The College of Social Work Response to the Consultation on Draft Care Act Guidance and Regulations

The College of Social Work (TCSW) is the centre of excellence for social work, upholding and strengthening professional standards to the benefit of the public. It holds the professional standards for social work, supports the professional development of social workers, and campaigns on issues relating to social work policy and practice. An independent membership organisation, The College provides quality assurance for initial and post-qualifying education through its training and education endorsement scheme.

Like colleges for other professions, our role is to:

- Hold the standards for the profession and support and enable our members to meet those standards
- Be the voice of the profession to policy makers and the media, ensuring that our members speak up for the profession
- Be led by and accountable to our members – the profession. We do this in order to improve the outcomes for the people served by our profession.

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General comments

1.1 The College of Social Work (TCSW) fully supports the intent of the Care Act and the measures that will see the principles of wellbeing and prevention put at the forefront when it comes to meeting the needs of individuals and their carers. We recognise that the implementation of these legislative changes will be challenging, and will demand significant shifts in culture and attitude both strategically and in professional practice. Social workers will have a pivotal role in helping lead these changes from a narrow care management model to one which actively supports people to choose, control and manage their own care.

1.2 Social work is a regulated profession in which social workers are uniquely educated and qualified to support individuals and families in meeting some of life's biggest challenges. Social workers play a pivotal and often leading role in safeguarding people's rights, building relationships to support and empower children, adults and families to make important choices about the direction of their lives. TCSW believes that social workers must be central to delivering the aims of the Care Act and as its provisions are implemented over the next couple of years.

1.3 Overall the guidance reads as a detailed 'how to' guide. TCSW would query how

appropriate this is, and notes the revision of Working Together last year which considerably shortened the guidance accompanying the Children Act 1989. TCSW acknowledges that the Government rejected the Law Commission's recommendation that a Code of Practice should accompany the Care Act. However the specifics outlined in the guidance could quickly render it out of date. This therefore raises the question of whether the guidance should instead focus on general principles.

1.4 The overall emphasis in the guidance, and particularly with regards to the aspects where the emphasis is on partnership working, is on local authorities with key partners such as the NHS and Police secondary. Social workers perform various roles across different disciplines, for instance leading on safeguarding inquiries or providing community mental health support, which require close collaborative working with other professionals and disciplines. The guidance should better reflect this.

1.5 The guidance does not say enough on data sharing between local authorities and NHS bodies. While most authorities have agreements in place to allow specific individual information to be shared for assessment processes, it is not a general right for social workers working alongside health teams to be able to directly access information from NHS computers. The work of professionals is made more difficult where there is only weak agreement locally and we would welcome a stronger statement in this guidance. The Information Governance Review published in April 2013 made some helpful recommendations on these matters and these could be reflected in this guidance

Assessments

Q13: What further circumstances are there in which a person undergoing assessment would require a specialist assessor? Please describe why a specialist assessor is needed, and what additional training is required above the requirement for the assessor to be appropriately trained to carry out the assessment in question.

2.1 There is some confusion to why some conditions and needs are referenced in this section but others are not. This suggests the inherent difficulty of identifying the needs of certain groups and while we appreciate that the focus is intended to suggest a broad outline in a particular but not exclusive instance, we would argue that the emphasis is unhelpful. Instead TCSW would strongly suggest that the focus of the chapter should be less on training and more on complexity of need, specialist skills and the broader capabilities required to carry out assessments especially in regards to appropriate and proportionate responses.

2.2 Complexity is not just about the extent and severity of need, but also how difficult it is to involve the person, the likelihood and severity of risk, and the potential for conflict. Furthermore, complexity does not relate only to the degree of someone's impairment, but also to social situations and therefore the guidance should refer to housing, finances, family relationships, disputes, community participation and social isolation, and stress on family carers among other factors. TCSW believes this should be better reflected in the guidance.

2.3 Social work is a problem-solving, innovating craft and profession. As stated in our Roles and Functions Paper of Social Workers in England paper TCSW would assert that social workers are uniquely placed to support complexity. Though TCSW agrees that assessments can and should be carried out by a range of professionals, paragraph 6.72 should be more precise about the social work role.

2.4 Paragraph 6.74 refers to training which TCSW would argue is too narrow a concept. We maintain that it is more helpful to state that assessors need to have had access to learning and development opportunities to ensure that that they have the necessary capabilities for their role, and that they are able to access appropriate support when needed.

2.5 We would argue in 6.22 that having experienced, knowledgeable and skilled staff to support decision making at first contact and triage would be beneficial. This corresponds with our view that experts are people who have the necessary capabilities to work with people who have specific needs. It would be more helpful to talk about necessary capabilities than attempt to list specific training as is the case in paragraph 6.78 which refers to the training to work with people who are deafblind. This broader focus on capabilities would apply to a range of other conditions as well.

2.6 We would also argue that 6.10 should also include guidance on the appropriate experience and expertise required to carry out best interest decision-making. TCSW states in the Roles and Function paper that social workers should be utilised where adults lack capacity and this should be reflected in the guidance.

2.7 TCSW has concerns regarding the quality of the case studies listed in this section. In particular the language used to frame John's situation appears at odds with the personalised, person centred approach set out elsewhere in the guidance. For instance the case study states that 'John's local authority thinks that the most effective way of assisting...' already indicates a controlling approach, while similar language is utilised with Sarah. The language would better reflect the intent of the Act with more emphasis on the needs and wants of the individual, and should seek to highlight the person's own conclusions that may, for instance, have been drawn from discussions with their social worker. This is an extremely important distinction that the guidance should seek to urgently rectify.

Care Planning and Support

Question 39: Does the guidance on personalisation support integration of health and care (and any other state support)?

3.1 TCSW has concerns with this section which we believe could lead to problems upon implementation. Though TCSW is very much in favour of closer integration and the personalisation of care and support, as it stands health and social care operate under different legal frameworks complicated by the fact that one is free and the other chargeable. The draft guidance does not adequately address how these factors should be

reconciled in practice.

3.2 The section talks about the importance of multi-disciplinary working and the need for 'lead' agencies who can work to co-ordinate activity, however the guidance would appear to suggest that the best tool for achieving this joint approach is a single, detailed support plan. We would argue that this approach is flawed and could have the unintended consequence of generating burdensome additional paperwork and bureaucracy.

3.3 It is implicit in this section that the majority of individuals will receive a one-off assessment from which a detailed support plan is agreed, and after which an individual's situation will remain relatively stable. This does not fit the reality and indeed contradicts some of the messaging regarding complexity that appears in the assessment section of the guidance. In practice many support plans will often have to be reviewed and revised at fairly regular intervals as an individual's needs change, particularly in the case of older people who may be experiencing health conditions that are unstable and deteriorating.

3.4 At any point the revision of their support plan may involve or require input from a district or specialist nurse, speech and language therapists, a psychologist and might require a personal budget used to pay for personal assistants, or a new housing need. This raises the question of the appropriateness of the 'lead' organisation and how the paperwork – in this instance detailed information regarding the amount in a personal budget and charging rates – would be allocated. It is therefore the view that though the guidance should focus on joined up working, the extent of the focus on the joint support plan detracts from a personalised, individual approach. The person should be at the heart of how services are co-ordinated, not the process.

Question 38: Does the guidance on personalisation fully support and promote a care and support system that has personalisation at its heart?

3.5 The above points strongly impede the potential for personalisation to deliver in the manner the Act intends. TCSW would argue that Social work is a problem-solving, innovating craft and profession. These qualities should have been well-suited to implementing policies built around personalisation, self-directed support and independent living. But the knowledge and skills to fulfil these requirements have for too long been stunted by reliance on stock responses to diverse individual circumstances. The guidance should be looking to free up innovation and professional judgement. The emphasis on process in this section militates against this ambition, and potentially leaves an individual mired in bureaucracy to the detriment of their care and support needs.

Question 40: Does the guidance support care and support workers to do their job effectively?

3.6 TCSW has concerns over the emphasis here on 'care and support workers' and their precise role. As identified above, support planning can be a complex, on-going process and we would argue that there are instances where social workers should be used specifically. In some cases the same level of experience and expertise will be required as that in an assessment, while there should be allowances for continuity in order to ensure

that the assessor and the person helping with support planning is the same worker.

Direct Payments

Question 44: Will the easing of the restriction to pay family members living in the same household for administration/management of the direct payment increase uptake of direct payments? Will this create implementation issues for local authorities?

3.7 TCSW believes that this issue isn't particularly problematic however we would query whether this would automatically lead to an increased take up of direct payments. The experience of social workers would suggest that time, energy and confidence are three major factors in whether an individual has the will to take on the administrative duties of managing a direct payment. For instance the evidence suggests that older people have historically been less likely to take up a direct payment (Slasberg 2013) – This may be because older carers are already under considerable pressure. On the other hand, take-up may increase if people living in the same household could officially be employed as personal assistants in providing care, however this would obviously have major cost implications for local authorities.

3.8 TCSW would argue that clarity is urgently needed over whether the issue here is if local authorities should or can pay family members to administer direct payments. As it stands the guidance is unclear on this point.

Question 45: The draft direct payment regulations decreases the time period to conduct a review of the direct payment from 12 months to 6 months – is this workable?

3.9 TCSW believes that in order not to be too invasive but to also recognise an individual's entitlements, 12 months would be more appropriate. However, while we recognise that drift can often be an issue we would also argue that there should be some flexibility, particularly with regards to risk, and that some reviews should be situation dependent. The role of the assessor/support planner should be consider the risk elements associated with the direct payment. As such they are likely to consider factors such as:

3.10 Whether the service user will spend the money on other things, and the likelihood of them managing and sending in their quarterly returns.

- Are there any concerns over how family members might manage the direct payment?
- How well the service user understands their responsibilities. For instance are there moving and handling issues that might need to be addressed?
- Are there any concerns over the individuals the service user wants to employ?

3.11 Given these and potentially other potential risk factors there may be a need to review before six months and if the risks do not abate, there may be a need for several others

afterwards. Similarly, risk factors may be low so such frequent reviews may be invasive and unnecessary.

3.12 TCSW believes that the guidance should also be clear that reviews are conducted by practitioners who are financially literate. For instance local authorities may need to arrange reviews so that they are conducted jointly between social workers (or care managers) and members of the finance team, or that care managers are suitably trained so that they can undertake and evidence an audit as part of the review.

Question 46: The draft regulations seek to ensure choice is not stifled and the direct payment is not monitored excessively – is it strong enough to encourage greater direct payment use, but workable for local authorities to show effective use of public monies?

3.13 TCSW would recommend that the guidance lays out more examples of good practice to demonstrate effective use of public monies.

Delegated Functions

Question 63: Are there any core principles or requirements that local authorities should always place on contractors when delegating care and support functions?

4.1 The statutory powers laid out in the Care Act has huge ramifications for the provision of social care and therefore raises questions around professional standards and accountability - particularly in terms of who should be carrying out tasks – social work supervision, and how good standards are applied. Any delegated arrangements should be 'person proof' in terms of framework and governance – that is, arrangements should not be easily disrupted by managerial changes. It should be acknowledged that stability is a necessary component of implementing successful change.

4.2 TCSW believes that this section should require local authorities to:

- Have assurance measures in place that any organisation contracted to provide statutory social work functions adheres to the National Standards for Employers of Social Workers. These are Standards, which set out the shared core expectations of employers which will enable social workers in all employment settings to work effectively
- Identify arrangements for a Principal Social Worker (PSW), and in other employment settings identify a principal or lead social worker, who will be responsible for implementing and leading the Standards for Employers of Social Workers.
- Ensure arrangements in place for the completion, review and publishing of an annual 'health check' or audit to assess whether practice conditions and working environment of the organisation's social work workforce are safe, effective, caring, responsive and well-led.

4.3 There also needs to be clear consideration when a local authority considers delegating

certain functions that they do not impact on the continuity of care and relationships with those involved with the individual and that the delegation of functions across client groups does not lead to fragmented pathways and risk to individual (18.20 attempts to describe this).

4.4 The guidance talks also about delegation and contracts but is silent on the issue of competitive tendering. Where the delegation is to an NHS organisation, the benefits of integration must be considered alongside other factors when deciding to whom to award a contract. Therefore decisions made to delegate to a NHS body need to be taken jointly with NHS commissioners to prevent future disruption for staff and the public.

Question 64: Some stakeholders have mentioned that a 'model contract' would be helpful. What would be included in a model contract? Can you give any examples of a good model contract when delegating statutory care and support functions?

4.5 Contracts need to be of a reasonable duration to allow the organisation with a delegated function to provide and develop their service offer. This will provide stability for the staff and the users of the service. Clear monitoring and governance arrangements need to be in place between the commissioner and provider.

Eligibility

Question 14: Do the draft eligibility regulations, together with powers to meet other needs at local discretion, describe the national eligibility threshold at a level that will allow local authorities to maintain their existing level of access to care and support in April 2015? If you believe they don't please explain your reasons for this.

Question 15: Do you think that the eligibility regulations give the right balance of being outcome-focused and set a threshold that can be easily understood, or would defining 'basic care activities' as 'outcomes' make this clearer?

Question 16: Does the current definitions of 'basic care activities' include all the essential care tasks you would expect? If not, what would you add?

Question 17: Are you content that the eligibility regulations will cover any cases currently provided for by section 21 of the National Assistance Act 1948?

Question 18: Does the guidance adequately describe what local authorities should take into consideration during the assessment and eligibility process? If not, what further advice or examples would be helpful?

5.1 The definition 'eligible needs' lacks clarity and/or is expressed differently throughout the guidance. For instance if an individual appears to be at risk and has certain health and social care needs as a result of mental or physical ill health and/or a disability, they are eligible for safeguarding even if their needs or not assessed as being at a level which meet the Fair Access to care eligibility criteria. This is an important distinction and the guidance needs to be clearer to ensure that safeguarding responsibilities are met.

Independent Advocacy

Q19: We would welcome views on further specific circumstances where the advocacy duty should apply. In particular, we welcome views on the potential benefits and disadvantages of providing independent advocacy to people for people receiving care jointly from adult social care and NHS continuing health care.

6.1 The guidance needs to better define the social work function with regards to advocacy, and be clearer on what exactly local authorities should be looking to commission. There is currently some ambiguity regarding the definition of advocacy within the Act, and in particular the parallels with the Independent Mental Capacity Advocate when in practice there are a number of different advocacy models.

Information and Advice

Q5: Views are invited about how local authorities should coordinate and target information to those who have specific health and care and support needs.

7.1 Local authorities should use evidence about who requires information and advice, what information and advice they need, and how best to provide this as part of meeting their duty. This indicates that the hardest to reach people require the most specific support to receive appropriate information and advice. Practitioners, such as social workers, who are skilled at overcoming barriers and combatting discrimination, are well placed to provide this support.

7.2 There is already duplication and potentially confusion in the information and advice that is provided. There is evidence of where people are likely to go for information and advice and who is considered trustworthy, which should be considered. Regulated professionals such as social workers are in a position to inspire trust because they must meet professional standards of conduct, ethics and practice in order to be registered.

7.3 TCSW welcomes that the role of social workers in providing person-centred advice in complexity is recognised. Independent social workers already provide advice to individuals, families and solicitors, for example when someone is considering purchasing care and support for example www.iswp.co.uk).

Q6: Does the guidance provide sufficient clarity about the active role that the local authority should play to support people's access to financial information and advice that is independent of the local authority, including regulated financial advisors?

7.4 There is a potential conflict of interest in local authority staff providing financial advice – they are both gatekeepers of resources and advocates. Social workers are used to managing this dilemma and may be in a position to ensure that people receive appropriate advice.

7.5 It is not clear how far the local authority should be responsible for informing people

about fees for this advice, or for verifying the quality of the organisation.

Personal Budgets

Question 41: Is this definition clear and does it conform to your understanding of intermediate care and reablement? Is there any way it can be improved?

Question 42: Does excluding the cost of reablement/intermediate care from the personal budget as defined above: Create inconsistencies with the way that reablement/intermediate care is provided in NHS personal health budgets? Affect the provision of reablement/intermediate care for people with mental health problems?

Question 43: Are the ways in which different personal budgets can be combined sufficiently clear?

8.1 As TCSW highlighted in its response to the eligibility consultation published last year, we believe there is a direct contradiction between the assertion that the budget allocation process must be transparent, and the use of a complex algorithmic based Resource Allocation System (RAS) to calculate it. There is already considerable variation over how RAS is currently applied across different local authorities in England. There also remains considerable doubt to how many people – including professionals, service users and carers – will be able to understand the workings of these complex algorithms, thereby potentially leaving a transparency gap that is already difficult to reconcile.

8.2 TCSW would also argue that the guidance is not strong enough to ensure that service users have any real choice of services. It states (11.24) that the personal budget "must be an amount that reflects the cost to the local authority of meeting the person's needs' and that "...consideration should also be given to the cost of the service at an appropriate quality through local provision." We are not sufficiently satisfied that the guidance goes far enough in allaying fears that local authorities will base budgets on the rates they negotiate through block contracts. The statement "by basing the personal budget on the price of quality local provision, this concern should be allayed," is insufficiently clear. This, we feel, threatens a personalised, person-centred approach given that local authorities are very likely to base personal budgets on their block contract rates.

8.3 The cost of the direct payments case example is also unrealistic. If the agency used by Mr A under a block contract could not provide a flexible and personalised service under the block contract, then it is also unlikely that the provision could be realistically extended under a direct contract. Unless the guidance is strengthened it is difficult to ascertain the impetus that would see a local authority increase Mr A's budget from £62.50 to £85 in order for them to receive a direct payment and use the same agency. This implies that the agency should provide a more flexible commissioned service under the block rate when it is likely that the agency would not, in reality, be able to do so.

Prevention

Question 3: Is the description of prevention as primary, secondary or tertiary, a helpful illustration of who may benefit from preventative interventions, when and what those interventions may be?

9.1 Distinguishing services in this way is too closely resembles the clinical model of prevention and does not reflect the aspirations of the Care Act in setting up a mixed economy of services that might delay or prevent an individual from developing a condition that meets eligible needs roughly translatable under the Fair Access to Care eligibility criteria. TCSW believes that the model should better reflect the asset based approach first outlined in the White Paper that seeks to build on the strengths of individuals, and which recognises their potential in developing community capacity.

9.2 Local authorities should look to utilise as wide a range of skills and expertise as possible when developing preventative services, and as such it would not make sense to commit social work resources to all aspects of prevention. However this does not discount a leadership role, with social workers advising both individuals and colleagues in some front end capacity. There were fears that without some social work presence early on, situations could emerge whereby social workers would have to 'pick up the pieces' further down the line. It was felt that social workers are better able to understand complexity and long term needs and plan accordingly. This could involve some form of supervision role, with social workers supporting and training non-qualified staff, thereby equipping the wider work force with a set of skills.

Question 4: Is the list of examples of preventative 'services, facilities or resources' helpful? What else should be included?

9.3 The guidance needs to be clearer on the fact that prevention is a wide ranging concept, and should focus more on how responsibility is shared across different disciplines. For instance the 'whole population' public health view may differ from that of Clinical Commissioning Groups who may have more of a focus on specific conditions, which in turn may be different from the voluntary sector and a focus on a particular user group, community or locality. The guidance should therefore seek to explain the relationship between these different actors and the steps that could be taken to avoid duplication.

Safeguarding

Question 65: Are there any other types of behaviour that should be explicitly stated in the guidance? Are there any that should be removed?

10.1 Whilst the list in section 14.6 is helpful, it needs to be clear if self-neglect is a matter to be dealt with within adult safeguarding or not. The SCIE paper "Self-neglect and adult safeguarding: findings from research" (2011) found that different Local Authorities adopted very different frameworks to deal with this area of work. A clear statement about self-neglect in this section would be helpful. It is understood in the forthcoming Code of Practice in respect of the Act will say more about self-neglect, however specific reference to this growing area of practice in the Statutory Guidance is needed to remove any

confusion for agencies and practitioners.

10.2 TCSW would argue that there should be some specific reference to adults who lack capacity to make the decision to self-neglect and/or refuse service and the tendency for this to only be clarified following a safeguarding enquiry/strategy service. It is also often unclear whether an adult is self-neglecting or being put under pressure by someone who may be exploiting them unless these enquiries are made.

Question 66: Are there additional possible members of SAB's that we should add?

10.3 TCSW welcomes that section 14.111 confirms the importance of social work within the Safeguarding Adult Boards (SAB) arrangements. It is suggested that the principal adult social worker is a person who could become a standing member of SAB to provide the link between practice on the frontline and the considerations of SAB.

10.4 In terms of the Chair of SAB there is a danger of their recruitment being limited and dominated to those professions where there is an earlier retirement age such as the police. Given the importance of the role of the Chair and as the guidance notes, that social workers are vital to the effective running of the SAB, it should therefore be a requirement for anyone appointed as a chair to be able to demonstrate a comprehensive and contemporary knowledge and understanding of social work.

10.5 The chair of SAB should be able to demonstrate that they have a sound knowledge of current adult safeguarding practice, including through shadowing frontline practitioners, so to be aware of any operational pressures. The chair will thus gain a greater understanding of how adults at risk of harm or neglect are protected thus providing a direct link from practice to the SAB which will help make the board more visible, credible and in touch with the safeguarding work.

10.6 It is also important that the guidance makes clear that members of the SAB are not just present to represent their agency, but to collectively hold corporate responsibility for quality assurance for challenging policy and practice.

10.7 TCSW would argue that there is a place for a strong housing presence on the board, though we acknowledge that in many cases this strategic role is held by the Director of Adult Services. It is also unclear to whether the three identified statutory members would be regarded as a quorum or have specific decision making powers even if other partners disagreed.

Question 67: Are there additional aspects of the SAB's work that we should highlight?

10.8 It is important to maintain that the SAB exists to assure that partner agencies carry out their safeguarding responsibilities both individually and in partnership, and to challenge and provide strategic oversight. The SAB itself does have a 'doing safeguarding' remit.

10.9 There is a need for SAB to focus on where improvements are required and monitor

these through relevant performance management techniques however there is also a need for it to look at what good practice is being achieved by agencies. Adult safeguarding work has matured since "No Secrets" (2000) and there are now some examples of outstanding work being done on the frontline and it should be a mandatory agenda item on SAB to highlight specific areas of what has been achieved locally. We welcome the links drawn in the guidance between Local Safeguarding Children Boards and Community Safety Partnerships on domestic violence. Partnership working, especially between adult and children's services, serves to emphasise our view of a unified social work profession and the importance of a whole family approach.

Question 68: Would it be useful to append a draft template for the strategic plan for SAB's to use if they wish?

10.10 There has been research done indicating that SAB's take inconsistent approaches to their work and any draft template which helps produce greater consistency would be helpful. It is further suggested that the Department of Health produce some key performance indicators for all SAB's to work to so there can be some national benchmarking in place.

Question 69: Is there anything we could add to improve how managers and practitioners view and participate in Safeguarding Adults Reviews?

10.11 At the present time there is no countrywide appreciation of learning from Serious Case Reviews. They can be conducted in isolation and learning may not be transferred to other places. It is proposed there be a national data base where all Safeguarding Adult's Reviews are lodged so managers and others can understand lessons from elsewhere which will improve overall practice. There are a number of possible platforms for such a database to be stored such as TCSW's knowledge hub.

10.12 TCSW welcomes that the "Learning Together" model for SAR's is exampled in the guidance. This methodology is less threatening for practitioners and the more concentrated findings are better for practice development.

10.13 The threshold for conducting a SAR needs to be revised from only being held when an adult dies as a result of abuse or neglect; at section 14.122. For example it may be the case that an incident occurs and the adult was protected by the safeguarding process but the circumstances of the abuse were of such significance that a SAR maybe warranted.

Other issues

Assessing capacity

10.14 The availability, quality and training of Best Interests Assessors (BIAs) has gained urgency following the 'Cheshire West' Supreme Court ruling and the issues surrounding the Deprivation of Liberties Safeguards. The guidance must state that local authorities should seek to guarantee that there is sufficient number of BIAs to meet local demand and that they are appropriately supported with CPD and supervision as specified in the

Employer Standards. Given this is currently a grey area the guidance should also seek to clarify how education providers can gain the Secretary of State's approval to run BIA training.

Transition to adult care and support

Question 57: Is the guidance clear enough that the term 'significant benefit' is about the timing of the assessment? Is the guidance precise enough to ensure that 'significant benefit' is not open to misinterpretation and that people who should be assessed are assessed at the right time for them?

10.15 The related Department for Education guidance on the assessment process in respect of transitions is both lengthy and prescriptive, and includes some very specific timelines on review dates. This could potentially lead to confusion over the timing of the assessments, with the Care Act guidance stating that transition assessments should be carried out in a reasonable timescale. This focus on professional judgement and timings based around suitability and context is favoured by TCSW, however the differing preferred course outlined in the separate pieces of guidance could seriously hamper professional coordination across education, health and social care.

10.16 TCSW also notes that while the complexity of transition will vary depending on individual needs, there remains an inequality in budget provision in adult services for physical disabilities, learning disabilities and mental health. This again could hamper coordinated working, though we acknowledge that this would be difficult to rectify in statutory guidance.

10.17 There is also the potential for conflict between parent and child and how this might be managed in terms of positive risk taking which the guidance could say more on. How, for instance, do you deal with situations where the parent is not cooperating, and/or where a parent is not yet ready to recognise their child's needs and right to be independent. This suggests that the guidance could be more focused on young people, and better recognises supporting the psychological and emotional journey from childhood to adulthood and not just the process around the change of services.