



Cumbria Transition Protocol

A multi-agency transition protocol for young people with special educational needs and disabilities, young people with care needs (including their carers) and young carers

November 2018

Cumbria Transition Protocol has been jointly written by:



Document Control Sheet

Title:	Transition Protocol – a document jointly written in collaboration to agree transition paths for young people with special educational needs and disabilities and young people with care needs,(including their carers) and young carers
Purpose:	The aim of this protocol is to set out the processes and responsibilities for managing the transition of young people with special educational needs and disabilities preparing for and moving into adulthood to ensure that there is no gap in services upon reaching the age of 18.
Target audience:	All professionals, families engaged in supporting young people with special educational needs and disabilities, young people with care needs, their carers and young carers
Revision Date:	This protocol is a live document and will be updated as and when statutory or organisation responsibilities change, but as a minimum on the anniversary of the protocol being signed off.

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Introduction

This booklet provides information to young people, parents and carers and professionals in Cumbria who care for or work with a child with special educational needs and disabilities and those with social care needs. If you or your child already has, or will be applying for, an Education, Health and Care (EHC) Plan, transition will be discussed during the annual reviews of this plan.

This booklet is an introduction to the help that may be available around transition from Year 8 onwards. We hope that with the help of this booklet you will be able to understand who, from education, health and social care should be involved and who can help best prepare you or your child through each stage of transition.

We know that the transition period can be a confusing and anxious time for young people and their parents or carers. We hope that the information within this document will help you to understand where you can obtain further support and advice.

Information can also be accessed via Cumbria's Local Offer website:

<http://localoffer.cumbria.gov.uk/kb5/cumbria/fsd/home.page>

Definition of disability

The Equalities Act 2010 defines a disability as being a physical or mental impairment that has a substantial and long term negative effect on a person's ability to do normal daily activities. Having a disability does not automatically mean that this protocol will apply. Some young people with a disability will be able to make a successful transition by accessing universal support services.

What is transition?

During a young person's last few years at school they will be encouraged to begin to think about future options.

The process leading up to a young person's move from school into adult life is called transition. It is essential that the voice of the young person and their family is heard and they are at the centre of planning for their future.

Local Authorities (Cumbria County Council) must carry out an assessment (Care Act 2014) when there is *significant benefit* to the young person or carer in doing so, and if they are likely to have care and support needs after turning 18.

For the young person, this is sometimes referred to as the Transition assessment, which should take place at a time when it is most appropriate for the young person.

Transition Social Workers work with young people from age 14 and potentially through to 25 years of age. The Transition process applies to all young people with additional needs and not just those with a learning disability or autism.

They work with young Cumbrians:-

- who may require advice and information relating to social care needs
- who have significant disabilities and complex support needs
- who need support to move into adulthood
- who are eligible for adult social care support

Following completion of the assessment under the Care Act, information should be given about whether the young person, their Carer or young Carer is likely to have eligible needs for care and support when they turn 18.

Legal and Policy Context

There are a range of statutes and policy documents that relate to transition for young people. The key legislation and policies are listed below and detailed in appendix 1:-

- Children and Families Act 2014 sections 6 and 28 and regulations
- Special educational needs and disability (SEND) code of practice: 0 to 25 years (July 2014)
- The Care Act 2014 and eligibility for adult social care
- Mental Capacity Act 2005
- Mental Health Act 1983
- Children Act 1989
- Education Act 1996
- Education and Skills Act 2008
- Children (Leaving Care) Act 2000
- The Framework for the Assessment of Children in Need and their Families (2000)
- Early Help Assessment
- Safeguarding for children and adults
- National Service Framework for Children

Guiding principles for transition planning for young people with special educational needs and disability

Above all, our aim for transition planning is to achieve the best possible outcome for each young person and to maximise their independence, choice and control equitably across the county within available resources.

We are committed to working collaboratively in order to overcome obstacles and to pursue new, joint ways of working in order to achieve this aim.

Values

- We will ensure that every young person has the opportunity to make informed choices and exercise control over their life.
- All those working with young people in transition will promote independence, rights, choice and inclusion for the young person.

Partnership

- Everyone involved in transition planning will work in partnership to ensure positive outcomes for each young person.
- Partner organisations have a joint responsibility to ensure an appropriate co-ordinated response to the needs of the young person, whether through provision of direct support or through advice and guidance.
- Professionals should understand their role and those of others involved.
- Good communication is vital to ensure an open and balanced approach.

Person-centred approach

- Transition planning is key for the young person's future and their needs and aspirations are central to the process
- All young people should be involved in drawing up their Transition Plan in partnership with the key people in their life to ensure their plan is meaningful to them.
- Young people will always be given the opportunity to be present at their Transition Review.
- Young people with significant communication difficulties will be supported to express their own views and to participate as fully as possible in the transition planning process.
- The aim of transition planning is to achieve the best possible outcomes for young people.
- We will monitor our success in improving outcomes defined in EHCPs. We will listen to young people to learn from their experiences and those of their families.

Lead professional and the Team around the Young Person

- An identified person will act as the main point of contact or lead professional for young people and their families.

- The lead professional will be an education, health or social care professional depending on the needs of the young person.
- The lead professional is responsible for:
 - Keeping the young person and their family informed
 - Ensuring good communication between professionals, in particular the lead health professional for 'Ready, steady, go' process
 - Ensuring that this Transition Protocol is followed.
 - Ensuring delivery of the outcomes in the Transition Plan.
- The Team around the Young Person will involve all practitioners offering support to a young person and their family. Each member of the Team will take responsibility for:
 - accepting the lead role if appropriate
 - keeping the lead professional up to date with developments
 - remaining accessible and involved until no further action is needed and ensuring adequate handover in cases where they vacate their professional position.
 - taking responsibility for elements of the Transition Plan.

Working with the family

- The focus of the Transition Plan is on the young person's needs and desired outcomes.
- It is important that those involved in transition planning work in partnership with families and carers.
- The needs of family members and carers should be acknowledged and parents and carers offered a carer's assessment to identify and address their own needs.

Information sharing

- Young people and their families will always be asked for their consent to the sharing of information. Services and professionals will comply with current legislation with regard to the sharing of information
- Wherever possible, we will not require young people and their families to provide the same basic information more than once for assessment and monitoring purposes.
- Services and professionals will have arrangements in place to facilitate sharing of information.
- Information sharing arrangements will take full account of data protection requirements and respect the individual's right to confidentiality, but will facilitate provision of a co-ordinated, multi-agency service to the young person and their family.

- It is important that all relevant information is shared appropriately to inform transition planning.

Information, advice and guidance

- The Local authority will provide accessible information to young people and their families, including information on:
 - The role of different agencies
 - Team members and their contact details
 - How to access advocacy services
 - How to make a complaint

Additions to Options after Leaving School:

A Disability Employment Adviser (DEA) at your local Jobcentre can help you find a job or gain new skills and tell you about disability friendly employers in your area. They can also advise you about claiming DWP benefits such as Universal Credit; Jobseekers Allowance; Employment Support Allowance and Personal Independent Payment.

Services include:

- Employment Assessment to identify skills and experience;
- 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 and grants & specialist support

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

These include:

- Work Choice – a specialist employment programme for disabled people that helps you find a job, and get support when you start work;
- Residential Training – provided by specialist colleges that offer a wide range of vocational training to improve your skills and employment prospects;
- Access to Work – a programme that provides practical and financial support to help you and employers' overcome barriers to starting or keeping a job.

DEA's usually have links with local Careers Services such as Inspira. Ask your Inspira Personal Adviser about referral arrangements in your area or call in to your local Jobcentre and ask to make an appointment to speak to a DEA.

Health support is provided by Cumbria Partnership Foundation Trust. The Trust recognises that transition is a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with long term physical and medical conditions as they move from child-centred to adult orientated health care systems. It should not be confused with “transfer” which is a single event whereby the young person’s care is transferred from one service to another.

Young people from the age of 11 years (age may vary depending on need) who access health services will be offered information on the Ready Steady Go programme which is the Trust’s preferred model. The programme consists of a series of prompts in questionnaire format and a holistic approach in order to prepare young people for accepting ownership of their ongoing health needs. On completion, the questionnaires provide information to enable the completion of a transition plan which is held by the young person and can be used to inform any future health, education or social care professionals of the young person’s level of need and ability to take ownership for their own care.

It is essential that the transition process is tailored for each young person’s individual need and is introduced appropriately and in a timely manner, clearly stating the young person’s opinions and views. In instances where the Ready Steady Go programme is not considered to be appropriate, an alternative method will be sought which meets the needs of the young person more closely.

It is recognised that children’s and adult health care professionals need to provide developmentally appropriate health care for adolescents and young adults with chronic physical and medical conditions addressing medical, psychosocial and educational/vocational needs working together when necessary to support continuity. For this reason, transitional arrangements for health needs should be considered alongside social and educational/vocational needs with particular reference to the Special Educational Needs and Disability reforms (SEND reforms).

Depending on the young person’s personal circumstances, the ideal age for commencing the transition process in health services is at age 11 years. This is a time of change for young people as they are moving from junior to secondary school, and are taking on more responsibility in all aspects of their lives. However, as some young people do not access health services until later in their teenage years, a flexible approach needs to be adopted and each young person’s situation needs to be assessed to ensure that needs are met appropriately. This is particularly pertinent for young people whose presenting condition may not persist into adulthood. (e.g. young people who access CAMHS).

Adolescence is a period of intense change for young people. It is also the time when new mental health problems such as psychosis or eating disorders may first emerge, or existing problems may become more complex or severe and there may be some children and young people who will need to transition into Adult Mental Health services.

CAMHS is made up of targeted, specialist services for children and adolescents. They work closely with primary care (e.g. GPs) and universal and specialist health services, along with other services based in non-health sectors, such as youth offending teams, behaviour and education support teams, pupil referral units, looked-after children's services, and secure and other residential settings. The CAMHS care coordinator is responsible for ensuring the smooth transition between CAMHS and Adult Mental Health Services as appropriate to the needs of the young person. The process for transition can be found in Cumbria Partnership's Policy for Transition out of Children and Families Health Services.

Guidance for Year 8 (summer term): 12-13 years

What should happen?	Who should do it?	Guidance
<p>Identify the young people who have Transition support needs (i.e. those with an Education Health and Care Plans (EHCP).</p> <p>SENCO and Assessment Officers will identify any young person who needs more support during their Transition Reviews.</p>	<ul style="list-style-type: none"> School – Special Educational Needs Co-ordinator (SENCO). Assessment Officers. Transition Worker 	
<p>Start to work with the young person to explain the Transition process.</p>	<ul style="list-style-type: none"> School – Special Educational Needs Co-ordinator 	<ul style="list-style-type: none"> Refer to this booklet
<p>This booklet sent to the young person and parent/carer(s).</p>	<ul style="list-style-type: none"> School – Special Educational Needs Co-ordinator. 	
<p>Young person’s involvement and communication needs to be identified.</p>	<ul style="list-style-type: none"> School Relevant professionals 	<ul style="list-style-type: none"> Link with Tutors, Parents/Carers, Speech and Language Specialists and other relevant professionals. These identified needs should be taken into consideration throughout the Transition process e.g. written report formats to inform Preparing for Adulthood outcomes within the EHCP.
<p>Two weeks before the end of the academic year (Year 8) notification of all young people with EHCP ‘s or those with additional needs, who will require a Transition Review to be sent to Transition Workers and Inspira Professional Advisors .</p>	<ul style="list-style-type: none"> Inclusive Learning – Special Educational Needs and Disabilities (SEND) Team 	
<p>The Ready Steady go process would be initiated at a team around the family meeting where a lead health professional will be identified. This may happen from age 11 years onwards depending on the child’s needs. First questionnaire (“Ready”) introduced.</p>	<p>Health professionals</p>	<p>See. Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)</p>

Guidance for Year 9: 13 -14 years (Preparation)

What should happen?	Who should do it?	Guidance
EHC Plan review at Year 9 must include a focus on preparing for adulthood.	<ul style="list-style-type: none"> • School • The Head Teacher or Special Educational Needs Co-ordinator will start the process by contacting Parent/Carer(s) • Transition Workers • Assessment Officers • Inspira Professional Advisors • EHCP Key Workers (SEND Team). 	<ul style="list-style-type: none"> • Ensure young people and families receive information on how to request a Child's Needs Assessment (CNA) as part of the Care Act 2014. • Planning should include support to prepare for higher education (HE), general further education (GFE) and/or employment with appropriate pathways identified. • Should also include support to prepare for independent living where appropriate. • Should include support for maintaining good health in adult life. • Should include support in participating in society – including understanding mobility and transport support, social & community activities and developing and maintaining friendships and relationships.
Date of annual EHC Plan review arranged.	<ul style="list-style-type: none"> • School to liaise with Inspira Professional Adviser and young person / Parent/Carer(s) / Transition Worker / EHCP Key Worker / Assessment Officer and other relevant professionals. 	
Young person with disabilities and Parent/Carer(s) to be consulted about other professionals involved.	<ul style="list-style-type: none"> • School 	
EHC Plan review dates to be sent to all identified professionals and other relevant agencies and key service providers as detailed in step above, to ensure representation. This will help to ensure that everyone attends the review.	<ul style="list-style-type: none"> • School 	<ul style="list-style-type: none"> • Where relevant effective planning with health services of the transition from specialist paediatric services to adult health care.
Ready steady go process will continue with completion of "Ready" questionnaire and introduction of second "Steady" questionnaire. TAC/TAF meetings held according to need.	<ul style="list-style-type: none"> • Health professionals 	<ul style="list-style-type: none"> • Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)

Guidance for Year 9: 13-14 years (Preparation cont)

What should happen?	Who should do it?	Guidance
Invitations to EHC Plan review and request for written reports to be sent.	<ul style="list-style-type: none"> School / young person. 	<ul style="list-style-type: none"> Young person and their Parents/Carers to be at the centre of the process. Minimum 2 month's notice as part of annual planning.
Organisation of EHC Plan review meeting and the bringing together of the responses from agencies and parents.	<ul style="list-style-type: none"> School – Special Educational Needs Coordinator. Assessment Officer 	<ul style="list-style-type: none"> Working in partnership
Pre-review meeting – To explain review process to young person and parent/carer(s)	<ul style="list-style-type: none"> School (Special Educational Needs Coordinator) – unless agreed another lead professional to do this. 	<ul style="list-style-type: none"> There should be sufficient preparation time to enable young person and Parent/Carer(s) to understand purpose of review and its outcomes and to be prepared for EHC Plan review.
<p>Preparation by everyone involved for Year 9 EHC Plan review (as defined by Special Educational Needs Code of Practice and other statutory guidance).</p> <p>Copies of all reports to be sent to parent/carer(s) minimum of 2 weeks before review date.</p> <p>Set up a session as part of the tutorial time to discuss Transition process.</p> <p>Gathering information about the young person's needs, e.g. Through ready steady go, Care Plan, Inspira Action Plan and identify if Common Assessment Framework has been completed.</p>	<ul style="list-style-type: none"> School School School School 	<ul style="list-style-type: none"> Representatives could be from: <ul style="list-style-type: none"> School Assessment Officers Inspira Professional Adviser Services for Children, Young People and Families Health LD&D team Existing Key Worker Youth Service Youth Offending Team Transition Workers Personal, Social and Health Education timetable could include preparation for Transition planning.

Guidance for Year 9: 13-14 years (Review)

What should happen?	Who should do it?	Guidance
<p>All options for over 16s discussed.</p> <p>Actions agreed by all parties – integrated EHC Plan.</p>	<ul style="list-style-type: none"> • Inspira Professional Advisor Careers Information, Advice and Guidance (CIAG) Professional Adviser. • Health and Social Care representatives (where appropriate) • Assessment Officer • Head teacher (or delegated person) in consultation with Assessment Officer. • Transition Worker <p>Lead Officer/Chair for Review</p>	<ul style="list-style-type: none"> • Referring to Pathways guidance within this protocol. • Local Offer • School - Special Educational Needs Coordinator to ensure schools use recommended format. (Need to make sure the Plan is in a format that is understandable by the child/young person)
<p>Copy of updated EHC Plan including preparing for adulthood outcomes to be given to the young person, parent/carer(s) and appropriate partners.</p>	<ul style="list-style-type: none"> • School • SEND Team 	
<p>Managing how the EHC Plan works.</p>	<ul style="list-style-type: none"> • Nominated person agreed at EHC Plan review. 	<ul style="list-style-type: none"> • Nominated person would normally be the person who is best placed to co-ordinate delivery of the EHC Plan. They would have experience in the critical points; they would act as main point of contact for young people and family in relation to delivering the plan. Parents and young people must also be included when deciding who the nominated person should be.

Guidance for Year 10: 14 – 15 years (Preparation)

What should happen?	Who should do it?	Guidance
Preparation the same as for Year 9		
<p>At age 14 Children’s Service professional should identify young people with likely needs for NHS Continuing Healthcare (NHS CHC) and relevant Clinical Commissioning Group informed. <i>(Best practice point)</i></p>		

Guidance for Year 10: 14-15 years (Review)

What should happen?	Who should do it?	Guidance
Review the same as for Year 9 except for the following:		
Year 9 updated EHC Plan to be reviewed and actions agreed by all parties. EHC Plan revised and adjusted where relevant.	<ul style="list-style-type: none"> • Head teacher (or delegated person) in consultation with Assessment Officer. 	
Provide opportunities for young person to visit potential future educational provisions so that the young person can make informed decisions and choices.	<ul style="list-style-type: none"> • School 	<ul style="list-style-type: none"> • Local Offer • Availability of local provision to be kept updated.
Copy of Year 10 EHC Plan update to be given to young person, parent/carer(s) and relevant partners	<ul style="list-style-type: none"> • School • SEND Team 	
Managing delivery of EHC Plan.	<ul style="list-style-type: none"> • Nominated person agreed at EHC Plan review. 	<ul style="list-style-type: none"> • Nominated person would normally be the person who is best placed to co-ordinate delivery of the EHC Plan. They would have experience in the critical points; they would act as main point of contact for the plan. Parents and young people must also be included when deciding who the nominated person should be.

Guidance for Year 11: 15 -16 years (Preparation)

What should happen?	Who should do it?	Guidance
Review to take place in Autumn term of Year 11		<ul style="list-style-type: none"> Allow maximum planning and preparation for the young person, family and professionals
Preparation the same as for Year 9 except for the following		
EHC Plan review dates to be sent to Post 16 provider if already identified in addition to those as per Year 9	<ul style="list-style-type: none"> School 	<ul style="list-style-type: none"> Availability of local provision to be kept updated. Local Offer
There should be a formal referral for adult NHS Continuing Healthcare (CHC) screening at age 16 for those young people that may meet NHS CC criteria. <i>(Best practice point)</i>	<ul style="list-style-type: none"> Transition Worker All involved professionals 	<ul style="list-style-type: none"> NHS Continuing Care guidance (Children's) NHS Continuing Healthcare guidance (Adults)
Allocation of an Adult Services social worker for a Child Looked After (CLA) with disabilities at age 16 to attend the review so that an adult placement can be identified in preparation for the young person turning 18.	<ul style="list-style-type: none"> Adult Services / Children Looked After Team 	
Introduction to adult health services where appropriate	<ul style="list-style-type: none"> Children's health services 	Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)

Guidance for Year 11: 15-16 years (Review)

What should happen?	Who should do it?	Guidance
<p>Year 10 updated EHC Plan reviewed and actions agreed by all parties.</p> <p>Revision to EHC Plan drawn up.</p> <p>Agree who coordinates next review.</p>	<ul style="list-style-type: none"> Head teacher (or delegated person) in consultation with Assessment Officer. Post 16 provider (if young person is leaving school) in consultation with young person/parent/carer(s). Health and Social Care representatives (as appropriate) 	<ul style="list-style-type: none"> There should be increasing involvement from adult services – Health, Social Care and Education.
Copy of Year 11 updated EHC Plan to be distributed to young person, Parent/Carer(s) and relevant partners.	<ul style="list-style-type: none"> SEND Team School 	<ul style="list-style-type: none"> Information sharing

Revised EHC Plan to be passed, by end of Spring term, to all identified professionals and other relevant agencies.	<ul style="list-style-type: none"> • Assessment Officer/EHCP Key Worker • Young person/ parent/carer(s) • School 	<ul style="list-style-type: none"> • This would not be required if the young person is moving into 6th form. • EHC Plan must identify support needs within Further Education or Training and provision required to meet them.
Over-seeing delivery of EHC Plan (Preparing for Adulthood).	<ul style="list-style-type: none"> • SENCO • Assessment Officer • Nominated Person agreed at Transition Review • Post 16 Provider 	<ul style="list-style-type: none"> • Nominated person would normally be the person who is best placed to co-ordinate delivery of the EHC Plan and have experience in the critical points; they would act as a main point of contact for young people and family in relation to delivering the plan. Parents and young people must also be included in deciding who the nominated person should be.
Introduction to the “Go” questionnaire can occur according to need from age 15-16 years	<ul style="list-style-type: none"> • Children’s health Services 	<ul style="list-style-type: none"> • Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)

Guidance for Year 12: 16 – 17 years (Preparation)

What should happen?	Who should do it?	Guidance
In principle decision re NHS CHC referral should be in place at 17 years old so that package of care can be in place once young person turns 18. (<i>Best practice point</i>)	<ul style="list-style-type: none"> Cumbria Clinical Commissioning Group (CCG) Health Continuing Care Panel 	<ul style="list-style-type: none"> NHS Continuing Care guidance (Children's) NHS Continuing Healthcare guidance (Adults)
<p>Identify other young people who are likely to have care or support needs after turning 18, their Parent/Carer(s) and young Carers?</p> <p>Offer Carers a referral to relevant pathway for assessment. If consent given referral made.</p> <p>Offer young person a referral for an Adult Social Care assessment (Transition assessment) –</p>	<ul style="list-style-type: none"> All All Transition Worker or allocated Adult Social Care Practitioner completes assessment 	<p>The Care Act 2014</p> <p>The assessment should be completed within 28 days of agreed start date and determination of eligibility communicated in writing</p>
Date of annual EHC Plan review to be agreed with young person, Parent/Carer(s) and all relevant professionals / agencies.	<ul style="list-style-type: none"> School or other Post 16 provider. Transition Worker or allocated Adult Social Care Practitioner 	
EHC Plan review dates to be sent to Assessment Officers, Locality SEND Manager. Community Child Health (designated Medical Officer), other relevant agencies and key service providers including Education Psychologist (if appropriate) to ensure representation.	<ul style="list-style-type: none"> School or other Post 16 provider. 	<ul style="list-style-type: none"> Proforma for letter for Post 16 provider
Young person /parent /carer(s) to be consulted about other professionals involved.	<ul style="list-style-type: none"> School or other Post 16 provider 	
At 18 years old, Children's Services will work alongside Adult Services until identified needs are met by an active adults support plan.		
Invitation to annual EHC Plan Review and requests for written reports to be sent.	<ul style="list-style-type: none"> School or other Post 16 provider/young person. 	Involve the young person in this process. Minimum 2 months' notice as part of annual planning.

Ready Steady Go process continues in health services.	<ul style="list-style-type: none"> Involved Children's Health professionals 	Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)
Organisation of review meeting and collation of the responses from agencies and parents.	<ul style="list-style-type: none"> School or other Post 16 provider. 	
Pre-review meeting to explain review process to young person with disabilities and parent/carer(s).	<ul style="list-style-type: none"> School or other Post 16 Provider - unless agreed another lead professional to do this. 	<ul style="list-style-type: none"> Refer to this guide
<p>Preparation by everyone involved, for Year 12 EHC Plan review.</p> <p>copies of all reports to be sent to young person, Parent/Carer(s) and all relevant professionals / agencies a minimum of 2 weeks before review date</p> <p>Discussion about the Transition process held with Young Person and Parent/Carer(s).</p>	<ul style="list-style-type: none"> All School or Post 16 provider. School – Special Educational Needs Coordinator – or Post 16 Provider. 	<ul style="list-style-type: none"> Representatives appropriate to young person/family to contribute by personal attendance or information provided in a way which is accessible to young person.

Guidance for Year 12: 16-17 years (Review)

What should happen?	Who should do it?	Guidance
<p>Transition Screening to be completed which should be sent to the Local LDD teams and Adult Social Care pre-empting future needs</p> <p>Year 11 EHC Plan reviewed and actions agreed by all parties. Revision to the EHC Plan drawn up.</p> <p>Agree who coordinates next review</p>	<ul style="list-style-type: none"> • Assessment Officers. • All involved professionals. • Lead person identified for young person who is planning to leave education at 19 • Head teacher (or delegated person) in consultation with Assessment Officer. • School or Post 16 provider (if young person is leaving school) in consultation with young person/parent/carer (s). 	<ul style="list-style-type: none"> • Transition Screening is a mechanism: <ul style="list-style-type: none"> - to identify young people with very complex needs at an appropriate time in order to assist effective multi-agency working. - to monitor the numbers of young people in specific categories of high need. - to monitor the effectiveness of the referral, assessment and planning process. • There should be increasing involvement from adult services – Health, Social Care and Education
<p>Copy of Year 12 Transition Plan to be distributed to young person, Parent/Carer(s) and relevant partners</p>	<ul style="list-style-type: none"> • School • SEND Team 	
<p>Over-seeing delivery of Transition Plan</p>	<ul style="list-style-type: none"> • SENCO / Assessment Officer. • Nominated Person agreed at Transition Review. 	<ul style="list-style-type: none"> • Nominated person would normally be the person who is best placed to co-ordinate delivery of the EHC Plan. They would have experience in the critical points; they would act as a main point of contact for young people and family in relation to delivering the plan. Parents and young people must also be included when deciding who the nominated person is.

Guidance for Year 12: 16-17 years (Review cont)

What should happen?	Who should do it?	Guidance
If young person leaving School updated Plans to be sent to the new Post 16 provider if appropriate and agreed	<ul style="list-style-type: none"> Assessment Officer Young Person and/or Parent/Carer(s) 	<ul style="list-style-type: none">

Guidance for Years 13 and 14: 17–19 years (Preparation)

What should happen?	Who should do it?	Guidance
Identify other young people who are likely to have care or support needs after turning 18, their Carers and young Carers? Offer Carers a referral to relevant pathway for assessment. If consent given referral made. Offer young person a referral for an a Care Act 2014 assessment, (Transition assessment) –	<ul style="list-style-type: none"> All All Adult Social Care Practitioner completes assessment, which is likely to be Transition Worker. 	
Adult health services made aware of young person's needs as appropriate	<ul style="list-style-type: none"> Children and Adult Health Services 	Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)
Preparation the same as for Year 12		

Guidance for Year 13/14: 17-19 years (Review)

What should happen?	Who should do it?	Guidance
Review the same as for Year 12 plus the following:		
Agreement as to how and when further reviews (as necessary) will be conducted	<ul style="list-style-type: none"> All parties 	

Ready Steady Go process is completed and health transition plan is agreed. Where possible and appropriate, joint appointments are undertaken with adult health services	<ul style="list-style-type: none"> • Children and adult health services 	Policy for Transition out of Children and Families Health services including SOP for ready steady Go (CPFT)
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Options after leaving school

This section will look at the provision available in Adult Services, which can be accessed by young people post school.

There are four main options for a young person supported by an Education Health and Care Plan and /or Adult Social Care pending eligibility (see social care support below) to consider when they are looking at the opportunities available after they leave school:

- continued education;
- community options;
- volunteering; and
- employment.

Inspira is a source of information about these options. Their role is to help young people (from the age of 13 up to 24) to prepare for their transition to adult life.

Depending on the young person's needs, an Inspira professional adviser can offer information, advice and guidance on many areas including education, benefits, training and employment. They can offer the following:

- Needs led careers advice and guidance individualised to the young person.
- Attendance at EHCP reviews, follow up of any relevant action points concerning careers advice after reviews, support on careers advice queries from school, parents, social care, yp in between review meetings.
- When the EHCP review has ceased support for young person unemployed and in employment around their careers advice and career support needs.
- Signposting and joint working with other organisations, where appropriate, who can support young people in terms of their employment, education and training.
- Supporting young people make applications for apprenticeships, traineeships, mainstream college and employment.
- Advocating on behalf of the young person when difficulties arise that relate to the education, employment or training needs. Provision of bought in services to mainstream schools which support pupils, including those with SEN.
- Provision of other services to employers to support people prepare for work.
- Access to National Citizen Service

In addition young people should be encouraged to consider their aspirations for their living arrangements in the longer term.

A Disability Employment Adviser (DEA) at your local Jobcentre can help you find a job or gain new skills and, tell you about disability friendly employers in your area. They can also advise you about claiming Benefits such as Universal Credit; Jobseekers Allowance; Employment Support Allowance and Personal Independent Payment.

DEA Services include:

- Employment Assessment to identify skills and experience;
- Referral to a Work Psychologist for specialist assessment;
- Practical advice regarding adjustments or support at work; and
- Advice regarding employers' obligations under the Equality Act 2010

Continued education options

There are many things you will need to consider doing if you/your child wants to continue their education when they leave school.

The Government has increased the age to which all young people in England are required to continue in education or training to at least their 18th birthday.

This does not mean young people must stay in school. They are able to choose from:

- full-time education (e.g. at a school or college);
- an apprenticeship or traineeship; or
- part-time education or training combined with one of the following:
 - employment or self-employment for 20 hours or more a week
 - volunteering for 20 hours or more a week .

Areas to consider:

- Talk to the teachers at school who know you/your child and their skills to seek their advice.
- Talk to the Inspira personal adviser at your/your child's school about general options.
When you/your child is 16, make an appointment to see the Inspira personal adviser to discuss your/their particular needs and local options.
- Visit the local colleges (which are listed below) to decide which college may be suitable.

If you/your child is interested in a college, tell the college of your interest and ask what their procedures are for putting your/your child's name down for a placement.

- It is only if, on assessment, the local college(s) cannot meet your/your child's needs that specialist options can be considered.

Please note that full-time education may not mean you/your child will attend for 5 days per week. Local college courses (mainstream and specialist) would ordinarily require attendance for 16 hours per week; normally across 3 days. However, in some cases, courses normally offered over 3 days may need to spread over 4 or 5 days where that is likely to lead to better outcomes.

In addition, Cumbria County Council should consider the need to provide a full package of provision and support across education, health and care that covers five days a week where that is appropriate to meet the young person's needs

A package of provision can include non-educational activities such as:

- Volunteering or community participation
- Work experience
- Opportunities that equip young people with the skills they need to make a successful transition to adulthood, such as independent travel training, and/or skills for living in semi-supported or independent accommodation, and
- Training to enable a young person to develop and maintain friendships and/or support to access facilities in the local community

Cost of college

- **Local college**

There is no charge for local college courses which are full-time. You will need to pay for all the food and drink needs during the day. Depending on the subject area there are additional costs such as a contribution to the cost of cooking ingredients when there is a cooking session.

Young people could get a Bursary to help with education-related costs if they are aged 16 to 19 and:

- studying at school or college (not university) in England; and
- on a training course, including unpaid apprenticeships.

A Bursary is money that the young person, or their education or training provider, can use to pay for things like:

- clothing, books and other equipment for their course ; and/or
- transport and lunch on days they study or train.

There are 2 types of 16 to 19 bursary:

Vulnerable student bursary

Up to £1,200 could be available if at least 1 of the following applies:

- the young person is in, or recently left. local authority care;
- gets Income Support or Universal Credit in their own name; or

- is disabled and gets both Employment and Support Allowance (ESA), and either Disability Living Allowance (DLA) or Personal Independence Payment (PIP) in their own name.

The young person may get the full amount if they have expenses and study full-time on a course of at least 30 weeks. They will usually get less or no bursary, if their course is shorter, or they study part time or have few expenses.

The provider will inform you of what evidence will be needed, e.g. benefit letters.

Discretionary bursary

A discretionary bursary may be available if the young person needs financial help but doesn't qualify for a vulnerable student bursary. The education or training provider decides how much you get and what it's used for.

The provider will decide how the bursary is paid. It might be:

- paid in full or in instalments;
- paid in cash, by cheque or through a bank account; or
- given a travel pass, free meals, books etc. instead of money.

Some providers also offer one-off payments to cover study trips or travel for university interviews. A young person must be:

- under 19 at the start of the academic year they want a bursary for
- studying at school or college, or on an unpaid training course

Education and training providers set their own criteria for discretionary bursaries, e.g. they might look at family income.

Applications for all Bursary's are made to your/your child's school, college or training provider and should be made as soon as you/your child knows where they will study or train.

Residential college

If the Local Authority pays for the entire placement, there will be no charge to you. However, if Adult Social Care pays a contribution towards the residential care element of the placement then the student may be asked to make a contribution towards the costs from their benefits, the amount will be determined via a financial assessment. You/your child's benefits will change for the times you/they are at residential college; whilst you/your child will still receive any Disability Living Allowance (DLA) Mobility Allowance you are entitled to however, any Care Allowance you will only be received for those times you/your child are not in residential care (academic holidays). Additionally any Carers' Allowance will only be paid in the academic holidays. You will need to provide spending money when they go to college.

Preparing to go to college

Some schools provide a 'link' course to a local college in the student's last year in school to enable them to get used to college life.

Adult Social Care Support

Adult Social Care is responsible for providing you with help to access the care and support that you need. Following the introduction of the Care Act, we must provide a wider range of care and support than we did before. This includes helping people who pay for their own care.

Examples of what we can help with include:

- general information, advice and sign-posting to organisations that can help you;
- advice about housing including how to adapt your home and the range of accommodation options available;
- equipment that can help you to remain independent at home;
- short-term services, for example, help you need when coming out of hospital;
- an assessment where you can talk about your longer term needs and how you think these could be met;
- a care and support plan about how your needs will be met;
- help to understand how your care and support is funded – what we pay for and what you might be asked to pay if your service is not free; and
- your personal budget you can use to arrange your own care in the way that best suits you.

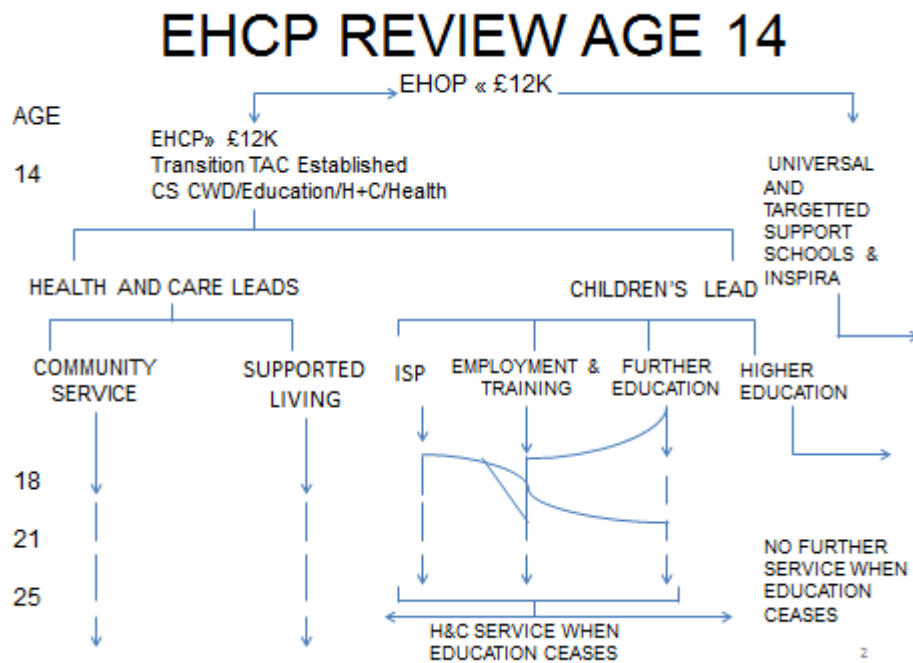
If you care for someone, you can have an assessment from us. We can help you develop a support plan to make it easier for you to care. We can also help you and the person you care for to get the financial help you need.

We can also help any member of the public or family who is worried about the safety of a vulnerable adult living in Cumbria. We call this 'safeguarding adults'.

For further information and advice please follow the link below:

<http://www.cumbria.gov.uk/elibrary/Content/Internet/327/6547/4217314450.pdf>

Transition Pathway Diagram



Transition Flowchart



Transition Flowchart
2017.xlsx

Appendix 1 Transition Protocol Legal and Policy Framework

Children and Families Act 2014

Section 6 of the Act places a duty on Local Authorities to make provision about children, families and people with special educational needs or disabilities.

Part 3, Section 28 of the Act places a duty on Local Authorities to make arrangements for co-operation between:

- (A) Officers of the Authority who exercise the authority's functions relating to education and training,
- (B) Officers of the Authority who exercise the authority's social services for children or young people with special educational needs; and
- The officers of the Authority, so far as they are not officers within (A) or (B) who exercise the authority's functions relating to provision to assist in preparing children and young people for adulthood and independent living.

Special educational needs and disability (SEND) code of practice: 0 to 25 years (July 2014)

The Code of Practice provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies in England. It relates to children and young people with special educational needs (SEN) and disabled children and young people. A young person in this context is a person over compulsory school age and under 25. The Code of Practice is for organisations who work with and support children and young people with special educational needs and disabilities (SEND).

The regulations associated with the Children and Families Act 2014 are:

- The Special Educational Needs and Disability Regulations 2014;
- The Special Educational Needs (Personal Budgets) Regulations 2014; and
- The Order setting out transitional arrangements.

Chapter 7 of the Code of Practice explains and provides guidance on the statutory duties on further education colleges, sixth form colleges' 16-19 academies and some independent specialist colleges approved under Section 41 of the Children and Families Act 2014 to identify, assess and provide support for young people with SEND.

Chapter 8, as detailed below, covers Transition and preparing for adulthood from the earliest years and is relevant to all professionals working with children and young people with SEND aged 14 and over. It sets out how professionals across education, health and social care should support children and young people with SEND to

prepare for adult life, and help them achieve the best outcomes in employment/training, independent living, health and community participation.

Care Act 2014

The Care Act 2014 reformed both the law relating to care and support for adults and the law relating to support for Carers. It makes provision for safeguarding adults from abuse or neglect, and makes provision about care standards. Information regarding eligibility is shown later in this Protocol.

Where young people aged 18 and over continue to have EHC Plans, and are receiving care and support, this will be provided under the Care Act 2014. The statutory adult care assessment and support plan will inform the 'care' sections of the young person's EHC Plan. The care sections of the EHC Plan must meet the requirements of the Care Act 2014 with a copy held by Adult Social Care; however, it is the EHC Plan that is the overarching Plan that will be used to ensure young people receive the support they need to enable them to achieve agreed outcomes.

Special education needs and disability code of practice - July 2014, Chapter 8 para 8.71.

Eligibility for Adult Social Care support under the Care Act is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. The following conditions must apply:-

- The adult's needs arise from or are related to a physical or mental impairment or illness; and
- As a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified in the Care Act Regulations, and
- As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the person's wellbeing.

The above eligibility is determined following an assessment of need.

•It is important to note that an adult's needs are only eligible when they meet all 3 of these conditions:

- a. 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.
- b. As a result of the adults needs, the adult is unable to achieve two or more of the outcomes set out in the regulations

The Eligibility Regulations set out a range of outcomes as set out below:-

- Managing and maintaining nutrition, For example does the person have access to food and drink to maintain nutrition, and is the adult able to prepare and consume the food and drink?
- Maintaining personal hygiene. For example can the person wash themselves and launder their clothes?
- Managing toilet needs. Can the person access and use a toilet and manage their toilet needs
- Being appropriately clothed. Can the person dress themselves and be appropriately dressed, for instance in relation to the weather to maintain their health?
- Being able to make use of the home safely. Does the adult have the ability to move around the home safely? This includes getting up steps, using kitchen facilities or accessing the bathroom. This includes the immediate environment around the home such as access to the property e.g. steps leading up to the home
- Maintaining a habitable home. Is the condition of the home sufficiently clean and maintained to be safe? A habitable home is safe and has essential amenities and a person adult may require support to sustain their occupancy of the home and to maintain amenities, such as water, electricity, gas
- Developing and maintaining family or other personal relationships. Is the person lonely or isolated either because their needs prevent them from maintaining the personal relationships they have or because their needs prevent them from developing new relationships?
- Accessing and engaging in work, training, education or volunteering. Does the person have an opportunity to apply themselves and contribute to society through work, training, education, or volunteering, subject to their own wishes? This includes the physical access to any facility and support with the participation in the relevant activity
- Making use of necessary facilities or services in the local community including public transport or recreational facilities or services. Is the person able to get around in the community safely and use facilities such as public transport, shops, recreational facilities or health care appointments?
- Carrying out any caring responsibilities the adult has for a child. This takes account of any parenting or other caring responsibilities the person has.

c. 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

The third condition that must be met is as a consequence of not being able to achieve 2 or more of the specified outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing. 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”. In doing so the local authority should also consider whether:

- The adult’s ability to achieve the outcomes above impacts on at least one of the areas of wellbeing (as described in section 1 of the Act and Chapter 1 of the guidance) in a significant way, or:
- The effect of the impact on a number of the areas of wellbeing mean that there is a significant impact on the adult’s overall wellbeing

For the purposes of the Care Act Regulations an adult is regarded as being unable to achieve an outcome if the adult –

1. Is unable to achieve it without assistance
2. Is able to achieve it without assistance but by doing so causes the adult significant pain, distress or anxiety
3. Is able to achieve it without assistance but doing so endangers or is likely to endanger the health or safety of the adult, or of others; or
4. Is able to achieve it without assistance but takes significantly longer than would normally be expected.

Where the level of an adult’s needs fluctuates, in determining whether the adult’s needs meet the eligibility criteria, the Local Authority must take into account the adult’s circumstances over such a period as it considers necessary to establish accurately the adult’s level of need.

Mental Capacity Act 2005

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves; or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this including who shall be consulted when a decision is being made. i.e. parents where they are involved

Mental Health Act 1983

The Mental Health Act 1983 (substantially amended in 2007) is the law in England and Wales that allows people with a ‘mental disorder’ to be admitted to hospital, detained and treated without their consent – either for their own health and safety, or for the protection of other people.

People can be admitted, detained and treated under different sections of the Mental Health Act, depending on the circumstances, which is why the term ‘sectioned’ is used

to describe a compulsory admission to hospital. People who are compulsorily admitted to hospital are called 'formal' or 'involuntary' patients.

Children Act 1989

Section 17 of the Children Act 1989 places a general duty on Local Authorities to safeguard and promote the welfare of children within their area who are "in need" and to promote the upbringing of such children by their families through provision of a range and level of services appropriate to those children's needs. A child is "in need" if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services under the Act;
- His health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
- He is disabled.

Education Act 1996

Under the Education Act 1996, local education authorities have a duty to identify and make a statutory assessment of any children who have special educational needs and who may require a statement of their special education needs. The Act defines a child as having special educational needs if (s)he has "A learning difficulty which calls for special educational provision to be made for "him/her."

A child has a learning difficulty if:

- a) he has a significantly greater difficulty in learning than the majority of children his/her age;
- b) he has a disability which either prevents or hinders him from making use of educational facilities of a kind generally provided for children of his age in schools within the area of the LEA, or
- c) he/she is under compulsory school age and is, or would be if special educational provision were not made for him, likely to fall within paragraph (a) or (b) when over that age. Education Act 1996, Part IV; Section 312

This transition protocol applies to all young people involved in transition between children's and adult services. However there are some specific assessment requirements of Local Authorities relating to people with a learning difficulty in that a person is not to be taken to have a learning difficulty solely because the language (or form of language) in which he is or will be taught is different from a language (or form of language) which has at any time been spoken in his home."

Education Act 1996, Section 15ZA (6) and (7) (as amended by the Apprenticeship, Skills Children and Learning Act 2009)

Education and Skills Act 2008

The Education and Skills Act 2008 places a duty on Local Authorities to promote participation in education or training of young people in their area.

Children (Leaving Care) Act 2000

This legislation provides for every looked after child to have a personal adviser and a Pathway Plan from their 16th birthday until age 21 – or age 24 if in higher education or training. These requirements continue to apply after the child leaves care. The Pathway Plan must be informed by an assessment of need based on the Framework for Assessment of Children in Need and extends assessment and planning requirements to cover the child's transition to adulthood. The Plan must be subject to regular review.

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 would then initiate a response from different agencies, identify a Lead Professional/Coordinator and set a date for a Team Around the Family (TAF) meeting, 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 a seamless transition of support across the levels of need, rather than based on “referrals” and “case closure”.

Safeguarding

Local Authorities have overarching duties to safeguard both children and vulnerable adults from abuse. It is everyone’s responsibility to recognise suspected or actual abuse and to take appropriate action.

The Children Act 2004 imposes a duty on Local Authorities to make arrangements to safeguard and promote the welfare of children. Every Child Matters makes clear that safeguarding children is everyone’s responsibility. Working together to safeguard children (2010) sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004.

Local Authorities have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. No Secrets (March 2000) offers a structure and content for the development of local interagency policies, procedures and joint protocols that draws upon national good practice.

Where a person under 18 is known or suspected to be at risk of abuse, and is receiving services, they should have a transition plan to move from children’s to adult services. In this instance, a Safeguarding Adults process should be initiated as part of that transition.

The National Service Framework for Children, Young People and Maternity Services

Sets standards for health and social services for children and young people with a view to ensuring fair, high quality and integrated care from pregnancy through to adulthood.

Standard 4 states that:

“All young people have access to age-appropriate services which are responsive to their specific needs as they grow into adulthood”

This includes ensuring that:

“All transition processes are planned in partnership and focused around the preparation of the young person

NICE Guideline NG 043

This guideline covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care. The Care Quality Commission uses NICE guidelines as evidence to inform the inspection process.

It recommends

- overarching principles for good transition
- planning transition
- support before and after transfer
- the supporting infrastructure for transition