Herefordshire Multi-Agency Transition Protocol for Children and Young People with Disabilities and Complex Needs

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Herefordshire Council

Working together for the people of Herefordshire

NHS Herefordshire

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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 transition and 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 designed with young people at the centre and has been developed to support and improve the transition process by ensuring we are all working together for the benefit of young people, their parents and carers. The protocol aims to outline the transition pathway and ensure everyone involved in transition 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 *(adapted from the Vision from Children with Disabilities Review)*

We want to give all Herefordshire young people with disabilities and complex needs the best chance to live fulfilling lives as they move into adulthood.

1. Introduction

The purpose of this protocol is to make clear the transition planning and review processes that support the move from adolescence to adulthood for young people from 13 up to their 25th birthday. Whilst all young people go through transition to adulthood, this protocol focuses on young people with disabilities and young people with complex needs.

All partners should ensure that transition for this group is timely and planned. This applies to those in receipt of assessed services[1] 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 Wellbeing to Adult Wellbeing and accessing real opportunities for work, housing choices and a social life in the community.

Intended audience of the protocol

This protocol is relevant to all the professionals and agencies in Herefordshire that have a responsibility in ensuring young people with disabilities make a successful transition to adulthood. This includes professionals involved in planning and commissioning services as well as those actually delivering them.

This protocol does not replace internal processes within individual agencies, but is intended to support multi-agency planning.

Who does this protocol cover?

This protocol applies to young people that:

- have a Statement of Special Educational Needs (SEN) or a Learning Difficulty Assessment (LDA)
- may meet the eligibility criteria of Herefordshire Council's Fair Access to Care framework
- receive a service from the Children with Disabilities Team
- have continuing health care needs requiring referral onto adult wellbeing services
- have complex needs (a combination of multiple and profound impairments, challenging behaviour and learning disabilities and acute and chronic medical conditions)
- are not assessed as having special educational needs but who may need some support in planning for and adapting to adult life because of their impairment

[1] Refer to Appendix B for information on assessment and eligibility with regards to Adult Services

2. Aims and Outcomes

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

What does a good transition look like?

Young people…	**Young people and their parents/carers…**
• Make decisions and take the lead or are supported by people that can advocate for them • Are supported to plan what they want to do and achieve • Are able to access the same opportunities as other young people • Have access to good transport services to enable them to access services • Can try things out beforehand • Can change their mind	• Are listened to and fully involved • Have one point of contact to link with • Feel supported • Receive consistent messages • Have easy access to understandable information • See agencies stick with and pursue agreed plans, but are flexible to accommodate change • 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

In order to achieve these outcomes, 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 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 these outcomes?

1. As the key stage 4 and key stage 5 destination measure is developed – baselines can be set and monitored, in addition to this young people will be monitored through the transition register
2. Setting targets for the percentage of young people with a learning difficulty or complex needs who are NEET as measured from the current baseline.

3. By annually capturing feedback from young people, their families and other stakeholders

3. Principles

Drawing on the key messages from the Preparing for Adulthood Programme (Department for Education, 2011); 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 that support young people, where possible, to express their views, should inform support planning and ensure positive outcomes for young people.

Involvement and consultation of parents and carers

Young people and their families should be recognised as partners in the process and be actively involved in planning their future. The experience of young people and their families should inform strategic planning and commissioning.

Partnership working across agencies

A shared vision, which places young people and their families at the centre and focuses on improving life chances, should be developed across all partners. 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

Clear information should be shared with young people to help raise aspirations by illustrating what has already worked for others. Information should be developed with young people and their families to ensure it is relevant, accessible and understandable.

Working towards positive outcomes

Transition planning should keep focussed 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 transition planning facilitates more responsive and flexible forward planning. Timely assessments and transition plans are essential for Commissioners to plan services and budgets in advance, for the projected support needs of young people moving into adulthood.

Relevant information sharing

Agencies should share relevant information with each other and with commissioners to ensure the transition process is smooth and that services and opportunities can be planned and developed to meet the needs of young people as they move into adulthood[2]. Information must be accurate and timely and shared in adherence to data sharing principles[3].

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 have additional needs related to physical, sensory, cognitive and/or communication requirements and 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 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. A Safeguarding Children to Safeguarding Adults Transition Protocol is being drafted currently and should be read in conjunction with the main transitions protocol by all staff involved in safeguarding the young person.

[2] 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

[3] For guidance, refer to the Herefordshire Council Data Protection Policy (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)

4. Transition Pathway

The following pages outline the Transition Pathway. The starting point has been the journey of the young person and their family. It has also been designed to conform to the generic pathway for Children with Disabilities which is intended to facilitate single multi-agency assessment and planning. The development of single multi-agency assessment and planning for younger children, once implemented, would merge seamlessly into planning for the transition to adulthood which is described in this document[4].

For those young people with disabilities and complex needs who are also LAC, there is a separate 'Leaving Care' pathway[5]. Where there are overlaps in the 2 pathways, these should be rationalised for the benefit of all.

[4] For more information on the Single Plan, refer to http://www.sendpathfinder.co.uk/

[5] The Herefordshire Leaving Care Pathway forms part of the 16+ teams Statement of Purpose Document.

Transition Pathway for a Young Person with Disabilities and Complex Needs – Year 8 and 9

Roles and Responsibilities
Please refer to the "Roles and Responsibilities" section of the Herefordshire Multi-Agency Transition Protocol for Children and Young People with Disabilities and Complex Needs

Year 8
Age 12-13

All schools begin to prepare young people and their families during Year 8 for their first transition review. For **Looked After Children** the school must invite the social worker as corporate parent.

The school shares information with parents and carers. This will draw on information relating to the young person's experience and aspirations as well as any previous education / health / care reviews.

Year 9
Age 13-14

Preparation for the transition review
(at least 2 weeks before the review meeting) by school staff ensuring information is gathered and distributed to those that need it. This will draw on information relating to the young person's experience and aspirations as well as any previous education / health / care reviews.

The Head Teacher
is responsible for ensuring that the Year 9 review is coordinated and inviting attendees in full consultation with the young person and their family.

School staff must ensure that the young person and their family feel fully prepared in advance.

Health Services
Including CAMHS & Therapists
Health Care Plan reviewed and considered. Where there has been significant involvement key practitioners should contribute to and attend the review

SEN PA
attends and contributes to Year 9 transition review
Explores FE options and the ways the young person can access this.

Year 9 Review Meeting

Young Person and Parents / Carers
Are fully consulted and actively participate as part of the review. The transition plan which results from the meeting is fully informed and co-produced with the young person and their parents / carers and professionals including the social worker who acts as corporate parent if the young person is looked after.

Head Teacher or nominee
facilitates / chairs the meeting and ensures completion and sharing of the review.

Lead Professional
Does the young persons individual plan require a lead professional assigned to it?

Childrens Social Care
(or named social worker)
Where there has been involvement should contribute to and attend the review

Transition Support Coordinator
To offer support /signpost to
Young Person
School staff
Managers
Pracitioners
Parents / carers
To update Transition Register

Transition Pathway for a Young Person with Disabilities and Complex Needs Year 10

Roles and Responsibilities
Please refer to the "Roles and Responsibilities" section of the Herefordshire Multi-Agency Transition Protocol for Children and Young People with Disabilities and Complex Needs

Year 10
Age 14-15

Preparation for the transition review
(at least 2 weeks before the review meeting) by school staff ensuring information is gathered and distributed to those that need it. This will draw on information relating to the young person's experience and aspirations as well as any previous education / health / care reviews.

The Head Teacher
is responsible for ensuring that the Year 10 review is coordinated and inviting attendees in full consultation with the young person and their family.

School staff must ensure that the young person and their family feel fully prepared in advance.

Health Services
Including CAMHS & Therapists
Health Care Plan reviewed and considered. Where there has been significant involvement key practitioners should contribute to and attend the review

Childrens Social Care
(or named social worker)
Where there has been involvement should contribute to and attend the review

Year 10 Review Meeting

Young Person and Parents / Carers
Are fully consulted and actively participate as part of the review. The transition plan which results from the meeting is fully informed and co-produced with the young person and their parents / carers and professionals including the social worker who acts as corporate parent if the young person is looked after.

Head Teacher or nominee
facilitates / chairs the meeting and ensures completion and sharing of the review.

Lead Professional
Does the young persons individual plan require a lead professional assigned to it?

SEN PA
Post 16 ISP high needs application explored if appropriate

Local Authority Commissioning Team (Post 16 Education)
Explore funding applications for ISP or other provision as appropriate.

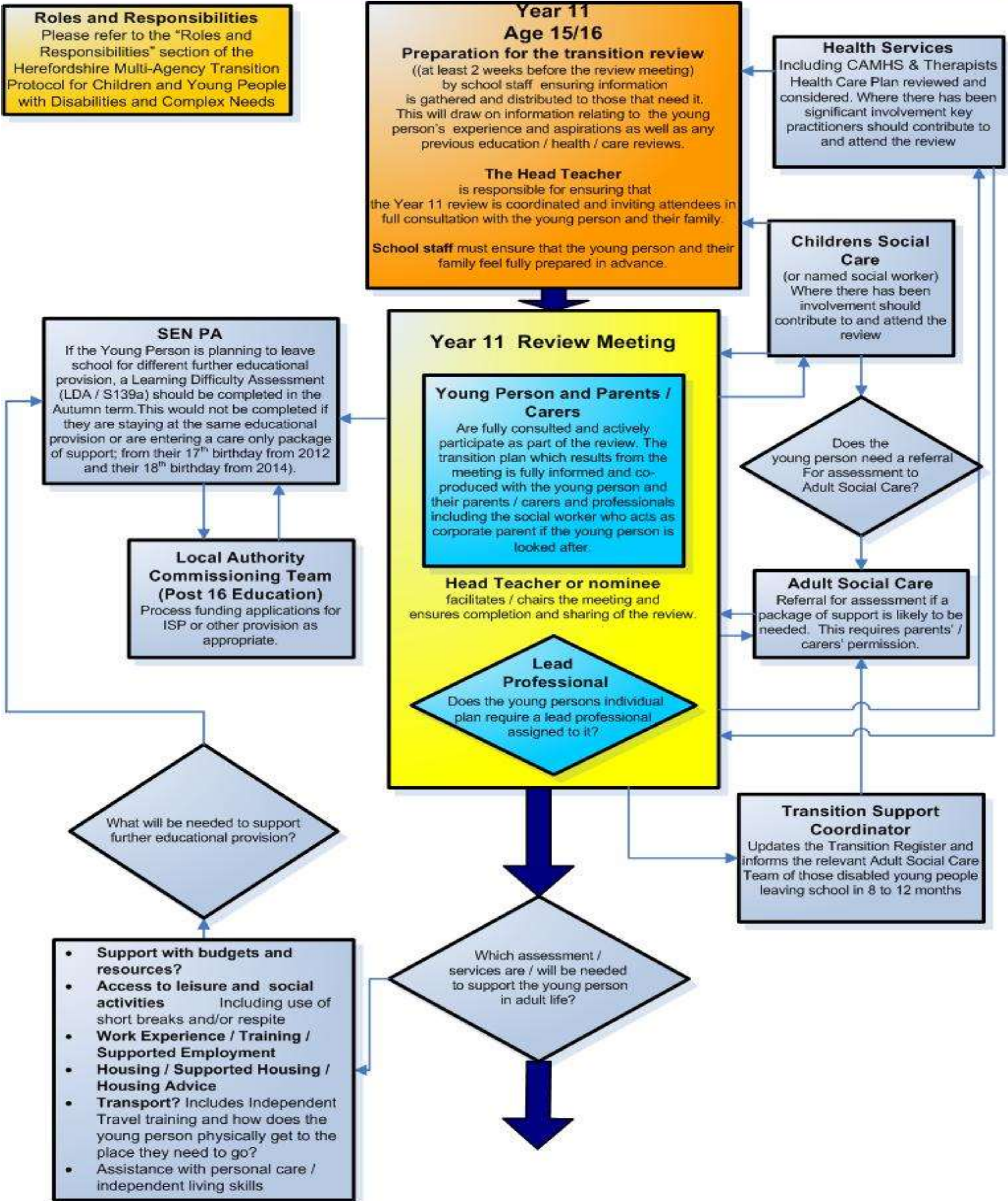
Does the young person need a referral for assessment to Adult Social Care?

Adult Social Care
Referral for assessment if a package of support is likely to be needed. This requires parents' / carers' permission.

Transition Support Coordinator
Updates the Transition Register and informs the relevant Adult Social Care Team of those disabled young people leaving school in 8 to 12 months

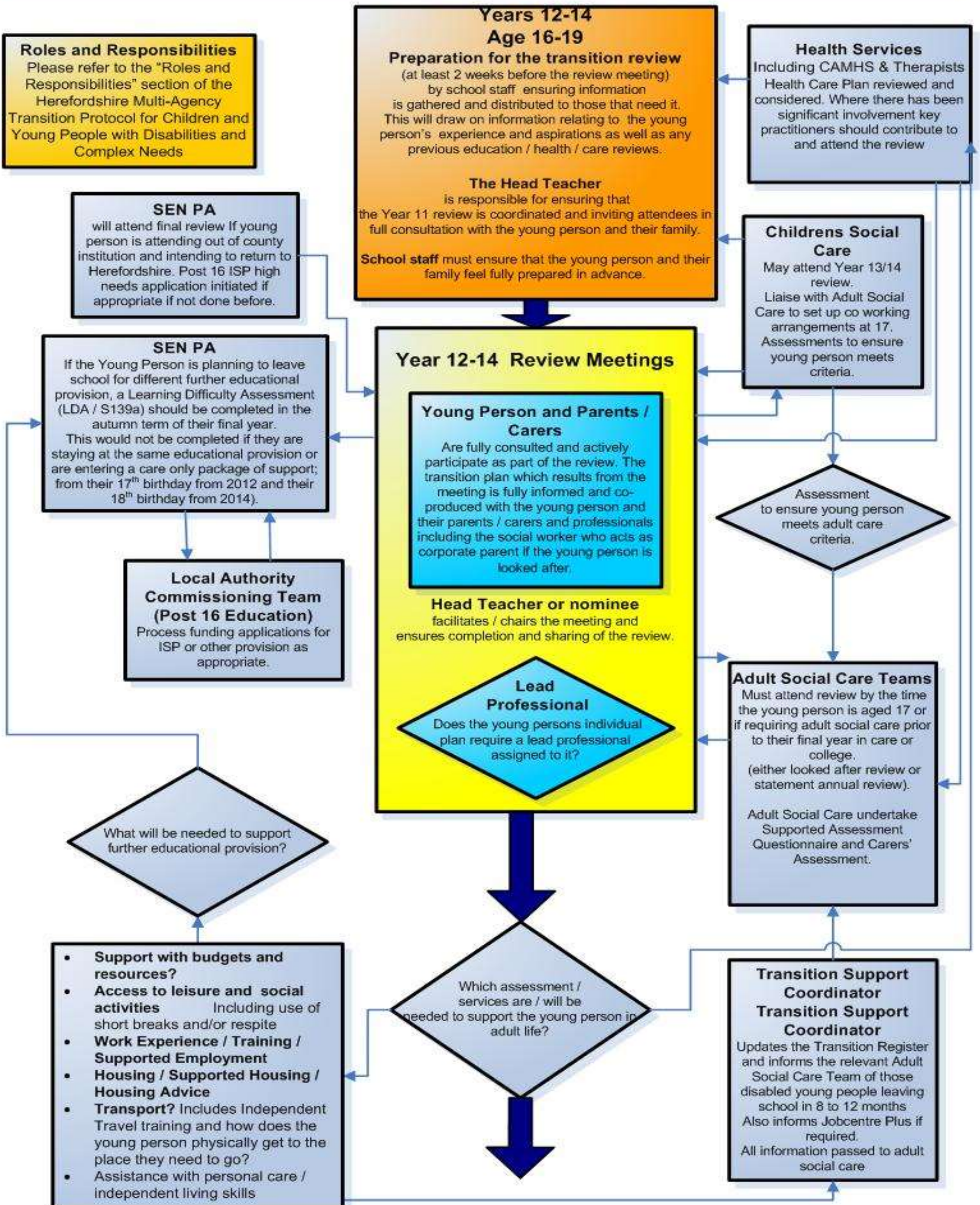
Which assessment / services are / will be needed to support the young person in adult life?

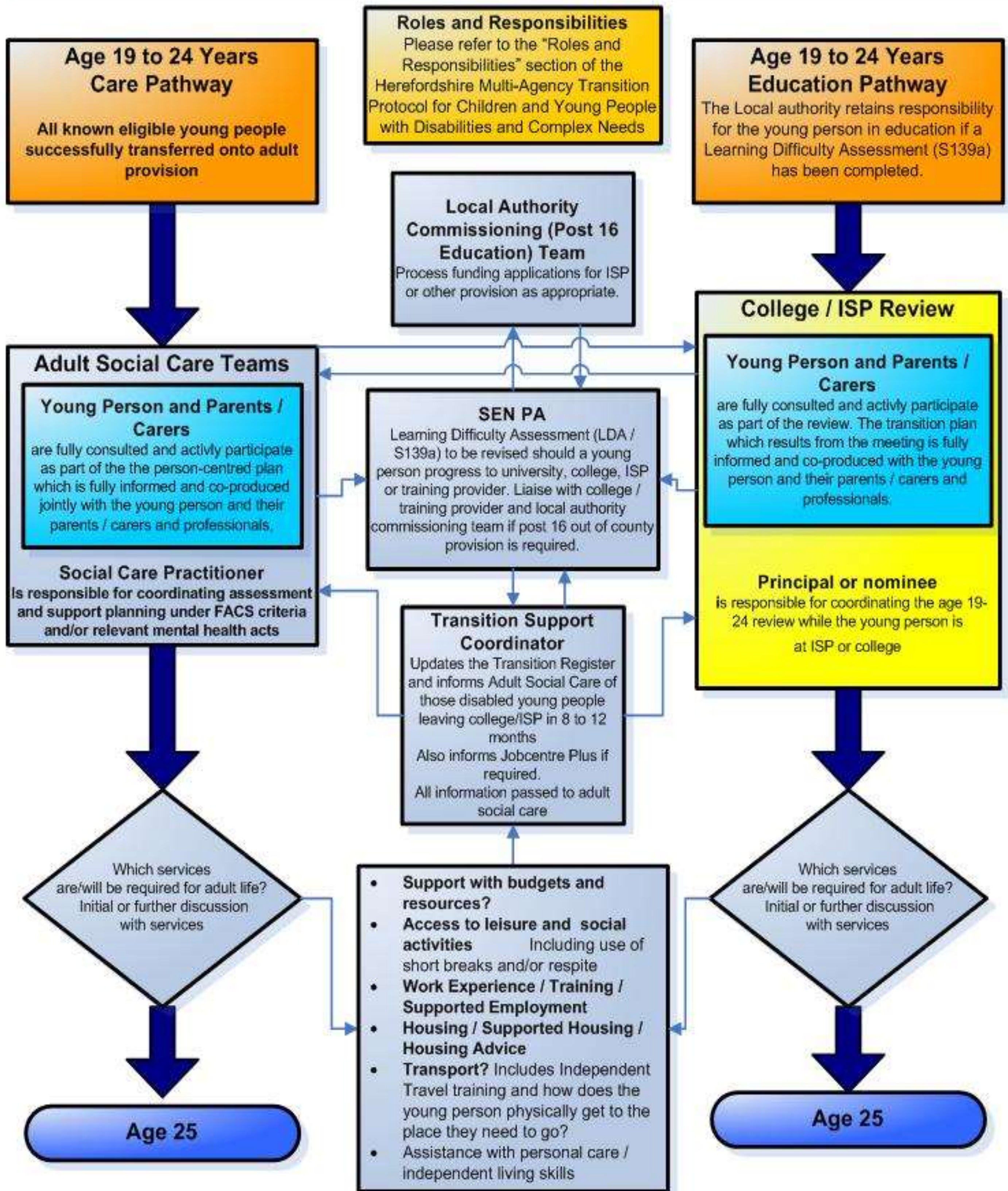
- **Support with budgets and resources?**
- **Access to leisure and social activities** Including use of short breaks and/or respite
- **Work Experience / Training / Supported Employment**
- **Housing / Supported Housing / Housing Advice**
- **Transport?** Includes Independent Travel training and how does the young person physically get to the place they need to go?
- Assistance with personal care / independent living skills



Transition Pathway for a Young Person with Disabilities and Complex Needs Year 11
Roles and Responsibilities
Please refer to the "Roles and Responsibilities" section of the Herefordshire Multi-Agency Transition Protocol for Children and Young People with Disabilities and Complex Needs
Year 11
Age 15/16
Preparation for the transition review
((at least 2 weeks before the review meeting) by school staff ensuring information is gathered and distributed to those that need it. This will draw on information relating to the young person's experience and aspirations as well as any previous education / health / care reviews.
The Head Teacher
is responsible for ensuring that the Year 11 review is coordinated and inviting attendees in full consultation with the young person and their family.
School staff must ensure that the young person and their family feel fully prepared in advance.
Health Services
Including CAMHS & Therapists
Health Care Plan reviewed and considered. Where there has been significant involvement key practitioners should contribute to and attend the review
Childrens Social Care
(or named social worker) Where there has been involvement should contribute to and attend the review
SEN PA
If the Young Person is planning to leave school for different further educational provision, a Learning Difficulty Assessment (LDA / S139a) should be completed in the Autumn term. This would not be completed if they are staying at the same educational provision or are entering a care only package of support; from their 17th birthday from 2012 and their 18th birthday from 2014).
Year 11 Review Meeting
Young Person and Parents / Carers
Are fully consulted and actively participate as part of the review. The transition plan which results from the meeting is fully informed and co-produced with the young person and their parents / carers and professionals including the social worker who acts as corporate parent if the young person is looked after.
Does the young person need a referral For assessment to Adult Social Care?
Local Authority Commissioning Team (Post 16 Education)
Process funding applications for ISP or other provision as appropriate.
Head Teacher or nominee
facilitates / chairs the meeting and ensures completion and sharing of the review.
Adult Social Care
Referral for assessment if a package of support is likely to be needed. This requires parents' / carers' permission.
Lead Professional
Does the young persons individual plan require a lead professional assigned to it?
What will be needed to support further educational provision?
Transition Support Coordinator
Updates the Transition Register and informs the relevant Adult Social Care Team of those disabled young people leaving school in 8 to 12 months
Which assessment / services are / will be needed to support the young person in adult life?
Support with budgets and resources?
Access to leisure and social activities Including use of short breaks and/or respite
Work Experience / Training / Supported Employment
Housing / Supported Housing / Housing Advice
Transport? Includes Independent Travel training and how does the young person physically get to the place they need to go?
Assistance with personal care / independent living skills

Transition Pathway for a Young Person with Disabilities and Complex Needs – Year 12 -14





Transition Pathway for a Young Person with Disabilities and Complex Needs – Post 19 years
Roles and Responsibilities
Please refer to the "Roles and Responsibilities" section of the Herefordshire Multi-Agency Transition Protocol for Children and Young People with Disabilities and Complex Needs
Age 19 to 24 Years
Care Pathway
All known eligible young people successfully transferred onto adult provision
Age 19 to 24 Years
Education Pathway
The Local authority retains responsibility for the young person in education if a Learning Difficulty Assessment (S139a) has been completed.
Local Authority Commissioning (Post 16 Education) Team
Process funding applications for ISP or other provision as appropriate.
College / ISP Review
Young Person and Parents / Carers
are fully consulted and activly participate as part of the review. The transition plan which results from the meeting is fully informed and co-produced with the young person and their parents / carers and professionals.
Principal or nominee
is responsible for coordinating the age 19-24 review while the young person is at ISP or college
Adult Social Care Teams
Young Person and Parents / Carers
are fully consulted and activly participate as part of the the person-centred plan which is fully informed and co-produced jointly with the young person and their parents / carers and professionals.
Social Care Practitioner
Is responsible for coordinating assessment and support planning under FACS criteria and/or relevant mental health acts
SEN PA
Learning Difficulty Assessment (LDA / S139a) to be revised should a young person progress to university, college, ISP or training provider. Liaise with college / training provider and local authority commissioning team if post 16 out of county provision is required.
Transition Support Coordinator
Updates the Transition Register and informs Adult Social Care of those disabled young people leaving college/ISP in 8 to 12 months
Also informs Jobcentre Plus if required.
All information passed to adult social care
Which services are/will be required for adult life? Initial or further discussion with services
Which services are/will be required for adult life? Initial or further discussion with services
Support with budgets and resources?
Access to leisure and social activities Including use of short breaks and/or respite
Work Experience / Training / Supported Employment
Housing / Supported Housing / Housing Advice
Transport? Includes Independent Travel training and how does the young person physically get to the place they need to go?
Assistance with personal care / independent living skills
Age 25
Age 25

Herefordshire’s Multi-Agency Approach

The transition process for young people with disabilities and complex needs is managed in the following ways:

a. Transition Lead

- This role provides the strategic lead for development work around transition to adult life. The role involves Monitoring adherence to the protocol across all partner agencies
- 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 practitioners group or Transitions Coordinator
- Acting as the identified transitions lead for liaison with the DfE

b. Transition Support Coordinator

This role works operationally across Herefordshire with all agencies involved in transition planning for young people moving onto adult services. The role involves:

- Keeping and maintaining the Transition Register that holds information on all Statemented young people from Year 9 onwards and, when notified, other young people requiring transition support. The Transition Register identifies future needs and the likelihood of needing adult services and other specialist provision. It is also used for medium-term financial planning. The purpose being to ensure that the budget profile between children and adults is clearly identified and able to support the budget setting process.
- Sharing data from the Transition Register with the multi-agency practitioners group
- Liaison with key professionals and agencies for children and adult wellbeing services, such as SEN PA, Social Workers, Health Professionals, Commissioners
- Organising the Herefordshire multi-agency practitioners group
- Following up cases by ensuring agreed work has been undertaken and that the Transition Register is kept up to date

c. Herefordshire multi-agency practitioners group

This group has representation from key agencies and includes operational staff at team leader level as well as those responsible for case-based commissioning. Other agencies are invited as required. It is organised by the Transitions Coordinator and meets on a monthly basis and performs the following functions:

- Promote the smooth implementation of the protocol

- Discuss individual cases highlighted to them (sometimes 'stuck cases'[6]) to ensure that timely support is in place and actions and responsibilities are clearly identified (whenever required, urgent cases are also dealt with between meetings)
- Identify procedural issues that result from the learning from individual cases and ensure these are highlighted to the Local Authority Transitions Lead, (who is responsible for amending the protocol in partnership with other agencies)

The multi-agency practitioners group will usually include representatives from:

- Children's Wellbeing
- Adult Wellbeing
- Adult Wellbeing Commissioning
- Childrens Wellbeing Commissioning
- Localities
- SEN PAs
- CAMHS
- Health
- Post 16 Education & Training

d. Case escalation procedures

i. The Transition Coordinator should identify cases that need highlighting to the multi-agency practitioners groups and include these on the next meeting agenda.

ii. If agreement cannot be reached at the Multi-Agency Practitioners Group, it is the responsibility of the Transition Coordinator to escalate the case to their line manager, who will seek a resolution through cross-working with managers of other services

iii. If agreement is still not reached, the case is escalated to the Local Authority Transitions Lead

5. 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 Transition Coordinator can assist with signposting young people and their parents/carers to the appropriate agency.

[6] For example, cases where no agency/practitioner is taking responsibility; cases where the young person does not meet the eligibility thresholds for adult services

Appendix A: Legal and Policy Context

Legislation

• Apprenticeships, Skills, Children and Learning Act 2009 • Autism Act 2009 • Children Act 1989 and 2004 • Children (Leaving Care) Act 2000 • Chronically Sick and Disabled Person's Act 1970 • Disabled Person's Act 1986 • Education Act 1996 and 2011 • Education and Skills Act 2008	• Equality ACT 2010 • Health and Social Care Act 2012 • Human Rights Act 1998 • Learning and Skills Act, 2000 • Mental Capacity Act 2005 • Mental Health ACT 2007 • National Assistance Act 1948 • NHS and Community Care Act 1990 • UN Convention on the Rights of the Child

Guidance and Policy

- Aiming High for Disabled Children: Better Support for Families (DfES and DH, 2007)
  http://media.education.gov.uk/assets/files/pdf/a/aiming%20high%20for%20disabled%20children%20better%20support%20for%20families.pdf
- Caring for Our Future: reforming care and support (DH, 2012)
  www.dh.gov.uk/health/files/2012/07/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf
- Every Child Matters (DfES, 2004)
  www.education.gov.uk/publications/eOrderingDownload/DfES10812004.pdf
- Framework for the Assessment of Children in Need and their Families (DH, 2000)
  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256
- Healthy lives, brighter futures – The strategy for children and young people's health (DH, 2009)
  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400
- National Service Framework for Children, Young People and Maternity Services (DH and DfES, 2004)
  www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101
- Pathways to getting a life: transition planning for full lives (DH, 2011)
  www.gettingalife.org.uk/downloads/2011-Pathways-to-getting-a-life.pdf
- Progression Through Partnership (DfES, DH and DWP 2007)
  www.education.gov.uk/publications/eOrderingDownload/Progression_through_Partnership.pdf

- Putting people First : a shared vision and commitment to the transformation of adult social care (DH, 2007) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
- Special Education Needs: Code of Practice (DfES, 2001) www.education.gov.uk/publications/standard/publicationDetail/Page1/DfES%200581%202001
- Support and Aspiration: A new approach to special educational needs and disability (DfE, 2011) www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027
- Valuing People (DH, 2001) and Valuing People Now: a new three year strategy for people with learning disabilities' (DH, 2009) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

Linked Herefordshire Strategies and Plans

- Priority Action Plan from the Herefordshire Children with a Disability Review 2011 www.herefordshire.gov.uk/docs/CommunityAndLiving/CWD_Priority_Action_Plan.pdf
- "Yes We Can" – the plan to support children, young people and families 2011-2014 www.herefordshire.gov.uk/docs/yes_we_can_plan_for_young_people.pdf
- Herefordshire's Joint Corporate Plan 2011-2014 www.herefordshire.gov.uk/council_gov_democracy/council/1855.asp
- Strategic Delivery Plan for Transforming Adult Services 2012-2015
- Herefordshire Autism Strategy (in development)

Appendix B: Eligibility Criteria for Adult Wellbeing (Social Care)

Eligibility criteria for adult services (Health & Social Services)

For a significant number of transition cases there may be initial uncertainty over the route into adult social care. Practitioners must recognise that there are different eligibility criteria between children's and adult services; a young person who receives support from CYPS **may not** automatically be deemed eligible to receive similar support from adult social care.

In accordance with DH guidance 'Fair Access to Care Services', Herefordshire Council will commission social care services for adults whose needs are assessed as **critical or substantial**[7].

The question of eligibility

The initial question for Childrens Wellbeing must always be - *'does the young person need an assessment to establish eligibility for adult social care?'*

A young person's eligibility for adult social care should be firmly established as soon as possible within at least the person's 16th year of age and no later than 17 and 6 months,

It is best practice that if any fundamental questions arise regarding eligibility, in terms of diagnosis etc, the host children's service must strive to establish the answers over the years and months before a formal referral to an adult service is made

There are number of separate procedures for senior management across each directorate to consider funding requests for services for young people. The main 'Resource Panels' are:

- Children's Wellbeing Placement Panel (Social Care)
- Children's Multi-agency Complex Needs Solutions Panel (tripartite funding)
- Adult Wellbeing Social Care Panel
- NHS Continuing Healthcare
- NHS Named Patient Panel

Each resource panel operates independently according to relevant legislation, with differing 'eligibility criteria' for services existing between directorates and teams. For example, a decision by Complex Needs Solutions Panel to fund services for a young person does not currently mean that the Adults panel would automatically approve the continuation of funding as the person enters adult services at age 18. Each resource panel requires that separate assessment data is collated and presented to it to inform its own decision making process.

[7] For more information on FACS criteria, refer to www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009653

Appendix C: Full ROLES AND RESPONSIBILITIES

(see pathway diagram for outline summary)

YOUNG PEOPLE
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 PROFESSIONALS/KEYWORKERS
The lead worker's role is to co-ordinate any provision and 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 wellbeing 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.

Note: **<u>Children and young people educated at home</u>.**
For children and young people educated at home it is the responsibility of the **local education authority** to convene the annual/transition reviews. The guidance within this Protocol should indicate whom the authority should invite to the reviews to ensure that a smooth transition process is achieved for these young people.

EDUCATION SERVICES

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 transition planning process including participation in review meetings This should be an ongoing process covered by the duty of the school to provide impartial careers guidance. Elements of a personalised PHSE curriculum should also support this.
Transition review meetings (duty and responsibility of Head Teacher and/or nominee) • Ensure the young person and their family is fully informed about the purpose of the review meeting and are supported to contribute fully • Ensure agencies who are invited to review meetings 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 statements of educational need
Post Transition Review Meeting • Create and/or amend transition plans where appropriate • Ensure information from the review meeting is collated and distributed to relevant parties
Other Responsibilities • Identify further education needs that cannot be met locally to inform strategic planning. • Commission independent and impartial careers service provision • Signpost young people and their families to information, advice and support

POST 16 EDUCATION AND TRAINING PROVIDERS
• Supporting young people to realise their education and training potential and goals identified in their statement of educational need or learning disability assessment by delivering appropriate curriculum and learning support. • Prepare and support young people for transition into paid employment, volunteering as appropriate. • Maintain and develop links with educational institutions and relevant agencies to support the transition process. • 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 drop out, destinations etc. • Provide impartial careers information advice and guidance. • Share best practice • Signpost young people and their families to information, advice and support
POST 16 EDUCATION AND TRAINING TEAM (COMMISSIONING)
• Ensure suitable and sufficient education and training provision is in place to meet the reasonable needs of 16-19 year olds and those aged 19 -24 subject to a learning disability assessment (S139a). • Use the Transition Register to monitor young people and the education and training provision that is required to ensure all these young people are being supported and in a timely manner • Effectively plan, develop and commission provision to meet projected future demands and needs. • Use information from the Transition Register, 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 multi-agency decision making panel • Engage and involve stakeholders, including young people, parents/carers, in planning, design and delivery

OTHER LOCAL AUTHORITY EDUCATION SERVICES

TRANSITIONS SUPPORT CO-ORDNINATOR
The range of work carried out by the Transition Support Coordinator spans the 14 – 25 age group. The post is not a case holding role. However, for complex/high needs cases that require early in-depth transition planning the Coordinator can offer support to lead Childrens Wellbeing practitioner(s) • Support the day to day operational management of transition cases into adult wellbeing services • Work in partnership with stakeholders - provide advice and central point of contact for all relevant teams / professionals / agencies supporting young people in transition • Maintain and share a Transition Register from Year 9 onwards.

- Identify and monitor cases where transition to adulthood may not be straightforward and escalate cases where things get ‘stuck’
- Signpost young people and their families to information, advice and support

SEN Personal Adviser (SEN PA)

- Be responsible for the completion of Learning Difficulty Assessments (DA/S139s) as appropriate
- Ensure links to other services are in place to explore provision for young people with a statement of educational need, e.g., housing and transport
- Signpost young people and their families to information, advice and support

INDEPENDENT TRAVEL TRAINERS

- To identify young people with SEN and/or disability who would benefit from independent travel training;
- To co-ordinate and deliver travel training packages that are tailor-made for the needs of the individual;
- To monitor and evaluate pupil progress towards independent travel and to assist in transferring newly acquired skills to independent travel.

LOCAL AUTHORITY CHILDRENS WELLBEING SERVICES

INTEGRATED SUPPORT SERVICE
The ISS have a key role to play in NEET prevention and it is known that young people with disabilities and complex needs have a disproportionate chance of becoming NEET. The service will work with a young person if they have a CAF and/or raised a MAG but would seek specialist knowledge from the additional needs team Signpost young people and their families to information, advice and support
CHILDRENS WELLBEING (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 services, referrals needed to adult departments, support to the young person and parents/carers dependent on need and parenting capacity.
• Address all requirements as per statute (Children Act) and LAC processes for young people 13 plus
• For children 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:
    o Independent living (where applicable)
    o Long-term health needs
    o Access to social & leisure activities with peer group
    o Direct Payments (where applicable)
    o Future Occupational Therapy needs
    o Employment
    o Further education needs
    o Future funding needs from Adult Wellbeing services including State Benefit advice or residential Care costs
• Respite needs
• For children in Year 10 social workers should give consideration as to whether the young person has complex needs. If so then a referral for assessment needs to be made to Adult Wellbeing Services.
• Low-level Care Packages can be referred later at 16+. Parent's permission must be sought for referral to Adult Wellbeing Service.
• Information will be sent to school at least two weeks prior to the review (Statutory Requirement)
• Ensure a school's request for information before the year 9 review meeting is actioned by submitting details of relevant information held on the Children with a Disability Team's records or by informing the school that the young person is not known to them.
• Comply with inter-agency procedures for the transfer of responsibility from Children's Wellbeing to Adult Wellbeing
• Identify potential future gaps in provision to meet unmet need and liaise and inform Adult Commissioners of these
• Signpost young people and their families to information, advice and support
• Work with partners to develop robust procedures for the transfer of responsibility from Children's Wellbeing to Adult Wellbeing

ADULT WELLBEING SERVICES

ADULT WELLBEING (SOCIAL CARE) TEAMS

- Work jointly with Children's Wellbeing to ensure that young people approaching transition that are identified as currently or potentially needing adult social care services in the future are worked with using person-centred approaches
- To avoid creating unrealistic expectations, ensure transition review participants are aware of the eligibility criteria for adult services and the provision available in adult services
- 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 Wellbeing Services (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 Wellbeing to Adult Wellbeing
- Identify potential future gaps in provision to meet unmet need and liaise and inform Adult Wellbeing Commissioners of these
- Share final destination data with the Transition Coordinator
- Signpost young people and their families to information, advice and support
- If it is anticipated a young person may require an assessment under the NHS and Community Care Act 1990 or the Mental Health Act 1997:
- Inform the young person and their family of the assessment process, financial assessment and what support is likely to be available for them
- Undertake a Supported Assessment Questionnaire (SAQ) to assess the young person's needs and whether they meet the FACS eligibility criteria
- Inform carers of their right to a carer's assessment
- Following the SAQ, if eligible, work with the young person and their family using person-centred approaches to develop and implement a care and support plan that meets their needs
- Inform the Children's Social Worker/Transitions Coordinator whether the young person is eligible for adult services
- Inform Adult Wellbeing Commissioners of young people in transition, including their needs, likely transition dates and estimated individual budgets
- Attend the young person's annual review meeting by the time the young person is aged 17 or prior to their last year in college
- Present assessments and support plans to Adult Wellbeing Social Care Panel 6 months prior to the young person's 18th birthday

ADULT WELLBEING COMMISSIONING TEAM

- Identify future needs and demand for services using information from the Transition Register and Adult Wellbeing Social Care Teams
- Use the Transition Register to monitor young people that may require support from adult social care and, where required, liaise with Adult Wellbeing Social Care Teams to ensure all these young people are being "picked up" in a timely manner

- Effectively plan, develop and commission services to meet projected future demands
- Use information from the Transition Register and Adult Wellbeing Social Care Teams to inform Adult Social Care Finance planning of future budgetary 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 Wellbeing to Adult Wellbeing

HEALTH SERVICES

HEALTH SERVICES

- To identify whether the young person is likely to have continuing health care needs.
- Ensure that arrangements are put in place to enable the young person's health care needs to be met when he/she leaves school.
- 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, care plan for 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

HOSPITAL SERVICES including Children's Development Centre (CDC)

Consultants/clinicians at 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, this is usually at age 18yrs.

PRIMARY CARE

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

Action to be taken by Health

Preparing a medical report
As appropriate and with the consent of the young person/parent the Health representative will prepare a medical 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 worry.

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 invited by the end of the preceding term by the school.

MENTAL HEALTH SERVICE
The Child and Adolescent and Early Intervention Joint Working and Transition Protocol should be followed where appropriate to do so The purpose of the Protocol is to • Define day to day working arrangements between Early Intervention for psychosis team (I.E) and Child Adolescence Mental Health Services (CAMHS). • Where a young person needs a seamless transition between the two 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 • IAPT - Lets 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
• 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. • 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. • Ensure that people receiving working age benefits fulfil their responsibilities while providing appropriate help and support for those without work.

HOUSING SOLUTIONS (ADULT WELLBEING)
• Advice and support on different housing options available from residential to supported housing. • Information on what is available in the local area. • Use information and research 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

Appendix D: Selected Acronyms and Abbreviations

CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CDC	Children's Development Centre
CHC	Continuing Health Care
CYPS	Children and Young People's Service (Childrens Wellbeing)
FACS	Fair Access to Care Services (adult social care)
ISP	Independent Specialist Provider
LDA	Learning Difficulty Assessment
LAC	Looked After Children
MAG	Multi-Agency Group
NEET	Not in Education, Employment or Training
PHSE	Personal, Health and Social Education
SAQ	Supported Assessment Questionnaire
SEN	Special Educational Needs
SEN PA	Special Educational Needs Personal Adviser
S139A	Also known as Learning Difficulty Assessment