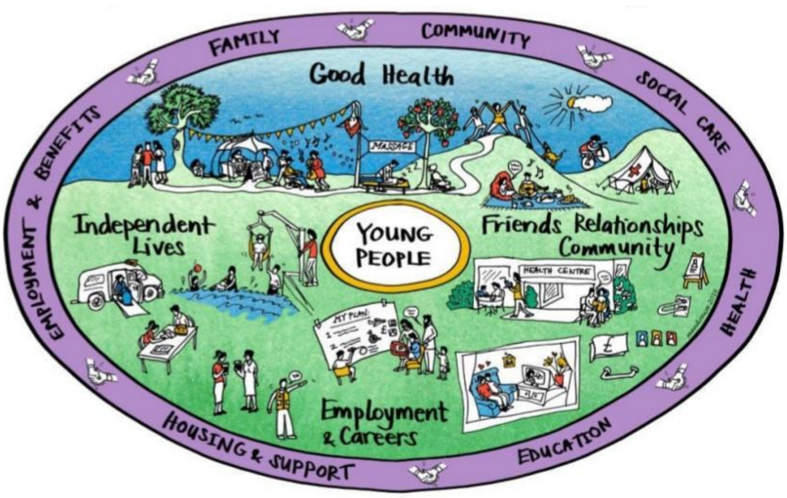
North East Lincolnshire

Multi-Agency Preparing for Adulthood (Transition) Protocol and Practice Guidance (2022-2024)

Our multi-agency transition planning process to support preparation for adulthood for young people with special educational needs and/or disabilities (SEND), complex physical or mental health needs, those with care needs, their parents/carers and young carers.



North East Lincolnshire Council www.nelincs.gov.uk

NHS North East Lincolnshire Clinical Commissioning Group

SEND North East Lincolnshire

focus independent adult social work

North East Lincolnshire Parent Participation Forum

care plus Provider of Choice

NAViGO moving forward with health and care services

Special Educational Needs and/or Disability North East Lincolnshire SENDIASS

Contents

This is a guide to local practice arrangements that are informed by legislation, good practice guidance and other Local Authorities' information. Alternative versions including a quick reference guide and easy read format will be available on our **Local Offer** website. **Thank you for all contributions and publications used.**

Throughout this document, wherever 'parent carers' are referred to, this includes anyone with Parental Responsibility.

The graphic contained within the cover is reproduced from **here**

Introduction

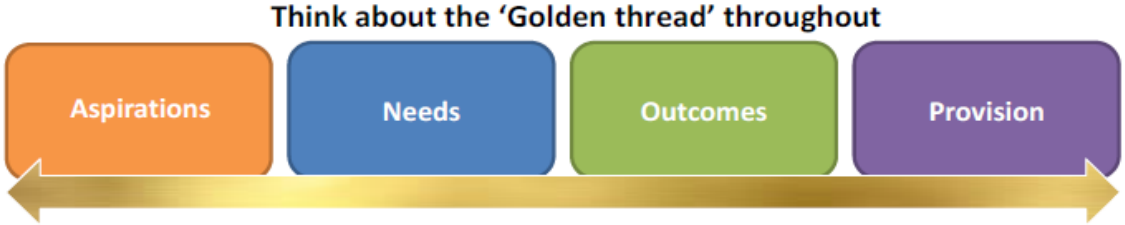
In September 2014 the Government introduced the Children and Families Act and within this the Special Educational Needs and / or Disabilities (SEND) reforms which set out a vision for young people with SEND called **Preparing for Adulthood** **(PfA)** a process previously referred to as transition.

The vision challenges us to ensure the **aspirations, views, wishes and feelings of young people (and their parents or carers)** are at the **centre** of the Education, Health and Care assessment, planning and review process, and that the **outcomes they are seeking form a golden thread throughout.**

To ensure the vision is realised, young people need to receive consistent information, be listened to, participate in decisions and have increased choice and control that prepares them for adulthood and **a future that includes employment, independent living, friends, relationships, participation in their local communities and being as healthy as possible in adult life**.

The SEND reform was closely followed by the Care Act 2014, it impacts on young people with care and support needs **that need to transition into adults' services;** it has individual **well-being** at its centre.

This protocol focuses on the group of **young people aged 13-25** who will be entitled to support through both the Children and Families Act and the Care Act. Both Acts require **person-centred practice a focus on outcomes, integration and co-production** between all partners responsible for providing education, health, social care and other services at a local level. Links are provided to legislation and best practice guidance from page 13. This protocol details what should happen, when, how and who will do it. So young people and their parents or carers will know what they can expect, when and receive the **support they need to live the lives they choose in adulthood.**

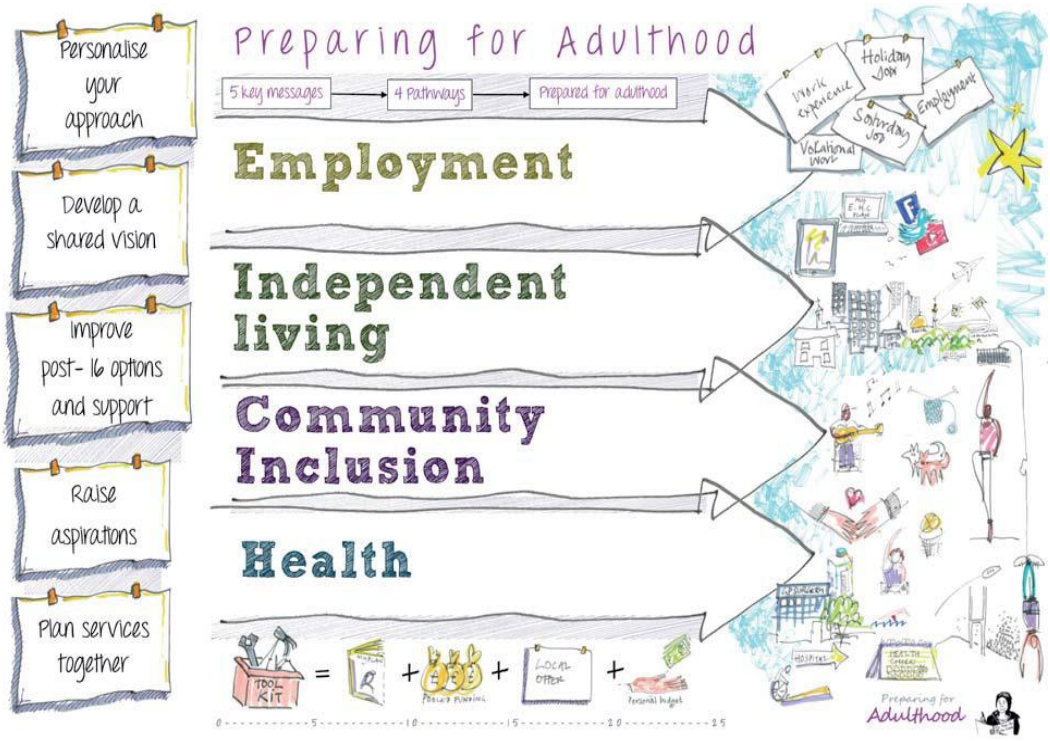


A good quality education, health and care plan will contain a 'golden thread' (in the words of the Department for Education).

Endorsement from North East Lincolnshire Parent Participation Forum.

> ***"North East Lincolnshire Parent Participation Forum (NELPPF) supports the North East Lincolnshire Preparing for Adulthood Protocol. We recognise for this protocol to be effective that full participation of young people, their parents / carers MUST be at the heart of this through co-production."***

North East Lincolnshire Parent Participation Forum (NELPPF)



The graphic above shows how the five key messages, (identified by the SEND Pathfinders) and the four key pathways which are essential for preparing young people with special educational needs and /or disabilities for adulthood and improving their life chances in employment, independent living, community inclusion and health.

Endorsement of the multi-agency preparing for adulthood (transition) protocol and practice guidance

Our vision for children and young people with SEND:

"All children and young people will achieve their potential; become confident individuals, live fulfilling lives and successfully transition into adulthood".

To be effective, preparation for adulthood requires co-production and the full participation of young people, their parents or carers and support from all involved at strategic, management and operational levels. The SEND Executive Board reports to the Union (CCG and Council) Board. **The SEND Executive Board endorse this protocol** and commit to implementing it within North East Lincolnshire.

The remit of the SEND Executive Board in relation to this protocol is to:

- Develop, monitor and manage the effectiveness of the local area in preparing for adulthood, children and young people with SEND, complex physical or mental health needs, those with care needs, young carers and parents or carers, so they achieve the 'best possible' life outcomes.

Working together all agencies party to this protocol agree to:

- Actively listen, adopt a whole family approach and have high aspirations for young people to achieve good long-term life outcomes.
- Be person-centred and use the 'tell us once approach', involving young people, parents and carers fully in the process and decisions which relate not just to individuals but also to the planning, commissioning and reviewing of services.
- Provide high quality information, advice, guidance and advocacy to young people, parents and carers to promote well-being, independence and support them through the preparation for adulthood process and transitions.
- Fully commit to the safeguarding of children and vulnerable adults.
- Take a proactive approach, engaging early, preparing young people and parent/carers, attending meetings, or sending reports, to ensure action planning and timely decision-making.
- Work in a way that is holistic, with joined up assessment, planning and review processes across education and children's and adults' health and social care.

Scope and purpose

This protocol details the roles and responsibilities of the education, health and social care services and agencies involved in the planning process to support preparation for adulthood. It is relevant to young people between the ages of 13 – 25 years with special educational needs and/or disabilities, complex physical or mental health needs, young carers and their parents/carers in accordance with the legal framework and best practice guidance. It includes young people that:

- have an Education, Health and Care (EHC) Plan
- have Continuing Healthcare needs (Appendix 3)
- are in receipt of or who may be eligible for children's services
- have a likely need for care and support at age 18 and would gain 'significant benefit' from a 'transition assessment' (in line with the Care Act)
- Are a child looked after and being educated out of the area, or a child subject of Child Criminal and Sexual Exploitation (CC/SE).

There are many young people supported at SEN Support that **do not** have an EHC Plan; the principles and practice apply equally to these young people, who, with those supporting them can create a pathway using My SEN Support Plan, a **non-statutory Support Plan**. This may include referral to the Access Pathway. Those referred to the Access Pathway may be young people that:

- are leaving care, are young carers, that have needs below the local authority's eligibility threshold but who may nevertheless require advice or support. Are detained in the youth justice system and need to move to the adult custodial estate. Are being educated out of the local area, electively home educated or have high-functioning autism or social emotional or mental health difficulties, ill health or degenerative conditions.
- have significant health needs and need to transition to adult health services.

This protocol promotes co-production, transparency, timely decision-making and integrated commissioning to ensure value for money and the effective use of resources by those planning and commissioning services as well as those delivering them.

"If young people are likely to have eligible care and support needs, when they reach age 18, early identification, information sharing and joint working from age 14 MUST BE UNDERTAKEN."

Supporting successful preparation for adulthood

Preparing for Adulthood is a statutory process that aims to prepare young people and their families for the changes as they move on from childhood and education into adulthood. The SEND Code of Practice 2015 (page 28, 1.39) states:

"With high aspirations, and the right support, the vast majority of children and young people can go on to achieve successful long-term outcomes in adult life".

This applies equally to young people with complex physical or mental health needs, those with care needs, their parents/carers and young carers.

Preparation for adulthood includes:

- transition from children's to adult services.
- transition from school to post-16 further education college, higher education or employment, training, supported internship, traineeship or apprenticeship.
- transition from home or residential schools to independent or supported living.
- transition from paediatric or adolescent services to adult health services.
- leaving care

Successful preparation for adulthood is where young people:

- are heard, make decisions and influence their own unique transition plan
- take the lead or are actively supported by people who can advocate for them.
- know the criteria to get support from different agencies.
- access services that support their wellbeing, prevent, delay or reduce their needs, promote independence and manage and mitigate risks.
- try things out and are free to change their mind.
- are actively listened to, have known points of contact through the preparation for adulthood process, and receive consistent messages.

Young people should be at the heart of the process to ensure a smooth handover of support from children's to adult services (where applicable), using the Care Act's wellbeing principle in the adult support plan to build on Preparation for Adulthood (PfA) outcomes identified in the EHC Plan.

The young person's and parents/carers' views and participation

It is important young people and parents/carers think ahead of review meetings and write down their views, aspirations for the future and the outcomes they want to achieve. The documents below contain checklists designed around the four key Preparing for Adulthood Pathways that are widely used to think about planning for an adult life in the community. More information is available at Preparing for Adulthood.

The documents can also be found on our Local Offer and can be used to create a young person's or family's checklist to ensure they are supported to plan and being given the information they need at the right time.

Southampton Children's Hospital have developed the Ready Steady Go programme.

The checklists below and leaflet are taken from the NHS Ready Steady Go programme website which is specifically for young people with long term health conditions. You can find further information and the complete versions of the questionnaires in standard and easy read formats by following these links.

Liberty Protection Safeguards

"The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements."[1]

This needs to be considered and actioned as appropriate according to the age and needs of individual young people. Further information can be found **here** and at appendices 5 and 6 within this document.

Liberty Protection Safeguards (LPS)

In April 2022, the Mental Capacity (Amendment) Act 2019 (MC(A)A) will come into force. As the name suggests, the MC(A)A will result in amendments to the **Mental Capacity Act 2005.** The MC(A)A will replace both a) the Deprivation of Liberty Safeguards (DoLS) and b) equivalent Court of Protection mechanisms for authorising deprivations of liberty, with new processes known as the 'Liberty Protection Safeguards'.

The MC(A)A will be accompanied by a statutory Code of Practice and regulations which will provide the detail required to implement the Liberty Protection Safeguards. The Code of Practice and regulations have not yet been published.

A range of freely available national resources on the Mental Capacity (Amendment) Act 2019 can be found **here**

The Mental Capacity Act 2005 is underpinned by human rights law (including the European Convention on Human Rights). A range of freely available national resources on human rights can be found **here.**

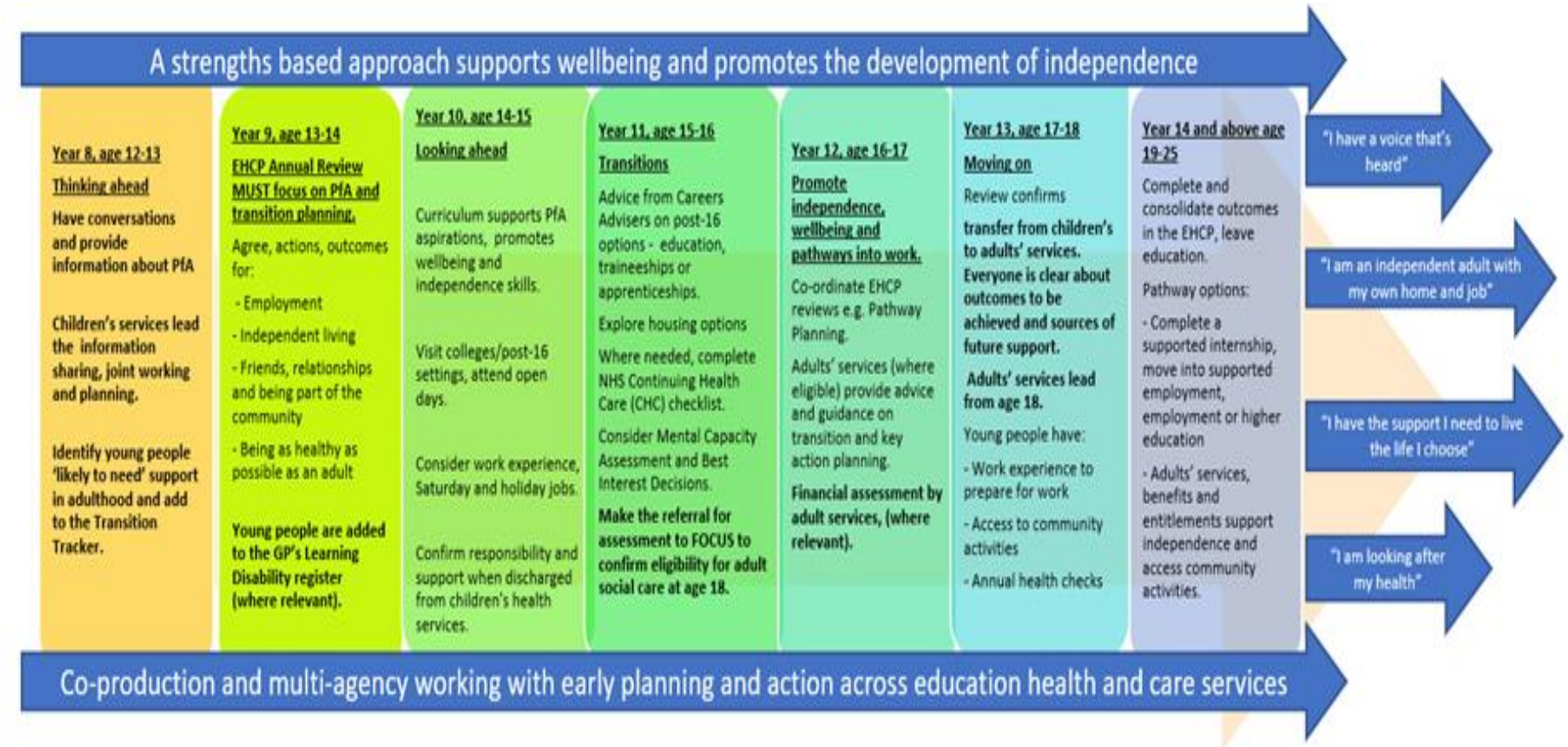
You can download the local MCA policy (which comprises our capacity assessment, best interests determination and other tools) by clicking here **North East Lincolnshire MCA Policy.**

The above information is extracted from the **North East Lincolnshire Clinical Commissioning Group website on Liberty Protection Safeguards**

[1] 200928_LPS-Factsheet-One_key-changes.pdf (mentalcapacitylawandpolicy.org.uk)

Preparing for adulthood and getting a plan for life

This pathway is an overview to show how co-production, a strength based, outcomes focussed approach h and timely key actions prepare young people for work and life as an independent adult.



Good practice standards

The overarching aim of **the protocol** is to ensure an **effective preparation for adulthood** process that leads to **quality life outcomes** for all our young people. The standards by which the effectiveness and performance (see Appendix 11) of the framework will be monitored and measured include:

1 Preparation for adulthood is a person-centred process.

The young person is central to the process and supported to prepare for the move to adult services. They are **listened to** and the things that are **important to them** covered in discussions. All our young people have the opportunity to draw up a plan**, participating in a way that is meaningful to them**.

2 Preparation for adulthood planning is outcome focussed and provides the support young people need to achieve their chosen goals.

The plan is based on their aspirations, outcomes, strengths and needs. The preparation for adulthood review is structured to ensure **adequate time** is devoted to **forward planning**. It is holistic, focussing on **key life outcomes** and covers **employment, independent living, friends, relationships, participation in the local community and being as healthy as possible in adult life**. Young people's **rights are upheld**, **wellbeing and independence are promoted** and risks are managed to **keep them safe.**

3 Young people and their families are consulted and integral to the process.

Agencies use the **'tell us once approach' and co-production**, involving young people, parents and carers fully in decisions which relate not just to individuals but also to the planning, commissioning and reviewing of services.

Families are prepared for the process and understand their changing role. They **sign up** to actions and **understand the plan** will be updated at subsequent reviews. They are routinely asked about their **satisfaction** with the preparation for adulthood process at reviews. **Young people and families have choice and control** regarding their packages of support (using Personal Budgets, if relevant). Young people and families are able to access accurate, up-to-date timely information, advice and guidance to enable them to make informed decisions.

.4 All agencies ensure the model of support and service delivery facilitates early action, a joined-up approach and multi-agency working. Information sharing is undertaken supported by timely communication and decision making.

Agencies are proactive and ensure **co-production, early action and** a **joined-up approach** based on **an understanding** of the **young person's strengths and 'likely' future needs.** The information is used to inform and plan how agencies will provide **current and /** or **future support**.

Children's services take lead responsibility until the young person becomes 18 years old. Adults' services will take over lead responsibility for young people when they become 18 years old.

Flexibility is evident in referral and transfer arrangements e.g. referrals to adult services being made early (before age 16) and arrangements continuing with the support of children's services post-18 when it is agreed the complexity of the young person's needs and circumstances require this.

Agencies **share up-to-date, relevant information** (with consent and in accordance with legislation and procedure) and timely communication to inform one another's assessments and decisions.

The preparing for adulthood process takes account of and is consistent with other assessment and planning processes. When a child is 'looked after' or 'in need' consideration should be given to **holding all relevant reviews at the same time**, **at least annually**. Duplication should be avoided; young people and their families should not be expected to participate in parallel assessment, planning and review to inform agency planning.

Funding decisions will not be taken to commit resources post-age 18 without the agreement of the relevant commissioner.

All agencies will work together to facilitate a model of service delivery and support that ensures our principles and standards are maintained and outcomes achieved.

Preparation for Adulthood – what should happen, how, who will do it?

The following pages have been set out as an overview in school years from Year 8 – 20 (ages 13-25). After their first mention, some elements will be relevant in the following years in addition to the new procedures that appear in those years for the first time. Rather than repeat everything year on year it may be helpful to look back, as a reminder. Further detail is provided in the appendices. These pages aim to reflect how the legislation, guidance and best practice that underpins the preparation for adulthood protocol and on which its effectiveness is monitored and measured is delivered.

Year 8 (age 12/13)

What should happen?	How will it happen?	Who will do it?	Statutory regulations, guidance and procedures
Notification to arrange annual review of EHCP. **Preparation**	The Local Authority ((LA) Special Educational Needs Assessment and Review Team (SENART)) send a list to schools and the Careers Service of all pupils that will require a review at least two weeks before the start of each term. The list is copied to the CCG, Social Care Officers, and the Educational Psychology Service. The Local Authority emails a Preparation for Adulthood Information Pack to all schools for sharing with young people to direct them and their parents/carers to information on the PfA section of the Local Offer, so they have the right information on PfA to write their plan.	**LA – SENART**	SEND Code of Practice (CoP) 9.172 – 9.177, 9.180 – 9.185
Preparation	The Careers Service send an introductory welcome letter to parents of all young people in the Summer Term of Year 8. Careers Service liaise with school or setting so they are aware of young people with an EHC Plan, disability or on SEN Support in schools and Post-16 Further Education (FE) settings in and out of the local area. Work undertaken by the Careers Advisers is agreed in advance with schools and Post-16 FE during the Summer Term, through the Partnership Agreement, in readiness for the start of the new academic year in September.	**Careers Service**	SEND CoP 2.16, 2.19, 8.27-8.29
Schools should inform parents of impartial SEND advice and support.	The **Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)** Tel: 355365 provides independent free, advocacy, impartial advice and support to parents and young people throughout the preparing for adulthood process. Also see sources of further information and the Appendices within this document from page 35.	**School or other education setting**	SEND CoP 9.25

School (or other setting) initiate annual review of EHC Plan and invites young person, parents/carers and relevant professionals.	Convene meeting and review the EHC Plan. Invite Health and Social Care to the review giving at least two weeks' notice of the meeting date. Use co-production and talk to young people and parents/carers about the importance of next year's Year 9 review (see pathway on page 10 and Appendix 1) which MUST include discussion on preparing for adulthood and transition planning. Professionals involved attend the review or send a report, discuss and agree any changes to outcomes, needs and provision; services that are likely to be required and arrangements for transfer to adult health and/or care services where needed.	**School or other education setting**	Key topics to cover at annual reviews from year 9 Top Tips to support young people to participate SEND CoP 1.2, 1.39-1.141
Early notification and future planning to identify and meet young people's care and support needs in adulthood (including any young person with presentation of Autism). **All professionals have an understanding of the EHC process.** **Risk areas to successful EHC planning are identified. In particular:** **a) Transfer between services** **b) Future funding arrangements** **c) The referral processes between both children's and adult services and health partners.**	The Local Authority identifies young people who are **not receiving children's services that fall within the Scope on page 7 and** are '**likely' to have care and support needs at age 18** through liaison with education, health, social care and the decision-making panels. Identify a lead worker/health practitioner to laisie with adults' services to confirm needs and the requirement for Transition Assessment. Social care teams discharge their case responsibility in being the lead worker to support and provide information and advice to prepare any young person who may need to be referred to adult services. Young people's **needs, profiles and costs are collated** and shared **to inform forecasting and identify potential gaps in provision**. **Future planning** and **strategic commissioning** are **cohesive** and **responsive**. Identify and keep under review young people meeting the Transforming Care criteria using a Dynamic Support Register (DSR). Parental consent is obtained to include young people on the DSR and to share information with adult services. Professional roles are recorded on EHC Plan or other transition document used for those with no EHCP e.g. My Support Plan or the PfA Passport (see our Local Offer). Children's services funding or placements decisions involving high-cost care packages including tripartite funding between education, health and children's social care services; **particularly out of area residential school placement (38 or 52 weeks) placement arrangements for any young person of 13 years or older** is discussed with adult services prior to approval if adult funding is required post-18. The Individual Commissioning Approval and Advice Panel (ICAAAP) give agreement in principle to fund new or existing children's services/health care elements of package post 18.	**Local Authority, children's and adults' social care and NHS Organisations**	**Care and Support Statutory Guidance 16.18** **Care Act sections 58 - 68** **Statutory Guidance for Local Authorities and NHS Organisations to support the Implementation of the Adult Autism Strategy-Ch3 Transition.** **Easy read** **Children and Families Act** **Section 27-36** **SEND CoP 9.34** **Building the right support national plan** **Transforming care - Easy read version**

Identify young people with very complex needs.	Children's and adults' social care managers are involved in decisions that have financial implications for them when the young person is age 18. The young person's strengths, needs, complexity and individual circumstances are fully understood and taken into account. Children's services will identify a lead worker/health practitioner until age 18. Adults' services will identify a lead worker/social work practitioner or health practitioner to work jointly post age18. The allocated lead makes an early referral to adult services for assessment and joint working, when it is of "significant benefit" to the young person. All concerns must be addressed.	**Children's and adults' health and social care**	**Care Act Guidance. Transitions Audit Report 2019.**
Preparation of the young person and parent / carer	Young people start to prepare for the Year 9 PfA review and involved in a way that is meaningful to them. Young people consider joining the Young People's Advisory Group (YPAG). "Our voice, listen up " is for children looked after.	**Young people and school or education setting**	
Young people are at the centre of the PfA process.	Young people attend the review (with support if needed) and complete and submit a feedback form. Look at the Local Offer and Lincs2 website. Receive information on preparation for adulthood in their preferred format and support to enable them to discuss and write down or communicate what is important to them, their aspirations, views and hopes, how they like to be supported, what they would like to say and any questions they have to support their contribution to and involvement in the preparation for adulthood planning process.		
Young people's views are heard, they are supported to proactively plan for their future.	Young people could complete a checklist. This tool has been designed by the Together for Short Lives Charity. to help young people assess what is going well and what things could be better. There are lots of online checklists and resources available, see page 9 and here.	**Young people and school or education setting**	A checklist to a good transition
Young people with SEND are satisfied their needs are being met and their outcomes are improving.	Young people receive information, are involved and understand the purpose of the preparing for adulthood process. Think about their views, aspirations and expectations of the young person's adult life, how they contribute to developing their independence and skills? Complete a review feedback form and submit it two weeks before the meeting. If changes are made respond to the amended plan with comments within 15 days.	**Parents/carers and professionals involved.**	
Co-production is used to support the full participation and involvement of parents/carers	Access the Local Offer. Receive information about the type of support that will likely be available when the young person leaves school, and a broad overview of the post 16 opportunities and how they are structured and accessed. Parents.carers agree to share information and are aware that professionals must share decision making with them.	**SENCO, School, Careers Adviser, EHCP Co-oridinators.**	SEND CoP 9.34

Year 9 (age 13/14)			
What should happen?	**How will it happen?**	**Who will do it?**	**Legislation, guidance and best practice**
Young people with additional needs without an EHC Plan are prepared for adulthood.	Arrange review in school, focus on PfA outcomes. Use 'My SEN Support Plan', PfA Passport/Transition Plan and include Health Action Plan (if applicable), monitor the actions. Parent and young person find out about post 16 options and targeted services referring to the Local Offer and Lincs2.	**School or other setting, young person, parents/carers**	SEND Local Offer
EHC planning and reviews are person centred and focus on Preparation for Adulthood outcomes from Year 9 as well as education targets. **SENCOs should inform young people with autism and their parents/carers of their right to an adult needs/transition assessment**	**Annual Review focussing on Preparing for Adulthood.** Identify and invite the relevant professionals from health and social care to be involved in **the first PfA review**, **the formal start of the statutory preparing for adulthood process**. Provide a minimum of two weeks notification. **Ask the parents/carers, young person who else is involved in supporting them that they would like to invite to attend the review**. Support young people and parents/carers to prepare and participate in the review. Request updated reports. Send updated reports out **two weeks** before review date. Review and update the EHC Plan, new outcomes **MUST reflect PfA pathways** e.g., post-16 options - further education, higher education, employment, good health, friends and relationships and community participation. Outline changes in legislation which apply from age 16, to prepare and advise parents/carers that under the Mental Capacity Act from age of 16 young person will be assumed to have mental capacity and able to make decisions independently about their future provision. Young people participate and are supported to make decisions. Produce the review report within 2 weeks; send to all involved and the Local Authority. Implement and monitor the EHCP and complete actions to enable the young person to achieve the agreed outcomes. **Integrate** (if possible, appropriate and with permission of parents or carers) **PfA Reviews** with other statutory reviews, e.g., Child in Need (CIN), Child Protection, Child Looked After Children (CLA) including the Personal Education Plan (PEP).	**School or setting (This abbreviation includes Head Teacher/ Principal/ SENCO /Head of Inclusion, Virtual Head for Looked After Children (LAC) and Electively Home Educated young people or the Local Authority where a young person does not attend a school or other institution)**	SEND Code of Practice: 0-25 years 8.24 & 9.172. SEND CoP 8.26 and 8.64 Autism Act 2009 Adult Autism Strategy Guidance. SEND CoP 1.9, 9.21 - 9.24, 9.169, 10.3, 10.7,10.12, Children and Families Act Section 19 Care Act statutory guidance 16.11, 16.35
Health services support the PfA and the review.	Health staff have access to information on Preparation for Adulthood. Health services **start planning** PfA and transitions, understand their role, use person centred approaches and develop joined up assessments. Appendix 2, 3, 5 and 8	**Health (Primary Care, Hospital, Community, Specialist,**	Commissioning for transition adult

Young people with an EHCP who are likely to have health, care and support needs in adulthood are identified and engaged with.	Multi-agency health transition pathways are in place. Use of a planning tool such as Ready, Steady Go is promoted. Health professionals, involved in the management and care of the young person are proactive, **attend the preparation for adulthood review or send a report**. Support and prepare the young person for adulthood. Discuss the transition process, arrangements for transfer from specialist paediatric services to adult health care services and begin joint appointments. Facilitate referrals and necessary transfers of information, subject to the informed consent of the young person and parent and liaise with partners. Receive views from young people and parents/carers on local services and support received. CCG collect's information on views and needs, represents these at the SEND Executive Board, Health and Well-being Board and in the Joint Strategic Needs Assessment. PfA is embedded into DCO role. Young people placed out of the area in health/secure settings who may need support with PfA planning, receive signposting and / or adult services are identified. **Where a young person is placed out of the area, return to the local area is an active consideration at each review. Transition planning needs to start early for young people in placements out of the area.** Children's and adult's health services work together to establish co-ordinated health input. Make the young person, parents/carers aware of the sources of health support and confirm with them they feel supported. Get to know the person they support and find out what they want from their lives, not just what they want from services. **A named worker is identified to coordinate care and support before, during and after transfer.** Paediatric professionals liaise with adult health service counterparts. Children's and adult services within health to work together so that there is an overlap of care planning and provision. Primary healthcare services including GPs develop a relationship with the young person to support PfA and discharge from Paediatric Care. Identify young people whose behaviour may challenge services and notify the named worker. Consider and confirm Behavioural Plans. Develop a multi-agency understanding of a child's needs, collaborate during the assessment process to agree a package of care, subsequently agree who has responsibility for commissioning the different elements of the care package.	**Community Nursing and School Nursing), Clinical Commissioning Group (CCG) and Designated Clinical Officer (DCO).**	services for young people with SEND **NICE guidance on implementing transition care locally and nationally using the 'Ready Steady Go' programme** **NICE guidelines NG43** **NICE quality standard 140** **SEND CoP 8.54, 8.55 8.62 & 9.172 - 9.176, SEN CoP 9.32 - information sharing arrangements**. **Winterbourne View Transition Report** **Building the right support national plan** **National Framework for Children and Young People's Continuing Care**

			para 17, 28, 29, 116 and 117
Identify young people receiving continuing health care likely to need assessment for NHS Continuing Healthcare	Young people receiving continuing health care, at 14 years of age, are referred to the adult NHS Continuing Health Care Team by the Complex Health Nurse/Nurse in school as likely to need an assessment for NHS Continuing Healthcare; this will be actioned, where necessary, for those **not already** receiving Continuing Care at the PfA review meeting. Complex Health Nurse/Nurse in school discusses with family/young person and advises them of the transition pathway and stages and encourages and supports questions about the process. Nurse in school/complex health nurse begins working with young person around enabling them to make personal and informed choices around moving into adult services, options available around socialisation, learning etc. YMM may be able to help with strategies. Discusses with young person, parents/carers. Ensuring we have the young person's voice. Information is shared to update the Transition Forecast which includes information on young people that have been identified and need to have a Transition Assessment and / or NHS CHC Checklist completed. The Forecast is used to actively monitor referrals to adult social care.	**Complex Health Nurse, DCO, Adult NHS Continuing Healthcare lead, SENART, Children's and adults' social care.** **SEND Statutory Process Manager**	**National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care para 128-130, para 331- 349.** **Care Act Guidance 16.80**
Young people and their families experience co-production and access good information, advice and support from children's social care.	Children's social care adopt a strengths-based approach and are proactive. They attend the Year 9 review or send a report, explain the current and potential support available, undertake assigned actions and provide information on PfA and transitions, the Local Offer, developing independence, accessing universal and targeted services or support, local developments (i.e. housing) and the possible future options and choices. Assessments are balanced and ensure appropriate focus on the parent's needs and the young person.	**Children's social care and Early Help services, when involved**	
Children's and adults' health and social care services co-operate to identify young people likely to require adults' services. **Early notification, transition planning, commissioning and tracking of young people's PfA progress is evident.**	Education, children's health and social care services share information to notify adults' services of all **young people receiving support** to allow cross reference of data sets so all young people who are **likely to require** adult health and care services post-18 are identified (see Appendices 2,3,4,5, 6, 7, 8 and 9). With regards to young people at risk of Child Criminal and Sexual Exploitation (CCSE) by agreement between the Principal Social Workers of both children and adult services, young people outside of the remit of the protocol may be included in its pathway if deemed appropriate. Children's services allocated lead to co-ordinate support, transition planning and notify adults' services of the likely needs; services work together to map future needs.	**LA (Education Services, Careers Advisers), CCG, children's and adults' health social care and the SEND Executive Board**	**Care Act Guidance 16.18, 16.20, 16.41-16.50, 16.81** **Appendices 2, 3, 9 and 10** **16.19** **NICE 43** **Child Criminal and Sexual Exploitation Protocol**

A PfA 'champion' is identified in all services, teams and partner agencies.	Young people likely to be eligible but **not currently receiving support** and those within the Scope detailed on page 7 are identified using a co-productive, joined-up approach to share information on their 'likely' future needs. A children's services lead worker /health practitioner is identified to co-ordinate and jointly work with the social work practitioner in adults' services. Young people's presenting needs for adult services are prioritised into **'alert'** indicating that they are more likely to require adult social care services, or **'aware'** indicating those who are less likely to require adult social care services but may still need signposting, information and advice. See Scope on page 7. When young people have an EHCP the EHCP Co-ordinator MUST be informed of any housing or education moves. Professionals can check whether a young person has an EHCP by emailing sen@nelincs.gov.uk An annual SEND PfA Tracking Meeting is held in September. The updated Transition Forecast is shared within two weeks of the September Transition Tracking Meeting.		
Careers information, advice and guidance is provided.	Impartial information, advice and guidance is available in all secondary schools by Young People's Support Services (YPSS) Careers Advisers from year 9 onwards for all young people with an Education Health Care Plan (EHCP). Can attend Annual Reviews where invited and meet young people with an EHCP, and their parents/carers if appropriate, prior to the review and before options are chosen for Year 10.	**Careers Advisers**	
Young person is at the centre, their participation and communication needs are identified. They are satisfied their needs are being met and outcomes are improving. Their One Page Profile is updated, they are offered a PfA Passport. **Parents/carers prepare, are supported to fully participate.**	Evidence the young person's involvement in the PfA process. E.g., considering formats of written reports, representation and participation in meetings, decisions etc. **Young people and parents/carers complete the EHC Review Feedback Form.** Young people are clear about their role in the PfA process, prepared for and participate in the PfA Review in a way that is meaningful to them, contribute, take ownership and make positive decisions about their future, where possible. Parents/carers and professionals form a supportive network around the young person. Parents/carers are essential to preparation for adulthood and the support available. Prepare the young person to consider alternative scenarios as part of their resilience and ability to respond to difficulties/changes. Parent and young person fact find about post 16 provision, referring to Local Offer. Consider inviting the post-16 education provider to the review if a decision is made on placement. **Parents/carers complete the EHC Review Feedback Form.**	**Young person and all involved.** **Young person (with support if needed).** **Parents/carers** **Parents/carers**	
PfA key outcomes are agreed	Think about young person's friendship group, closest friend(s) and other key people in their network (circle of support), promoting social inclusion. Support young person to develop and keep friendships – identify how the curriculum can help.	**Led by SENCO/Head of Inclusion**	

Young person is supported to develop and keep friendships	Think about any out of school activities the young person does or would like to access and the time that the young person spends away from home/family that will support building friendships.	**Young person/parents/ carers**	
Use a variety of media to support a person-centred approach and the young person's participation	Ensure support for the needs of vulnerable pupils is included in PHSE programmes, for example with use of social media. Family supported to access information about support.	**SENCO/Head of Inclusion, young person, parents/carers**	
Young person is preparing for and finding employment and developing Independence	Start discussion at school – interests, favourite subjects, emerging aspirations about work in the future etc. Careers advice informs planning, identifies how the curriculum will provide opportunities to explore the world of work and explain how the school support work experience.	**SENCO/Head of Inclusion**	
Young person has best possible health and wellbeing	**Young people take on responsibility for their health needs, as much as possible and make informed choices and decisions. Make plans to be a healthy adult, for example diet, exercise and sexual health etc.** Co-ordinated health input is received. Young person, parents/carers make sure they are aware of their source(s) of health support and feel supported. Use Ready, Steady Go Tool. **Young people age 14+ with a learning disability are registered with their GP to receive a free Annual Health Check. This supports effective PfA planning and monitoring. Write a SMART action for this to be done at the PfA review. Easy read version is available here**	**Young people and parents/carers.** **Health professionals** **Parents/carers to organise with GP**	**NHS Annual Health Checks**

Year 10 (14/15)			
What should happen?	**How will it happen?**	**Who will do it?**	
EHCP annual review includes PfA	Identify and invite relevant professionals and people to be involved in the PfA review. Focus on PfA pathways, particularly post-16 options and choices.	**School/ education setting, Careers Advisers**	**SEND CoP 8.24 & 9.172**
Discussion and planning for post 16 further education	Use person - centred approaches to discuss the EHC Plan, implementation of the preparing for adulthood plan and progress towards PfA outcomes. Identify the post-16 options available and the support needed. Agree actions for visits to post-16 FE settings/open days.	**Careers Advisers**	**SEND CoP 8.23**
Identify additional support, if needed	Contact if needed, NELC Educational Psychology Service, the team are highly trained in child and adolescent development, research, assessment, interventions and learning. Following the PfA review, an annual review report must be produced and circulated within 2 weeks. Implementation of the EHCP is monitored, ensuring that actions are completed to enable young person to achieve their outcomes. Local authority decisions can be appealed - Tribunals and appeals.	**Educational Psychology Service**	
Young people who are likely to have health, care and support needs in adulthood are identified.	Attend the review (or send a report), provide the young person and parents/carers with information about personal health budgets, relevant adults' services, continue preparation for adulthood planning and signposting. **Identify young people with likely needs for NHS Continuing Healthcare (NHS CHC) and inform the Clinical Commissioning Group.**	**Health, social care, EHCP Co-ordinators and DCO and CCG**	**Nice guidelines NG43** **Quality standard 140**
Young people, parents/carers experience co-production, are prepared and satisfied their needs are being met and their outcomes are improving. **Early notification and planning.** **PfA key outcomes** **Young person is supported to develop and keep friendships**	Complete feedback on progress and give views on post-16 options being considered. If a decision has been made on the setting, consider inviting them to the PfA review to provide information on potential Post-16 Study Programmes Young people are prepared for the Year 10 PfA review in a way that is meaningful to them. Information is received and support should be provided. Young people and their parents/carers have early conversations, they understand the preparation for adulthood process and how to get early help to avoid a crisis. **Social care holistically supports the PfA outcomes.** Discuss what is important to the young person about friends/ social life in the future and how this might be achieved. Is young person going out with friends? Is this enough? Is more advice or support needed? Family is accessing the information or support they may need.	**Young people** **Parents/carers** **School or setting, health and social care services, Careers Adviser and EHCP Co-ordinator**	

Young person is preparing for and finding employment.	School support includes discussions about 'what can I offer', 'what I like doing', 'what support I need' and support to understand how to apply for a job/CVs/interviews. Think about Saturday Jobs and working in the holidays. School identifies how the curriculum will provide opportunities to explore the world of work and explain the school support to access work experience. Young people should explore their options for work experience and future employment so they can make an informed choice. Information about preparing for adulthood, autism and work experience.	**School or setting parents/carers/young person, children's social care, Careers Advisers.**	
Young person is participating in the local community and developing Independence.	Explanation is given on how to access to adult social care and this involves an assessment of individual needs and financial circumstances contact the focus single point of access (SPA) Tel: 01472 256256; so that they are aware that the young person may or may not be entitled to or require support once they are 18 years old. In these circumstances, an exit strategy, which includes promoting independence and wellbeing, signposting to targeted and universal services, will need to be implemented. Assessment is undertaken jointly by children's and adults' social care. Identify skills needed for independence e.g., travel training, money/ budgeting, domestic skills and plan next steps. Explore the wider curriculum opportunities that might be appropriate to develop identified independence skills.		**Charging-and-Financial-Assessment-for-Adult-Care-and-Support-Services**
Young person has best possible health and wellbeing **Plan transfer to adult secondary care services or refer back to primary care services depending on need.**	Young people with multiple and complex needs may need to start their joint appointments with adolescent or adults' health services from age 14. Appointments are arranged as appropriate to support the young person. When will the Health Action Plan, if required, be commenced? Identify the lead worker/health practitioner that will support with health needs through transition. Who is keeping the GP informed? Find out more about the Adult Learning Disability Team, for people with a learning disability, autism and/or complex needs, their families, carers and supporters improve and maintain their health and wellbeing.	**Health professionals** **Parents/carers/ young person**	

Year 11 (15/16)			
What should happen?	**How will it happen?**	**Who will do it?**	**Legislation, guidance and best practice**
Make decision on post-16 setting.	Parent and young person visit and make decision on Post 16 provision, referring to the Local Offer and Lincs2 website by 28th September.	**Young person, parents//carers**	
Post-16 placement named in EHC Plan by 31st March. Post-16 providers involved and plan provision.	Letters regarding transfer to post-16 Further Education are sent to all parents/carers by **13th September. Deadline for responses is 28th September.** After which post-16 settings are consulted for placements. Collated information on choices, numbers and needs is shared with the post-16 setting. EHC Plan and other relevant information shared with post-16 provider if leaving school.	**SENART**	
EHCP review includes PfA and consideration of the post-16 placement and the likely need for support from adult social care in adulthood (see below)	The PfA review is held in the **autumn term to allow time for preparation for adulthood planning and to discussion regarding the post-16 options and choices to ensure the post-16 placement is named in the EHCP by 31st March. Visits by young people, parents/carers to the likely settings and attendance at taster days are encouraged.** An EHCP annual review report, including **feedback**, **PfA progress** and outcomes must be produced and circulated. Monitor progress and actions outside the review.	**School or setting, Careers Advisers**	**SEND CoP 8.20, 8.23, 8.31, 832**
Careers advice is statutory.	Professionals attend the review (or send a report) to provide the young person and parents/carers with information on potential services and support, careers information, advice and is provided as relevant, to continue the personalised transition planning process. Careers Advisers offer to see all young people in year 11 (usually directly in schools) with EHCP's to provide impartial information, advice and guidance and support with applications for post 16 provision.	**Careers Advisers**	
Transfer from paediatricians to GP **School Nursing**	Arrangements are made to support the young person, where relevant and required, to transition from the paediatrician to the GP as the co-ordinator of healthcare. For young people who are actively working with the School Nurse, this will continue despite them leaving school. Once the work has been completed information will be shared with the young person, GP and education provider to inform future health needs, if applicable. The young person will also receive signposting information relevant to their health needs for future support if required.	**Paediatricians and GP** **DCO, complex health nurse, school nurse, social care,**	

Transfer if no long-term illness or health condition. **Non-Continuing Health Care - children to adult services** **Children's to adults' continuing health care pathway**	At 16 years of age – if no long-term illness/condition – child will move to an adult ward – the only time child will go to paediatrics is if no adult beds are available, then it is on a case-by-case basis. Young people with complex health needs not identified by the Children's Continuing Care team are referred for screening, have an NHS Checklist completed (Appendix 3). DCO checks EHCP review for health needs or complex health nurses raise young people in mainstream settings who have health needs and completes the check list. If young person has an EHCP invite adult CHC nurse to next review. DCO/Complex Health nurse advises young person and family of transition to adult services. DCO/Complex health nurse forwards completed check list to adult CC team by email or by task in systm1 - noting them as a transition case. Checklists are completed by children's social care, health services or EHCP Co-ordinators, jointly with adult social care when necessary. When a checklist has been completed, whether the outcome is positive or negative, it needs sending to the adult NHS CHC Team. Aged 16 years adult transition coordinator is contacted by complex health nurse/nurse in school and invites to EHCP review, to enable adult service to meet the young person and gain understanding of their needs. Latest CHC review forwarded to adult service.	**parents/carers and young person** **Complex health/school nurse, adult transition coordinator**	NHS continuing healthcare
Young people meeting the Transforming Care criteria are kept under review.	Young people presenting with high behaviour needs associated with a learning disability, autism or both should be considered for registration under the Care Programme Approach (CPA) and a CPA Care Co-ordinator identified. Young people meeting the Transforming Care criteria are kept under review by discussion at the SEND Case Panel.	**Community Mental Health Team and Early Intervention Teams, CPA Care Co-ordinator SEND Case Panel.**	**Building the right support national plan** NG 53
Early notification and planning.	**Safeguarding processes and Transition Assessments under the Care Act are integrated with SEND statutory requirements. Transition Assessments are undertaken as part of one of the EHC plan reviews and should inform a plan for the transition from children's to adults' social care and support.** All services, teams and partner agencies' PfA champion ensures that their own processes are able to identify a lead worker /health practitioner responsible for ensuring that **all referrals to adult services have been made by age 16 years and 3 months (see below). This needs reporting and recording to manager's/supervisors for inclusion in supervision notes and monitoring.** The young person's strengths, needs and complexity are fully identified to adult services.	**Children's and adults' social care, health and EHCP Co-ordinators**	**Care Act guidance 16.11, 16.36, 16.54**

	All young people professionals are working with have a point of reference for PfA and transition information advice and support. Adults' services are made aware of and involved in any decisions relating to high-cost packages of care arranged by children's services and/or education and health services that may continue into adulthood and are able to contribute to the decision-making process.	**SEND Case Panel**	
Referrals are made for transition assessments are completed and made to the single point of access (Focus adult social care, call 01472 256256) for children, children's carers and young carers where there is a likely need for care and support after the child turns 18. **PfA Planning embedded in Pathway Planning.**	**All services need to work together with families to ensure that no young person who may need adults' services is overlooked - including those young people without an EHCP.** **Children's health and social care identify young people within and out of the area including those in health/secure settings who may need support with PfA, transition planning or adults' services. This needs to include young people that have experienced trauma due to their health or being in care, they may need specialist emotional and psychological care to avoid them self-medicating or becoming mentally unwell in adult life.** **Young people are identified for whom a 'transition assessment' would be of 'significant benefit'. An action is set at the review to make a referral to adult social care within 3 months of the young person's 16th birthday, at the latest. This needs noting in the annual review report. See appendix 11 for more information.** **Prior to submitting a referral the lead worker/health practitioner considers the domains of the NHS CHC checklist (see above); consideration of the young person's mental capacity must be undertaken and evidenced by children's services.** Adult services **allocate a social work practitioner to co-work with children's social care. There is Increased involvement and information sharing between children's and adults' services.** Children's social care services inform adult services of any **potential safeguarding concerns** that will be relevant and/or ongoing when the young person reaches adulthood. Local authorities must provide independent advocacy for young people undergoing transition assessments, provided certain conditions are met. Adult social care informs the SEND Statutory Process Manager of the outcome of any transition assessment (Appendix 9). The Transition Forecast is updated and shared annually with an estimated cost of individual future support needs; to inform an overview of the transition funding pressures on adult services budgets. A Needs Assessment and Pathway Plan is undertaken and completed with the Personal Adviser by the time a Child Looked After **reaches 16 years and 3 months**. Pathway Planning is included in	**Children's and adults social care, parents/carers, school or setting, children's health and social care (Children's Assessment and Safeguarding Service, CDS, Children in Care and New Futures Teams, FOCUS, Navigo, Care Plus Group), parents/carers, young person**	**Care Act guidance 16.53** **SEND CoP 10.12 - 20** **Children Act 1989 Section 23 (amended by the Children (Leaving Care) Act 2000** **The Care Act Section 7, 39-41 and 67** **Care Act Guidance 16.12, 16.47, 19.25 -19.41**

	overall care and support outcomes identified in Transition Assessment. Children's social care services make the referrals to adult services via the Single Point of Access 01472 256256. Where relevant ensure the young person is aware of the Local Authority's 'Staying Put Policy'. Future support arrangements including where the young person intends to live are identified. Children placed out of the area are included in the transition process with a particular emphasis focused on returning young people aged 16+ to North East Lincolnshire. Contact the Student Bursary Support Service to ensure that vulnerable students' entitlements to the 16-19 Bursary Fund and any other awards have been made and all means of financial support are identified.		**16 - 19 bursary fund**
PfA key outcomes **Young person is supported to develop and keep friendships**	Feedback on progress and give views on options being considered. Our Local Offer for care leavers is here. If a decision has been made on the setting invite them to the PfA review to provide information on the **Post-16 Study Programme** and the **support to be provided**. Young people are prepared for the Year 11 PfA review, have choice and control in planning their care and support. Agree how to stay in touch after leaving school.	**Parents/carers/ young person** **Young person**	SEND CoP 10.12
Young person is preparing for and finding employment.	Young person receives National Insurance Number by age 15 and 9 months, if not received it should be applied for. Identify work experience, qualifications and find out about apprenticeships, traineeships and supported internships	**Young person**	
Young person is participating in the local community and developing independence.	Young people in North East Lincolnshire who have an EHC Plan or a medical/physical disability and are unable to travel independently may be considered for transport to get to college. See, Post-16 Transport Policy Think about contacting the Travel Trainers for support to travel independently to and from the education setting. Make timely contact with Housing Options Team if housing advice and assistance is required. Manage bills (e.g., mobile phone), budget and make decisions. Improve cooking skills. Consider a Life Skills Programme.	**Young person**	
Young person maintains health and wellbeing	Take responsibility for dental and optical appointments. Manages own health and stay physically active, where possible. Use Ready, Steady Go Tool, further alternative transitions information is here.	**Young person**	Nice guideline NG 43

Years 12 - 13 (age 17/18)			
What should happen?	**How will it happen?**	**Who will do it?**	**Legislation, guidance and best practice**
Evidence for Disabled Students Allowance is identified for young people going to university.	Applications for financial support are made to the Skills Funding Agency. A 'diagnostic assessment' from a psychologist or suitably qualified specialist teacher is needed. School or Post-16 setting prepares young person, parents/carers. Sends out the invitation to the PfA Review to relevant people, including Careers Advisers and Community Health Services.	**School or setting**	**Care Act 16.76 – 16.79** Care Act Easy Read
The EHC Plan, is reviewed and updated with the involvement of all parties.	A report is produced and circulated. Implementation of the EHC Plan is monitored, ensuring that actions are completed to enable young person to achieve their outcomes.	**School or setting**	
A decision is made on continuing education post-19.	The local authority uses the annual review process to consider whether special educational provision provided through an **EHC Plan** will need to continue to **enable young people** to progress towards their **agreed outcomes, prepare them for adulthood and help them meet their aspirations**. If the EHC Plan is ceasing an EXIT plan MUST be in place.	**Local Authority**	**Children and Families Act 2014, Section 45** **SEND CoP 9.199 – 9.210**
Careers Advisers support PfA	YPSS follow up all young people across years 12 and 13 in line with statutory duties in order to establish their current situation. Careers Advisers will attend post 16 Annual Reviews where there is a risk of disengagement, withdrawal or students are in their final year. Can also provide support to apply for University (Higher Education). YPSS NEET Practitioners caseload and offer mentoring support to any young person not in education, employment or training (NEET) with an EHCP between ages 16-25. NEET Practitioner link with SENART and SENDIASS.	**Careers Advisers** **NEET Advisors Practitioners**	**SEND CoP 8.72**
Early notification, planning and preparation	The Transition Forecast updated and shared annually. Outcomes of adult social care transition assessments are notified to children's social care, where involved and the SEND Statutory Process Manager. Young people meeting the Transforming Care criteria are kept under review. **Children's services allocated worker ensures the referral to adults' services is made** even if the young person is in receipt of Continuing Care. Children's services are responsible for making referrals to adult services, where necessary, for any young person known to their teams. Care leavers are allocated a Personal Adviser (PA) that supports them until they	**SENART, children's and adult social care (including Children in Care, New Futures, CDS, CASS and other social care teams), Personal Advisers**	**Care Act Section 55-66** **Section 17ZH Children Act duty of children's services to continue until adult needs assessment is completed.**

	are age 25. Personal Adviser ensures the care leaver is provided with the correct level of support they need. Where a young person has an EHCP the EHCP Co-ordinator will be responsible for **ensuring that the referral to adult services has been made** by the allocated children's services worker and recorded in the young person's EHCP. Children's services will refer to adult services where a care leaver has been identified as potentially having need for adult social care support, mindful of the legal duties applying to both children's and adult services. All joint funding/support arrangements for Care Leavers are in place with all Leaving Care grants and entitlements claimed. **Identify young people and young carers who are not already receiving children's services** - Where neither an allocated worker nor EHCP Co-ordinator are present the referral to the single point of access (SPA) should be made, after securing consent, by any professional that has identified the young person as being in need of care and support as an adult.		**Extending Personal Adviser support to all care leavers to age 25 section 8. SEND CoP 8.27** **The Care Act Statutory Guidance 16.18, 16.72, 16.22** **SEND CoP 8.39** **Children and Families Act 2014**
Children or young people in care are supported to access adults' services. Assessment is undertaken jointly by children's and adult social care	Attend the review (or send a report) and provide the young person and parents/carers with information about relevant adults' services, continue the preparation for adulthood planning process. Children's social care prepare young people, parents/carers and retain responsibility for all aspects of case management up to the age of 18, other than specific work which will be carried out by Adults' Services (Appendix 9).	**All involved**	
Young people with a need for mental health support will receive continued support.	Young Minds Matter (YMM) and adult mental health services (Navigo) meet regularly to discuss active YMM cases (17-year-olds) to plan for transition. Cases transfer at 18years old. Young people receiving support from YMM who require continued support from Adult Mental Health Services (Navigo) use timely transfer of care arrangements. The referring team retains responsibility for providing and coordinating care until the transfer is complete (Appendix 5).	**YMM, Early Intervention and Psychosis Team, Navigo and the Intensive Support Team**	
Safeguarding concerns are addressed	Adults' Services are informed of any potential safeguarding concerns that will be relevant and/or ongoing when the young person reaches adulthood, leaves education or returns to the local area. If there are current, safeguarding concerns consideration to be given to whether a referral under the Safeguarding Adults procedure is appropriate when the young person reaches age 18.	**Services take responsibility for safeguarding young adults aged 18**	**Care Act Guidance 16.75**

Transfer from paediatricians to GP **Children's continuing care (CC) and adults' continuing healthcare (CHC)** **Non CHC children's to adult services** **Eligibility for adult NHS Continuing Healthcare (CHC) should be decided**	Arrangements are made to support the young person, where relevant and required, to transition from the paediatrician to the GP as the co-ordinator of healthcare. Ensure that future health care needs are identified. "Even where a young person is not entitled to adult NHS Continuing Healthcare, they may have some health needs that fall within the responsibilities of the NHS… the focus should always be on the individual's desired outcomes and the support needed to achieve these." Adult CHC nurse coordinator gathers any further information, completes DST and forwards to CHC panel. Discusses outcome with young person and family, what support is available is it health funded, jointly funded, check referral to social care has been made. Decision made around needs, outcomes and funding by the time the young person reaches 17 years 6 months so that at 18 all is in place. Access to universal and specialist health services. At age 17 NHS CHC Decision Support Tool (DST) is completed, **decision in principle made by the CCG, so support package is in place by age 18**. A copy of relevant Support Plan with how needs will be met is submitted. Adult transition coordinator discusses with family and considers any potential changes in the package within adult services with the young person and their family, discusses case, package with adult CHC and ensures funding is in place. Any potential issues resolved. Review of package at 17 is forwarded to adult service. Transition to adult NHS CHC on 18th birthday with package designed and in place (Appendix 3). All current children's CHC are personal health budgets managed through a management company. It is anticipated where the young person and family wish it personal assistants employed for the young person will move with them	**Paediatricians and GP** **Adults' social care and children's CC and adult CHC Team** **Children's health services, CCG and partner agencies/services**	National Continuing Care Framework (Children) para 124 Care Act 16.80-16.83 Easy read NHS continuing health care
Referrals are made for transition assessment to the single point of access (SPA - Focus adult social care) (completed if a young person is likely to have	**Young people, carers, young carers who are likely to have care and support needs after turning age 18 should have been referred to the SPA at age 16 and 3 months. If not already actioned a referral is made as soon as possible.** **Prior to submitting a referral the lead worker/health practitioner will consider the domains of the NHS CHC checklist (see above); consideration of the young person's mental capacity must be undertaken and evidenced by children's**	**Parents/carers, involved professionals, children's services, adult health and social care services.**	**Care Act Guidance 1.21 - 1.23, 16.35 - 16.40, 16.67 – 16.69**

needs deemed eligible under the Care Act.	**services.** Specific reference is made to considerations of Deprivation of Liberty (DoL) i.e., when arrangements for care/ treatment amount to a DoL Housing needs at age 18 are considered with the young person and parents/carers and in line with the Mental Capacity Act (which applies from age 16). (See Page 11, appendix 5 and Sources of Further Information). **Adults' and children's services are integrated, where appropriate, and commissioned jointly. Where, from the referral it is uncertain whether the adult Learning Disability team or the adult Mental Health team is most suited a joint assessment will be undertaken.** **Five-day packages are considered, likely care and support when a child turns 18 is identified.** **Consideration given to carers' ability to transition with the young person and any prospective new carers that may be required. Ensure training and competency are completed and in place in readiness for transition.** Young people should receive advice and information about what can be done to meet or reduce the needs they are likely to have, as well as what they can do to stay well, and prevent or delay the development of future needs. information should be given about whether the young person, child's carer or young carer is likely to have eligible needs for care and support when they turn age 18. The decision is communicated in writing. Those found ineligible are signposted to other support services.		
Changes to support when the young person leaves education confirmed.	Where a young person's EHC Plan is ceased, adult social care is notified, a clear exit plan is needed. The adult Support Plan, where eligible, remains as the statutory plan for adult services' care and support.	**Adult Social Care and SENART**	SEND CoP 8.77 to 8.80, 9.199 to 9.210
Information, advice, guidance, support or signposting is provided to meet the young person's needs	Adult Social Care prioritise attendance at PfA reviews from Year 12 onwards for young people who are eligible (see appendix 9). Young people, parents and carers are informed 12 months before the young person's 18th birthday whether or not they will be eligible for support. Adult social care assumes financial responsibility for the young person's eligible needs on their 18th birthday. As per the Care Act, a later date can be agreed between children's and adult services for transfer. **Care and financial assessments are updated** as needed in light of the changed circumstances**.**	**Health including Community Health Services** **Careers Advisers**	NICE pathway - learning disabilities and behaviour that challenges

	Within Care Plus Group the Community Learning Disability Team (CLDT) for adults with learning disabilities (and behaviour that challenges) and their parent/carers; get to know the person they support and find out what they want from their lives, not just what they want from services. The Intensive Support Team (IST) and High Functioning Autism Service (HFAS) provide support for people aged 16+ who display autistic traits and experience significant difficulty interacting with the community and accessing local services. Particular priority is given to those who are isolated.	**Young people / Parents/carers adult health and social care services**	
Young person and parents or carers continue PfA and record PfA key outcomes **Young people are supported to keep friendships** **Prepare for and find employment, Independence and participate in the local community** **Maintain health and wellbeing**	Feedback on progress and give views on post-18 options being considered. Confirm they are accessing information and planning the support they need when the young person leaves education. Agree how to stay in touch after leaving college. Arrange days out, trips and joining different groups. Plan with Careers Advisers or Employability to spend progressively more time in work related learning. Consider Employment and Support Allowance. Young people and their parents or carers, find out about housing related information and advice so they can understand what support is available and what they need to do to access support, if needed. Young people and their parents or carers are consulted and involved in choosing where they want to live on reaching adulthood. Understand alcohol and drug abuse. Access healthcare independently. Young people with a learning disability are helped to stay well by talking about health at and attending an annual health check with their GP, if registered, this includes producing a health action plan for each person. Young people age 16+ that are registered with a GP can self-refer to Open Minds	**School or education setting, young people, parents or carers, Careers Adviser or EHCP Co-ordinator health and social care** **Housing** **Young people / parents or carers**	

Years 14 - 20 (age 19-25)			
What should happen?	**How will it happen?**	**Who will do it?**	**Legislation, guidance and best practice**
EHC plans are reviewed annually **Understand education up to the age of 25 years is not an entitlement, it is a recognition that a small number of young people with more complex needs will need longer to learn and to consolidate their learning (see sources of Information).**	All education, health and social care support in place is detailed in plans. All housing needs including any adaptations, moving and handling assessments are completed. All behavioural management plans, communication plans, care plans and risk assessments given to college and other service providers, where necessary and with consent. EHCP final review focuses on four key pathways and details how key PfA outcomes have been achieved. The EHCP must be monitored, ensuring that actions are completed to enable young person to achieve their outcomes. When the EHCP is expected to cease a clear leaving education plan details the actions needed to ensure the young person has the support they need to participate in the local community. Some young people may continue in education after Year 14, as they continue to progress towards employment, supported employment, further education or independent living in line with their aspirations and **outcomes**. The EHC Plan may continue, if agreed it is appropriate, when young person is accessing further education (mainstream or specialist), a training programme, a Supported Internship, Traineeship or Apprenticeship. The EHC Plan will cease if the young person moves on to higher education. Find out about grants/benefits that may be available (DSA, Student Finance Agency). Or if they are in paid work, volunteering or transitioned to social care services (without education). Careers Advisers plan and support with job applications, work experience, or further training as required.	**School, further education or setting** **School, further education or setting, adult health and social care services. parents/carers, young person, Careers Advisers, EHCP Co-ordinators,**	
Young person leaves education but then decides to return.	The local authority is asked to consider whether the previous EHC Plan can be reviewed. It is possible however that a young person will have to go through the full EHC needs assessment.		
Provision is reviewed six weeks after a young person's care transfers to adult services.	Adult social care review supported living and residential placements within six to eight weeks after a young person is placed in the setting or young person's care transfers to adult services. Other reviews would be carried out annually unless triggered by **a change in need, circumstances or a request for review**. Consideration will be given at each review to returning to NEL, for young people that are living out of the local area. Consideration is given	**Adult social care**	

	at all subsequent annual reviews to ensure that service provision is proportionate to presenting social care needs, promotes/delays the onset of further needs, promotes wellbeing and independence.		
Young people leaving care are monitored.	Young people supported by the New Futures team are reviewed under statutory arrangements. This will include using information on the Local Offer website.	**New FuturesTeam**	**Care Act Statutory Guidance 16.55**
Carers' needs are met.	Adult social care will ensure carers' needs are appropriately assessed under the Care Act carers' eligibility criteria. Services are provided as appropriate and reviewed. Up-to-date, impartial, accessible, accurate information is available to young people, parents and carers about the services provided by adult social care on the Local Offer website (see Sources of Information).	**Parents/carers supporting young person, adult social care**	**Care Act Statutory Guidance 16.55**
PfA key outcomes	Access mainstream activities and social setting (with or without support)	**Young person, parents/carers**	
Young people access support that leads to fulfilling life.	Access, when relevant, specialist social clubs and activities via voluntary sector and family support to help young person continue to develop social skills. Look at services4me and sayingitall	**Adult social care**	
Support young person to develop and keep friendships	Check the young person's social group is being maintained. Make sure they are able to remain in touch with friends and make arrangements for socialising Check if there is any additional advice or support required to develop or maintained friendships. The young person is developing skills to access local services, focusing on travel and communication. Adult social care participates in the assessments and reviews where attendance has been agreed.		
Young person is preparing for and finding employment	Post 16 providers' work with employment support providers to ensure young people with SEND have high quality support for work placements and internships. Employment options could include job share, job carving, micro enterprise or self-employment, or volunteering role with or without support. Young person may be accessing social care support if not in employment or to complement employment options. Check family has information about support they can access including Carer's Assessment to review needs. The Career Plan continues to be updated. Plan for the young person to spend progressively more time in job/ activity/further education that they are interested in. Continue to explore all	**Employability Services** **SENCO/Head of Inclusion**	

	possible options including supported employment, apprenticeships, work-based learning, and work-related learning at college, paid work, self-employment, and higher education.	**Parents/carers supporting young person**	
Developing Independence	Think about personal budgets and how these might be used to personalise a young person's support. Where a young person is unable to travel independently, consider support that might be necessary to develop their independent travel skills and/or assistance that might be available. Undertake an assessment under the Care Act and Mental Capacity Act 2005 (Re fer back to Page 11, Appendix 5 and Sources of Further Information) to ensure (where relevant) access to an advocate to support decision-making and young person's views and aspirations. The Care Act has made Safeguarding Adults a statutory duty that requires Local Authorities to ensure vulnerable adults are protected from abuse. Depending upon assessment under the Care Act (if eligible) the young person may: have support to live at home with their family or live independently, away from family home (and possibly receive housing benefit) in private rented property; or access Supported Living, if eligible. Carer's assessment includes whether they are willing to provide care. Statutory arrangements are in place for young people leaving care.	**Adult social care** **New FuturesTeam**	
Young person's well-being and health is as good as possible	Young people with additional needs and long-term conditions have an integrated SEN support or EHC plan that includes a health element beyond 19. Arrangements are in place for community health services to contribute to EHC plans. Feedback is obtained on the quality and impact of these arrangements. Focus on well-being and outcomes. Where the young person has the appearance of need for care and support, ensure they and parents/carers know how their care and support needs will be met. Young people with complex needs or behaviours that challenge have personalised post-19 packages that lead to full adult lives.	**Adults' health services** **Adults' health and social care services and other services or support involved**	
Young people, parents/carers experience co-production and receive information.	Young person, parent/ carers know how to support themselves and access healthcare. They may access healthcare independently, with support from specialist care and support settings and services or may attend annual GP Health Check (see previous sections).	**Adults' health and social care, other serviced involved.**	
Factual evidence is gathered key PfA outcomes are improved and being achieved.	The young person's destination on leaving education is notified to SENART in the final review report. The care package, where relevant is reviewed and evaluation of the transition experience completed.	**Education setting** **LA and CCG**	

Sources of Further Information

Useful information resources for young people in transition their families and professionals can be found here.

NEL Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS) 11 Dudley Street, GRIMSBY, North East Lincolnshire DN31 2AW Tel: (01472) 355365 Further information here.

Carers Support Service, 1 Town Hall Square, Grimsby DN31 1HY Tel: 01472 242277 further information here.

CONTACT – wide range of information and advice for families with disabled children is here. Free helpline 0808 808 3555

Safer NEL, safeguarding children partnership you will find information here Information on contextual safeguarding can be found here.

Further information on the overlaps of the legislation can be found in a Preparing for Adulthood Factsheet produced by the National Development Team for Inclusion/Council for Disabled Children (2014) PfA Factsheet: The Links Between The Children and Families Act 2014 and The Care Act 2014.

SEND Code of Practice 2015 can be found here.

Care and Support Statutory Guidance (Department of Health 2014) (Chapter 16) can be found here.

Accessible version of the Care Act can be found here.

Children and Families Act 2014 information can be found here.

Mental Capacity Act 2005 and supported decision making information can be found here.

NEL Local Offer preparing for adulthood pages contain further details about the **PFA pathway** for young people and their families and lots more can be found here.

Services4me further information here.

Careers guidance and access for education and training providers Statutory guidance for governing bodies, school leaders and school staff (Department for Education) January 2018. Further information here.

Good Careers Guidance – the Gatsby Benchmarks. Further information here.

Together for Short Lives is a UK wide charity that, together with their members, speaks out for all children and young people who are expected to have short lives. Further information here.

SEND: 19- to 25-year-olds' entitlement to EHC plans. Further information here.

Cloverleaf Advocacy deliver an integrated Voices Together Advocacy Service across North East Lincolnshire. Further information here.

Tel: 0303 303 0413. Text on 07860 021502 or FAX 0300 666 0125.

E-mailvoicestogether@cloverleaf-advocacy.co.uk

Appendix 1

Overview timeline for young people and families

Age 14 - Young people identified as needing support through the preparing for adulthood process and likely to have needs for support from adult health and social care services. children's health and care services will lead until age 18.

Education, Health and Care Plan 'preparing for adulthood reviews MUST focus on four key pathways.

Age 15 – Needs and support reviewed, wishes and feelings of young people and families inform robust transition planning. EHC Plan review includes recommendations for education, employment (where practical), financial support, health, housing, social and leisure opportunities.

Age 16 -17 – Review and discussions, planning and between children's and adult services and any other service or support involved. Mental Capacity Act and other **assessments and referrals** undertaken at the right time when of significant benefit to the young person.

Information should be given about whether the young person, their carer or a young carer is likely to have eligible needs for care and support when they turn 18. **Financial and other assessments finalised.**

Age 18 - Final plan agreed with young person and family in time to ensure smooth transition to adult services (where needed and eligible) and support. Adults' services lead from age 18. Transfer of responsibility for young person from their 18th birthday or as agreed, continue reviews with all involved in support.

Year 19-25 - EHCP will ease and the adult care or support plan will continue, where relevant and needed.

Appendix 2

Health transition planning for young people moving from children's to adult health services (the NICE Guidance 2020 has been used to create this page).

An overview:

Transition planning - Timing and review

For groups not covered by health, social care and education legislation, practitioners should start planning for adulthood from year 9 (age 13 or 14) at the latest (for young people with education, health and care plans, this must happen from year 9, as set out in the Children and Families Act 2014. For young people leaving care, this must happen from age 15-and-a-half). For young people entering the service close to the point of transfer, planning should start immediately.

Start transition planning early for young people in out-of-authority placements.

Ensure the transition planning is developmentally appropriate and takes into account each young person's capabilities, needs and hopes for the future. The point of transfer should:

- not be based on a rigid age threshold
- take place at a time of relative stability for the young person.

For help with implementation: getting started see the NICE guideline on transition from children's to adults' services for young people using health or social care services.

Hold an annual meeting to review transition planning, or more frequently if needed (for young people with a child in need plan, an education, health and care plan or a care and support plan, local authorities must carry out a review, as set out in the Children Act 1989, the Children and Families Act 2014 and the Care Act 2014). Share the outcome with all those involved in delivering care to the young person. This meeting should:

- involve all practitioners providing support to the young person and their family or carers, including the GP (this could be either in person or via teleconferencing or video)
- involve the young person and their family or carers
- inform a transition plan that is linked to other plans the young person has in respect of their care and support.

Quality statement

Young people who will move from children's to adults' services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children's services after school year 9.

Sources of further information

The Green Light Toolkit

Is a guide to auditing and improving mental health services so they are effective in supporting people with autism and people with learning disabilities.

From the pond into the sea CQC transitions report

Preparing for adulthood self-evaluation toolkit

Is designed to support professionals from across education, health and social care, and in both children's and adults' services, to ensure young people and their families are able to prepare effectively for adulthood. Each version is made up of a list of key themes for each audience and considers what should be happening in local areas. Professionals can use the self-evaluation tool to understand what is working well and where things might need to improve.

Appendix 3

North East Lincolnshire CCG NHS Continuing Healthcare and Preparation for Adulthood Planning Process

AGE 14 – IDENTIFY

Children's Continuing Health Care (CHC) Team identify young people who are currently eligible for Children's CHC and/or likely to be eligible for adult CHC this is undertaken by joint annual review between Children's and Adult CHC Senior/Specialist Nurses.

Following this annual review relevant young people are added to the Adult Systmone CHC module with a front page note on their status and to be referred directly to adult CHC at transition/screening stage.

The Special Educational Needs Assessment and Review Team (SENART) are notified of the review outcome. This information is used to update the Transition Forecast.

NB Some young people will not be required to have an NHS Checklist or Decision Support Tool (DST) completed until after their 18 birthdays due to the nature of their needs. Adult CHC will take automatic funding responsibility, if necessary, these young people will have an adult CHC assessment later or be fast tracked.

AGE 16 – SCREEN - NHS Checklist

Young people not identified by the Children's CHC team need screening via Children's Social Care or EHCP Co-ordinator by completing an NHS Checklist where relevant at age 16.

The A3 Team will triage transition referrals to adult social care and will only complete Care Act (Transition) Assessment if they consider the child does not meet DoH threshold for proceeding to a DST.

If not, triage to request checklist from children's social care services before they will progress a referral any further.

If a checklist has been completed, either positive or negative, it needs sending to the adult NHS CHC Team (nelccg.chc@nhs.net). An adult social work practitioner still needs allocating to work jointly with colleagues in health, where eligible.

The adult NHS CHC Team will send an acknowledgement e-mail when they receive the paperwork. It this is not received by the referrer within 7 days, they will make a follow up telephone call to seek confirmation.

AGE 17 – DECIDE - NHS Decision Support Tool (DST)

At age 17 eligibility for adult CHC should be decided in principle by relevant CCG. A copy of relevant Support Plan with how needs will be met should also be submitted.

Where needs may change, it may be appropriate to make a provisional decision and re-check two months prior to 18th birthday, DST and Support Plan to be updated and re-submitted.

At this point, a decision will be made about whether health or social care will take the lead.

NB as identified above some young people will be notified of a decision in principle prior to completion of a DST and prior to their 17th birthday.

AGE 18 – COMMISSION

An effective package of care is commissioned in time for the young person's 18th birthday.

NHS CHC will manage any cases that are fully funded however, may still require some assistance from adult social care for putting data on ContrOCC or assisting with needs, which remain within LA responsibility, e.g., accommodation, carer's services etc.

AFTER AGE 18 – REVIEW

Reviews will take place in line with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

For those young people who did not have a DST then the first review should include the four key indicators.

Key documents:

Children and young people's continuing care national framework

National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care

This is a link to the NHS CHC checklist

This is an easy read version What is NHS Continuing Healthcare? An easy read guide for people with learning disabilities

Appendix 4

The Framework for the Assessment of Children in Need and their Families (2000)

This Framework provides guidance for professionals who may be involved in undertaking assessments of children in need under the Children Act 1989. It is statutory guidance, which means that it should be complied with unless local circumstances indicate exceptional circumstances which justify a variation. The Framework introduces the approach of considering a child's needs in relation to three inter-related domains:

- The child's developmental needs (including health; emotional and social development; behavioural development; family and social relationships; self-care skills and independence; and learning)
- Parenting capacity (basic care, ensuring safety and protection; emotional warmth and stability; guidance, boundaries and stimulation)
- Family and environmental factors (family history and functioning; wider family; housing, employment and financial considerations; social and community factors and resources).

A social care assessment for a child/young person with a disability under the age of 18 can take up to 35 days to complete dependant on the needs of the child/young person and family.

Early Help Assessment

Early Help is the response made when a professional identifies needs with a child/family and seeks advice from another agency in order to meet those needs. At this level of need an Early Help Assessment will be completed with the child and family to identify needs and agree desired outcomes. The completion of the assessment will indicate the response from different agencies, identify a lead professional/co-ordinator and set a date for a meeting with the family, in order to confirm the plan and work to achieve the desired and agreed outcomes.

Early Help should always seek to manage risks; those risks should be reviewed, as appropriate to "step up" to statutory services.

Partners will work with statutory provision to deliver Early Help services to meet the needs of children, young people, and their families leaving statutory services and supporting them back into universal services.

Effective "step up" and "step down" processes are focused on co-ordinated, joined up working and transition of support across the levels of need, rather than based on "referrals" and "case closure".

Appendix 5

Mental Capacity Act 2005

The **Mental Capacity Act i**s a fundamental part of social work practice, individuals who lack capacity have decisions made in their Best Interest not by their parents/carers.

The Mental Capacity Act 2005 applies to everyone aged 16 or over, so parents of a young person with a disability or condition which may affect a person's capacity (such as a learning disability), should have relevant information and understand the Mental Capacity Act's potential implications for themselves and their son or daughter.

Mental capacity is the ability to make decisions. This could be fairly small decisions like what we eat or the clothes we wear, or could be much bigger decisions, for example where we live and who we live with.

Capacity is based on a single decision at a single time, so some people may have fluctuating capacity, meaning they can make a decision one day and not the next depending on their wellbeing. The Mental Capacity Act 2005 sets out what should happen when people are unable to make one or more decisions for themselves. It clarifies the roles that different people play in decision-making, including family carers, and establishes a Court of Protection which acts as the ultimate arbiter about mental capacity issues.

The parents of a young person who is unable to make a decision are likely to be involved in:

- Supporting them to make a decision.
- Supporting during an assessment of their mental capacity
- Making a decision or acting on their behalf
- Being consulted when someone else makes a decision or acts on behalf of
- their young person
- Challenging a decision made on a relative's behalf.

Parents and professionals must always support a young person to be involved as a much as possible in a decision made on their behalf, even if they do not have the capacity to make it themselves.

<u>The principles that must be followed are:</u>

Principle 1: 'A person must be assumed to have capacity unless it is established that he lacks capacity.' (section1 (2))

Principle 2: 'A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.' (section1 (3))

Principle 3: 'A person is not to be treated as unable to make a decision merely because he makes an unwise decision.' (Section 1(4))

Principle 4: 'An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.' (Section 1(5))

Principle 5: 'Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.' (Section 1(6))

The above information is extracted from The Preparing for Adulthood Factsheet The Mental Capacity Act 2005 and Supported Decision Making available here.

You can download the local MCA policy (which comprises our capacity assessment, best interests determination and other tools) by clicking here North East Lincolnshire MCA Policy.

Appendix 6

Consent and Deprivation of Liberty

Consent

- Consent
- Absent without Consent
- Appropriate Consent
- Informed Consent
- Parental Consent to Adoptive Placement

The above information is extracted from here.

Deprivation of Liberty

This resource below has been created:

> *"in response to recent case law that provides guidance as to when 16 and 17 year olds ('young people') are to be considered to be deprived of their liberty and, in particular, the limits of the decision-making role of people with parental responsibility.*
>
> *A deprivation of liberty could occur in any setting – including a hospital, a residential placement, an educational facility or the young person's own home. The general principles set out in this Practice Guidance apply across the board. In the context of educational facilities, they must be read in conjunction with relevant statutory provisions and guidance relating to restraint and discipline."*
>
> Deprivation of liberty and 16-17-year-olds - Research in Practice March 2020

Appendix 7

Key considerations under Keep on Caring - Supporting Young People from Care to Independence (July 2016)

This strategy calls for a revolution in the way that we think about supporting young people leaving care. It asks local and central government to drive forward better and more effective ways to improve the support provided as 'genuine' corporate parents, using the support that we expect a reasonable parent to provide for their child as the benchmark for how they should approach their role. It appeals to local communities and wider society to better support care leavers, through engagement with the 'care leaver covenant' launched in 2016 by setting out what their offer to care leavers is.

The 5 key outcomes:

Outcome 1: Better prepared and supported to live independently.
- Corporate Parenting Principles
- Care Leaver Covenant
- Care Leaver Local Offer
- Extending support from a Personal Adviser to all care leavers to age 25

Outcome 2: Improved access to education, training and employment
- Work-based Learning
- Further Education
- Higher Education
- Employment

Outcome 3: Experiencing stability and feeling safe and secure.
- A safe and stable place to live
- Staying Put
- Staying Close
- Preventing homelessness
- Keeping care leavers safe from harm
- Supporting care leavers in the criminal justice system
- Supporting refugee and other foreign national care leavers

Outcome 4: Improved Access to Health Support
- Mental Health
- Wider health issues

Outcome 5: Achieving Financial Stability
- Financial Support
- Housing Costs
- Advice and guidance

Appendix 8

Young Minds Matter (YMM, formerly CAMHS) and NAViGO

The aim is to ensure smooth transitions for young people (with learning disabilities, that are looked after and have general mental health needs), whether or not this is to another mental health service.

Some routes of transition are clear:

- If open to the Learning Disability service, the young person can be transitioned to the Intensive Support Team (IST) for adults (from age 17 ½)
- If mild to moderate mental health presentation then Young Minds Matter can refer to Open Minds with Navigo (from 16)
- If moderate to severe then YMM can refer to the Early Intervention in Psychosis and Transitions Team with Navigo (from 17 ½). This particular transition should be under the process of the Care Programme Approach as per policy.

If a young person needs to transition from core or crisis YMM then we follow the usual routes of Open Minds or linking with the Early Intervention in Psychosis and Transitions Team within NAVIGO. These services meet regularly to keep abreast of transitions.

Children and young people have developed a 'well-being personalised passport' which has replaced formal care plans. Children and young people are fully involved in planning care, setting outcomes and measuring progress. Since the introduction of these passports, the proportion of children and young people who do not attend an appointment with Young Minds Matter has reduced significantly.

NAViGO Pre and Post 18

Mental Health is an enormously important aspect of a person's life and impacts on our lives in every way imaginable. Our experiences play a significant part in developing us as people. This is never truer than when we are younger. It forms our personalities and determines how we approach and deal with everything. It is therefore incredibly important to ensure that young people get the best care provision possible. Turning 18 can be a difficult time for any young person and their family but when a mental health issue is part of this situation, it becomes even more important that services are understanding, responsive and flexible to the young person's needs.

The role of the Early Intervention in Psychosis and Transitions Service will be to support the young person and their family through the transition between care teams. This is designed to lessen the emotional impact on the young person and their family in order to reduce the stress and uncertainty during this time. This is mainly achieved through ensuring that the differences between children's' and adults' services are understood and that the young person is heard and listened to. In addition parents are

supported to ensure they are aware of and supported with their changing responsibilities.

The role of transition is to ensure seamless transfer by allowing YMM and the relevant adult service to concentrate on the day-to-day care needs of the young person and their family. The Joint protocol between YMM and NAViGO is in place to ensure continuity of care pathway and a joined-up approach to transition.

This transitions service is limited to those young people whose care is transferring from YMM to NAViGO however the service will support education and other services with the transitioning young person to ensure a whole system approach to care and to maximise outcomes for the young person.

Once the transfer from YMM has taken place, care of the young person and their family will be organised in line with NAViGO Policy. The Early Intervention in Psychosis and Transitions Service will continue to be involved as needed post 18 to support engagement of the young person and ensure continued support in becoming an adult and navigating adult services. The length of involvement is dependent on service user needs but this is normally no longer than six months. Following the transition period the young person will receive interventions, care and treatments as per their relevant care pathway under the supervision of a Care Coordinator and where appropriate a Consultant Psychiatrist. An example of some of the services involved within NAViGO are:

- Open Minds – Mild to Moderate Common Mental Health Issues
- Community Mental Health Teams – More severe Mental Health Issues
- ADHD and Autism Service – Diagnosis and treatment of ADHD and Autism
- Perinatal Mental Health – mental health support during pregnancy
- Early Intervention in Psychosis – First Episode Psychosis and those at risk of developing psychosis
- Rharian Fields - Eating Disorders Service

Young Minds Matter Freshney Green, Sorrel Road, Grimsby, South Humberside, DN34 4GB 01472 626100 Young Minds Matter

Navigo 01472 583000 information here Navigo

Early Intervention in Psychosis and Transitions Team Tel (01472 806800) information here early-intervention-in-psychosis and transitions team

Open Minds Tel: (01472) 625100 information here open-minds

Appendix 9

Identifying the need to carry out a Transition Assessment.

The Care Act says that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

The differing approaches of children's and adults' services must be clearly explained, including Mental Capacity Act assessments, Financial Assessment, and personal budgets. Decisions on resources need to be made early to avoid unnecessary anxiety and stress caused by the unknown. Education, Health and Care Plans need to focus on strengths and what is possible, support the achievement of outcomes and progression towards aspirations.

The term 'transition assessment' describes 3 different types of assessments, the Child's Needs Assessment, Young Carer Needs Assessment, and the Child's Carer Need Assessment. The type of transition assessment that must be completed depends on who needs the assessment.

If the young person has an EHC Plan in place, and they receive adult social care provision, their Care and Support plan must form the basis of the care provision in their EHC Plan (H2). Adult social care will clearly identify (mark out separately from the rest of their care and support needs) the care and support elements and provision which relate to the young person's Special Educational Needs.

Financial Assessment

If a young person qualifies for support for their care needs to be met adult social care will conduct a financial assessment to decide whether or not the young person has enough money to pay towards their support. How much they may need to contribute depends on how much money they have coming in each week compared to what their outgoings are. The amount of savings will also be considered.

Before a young person, who was previously supported by children's services, reaches their 18th birthday a transition assessment must have taken place. **When no transition assessment has occurred and adult care and support is not in place, North East Lincolnshire Council must continue to provide services.**

Services must continue until an assessment has taken place, regardless of whether the young person is eligible for adult care and support.

Both services need to work together and any decisions to continue children's services after the young person becomes 18 will require agreement between children's and adult services.

Transition planning and assessments

Both the Children's and Families Act 2014 and Care Act put specific emphasis on preparing young people for adulthood and having a transition process that is timely, appropriate and proportionate to the complexity of the person needs. The process must establish the following:

- current needs and how they impact on wellbeing.
- whether the young person is likely to have eligible needs
- for young people who have needs that are not eligible how their needs can be met
- the outcomes the young person wishes to achieve.

Care Act 2014 and eligibility for adult social care services

The framework for eligibility for adult social care services provided by local authorities is set out in The Care Act Regulations 2014. This sets out a national eligibility threshold which is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how these impacts on their wellbeing. Local authorities must determine whether:

1. **The adult's needs arise from or are related to a physical or mental impairment or illness**. The first condition is that the adult has a condition as a result of either physical, mental, sensory, learning, cognitive disabilities or illnesses, substance misuse or brain injury. This judgement is based on the assessment of the adult and a formal diagnosis of the condition should not be required.

2. **As a result of the adults needs, the adult is unable to achieve two or more of the outcomes set out in the eligibility regulations** which can be found here:

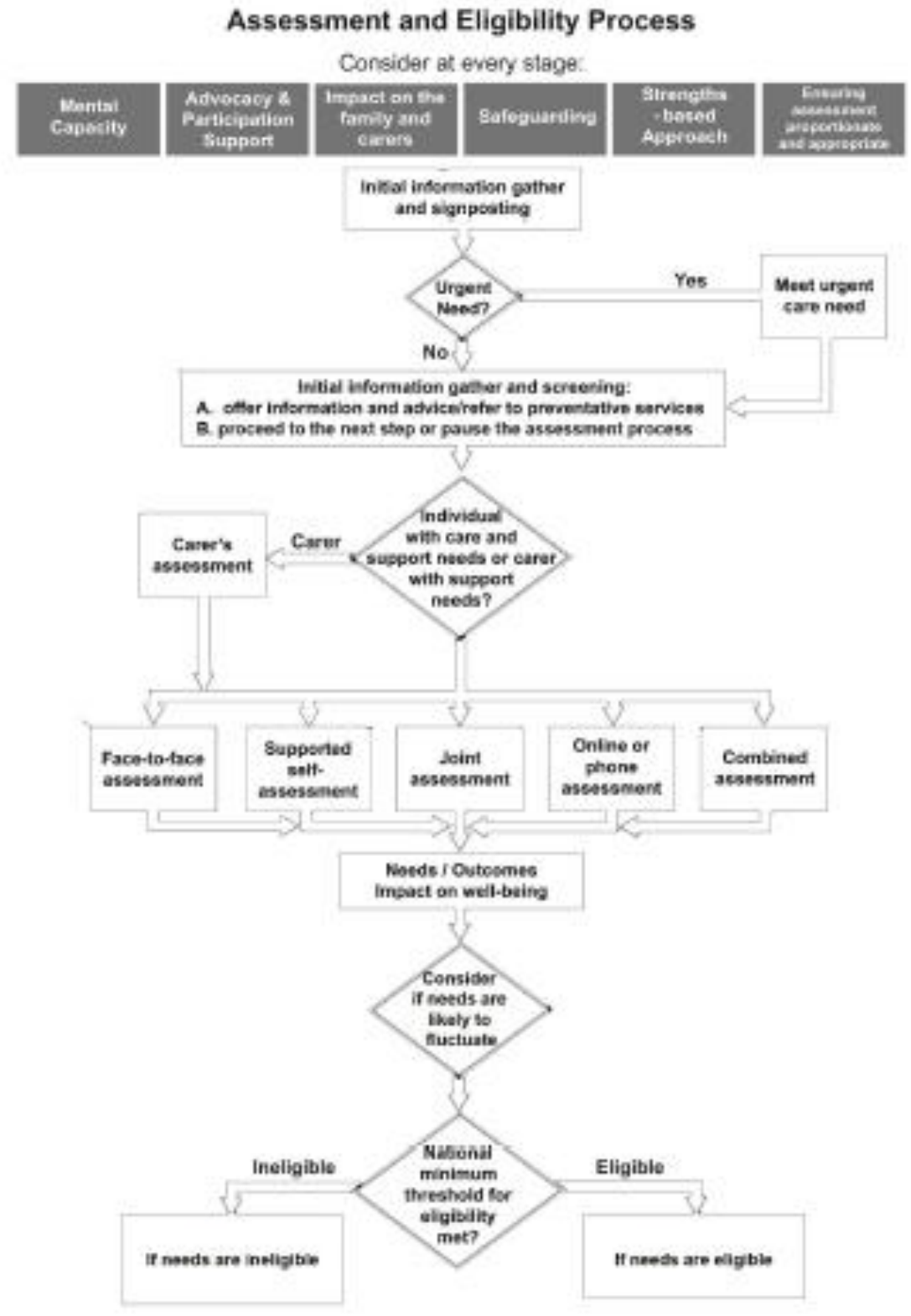
3. **As a consequence of being unable to achieve two or more of these outcomes there is, or there is likely to be a significant impact on the adult's wellbeing**

It is important to note that an adult's needs are only eligible when they meet all 3 of the above conditions.

The local authority must determine how the adult's inability to achieve the outcomes above impacts on their wellbeing. The local authority does not need to consider the impact individually but should consider whether the cumulative effect of being unable to achieve those outcomes is one of "significant impact on wellbeing".

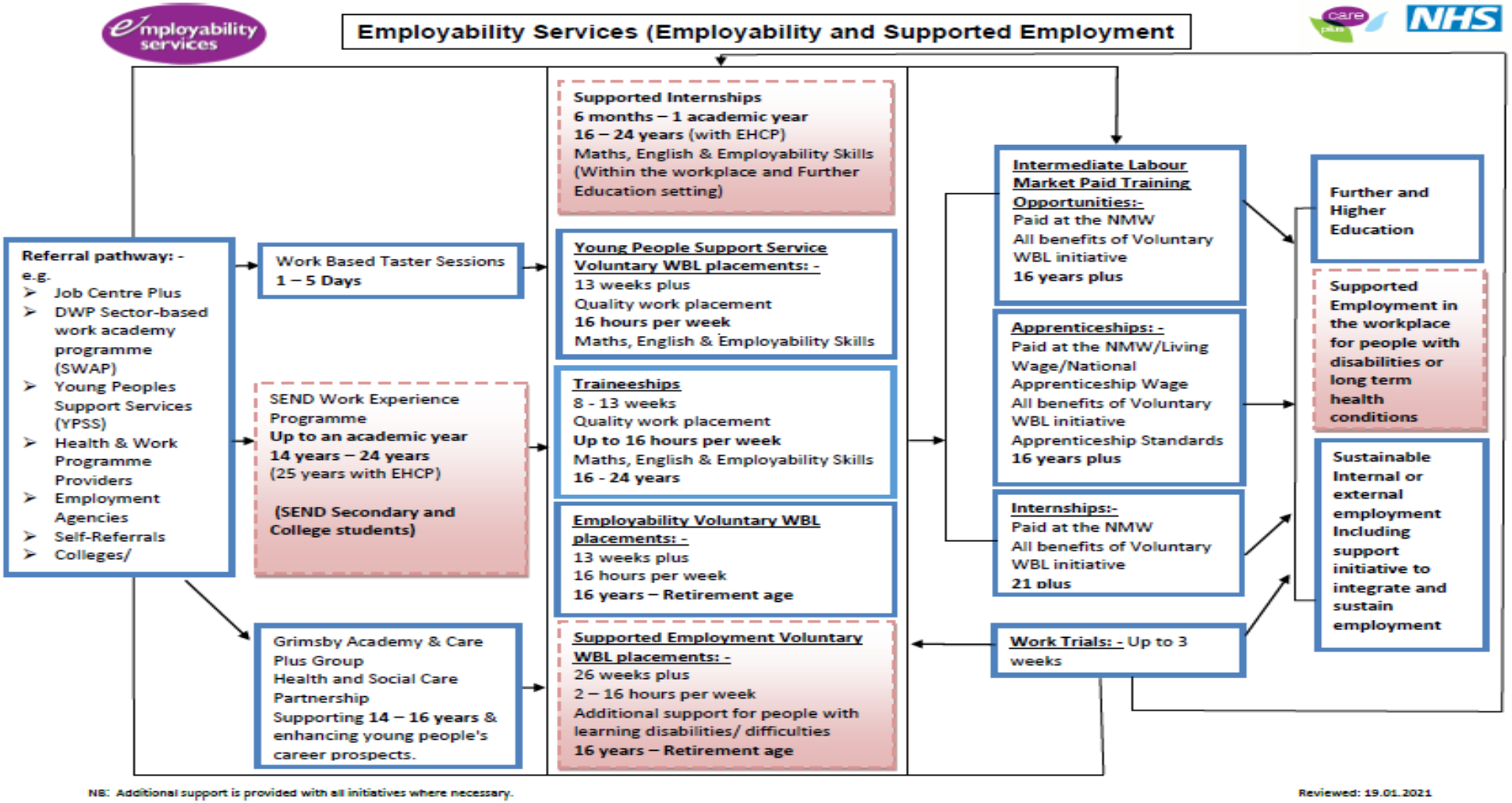
Whether or not the local authority decides that an adult with care and support needs or a carer with support needs has eligible needs, it must inform the individual of its eligibility determination and the reasons for it. It must also provide the individual with a written record of the determination and reasoning.
Further information here.

Adult social care assessment and eligibility process map



Appendix 10

Employability Services Pathway



Employability Services supports people across North East Lincolnshire aged 14 years up to retirement, developing their employability skills and supporting them on a pathway to sustainable employment.

Employability Service promotes social inclusion and understands the difficulties people face in finding suitable work due to lack of experience, skills, opportunity or other barriers such as a disability. The service provides a person-centred approach offering support to break down any barriers to employment.

For more information see **Employability Services**

Support to find employment after leaving school or college

Disability Employment Advisers (DEA) can advise you on job seeking, training and new skills, and government schemes. They can also tell you about disability-friendly employers in your area.

Contact Jobcentre Plus and ask to speak to a Disability Employment Adviser.

They can also advise you about claiming Department for Work and Pensions (DWP) benefits such as Universal Credit; Jobseekers Allowance; Employment Support Allowance and Personal Independent Payment.

Services include:

- An employment assessment to identify what type of work or training suits you best.
- A referral, where appropriate, to a Pathways to Work personal adviser.
- Referral to a Work Psychologist for specialist assessment.
- Practical advice regarding adjustments or support at work.
- Advice regarding employers' obligations under the Equality Act 2010

Programmes, training, grants and specialist support

Your DEA can tell you about programmes and grants to help you back into work. These include:

-
- Access to Work – provides practical and financial support to you and employers. If you need communication support, such as an interpreter at an interview, or money to pay for things like specialist equipment and services to help you start and stay in work.
- If you want to improve your existing skills or develop new ones

You might be able to enrol in:

- An apprenticeship scheme – where you can get a qualification alongside practical experience and on-the-job training.
- Find out more about apprenticeship schemes on the Apprenticeships website
- Find out more about work and disabled people on the GOV.UK website

The DEAs have good links with the YPSS Careers Advisers and Employability. Services. Ask your Adviser about referral arrangements or call in and make an appointment.

Appendix 11

Key performance measures

We will work together to achieve the best outcomes for young people by regularly examining and reporting on the following information.

1. Percentage of young people who attend their preparing for adulthood review meetings.

2. Percentage of vulnerable young people 14 – 18 receiving an annual health check.

3. Percentage of NHS Continuing Health Care Checklists completed

4. Percentage of referrals to adults' services 3 months either side of the 16th birthday

5. Number of Care Act (Transition) assessments completed and where relevant an indicative budget is provided.

6. Number of young people aged 14 -17 years who have a Personal Budget.

7. Feedback from young people and parents about their preparation, participation and satisfaction (information, consultation, co-ordination, timeliness of assessments and decisions) with the person/family centred planning and review process and PfA outcomes achieved.

8. Percentage of teams or agencies with Preparing for Adulthood Champions.

9. Young people's needs, profiles and costs are collated and shared to inform forecasting, identify potential gaps in provision and future planning and strategic commissioning.

10. Percentage of Year 11, 13 or 14 Annual Reviews held in the Autumn Term.

11. Percentage of young people with an EHCP not in education, employment or training (NEET).

12. Number of supported internships.

13. Number of young people and adults (14 – 25) with a disability supported by Employability Services.

Appendix 12

The people, agencies and groups involved

To be effective this preparing for adulthood protocol requires the full participation and support of young people, their parents or carers and the professionals involved from North East Lincolnshire Council and North East Lincolnshire Clinical Commissioning Group within children's and adults' education, health and social care services at strategic, management and operational levels within North East Lincolnshire.

In addition to the above the following people and groups have co-designed, been consulted and/or contributed to this document.

NELPPF

SENDIASS

Carers' Group

Adult Autism Board

Charitable Groups - VANEL, NSPCC

NEL Tri Board ((Safeguarding Children's Partnership, Safeguarding Adults Board, Safer and Stronger Communities)

Place Board

Portfolio holders

Preparing for Adulthood working group

Secondary Heads

Secondary schools and post-16 settings in North East Lincolnshire

SEND Executive Board and post-16 SEND workstream

Services – Community Learning Disability Team, Intensive Support Team, Navigo and the Early Intervention Team.

Union Board

This protocol aligns with North East Lincolnshire Council's Outcomes Framework and the vision of North East Lincolnshire as a place, working collaboratively to build stronger communities and a stronger economy for the benefit of all local residents.

The Council's five strategic priorities and associated success indicators are detailed below.

We welcome comments on any aspect of this protocol.

It is available in a variety of formats on our Local Offer website. This is where you will find the latest version.

If you think any part of this document unclear, we have missed something out or got something wrong please do let us know.

Young people and families - if you would like to provide feedback on your preparation for adulthood, the support provided, the outcomes you have achieved we would be very pleased to hear from you.

Please email all comments and feedback to sen@nelincs.gov.uk

Thank you.

This document will be reviewed annually from the date of signature.