at the Oculus, Aylesbury Vale District Council. A list of invitees had been drawn up.

*(Addendum: subsequent to this meeting the SDS Information event was rescheduled to 26 June 2012.)*

Nadiya informed members that the ULO was now called the Bucks Service Users and Carers organisation (SUCO), providing support to the Partnership Boards with regard to recruitment, support and induction of members.

Margaret Morgan-Owen said she welcomed the work that was being undertaken with regard to NHS Breaks and said she would welcome a discussion with Clare Blakeway Phillips about this. Nadiya said she was meeting with Clare Blakeway Phillips shortly to discuss this further. A paper would also be going to the Adults and Family Wellbeing Board about how Social Care can deliver respite care. It was noted that the NHS would provide money for those with health needs, including self funders. SMT was also being asked to identify a pool of money to put into the budget. NHS and LA funding would be pooled to create one pot of money to access and give a variety of options. It was considered the pool of funding needed to be flexible and not too restricted by criteria. There will be self assessment through completion of forms and it was hoped there would be a quick turnaround process in the service. Margaret Morgan-Owen expressed concern about the process for filling



	<p>in forms, particularly for those not able to complete them on line. Nadiya said they would try to give a measured approach and if additional information was needed the applicant would be contacted.</p> <p>Stephen Archibald referred to the Oxford model, which included engagement with GPs to recognise the importance of carers in their own right. Nadiya said they were working along those lines. Ian Cormack suggested that the GP should be one of those people able to refer people. But that other professionals should be able to refer too. Nadiya asked any members who wished to be involved in the process to forward their details to her. Margaret Morgan-Owen, Ian Cormack, Stephen Archibald and Carers Bucks offered support.</p> <p>Members discussed the Safeguarding Audit and Nadiya agreed to provide a follow up on the next steps. David Jack asked if there was a structure in place to provide feedback to the Safeguarding Board on any issues. Nadiya said their lead officer was open to recommendations with regard to improving practice. Richard Brook said he was impressed with the quality of practice in relation to the Safeguarding Board. Nadiya said there had been a number of serious case reviews involving carers and suggested that someone from the Safeguarding Board be invited to the next meeting, and that case studies would be provided prior to the meeting as background information.</p> <p><b>Action: A member of the Safeguarding Vulnerable Adults Board be invited to the May meeting and case studies to be provided to members prior to the meeting as background information.</b></p>
<p><b>3</b></p>	<p><b>Exception Reports</b></p> <p>Item not discussed.</p>
<p><b>4</b></p>	<p><b>Priorities Planning</b></p> <p>Stephen Archibald gave a background about how the priorities template was drawn up. A number of carers met to discuss what they considered to be important. The Executive Partnership Board circulated the template containing six outcomes. Each Partnership Board is being asked to focus on what is important under each of the headings and to agree to focus on three or less priorities under each of the headings. Members discussed the template and the following was agreed:</p>

## **1. Helping People to Speak Up and Be Active Citizens**

- To meet with the Cabinet Lead and Senior Officers within the next 12 months to discuss the way commissioning impacts on carers.
- To increase the number of carer representatives on the Carers Partnership Board to include carers of people from each of the service user groups.
- The Carers Partnership Board to represent a view to the Hospital Trust on how Carers should be fully involved in the discharge process from hospital and that the carer's own views and their own needs should be given appropriate weight in the pre-discharge assessment process.

## **2. Supporting Carers**

- To ensure that the equality assessments produced by the Local Authority fully examine the impact of each proposed change on carers as well as for other disadvantaged groups.
- To deliver a workshop, jointly for carers and professionals, which promotes the view, that family carers should be at the heart of decision making, particularly where capacity is an issue and that the principles of personalisation should be at the heart of services for both carers, as well as for the people they care for.
- To request and to contribute to a Joint Plan on the provision of Breaks for Carers to be published by the Local Authority and the NHS by the end of September 2012 in consultation with the Carers Partnership Board.

## **3. Day and Employment Opportunities**

- To actively promote and champion the view that carers should be appropriately consulted and represented throughout procurement processes undertaken by the Council, including at the design stage.
- To review and to ensure, that adequate support, continuity and progress is achieved for carers of young people going through the transition process from children's to adult services and that the new plan is sustainable in terms of the carer's contribution.
- To assess, monitor and highlight any inadequacies during the day opportunity transition process in terms of how changes in services affect carers.

	<p><b>4. Housing and Support</b></p> <ul style="list-style-type: none"> <li>• To open a dialogue with the District Councils to establish their housing (?) provision, allocation and support policies in relation to carers and the people they care for.</li> </ul> <p><b>5. Improving Health</b></p> <ul style="list-style-type: none"> <li>• To work with BCC lead Commissioners to commission an agreed number of moving and handling courses for carers over the next 12 months.</li> <li>• Research best practice regarding carers health checks in primary care and develop a proposal for implementing this in Bucks</li> <li>• Support the health of long term carers by establishing a carers breaks scheme which is evaluated during 2012-2013</li> </ul> <p><b>6. Personalisation</b></p> <ul style="list-style-type: none"> <li>• To review advice and information available to carers around the direct payments process and commissioning.</li> <li>• To identify and develop an advice service for self funders to include guidance on support planning.</li> <li>• To assist in developing policy and procedures to enable the County Council to offer a self directed assessment process to carers, with the potential outcome of a personalised service delivered through direct payments specifically to meet the carers needs.</li> </ul>
<p><b>5</b></p>	<p><b>Date and Time of Next Meeting</b></p> <p>13 June 2012 at 9.30am in Mezzanine Room 2, County Hall, Aylesbury, HP20 8UA. Future Dates:</p> <p>12 September 2012 at 9.30am in Mezzanine Room 2  14 November 2012 at 9.30am in Mezzanine Room 1</p>

**Chairman**



Buckinghamshire County Council

## Transitions Protocol and Pathway

Amy Moore  
Joint Commissioner – Transitions




Buckinghamshire County Council


## Purpose of the Protocol

- To ensure that disabled young people with complicated needs receive appropriate co-ordinated support to help them to move from adolescent to adulthood
- To set up planning and review processes
- To clarify which young people we should offer support to through the planning process


## **Purpose Cont**

- To provide guidance on both practice and process for professionals involved in the planning process
  - To provide general information for young people and carers
- 


## **Purpose of the Protocol**

- To ensure that disabled young people with complicated needs receive appropriate co-ordinated support to help them to move from adolescent to adulthood
  - To set up planning and review processes
  - To clarify which young people we should offer support to through the planning process
- 

## Aims

- To enhance the transition process for disabled young people and their parents / carers
  - To gain commitment of all key partners
  - To ensure the feedback from disabled young people and their parents / carers is at the centre of service improvement
- 

## Update

- The Protocol has been signed off by the Multi - agency Strengthening Transitions Arrangements Board
  - Transitions will cover 14-25
  - Joint Commissioner now in post to lead the implementation of the protocol
  - Partners need to now come on board to implement this protocol and embed it within their service area
- 

## Work to be undertaken

Protocol needs to be embedded in working practice .

Possible ways of doing this;

- Through ensuring high level strategic buy in
- Through ensuring that it is tied into other strategies / action plans
- Through Contracts and performance management
- Through SLA 's
- Through Workforce Development
- Through involving young people in transition and their parents / carers in the development of the pathway

## Data and future Commissioning

- Identified main data sources
- Identified possible levels of need
- Looking into how evidence what these support needs are
- Looking into how measure overall impact of the work on costs



## Questions

How does the group see the protocol and pathway being useful ?

How does the group think they can help ?

Who else needs to be involved ?

What would be helpful to them ?

Any Questions ?





## **Strengthening Transitions Arrangements**

### **Multi Agency Protocol and Pathway**

# **Buckinghamshire's Multi-Agency Transition Protocol**

Supporting Young People with SEN and  
Disabilities from Aged 14 (year 9) Into Adulthood

## **Contents**

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Becoming adults  
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## Endorsements of the Transitions Protocol

This protocol is a reference for professionals outlining the vision, values, principles, roles and responsibilities of the agencies involved in the transitions and planning process for young people with special educational needs (SEN) and disabled young people living in Buckinghamshire.

The protocol and transitions pathway requires support at strategic, management and operational levels to be effective and to ensure that we support young people in Buckinghamshire with the best possible start to adulthood.

By signing this document the agencies below consent and give their commitment to implement this protocol and pathway

Sue Imbriano Strategic Director Children & Young People's Services Buckinghamshire County Council	Rita Lally Strategic Director Adults & Family Wellbeing Buckinghamshire County Council
Chief Executive NHS Oxfordshire & Buckinghamshire Cluster PCT	Chief Exec Connexions Buckinghamshire
Bucks Hospitals Trust	Oxford Health (Mental Health)
Ridgeway Partnership	FACT Bucks

## Transition Protocol - Statement of Purpose

Transition from school to adulthood can be an exciting time of new opportunities, choices and increasing independence. It can also be an anxious time for disabled young people and their parents/carers, as decisions about continuing education, careers, independent living arrangements, travel arrangements and the young person's social life need to be considered.

Transition is a time of change and challenges. Young people and parents/carers may be unsure about what to expect and what help may be available in order to plan for the future. There may be uncertainty about the roles of different agencies and the support that can be received. It is important that we actively engage these young people and parents/carers in the planning, design, implementation and evaluation of transition services.

The purpose of this protocol is to:

- make clear our commitment to making sure that disabled young people with complicated needs receive appropriate co-ordinated support to help them move from adolescence to adulthood;
- set out outcomes, performance measures and standards to be achieved;
- set up an effective planning and review process;
- clarify which young people we should offer support to through the planning process;
- include, where appropriate, the process in schools with the move from children's to adult's services;
- provide guidance on both practice and process for all professionals involved in the planning process;
- provide general information for young people, parents and carers.

In the development of this Multi-Agency Protocol all relevant local policies and strategies have been considered. The protocol sets out the roles and responsibilities of the following agencies/departments and representatives in Buckinghamshire involved in the transition planning process:

- Children and Young People's Services including:
  - Safeguarding
  - Access & Inclusion
  - Joint Commissioning
- Adult & Family Wellbeing including:
  - Service Provision
  - Commissioning & Service Improvement
- Connexions Buckinghamshire
- Health Services
- Special Schools
- Mainstream Schools
- Further Education Providers
- Families and Carers

The Buckinghamshire Strengthening Transitions Arrangements Programme Board has developed this protocol in order to:

- Enhance the transition process for disabled young people and their parents/carers
- Gain the commitment of all key partners
- Ensure that feedback from disabled young people and their parents/carers is at the centre of service improvement.

This is in line with the recommendation in "Growing Up Matters—Better Transition Planning for Young People with Complex Needs that a prerequisite to good transition planning is the need for senior local political managerial leadership in councils and partner agencies to establish clear multi-agency protocols and processes together with the pooling of resources and joint development of services between councils and their partner agencies"

## **Buckinghamshire Corporate Plan 2009-2013**

The Corporate Plan sets a direction of travel in a number of areas relating to supporting young people on the journey to adulthood.

### **13. Support those who need help to live independently**

- Prepare young people in our care for independence
- Support those who care for others

### **14. Work with families to help them to reach their potential**

- Support vulnerable families by providing a range of services when it is of most benefit

### **16. Provide support early on to help prevent people and families from slipping into crisis**

- Identify those who are struggling to cope and let them know where they can go for help
- Assess and provide support where it is most needed
- Improve services to people and families by finding more ways for health and social care to work together

### **22. Make it much easier for you to find out about and access services**

- Make it easier for you to access the services you need, when you need them

### **24. Find new, better ways of doing things**

- Deliver services in the right way, at the right time, to the right people
- Work better with others to make the best use of limited funds

## **Aim of this protocol**

This protocol sets out:

- what should happen
- when it should happen
- who should take responsibility
- how partners should work together to ensure a seamless transition
- how feedback from disabled young people and parents/carers
- informs service improvement

The above is essential to ensure that the transition process benefits young people with SEN, disabled young people and involves their parents/carers.

### **Trevor Boyd**

**Head of Service Commissioning & Service Improvement**

**Adults & Family Wellbeing**

**Chair of the Strengthening Transitions Arrangements Programme Board**

### **Chris Munday**

**Divisional Director Commissioning & Business Improvement and Access & Inclusion**

**Children & Young People's Services**

**Champion of the Strengthening Transitions Arrangements Programme Board**

## **Strengthening Transitions Arrangement Programme Board**

The Strengthening Transitions Arrangements Programme Board has been created to support improvements in the existing arrangements for transition and has developed a detailed Delivery Plan.

Terms of reference:

A governance board with a remit to:

- Agree, progress and review the implementation of the Strengthening Transitions Arrangements (STA) Delivery Plan
- Receive and agree any proposals that progress areas in the STA Delivery Plan, agree budget proposals using the monies set aside in the MTP
- Direct and review the work of any task and finish groups
- Review and evaluate service quality, and the safeguarding of children, young people and young adults during transition
- Securing better outcomes for young people entering transition
- Review performance of services supporting young people in transition
- Make recommendations for other services where there is relevance to the transitions service such as Safeguarding, SEN, Health and Adult Community Teams.
- Provide governance for commissioning of services, award and monitoring of contracts where required.
- Ensure that feedback from disabled young people and their parents/carers is at the centre of service improvement.
- Ensure that feedback from disabled young people and their parents/carers is at the centre of service improvement

Members:

Representatives form:

- Adults & Family Wellbeing
  - Service Provision
  - Commissioning & Service Improvement
- Maintained Special Schools
- Connexions Buckinghamshire
- Children & Young People's Services
  - Commissioning & Business Improvement
  - Safeguarding
  - Access & Inclusion
- Buckinghamshire Healthcare NHS Trust – Children's Services
- NHS Oxfordshire & Buckinghamshire Cluster PCT
- Oxford Health Foundation Trust
- Carers Bucks
- FACT Bucks



**Section 1**

**Strengthening Transitions Arrangements  
Multi Agency Pathway**

## **School Year 9-    Ages 13 into 14**

The Transitions Process is the responsibility of your school and they will lead the process until you leave school.

You should expect the following to happen at the review;

- The Connexions Service will be contacted and you should meet your advisor before the first Transition Review.
- The Advisor will work with you to produce a report for the Transition Meeting.
- Your school will arrange a Transition Review if you have a statement in Year 9 in accordance with Buckinghamshire Annual Review Guidance and the SEN Code of Practice. They will inform your parents or carers and professionals whose attendance is essential. If you have an allocated social worker they will also be invited to attend.
- After the Transition Review a Transition Plan will be written which will include your views, wishes and feelings and the report written with the Connexions Advisor.
- The School sends the Transitions Plan to your parents or carers, all the professionals working with you and to the Special Educational Needs Team at the Council.

## **School Year 10-    Ages 14 into 15**

The process in Year 9 takes place again.

In this year the School should be talking to you about your options for when you are aged over 16 and you should be considering work experience opportunities.

These options should be added to your Transition Plan, and again all parties receive a copy.

## **School Year 11-    Ages 15 into 16**

This is a busy year.

Your Transition Review will take place in the Autumn Term, which allows everyone time to plan what happens at the end of this school year. In this year a Section 139 Assessment takes place. This assesses what your educational needs are for the next year, and starts the process of planning for the future. Your school will also provide you with information about your future education options and you should do work experience.

If you are a Looked after Child your Transitions Review Meeting may be combined with your Looked after Child Review.

If you have a social worker they will start to talk to you and your parents or carers about your needs and services available when you are an adult. This will also include information about eligibility and charging. You should also be informed about your Leaving Care Status and a Pathway Plan will be written with you.

### **School Year 12- Ages 16 into 17**

Your Transition Review will again take place in the Autumn Term which allows for the Section 139 Assessment to be completed.

If your school thinks you may be able to access services when you are an adult they will contact the council's Adult & Family Wellbeing (AFW) Service from your 17<sup>th</sup> birthday.

If you already have a social worker and they think you will be eligible to receive services as an adult they will refer you to AFW.

Your social worker will also invite a care manager from AFW to your Looked after Children's review.

When the AFW service receives the referral they will visit you and undertake a number of assessments and offer advice to you and your family or carers. Within 28 days there will be a completed assessment of your needs

### **School Year 13- Ages 17 into 18**

Your Transitions Review will take place in the Autumn Term. If you are considered to be eligible for adult services your care manager will be invited to attend the review. Your Transitions Plan will be updated and your Section 139 Assessment will be finalised.

If you have a social worker from children's services and you will have a care manager from adult services, they will plan a handover with you, and your parents or carers.

If you are in an education placement this will be discussed and an agreement will be made between the education department and Adult Social Care to enable you to carry on in school or college.

### **School Year 14- Ages 18 into 19**

Your Transitions Review will take place in the Autumn Term. If you are considered to be eligible for adult services your care manager will be invited to attend the review. Your Transitions Plan will be updated and your Section 139 Assessment will be finalised.

If you have a social worker from children's services and you will have a care manager from adult services, they will plan a handover with you, and your parents or carers.

If you are in an education placement this will be discussed and an agreement will be made between the education department and Adult Social Care to enable you to carry on in school or college.

### **Ages 18 to 25**

After leaving statutory education the following should take place;

- Young People are tracked through College to ensure progression
- Young People are given information relating to training and employment opportunities, including supported employment.
- Young People are provided with information about positive activities.

<b>School Year/ Age</b>	<b>Action</b>	<b>Responsibility</b>
Year 9, aged 13 into 14	Preparation for Transitions Review	Connexions/School
	Information about post 16 opportunities	Connexions/School
	Transition Review	School
	Preparing for work experience	School
	Transition Plan written and shared	School
Year 10, aged 14 into 15	Information about post 16 opportunities	Connexions/School
	Work experience takes place	School
	Transition Plan is updated and shared	School
Year 11, aged 15 into 16	Section 139 Assessment starts	
	Transition Review in the Autumn Term	School
	Future education options provided	School
	Work experience takes place	School
	Advice about services for when aged over 18	Children's Social Care
	If Looked After Child, Pathway Plan developed	Children's Social care
	If Leaving School future training, employment options considered	Connexions
Year 12, aged 16 into 17	Section 139 Assessment Completed	
	Transition Review in the Autumn Term	School
	Future education options provided	School
	If Leaving School future training, employment options considered	Connexions
	Referral to Adult & Family Wellbeing	All
	Assessment for FACS eligibility and advice given	A&FW
Year 13, aged 17 into 18	Section 139 Assessment Completed	

	Information on further education options	Connexions
	Information about supported employment and work opportunities	Connexions
	Information about individualised budgets	AFW
	If eligible for services from AFW, the care manager attends the Transition Review	AFW
	Decision about funding for services made by AFW	AFW
	If the young person is Looked After and requires AFW services the case will be transferred to the appropriate adult team on the 18 <sup>th</sup> birthday	CYPS and AFW
	If appropriate make applications to further education placements	
	Seek funding for education placements	
	Seek funding to support care packages for education packages	
Year 14, aged 18 into 19	Transitions Review meeting Adult Care Manager asked to this . Transition Action plan completed S139 Completed If young person has a Care Manager then work should be undertaken so Care management transferred if there is a care manager to Adult services If funding for education agreed via social care then this continues	CYPS and AFW Connexions Adult Services
Aged 18 - 25	Offered support in accessing education , training and or employment Offered information about positive activities	Connexions



## SECTION 2

### Definition of transition

There are many important transitions in children's lives but they are too many and varied for us to deal with in one document. The SEN Code of Practice uses the term to describe the process of planning for adulthood, usually between the ages of 14 and 19, for a young person with a statement of educational need. We use this definition in these protocols while extending the process to a wider group of young people as set out above.

For the purposes of these protocols 'transition' is a planned process that happens when adolescents move to adulthood. It involves physical and psychological developments, coupled with changes to roles and relationships with family and friends, care staff and the wider community.

Transition from adolescence to adulthood brings particular challenges for young people who have complicated needs because they are undergoing changes that are far broader than other youngsters and that involve considering the medical, psychological, educational or vocational and social needs of the young person.

The protocols will apply to those vulnerable young people who have:

- a statement of special educational needs where there is a legal requirement for them to have transition reviews.

The protocols will also apply to those vulnerable young people identified below where the professionals involved agree that formal planning will be helpful to the young person:

- young people with learning difficulties and/or disabilities;
- complex or long-term physical health needs;
- mental health difficulties;
- alcohol or substance misuse;
- significant sensory needs;
- 'looked after' by Slough Borough Council or care leavers;
- at the school action or plus stage of the Code of Practice on Special Educational Needs (SEN);

### Definition of disability

The law defines disability in a number of different ways.

For the purpose of these protocols, we have used the definition set out in the Disability Discrimination Act 2005.

'A person has a disability, for the purposes of this Act, if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities'.

As a result, this will include those young people who have:

- a statement of special educational needs and there is a legal requirement for them to have transition reviews; or complicated or long-term health or mental-health difficulties where professionals agree that formal planning will be helpful to the young person.

There are two descriptions of disability that each use different language as set out in the table below

Medical description	Social description
Sees the person and their 'impairments' as the problem	Sees society's inability to meet the person's needs as the problem
Uses this type of language: 'person with a disability'	Uses this type of language: 'disabled person'
Believes the person is adapted to fit the world	Believes the world should adapt to fit the person
Focuses on descriptions	Believes it is about giving power and a voice back to the disabled person
Focuses on medically-based responses or 'cures'	Focuses on the factors in society which affect disabled people caused by 'oppressive systems'
Provide the following types of service: <ul style="list-style-type: none"> <li>• Separate from society with professionals in control</li> <li>• Separate with disabled people choosing to be a minority group</li> <li>• Integrated with non-disabled people taking the lead</li> </ul>	Provides the following type of service: <ul style="list-style-type: none"> <li>• Services which removes disabling barriers and are open to all</li> </ul>

We have agreed to use the social model where possible and within the law. This involves challenging practices and any social factors and attitudes that create barriers and deny opportunities for disabled children and young people. It also aims to remove barriers that exist and improve opportunities.

### Children first

We believe that disabled children are children first and foremost and that they should be entitled to the same services as other children. All services should be designed so disabled children can lead as normal a life as possible.

### Becoming adults

All people, whether disabled or not, legally become adults at the age of 18. It is important that we recognise and reinforce a young disabled person's adult status. However, individuals mature at different rates and have different abilities. As a result, the availability of continued support and guidance to help the person enforce their rights is important.



Some family carers may also need support when the young person reaches 16, including their role in protecting or supporting young adults and the possible change in the parent and child relationship. This change in status does not mean service providers no longer have a duty of care.

### **Charging for social services**

The local authority provides all children's services free to those who meet the relevant conditions for eligibility

We have a duty to make sure that people get all the benefits they are entitled to and it can take resources into account when disabled people's needs are assessed for community care services.

However, the local authority balances this by weighing people's needs against available resources. (In other words, resources should not be the only factor.) Local authorities can take account of their resources when deciding how to meet needs as long as need is genuinely met.

Adult Social Services has the power to charge for non-residential community-care services under the Department of Health's Fairer Charging guidance. Adult Social Services have a duty to charge each person it makes arrangements for to provide residential accommodation. It cannot charge for assessment-related services or advice. You can see our charging policy on our website.

### **Safeguarding**

Buckinghamshire County Council employees and partners will ensure that all appropriate safeguarding checks are in place and taken in to account when arranging a transfer between children's services and adult services. We will also ensure that all staff working with vulnerable young people and adults have the appropriate training and management supervision in order to minimise risks and provide a high level of protection to the young people, adults and also professional staff.

Staff will respect confidentiality and will adhere to local guidance related to sharing information. Staff will have access to up-to-date safeguarding protocols.

### **Complaints procedure**

Each agency has a complaints procedure that should be followed if the young person, parents or carers are unhappy with the contribution of a particular agency. However, if the complaint is more general, it will be co-ordinated by the lead professional. This will make sure the issue is sorted out quickly.

The Strengthening Transition Arrangements Programme Board will monitor the nature and frequency of complaints to make sure that they help develop the transition process.

## **Section 3**

## Legislative & National Policy Context

### Outcomes

The following five outcomes are set by the Government for children and young people:

- **Being healthy** – enjoying good physical and mental health and living a healthy lifestyle.
- **Staying safe** – being protected from harm and neglect and growing up able to look after themselves.
- **Enjoying and achieving** – getting the most out of life and developing broad skills for adulthood.
- **Making a positive contribution** – to the community and to society, and not getting involved in antisocial or offending behaviour.
- **Economic wellbeing** – overcoming socio-economic disadvantages to achieve their potential in life.

The following seven outcomes are set by the Government for adults.

- **Improved health** – enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. Opportunities for physical activity.
- **Improved quality of life** – access to leisure, social activities and lifelong learning and to public and commercial services. Security at home, access to transport and confidence in feeling safe outside the home.
- **Making a positive contribution** – being actively involved in the community through employment or voluntary opportunities, keeping involved in local activities and being involved in developing policy decision-making.
- **Choice and control** – providing as much independence as possible and access to information.
- **Freedom from discrimination or harassment** – equal access to services, and not being abused.
- **Economic wellbeing** – access to enough income and resources for a good diet, accommodation and involvement in family and community life. Ability to meet costs arising from specific needs.
- **Personal dignity** – keeping clean and comfortable. Enjoying a clean and tidy environment. Having personal care available.

### Legislative framework

The following provide the legal framework within which planning takes place.

The Chronically Sick and Disabled Persons Act 1970

The Disabled Persons (Services, Consultation and Representation) Act 1986

The Children Act 1989

The NHS and Community Care Act 1990

The Disability Discrimination Act 1995

The Carers (Recognition and Services) Act 1995

The Disabled Persons Act 1996

The Community Care (Direct Payments) Act 1996

The Children (Leaving Care) Act 2000

The Carers and Disabled Children Act 2000

The Learning and Skills Act 2000

Leaving Care Act 2000

Mental Health Act 1983

The Race Relations Act 1976/The Race Relations (amendment) Act 2000  
The Education Act 1993 and 1996  
Human Rights Act 1998  
The Special Educational Needs and Disability Act 2001  
The Education Act 1996, as amended by the Special Educational Needs and Disability Act (SENDA) 2001  
Health and Social Care Act 2001 Carers and Disabled Children  
The Disability Discrimination Act 1995, as amended by the Special the Educational Needs and Disability Act (SENDA) 2001  
The Children Act 2004  
The Disability Discrimination Act 2005

The following summarises the main points from the acts of parliament relevant to transition for young people.

It is not a full summary of the law.

#### **The Disabled Persons (Services, Consultation and Representation) Act 1986**

The act:

Places a duty on local authorities to find information from social services as to whether a young person with a statement is disabled and may need services from the local authority when leaving school; and says that social services have a duty to offer an assessment of needs, but not to provide services.

#### **The Children Act 1989**

The act:

Stated that disabled children including those with a mental disorder are 'children in need'; and says that disabled children are children first.

#### **The Education Act 1996**

The act:

States that local authorities must agree to what the parents prefer unless the placement is not suitable for the child's age, ability, aptitude or their special educational needs. Or, this would apply if the placement would not be compatible with providing efficient education for the children with whom the child would be educated, or the efficient use of resources.

#### **The Special Educational Needs and Disability Act 2001 (which amended the Education Act 1996)**

The act:

States that if a child has a statement, they must be educated in a mainstream school unless the parents do not agree or it would affect how efficient the education was for other children

#### **The Community Care (Direct Payments) Act 1996 (incorporated in the Health and Social Care Act 2001)**

The act:

Gives social services the power to make direct cash payments to people so they can meet an assessed need.

### **The Apprenticeship, Skills, Children and Learning (ASCL) Act 2009**

The act:

Places a power and a duty on the local authority to make arrangements for those young people with learning disabilities; who have been assessed as being likely to continue education or training after the age 16 (Connexions Partnerships carry out the impartial assessment of need). The Act states that the local authority must take account of the needs of people with learning disabilities or difficulties as identified in the assessment carried out under section 139; when making provision for their educational or training needs.

### **The Mental Health Act 1983**

The act:

Lays a joint duty under Section 117 of the Act upon primary care trusts and local authorities to provide aftercare services for people with mental health problems who have been detained in hospital for treatment under Section 3, 37, 45A, 47 or 48 who then cease to be detained. An important aspect of this duty is that people whose circumstances fall within Section 117 are not liable to make contributions towards the social care element of their aftercare services.

### **The Education and Skills Act 2008**

The Act:

Places a duty on young people to participate in education or training until the age of 18 or until 25 if identified as having a learning disability and or other disability). It requires local education authorities to promote the effective participation of young people in their areas who are subject to the duty to participate.

### **The Carers and Disabled Children Act 2000**

The act:

Changed section 17 of the Children Act 1989 slightly to allow local authorities to make direct payments to people with parental responsibility for a disabled child under the age of 16 or to a disabled young person aged 16 or over instead of services which would otherwise have been provided for them by the local authority.

Carers have a right to ask for an assessment so the local authority can:

- decide whether the carer is eligible for support;
- decide on the support needs of the carer (in other words, what will help the carer in their caring role and help them to maintain their own health and wellbeing);
- And see if those needs can be met by social or other services.

### **The Special Educational Needs and Disability Act (SENDA) 2001**

This amends both the Education Act 1996 and the Disability Discrimination Act 1995.

The act:

- applies to all education;
- makes it illegal to treat a disabled person less favourably than a non-disabled person for reasons related to their disability, unless there is justification;
- says that institutions must make reasonable adjustments to make sure that a disabled student is not placed at a substantial disadvantage.

- Higher- and further-education institutions and youth services are covered by SENDA. Other providers of services, including training providers and Connexions Services, are covered by Part 3 of DDA, which has similar requirements and makes it illegal to discriminate against a disabled person for a reason relating to their disability.

### **The Health and Social Care Act 2001**

The act:

Gives social services power to make direct cash payments to individuals to meet an assessed need (this was previously covered by The Community Care (Direct Payments) Act 1996).

### **The Children Act 2004**

The act sets the legal foundation for the action agreed as a result of the government's consultation paper 'Every Child Matters'.

The act:

- includes a condition that each children's service in England should make arrangements to promote co-operation between the authority, its partners and other appropriate organisations to improving the wellbeing of children in the authority's area relating to areas which include education and training;
- says that any arrangements made may apply to the 19 to 25 age group who have learning difficulties
- and are receiving services under the Learning and Skills Act; and sets out a way of sharing information.

### **National policy framework**

The Government has long recognised the need for service providers to improve multi-agency working so that disabled children, young people and their families can access services more easily. Improving the move for young people between Children's and Adult Services across agencies is a priority.

The following documents provide a policy framework.

- Valuing People: A Strategy for Learning Disability for the 21st Century (2001)
- SEN Code of Practice and associated toolkit (2001)
- Fairer Charging (DH 2001)
- Valuing People: Towards Person Centred Approaches – Planning with People (2002)
- Every Child Matters/Change for Children 2003
- Fairer Access to Care Services (DH 2003)
- The National Services Framework for Children, Young People and Maternity Services (2004)
- 'Removing Barriers to Achievement': The Government's strategy for SEN 2004
- Improving Life Options for Disabled People (2005)
- 'Through Inclusion to Excellence' (2005)
- CSNU/SCYPG Guidance for Connexions Service
- Youth Matters 2005
- Improving the Life Chances of Disabled People January 2005
- The Fair Access to Care Eligibility Criteria Assessment Framework (FACS)
- National Service Framework best practice guidance Transition: 'Getting it Right for young People (2006)
- 'Our health, our care, our say' 2006
- '7 Principles of Transition Planning and Local Transition Protocols' (DfES)
- 'Learning for Living and Work: Improving Education and raising opportunities for People with Learning Difficulties and/or Disabilities' 2006

- Best practice guidance on the role of the Director of Adult Social Services 2006
- 'New Deal for Carers' February 2007
- Aiming High for Disabled children: better support for families (DCFS/DH/Treasury 2007)
- 'No Health Without Mental Health' (The national mental health strategy) February 2011

### **Valuing People: A New Strategy for Learning Disability for the 21st Century (2001)**

This strategy does the following.

- It sets out the new vision for services under the four main principles of rights, independence, choice and inclusion.
- It highlights the possible loss of co-ordinated healthcare when young people, particularly those with severe learning disabilities and complicated health needs, are transferred from children's to adults' services without proper health plans.
- It sets an aim – "As young people with learning disabilities move into adulthood, to make sure they have continuity of care and support for the young person and their family; and to provide equal opportunities to allow as many disabled young people as possible to take part in education, training or employment."
- It highlights the role of Connexions, including their responsibilities to young people up to the age of 25.
- It describes person-centred planning as a process of planning that starts with the individual (not services) and takes account of their wishes and ambitions. It is a way of reflecting the needs and preferences of individuals and takes account of housing, education, employment and leisure. It focuses on the approach made for young people moving from children's to adults' services, with person-centred planning expected to take place from 2003.
- It describes the responsibilities of Learning Disability Partnership Boards for setting up frameworks for person-centred planning which will build on the assessment and planning work carried out by Connexions.
- It will identify a person with lead responsibility for the move.
- It notes the importance of continuity in health care.
- It sets an objective 'to enable more people with learning disabilities to participate in all forms of employment, wherever possible in paid work, and to make a valued contribution to the world of work'.

### **The SEN code of practice (2001)**

The code does the following.

- It describes the review process from Year 9 and the place of the transition plan within that process.
- It describes the responsibilities of Connexions, who:
  - must go to the year 9 review and should go to the year-1 review;
  - are responsible for overseeing how the transition plan is delivered;
  - should be involved in transferring information; and
  - must make sure a S140 assessment is carried out.
- It describes the role of social services and health.
- It acknowledges that young people with SEN who have not needed a statement may need support in their move between services.
- It says that there should not be a separate action plan and transition plan and that the Pathway Plan, Transition Plan and Connexions Personal Action Plan should be the same document.

### **Every Child Matters/Change for Children (2003)**

The document:

- sets out to make sure that children at risk are properly protected by common services, which support every child to develop their full potential;

- sets out a vision for early action and effective protection which includes improving how information is shared, sets a common assessment framework and identifies lead professionals;
- Anticipates the SEN Action Programme – Removing Barriers to Achievement;
- says that it will improve the move to adulthood through the National Service Framework for Children, the SEN Action Programme and the work of Connexions; and was followed with a consultation and a 'next steps' paper.

### **Removing Barriers to Achievement – the Government’s Strategy for SEN (2004)**

The document:

- revolves around the main areas of early intervention, removing barriers to learning, raising expectations and achievement and delivering improvements in partnership;
- expects that most children with SEN will be educated in mainstream schools; and
- makes a commitment to work across government to improve the quality of transition planning, setting national standards for health and social care through the children’s NSF and to work with the Connexions Service and the Learning Skills Council to expand educational and training opportunities and develop new opportunities for the move into work.

### **National Service Framework for Children, Young People and Maternity Services (DoH 2004)**

This is a 10-year programme meant to stimulate long-term improvement in children’s health.

- Part one sets out five main standards which will help the NHS, local authorities and their partner agencies to achieve high-quality services for all children and young people and their parents or carers.
- Standard 4 ‘Growing up into adulthood’ highlights the importance of safe and effective transition.
- Standards 6 to 10 tackle children and young people who have particular needs.
- Standard 8 relates to disabled children and young people and those with complicated health needs.
- Section 7 of standard 8 is about the move into adulthood. This sets out to make sure:
  - a person-centred approach to planning takes place which focuses on fulfilling the hopes, dreams and potential of young disabled people;
  - multi-agency groups are set up;
  - young disabled people receive support so they can use direct payments;
  - children get support to manage the move for those with high levels of need, those in residential schools, children in care and those with rare conditions;
  - that agencies develop local strategies to widen education, training and employment opportunities for disabled young people; and
  - health services develop appropriate services for adolescents and young people with a view to helping smooth the move to multi-disciplinary care.

The Executive Summary says that the move to adult services for young people should be planned and co-ordinated around the needs of each person to make the most of health outcomes, their opportunities in life and their ability to live independently – this is particularly important for disabled young people or those with long-term or complicated conditions.

### **Improving the Life Chances of Disabled People (2005)**

The document does the following.

- It recognises that disabled people are doing less well than non-disabled people, sets out to find out why and assesses what can be done to improve the situation.

- It identifies and proposes policies which will remove barriers and improve outcomes for disabled people.
- It sets out a vision that, 'By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society'.
- It provides statistical evidence which highlights the increasing numbers and complexity of need in children with disabilities.
- It covers four main areas of disabled people's lives:
  - independent living;
  - early years and family support;
  - the move into adulthood;
  - employment.
  
- In its section on transition, it highlights three main ingredients needed for effective support for disabled young people, to make sure that they enter adulthood and can be included:
  - Planning focused on individual needs
  - Continuous services.
  - Access to a clearer and more appropriate range of opportunities and choices

#### **'Our health, our care, our say' (2006)**

The document:

- puts people at the centre of the assessment process;
- increases the take-up of direct payments; and
- introduces individual budgets that will give people greater freedom to choose the type of care or support they want.

#### **'Transition: getting it right for young people' (DoH/DfES 2006)**

- Putting improved transition into practice [should] involve: recognising the importance of the process;
- carrying out enough consultation with professionals and users;
- flexibility when transition takes place;
- a period of preparation for the young person and family;
- transferring information [and] monitoring attendance until the young person is being dealt with by the appropriate adult service; and
- an overall approach to planning, with health professionals contributing to the young person's long-term plans as part of a multi-agency approach for providing services, which makes sense as a complete package.

#### **Best Practice guidance on the role of the Director of Adult Social Services (DASS) and Director of Children's Services (DCS) (DH 2006)**

The guidance says that:

- there must be an efficient partnership-working arrangements in place to allow an integrated approach to social care to be taken;
- there must be enough arrangements in place to make sure that all young people with long-term social care needs have been assessed and, where eligible, receive a service which meets their needs throughout their move into becoming adults;
- and all services falling with the DASS's and CDS's remit stay focused appropriately on protecting both adults and children.

#### **New Deal for Carers (2007)**



This recognises the vital role of carers in society and pledges a new package of support and services.

## Joint Agreement between Children and Young People's Service (CYPS) and Adult Family Wellbeing (AFW)

**For:** the operational involvement of Business and Care Managers in AFW Short Term Team & Learning Disability Services in the placement of young adults with learning difficulties and/ or disabilities (LDD) aged 19-25 in residential Independent Specialist Provision/ Providers (ISPs)

### **Context:**

In April 2010, Council took over statutory duty for the provision of education and training for young aged 16-19 and to 25 for those with a learning difficult assessment (Section 139a).

Consistently we have 10-15 young people with LDD annually who are most appropriately placed in residential placements at ISPs in order to meet the combination of their education and care needs. This is a comparatively small proportion of the overall number of S139a assessments carried out each year, which is in excess of 200.

Increasingly these ISP placements are jointly funded between CYPS and AFW for the education and care elements respectively. Many of the operational elements of the ISP placement process at all stages require input from AFW Business Managers and reporting Care Managers in order for the placement to progress in an efficient and timely manner.

### **Roles and responsibilities:**

#### **1. New Learners (yr 1) - Before placement:**

August to January Disability Services highly likely to go into an ISP in	14 - 19 Commissioner (CYPS) to provide AFW Business Managers with a list of those young the following September	Short Term Team & Learning people who are
August to January  S139a to the	Business Managers assign young person to a  14-19 Commissioner forwards ISP placement assigned care manager	Care Manager if FACS eligible  request details in the form of the

and/ or	Care Manager carries out a CFC based on the ISP progresses a request for a CHC assessment to	placement requested in the S139a Continuing Care
outcomes so ISP	Care Manager to provide updates on CFCs carried costs can be renegotiated as necessary	out to 14-19 Commissioner and
December to March they have all Connexions PA/ 14-19 details of care provision for the 14 week holiday placement	Care Manager to take ISP placement request to relevant documentation to present the case, Commissioner as required. Also ensuring that	AFW Resources Panel ensuring liaising with the period is covered as well as the 38 week

**2. New and Continuing Learners (yr 1,2, & 3) - During placement:**

Ongoing  
Care Manager to liaise with 14 - 19 Commissioner on any placement, SVA issues etc throughout the year

September to August  
Jointly review the ISP placement annually with the 14-19 Commissioner including a re-evaluation of care provision and costs, updating the CFC where appropriate

**3. Year 3 learners - End of placement**

September to July  
14 - 19 Commissioner will provide Business and Care Managers with a list and contact details of learners due to leave placement at the end of the academic year  
Care Manager to liaise with the ISP, young person and their family and Connexions in arranging/ supporting the transition move back into county including providing clear details as to the options for further learning, employment, care provision and supported living

**4. Locally placed Further Education (FE) high need learners:**

14 - 19 Commissioner will provide list of those requesting access to local provision  
Care Manager to carry out a RAS for the college placement, and/ or arrange CHC with Continuing Care, and provide cost range to 14 - 19 Commissioner to negotiate with the college and other service providers the package required.

Care Manager to work with young person, college and 14 - 19 Commissioner to put the package in place

Signed on behalf of Children and Young People's Services (CYPS)

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Position .....

Date.....

Signed on behalf of Adult Family Wellbeing (AFW)

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Position .....

Date.....

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## **Section 4**

### **Appendices – Contents**

Appendix 1- Agency Transition Duties

Appendix 2- Glossary of terms & Acronyms

Appendix 3- FACS eligibility criteria and assessment tool

# APPENDIX 1

## Agency Transition Duties

### Schools

Schools in Buckinghamshire County Council and out of authority schools which are commissioned by Buckinghamshire to provide education to Buckinghamshire children and young people will:

1. Conduct Transition Reviews in an appropriate way to ensure meaningful involvement of the young person and their parents/carers. A person centred approach should be used in all reviews, in both mainstream and special, maintained and independent/non-maintained school settings.
2. Produce a Transition Plan following the Transition Review meeting in Year 9 and updated Transitions Plan in subsequent years, based on the input of the young person, their parents/carers and all other agencies involved. The Transition Plan should follow the Buckinghamshire County Council format and must clearly set out actions, responsible persons and timescales.
3. Distribute the Transition Plan to the young person and his/her parents/carers, the Service for Children with Learning Difficulties and Disabilities, the Connexions Service, the social worker if involved and any other agency involved with the young person, including an Adult Social Care team where appropriate.
4. Ensure actions on Transition Plans which are the responsibility of the school are carried out
5. Ensure families have a copy of the Transition section of the Starting Point Directory
6. Provide an updated Transition Plan following Transition Reviews in years 10 and 11 (and in subsequent years where young people remain in school post 16)
7. Arrange year 11/12/13/14 Transition Reviews for the autumn term where possible to facilitate the process of completion of Section 139 assessments for young people
8. Liaise with the Connexions Service regarding young people leaving school at the end of year 12, 13 or 14 to ensure that Section 139 assessments can be completed in good time.

<b>Year 9 AGE 13 to 14</b>	
SCH Y9.1	Arrange Transition Reviews for statemented pupils in Years 9 and above in accordance with Buckinghamshire Annual Review Guidance and the SEN Code of Practice, ensuring that dates are negotiated in advance with professionals whose attendance is essential (e.g. Connexions at the Year 9 review) and ensuring that other agencies and parents/carers are given adequate notice.
SCH Y9.2	Arrange Transition Reviews for other vulnerable young people who are identified as meeting the criteria for this protocol with involvement of Connexions and other agencies involved in supporting the young person.
<b>Year 10 AGE 14 to 15</b>	
SCH Y10.1	Provide information about Post 16 options
Y10.2	Planning and preparation for work experience
<b>Year 11 AGE 15 to 16</b>	
SCH Y11.1	Arrange year 11 Transition Review for the autumn term to facilitate the process of completion of Section 139 assessments for young people leaving school at the end of year 11
Y11.2	Provide information about further education options
Y11.3	Young person carries out work experience
<b>Year 12 AGE 16 to 17</b>	
SCH	Arrange year 12 Transition Reviews for the autumn term to facilitate the process of completion of Section 139 assessments for young people leaving

Y12.1	school at the end of year 12
SCH Y12.2	For those young people not known to Children's Safeguarding and who are likely to be eligible for AFW support under schools will refer young people to the Central Access Team in AFW from their 17 <sup>th</sup> birthday via the CAT Mailbox using the Transitions CAT Referral Form Email: <a href="mailto:catreferral@buckscc.gov.uk">catreferral@buckscc.gov.uk</a> Tel: 01296 383204
Y12.3	Provide information about further education options
<b>Year 13 AGE 17 to 18</b>	
SCH Y13.1	Arrange year 13 Transition Reviews for the autumn term to facilitate the process of completion of Section 139 assessments for young people leaving school at the end of year 13
<b>Year 14 AGE 18 to 19</b>	
SCH Y14.1	Arrange year 14 Transition Reviews for the autumn term to facilitate the process of completion of Section 139 assessments for young people leaving school at the end of year 14

## **Children's Safeguarding – Prevention, Assessment & Disability and Permanency & Placements**

1. Complete a written report in advance of the Transition Review Meeting (for young people in Years 9 and above who are known to the team) and distribute to parents/carers, school and other relevant agencies, including the SEN Case Officer and Connexions.
2. Attend Transition Reviews of young people known to the team in Years 9 and above.
3. Signpost parents, carers and young people to information on transition, and provide information on services and options available, including self directed support.
4. Provide information to the young person and their parents/carers on the eligibility criteria for accessing services from Adult Social Care teams.
5. Offer a Carers Assessment to the family if required
6. Ensure families have a copy of the Transition section of the Starting Point Directory
7. Refer a young person with medical needs to the Continuing Health Care Panel in accordance with the current procedures for children, where necessary.
8. Discuss with the appropriate AFW Care Manager any proposed out of area placements before final decisions are made for young people aged 17 years onwards.
9. Arrange joint visits where appropriate and ensure that longer term planning and decision making processes are made clear to the school / placement, the parents / carers and the young person.
10. Any arrangements for an out of authority placement must follow the relevant procedures

### **Year 9 AGE 13 to 14**

CS Y9.1	<b>Attend Transition Review</b>
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### **Year 10 AGE 14 to 15**

CS Y10.1	<b>As above</b>
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### **Year 11 AGE 15 to 16**

CS Y11.1	<b>As above</b>
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Y11.2	Supply information relating to FACS eligibility and charging in AFW
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Y11.3	Option for LAC Review to be combined with Transitions Review, IRO to consider how best to meet both sets of demands
Y11.4	To consider whether the young person is eligible for services under Leaving Care Act.
Y11.5	Pathway Plan needs to be written in partnership with the young person
<b>Year 12 AGE 16 to 17</b>	
CS Y12.1	<p>Refer any young person at 17 likely to be eligible for AFW under FACS open to their teams to the Central Access Team using the Transitions CAT Referral Form</p> <p>NB. Excluding those young people who are in joint funded independent non-maintained special school placements (see CSY12.2 for this process)</p> <p>Email: <a href="mailto:catreferral@buckscc.gov.uk">catreferral@buckscc.gov.uk</a> Tel: 01296 383204</p> <p>Social Workers/Team Managers will ensure that Case Transfer Summaries are put onto ICS, which includes where the main file can be located and emailed to the allocated Care Manager when they have made contact following allocation.</p>
CS Y12.2	<p>Children and Families social worker to refer all young people with mental health needs placed in out-of-county placements at 17 years to the appropriate community mental health team (CMHT)</p> <p>Children and Families social worker to refer all young people with mental health needs to the appropriate adult community mental health team (CMHT) at 17<sup>th</sup> birthday where social care intervention from mental health services will be required from 18<sup>th</sup> birthday</p>
CS Y12.3	<p>For those young people with a statement of SEN in jointly funded Independent Non-maintained Special School Provision where it is planned that the young person will remain beyond 18 (maximum up to the end of the academic year of the young persons 19<sup>th</sup> birthday);</p> <p>Referrals will be made directly to the Business Managers/Service Managers who will allocate and assess in line with the timescales outlined in the Adults &amp; Family Wellbeing section of this document.</p> <p>Social Workers/Team Managers will ensure that Case Transfer Summaries are put onto ICS and emailed to the Business Manager/Service Manager which includes where the main file can be located.</p>
CS Y12.4	Social Workers working in Permanency & Placements will ensure that the allocated Care Manager in AFW is invited to the final LAC review.
CS Y12.5	Once a Care Manager has been allocated make a joint home visit, as necessary, with Adult & Family Wellbeing – Service Provision to introduce the Care Manager provide information on eligibility for adult services.
CS Y12.6	<p>Agree with the AFW Care Manager at what point the case will be handed over and arrange handover.</p> <p>Send files to the Adult Social Care team within 2 weeks of the young person's 18th birthday.</p>
<b>Year 13 AGE 17 to 18</b>	
CS Y13.1	<b>As above</b>



## Access & Inclusion

### Access & Inclusion Service will

1. Send trigger letters to schools to action annual review meetings and pass on all relevant information about annual review dates to relevant managers within the Safeguarding, Adult & Family Wellbeing Social Care Teams and Connexions as appropriate.
2. Ensure that category of SEN (primary need and secondary need) is correctly recorded on Capita ONE for every statemented child and that this is checked at each annual review and updated / amended where necessary.
3. Record on ONE whether a Transition Plan has been completed, with the date, recording the attendance of professionals and parents/carers and young people at this meeting. SEN Team will record all Person Centred Transitions Reviews that have taken place.
4. Attend any Transition Reviews which are problematic or where there are concerns about the quality of transition planning, giving particular priority to children in out of authority placements.
5. Send a list of all Buckinghamshire statemented pupils in years 9 to 14 to relevant commissioners and operational managers in Adult & Family Wellbeing and Connexions on an annual basis. The list will include name, date of birth, National Curriculum Year 10 Group, primary SEN, school, home address and type of school (mainstream, resourced or special).
6. Provide and regularly update guidance for schools on Transition Planning.
7. Discuss with the appropriate AFW Care Manager any proposed out of area placements before final decisions are made for young people aged 17 years onwards.
8. Arrange joint visits where appropriate and ensure that longer term planning and decision making processes are made clear to the school / placement, the parents / carers and the young person.
9. Any arrangements for an out of authority placement must follow the relevant procedures
10. Provide the Maintained Special Schools Funding Matrix information to Commissioners for forecasting purposes
11. Ensure that service specifications and contract agreements with relevant providers, community, acute and primary care, include the requirement to work to multi-agency pathways and shared assessment and transition protocols and plans.
12. Liaise with the host PCT to resolve any difficulties about responsibility for the provision of health services which may arise in the case of young people placed in out of authority schools.

#### Year 9 AGE 13 to 14

AI Y9.1	SEN team to highlight transition needs with school
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Y9.2	Transition Plan recorded by A&I Team
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#### Year 10 AGE 14 to 15

AI Y10.1	Transition Plan updated by A&I following review
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#### Year 11 AGE 15 to 16

AI Y11.1	Transition Plan updated by A&I following review
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#### Year 12 AGE 16 to 17

AI Y12.1	Refer any young person at 17 likely to be eligible for AFW under FACS in an Independent Non-Maintained Special School Placement (Excluding those who are in joint funded placements with Safeguarding) to the Central Access Team using the Transitions CAT Referral Form
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	Email: <a href="mailto:catreferral@buckscc.gov.uk">catreferral@buckscc.gov.uk</a> Tel: 01296 383204
AI Y12.2	Once the allocated Care Manager has made contact the relevant SEN Officer will arrange access to the case file and provide a copy of the Statement within 7 days
<b>Year 13 AGE 17 to 18</b>	
AI Y13.1	Transition Plan updated by A&I following review
AI Y13.2	Plan with AFW allocated care manager the transition if young person in out of authority education placement
<b>Year 14 AGE 18-19</b>	
AI Y14.1	Handover to AFW when statement ends

## **NHS Buckinghamshire and Oxfordshire Cluster (PCT)**

<b>Health will</b>	
<b>Year 12 AGE 16 to 17</b>	
HEA Y12.1	Ensure that health assessments are undertaken and referrals presented to the relevant Continuing Health Care Panel by (at least) the a young persons 17 <sup>th</sup> birthday with the young person, their parents/carers and the Local Authority staff working with the young person being informed of any decisions taken including joint funding arrangements with education.

## **Community Healthcare provision eg. BHT, Oxford Health, Care UK**

### **Acute healthcare provision eg. BHT, John Radcliffe**

### **Primary healthcare provision eg. GPs**

<b>Health professionals working with vulnerable young people with complex health needs, including mental health needs, will:</b>	
<ol style="list-style-type: none"> <li>1. Ensure that reports are provided by relevant health professionals for the Year 9 transition review and subsequent reviews as required where a young person has significant health needs which need to be taken into account in transition planning.</li> <li>2. Ensure that relevant health professionals attend transition reviews from year 9 where a young person is likely to need health care support on leaving school, in order to advise on how the young person's health needs may impact on future placements.</li> <li>3. Offer to provide Health Action Plans for young people who want them and ensure that these are developed in Years 10 and 11 and updated in subsequent years for young people who stay in school post 16.</li> </ol>	

4. Facilitate the transfer to Adult Health Care Services and ensure that referrals to relevant services are made in good time so that there is no gap in service provision. Ensure that young people and their parents/carers know when and how this transfer will take place and that sufficient warning is given. Ensure that the young people and their parents/carers know who will co-ordinate their health care provision within the Adult Health Care Services. Generally teenagers remain under paediatric care until 18 years of age or until they complete their secondary education. Whether transferring to primary care or to an adult hospital team, a detailed handover is required with letters copied to the patient and the GP

<b>Year 9 AGE 13 to 14</b>	
HEA Y12.1	OHFT to ensure that CAMHS makes the referral of young people to the appropriate adult community mental health team (CMHT) in accordance with OHFT Transitions Policy at 17 <sup>th</sup> birthday where mental health intervention required from 18 <sup>th</sup> birthday
HEA Y12.2	OHFT to ensure that CAMHS participates in joint care planning with the adult community mental health team before the 18 <sup>th</sup> birthday for young people whose care has been accepted by the adult service

## **Adult Mental Health Services**

### **Adult Mental Health Services will**

1. OHFT to ensure that a six monthly operational case management discussion takes place between the relevant service managers from CAMHS and adult mental health services and, where appropriate, BCC Children and Families Services to monitor the effectiveness of transition planning of young people from the age of 16 years
2. OHFT to ensure that annual forecasting is undertaken from 14<sup>th</sup> birthday and, in particular, from 17<sup>th</sup> birthday of young people likely to require adult mental health services, including social care services.
3. OHFT to maintain a network of practitioners and managers from CAMHS, Adult Mental Health services and Children and Families service through regular liaison (see Action 1 above)
4. Adult CMHT responsibility will be determined by either the link with a GP or, for a young person living outside the county, by the last Buckinghamshire home address.
5. The Adult CMHT appropriate for the home address will confirm 'county border' arrangements where the young person's GP is based in a neighbouring county.

<b>Year 12 AGE 16 to 17</b>	
HEA Y12.1	OHFT to ensure that the appropriate adult community mental health team (CMHT) allocates a care coordinator to begin transition planning within 4 weeks of acceptance of referral from CAMHS and/or Children and Families social worker
HEA Y12.2	OHFT to ensure that the appropriate CMHT has a care plan in place, which includes assessment and support planning for Self Directed Support, before 18 <sup>th</sup> birthday.

## Connexions

### **Connexions will**

1. Ensure families have a copy of the Transition section of the Starting Point Directory
2. Oversee implementation of Transition Plans and check that actions are carried out by relevant parties.
3. Provide impartial information, advice and guidance to young people and their parents/carers on all options available post 16
4. Attend SEN reviews in subsequent years where possible, giving priority to Year 11 reviews or reviews in the final year of schooling for young people who stay at school post 16.
5. Liaise with the host Connexions Service for young people placed in out of authority schools in accordance with the Connexions Buckinghamshire policy and agree which service will take responsibility for the young person, including completion of the Section 139 assessment.
6. Complete Section 139 assessments for young people in their final year in local authority provision and arrange approval/sign off in accordance with current guidelines.
7. Complete funding application in consultation with the Local Authority to the local Sub Regional Group as appropriate, in liaison with the appropriate Adult Social Care team and other agencies.
8. Send completed Section 139 assessments to receiving institutions, e.g. college and to other agencies as appropriate, e.g. Adult Social Care teams with the young person's permission.
9. Negotiate with schools/the Local Authority and consider local guidance to agree when to undertake Section 139 assessments for young people who do not have a statement of SEN but who nevertheless can be classified as disabled within the terms of the DDA or are considered vulnerable and in need of additional support

### **Year 9 AGE 13 to 14**

CNX Y9.1	Meet all statemented young people prior to their Year 9 Transition Review and produce a report for inclusion in Transition Plan, using a person centred approach in accordance with the local guidelines.
CNX Y9.2	Attend transition reviews for all Year 9 statemented pupils (mandatory)
CNX Y9.3	
CNX Y9.4	
CNX Y9.5	

## Adult's & Family Wellbeing - Service Provision

### **Adults & Family Wellbeing - Service Provision**

**All social care teams working with adults with learning disabilities, physical disabilities, sensory needs, mental health needs will:**

1. Take an active role in the planning and preparation of a young person to adulthood, enabling transition of formal statutory support within the framework of

adult service eligibility criteria and fair access to Care Guidance.

2. Work with all agencies to identify the most appropriate support interventions that meet needs, wishes and aspirations in the context of eligibility and available resources.
3. Signpost parents, carers and young people to information on transition, and provide information on services and options available, including self directed support.
4. Liaise with other Adult Social Care Teams (including Mental Health) where necessary where a young person has more than one disability/need. Agree which team will take lead responsibility for the provision/commissioning of services and financial responsibility.
5. Refer a young person with medical needs to the Continuing Health Care Panel in accordance with the current procedures for adults in advance of the transfer from children's services.

**Year 12 AGE 16 to 17**

AFW Y12.1	<p>Receive referrals of young people likely to be FACS eligible for AFW services into the Central Access Team from Children's Safeguarding, Access &amp; Inclusion, Schools, Connexions and others. These referrals will be screened using the appropriate tool and if required be referred to a Social Care Team.</p> <p>In the case of ineligibility signposting to other resources will take place and if appropriate a referral to the In touch team made.</p>
AFW Y12.2	<p>Once a young person has been referred to a social care team the Business Manager will allocate a Care Manager.</p> <p>Once the Care Manager has been allocated they will make contact with the relevant children's Social Worker, SEN Officer and School with 14 days of allocation to introduce themselves.</p> <p>Children's Social Care will provide a Case Transfer Summary (CTS) which will include details of where the main social care file is located and provide an email copy of the CTS to the Care Manager/Business Manager.</p> <p>Once a Care Manager has been allocated they will make a joint home visit, as necessary, with the Children's Social Worker to introduce the Care Manager and provide information on eligibility for adult services.</p> <p>Once contacted by the Care Manager the SEN Officer will provide a copy of the current Statement of SEN and the location of and access to the case file.</p> <p>An assessment will be completed within 28 days from point of referral to a Social Care Team.</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>•SAQ</li> <li>•Resource Allocation System</li> <li>•The offer of a Carers Assessment if appropriate</li> <li>•Continuing Healthcare Checklist</li> <li>• Care Funding Calculator</li> </ul>

AFW Y12.4	<p>Once the indicative budget has been agreed the family will be informed and offer to referral to independent brokerage, if appropriate at this stage.</p> <ol style="list-style-type: none"> <li>1. The broker will support the young person and their family to develop a support plan within the allotted brokerage level.</li> <li>2. For those young people/families that opt to complete the brokerage function themselves they will be responsible for developing the support plan.</li> <li>3. For those young people/families where it is necessary for a Care Manager to complete the brokerage function (or for certain cases there is a requirement for a Care Manager to act as the Broker) the Care Manager will be responsible for developing the support plan.</li> </ol> <p>The support plan will be agreed by the relevant panel at least 2 months prior to the young persons 18<sup>th</sup> birthday and go live on the young persons 18<sup>th</sup> birthday.</p>
AFW Y12.5	<p>For those young people with a statement of SEN in jointly funded Independent Non-maintained Special School Provision where it is planned that the young person will remain beyond 18 (maximum up to the end of the academic year of the young persons 19<sup>th</sup> birthday); Referrals will be received directly by the Business Managers/Service Managers who will ensure that:</p> <p>A Care Manager is allocated and an assessment will be completed within 28 days from point of referral to a Social Care Team (adults).</p> <p>This will include:</p> <ul style="list-style-type: none"> <li>•SAQ</li> <li>•Resource Allocation System</li> <li>•The offer of a Carers Assessment if appropriate</li> <li>•Continuing Healthcare Checklist</li> <li>•Care funding calculator</li> </ul> <p>The Business Manager will sign off the assessment and support the Care Manager to take the placement to panel no less than 6 months prior to 18<sup>th</sup> birthday of the young person.</p> <p>The decision of the panel will be communicated to the SEN Team Case Worker and the young person/family within 1 week of panel.</p> <p>Any disputes will be escalated to the relevant Service Manager in AFW and the SEN Manager in CYPS.</p>
AFW Y12.6	<p>The Allocated Care Manager (or representative) will in all cases attend:</p> <ul style="list-style-type: none"> <li>•The final Looked After child review for all children and young people who are looked after by the LA.</li> <li>•The SEN review @ School</li> </ul>
AFW Y12.7	<p>Agree with the Children's Social Worker at what point the case will be handed over and arrange handover.</p> <p>Ensure files are received from Children's Social Care team within 2 weeks of the young person's 18th birthday.</p>

## **Commissioning & Business Improvement (CYPS) and Commissioning & Service Improvement (AFW)**

**Commissioners will provide;**

An annual list of statements from SEN

Placement forecasting of young people who are considered as being FACS to AFW

Maintained Special School Funding Matrix forecasting





## Glossary of Terms and Acronyms

### Glossary of terms

<b>Adults &amp; Family Wellbeing</b>	
<b>AEN</b>	<b>Additional educational needs. This term is more commonly used now than ‘special educational needs’</b>
<b>AP</b>	<b>Adult protection</b>
<b>Assessment of Children in Need and their Families</b>	<b>A framework used by Social Services to analyse, understand and record what is happening to children and young people within their families and the wider community. It allows us to make professional judgements, including whether the child is in need.</b>
<b>BESD</b>	<b>Behaviour, emotional and social difficulties</b>
<b>Care manager</b>	<b>Registered social worker, occupational therapist or nurse</b>
<b>Support Plan</b>	<b>A document drawn up as a result of consultation between Social Services and the young person and their family showing the ways in which services will meet the young person’s needs.</b>
<b>CYPS</b>	<b>Children &amp; Young People’s Services department in Buckinghamshire County Council. This department brings together education, safeguarding and commissioning services for children and young people.</b>
<b>Children Act 1989</b>	<b>The act that identifies our duties to ‘safeguard and promote the welfare of children within their area who are in need’. (Children being those people up to age 18.)</b>
<b>CiN</b>	<b>‘Child in Need’ as defined by the Children Act 1989.</b>
<b>SEN Code of practice</b>	<b>The SEN code of practice sets out the requirements involved in supporting children and young people with special educational needs.</b>
<b>Community-care assessment</b>	<b>The process by which we decide whether a person needs services.</b>
<b>Complex needs</b>	<b>This includes young people with medical conditions, high support needs, behavioural problems or learning difficulties (or both)</b>
<b>Connexions Service</b>	<b>A service created in 2003 that includes the Careers Service providing information, advice and guidance to young people 13-25</b>
<b>CP</b>	<b>Child protection</b>
<b>DAS or DASS</b>	<b>Director of Adult Social Services</b>
<b>DCS</b>	<b>Director of Children’s Services</b>

<b>Direct payments</b>	<b>Payments made direct to young people and carers to buy services</b>
<b>FACS</b>	<b>Fair Access to Care Services –</b>
<b>Inclusion</b>	<b>The process where young people (and all pupils) gain control over their lives and learning. It is often used to emphasise the requirement of the SEN and Disability Act to strengthen the right of children with special educational needs to be educated in mainstream schools. The Department of Health Assessment Framework also recognises that all children share the same developmental needs to reach their potential but that the rate or pattern of progress may vary between children because of factors associated with health.</b>
<b>Individual education plan (IEP)</b>	<b>This is a document drawn up – after consulting the young person – that identifies targets for learning, behaviour and independence. Normally we review it twice a year.</b>
<b>Individual Budget</b>	
<b>LA</b>	<b>Local authority</b>
<b>LAC</b>	<b>‘Looked after child’ – a child in our care.</b>
<b>LLDD</b>	<b>Learning difficulty or disability. Defined in the Learning and Skills Act and used by Connexions.</b>
<b>Learning difficulty</b>	<b>Defined in the Education Act 1996 as a person who has ‘significantly greater difficulty in learning than most people of their age, or a disability, which prevents them from using facilities generally, provided for people of their age.’</b>
<b>Learning disability</b>	
<b>NEET</b>	<b>Not in education, employment, or training</b>
<b>Non-maintained or independent school</b>	
<b>Out-of-county placement</b>	<b>Where a young person goes to a school outside the local authority education area where they live.</b>
<b>PA</b>	<b>Connexions personal advisor</b>
<b>PCP</b>	<b>Person-centred planning</b>
<b>PCTs</b>	<b>Primary care trusts</b>
<b>PCTR</b>	<b>Person Centred Transitions Review</b>
<b>PLASC</b>	<b>Pupil-level annual schools census</b>

<b>PSHE</b>	<b>Personal, social and health education</b>
<b>Parent Partnership</b>	<b>Partnership with Parents – a service which provides mediation, a helpline and other information and advice to parents, carers and schools in terms of special educational needs</b>
<b>School Action (SA)</b>	<b>Extra or different action within a school or setting to allow independent learning and access to the curriculum.</b>
<b>School Action Plus</b>	<b>Builds on School Action with co-ordinated action and identified outcomes for the school, the services and the pupil.</b>
<b>SEN</b>	<b>Special educational needs - covers many conditions including autism, Asperger’s syndrome, ADHD, dyslexia, dyspraxia, behavioural difficulties and physical disabilities.</b>
<b>SENCOs</b>	<b>The SEN co-ordinator in schools. This is the person who usually links with parents and makes all arrangements to do with the young person’s needs.</b>
<b>Statement</b>	<b>A document written for school pupils with learning difficulties or disabilities, setting out the full range of needs and how these will be met.</b>
<b>Transition</b>	<b>The process that happens for young people between the ages of 13 and 19 to make sure of an effective move from adolescence to adulthood.</b>
<b>Transition plan</b>	<b>A document drawn up at the Year-9 review and updated each year it sets out the steps which will be taken to tackle the young person’s needs when they leave school.</b>
<b>Transition review</b>	<b>The review of a statement in Year 9 which begins the transition planning process.</b>
<b>YPLA</b>	<b>Young People’s Learning Agency</b>

## Appendix 4 - FACS eligibility criteria and assessment tool

Adult social care staff have always had to make difficult judgements about eligibility issues and this continues. Procedures have been in force since April 2003, outlined by [Department of Health](#), to develop a national approach to this issue. Follow the link and type 'Fair Access to Care Services' in the search box for current details.

The Access to Social Care Services Eligibility Criteria Framework describes the full range of eligible needs that will be considered by the Council.

### Eligibility Criteria Framework

ELIGIBILITY CRITERIA FRAMEWORK				
Degree of Risk or Level of Need	Critical	Substantial	Moderate	Low
<b>Physical Health/Welfare of Self and Others</b>	Life is, or will be threatened; and/or significant health problems have developed or will develop.			
<b>Activities of Daily Living</b>	There is or will be an inability to carry out vital personal care or domestic routines.	There is or will be an inability to carry out the majority of personal care or domestic routines.	There is or will be an inability to carry out several personal care or domestic routines.	There is or will be an inability to carry out one or two personal care or domestic routines.
<b>Risk of Abuse or Neglect</b>	Serious abuse or neglect has occurred or will occur.	Abuse or neglect has occurred or will occur.		
<b>Independent Living / Rehabilitation</b>	There will be little or no choice and control over vital aspects of the immediate environment.	There is or will be only partial choice and control over the immediate environment.		

<b>Social Interaction, Community Involvement &amp; Social Support</b>	Vital family and other social roles and responsibilities cannot or will not be sustained.	Majority of family and other social roles & responsibilities cannot or will not be undertaken.	Several family and other social roles & responsibilities cannot or will not be undertaken.	One or two family and other social roles & responsibilities cannot or will not be undertaken.
	Vital involvement in work, education or learning cannot or will not be sustained.	Involvement in many aspects of work, education or learning cannot or will not be sustained.	Involvement in several aspects of work, education or learning, cannot or will not be sustained.	Involvement in one or two aspects of work, education or learning cannot or will not be sustained.
	Vital social support systems and relationships cannot or will not be sustained.	Majority of social support systems and relationships cannot or will not be sustained.	Several social support systems and relationships cannot or will not be sustained.	One or two social support systems and relationships cannot or will not be sustained.

#### Using the Eligibility Criteria for Determining Eligible Needs

The criteria are based on areas key to maintaining an individual's independence over time. They are:

- Physical Health/Welfare of Self or Others
- Activities of Daily Living
- Risk of Abuse or Neglect
- Independent Living/Rehabilitation
- Social Interaction, Community Involvement and Social Support

It makes no reference to issues of age, gender, ethnic group, religion, disabilities, impairments or similar difficulties, personal relationships, location, living and caring arrangements, and similar factors. In themselves these factors do not threaten independence; however, they may need to be taken into account as needs are assessed and services considered.

The four bandings; 'Critical', 'Substantial', 'Moderate' and 'Low' represent the relative level of need that an individual may have, and the level of risk they may face if they are not provided with services.

The descriptions in the boxes in the criteria explain what these needs or risks are. Examples of needs that could fall into the four bands can be found by clicking on the link [Formula For Assessing Presenting Needs](#)

The criteria also use some key words. Here is a guide to the words.

'Vital' - means something that is essential. In terms of the criteria this refers to aspects of an individual's life that are essential to allow them to live safely and independently. An example would be when an individual cannot undertake essential tasks such as getting in and out of bed or using the toilet, because of their disabilities. They would definitely require social care services to assist them with these vital tasks; otherwise they would be at serious risk.

'Majority' and 'Several' 'Majority' and 'Several' refer to the number of items involved.

'Majority' means the greater number or more than half. Therefore, when used in the criteria regarding 'activities of daily living', it refers to the number of tasks an individual cannot carry out. If the assessment concludes that because of their disabilities, an individual cannot carry out more than half the tasks required to live at home, then they would have 'substantial' needs. This means they would require social care services to assist them.

'Several' means a number more than two but not many. Using the example of 'activities of daily living,' the individual would be able to undertake many of the tasks required to live at home, without social care support. Whilst they would not be able to undertake a number of tasks this would not place them at risk or seriously affect their ability to live independently.

The [Eligibility Criteria Form](#) below should be used to assist in determining the eligibility for each of the users identified needs and the Risk band that each eligible need falls within. It should be used for all new users and when reviewing/reassessing existing care packages. It can also be useful to use with clients to demonstrate how their eligibility has been worked out.



Assess\_eligibility\_for  
m.pdf

## Assessing Risk

Assessing risk is based on a professional judgement. It is therefore important that as much objective information as possible is gathered and the subsequent reasons for the decisions made are accurately recorded.

Risk has two essential elements:

1. Likelihood- i.e. how likely is it that "something" will happen if services are not provided
2. Outcome - i.e. what is that "something" and how serious will that "something" be?

The expectation is that the care management worker will be able to:

- a) Identify/ anticipate a sequence of events that would result in the Outcome happening
- b) Identify a likely timescale i.e. within the foreseeable future - 6 weeks / 6 months

### **Assessing Likelihood**

Assessing Likelihood is also a matter of professional judgement. Judgements need to be made in light of the information gathered, and the final decision recorded clearly using the evidence provided by the available information There are a number of factors which will help when assessing likelihood:-

Recent History - e.g. falls, abuse, infections etc. But always check this information carefully

Mental capacity of the person facing the risks

The person's attitude to risk taking. The responsibility of balancing risk in terms of the Human Rights Act by assessing and managing the tension between protecting people's freedoms and protecting them (or others) from harm.

The sustainability of the carers role

The consensus of opinion and among other professionals

### **Assessing Outcomes**

The assessment should therefore focus on whether these identified, evidence based likelihood's would follow if no services were provided or would be reduced significantly by the provision of more services. The assessment should clearly show how the assessor arrived at the decision they made about the level of risk the person is facing and on what evidence they based their decision

#### **Eligible needs the Council is prepared to meet**

When taking limited financial resources into account, the Council is currently committed to meeting those needs of people that fall into the Critical and Substantial categories of Risk.

#### **Eligible needs the Council is unable to meet**

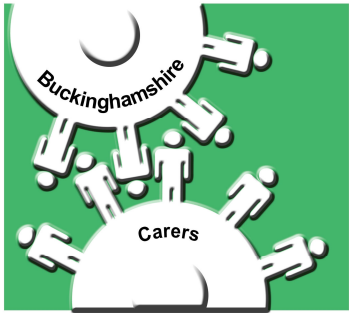
Because a person with eligible needs is not considered to be in Critical or Substantial need does not mean that they will not receive a comprehensive assessment of their needs. The comprehensive care management service, which is free, includes a [welfare benefit check and advice](#), information about [local voluntary organisations](#) and other services that may be able to help e.g. housing benefit, and handy man schemes information about which can be obtained from [District Council offices](#).











**Partnership Board**

# Carers Partnership Board

## Priorities Template

Outcome	Priorities
<p><b>1 Helping people to speak up and to be active citizens</b></p>	<p>To meet with the Cabinet Lead and Senior Officers within the next 12 months to discuss the way commissioning impacts on carers.</p> <p>To increase the number of carer representatives on the Carers Partnership Board to include carers of people from each of the service user groups.</p> <p>The Carers Partnership Board to represent a view to the Hospital Trust on how Carers should be fully involved in the discharge process from hospital and that the carer's own views and their own needs should be given appropriate weight in the pre-discharge assessment process.</p>
<p><b>2 Supporting Carers</b></p>	<p>To ensure that the equality assessments produced by the Local Authority fully examine the impact of each proposed change on carers as well as for other disadvantaged groups.</p> <p>To deliver a workshop, jointly for carers and professionals, which promotes the view, that family carers should be at the heart of decision making, particularly where capacity is an issue and that the principles of personalisation should be at the heart of services for both carers, as well as for the people they care for.</p> <p>To request and to contribute to a Joint Plan on the provision of Breaks for Carers to be published by the Local Authority and the NHS by the end of September 2012 in consultation with the Carers Partnership Board.</p>

Outcome	Priorities
<b>3 Day and employment opportunities</b>	<p>To actively promote and champion the view that carers should be appropriately consulted and represented throughout procurement processes undertaken by the Council, including at the design stage.</p> <p>To review and to ensure, that adequate support, continuity and progress is achieved for carers of young people going through the transition process from children's to adult services and that the new plan is sustainable in terms of the carer's contribution.</p> <p>To assess, monitor and highlight any inadequacies during the day opportunity transition process in terms of how changes in services affect carers.</p>
<b>4 Housing and support</b>	<p>To open a dialogue with the District Councils to establish their housing (?) provision, allocation and support policies in relation to carers and the people they care for.</p>
<b>5 Improving Health</b>	<p>To work with BCC lead Commissioners to commission an agreed number of moving and handling courses for carers over the next 12 months.</p> <p>Research best practice regarding carers health checks in primary care and develop a proposal for implementing this in Bucks</p> <p>Support the health of long term carers by establishing a carers breaks scheme which is evaluated during 2012-2013</p>
<b>6 Personalisation</b>	<p>To review advice and information available to carers around the direct payments process and commissioning.</p> <p>To identify and develop an advice service for self funders to include guidance on support planning.</p> <p>To assist in developing policy and procedures to enable the County Council to offer a self directed assessment process to carers, with the potential outcome of a</p>

Outcome	Priorities
	personalised service delivered through direct payments specifically to meet the carers needs.

