

# **Herefordshire Multi-Agency Protocol for Children and Young People with Disabilities and Complex Needs Preparing for Adulthood**

**July 2020**





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## Foreword

Leaving school and moving into adulthood can be a challenging time for all young people and particularly for those with disabilities. It is never too early to think about preparing for adulthood. The aspirations of young people should be at the heart of all planning. Young people and their families and carers may however be unsure about what to expect and where to get advice, support or information to help make decisions at this key time.

This protocol has been developed to support and improve the preparing for adulthood (PFA) transition process. It has been designed with young people at the centre, to make sure we are all working together for the benefit of young people, their parents and carers. The protocol aims to outline the preparing for adulthood pathway and ensure everyone involved understands the specific roles and responsibilities of all the key agencies, so that they can work together effectively to support the young person.

Signed by



**Our vision** is set out in the Herefordshire [Children and Young People's Plan \(CYPP\)](#) for all children and young people including those with disabilities and special education needs:

**'The children and young people of Herefordshire have a great start in life and grow up healthy, happy and safe within supportive family environments'**

To provide a positive experience of the Preparing for Adulthood transition process for all young people with Special Educational Needs and Disability (SEND), through a person centred approach, that prepares young people effectively for adulthood

# 1. Introduction

The purpose of this protocol is to make clear the transition planning and review processes that prepare and support the move from adolescence to adulthood for young people with disabilities and complex needs. This period extends from year 9 when a young person is approximately 14 years of age up until their 25<sup>th</sup> birthday. This protocol focuses on young people with special education, disabilities and other needs, who encounter barriers to achieving a successful transition to adulthood.

All partners commit to ensuring that preparation for adulthood for this group is timely and planned. This applies to those who have assessed services<sup>1</sup> as well as those receiving other forms of support. For example, this might include moving from one education setting to another; the transfer from Children’s Social Care to Adult Social Care; accessing real opportunities for work, housing choices and a social life in the community.

Preparing for Adulthood means preparing for:

- further/higher education and/or employment – including options for supported internships, apprenticeships, self-employment, volunteering, college and university
- independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living as far as reasonably possible
- participating in society, including having friends and supportive relationships, and
- participating in, and contributing to, the local community
- being as healthy as possible in adult life



For further information and resources, visit the [Preparing for Adulthood](#) website.

<sup>1</sup> Refer to Appendix B for information on assessment and eligibility with regards to Adult Services

## **Intended audience of the protocol**

This protocol is relevant to all the professionals and agencies in Herefordshire that have a responsibility to make sure young people with SEND and those with complex needs make a successful transition to adulthood. Annex C lists those roles and responsibilities. This includes professionals involved in planning and commissioning services as well as those actually delivering them.

This protocol supports multi-agency planning; it does not replace internal processes within individual agencies.

We will produce a user-friendly PFA pathway and guide for young people and families, by December 2020. This will include an easy read version, co-produced with young people and parent/carers.

## **Who does this protocol cover?**

This protocol applies to young people whom either/or:

- have an Education, Health and Care (EHC) Plan
- meet the national eligibility criteria from the Care Act (2014)
- receive a service from the Children with Disabilities Team
- have or may have continuing health care needs
- have complex needs (a combination of multiple and profound impairments, challenging behaviour and learning disabilities and acute and chronic medical conditions)
- Others who are not covered by the above but still have significant support needs

## **Management of the PFA Transition Planning Process**

The Herefordshire SEND Strategy Group is part of the Herefordshire Children and Young People's Partnership. The SEND strategy group provides leadership, strategic direction and support to make sure young people have an effective transition into adulthood. The SEND strategy group developed this protocol and will keep it under review and will agree and update any technical changes.

## **The PFA Operations Group - making sure PFA transition works well**

The PFA operational group brings together professionals from education, children's and adult's social care and health to make sure young people make a successful transition into adulthood. This group meets 6 times per year and tracks progress of young people from year 9 onwards. The PFA tracker is a client management database used to track the progress of young people and make sure that relevant services are engaging in a timely manner. It does not replace the routine and expected multi agency planning that is required for those with significant needs. Commissioners will also use it to inform future planning and development of provision and services.

## 2. Aims

The overarching aim of this protocol is to make sure young person and their parents/carers have a positive PFA transition experience.

### What does a good experience of preparing for adulthood transition look like?

Young people...	Young people and their parents/carers...
<ul style="list-style-type: none"> <li>• Make decisions and take the lead in their transition planning or are supported by people that can advocate for them</li> <li>• Are supported to plan what they want to do and achieve</li> <li>• Are able to access a range of opportunities as other young people</li> <li>• Can try things out</li> <li>• Can change their mind</li> <li>• Young people subject to a protection plan should experience a service that is seamless and ensures they remain safe as they move in to adulthood</li> <li>• Are given the same opportunity as their peers to achieve employment, independent living, to be part of a community and achieve and maintain good health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Are listened to and fully involved</li> <li>• Have an identified point of contact.</li> <li>• Feel supported</li> <li>• Receive consistent messages</li> <li>• Have easy access to clear, understandable information</li> <li>• See agencies stick with and pursue agreed plans, but are flexible to accommodate change as appropriate</li> <li>• Should see that the commitment to quality and consistency of support by all agencies is upheld as an essential part of our work and is monitored</li> </ul>

In order to achieve these aims, this protocol seeks to ensure that:

- Young people and their families are well supported and placed at the centre of all planning
- Young people are encouraged to develop the skills and understanding they need to make informed choices
- The PFA transition process is coordinated, systematic and consistent
- Post-16 services and opportunities are commissioned effectively, based on early identification of likely need for support

## **How will we measure that our young people have achieved good outcomes?**

### **We will do this by measuring the following:**

1. The destinations for young people in terms of continuing into education and employment. This will include the percentage of young people with SEND who are not in education, employment or training (NEET)
2. The proportion living semi-or fully independently
3. The proportion of young people regularly engaging in at least one social event each week
4. The proportion attending an annual health check and having a health action plan
5. Annually capturing feedback from young people, their families and other stakeholders



### 3. Principles

Drawing on the key messages from the [Preparing for Adulthood programme](#) all agencies involved in this protocol are committed to the following principles:

#### **Person-centred transition planning**

The young person should be at the centre of the transition planning process, giving them choice and control over their own future, ensuring the focus is on their needs, hopes and aspirations. Person-centred planning and reviews will support young people, where possible, to express their views, inform support planning and ensure positive outcomes for young people.

#### **Involvement and consultation of parents, carers and young people**

We will recognise and involve young people and their families as partners in the process. We will support and encourage young people to take responsibility for making decisions. The experience of young people and their families will inform strategic planning and commissioning.

#### **Decision-making:**

It is presumed that young people aged 16 or over, have capacity to make their own decisions. For example, about where they want to live and decisions about their health and social care, unless evidence shows otherwise.

Young people aged 16 and over have the right to make their own decisions in relation to the provision that is available to them. Although there is nothing to stop them asking their parents, or others to help them make the decision. However, some young people, and possibly some parents, will not have the mental capacity to make certain decisions. A person has capacity for a specific decision if they are able to do all of the following:

- Understand the key points of the information they are given
- Retain that information long enough to make a decision
- Use and weigh up the information
- Communicate the decision

If there are concerns that the young person lacks capacity to make certain decisions for him or herself, an assessment of their capacity should be undertaken in accordance with the **Mental Capacity Act 2005** ('the MCA 2005') and the Code of Practice to the Mental Capacity Act 2005. The Mental Capacity Act (MCA) provides a statutory framework designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment.

To work out what will be in the person's best interests, where someone does not have capacity for a particular decision, a checklist of steps, provided by the MCA, must be followed. This will always include participation by the young person and consultation with them to determine their wishes, feelings, beliefs and values. Part of the best interests' process will also involve consultation with others for their views about the person's best interests. To see if they have any information about the young person's wishes, feelings, beliefs and values. Parents and carers will have a significant role in this consultation.

### **Partnership working across agencies**

A shared vision across all partners, which places young people and their families at the centre and focuses on improving life chances. Partners must be committed to working together and have a clear understanding of the specific roles and responsibilities of all the key agencies involved in transition.

### **Provision of accessible and clear information**

To help raise young people's aspirations, clear and accessible information, including sharing other young people's experience should be available. Information should be relevant, accessible and understandable. Information about PFA will also be part of the 'local offer', which can be found at the following web link:

[Herefordshire Local Offer](#)

### **Working towards positive outcomes**

Planning for adulthood should be focused on life outcomes, promoting independence and support young people to lead meaningful and enjoyable adult lives. This includes where transition planning involves consideration of personal budgets or other forms of allocating resources.

### **Early assessment and transition planning**

Early assessment and planning for adulthood facilitates more responsive and flexible forward planning. Timely assessments and transition plans are essential for commissioners to plan services and budgets, for the projected support needs of young people moving into adulthood.

### **Ensuring there is no gap in services**

When a child (including a young carer) is receiving support from a children's service, this support will continue through the assessment process until the adult service and support is in place. **Or** until it is, clear following an assessment that the adult service support is not required or that the young person is not eligible for support from adult social care. Should the adult service not be required, services should provide appropriate advice and guidance for the individual and their family if needed.

### **Relevant information sharing**

Agencies should share relevant information with each other and with commissioners. This is to make sure that the transition process is smooth and services and opportunities are

planned and developed to meet the needs of young people<sup>2</sup>. Information must be accurate and timely and shared in adherence to data sharing principles including the informed consent of the young person<sup>3</sup>. If the young person lacks the mental capacity to make decisions about sharing information with key people, then the Mental Capacity Act is followed. This is to make sure each decision to share information is in the young person's best interests. Decisions and reasoning should always be recorded.

### **Quality and monitoring**

Accurate monitoring ensures all young people are tracked and none "fall through the net". Mechanisms need to be built in to ensure the quality of provision meets appropriate standards and that the transition process is as effective as possible.

### **Safeguarding**

It is a fundamental principle that disabled children have the same right as non-disabled children to be protected from harm and abuse. Often disabled children and adults have additional needs related to physical, sensory, cognitive and/or communication requirements. Many of the problems they face are caused by negative attitudes, prejudice and unequal access to things necessary for a good quality of life.

For all practitioners and agencies, ensuring young people and adults are safeguarded should therefore always be integral to everything they do. Practitioners should ensure that any young person subject to a protection plan is supported to remain safe as they move in to adulthood.

### **Resource Panels**

Each agency operates its decision making and allocation of resource according to its own relevant legislation and eligibility criteria'. Adult social care does not automatically continue funding this is dependent upon assessment of need and eligibility.

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<sup>2</sup> For guidance, refer to the Herefordshire Information Sharing Policy (Note, Council intranet link - [http://hc-sp/DocumentLibrary/InformationServices/Documents/Information\\_Sharing/Herefordshire\\_Information\\_Sharing\\_Policy.doc](http://hc-sp/DocumentLibrary/InformationServices/Documents/Information_Sharing/Herefordshire_Information_Sharing_Policy.doc))

<sup>3</sup> For guidance, refer to the Herefordshire Council Data Protection Policy ([https://beta.herefordshire.gov.uk/media/1216507/data\\_protection\\_policy\\_hcv1\\_internet.pdf](https://beta.herefordshire.gov.uk/media/1216507/data_protection_policy_hcv1_internet.pdf)) and Herefordshire PCT Data Protection Policy ([www.herefordshire.nhs.uk/docs/Publications/Data\\_Protection\\_Policy.pdf](http://www.herefordshire.nhs.uk/docs/Publications/Data_Protection_Policy.pdf))

## 4. Preparing for Adulthood Pathway

The formal multi-agency PFA pathway starts in year 9. We would expect schools and settings to follow statutory guidance. Along with parents/carers, they would already be encouraging young people to think about their futures, express and make choices.

For those young people with disabilities and complex needs who are also looked after children (LAC), there is a separate [Leaving Care Pathway](#). Where there are overlaps in the two pathways, these should be rationalised for the benefit of all. The leaving care pathway takes precedence.

Together with partners, we have established key milestones in the PFA transitions process and described who is responsible for achieving these in Annex C: Roles and Responsibilities. We will produce a user-friendly PFA pathway and guide for young people and families. This will be co-produced with young people and families and include key milestones.

The PFA operational group will use the PFA Tracker to monitor young people's progress and ensure young people are being supported in a timely manner.

## **5. Escalation and Dispute resolution**

This section clarifies how disagreements should be resolved with young people or their parent/carers or between agencies regarding multi-agency responsibility.

### **Case escalation procedures**

Through the PFA Operational Group partners work together to ensure successful outcomes for young people, however the Post 16 Learning and Skills Adviser should identify cases that need escalating to the Senior Advisor for Post 16 Learning and Skills who will initiate communication with relevant managers from other services within 5 working days to seek a resolution. If agreement is still not reached, the case is escalated to the Head of Additional Needs who is the Local Authority Transitions lead who will review the matter within 5 working days and attempt to find a satisfactory solution acceptable to all agencies involved.

### **Complaints Procedure**

If a young person or their parents/carers are unhappy with the contribution of a particular agency, they should follow the complaints procedure of that agency. The Post 16 Learning and Skills Adviser can assist with signposting young people and their parents/carers to the appropriate agency.

If the complaint relates to education, health and social care then this needs to be sent to the Head of Additional Needs who is the local authority transitions lead. The Head of Additional Needs will identify a single lead investigator, review the complaint and respond to the complaint within 5 working days.

Agencies involved have committed to ensure that services to the young person are not disrupted or delayed whilst a resolution is found.

## Appendix A: Legal and Policy Context

### Legislation

<ul style="list-style-type: none"><li>• Care Act 2014</li><li>• Children and families Act 2014</li><li>• Apprenticeships, Skills, Children and Learning Act 2009</li><li>• Autism Act 2009</li><li>• Children Act 1989 and 2004</li><li>• Children (Leaving Care) Act 2000</li><li>• Chronically Sick and Disabled Person's Act 1970</li><li>• Disabled Person's Act 1986</li><li>• Education Act 1996 and 2011</li></ul>	<ul style="list-style-type: none"><li>• Education and Skills Act 2008</li><li>• Equality ACT 2010</li><li>• Health and Social Care Act 2012</li><li>• Human Rights Act 1998</li><li>• Learning and Skills Act, 2000</li><li>• Mental Capacity Act 2005</li><li>• Mental Health Act 2007</li><li>• UN Convention on the Rights of the Child</li></ul>
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### Guidance and Policy

- SEND Code of Practice: 0-25
- Factsheet The Care Act 2014  
*Factsheet 11 the transition for children to adult care and support*
- Children and young people's continuing care national framework
- Guidance and resources relating to NHS continuing healthcare and NHS-funded nursing care.
- National Service Framework for Children, Young People and Maternity Services (DH and DfES, 2004)
- Pathways to getting a life: transition planning for full lives (DH, 2011)
- Progression Through Partnership (DfES, DH and DWP 2007)
- Valuing People (DH, 2001) and Valuing People Now: a new three year strategy for people with learning disabilities' (DH, 2009)
- Statutory guidance Transition-to-adulthood-for-care-leavers
- HerefordshiresSafeguardingboard/safeguarding-children-young-people-in-herefordshire/
- Herefordshire safeguarding adults board

## **Linked Herefordshire Strategies and Plans**

- [Herefordshire Learning Disability Strategy 2018 to 2028](#)
- [Herefordshire Children and Young People's Plan 2019-2024.](#)
- [Adult Wellbeing Plan 2017 - 2020](#)
- [Herefordshire Health and Wellbeing Strategy](#)
- [Autism Strategy 2019-2022](#)
- [Herefordshire Care Leavers Support](#)

## Appendix B: Eligibility Criteria for Adult Social Care Services

For a significant number of children and young people preparing for adulthood there may be initial uncertainty over the route into adult social care. Individuals and practitioners must recognise that there are different eligibility criteria for children's and adult services; a young person who receives support from children's services **may not** automatically be deemed eligible to receive any service or a similar service from adult social care.

In accordance with the Care Act 2014 Herefordshire Council will identify and / or commission social care services for adults whose needs are assessed as **eligible**.

An adult's needs meet the eligibility criteria if:

- (a) the adult's needs arise from or are related to a physical or mental impairment or illness;
- (b) as a result of the adult's needs the adult is unable to achieve two or more of the outcomes specified below; and
- (c) as a consequence there is, or is likely to be, a significant impact on the adult's well-being.

The specified outcomes are: managing and maintaining nutrition; maintaining personal hygiene; managing toilet needs; being appropriately clothed; being able to make use of the adult's home safely; maintaining a habitable home environment; developing and maintaining family or other personal relationships; accessing and engaging in work, training, education or volunteering; making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and carrying out any caring responsibilities the adult has for a child.

An adult is to be regarded as being unable to achieve an outcome if the adult:

- (a) is unable to achieve it without assistance,
- (b) is able to achieve it without assistance but doing so causes the adult significant pain, distress or anxiety,
- (c) 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
- (d) 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 period as it considers necessary to establish accurately the adult's level of need.



## Appendix C: ROLES AND RESPONSIBILITIES

### YOUNG PEOPLE

Young People should be supported and encouraged to take responsibility for making decisions as they prepare for adulthood. Young people should be supported to say what they want, need and value to create their plan, enabling them to make informed decisions and have a full, active life.

### PARENT/CARERS

Parents and/or carers have a vital role in collecting relevant information because they know all the important people and activities in their child's life. They also know what they may be able to do to help in the future and to understand some of the choices available.

### LEAD PROFESSIONAL

The lead professional's role is to act as a single point of contact for a young person and their family when a range of services is involved, starting from Year 9. This role remains the family's point of contact as the young person transfers to adult services at age 18 and leaves school. They continue to check that the young person's plans are enacted or that the plans are adapted according to the young person's wishes. Where a young person expresses a preference about their lead worker, this will be accommodated wherever possible.

## EDUCATION SERVICES

Paragraph 8.9 of the SEND Code of Practice states: 'Local authorities **must** ensure that the EHC Plan Review at Year 9, and every review thereafter includes a focus on preparing for adulthood. Planning **must** be centred around the individual and explore the young person's aspirations and abilities, what they want to be able to do when they leave post-16 education or training and the support they need to achieve this ambition.

Schools, general further education colleges, specialist art and design and land based colleges, sixth form colleges, 16 to 19 academies and special post 16 institutions approved under section 41 of the Children and Families Act 2014 have a duty to co-operate with the Local Authority and have regard to the SEND Code of Practice..'

Note: Children and young people educated at home: It is the responsibility of the **local education authority** to convene the annual/PFA transition reviews.

### SCHOOLS

#### Preparing Young People

The school will identify a member of staff who will work with the young person, **using person-centred approaches to:**

- Help them identify their goals and aspirations;
- Prepare them to contribute to the process of planning for adulthood including participation in review meetings

Provide independent careers information, advice and guidance for pupils in year 8 to year 13

#### EHCP review meetings from Year 9 in relation to Preparing for Adulthood

- Ensure that the EHC plan review at year 9 and thereafter includes a focus on preparing for adulthood including employment, independent living and participation in the community
- Ensure the young person and their family is fully informed about the purpose of the review meeting and are supported to contribute fully
- Inform agencies who are invited to review meetings that they need to submit any relevant information about the young person
- Circulate copies of any information provided to agencies invited to review meetings at least 2 weeks before the meeting
- Convene and chair annual review meetings and other reviews as necessary for young people with EHC plans

#### After the EHC Plan Review Meeting Preparing for Adulthood

- Ensure transition planning is built into the revised EHC plan including agreed clear outcomes that will prepare young people for adulthood
- Amend EHC plans as appropriate
- Ensure information from the review meeting is collated and distributed to relevant parties

### **Other Responsibilities**

- Identify education needs that cannot be met locally to inform strategic planning.
- Commission independent careers guidance
- Signpost young people and their families to information, advice and support

### **POST 16 EDUCATION AND TRAINING PROVIDERS**

- Support young people to realise their education and training potential and enable them to achieve the best possible outcomes
- Deliver a coherent study programme
- Provide the right support to students
- Prepare and support young people to progress in adult life. This includes further training/ paid employment/volunteering/higher education/independent living/participating in the community/good health
- Maintain and develop links with educational institutions and relevant agencies to support the PFA transition process
- Work with the local authority on arrangements for young people with SEND
- Make information available about their offer in a timely and user- friendly format.
- Share relevant information with the local authority in respect of offers of learning, early leavers, destinations etc.
- Secure access to independent careers information advice and guidance
- Share best practice
- Signpost young people and their families to information, advice and support
- Chair and convene annual reviews ensuring these reviews focus on preparing for adulthood and include agreed clear outcomes

## LOCAL AUTHORITY CHILDREN'S AND FAMILIES DIRECTORATE

### SEND TEAM – EHC Plan Officers

- Responsible for the co-ordination, writing, consultation and issuing of the EHC plan
- Attend PFA transition EHCP reviews
- Manage the needs assessment process for all new requests for Post 16 EHCPs
- Ensure that schools and further education providers are carrying out annual reviews
- Amend all EHCPs following the review in Year 9 and above ensuring that PFA transition planning and outcomes are incorporated in the plan
- Attend PFA operational group meetings
- Ensure that young people and their parent/carers are aware of the support available from the Special Educational Needs Disability Information and Advice Support Service (SENDIASS)
- Cease EHC Plans
- Contribute to the 'Local Offer' on WISH website ensuring information is up to date

### EDUCATIONAL PSYCHOLOGISTS

- Respond to requests for assistance in meeting the needs of young people with learning and emotional needs up to the age of 19
- Work in partnership with young people, schools, parents/carers, voluntary organisations, health and local authority services

### POST 16 LEARNING AND SKILLS TEAM (Commissioning)

- Ensure suitable and sufficient education and training provision to meet the reasonable needs of 16- 25 year olds including those with an EHC plan
- Facilitate and chair the PFA operation group meetings and maintain the PFA tracker. Use the Preparing for Adulthood (PFA) Tracker to monitor young people and the education and training provision that is required to ensure all these young people are being supported appropriately and in a timely manner
- Effectively plan, develop and commission provision to meet projected future demands and needs. Where appropriate this should be jointly with adult social care and CCG
- Use information from the PFA Tracker, school census returns, annual reviews to inform future budgetary requirements
- Devise, manage and keep under review, effective processes and procedures for placement approval and management
- Facilitate the Post 16 High Needs multi-agency placement panel

- Oversees and manages high needs education budgets and contracts with learning providers for funding packages for post-16 learners in Independent Specialist Providers and further education providers
- Engage and involve stakeholders, including young people, parents/carers, in planning, design and delivery

### **INDEPENDENT TRAVEL TRAINERS**

- In partnership identify young people with SEN and/or disability who would benefit from independent travel training
- Co-ordinate and deliver travel training packages that are tailor-made for the needs of the individual
- Monitor and evaluate young person's progress towards independent travel and to assist in transferring newly acquired skills

### **EARLY HELP**

- The Herefordshire Early Help approach is available for families with children aged 0-19 years old and up to 25 years old for Special Education Needs and Disabilities (SEND), and is responsive to family needs
- The service will work with a young person if they have an Early Help assessment
- Signpost young people and their families to information, advice and support

### **CHILDREN'S SOCIAL CARE**

Social workers are involved in undertaking assessments of children and young people in need and their families under the Children Act 1989.

- Identify on going needs for services
- For children covered by this protocol in year 9, social workers will arrange to see the young person and his or her parent/carers, where applicable, prior to a review and discuss what plans the young person has for the future. This should include:
  - Independent living (where applicable)
  - Long-term health needs
  - Access to social & leisure activities with peer group
  - Direct Payments (where applicable)
  - Occupational Therapy needs
  - Employment plans
  - Further education and training needs
  - Respite Needs

- Information will be sent to school at least two weeks prior to the annual review (Statutory Requirement)
- Ensure a school's request for information before the young person's annual review meeting is actioned by submitting details of relevant information held on children's social care record or by informing the school that the young person is not known to them
- Signpost young people and their families to information, advice and support
- Ensure the 'voice of the young person' is heard throughout the transition to adulthood processes
- Keep schools/further education providers and the SEND Team up-to-date with details of social workers and family support workers involved with young people at their establishments. Information on short break and support packages to be shared
- Retains responsibility of case management up to the age of 18 (other than specific work carried out by adult services)
- Ensure timely referral and have in place robust procedures for the transfer of responsibility from children's social care services to adult social care services. Children's social care services should provide information regarding the criteria for adult social care support, advising people that they may not automatically receive any / the same level of support if / when they transition into adulthood
- At the age of 16 children's social care services will ensure that appropriate Mental Capacity Assessments are undertaken
- Attend Complex Needs Funding panel and ensure young people are on the PFA tracker
- Children's social care services should identify those young people for whom it is likely that adult NHS Continuing Healthcare will be necessary, and should notify whichever CCG will have responsibility for them as adults. This should occur when a young person reaches the age of 14
- Working with the young adults transition team make a formal referral for screening to the adult NHS Continuing Healthcare team at the relevant CCG, when the child or young person is 16
- Contribute to 'Local Offer' on WISH website ensuring information is up to date

### **PFA TRANSITIONS LEAD**

The Head of Additional Needs who provides the strategic lead for PFA. The role involves monitoring adherence to the protocol across all partner agencies including:

- Reviewing and amending the protocol in the light of local and national developments
- Receiving information on cases that have been escalated from the multi-agency PFA practitioners group or PFA transitions coordinator
- Acting as the identified PFA transitions lead for liaison with the Department for Education

## LOCAL AUTHORITY ADULTS & COMMUNITIES DIRECTORATE

### YOUNG ADULTS TRANSITIONS TEAM – Adult Social Care

This team works principally with young adults and with all agencies involved in planning. The range of work carried out by the team spans the 14 – 25 age group that are eligible for adult social care services and includes the following:

- Working with appropriate agencies and professionals to support the transfer into adult services
- Working in partnership with stakeholders - providing advice and a central point of contact for all relevant teams / professionals / agencies supporting young people moving into adulthood eligible for assessment for adult social care services
- Working jointly with children's social care services to ensure that young people approaching adulthood are identified as currently or potentially needing adult social care services in the future and that the appropriate information is shared with the young person and their family
- Attending the PFA operational group meetings and using the PFA tracker to monitor young people from Year 9 onwards to ensure successful transition
- Working jointly with children's services to ensure links to other services are in place to make referrals for young people with an education health and care plan, e.g., housing and transport
- Working with children's social care ensure that where the young person is likely to have continuing health care needs a formal referral is made to the adult NHS health care team at the relevant CCG, when the child or young person is 16
- Attending Complex Needs Funding panel and identify those young people needing adult social care services
- Working with children's social care services to provide information to avoid creating unrealistic expectations, ensuring, professionals, families and young people are aware of the eligibility criteria for adult social care services
- Where it appears likely that the young person may require support from Adult Social Care, attend the young person's Year 11 annual review meeting
- If requested, and where appropriate, attend the young person's Year 10 review meeting to identify whether the young person is likely to need support from Adult Social Care (and, where appropriate, attend subsequent reviews if a support need is likely)
- Compliance with inter-agency procedures for the transfer of responsibility from children's social care services to adult social care
- Identifying potential future gaps in provision to meet unmet need and liaise and inform Adult Commissioners of these
- Signposting young people and their families to information, advice and support
- Some young people may require an assessment under the Care Act 2014
  - Inform the young person and their family of the assessment process
  - Undertake an Assessment to assess the young person's needs and whether they meet the eligibility criteria
  - Inform the children's social worker of eligibility for Adult Services
  - Inform carers of their right to a carer's assessment
  - Following the assessment, if eligible, work with the young person and their family using strengths based approach to develop and implement a care and support plan that meets their needs

- Informing Adult's Commissioners of young people in transition, including their needs, likely transition dates and estimated individual budgets
- The assessment and support plan should be in place and agreed prior to when services need to start
- To work with health colleagues to agree any joint support plan
- To liaise with other adult social care teams as appropriate
- Contributing to the 'Local Offer' on WISH website ensuring information is up to date

#### **ADULT OPERATIONAL AND COMMISSIONING TEAMS**

- Identify future needs and demand for services using information from the PFA Tracker
- Effectively plan, develop and commission services to meet projected future demands
- As appropriate, jointly plan, develop and commission provision and services with Children's and Families directorate and Clinical Commissioning Group
- Use information from the PFA Tracker and Adult Social Care Teams to inform adult social care assessment, resource and finance planning of future budgetary and resource requirements
- Engage and involve stakeholders, including the public, in service planning, design and delivery
- Work with partners to develop robust procedures for the transfer of responsibility from Children's Services to Adult Social Care



## HEALTH SERVICES

### HEALTH SERVICES NHS Herefordshire and Worcestershire Clinical Commissioning Group (CCG)

The National Framework for NHS Continuing Healthcare and the supporting guidance and tools should be used to determine what ongoing care services individuals aged 18 years or over should receive from the NHS

The term 'continuing care' has different meanings in child and adult services. For children and young people, continuing care refers to additional health support to that which is routinely available from GP practices, hospitals or in the community, and it can include care jointly commissioned by a local authority and CCG. It is important that young people and their families are helped to understand this and its implications right from the start of transition planning from children into adult services

Eligibility for children's continuing care does not pre-suppose eligibility for NHS Continuing Healthcare

CCGs should ensure that they are actively involved, with their partners, in the strategic development and oversight of their local transition planning processes, and that their representation includes those who understand and can speak on behalf of adult NHS Continuing Healthcare. CCGs should also ensure that adult NHS Continuing Healthcare is appropriately represented at all transition planning meetings to do with individual young people whose needs suggest that there may be potential eligibility

The needs of a young person, and any future entitlement to adult NHS Continuing Healthcare should be clarified as early as possible in the transition planning process, especially if the young person's needs are likely to remain at a similar level until adulthood

Children's services should identify those young people for whom it is likely that adult NHS Continuing Healthcare will be necessary, and should notify whichever CCG will have responsibility for them as adults. This should occur when a young person reaches the age of 14

This should be followed up by a formal referral for screening to the adult NHS Continuing Healthcare team at the relevant CCG, when the child or young person is 16

As soon as practicable after the young person's 17th birthday, eligibility for adult NHS Continuing Healthcare should be determined in principle by the relevant CCG, so that, wherever applicable, effective packages of care can be commissioned in time for the individual's 18th birthday. In order to do this staff from adult services (who are familiar with the adult NHS Continuing Healthcare National Framework) will need to be involved in both the assessment and care planning to ensure smooth transition to adult services. If needs are likely to change, it may be appropriate to make a provisional decision, and then to recheck it by repeating the process as adulthood approaches

- Ensure that reports provided by relevant health professionals for Year 9 Education, Health and Care Plan (EHCP) review (and subsequent reviews) where a young person has significant health needs are taken into account in transition planning
- Ensure there is appropriate health representation on multi-agency resource panels so that timely decisions can be made about health resources in EHCPs

- Health commissioners to put arrangements in place to secure provision that has been agreed in the health section of the EHC plan
- Attend Complex Needs Funding panel and the PFA operation group meetings to identify those young people that will need continuing health care services
- Facilitate the transfer to Adult Health Care Services and ensuring that referrals to relevant services are made in good time so that there is no gap in service provision. Ensuring that young people and their parents/carers know when and how this transfer will take place and that sufficient warning is given
- Ensure that the young people and their parents/carers know who will co-ordinate their care provision within the Adult Health Care Services
- Identify the appropriate way of meeting the health needs of the young person to include:
  - Every child or young person will be reviewed and will have a co-ordinated care plan to meet individual need. To ensure an active transition to adult or universal services or to a more appropriate care pathway (this may include a disease specific pathway or a palliative care pathway) to take place within an agreed time frame
  - A co-ordinated care plan to meet the child/young person's individual needs
  - Transition to adult, universal or specialist services is an actively managed process
  - Where a child or young person has needs that require the input of other specialist services they should be referred to that service for an assessment
- To work with adult social care to agree any joint support plans
- Work to resolve any difficulties about responsibility for the provision of health services which, may arise in the case of young people placed out of county
- Contribute to 'Local Offer' on WISH website regarding information on health services, ensuring information is up to date
- Have strategic overview of the "transition process" for children and young people and influence improvements through their commissioning and contracting arrangements
- Ensure that all NHS Providers are compliant with the NICE Transitions Guidance and NICE Transitions Quality Indicators

**COMMUNITY CHILD HEALTH SERVICES (Child Development Centre) and HOSPITAL SERVICES (Hereford County Hospital), Wye Valley NHS Trust.**

Consultants/clinicians at both the Hereford County Hospital and the clinics at the Child Development Centre will have transition arrangements in place for young people to transfer from Paediatrics health services to adult health services

## PRIMARY CARE

Where there is not a clear, secondary care transition pathway the General Practitioner will be responsible for medical follow-up as necessary and coordination of health care

### Action to be taken by Health

#### **Preparing a medical report**

With the consent of the young person/parent/carer, the Health representative will provide the most recent clinic letter/report for young people in Year 9 who have on-going health needs. In addition, young people, their parents or the school may request a health report if a medical problem is causing concern

#### **Attending the Year 10 review meeting and subsequent annual review meetings**

If the young person will require health care support as they prepare to leave school and beyond, the designated Health Professional, or a representative with the consent of the young person/parent, will attend the Year 10 review meeting if required. If unable to attend will ensure report is available

## MENTAL HEALTH

**The Herefordshire from Child and Adolescent Health Mental Health Service to Adult Mental Health Services Transition Protocol should be followed where appropriate to do so.**

The purpose of the Protocol is to

- Define day to day working arrangements between Children's and Adult Mental Health and Learning Disability services
- Ensure a seamless transition between the service areas.

Young people needing to transition between CAMHS and other post 18 Mental health Services will include transition to

- Adult Recovery Teams
- Primary Care Team to include General Practitioners
- IAPT – Let's talk service

An allocated care co-ordinator within the CAMHS Service will undertake transition arrangements in a timely manner, working jointly with other appropriate services to support young people through the transition period

## OTHER AGENCIES AND SERVICES

### JOB CENTRE PLUS

- Provide information and advice on the range of programmes and grants available to support people into employment or gain new skills
- Help people facing the greatest barriers to employment to compete effectively in the labour market and move into and remain in work
- Improve continuously the quality, accessibility and delivery of services to all customers
- Give information and advice on the range of welfare benefits that the young person and/or their family may be entitled to claim. Provide specialist advice on eligibility and the claims process
- Ensure that people receiving working age benefits fulfil their responsibilities while providing appropriate help and support for those without work

### SUPPORTED HOUSING (INCLUDING COMMISSIONING)

- Advice and support on different housing options available from residential to supported housing
- Information on what is available in the local area
- Use information, data and research including the PFA tracker to effectively plan to meet projected future housing needs taking into consideration stakeholders views
- Engage and involve stakeholders, including young people, parents/carers, in planning, design and development
- Ensure appropriate level of support to achieve independence

### HEREFORDSHIRE SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITY INFORMATION, ADVICE AND SUPPORT SERVICE (SENDIASS)

SENDIASS provides an impartial and confidential support service for parents and carers of children, and young people up to the age of 25, with special educational needs and disabilities (SEND). SENDIASS offer free advice and one-to-one support about education, social care and health and can help you plan your son or daughter's future.

[www.herefordshire.gov.uk/sendias](http://www.herefordshire.gov.uk/sendias)

### YOUTH OFFENDING SERVICE

The Youth Offending Service (YOS) works with young people who have come in to contact with the criminal justice system due to offending behaviour. Some young people with SEND can become involved in criminal activities. To support preparation for adulthood the YOS service will:

- Work in partnership with the Probation Service in respect of transition arrangements for the transfer should a young person turn 18 whilst on a Youth Rehabilitation
- Liaise with young offender's institutions and adult prisons as appropriate

- Support school leavers in respect of obtaining further education or employment taking into account learning styles/needs
- Work with parents/carers, the police and the courts in respect of young people with SEND who commit serious offences
- Make referrals to partners to facilitate appropriate support, particularly the community mental health service and Disability Service, participating in any joint meetings
- Provide advice, information and guidance to parents/carers and young people signposting as required
- Provide 'Appropriate Adults' training to enable staff and partners providing a service during police interviews
- Ensure intervention plans to address re-offending, risk to others and safeguarding are produced based on the Youth Justice Board's national assessment tool 'Assetplus' and, where appropriate the comprehensive health assessment tool
- Jointly with Social Care, Accommodation Services and the SEN Team where appropriate, support resettlement in the community of young people leaving custody or home. This may involve the need for an EHC needs assessment

## Appendix D: Selected Acronyms and Abbreviations

EHA	Early Help Assessment
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDC	Children's Development Centre
CHC	Continuing Health Care
CYPS	Children and Young People's Service
EHCP	Education, Health and Care (plan)
ISP	Independent Specialist Provider
LAC	Looked After Children
MDT	Multi-Disciplinary Team
NEET	Not in Education, Employment or Training
PHSE	Personal, Health and Social Education
PFA	Preparing for Adulthood
SEND	Special Educational Needs & Disabilities

