

Response to Request for Information

Reference FOI 001433 **Date** FOI 001433

Care and/or Support Assessment/Plan/Policy

Request:

I would kindly like to be supplied with anonymised/blank/draft copies of the following under the FOIA 2000:

- Child In Need Assessment and Plan, See Attached
- Looked After Child Assessment and Plan (including appendix such as a plan covering a child's personal education whilst in care and feed as part of the overall plan), See Attached
- Young Carer's Assessment and Plan, See Attached
- Adult Carer's Assessment and Support Plan, See Attached
- Joint Adult Disabled Person and Carer's Assessment and Plan, See Attached
- NHS Funded Assessment and Care Plan (e.g. for Continuing Care) which you may possess, Information not held.
- Section 117 Care assessment and plan, See Attached
- Any reassessment documents which may be completed for each of the above to be used for example when a client's needs may change,
- Written fees charging policy,
 This information is on the Council website:
 http://www.wolverhampton.gov.uk/article/3617/Paying-for-your-care
- Written social services complaints policy and See attached
- Resources Allocation System Protocol (i.e. how clients needs are calculated to reach an indicative/actual amount that social services will be likely to allocate, not to be confused direct payments per say). See document 'how your budget is decided. "This document explains how the indicative personal budget figure is calculated as part of the Resource Allocation System (RAS). IMOSPHERE calibrates the RAS in conjunction with the City of Wolverhampton Council."

[NOT PROTECTIVELY MARKED]

I hope you could provide a copy of your written FOIA procedure or inform me where I might find this, say on your website. See link below: http://www.wolverhampton.gov.uk/article/1845/Freedom-of-Information-FOI-requests

g) CIN Plan



| | | | | | • |
|-------------------------------------------------------|--------------------------|--------------------------|----------------------------|---------------------------------------------------------|--------------------------------------------------------|
| Form Details | | | | | |
| Form Start Date: | | Worker Na | ame: | | |
| Person Details | | | | | |
| Name: * | | CareFirst | ID: | | |
| DoB / EDD: | | Gender: | | | |
| Address: | | Tel No: | | | |
| | | | | | |
| Plan | | | | | |
| Date of plan | | | | | |
| Allocated Social Worker completing p | lan | | | | |
| Relationship: | | | | | |
| Name: | | | | | |
| Address: | | | | | |
| Email: | | | | | |
| Phone: | | | | | |
| Notes: | | | | | |
| What is the Current Plan | | | | | |
| What are we worried about (identified needs) | What needs to happen? | Who's going to do it? | Date it will be done by | How will things be better (desired outcome) | Has this outcome been achieved. Answer Y/N |
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g) NEW CIN Plan

| Name: * | | | | CareFirst ID: | |
|-------------------------------------------------------|-----------------------|--------------------------|----------------------------|---------------------------------------------------------|--------------------------------------------------------|
| What are we worried about (identified needs) | What needs to happen? | Who's going to do it? | Date it will be done by | How will things be better (desired outcome) | Has this outcome been achieved. Answer Y/N |
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| CIN Contingency Plan | | | | | |
| | | | | | |
| Date of CIN Planning Meeting | | | | | |
| Activity Type: | | | | | |
| Assigned To: | | | | | |
| Status: | | | | | |
| Status Date: | | | | | |
| Requested Date: | | | | | |
| Required by Date: | | | | | |
| Priority: | | | | | |
| Details: | | | | | |
| Is this report ready for authorisation? | | | | | |
| Managers Rationale | | | | | |
| Managers Rationale (Required) | | | | | |
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| Completion and Authorisation | | | | | |
| Completed By: | | | | Date: | |
| Worker: | | | | | |
| Tel: | | | | | |
| Address: | | | | | |
| Authorised By: | | | | Date: | |
| Tel: | | | | | |
| Authorisation Comment: | | | | | |

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| Form Details | |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Form Start Date: | Worker Name: |
| Person Details | |
| Name: * | CareFirst ID: |
| DoB / EDD: | Gender: |
| Address: | Tel No: |
| | |
| Aim of Plan | |
| Type & aim of plan | |
| You must select the correct type or plan (Preceeding Initials) | , based on the following: |
| CIN: Child In Need plan | |
| PF: Private Fostering Plan | |
| CP: Child Protection plan, if this is a proposed plan for a CP CP Plan option | Conference, you must select the CP: Proposed |
| LAC: Looked After Child plan (Below 16 Years Old) | |
| LAC/LC: Both a Looked After Child plan and a Leaving Care primary worker and responsible for the plan, but a Leaving C (16 to 18 Years Old) | |
| LC: Leaving Care plan (Pathway plan), the Personal Advisor | is the Primary worker |
| OTHER: Aim of plan that does not fit within the above categor | pries |
| No Social Care Plan: Must be selected if the Child / Young P | erson does not have a plan |
| Remember to start the classification the day the plan was ag type/aim of plan classification, and add a new one starting th | |
| Category: | |
| Notes: | |
| If "Twin" or "Triple Track Planning" is being considered, preference | please briefly describe the options in order of |
| | |
| | |
| Details & Timescales of the Permanency Plan | |
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| | |
| Legal Status | |
| Current legal status | |
| | |

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o) NEW: LAC Care Plan /Pathway Plan Name: CareFirst ID: **Current Legal Status: Date Started** Description 14/03/2017 Placement Order Granted What further orders are being sought to support this plan National Insurance Number Number Is the Child/Young Person subject to a short break plan, if so please add a classification with relevant start date Category: Notes: Immigration status Please update with regards to their legal status, solicitors, representatives Date Immigration Status to be renewed (Required) This will automatically trigger an activity to the worker completing the form to renew the immigration status. Who has Parental Responsibility for the child? **Placement Details** Please select current type of placement for Child/Young Person

| If "Other" please describe | |
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| Please give a summary of reason for child coming into care | |
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| If the Child/Young Person is not in a preferred placement, please explain why? | |
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| Name: Describe any contingence | cy plan | | | | CareFirst ID: | |
|-------------------------------------------------------|---------------------|-----------------------|--------------------------|----------------------------|---------------------------------------------|---------------------------------|
| Describe any contingenc | cy plan | | | | | |
| Describe any contingenc | cy plan | | | | | |
| Describe any contingenc | cy plan | | | | | |
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| Arrangements for Con | ıtact | | | | | |
| Arrangements for Contac | ct | | | | | |
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| Has the court made any o | orders in relat | tion to contact | | | | |
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| Diagonal de la litta de la companya | | (a)l. a at | | | | |
| Please detail the names of | or any person | (s) wnom conta | act is forbidden | or restricted ar | na wny? | |
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| Current LAC Care Plan | า | | | | | |
| Action Plan | | | | | | |
| View and grab the actions additional actions may be a | | | Social Workers s | should not chang | e existing action | s but |
| | Identified Needs | What needs to happen? | Who's going to do it? | Date it will be done by | How will things be better (desired outcome) | Has this outcome been achieved. |
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| Name: ^ | | | | | CareFirst ID | |
|-------------------------|---------------------|-----------------------|--------------------------|----------------------------|---------------------------------------------------------|---------------------------------|
| | Identified Needs | What needs to happen? | Who's going to do it? | Date it will be done by | How will things be better (desired outcome) | Has this outcome been achieved. |
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| Vhat needs to be done | about my hea | Ith needs? | 1 | | | |
| | What needs | to be done? | Who | by? | By W | /hen? |
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| low will we know if th | is has been acl | nieved | l | | | |
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| s there anything that r | needs addressi | ing about my en | notional or beha | aviour needs? | | |
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| Name: | | | CareFirst ID: | | | |
|------------------------|------------------------------|-----------------|---------------|--|--|--|
| | What needs to be done? | Who by? | By When? | | | |
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| How will we know if th | is has been achieved | | | | | |
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| What needs to be done | about my Education, Training | and Employment? | | | | |
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| | What needs to be done? | Who by? | By When? | | | |
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| How will we know if th | is has been achieved | | | | | |
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| What needs to be done | about my Accommodation | | | | | |
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| | What needs to be done? | Who by? | By When? | | | |
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| Name: * | | CareFirst ID: | | |
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| | What needs to be done? | Who by? | By When? | |
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| | What needs to be done? | Who by? | By Whan? | |
| | virial fieeds to be doffe? | Who by? | By When? | |
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| Name: CareFirst ID: | | | CareFirst ID: |
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| | What needs to be done? | Who by? | By When? |
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| How will we know if | this has been achieved | | |
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| How will we know if | this has been achieved | | |
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| The outstanding iss | sues in relation to my identity are as f | ollows | |
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| | What needs to be done? | Who by? | By When? |
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| Name: CareFirst ID: | | | | | | |
|----------------------------------------------------------------------------------------------------------|---|--|--|--|--|--|
| What needs to be done? Who by? By When? | | | | | | |
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| How will we know if this has been achieved | | | | | | |
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| Summary of young person's current situation | | | | | | |
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| Vanna a anna anta ariama kariah a a faratha futura | | | | | | |
| Young person's views/wishes for the future | | | | | | |
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| | | | | | | |
| Comments | | | | | | |
| Comments of the Child/Young Person on the plan | | | | | | |
| What are their wishes and feelings | | | | | | |
| | | | | | | |
| If the plan isn't the same as the Child/Young Person's wishes, please explain why it has to be different | | | | | | |
| in the plantion time same as the simal roung recision s wishes, please explain why it has to be amerene | | | | | | |
| | | | | | | |
| | | | | | | |
| Parent's views of the plan | | | | | | |
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| | | | | | | |
| Carer's views of the plan | | | | | | |
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| | | | | | | |
| Is this report ready for authorisation? Not Answered | 1 | | | | | |
| Selecting yes will trigger an activity to Manager to authorise when this form is finished and saved. | | | | | | |
| Assign to the selected Manager or Team desktop for the activity to trigger. | | | | | | |
| Managers Actions | | | | | | |

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| o) NEW: LAC Care Plan /Pathway Plan | | | |
|-------------------------------------|---------------|---|--|
| Name: * | CareFirst ID: | | |
| Manager Rationale (Required) | | | |
| | | _ | |
| | | | |
| | | | |
| Completion and Authorisation | | | |
| Completed By: | Date: | | |
| Worker: | | | |
| Tel: | | | |
| Address: | | | |
| Authorised By: | Date: | _ | |
| Tel: | | | |

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Authorisation Comment:

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b) NEW: Assessment



| Form Details | | | | | |
|---------------------------------------------------------------|---------------|--|--|--|--|
| Form Start Date: | Worker Name: | | | | |
| Person Details | | | | | |
| Name: | CareFirst ID: | | | | |
| DoB / EDD: | Gender: | | | | |
| Address: | Tel No: | | | | |
| | | | | | |
| | | | | | |
| Management Decision on Timescales | | | | | |
| Assessment timescale | | | | | |
| | | | | | |
| Managers rationale for timescale | | | | | |
| | | | | | |
| Changes in timescales | | | | | |
| Changes in timescales | | | | | |
| Rationale for change | | | | | |
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| Child / Young Persons Details | | | | | |
| Summary of presenting concerns | | | | | |
| | | | | | |
| | | | | | |
| Managers Rationale | | | | | |
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| | | | | | |
| Summary of significant and relevant family history/background | | | | | |
| | | | | | |
| | | | | | |
| Continued | | | | | |
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| Who has viven concept to this concept to | | | | | |
| Who has given consent to this assessment | | | | | |
| If no consent or partial consent given, please explain why | | | | | |
| 5. 2. 2. 2. P | • | | | | |
| | | | | | |
| Date child seen | | | | | |

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| Name: CareFirst ID: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Has the child been seen? | |
| | |
| If not, why not? | |
| | |
| Please give dates of specific visits to child and family and who was seen on each visit. | |
| | |
| Are there indications or concerns that the young person is at risk of Child Sexual Exploitation (CSE) Female Genital Mutilation (FGM), Forced Marriage or Radicalisation? If so please create the classification. | |
| Category: | |
| Notes: | |
| CYP legal orders for children in the community | |
| Category: | |
| Notes: | |
| Add / maintain involved professionals and organisational relationships | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |

b) NEW: Assessment

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b) NEW: Assessment

| Name: | CareFirst ID: |
|---------------------------------------------|---------------|
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
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| Relationship: | |
| End Reason: | |
| Notes: | |
| Name: | |
| Relationship: | |
| End Reason: | |
| Notes: | |
| Other involved professional / organisations | |
| 3 | |
| | |
| Ethnicity | |
| Category: | |
| Notes: | |
| Religion | |
| Category: | |
| Notes: | |

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| b) NEW: Assessment | | |
|--------------------------------------------|---------------|--|
| Name: | CareFirst ID: | |
| 1st language | | |
| Category: | | |
| Notes: | | |
| Disabilities | | |
| Category: | | |
| Notes: | | |
| Date of private fostering notification | | |
| Details of Proposed Private Foster Carer | | |
| | | |
| Add Private Fostered Child Classification | | |
| Category: | | |
| Notes: | | |
| Childs Development | | |
| Disabilities and their impact | | |
| | | |
| Child/Young persons development | | |
| | | |
| Continued | | |
| | | |
| Parenting Capacity & Placement Details | | |
| Parent/Carers capacity | | |
| an one capacity | | |
| Continued | | |
| | | |
| Family & Environment | | |
| Add / maintain family member relationships | | |
| Name: | | |
| Relationship: | | |
| End Reason: | | |
| Notes: | | |
| Name: | | |
| Relationship: | | |
| End Reason: | | |

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b) NEW: Assessment Name: CareFirst ID: Notes: Name: Relationship: **End Reason:** Notes: Child / young persons living arrangements Please identify any absent significant family members Parental responsibility Type: Name: Notes: Type:

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Family environmental factors

Name: Notes:

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| D) NEW: Assessment | | |
|---------------------------------------------------------------------------------------------|----------------------------|--|
| Name: | CareFirst ID: | |
| Continued | | |
| | | |
| Views, Analysis and Needs | | |
| Child / young person's views | | |
| | | |
| Has the child/Young person been advised of their rights to the services o advocate. | f an | |
| Has the child/young person been advised how to make a complaint/comp | liment. | |
| Parent's & significant other's views | | |
| | | |
| Factors identified at the end of an assessment | | |
| Category: | | |
| Notes: | | |
| Has the child / young person ever resided in a household where there has domestic violence? | ve been concerns regarding | |
| | | |
| Analysis (continued) | | |
| | | |
| | | |
| Practitioner Actions | | |
| Has an up to date Chronology been created | | |
| Has an up to date Genogram been created | | |
| Social Worker outcome recommendation | | |
| | | |
| Is this assessment form ready for authorisation? | | |
| Manager Actions | | |
| Manager Outcome | | |
| | | |
| Manager rationale for selected decision | | |
| | | |
| Update primary team relationship | | |

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Name: * CareFirst ID: Relationship: Name: Notes: Update primary worker relationship Relationship: Name: Notes: **Completion and Authorisation** Completed By: Date: Worker: Tel: Address: **Authorised By:** Date: Tel:

b) NEW: Assessment

Database: CFLIVE_LIVE.WORLD Produced on: 12-Sep-2017 14:04:43

Authorisation Comment:

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NEW: Carer's Assessment



| Form Details | | |
|--------------------------------------|---------------|--------------|
| Form Start Date: | Worker Name: | |
| Person Details | | |
| Name: | CareFirst ID: | |
| DoB / EDD: | Gender: | |
| Address: | Tel No: | |
| | | |
| Assessment Details | | |
| Type of assessment | | |
| | | |
| Date of assessment | | |
| Where the assessment took place | | |
| | | |
| | | |
| Is this a supported self-assessment? | | Not Answered |
| Ethnicity | | |
| Category: | | |
| Notes: | | |
| Sexual Orientation | | |
| | | |
| Preferred Language | | |
| Category: | | |
| Notes: | | |
| Religion | | |
| Category: | | |
| Notes: | | |
| GP | | |
| Relationship: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| GP Practice | | |
| Relationship: | | |
| Name: | | |

NEW: Carer's Assessment Name:

| Name: | CareFirst ID: | |
|----------------------------------------------------------------------------------------------------------|---------------|--|
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Does your GP know that you are a carer | Not Answered | |
| Who else was involved in this assessment | | |
| | | |
| Would you like to receive information from the Carer Support Team | Not Answered | |
| Email address to receive information | | |
| | | |
| Consent form signed | Not Answered | |
| Restriction on sharing information | , | |
| | | |
| Are you claiming Carer's Allowance or Income Support, as a Carer? | Not Answered | |
| Is the person you care for receiving any disability benefits (e.g. Attendance Allowance, DLA, PIP, ESA)? | Not Answered | |
| What other income or benefits do you or the person you care for rely on? | · | |
| | | |
| Do you have communication difficulties | | |
| | | |
| Communication Needs | | |
| | | |
| Is advocacy required? | Not Answered | |
| If 'Yes', was this offered? | Not Answered | |
| The Person You Care For | | |
| Existing Cared for Person(s) | | |
| Relationship: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Name of Cared for Person 1 | | |

NEW: Carer's Assessment Name: CareFirst ID: **Date of Birth** Age Gender Relationship to you Does the person you care for live with you? Not Answered Name of Cared for Person 2 **Date of Birth** Age Gender Relationship to you Does the person you care for live with you? Not Answered Name of Cared for Person 3 **Date of Birth** Age Gender Relationship to you

Does the person you care for live with you?

Not Answered

Current Circumstances

Describe your current caring situation

Name: CareFirst ID: Your personal outcomes What strengths, strategies and resources do you have, to achieve these outcomes for yourself? Do you have support from anyone under the age of 18 years? Not Answered How many hours of caring do you provide a week? **Details** Your view of your future caring role and how you will be able to continue caring **Eligibility** Your views about current needs which arise from your caring role Social care assessors views on the carer's needs Do your needs arise from providing necessary care for an adult? Not Answered As a result of your caring role, is there an impact on your physical or mental health and your wellbeing? **Needs outcome** For those outcomes above which the person cannot achieve, provide your professional judgement on the significant impact of this on the person's wellbeing. Provide evidence to support significant impact Carer eligible Not Answered **Conclusions Assessment Conclusion**

NEW: Carer's Assessment

NEW: Carer's Assessment

| Name: | SareFirst ID: |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Practitioner Actions | |
| Information, advice and signposting given to the carer as part of this assessment, including needs and promoting independence | luding prevent or |
| | |
| Referral to other agencies | |
| | |
| Is a Support Plan required following assessment | |
| | |
| Complete the 'A&C Carer: Arrange carers assessment' activity. | |
| Assigned To: | |
| Status: | |
| Status Date: | |
| Requested Date: | |
| Required by Date: | |
| Priority: | |
| Details: | |
| Is this Carer's assessment ready to be sent for manager authorisation | Not Answered |
| | |
| Completion and Authorisation | |
| Completed By: | Date: |
| Worker: | |
| Tel: | |
| Address: | |
| Authorised By: | Date: |
| Tel: | |
| Authorisation Comment: | |

NEW: Carer's Re-assessment



| Form Details | | | |
|-----------------------------------------------------------|-----------------|----------------------|--------------|
| Form Start Date: | Worker Name | e : | |
| Person Details | | | |
| Name: * | CareFirst ID: | | |
| DoB / EDD: | Gender: | Male | |
| Address: | Tel No: | | |
| Do Not Disclose Address See Notes For Details, UKDND | | | |
| Re-assessment Details | | | |
| Type of assessment | | | |
| | | | |
| Date of assessment | | | |
| Where the assessment took place | | | |
| | | | |
| | | | |
| Is this a supported self-assessment? | | | Not Answered |
| What is the Person's view of the care and support they h | ave received? | | |
| | | | |
| | | | |
| What are the views of any professionals involved in this | review of the s | support the carer ha | s received |
| , , | | •• | |
| | | | |
| What are the views of others of the support the carer has | s received | | |
| | | | |
| | | | |
| Ethnicity | | | |
| Category: | | | |
| Notes: | | | |
| Sexual Orientation | | | |
| | | | |
| Preferred Language | | | |
| Category: | | | |
| Notes: | | | |
| Religion | | | |
| Category: | | | |
| Notes: | | | |
| GP | | | |
| Relationship: | | | |
| Name: | | | |

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NEW: Carer's Re-assessment

| Name: * | CareFirst ID: | |
|----------------------------------------------------------------------------------------------------------|---------------|--|
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| GP Practice | | |
| Relationship: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Does your GP know that you are a carer | Not Answered | |
| Who else was involved in this assessment | | |
| | | |
| Would you like to receive information from the Carer Support Team | Not Answered | |
| Email address to receive information | | |
| | Net Anguaged | |
| Consent form signed Restriction on sharing information | Not Answered | |
| restriction on sharing information | | |
| Are you claiming Carer's Allowance or Income Support, as a Carer? | Not Answered | |
| Is the person you care for receiving any disability benefits (e.g. Attendance Allowance, DLA, PIP, ESA)? | Not Answered | |
| What other income or benefits do you or the person you care for rely on? | | |
| | | |
| Do you have communication difficulties | | |
| | | |
| Communication Needs | | |
| | | |
| Is advocacy required? | Not Answered | |
| If 'Yes', was this offered? | Not Answered | |
| The Person You Care For | | |
| Existing Cared for Person(s) | | |

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NEW: Carer's Re-assessment Name: * CareFirst ID: Relationship: Name: Address: Email: Phone: Notes: Relationship: Name: Address: Email: Phone: Notes: Relationship: Name: Address: Email: Phone: Notes: Name of Cared for Person 1 Date of Birth Age Gender

Relationship to you

Not Answered Does the person you care for live with you?

Name of Cared for Person 2

Date of Birth

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Name: CareFirst ID: Age Gender Relationship to you Not Answered Does the person you care for live with you? Name of Cared for Person 3 Date of Birth Age Gender Relationship to you Not Answered Does the person you care for live with you? **Current Circumstances** Describe your current caring situation Your personal outcomes What strengths, strategies and resources do you have, to achieve these outcomes for yourself? Do you have support from anyone under the age of 18 years? Not Answered How many hours of caring do you provide a week? Details Your view of your future caring role and how you will be able to continue caring

NEW: Carer's Re-assessment

Produced on: 13-Sep-2017 13:49:52 Database: CFLIVE_LIVE.WORLD

Produced by:

Report: CRCA100R v1.198 Page 4 of 6

NEW: Carer's Re-assessment Name: CareFirst ID: Eligibility Your views about current needs which arise from your caring role Social care assessors views on the carer's needs Not Answered Do your needs arise from providing necessary care for an adult? As a result of your caring role, is there an impact on your physical or mental health and your wellbeing? Needs outcome For those outcomes above which the person cannot achieve, provide your professional judgement on the significant impact of this on the person's wellbeing. Provide evidence to support significant impact Carer eligible Not Answered **Conclusions** Assessment Conclusion **Practitioner Actions** Information, advice and signposting given to the carer as part of this assessment, including prevent or delaying needs and promoting independence

Referral to other agencies

Is a Support Plan required following assessment

Complete the 'A&C Carer: Arrange carers assessment' activity.

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Produced by:

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Name: * CareFirst ID: Assigned To: Status: **Status Date: Requested Date:** Required by Date: **Priority: Details:** Is this Carer's assessment ready to be sent for manager authorisation Not Answered Completion and Authorisation Completed By: Date: Worker: Tel: Address: **Authorised By:** Date:

NEW: Carer's Re-assessment

Database: CFLIVE_LIVE.WORLD Produced on: 13-Sep-2017 13:49:52

Tel:

Authorisation Comment:

Produced by: Report: CRCA100R v1.198 Page 6 of 6

NEW: Carer's Support Plan



| Form Details | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|
| Form Start Date: | Worker Name: | |
| Tom our but. | Tronier Hame. | |
| Person Details | | |
| Name: | CareFirst ID: | |
| DoB / EDD: | Gender: | |
| Address: | Tel No: | |
| Do Not Disclose Address See Notes For Details, UKDND | | |
| Current Circumstances | | |
| Describe your current caring situation | | |
| | | |
| Does the person you care for live with you? | | Not Answered |
| Keyholder | | |
| Type: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Are there any hazards / difficulties or access issues asso | ociated with your property (includi | ng pets)? |
| | | |
| | | |
| Do you have communication difficulties | | |
| | | |
| Communication Needs | | |
| | | |
| | | |
| Is advocacy required? | | Not Answered |
| If 'Yes', was this offered? | | Not Answered |
| If you have communication difficulties or difficulties with decision-making, who was involved and how have you been supported in the production of this plan | | |
| | | |
| Needs and Outcomes | | |
| Your views about current needs which arise from your ca | aring role | |
| | | |
| | | |
| Social care assessors views on the carer's needs | | |

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NEW: Carer's Support Plan Name: * CareFirst ID: Do your needs arise from providing necessary care for an adult? Not Answered Your personal outcomes What strengths, strategies and resources do you have, to achieve these outcomes for yourself? Not Answered Carer eligible What is the Person's view of the care and support they have received? What are the views of any professionals involved in this review of the support the carer has received What are the views of others of the support the carer has received Support Details Assessment Conclusion How will your support be arranged? What you will do if there are any problems once the support plan is in place, including PA arrangements? (Contingency) Summary of support to be provided by Commissioned Services (Council Managed Budget), per week

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Summary of support to be met using Direct Payments (if you have chosen this method to meet all of

Summary of support funded from Individual Service Fund (ISF)

Produced by:

your needs and outcomes)

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NEW: Carer's Support Plan

| e: CareFirst ID: | | |
|---------------------------------------------------------------------------------------|--------------|--|
| Summary of support to be provided by others, including informal and community support | | |
| | | |
| | | |
| Support Plan Summary | | |
| | | |
| | | |
| Personal Budget | | |
| Total cost of Care and Support Plan (Personal Budget) | | |
| Total amount of Commissioned Services (Council Managed Budget) | | |
| Total amount of Direct Payment | | |
| Total amount of Individual Service Fund | | |
| | | |
| | | |
| Total amount of Third Party contributions | | |
| Details of who will pay the Third Party contributions | | |
| | | |
| | | |
| Consent and Contacts | | |
| Consent form signed | Not Answered | |
| Restrictions on who the support plan can be shared with | | |
| | | |
| | | |
| Next of kin | | |
| Type: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Emergency contact | | |
| Type: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: emergency contact notes field | | |
| GP | | |
| Relationship: Doctor | | |
| Trouble Doctor | | |

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| NEW: Carer's Support Plan | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
| Name: Care | First ID: | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| GP Practice | | |
| Relationship: | | |
| Name: | | |
| Address: | | |
| Email: | | |
| Phone: | | |
| Notes: | | |
| Practitioner Actions | | |
| Select the date of the next review | | |
| | | |
| ls this Support Plan ready to be Authorised? | Not Answered | |
| Manager Actions | | |
| Describe any recommendations following Validation of the Support Plan? | | |
| | | |
| When the release of the funds for this Support Plan has been agreed select the appropriate notify the worker and appropriate team/s | e option to | |
| | | |
| Completion and Authorization | | |
| Completion and Authorisation Completed By: | Deter | |
| Worker: | Date: | |
| Tel: | | |
| Address: | | |
| Muultoo. | | |

Produced on: 13-Sep-2017 13:57:22 Produced by: Report: CRCA100R v1.198 Database: CFLIVE_LIVE.WORLD

Date:

Authorised By:

Authorisation Comment:

Tel:

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FORM A – NOTIFICATION OF SECTION 117 ENTITLEMENT & RECORD OF AFTERCARE ARRANGEMENTS

| Signed by Social Worker: | | | Date: | | | |
|--------------------------------------------------------|-------------|----------|--------------------------------|---------------|---|---|
| Signed by RC: | | | _ Da | te: | | _ |
| We agree that the above name | | | d to Section | 117 Aftercare | | |
| Enter details of arrangements | agreed ov | /erleaf | | | | |
| Date of Next Review meeting | | | | | | |
| Letter sent to ration | | | The patients | | | |
| Letter sent to Patient | | | The patients | s G P | | |
| Copies of this form have been MHA Administrator | n given / s | ent to : | Social Care | | | |
| | | | | | | |
| Other | | | | | | |
| Patient Relative / Representativ | е | | | | | |
| G.P. | | | | | | |
| Patient | | | | | | |
| Social Worker | | | | | | |
| Care Co-ordinator | | | | | | |
| | | | | | | |
| Named nurse | | | | | | |
| People attending MDT Assess Responsible Clinician name | sment (na | me and t | runction): | | | |
| December 11 Promise | | | | | I | |
| Date of last detention under MHA | | | Date of discharge from Section | | | |
| History | | | | | | |
| Date of meeting | | | Date s117 e | | | |
| Postcode) | | | | | | |
| Address (inc | | | | | | |
| Name | | | | Date of Birth | | |

RECORD OF SECTION 117 AFTERCARE ARRANGEMENTS

NEEDS IDENTIFIED

| NEED | ARRANGEMENTS |
|-----------------------------------|-----------------------------------------------|
| | (Must be completed outlining how will be met) |
| Treatments (including medication) | |
| | |
| Outpatient appointment | |
| | |
| Care Co-ordinator | |
| | |
| Social Worker | |
| | |
| Accommodation | |
| (Nursing / Residential care | |
| home, Supported | |
| accommodation) | |
| Social | |
| (Domiciliary Care, Telecare) | |
| | |
| Finance and welfare | |
| | |
| Daniela and and Mark | |
| Day opportunities | |
| | |
| Support and counselling | |
| | |
| Occupational | |
| (Reablement, Voluntary | |
| work, Access to | |
| Employment) | |
| Expected review date | |
| | |
| Other | |
| | |
| | |
| | <u> </u> |
| Signed by RC: | Date: |
| | |
| Signed by Social Worker:_ | Date: |

S117 Preparation Checklist Questions/Answers

- What are the service user's current mental health needs and to what extent, if any, have these improved or stabilised since being in hospital?

 ANSWER:
- To what extent is the provision of aftercare for the service user likely to prevent a return to hospital or relapse?

 ANSWER:
- 3. Will the service user be regularly seeing a GP and if so what treatment or medication if any are they receiving? ANSWER:
- 4. Is any provision currently being made by the CCG? ANSWER:
- 5. If so, what provision and how frequently is it being made? ANSWER:
- 6. Is any provision currently being made by the Mental Health Trust with regard to services? ANSWER:
- What is the likelihood of the service-user returning to hospital and/or suffering a relapse?

 ANSWER:
- B. Does the service user have significant physical health needs/nursing needs separate to their mental health needs? Have you undertaken a CHC check-list?

 ANSWER:
- Are the needs of the person no longer the needs which caused the person to be detained?

 ANSWER:
- Has there been a continued period of compliance with medication or engagement with services? ANSWER:
- 11. Is there shared agreement with the service user with regard to the care plan?

 ANSWER:
- Could any such treatment or medication be safely (from the point of view of both the service user and others) conveniently and effectively be administered in ordinary residence, or is necessary for community and/or residential/nursing placement? What is the rationale for this?

 ANSWER:
- Are they in a specialist mental health placement or other supported Housing/Floating Support/own tenancy?

 ANSWER:
- Will community care provision adequately meet their on-going mental health needs (depending on circumstances it may be necessary to seek medical advice on this question)?

 ANSWER
- Could services be safely provided under legislation other than Section 117? If so, what is this legislation? ANSWER:





FORM B - REVIEW OF SECTION 117 AFTERCARE ARRANGEMENTS (Entitlement continuing)

| igned by Social Worker: | | Date: | |
|---------------------------------------|---------------------|----------------------------------------|--|
| Ve agree that the above nam | • | ues to be entitled to Section 11 Date: | |
| Date of Next Review meeting | ng | | |
| Letter sent to Service User | | The Service User's G.P. | |
| MHA Administrator | | Social Care | |
| Copies of this form have b | een aiven / sent to | 0 . | |
| Other | | | |
| Service User Relative / Repr | esentative | | |
| Service User | | | |
| G.P. | | | |
| Social Worker | | | |
| Care Co-ordinator | | | |
| Responsible Clinician name | | na ranonony. | |
| People attending MDT Ass | essment (name a | nd function): | |
| Date of discharge from Secti | on | | |
| History Date of last detention under | МНА | | |
| meeting | | | |
| Date of Review | | | |
| Address (inc Postcode) Date of Birth | | | |
| | | | |

Complete checklist against original Section 117 checklist, if needs have changed detail how below:

- What are the service user's current mental health needs and to what extent, if any, have these improved or stabilised since being in hospital?

 ANSWER:
- To what extent is the provision of aftercare for the service user likely to prevent a return to hospital or relapse?

 ANSWER:
- 3. Will the service user be regularly seeing a GP and if so what treatment or medication if any are they receiving? ANSWER:
- 4. Is any provision currently being made by the CCG? ANSWER:
- 5. If so, what provision and how frequently is it being made? ANSWER:
- 6. Is any provision currently being made by the Mental Health Trust with regard to services? ANSWER:
- 7. What is the likelihood of the service-user returning to hospital and/or suffering a relapse? ANSWER:
- B. Does the service user have significant physical health needs/nursing needs separate to their mental health needs? Have you undertaken a CHC check-list?

 ANSWER:
- Are the needs of the person no longer the needs which caused the person to be detained?

 ANSWER:
- Has there been a continued period of compliance with medication or engagement with services? ANSWER:
- 11. Is there shared agreement with the service user with regard to the care plan?

 ANSWER:
- Could any such treatment or medication be safely (from the point of view of both the service user and others) conveniently and effectively be administered in ordinary residence, or is necessary for community and/or residential/nursing placement? What is the rationale for this?

 ANSWER:
- Are they in a specialist mental health placement or other supported Housing/Floating Support/own tenancy?

 ANSWER:
- Will community care provision adequately meet their on-going mental health needs (depending on circumstances it may be necessary to seek medical advice on this question)?

 ANSWER
- Could services be safely provided under legislation other than Section 117? If so, what is this legislation? ANSWER:





FORM C - REVIEW OF SECTION 117 AFTERCARE ARRANGEMENTS (Entitlement terminating)

| Name | | | Date of Birth | |
|------------------------------|------------------------------------------------|----------------|-----------------------------------------------|------------------------|
| Address (inc Postcode) | | | Date of Review meeting | |
| History | | | | |
| History Date of last (| detention under MHA | | | |
| | | | | |
| Date of discr | narge from section | | | |
| People atte | nding MDT Assessm | ent (name and | d function): | |
| | Clinician name | | , | |
| Care Co-ord | inator | | | |
| Social Work | er | | | |
| G.P. | | | | |
| Service Use | r | | | |
| Service Use | r Relative / Representa | ative | | |
| Other | | | | |
| | | | | |
| | equirements under Se ease tick relevant box | | | et 1983 are terminated |
| 1. Death | of Client Date | e of death | // | |
| 2. After | care no longer requir | | of s117 termination _ Discharge Plan below | |
| 2 Patio | nt detained on a Res | | | <u> </u> |
| | | | | . • |
| Date | of Order// | Section of ' | 1983 Mental Health A | ct |
| Other | relevant details: | | | |
| Copies of th | nis form have been g | iven / sent to | | |
| MHA Admini | strator | | Social Care | |
| Letter sent to | Service User | | The Service User's 0 | G.P. 🔲 |
| Ve agree that | the above named pe | erson has cea | sed to be entitled to | Section 117 Aftercare |
| _ | : | | | |
| igned by NC | - | | Date | |
| | cial Worker: | | Date: | |

S117 Discharge Plan Checklist Questions/Answers

(These are indicative but not exhaustive and the final decision should be taken with reference to all the circumstances of the particular case. None of the questions should be individually treated as determinative)

- What are the service user's current mental health needs and to what extent, if any, have these improved or stabilised since being in hospital?

 ANSWER:
- To what extent is the provision of aftercare for the service user likely to prevent a return to hospital or relapse?

 ANSWER:
- 3. Will the service user be regularly seeing a GP and if so what treatment or medication if any are they receiving? ANSWER:
- 4. Is any provision currently being made by the CCG? ANSWER:
- 5. If so, what provision and how frequently is it being made? ANSWER:
- 6. Is any provision currently being made by the Mental Health Trust with regard to services?

 ANSWER:
- What is the likelihood of the service-user returning to hospital and/or suffering a relapse?

 ANSWER:
- 8. Does the service user have significant physical health needs/nursing needs separate to their mental health needs? Have you undertaken a CHC check-list?

 ANSWER:
- Are the needs of the person no longer the needs which caused the person to be detained?

 ANSWER:
- Has there been a continued period of compliance with medication or engagement with services? ANSWER:
- 11. Is there shared agreement with the service user with regard to the care plan?

 ANSWER:
- Could any such treatment or medication be safely (from the point of view of both the service user and others) conveniently and effectively be administered in ordinary residence, or is necessary for community and/or residential/nursing placement? What is the rationale for this?

 ANSWER:
- Are they in a specialist mental health placement or other supported Housing/Floating Support/own tenancy?

 ANSWER:
- Will community care provision adequately meet their on-going mental health needs (depending on circumstances it may be necessary to seek medical advice on this question)?

 ANSWER
- Could services be safely provided under legislation other than Section 117? If so, what is this legislation? ANSWER:

VIEWS OF SERVICE USER, CARERS AND RELATIVES:

| Comments: | |
|-----------|--|
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POST-16 PERSONAL EDUCATION PLAN (PEP)

Reviewing & Planning for Success in Further/Higher Education & Training For Looked after Children / Care Leavers at Year 12+

This form contains three sections: Section 1 to be completed by the Social Worker or Personal Advisor (PA) prior to the meeting, Section 2 to be completed by the education / training provider and student prior to the meeting, and Section 3 to be completed during the meeting.

SECTION 1 - TO BE COMPLETED BY THE SOCIAL WORKER / PA Date of Next PEP **Date of this PEP Meeting** Is this the first PEP? Yes □ No □ Please tick if any of the following have changed since the last PEP? Designated Tutor Education/Training Provider Social worker or Personal Advisor STUDENT PERSONAL INFORMATION Name AKA DOB P Number Age Gender Curriculum UPN Year Legal Status To whom should information be sent regarding the student:

| CARER & SOCIAL WORKER CONTACT DETAILS | | | |
|---------------------------------------|--|----------------|--|
| Carer / Key Worker: | | Social Worker: | |

| Type of | | Personal Advisor: |
|------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------|
| Placement: | | l closiai / avissi. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | s of the Care or Pathway Plan d contact, friendships or poten | which may impact on education ntial placement changes): |
| Please also include de or training provider sh | | g meetings, or similar, which the education |
| | | |
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| | | |
| SECTION 2: TO | BE COMPLETED BY THE EDU | JCATION / TRAINING PROVIDER |
| | BE COMPLETED BY THE EDU | JCATION / TRAINING PROVIDER |
| Establishment | BE COMPLETED BY THE EDU | JCATION / TRAINING PROVIDER |
| Establishment Name & Address: | | JCATION / TRAINING PROVIDER |
| Establishment | | JCATION / TRAINING PROVIDER |

| | | Email: | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------|----------------|----------|--------|
| Title & duration course(s) studi | | | | | |
| | | W | EEKLY TIMETABI | LE | |
| | | | | | |
| Monday | Tu | esday | Wednesday | Thursday | Friday |
| AM | | | | | |
| PM | | | | | |
| Please record the dates of any times that the students is expected to be off- timetable, or other important dates such as parents evenings or progress review days: Will the student be attending any planned college trips or excursions during their course and do any arrangements need to be put in place for these? Is the student in receipt of 16+ Bursary funding? If so, how is this funding being utilised? | | | | | |
| ATTENDANCE | | | | | |
| ATTENDANCE | | | | | |
| Attendance % for this school year: If below 95%, what is the reason and what is being done to address this: | | | | | |
| in boton 5075, while to the reason and while is being done to address this. | | | | | |
| EXCLUSIONS (since last PEP) | | | | | |

| Summary of any Exclusion(s) | | Total No of Days | Any f | urther Action / Info | ormation |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|----------------------|----------|
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| Attainment at Key Stage 4: | | | | | |
| Subject | Qualifica | tion | | Result | |
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| Student's comments on pro | gress | | | | |
| Subjects I enjoy / am doing well | _ | | | | |
| | | | | | |
| Subjects I am not enjoying / wo | uld like to i | mprove in: | | | |
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| Any clubs or activities I would li | ke to beco | me involved i | n· | | |
| Any clubs of activities I would in | Ke to beco | ine involved i | 11. | | |
| Any other comments: | | | | | |
| Any other comments. | | | | | |
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| SECTION 3: TO B | E COMPLE | TED DURIN | G THE | PEP MEETING | |
| Special Educational Needs & | Disability | (SEND) | | | |
| | | | | | |
| No SEND Type & Level of SEND: | | | | | |
| | Does the young person have an Education Health Care Plan (EHCP)? Yes \(\subseteq \) No \(\subseteq \) If yes, who is the SEN Education Officer? | | | | |
| What are the main areas of difficulty as summarised in the EHCP and what support is in place to address these : | | | | | |

| Any other icours or | difficulties which | import on loc | | |
|--------------------------------------------------------|-----------------------|----------------------|--------------------------------------------------------------|--|
| Any other issues or Describe any other difficult | | | d attitude to learning, and what support is in | |
| place to address these: | noo, moraamig omonon | iai, soriaviorai ari | a attitude to loan mig, and imat support is in | |
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| | CHRRI | ENT PROGRE | 99 | |
| | CONNI | LINTTROGRE | 33 | |
| Course / | Expected | Actual curre | nt Tutor's comments | |
| Qualification | current level | level | | |
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| | LEAR | NING TARGET | rs e | |
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| Targets can include: | | | | |
| target gradesbreaking these | e down into achievabl | e aims. eg. the c | ompletion of a particular project or | |
| assignment | | | | |
| Any wider aim attendance or | s or objectives which | could impact or | n progress, eg. improvements in ide college / training hours | |
| | nsider expected prog | | | |
| | | | | |
| Previous PEP Targe | ts Progress | | Any further Action / Information | |
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| Short & medium-term targets (to be reviewed at the next PEP meeting) | Support required | Lead professional | Timescale |
|--------------------------------------------------------------------------|------------------|----------------------|-----------|
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| Longor-torm targets | Support required | Lead | Timescale |
| Longer-term targets (including expected progression from current course) | Support required | professional | Timescale |
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| Any further Information: | | | | |
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| Record of meeting invitees: | | | | |
| Name & signature | Role | Attended meeting? | | |
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WOLVERHAMPTON CITY COUNCIL PERSONAL EDUCATION PLAN (PEP)

This form is divided into four sections:

- section 1 to be completed by the social worker prior to the meeting
- section 2 to be completed by the young person prior to the meeting
- section 3 to be completed by the school prior to the meeting
- section 4 to be completed during the meeting.

SECTION 1 (TO BE COMPLETED BY SOCIAL WORKER PRIOR TO PEP MEETING)

| Date of this meeting: | | Date of next PEP review: | | PEP number: | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|---------------|--|
| | | | | | |
| Please tick if any o | of the follo | wing has char | nged since the last PEF | P: | |
| Care Placement | | Education / eship Provider | Personal Advisor | Social Worker | |
| | STI | IDENT PERSO | ONAL INFORMATION | | |
| | 010 | DENT I ENGC | DIAL IN ONNATION | | |
| Name: | | | Date of birth: | | |
| AKA: | | | Gender: F | | |
| | School Year group: | | | | |
| To whom should information be sent regarding the student: | | | | | |
| Who will attend parents / carers evenings and similar: | | | | | |
| | | | | | |
| CONTACT INFORMATION | | | | | |
| Name of carer or key worker: Relationship of carer to child: | | | | | |
| Social worker's na | me & cont | act details: | | | |
| Brief outline of the care plan Include any care arrangements that may impact on education, e.g. contact or potential changes to the care placement | | | | | |

Section 2 – Pupil View

This part of the plan should be completed by the pupil in advance of the PEP meeting, with relevant teacher input if necessary.

My Personal Education Plan is used by key people involved in my education as a way of monitoring how I am progressing in school, and to ensure that all the people responsible for my education are fulfilling their roles.

| Mhat Laniau | |
|----------------------------------------------|-----|
| What I enjoy | |
| about school is: | |
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| | |
| My favourite | |
| and in attack | |
| subject(s) is: | |
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| Things that I am | |
| good at are: | |
| good at are. | |
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| What I don't | |
| enjoy about | |
| school is: | |
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| | |
| My least | |
| | |
| favourite subject | |
| is: | |
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| I would like help | |
| to get better at: | |
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| These people | |
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| help me at | |
| school: | |
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| These people | |
| help me at | |
| homo | |
| home: | |
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| When I leave school I would like to be: | |
|-------------------------------------------------------|------------|
| I am involved in (any regular clubs, activities | In school: |
| or interests): | At home: |
| I would like to be involved in: | In school: |
| | At home: |

Overall I would say that my progress over the last six months was:

VERY GOOD GO

GOOD

FAIR

IMPROVEMENT NEEDED



Thank you for completing your part of your Personal Education Plan! Please include any other comments below.

School name & contact details:

SECTION 3 - SCHOOL INFORMATION (TO BE COMPLETED BY THE SCHOOL PRIOR TO THE MEETING)

| Tel: | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|
| Name & telephone number / email addre | ess of Designated Teacher | | | |
| Name of pupil's previous school: | UPN: | | | |
| The name & contact details of the Virtual School Head (VSH) for the local authority responsible for the child's care and, if different, for the local authority in which the child is educated: | | | | |
| | | | | |
| ATTENDANCE | | | | |

Attendance % for this school year:

If below 95%, what is the reason and what is being done to address this:

EXCLUSIONS (since last PEP)

| Total No of Days | Any further Action / Information |
|------------------|----------------------------------|
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ATTAINMENT & PROGRESS TRACKER

NB: if any of the following information is contained within the attached progress tracking sheet - including Early Years Foundation Stage Profile (EYFSP) data - there is no need to duplicate the information here. Otherwise please ensure that all current levels, and previous end of key stage levels, are included in the table below.

| Attainment data | <u>Previous</u> Levels | | Current & predicted levels | | | How does the current level compare to agerelated expectations? | | | | | |
|------------------------------|-------------------------|-----------------------|----------------------------|-------------------------|-------------------------|----------------------------------------------------------------|---------------------------------|-----|-------------------|---------|----------|
| | EYFSP | Key Stage (KS1) | 1 | Key Stage 2 (KS2) | Key Stage 3 (KS3) | Current | End of Key Stag predictio | | Below | At | Above |
| Number (EYFS) | | , - / | _ | (-) | (/ | | | | | | |
| Reading (EYFS, KS1 & KS2) | | | | | | | | | | | |
| Writing (EYFS, KS1) | | | | | | | | | | | |
| SPAG (KS2) | | | | | | | | | | | |
| English (KS3-4) | | | | | | | | | | | |
| Maths (KS1-4) | | | | | | | | | | | |
| Science | | | | | | | | | | | |
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| Progress Data | | many ess ha mac | s the | els of e pupil | | How does | this comp expecta | | | related | <u> </u> |
| | In the cur school ye | | | e current stage | Below | At | Above | | ny comm ogress | ent on | |
| Number (EYFS) | | 70 | , | <u> </u> | | | | F - | <u> </u> | | |
| Reading (EYFS, KS1 & KS2) | | | | | | | | | | | |
| Writing (EYFS, KS1) | | | | | | | | | | | |
| SPAG (KS2) | | | | | | | | | | | |
| English (KS3-4) | | | | | 1 | | | | | | |
| Maths (KS1-4) | | | | | | | | | | | |
| Science | | | | | | | | | | | |
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SECTION 4

| TO BE (| COMPLETED DURING THE PEP I | /IEETING |
|-----------------------------------------|----------------------------------------------|-----------------------------------|
| Please note: the designate | ated teacher for LAC should norma | lly chair the PEP meeting |
| Effort & Attitude to school: | | |
| Please rate this on a scale of 1-5, 1 b | eing very poor and 5 being excellent, and | include comment |
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| Other achievements (not incl | uded in the progress tracker): | |
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| Involvement in clubs or orga | nized activities outside of lesson | s – school and home: |
| | take part in two or more hours of organized | |
| lessons? YES / NO | take part in two or more flours or organizes | a, positive dotivities outside of |
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| IAIN | OLVEMENT OF OTHER ACENOU | -6 |
| INV | OLVEMENT OF OTHER AGENCI | 5 |
| Who is currently or needs | Reason/Aim of Referral | Status of Referral, any action |
| to be involved with the | 1.0000.11/111111 01 110101141 | required and person |

| Who is currently or needs to be involved with the child? (MAST, CAHMS etc) | Reason/Aim of Referral | Status of Referral, any action required and person responsible |
|----------------------------------------------------------------------------|------------------------|----------------------------------------------------------------|
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| Special Educational Needs & Disability (SEND) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No SEND |
| No SEND Type & Level of SEND: |
| Type & Level of Schib. |
| |
| Does the young person have an Education Health Care Plan? Yes No |
| If yes, who is the SEN Education Officer? |
| |
| What are the main areas of difficulty as summarised in the ELICD. |
| What are the main areas of difficulty as summarised in the EHCP: |
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| If the pupil has an IEP or similar, please attach to the PEP |
| Any other issues or difficulties which impact on learning |
| Describe any other difficulties, including emotional, behavioral etc: |
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| What support is in place to address the needs & difficulties described above |
| Include here details of any <u>off-sight provision</u>: how many hours off-site does the pupil access, how is the provision quality assured and what accredited courses do they follow? |
| • If the pupil is on a modified or part-time timetable: why? Has this been agreed with the local authority/Virtual |
| School Head and is there a clear time plan for the pupil to be back in full time education? |
| NB: full breakdown of <u>pupil premium spend is included in the next section</u> – if the support is funded by pupil premium (and therefore not directly related to SEN/EHCP) please include a more detailed breakdown on the |
| following page |
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| How is the school's allocated pupil premium being targeted to support the pupil's progress? | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------|----------------------------|----------------------|
| Include: (a) Specific interventions & costs (b) Expected outcomes and by when (c) How the impact of the intervention will be measured and by whom? Intervention related to which Cost Intended outcomes Monitoring & | Pupil Premium support: | | | |
| (a) Specific interventions & costs (b) Expected outcomes and by when (c) How the impact of the intervention will be measured and by whom? Intervention related to which Cost Intended outcomes Monitoring & | How is the school's allocated pupil | premium b | eing targeted to support t | he pupil's progress? |
| (b) Expected outcomes and by when (c) How the impact of the intervention will be measured and by whom? Intervention related to which Cost Intended outcomes Monitoring & | Include: | | | |
| (c) How the impact of the intervention will be measured and by whom? Intervention related to which | | | | |
| Intervention related to which Cost Intended outcomes Monitoring & | | he messure | d and by whom? | |
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| PEP target? & timescales measuring of impact | | Cost | | |
| | PEP target? | | & timescales | measuring of impact |
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Has additional pupil premium been granted by the LA? If so please outline here:

| Intervention & related to which PEP target? | Cost | Intended outcomes & timescales | Monitoring & measuring of impact |
|---------------------------------------------|------|-----------------------------------|----------------------------------|
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PEP TARGETS

Include the pupil's individual learning targets, as agreed in the PEP meeting. Targets can include reference to positive activities outside of lessons and at home, and should be SMART (Specific, Measurable, Achievable, Realistic, Time-related), aspirational and take into account the pupil's views in section 2.

| Progress against previous targets | | | | | | | |
|------------------------------------|------------------|----------------|------------------------------|--|--|--|--|
| Target | Outcomes | Further action | | | | | |
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| New targets (to be reviewed at the | ne next PEP): | | | | | | |
| Target including timescales | Support required | Lead | If funded by | | | | |
| | | professional | pupil premium, include brief | | | | |
| | | | details here | | | | |
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| For pupils at Key Stage 4 - has the pupil had the following (for all required actions please include timescales and professional(s) responsible): | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Recent information, advice and guidance (IAG) about post-16 options? YES / NO | | |
| If yes, what are their plans or aspirations post-16? | | |
| If no how 9 when will they access quality IAC2 | | |
| If no, how & when will they access quality IAG? Does anything more need to be done to facilitate this? | | |
| What are / were the arrangements for the pupil's work experience at KS4? Does anything more need to be done to facilitate this? | | |
| Has the pupil had any college visits or tasters, or similar? If not, do any need to be planned? | | |

| Record of meeting invitees: Name & signature | Role | Attended meeting? |
|----------------------------------------------|------|-------------------|
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WOLVERHAMPTON CITY COUNCIL CHILDREN AND YOUNG PEOPLE

SOCIAL CARE COMPLAINTS AND REPRESENTATIONS PROCEDURES

Produced in Accordance with the Children Act 1989 Representations Procedure (England) Regulations 2006

NOVEMBER 2011

The new Regulations replace the Representations Procedure (Children) Regulations 1991 and new Guidance 'Getting the Best from Complaints' has replaced all that previously issued under the Children Act 1989.

Contact:

Customer Engagement Manager Customer Feedback City Direct Telephone Number: 553203

Contents

Sections:

- 1 Background
- 2 Policy
- 3 Scope and Eligibility Who may complain
- 4 Procedures: Stage One

Stage Two Stage Three

- 5 Other Relevant Procedures
- 6 Problem Solving
- 7 Monitoring Performance

Attachments:

- Flow Chart Complaint Process
- Standard Model Complaint Response Letter
- Guidance for Stage 2 Independent Investigation Report format
- CP1 Template for Recording of Informal complaints/ representations and Compliments received by service area

Social Care Complaints and Representations Procedures for Children and Young People

1. **BACKGROUND**

1.1 These procedures outline the system within this Directorate for receiving and responding to complaints relating to Children and Young People's Services. They are primarily aimed at representations by service users.

The Children and Young People's Service are required to have a complaints and representations procedure as defined in The Children Act 1989 Representations Procedure (England) Regulations 2006. The Local Authority functions covered by these procedures now include services provided under parts 3, 4 and 5 of the Children Act 1989.

The guidance "Getting the Best from Complaints" accompanies The Children Act 1989 Representations Procedure (England) Regulations 2006. This guidance follows the core principles of the UN Convention on the rights of the Child and Every Child Matters: Change for children which puts children's views at the forefront of the decision making process. The guidance makes particular reference to the importance of creating a listening culture among local service providers and their managers and dealing effectively and fairly with concerns at the earliest stage.

2. POLICY

- 2.1 Wolverhampton City Council welcomes representations, including complaints, as a means of learning about the quality of services and of making sure that matters, which may have gone wrong, can be corrected.
- 2.2 In order to achieve these objectives, we will ensure that:
 - > The Complaints Procedure is clear and easy to use.
 - ➤ A complaints and representations procedure is published and available to staff and services users
 - Appropriate publicity and guidance is used in promoting access to all who may need it
 - ➤ Appropriate information is provided to staff and service users, where the entitlement to respond to a complaint resides with another body such as a school or other service provider
 - > Training in the requirements and responsibilities of the procedure is available to those who may need it
 - Compliments as well as complaints are recorded and monitored

- Systems and personnel are available to deliver the procedures in a timely and constructive manner
- Systems are developed to ensure that new information, or learning from complaints and compliments, is fed back into the relevant parts of the authority as a means of improving services.
- 2.3 Complaints or representations are about the service provided by the authority, not about an individual member of staff. However, issues raised in complaints may be discussed with members of staff and recorded during one to one supervision with their manager, as this provides an opportunity to reflect on lessons to be learnt or to pursue other actions as identified.
- 2.4 All staff members, and others associated with services provided by the Council, such as advocates or sessional staff, are required to promote access to the complaints and representations procedures. It is important that all are given any necessary support or re-assurance in carrying out this part of their role. Staff, who are involved in a complaint allegation, may receive support if required.
- 2.5 Children and young people are issued with leaflets about complaints and representations. Safeguarding Review Managers in their roles as Chairs of Statutory Reviews remind children and young people of their right to complain and where necessary ensure they are able to use the procedure.
- 2.6 An eligible child or young person wishing to make a complaint may require the support of an advocate. This possibility will always form part of the authority's consideration of the appropriate response to a complaint.
- 2.7 Whilst all comments, including critical complaints, are welcome, by no means all are upheld following investigations. The policy of receiving, recording and responding to all complaints should not be seen to imply that every complaint or allegation is valid or justified. The procedure is intended to promote a speedy review and resolution of all complaints and in so doing to recognise the rights of all involved in the process, staff and service users alike.
- 2.8 The regulations require Local Authorities to designate an Officer, known as a Complaints Manager to undertake certain functions The Complaints Manager should be independent of operational line management and of direct service providers.

3. SCOPE AND ELIGIBILITY

- 3.1 A complaint may arise as a result of many things relating to statutory social care functions such as:
 - an unwelcome or disputed decision;

- concern about the quality or appropriateness of a service;
- delay in decision making or provision of services;
- delivery or non-delivery of services including complaints procedures;
- quantity, frequency, change or cost of a service;
- attitude or behaviour of staff;
- application of eligibility and assessment criteria;
- the impact on a child or young person of the application of a local authority policy; and
- assessment, care management and review.

However, this is not an exhaustive list

- 3.2 Section 26(3) and section 24D of the Children Act, 1989 and section 3(1) of the Adoption and Children Act, 2002 require the responsible authority to consider representations including complaints made to it by:
 - any child or young person (or a parent of his or someone who has parental responsibility for him) who is being looked after by the local authority or is not looked after by them but is in need;
 - any local authority foster carer (including those caring for children placed through independent fostering agencies);
 - children leaving care;
 - Special Guardians;
 - a child or young person (or parent of his) to whom a Special Guardian order is in force:
 - any person who has applied for an assessment under section 14F(3) or (4);
 - any child or young person who may be adopted, their parents and quardians:
 - persons wishing to adopt a child;
 - any other person whom arrangements for the provision of adoption services extend;
 - adopted persons, their parents, natural parents and former guardians; and
 - such other person as the local authority consider has sufficient interest in the child or young person's welfare to warrant his representations being considered by them.
- 3.3 The complaints procedure does not apply when:
 - the person wishing to complain does not meet the requirements of "who may complain" and is not acting on behalf of such an individual;
 - the complaint is not in regard of the actions or decisions of the local authority complained to, or of any body acting on its behalf; or

- the same complaint has already been dealt with at all stages of the procedure.
- 3.4 Regulation 8 specifies circumstances where a local authority shall not consider a representation or complaint, or shall not continue to do so. The authority may use discretion in deciding whether to consider complaints where to do so would prejudice any of the following concurrent investigations:
 - Court proceedings
 - Tribunals
 - Disciplinary proceedings
 - Criminal proceedings.
- 3.5 Where the local authority decides not to consider complaints subject to any of these concurrent investigations, the complainant must be informed of the reason for the decision. Once any concurrent investigation is complete, the complainant may resubmit the complaint for investigation, but must do so within one year of completion.
- 3.6 A complaint must be made no later than one year after the grounds for the complaint arose, but the authority may consider a complaint which has been made outside the specified time limit, where it considers that it would be reasonable to do so, and that it remains possible to consider the complaint fairly and effectively.
- 3.7 Representations of dissatisfaction that do not become formal complaints that have already been resolved by front line service providers, along with compliments received, should still be recorded on form CP1 and returned at the end of each month to the Customer Relations and Complaints Manager in order to inform good practice and service development.
- 3.8 Anonymous complaints should always be recorded and referred to the Complaints Manager in the same way as other complaints.

The fact that the complaint is from an anonymous source should not in itself justify a decision not to pursue the matter, nor should it rule out referral to other procedures as relevant.

4 **PROCEDURES**

4.1 Nothing in these procedures should be taken to remove the duty of the authority to seek to resolve the matter complained about by other means, such as mediation or any other form of problem solving. A complainant may withdraw the complaint at any stage.

Where the matter is not resolved locally, the complainant has the right to request consideration of the complaint at Stage 2. There is no time limit within which they must request this, but this Authority recommends that the complainant does this within 20 working days so that momentum in resolving the complaint is not lost. The Local Authority is under a duty to operate expeditiously throughout the complaints handling process (regulation 10).

4.2 STAGE ONE: LOCAL RESOLUTION

- 4.2.1 A complaint is made on the day on which it is first received by the Local Authority.
- 4.2.2 The expectation is that the majority of complaints should be considered (and resolved) at Stage 1. However, if the Complaints Manager and the complainant believe it would not be appropriate to consider the complaint at Stage 1, this will be discussed by the Complaints Manager and the complainant together. Where both parties agree, the complainant can move directly to Stage2.
- 4.2.3 At Stage 1, staff at the point of service delivery including the Safeguarding Review Manager where appropriate - and the child or young person should discuss and attempt to address the complaint as quickly as possible. They should discuss the issue and exchange information and thinking behind decisions and try to agree a way forward.
- 4.2.4 Regulation 14 (1) places a 10 working day time limit for this part of the process, most Stage 1 complaints should ideally be concluded within this time limit.
- 4.2.5 Where the service cannot provide a complete response it can implement a further 10 day's extension (regulation 14(5)). If necessary, the Complaints Manager may also suspend Stage 1 until an advocate has been appointed (regulation 14 (3)). The maximum amount of time that Stage 1 should take is 20 working days. After this deadline the complainant can request consideration at Stage 2 if they so wish.
- 4.2.6 The Complaints Manager will inform the complainant that he/she has the right to move on to Stage 2 if they feel that they have not received a satisfactory outcome. It may be that the complainant is happy to put this off for the time being (for example, if the reason that resolution is delayed due to a key person being off sick or on leave), so this period can be extended with the complainant's agreement or request.
- 4.2.7 If the matter is resolved, the relevant service manager must write to the complainant confirming the agreed resolution, using the standard format, and the Complaints Manager should be informed of the outcome.

- 4.2.8 Where the matter is not resolved locally, the complainant has the right to request consideration of the complaint at Stage 2. There is no time-limit within which he/she must request this, but the complainant will be advised to do this within 20 working days so that momentum in resolving the complaint is not lost. The local authority is under a duty to operate expeditiously throughout the complaints handling process (Regulation 10).
- 4.2.9 If the complainant is satisfied with the response to the complaint at this stage, no further action is required other than to ensure that any actions promised as a resolution are followed up and completed. Any learning from complaints, such as unmet needs or training requirements, may suggest a wider trend and should form part of the Directorate's learning and improvement strategy.
- 4.2.10 Each service area manager should ensure that copies of complaint resolution letters, together with completed action forms pertaining to complaints dealt with by their teams are sent to the Customer Relations and Complaints Manager. This will enable these to be analysed and a quarterly report produced to highlight any emerging trends as part of learning lessons from complaints activity.

4.3 **SECOND STAGE: INVESTIGATION**

- 4.3.1 Where a request to have the complaint considered at this stage has been received, the Complaints Manager must ensure that a written record of the complaint is prepared and amended in the light of the complainant's comments. This will form the basis of the complaint to be investigated and the start date of the time scale at this stage. Undue delay in agreeing the written record, or terms of reference, of the complaint must be avoided. The Complaints Manager will usually ensure that arrangements for investigation commence on the date the request is received.
- 4.3.2 The Complaints Manager will arrange for an Investigating Officer (IO) to investigate the complaint and prepare a report as to their findings. The person appointed to conduct the investigation must not have had previous involvement in the matter, which is the subject of the complaint, and should not have line management responsibility for the service concerned. The Investigating Officer will have access to all staff, files and written records necessary for the conduct of the investigation.
- 4.3.3 The Complaints Manager will also arrange for an Independent Person (IP) to be appointed, in addition to the IO. He/she must be involved in all aspects of the consideration of the complaint, including any discussions in the authority about the actions to be taken.
- 4.3.4 On completion of their consideration of the complaint, the IO should

write a report on their investigations including:

- details of findings, conclusions and outcomes are against each point of complaint (i.e. "upheld" or "not upheld"; and
- recommendations on how to remedy any injustice to the complainant as appropriate.

The report should be written in plain language, avoiding jargon, so that everyone can understand it. It should distinguish between fact, feelings and opinion.

- 4.3.5 Good practice suggests that the IP should also provide a report to the local authority once they have read the IO's final report. He/she may wish to comment on:
 - whether they think the investigation has been conducted entirely in an impartial, comprehensive and effective manner;
 - whether all those concerned have been able to express their views fully and fairly;
 - whether the IO's report provides an accurate and complete picture of the investigation; and
 - the nature of the recommendations or make their own recommendations as necessary.
- 4.3.6 Once the IO has finished the report, the Adjudicating Officer will consider the complaints, the IO's findings, conclusions, and recommendations, any report from the IP and the complainant's desired outcomes. The Adjudicating Officer is the Assistant Director Children and Family Support, reporting to the Executive Director responsible for Children's Services". The Adjudicating Officer will prepare a response to the reports, with their decision on the complaint, actions they will be taking with timescales for implementation this is the adjudication. The purpose of adjudication is for the local authority to consider the reports and identify:
 - its response;
 - its decision on each point of complaint; and
 - any action to be taken (with timescales for implementation).
- 4.3.7 The investigation should be completed and the response sent to the child or young person within 25 working days. However, this may be impractical in some cases. Stage 2 may be extended to a maximum of 65 working days, by agreement with the Complaints Manager. Dialogue must be maintained with the complainant and mutual agreement reached. Delay should be avoided wherever possible.

4.4 THIRD STAGE: REVIEW PANELS

4.4.1 Where Stage 2 has been concluded and the complainant is still dissatisfied, they may request further consideration of the complaint by

- a Review Panel (Regulation 18). The request must be made within 20 working days of the Stage 2 adjudication and acknowledged by the Complaints Manager within 2 working days of receipt.
- 4.4.2 The Complaints Manager will normally arrange for a Review Panel on request but must assess requests on a case by case basis. If the Complaints Manager considers that a further review at this stage would not produce a demonstrably different outcome to the complaint, the matter may be referred to the Local Government Ombudsman, otherwise the complainant retains the right to proceed to a Review Panel.
- 4.4.3 Review Panels are designed to:
 - listen to all parties;
 - consider the adequacy of the Stage 2 investigation;
 - obtain any further information and advice that may help resolve the complaint to all parties' satisfaction;
 - focus on achieving resolution for the complainant by addressing his clearly defined complaints and desired outcomes;
 - reach findings on each of the complaints being reviewed;
 - make recommendations that provide practical remedies and creative solutions to complex situations;
 - support local solutions where the opportunity for resolution between the complainant and the local authority exists;
 - to identify any consequent injustice to the complainant where complaints are upheld, and to recommend appropriate redress; and
 - recommend any service improvements for action by the authority.
- 4.4.4 As a general rule, the Review Panel should not reinvestigate the complaints, nor should it be able to consider any substantively new complaints that have not been first considered at Stage 2. It is not a quasi-judicial process and no party should feel the need to be represented by lawyers. However, the complainant has the right to bring a representative to speak on his/her behalf.
- 4.4.5 The Complaints Manager should be mindful of the specific needs of children and young people and ensure that:
 - the Review Panel acts in accordance with the United Nations Convention on the Rights of the Child;
 - the Review Panel safeguards and promotes the rights and welfare of the child or young person concerned;
 - the wishes and feelings of such children and young people are ascertained, recorded and taken into account:
 - the best interests of such child or young person are prioritised at all times.
- 4.4.6 The Panel must consist of three independent people (regulation 19(2)).

Independent means a person who is neither a member nor an officer of the local authority to which the representations have been made, nor the spouse or civil partner of such a person. The Independent Person (IP) appointed to Stage 2 may not be a member of the Panel.

- 4.4.7 In selecting the Panel the Complaints Manager should consider:
 - the profile of the local population;
 - how best to demonstrate independence of the procedure;
 - the needs and circumstances of the individual complainant and the need for specialist skills, knowledge, or awareness regarding the presenting complaint;
 - any real or perceived conflict of interest raised by either the substance of the complaint or the Panel process for considering that complaint; and
 - due care regarding political sensitivity.
- 4.4.8 One member of the Panel will be appointed by the Complaints Manager as Chair of the Panel. The person appointed as Chair should not have been an officer or a Member of the local authority during the three years preceding the Panel.
- 4.4.9 The Review Panel must be held within 30 working days of the request for a Review. The complainant will be notified of the Panel's date and location in writing at least 10 working days before the Review Panel meets.
- 4.4.10 The complainant has a right to attend the Panel and should be assisted in attending as appropriate. The complainant should also be informed of their entitlement to be accompanied by another person and for this person to speak on their behalf.
- 4.4.11 Those persons involved with the investigation at Stage 2 (e.g. the Investigating Officer, and the Independent Person) will be invited to attend and contribute as relevant to their roles. Should any of these persons' unavailability cause an inordinate delay in holding the Panel; the Chair should take a view on proceeding without them. The local authority can also proceed with the Panel in the complainant's absence at the complainant's request.
- 4.4.12 The Adjudicating Officer will attend as the authority's representative if he/she has rejected any of the Investigating Officers findings at Stage 2. Where he/she has accepted all of them, it is usually acceptable to delegate this responsibility. The Chair should make the final decision on attendees (including asking the local authority to make specific members of staff available to provide specialist advice or opinion). He/she will also decide whether additional policies or procedures should be circulated with the Panel's papers. The Complaints Manager and anyone providing administrative support will also attend.

- 4.4.13 The Panel is required to produce a written report containing a brief summary of the representations received and their recommendations for resolution of the issues. They must send this to the complainant, the local authority, the Independent Person from Stage 2 and any other person with sufficient interest within 5 working days of the Panel meeting.
- 4.4.14 The local authority must send its response to the Panel's recommendations to the complainant (and other participants as necessary) within 15 days of receiving the Panel's report. The Executive Director Community will set out how the local authority will respond to the Panel's recommendations and what action will be taken. If the Director deviates from the Panel's recommendations they should demonstrate their reasoning in the response. In developing their response comments should be invited from all attendees.
- 4.4.15 The complainant will be advised of his/her right to refer his/her complaints if still dissatisfied to the Local Government Ombudsman (Regulation 20(3)).

4.4.16 Summary of Stage 3 Timescales

| ACTION | TIME |
|------------------------------------------|------------------------------------------------------------------|
| | |
| Complainant requests Review Panel | Up to 20 working days after receipt of the Stage 2 adjudication. |
| Complaints Manager acknowledges request. | Within 2 working days |
| Complaints Manager appoints Chair | Within 10 working days of the |
| and confirms attendees and content | complainants request for review |
| of Panel papers with Chair. | Panel. |
| Complaints Manager agrees the other | Within 30 working days of the |
| Panellists and date for Review Panel. | complainants request for review |
| | Panel. |
| Complaints Manager circulates Panel | Within 10 working days of the date for |
| papers. | the Review Panel. |
| Review Panel produces its written | Within 5 working days of the review |
| report (including any | Panel. |
| recommendations). | |
| Executive Director responsible for | Within 15 working days of receiving |
| Children Services issues their | the Review Panel's report. |
| response. | |

5. OTHER RELEVANT PROCEDURES

5.1 The protection of children will always take priority over other procedures. Where information is received in the course of the

- consideration of any complaint, which suggests that procedures to protect a child or young person should be implemented, the complaint investigation process will be delayed.
- 5.2 Mediation, or conflict resolution and other forms of problem solving, may be used at any time during a complaint investigation process, especially at Stage 1. Where this occurs, all parties should agree in writing to suspend the complaint investigation until such time as the matter has been satisfactorily resolved, or the complaint process resumed.
- 5.3 Disciplinary and Grievance procedures do not form part of any complaint investigation or resolution. Where it becomes necessary to delay a complaint process as a consequence of any such concurrent investigation, the complainant will not be given information, which is confidential to a staff member or to the authority.
- 5.4 Managers of multi-disciplinary teams should ensure that there is a clear understanding of how complaints about a service, which is provided by staff from a range of disciplines, will be considered. This may involve managers reviewing the practice of any team member, regardless of discipline/qualification. Alternatively, it may be necessary to reach agreement with colleagues from different disciplines regarding responsibility for reviewing different aspects of any complaint.
- 5.5 Elected Members and Members of Parliament frequently act to seek information on behalf of their constituents. Such an information request should not be seen as a complaint, although following the receipt of any further information, a constituent may choose to make a complaint, or to ask an elected member to complain on his behalf.

6. PROBLEM SOLVING

- 6.1 Staff should consider when an unresolved problem becomes a complaint. Involving people and agencies in the community who provide independent advice can assist problem solving and may prevent dissatisfaction developing into a complaint. There are a number of methods of resolution that do not require a full investigation than can be applied, including:
 - The provision of an apology;
 - Conciliation and mediation;
 - A reassessment of the service user's needs:
 - Practical action specific to the particular complainant;
 - An assurance that the local authority will monitor the effectiveness of its remedy; and
 - Consideration of the need for a financial payment

6.2 Involving people and agencies in the community who provide independent advice can assist problem solving and may prevent dissatisfaction developing into complaints. Attempts at problem solving should not be used to divert an eligible person from making a complaint under the statutory procedure.

7. MONITORING PERFORMANCE

- 7.1 The Complaints Manager will keep a record of the nature and number of complaints and representations received, including compliments. Individual services should continue to be proactive in capturing information of informal representations, compliments and problem solving responses in order to get a picture of service trends
- 7.2 The Complaints Manager will record performance in terms of complaints resolved within and outside the statutory timescales, the manner in which complaints were resolved and any corrective action which may have been taken or remain required.
- 7.3 The Complaints Manager will prepare an annual report within three months of the end of each financial year, which provides information about the provision of the complaints and representations procedures, with specific reference to the learning and improvements which may have taken place.

THE NEW PROCEDURE FOR COMPLAINTS

STAGE ONE – Local Resolution

Complainant brings concerns to the attention of the person providing the services locally. The relevant manager should consider mediation and conflict resolution at this stage and at all other stages. The Service should make an initial attempt to resolve matters within 10 working days (unless an extension is agreed).

If not resolved – or if there is agreement for investigation - or if complainant requests it

STAGE TWO – Investigation

The Complaints Manager should provide an investigation that produces a report and an adjudication within 25 working days (or within the extended period of 65 working days)

If Requested by Complainant

STAGE THREE - Review Panel

A Panel of 3 independent people may meet to consider the complaint and produce recommendations to the Executive Director responsible for Children's Services

If Not Resolved

Referral to Local Government Ombudsman (The complainant can approach the Local Government Ombudsman at any stage).

Pro-forma Model Letter - Manager's Response to Complainant

New letter templates are now given with all complaints as part of the toolkit when allocating complaints to investigating officers

STAGE TWO - Independent Investigation

Format for investigation report and guidance for independent person

Complaints format

Separate front cover to include as relevant:

Name of Complainant(s)

Name of Service User(s)

Name of Investigating Officer

Name of Independent Person

Statement of complaint

- Summary of complaint full statement elsewhere in the report
- Summary of findings against each complaint: upheld/not upheld etc.

Report

Statement of complaint

- Agreed with complainant(s) at outset
- Specific to matter for which authority has responsibility
- Refers to any linked complaint e.g. Health Trust, Care standards

Desired outcome

- Within the power of the authority to provide
- Within the power of the complaint procedure to recommend
- Include reference to desired outcome which cannot be determined by LA procedures, e.g. care standards

Legislation policy and procedures

- Legislation under which actions complained about were taken
- Legislation under which services complained about were provided

It is helpful for the report to identify clearly what the local authority is required to do under legislation relevant to the complaint, and to refer to relevant standards, national or local.

- Policy or procedural guidance provided to staff on the implementation of legislation
- Information about how the policy or guidance is provided within the local authority

Context of the complaint

- Summary of services provided or refused relevant to this complaint
- Factual account with reference to dates and source of information
- Information about investigation, mediation or other form of attempted problem solving either offered, failed or refused

Investigation

If required, a summary of persons named in report and their work roles. This can help in complex complaints reports.

- Statement of persons interviewed
- Presence of independent person or advocate
- Dates and locations of interviews
- Files, reports and other sources of evidence consulted
- Investigator must prepare questions or areas of concern in advance of the interview(s). Some authorities will wish to provide these to the interviewees in advance
- Investigation must focus on the areas of complaint
- Interviewees should have access to investigator's notes or summary in order to check fact

Conclusions

- Reference to each aspect of the complaint
- Reference to evidence accepted or discarded in reaching conclusion
- Clear statements where investigator has been unable to reach a conclusion
- Clear distinction between opinion, 'balance of probability' conclusions and substantiated facts
- Each complaint should be upheld, not upheld or determined as not possible to establish

Recommendations

- Define actions required to respond to complaint, put matters right
- Define actions required to avoid a recurrence
- Identify where an apology is appropriate
- Identify person with responsibility for undertaking actions recommended
- Identify any suggestions for redress
- Include time scales for action

Independent person comments, if separate report not submitted Signature

Date

| FORM CP1 – FOR THE MONTH OF: | TEAM NAME: |
|------------------------------|------------|
| | |

* Code Analysis (Type of Complaint/Compliment)

A: An unwelcome or disputed decision; **B:** Concern about the quality or appropriateness of a service; **C:** Delay in decision-making or provision of services; **D:** Delivery or non-delivery of services; **E:** Quantity, frequency, change or cost of a service; **F:** Attitude or behaviour of staff;

G: Application of eligibility and assessment criteria; H: Impact on a child/young person of a policy; I: Assessment, care management and review;

J: Other; K: Compliments

RECORD OF COMPLIMENTS AND INFORMAL COMPLAINTS RECEIVED AND RESOLVED BY SERVICE STAFF WITH 24 HOURS

| Date Received | Name of complainant/ person giving compliment and name of service user if different | Address | Ethnic Origin | Gender (M/F) | Type * (insert code from list above) | Outcome/Action | Date of Response |
|------------------|-------------------------------------------------------------------------------------|---------|------------------|-----------------|--------------------------------------|----------------|---------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

All forms to be returned by the 6th of the month for compliments/informal complaints received during the previous month.

Please Return Completed forms to: CUSTOMER SERVICES, CITY DIRECT, GROUND FLOOR, CIVIC CENTRE or EMAIL TO CUSTOMER ENGAGEMENT OFFICER Chris.Rock@wolverhampton.gov.uk.

How Your Budget is Decided

V7





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1 What does my indicative/estimated budget figure mean?

As a result of your assessment, we have established that you have eligible social care needs and we have provided you with an indicative/estimated personal budget.

Your indicative personal budget is an estimate of how much money is needed to help you meet your eligible social care needs and outcomes. The figure only takes into account the social care needs which your Local Authority has identified as being eligible to be met by your local council. Even if you have some lower levels of need in other areas, support for these will not be included in your indicative budget unless your Local Authority has found them to be eligible. For example, if a Local Authority finds you eligible for support to manage your nutrition and personal hygiene, your indicative budget will only include money to help you achieve outcomes in these areas.

There are three key factors involved in estimating your budget:

- 1. Your assessment of need. The FACE Overview Assessment tool captures information about your needs and circumstances - using both free-text 'narrative' questions and questions that describe your level of need in different areas of your daily life. You should have received a copy of your assessment, as well as a summary which clearly sets out your eligible outcomes from the following list:
 - Your ability to maintain a habitable home environment
 - Your ability to manage and maintain your nutrition
 - Your ability to managing toilet needs
 - Your ability to maintain personal hygiene
 - Your ability to be appropriately clothed
 - Your ability to develop and maintain family or other personal relationships
 - Your ability to make use of necessary facilities or services in the local community
 - Your ability to access and engage in work, training, education or volunteering
 - Your ability in carrying out any caring responsibilities for a child
 - Your ability to be able to make use of your home safely

These are the areas of your life for which the Care Act 2014 suggests you may be eligible to receive support from 1st April 2015. In each of these areas an answer or a set of answers has been recorded on the assessment form that reflects your situation. The questions and answers have been carefully designed to enable the production of an accurate estimate of the amount of money required to meet your eligible social care needs and outcomes.

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- 2. The Resource Allocation System (RAS). The 'scored' answers from your assessment are used by the 'FACE Resource Allocation System' to calculate an estimate of the cost of meeting your eligible social care needs and outcomes. The FACE RAS was selected by your Local Authority as the most suitable method of doing this. It was developed in conjunction with independent researchers at University College London, working with a large group of Local Authorities. It has been refined over a period of several years using information on the needs and support costs of thousands of individuals with social care needs across the country and has been demonstrated to make an accurate prediction of the costs of meeting people's needs.
- 3. **The local market for services and support**. Before being used, the Resource Allocation System has been tailored to reflect the costs of different types of services in your local area. This is important as, for example, the average cost of an hour of care varies significantly between different areas. Decisions have also been made by your Local Authority concerning the local availability of different types of services to meet different needs. Such decisions have also been reflected in your indicative budget.

2 How was my budget estimated?

The diagram below illustrates the main stages of the calculation process:



2.1 Step 1 – Eligible needs

The first step in estimating your budget is to apply different 'weightings' to the answers in your assessment. For example, suppose you needed help with dressing in the morning, a different weighting would apply where your need was determined as 'Unable to manage – needs **one** other to undertake' compared to 'Unable to manage – needs **two** others to undertake'.

The weightings for all of the different areas in which you need support (e.g. managing toilet needs, maintaining family relationships) are then combined. This is not simply a process of adding up the weightings as in a + b + c', because it may be the case that some of your needs could be met at the same time (the support you may receive for one task could also cover other tasks). A good example is where you might need someone to help with dressing in the morning and preparing a meal in the evening. If you also need someone to drop by once or twice a day to make sure that you are safe then these checks could be done in the morning at the same time as helping you with dressing and in the evening along with helping to prepare your meal. So, in this situation you would not need any additional money in your budget to ensure you stay safe over and above that allocated for help with dressing and preparing meals.

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The 'overlap' described above is taken into account when estimating your budget and an overall amount of money is then allocated to help you achieve your outcomes across all of the areas listed on the previous page – taking into account the costs of care and support in your local area. The approach has been tested with other local service users before being used routinely. The system did not go 'live' until testing had demonstrated that, in the majority of cases the system does provide a reasonable indication of the money needed – and it will continue to be regularly checked and updated to ensure that it remains accurate.

2.2 Step 2 - Family/friends support

Where you have family, friends or neighbours that are providing you with some or all of the (unpaid) support that you need, your assessment should capture to what extent they are able and willing to continue providing support. The recorded levels of 'ongoing' support they have agreed they will provide in different areas are then used to adjust your indicative budget accordingly.

2.3 Step 3 – Budget for breaks

If you receive unpaid support from family, friends or neighbours, your assessment should also capture whether or not they will require regular breaks through the year in order for them to continue in their caring role. If this is the case, extra money may then be added into your budget to provide these breaks. The amount is dependent on how much support they provide and the impact of supporting you on their own independence.

2.4 Step 4 – Indicative/estimated personal budget

This is your indicative personal budget with which to begin the Care and Support planning process.

3 What if I think the budget is too little or too much?

No approach is perfect and everyone's personal situation is different. It is for this reason that your indicative budget can only be an estimate. If you feel it is not realistic – too low or too high – the first step is to establish whether you feel that your needs have been recorded correctly in your assessment and that the amount of unpaid support that will be provided by your family and/or friends/volunteers is accurate. If so, it is important to remember that no final decision has yet been made about your actual budget – your budget may go up or down depending upon the details of your support plan and the actual costs of providing that support.

4 How is my actual personal budget determined?

Your actual personal budget may be different from the indicative figure due to your specific personal circumstances as well as factors such as variation in the local cost and availability of the particular type of support that you require. Your actual personal budget will only be confirmed following the process of preparing and agreeing your Care and Support Plan to meet your eligible needs.

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