

Wiltshire's Multi Agency Preparation for Adulthood and Transition policy and procedure

PROFESSIONALS' VERSION

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Section 1. Introduction and background

1.1 Our Vision

Wiltshire is adopting a Whole Life Pathway and the vision is to enable people through all stages of life to reach their potential to live happy, healthy, safe and rewarding lives within their communities regardless of ability.

Preparing for adulthood is a lifelong process. Our aim as a council is to support people to live independent lives, where we value parents/carers as 'enablers' in developing 'shared outcomes'.

1.2 Aims and objectives for preparing children/young people for adulthood

- To start the process much earlier to gain the right skills needed for independence
- To champion increased independence, enabling young people to live, work and be active contributors in their community, making the best use of their own and other available resources and opportunities
- To promote person centred support and outcome focused practices
- To adopt strength-based principles that considers informal as well as formal networks of support and community capacity
- To reduce the impact of transition by working in a more integrated way with multi-agency partners and adopting co-production in working with children and young people
- To promote Choice and Control with shared responsibility and community resilience

1.3 Parent/carer and young people's feedback on preparing for adulthood

Preparing for adulthood and transitions can be an exciting time of new opportunities, choices and increasing independence. It can also be a time of great anxiety, confusion and uncertainty as one moves from familiar arrangements, services and people into the 'unknown'. Parents/carers and young people identified five key areas they felt would make the greatest impact as to improving this process:

- Good coordination that is owned by the responsible lead professional.
- Joined up working and communication between Children and Adult Social Care, Education and Health
- Access to the right opportunities at the right time and choices at the point of leaving school or further education
- Access to up to date information that is available at the right time in an understandable and accessible format
- Earlier planning and effective participation using existing legislative frameworks governing Preparation for Adulthood

This feedback has been at the heart of informing the principles and guidance outlined in this policy and procedure.

1.4 What we mean by 'Preparation for Adulthood' (PFA)?

The term 'Preparing for Adulthood' (PFA) describes the pathway in preparing children and young people with Special Educational Needs and Disabilities (SEND), including those leaving care, for adulthood and enabling them to gain the necessary independent skills to do so.

Our aim is to start the formal preparation work when a child is aged 13-14 years of age, ideally earlier if possible, but no later than their year 9 school review. This is to identify their aspirations and hopes for the future, adopting a person-centred approach and strengths-based principles to develop a Preparation for Adulthood plan as part of their Special

Educational Needs (SEN) Support Plan, Education, Health and Care Plan (EHCP), and aligned with their leaving care pathway plan. The Preparation for Adulthood Plan shall be created with young person at the centre and shall identify the child's Preparation for Adulthood outcomes, based on their aspirations for the future as to:

- **Higher or further education, training and/or employment.** This could include exploring post 16 and post 18 education and training options, different employment options, as well as becoming self-employed
- **Independent living.** This means gaining the necessary independent skills to support living more independent lives and supporting them to work towards their aspirations for the future as to where and how they wish to live when reaching adulthood
- **Participating in society,** including having friends, partnerships and supportive relationships, and participating in, and contributing to, the local community
- **Being as healthy as possible and having positive well-being**

It is important that children are exposed to a range of opportunities that are wide and varied from a young age as this will influence and support them to make more meaningful and informed decisions as they start to prepare for adulthood.

As part of the planning for adulthood, smaller and gradual steps of activity and support may be needed over agreed timeframes to support children/young people to achieve their outcomes.

Progress against achieving the outcomes is to be regularly reviewed and to be carried out at subsequent annual school reviews, care reviews and/or specific planning meetings. The pathway into adulthood may continue for some young people up until they reach 25 years of age.

1.5 What do we mean by Transition?

The term 'Transition' in context to this policy refers to when young people are eligible to transfer from Children's to Adult Social Care and Adult Health services.

1.6 Who does this policy and procedure apply to?

The Preparation for Adulthood policy and procedure applies to:

- Children and young people with Special, Educational Needs and Disabilities (SEND), including Children in Care (CIC) and Care Leavers aged 13 to 25 years who have a SEN Support Plan or an Education, Health and Care Plan.

The policy and procedure also covers:

- Children, young people and care leavers who are vulnerable and/or have complex needs who may not have a disability and/or their EHCP or SEN Support Plan may have ceased. They will be Children in Need (CIN) and/or have a Child Protection Plan (CPP). They will be known to Children's Social Care, have an allocated worker and be potentially eligible for Adult Social Care and/or Adult Health services either from the age of 18 years or at an age they are ready to transfer, prior to them turning 25 years of age.

Children and young people with acute health needs who require care through tertiary centres (hospitals) are not within the scope of this policy and procedure, as they will have their own acute health pathway which will supersede this policy. This will include children and young

people with learning disabilities and / or autism who have mental health needs who have either been, or are at risk of, admission to a specialist mental health / learning disability hospital.

The Care, Education and Treatment Reviews (CETR) and the Blue Light protocol will be followed, and this will be supported through the Bath and North East Somerset, Swindon and Wiltshire (BSW) Learning Disability and Autism Programme Board (formerly Transition Care Programme Board).

1.7 Terminology

The term child/young person is used in this document to describe individuals prior to their 18th birthday. The term young adult is used to describe anyone aged between 18 and 25 years.

1.8 Legislation underpinning this policy and procedure

There are several overlapping legislative frameworks that have informed this policy and procedure. The predominant legislative requirements are the Children's and Families Act (2014), the SEND Code of Practice 0-25 (2014), the Care Act (2014), and the Children and Social Work Act (2018). Further legislative guidance is provided in Appendix 1.

1.9 What is the governance structure overseeing this policy and procedure?

The Preparation for Adulthood and Transition policy and procedure is governed by Wiltshire's Families and Children's Transformation (FACT) Programme. This programme brings key stakeholders together across Children's and Families, Adult Social Care; Education, Skills and Inclusion, the Children in Care Council, Wiltshire Youth Union, and NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Group who oversee a wide-ranging transformation programme which encompasses the Whole Life Pathway and the Good Education for All workstreams.

The Preparation for Adulthood and Transitions policy and procedures will evolve and require regular updating as work is taken to develop Whole Life Pathways for people with disabilities and mental health that will address all ages. It will have evolved further as part the Good Education for All programme which is taking forward whole system change for education.

1.10 What is the purpose of a PFA and transitions policy and procedure?

The aim of the policy is to support more children/young people and young adults to gain independence and experience a smooth, seamless and person-centred transition into adulthood. It will provide multi-agency professionals with a set of principles, guidance and procedures for supporting children and young people gain the necessary skills and abilities to enter adult life as healthy, confident, independent and resilient adults who feel they can achieve their aspirations and hopes for the future.

As there are several overlapping Families and Children, Adults, SEN and Leaving Care legislative and guidance frameworks that govern young people transitioning into adulthood, this can at times be confusing. This policy aims to minimise that confusion and give staff an operating framework that enables them to deliver support to children, young people and their families and comply with the relevant legislative requirements.

1.11 Which professionals should apply the policy and procedure?

It is intended for all professionals, across Education, Children's and Adult Social Care, Health, Commissioners, providers and other partner agencies. This may include the following named services; however, this is not an exhaustive list:

- Schools, Further Education, Colleges, Alternative Providers
- Education, Skills and Inclusion Service
- Children and Adults' Social Care
- Commissioned providers, working across Education, Health and Social Care
- Virtual Schools
- Independent Visitors scheme for Children in Care (CIC)
- Children and Adults Occupational Therapy
- Children and Adult Mental Health Services
- Adult Social Care Provider Services, including Respite and Shared Lives
- NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Group – Commissioners and Designated Clinical Officer
- Social Care, Health and Education Commissioners
- Housing

1.12 Other policies and procedures

This policy and procedure should be read in conjunction with relevant policies and procedures in relation to:

- Wiltshire Adult social care – Safeguarding, charging, general policy statements, eligible needs, personalisation, deferred payments and other documentation that can be accessed: - <http://www.wiltshire.gov.uk/adult-care-policies>
- Families and Children - <https://wiltshirechildcare.proceduresonline.com>
- EHCP and SEND - <http://www.wiltshire.gov.uk/local-offer-pfa-ehcp>
- Safeguarding: - <http://www.wiltshirescb.org.uk/professionals/local-policies-and-guidance/>
- Health – Continuing Health Care - <http://www.wiltshireccg.nhs.uk/funding/continuing-health-care>

Reference and links to further policies and procedures are outlined in the content of this policy and procedure.

Section 2.

The Preparation for Adult (PFA) and Transitions principles

Six principles are to be adopted in preparing a child/young person for adulthood and supporting their transition into adult social care and/or health services:

The Principles

- Person centred approach
- Strength based practice
- Lead professional
- Integrated working
- Outcomes focused approach
- Safeguarding

2.1 Person centred approach – “Nothing about you, without you”

Children/young people need to be present and/or be actively involved in every aspect of their preparation for adulthood and transition pathway and be supported to express their aspirations for the future, their views, preferences and needs and these are to be considered from their point of view.

Professionals need to consider the child/young person’s maturity, cognitive abilities, psychological status, long-term conditions, social and personal circumstances and communication needs when adopting person centred planning. Professionals are to adapt their behaviours and practices to best suit that child/young person’s individual needs. The rights of children/young people are paramount.

Parents and carers are considered experts in the care of their child/young person and partners in producing plans for the future.

The aim is to work collaboratively with children/young people, young adults and their parents/carers to reach a shared consensus and find co-produced solutions to meeting the assessed need in a way that a child/young person/young adult wishes, where this is possible. This should be done in context of what resources are available, affordable and appropriate to best support them. This also involves managing expectations as to what is realistic and achievable and falls in line with our ‘local offer’.

Some children and young people with a disability may not have sufficient understanding and communication skills to make their views known or may be finding their voice for the first time. In these situations, it is essential that those working with them have the necessary skills to facilitate the child/young person’s involvement, including the use of communication aids, online technology or enabling their family/carers or those appointed to support them to make decisions.

2.1.1 Independent advocacy

A referral for independent support or advocacy may be appropriate, particularly when there is conflict between the young person’s views and others involved. Independent advocacy support can be obtained through <https://www.theadvocacypeople.org.uk/>.

2.1.2 Mental Capacity Act

It is essential that workers have a thorough understanding of the Mental Capacity Act 2005¹ which applies to children aged 16 and above, which requires that individuals are assumed to have capacity to make decisions and choices. The Act aims to protect and support people who do not have the ability to make decisions for themselves due to illness, brain injury, learning disability, mental health problem or substance misuse. If someone cannot decide for themselves, they are deemed to 'lack capacity'. In accordance with the Act, a person is said to lack capacity if they cannot do one or more of the following:

- Understand the information given to them
- Retain that information long enough to be able to make a decision
- Weigh up the information available to make a decision
- Communicate their decision

Someone may have capacity to make some decisions and not others. If they do lack mental capacity to make a particular decision, then it must be made in their 'best interests', considering the person's wishes, feelings, beliefs and values. A Mental Capacity Act Assessment should only be completed with the child from age 16 if there is reason to doubt they have the capacity to make a specific decision about their life. Further information of the Mental Capacity Act can be found in Appendix 4 of this policy.

2.2 Strength based practice

The Care Act 2014 requires local authorities to consider a person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in meeting the outcomes they want to achieve. Although this practice is more predominately applied within Adult Social Care, adopting it as part of the Preparation for Adulthood process will lead to increased consistency in practice and greater independence outcomes being achieved.

All multi-agency professionals are encouraged to empower, motivate and enable children/young people and their families/carers to find their own solutions based on their holistic strengths. This can be supported by considering their personal resources, abilities, skills, knowledge, and potential. It also involves identifying the strengths of their social network and its resources, abilities, skills to support them as well as community resources to enable them to lead a more independent life.

Working in a collaborative way promotes the opportunity for children/young people and their families/carers to be co-producers of services and support.

2.3 Lead Professional

In circumstances where a child/young person has multiple professionals involved in their life, a nominated Lead Professional is to be identified to support integrated working and coordination of their preparing for adulthood pathway.

The Lead Professional is to be the key point of contact for a child/young person/young adult, and their parent/carers, and should be the individual who has the most involvement in that child/young person's life.

The benefits of having a Lead Professional:

¹ The Mental Capacity (Amendment) Act 2019 comes into force in Spring 2020 which repeals the Deprivation of Liberty (DoL). It replaces this with Liberty of Protection Safeguards (LPS). Further guidance and training will be rolled out by Wiltshire Council in due course as to applying the new legislation and this policy will be updated.

- Families and children/young people have one single point of contact
- The work and actions to be undertaken by all professionals are more effectively coordinated
- The role supports a reduction in overlap and inconsistency in services received

The child/young person and their parents/carers should be consulted as to who the Lead Professional should be. This discussion should be carried out by the school as part of arranging the annual school review, in year 9, at the start of the Preparation for Adulthood pathway.

The Lead Professional may be responsible for one or more of the following:

- Chairing the annual school review or other care review or planning meetings
- Facilitating a person-centred approach at the review meetings
- Facilitating the co-production of the Preparation for Adult plan within the SEN Support Plan, EHCP, Care Leaver pathway assessment and Care Act Assessment/Support Plan which outline the independence outcomes to be achieved
- Overseeing the implementation and progress in achieving the outcomes
- Facilitating effective transition into Adult Social Care and Adult Health services
- Facilitating effective communication across all stakeholders involved to support joined up working

It must be recognised that the Lead Professional may change dependent on the relevant circumstances of that child/young person's life and professionals involved.

The table below outlines who the Lead Professional is likely to be for those with a SEN Support Plan, an EHCP and those who are also Children in Care or Care Leavers.

	SEN Support Plan	EHCP	CIC / Care Leavers	Vulnerable and Complex Needs (Child in Need- CIN and/or those who are subject to a Child Protection Plan)
Who is this for:	Children and young people with Special Educational Needs (SEN) whose needs can be met by their school and through universal and targeted services including Wiltshire's Local Offer	Children and young people with more complex Special Educational Needs (SEN) who have an EHCP and require specialist and bespoke services	Children in Care of the Wiltshire Council or those who are care experienced who have a SEN Support Plan or an EHCP age 16+	Children and young people, including those who are care experienced, or whose SEN Support Plan or EHCP has ceased and who are known to Children's Social Care and have an allocated Social Worker or Personal Advisor and whom are deemed eligible for Adult services
Who should be the Lead Professional	The Special Educational Needs Coordinator (SENCo) takes the lead, with support from multi-agency partners such as a child's Social Worker, Education Officer, health professionals or other professionals involved in that	The Lead Professional is likely to be: SENCo, SEND Lead Worker, or Specialist Teacher with the support of the child's Social Worker, health professional or other professionals involved.	The allocated SENCo, SEND Lead Worker, or the child's social Worker or Independent Reviewing Officer, or health professional From age 16, the child will be allocated a Personal Advisor, who will be their main point of contact	The allocated Adult Social Worker is to be Lead Professional to support the delivery of the key outcomes to be achieved as identified in the Transitions Assessment/Care Act assessment that may incorporate the preparation for adulthood outcomes as part of the implementation of the Support Plan

	child/young person's life including providers	<p>If the young person is eligible for Adult Social Care and transfers across to Adult Services and continues to have an EHCP, the Adult Social Worker is also likely to be considered as a Lead Professional</p> <p>The SEND Lead Worker maintains responsibility updating, amending and changing the EHCP.</p>	<p>with the leaving care team once the young person turns 18 years of age.</p> <p>The Personal Advisor will continue to support the young person up until they reach age 25.</p> <p>If they are eligible for Adult Social Care, the allocated Adult's Social Worker will take over the lead, with the support of the Personal Advisor</p>	
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2.4 Integrated working

Multi-agency professionals involved in a child/young person's life have a valuable role to play, by working in an integrated way and supporting them on their journey towards greater independence. All professionals should have high aspirations and have a good understanding of what support is effective in enabling children and young people to achieve their ambitions in context of the PFA outcomes.

The Children and Families Act (2014); the SEND code of practice and the Care Act (2014) make it clear that all key professionals involved in that child/young person's life should be invited to attend and/or contribute to the annual school review. This is to ensure that all agencies work together to deliver an integrated service offer and ensure that a consistent approach is adopted which is rooted around having effective communication across all stakeholders involved.

The school or SENCo is to be responsible for arranging the annual SEN Support Plan and EHCP reviews in consultation with the child and their parents/carers, and Social Worker as appropriate. This is to include identifying other key professionals involved in that child/young person's life who should be invited to the annual review meeting and in determining who the Lead Professional is to be.

The reviews, as a minimum, must take place every 12 months. In some circumstances, reviews might have to be carried out earlier, for example, if there is a significant change in their needs or circumstances. Invites for the annual review meetings should be sent out two months prior to the annual review taking place to ensure that all professionals involved in that child/young person's life are able to attend or participate. Those young people preparing to leave care will also be following a Pathway Planning process. Lead Professionals, Social Workers and Personal Advisors should consider these processes wherever possible to ensure continuity in planning and building of shared outcomes. The Pathway Plan is reviewed every 6 months from the age of 16 years.

Independent Reviewing Officers, Social Workers and health professionals are asked to undertake their care and health reviews at the same time as the ECHP to support integrated working across multi-agency partners and to support holistic education, health and care planning.

Further prompts for supporting professionals to work in a personal centred and collaborative way with children/ young people and their parent/carers in supporting outcomes to be achieved under the Preparation for Adulthood domains are outlined in appendix 5.

2.4.1 Prioritisation of multi-agency professional's engagement at SEN Support Plan and EHCP reviews

Due the volume of annual reviews that are required, it may not always be possible for all multi-agency professionals to attend or participate. This policy and procedure outline the circumstances in which multi-agency professionals are asked to prioritise their attendance, either by physically attending or participating through skype conferencing or other technologically enabled arrangements.

Circumstances to be prioritised		Annual reviews	Who is to attend or participate?
1.	Out of area, residential and residential special school placements	Year 9 Year 10 Year 11 Year 12 Year 13 Year 14	SEND Lead Worker, SENCo Independent Reviewing Officer or Social Worker or Personal Advisor (PA), A nominated health professional if the placement is jointly funded by health and/or if health professional from that local area is involved.
2.	All children and young people who are currently attending Wiltshire's Special Schools who are considering post 16+ or post 18 education, training and employment options and/or where a change in provision may be required.	Year 9 Year 10 Year 11 Year 12 Year 13 Year 14	SEND Lead Worker Multi-agency professionals to determine prioritisation of attendance or participation depending on the needs/requirements from the review.
3.	Children and young people with complex needs who are struggling to maintain their attendance in mainstream provision and whom require further support to achieve their Preparation for Adulthood outcomes	Year 9 Year 10 Year 11 Year 12 Year 13 Year 14	SEND Lead Worker, Social Worker if allocated, IRO if Child in Care and health professional if one is involved in the young person's life
4.	Children and young people with complex health needs, including those who may require Continuing Care.	Year 9 Year 10 Year 11 Year 12 Year 13 Year 14	Health professional SEND Lead Worker Social Work professional, if involved
5.	Requests are made by another professional, the child/young person, the parent/carer and/or the school for an identified professional to attend due to the complexity of need or issue/challenges needing to be addressed.	As identified through the request/s	As identified through the request/s

Each child/young person's needs will differ and there will be times when their needs will escalate or de-escalate which will require differing levels of support from multi-agency professionals to be provided. Professional judgement is to be used in prioritising attendance

or participation at annual school review meetings that are not listed above. In these circumstances, professionals should provide comprehensive information regarding the outcomes that the child is aiming to achieve, what support is being provided to achieve these outcomes and what is working well or not from the professional's perspective.

This information must be sent back the school not less than two weeks prior to the annual review. This is to enable the school to consolidate the information and send it out to all those who are attending, no less than 10 days before the annual review is to take place.

2.5 Outcomes focused

The formal Preparing for Adulthood planning for children with a SEN Support Plan and EHCP, commencing from their year 9 annual school review, should be a gradual development process to achieving their identified outcomes in context of the following four Preparing for Adulthood domains:

- **Higher or further education, training and/or employment.** This could include exploring post 16 and post 18 education and training options, different employment options, as well as becoming self-employed
- **Independent living.** This means gaining the necessary independence skills to support living more independent lives and support them to work towards their aspirations for the future as to where and how they wish to live when reaching adulthood
- **Participating in society**, including having friends, partnerships and supportive relationships, and participating in, and contributing to the local community
- **Being as healthy as possible and having positive well-being**

Smaller steps of activity may need to be taken as part of a child's journey to achieve their outcomes. The planning should also be aligned with the Pathway Plan for young people leaving care. For example, *if a young person's aspiration is to have a job when leaving education there may be several factors to take into consideration, which may need to be broken down into smaller steps as part of their Preparation for Adulthood Plan. A young person may identify the following:*

- *The need to reflect on what they believe they are good at, what their strengths and interests are and who would need these skills and abilities in the future*
- *To explore how to travel as independently as possible and what can be done to achieve this*
- *To know why and when they become angry or frustrated so they can learn techniques to manage this to avoid problems arising when developing new relationships*
- *For their parents/carers to know that work is possible and positive for them*
- *To gain work experience*
- *To go to college to learn further skills that lend themselves to developing the skills needed to work*

The identified outcomes should be, wherever possible, shared by parents and carers. They must be specific, measurable, achievable, realistic and timely (SMART). An example of SMART outcomes is outlined below.

- *By September 2020 I will have had 4 meaningful experiences of the workplace in a range of community-based settings so that I understand different types of job roles*
- *By September 2020 I will have clearly written up what I'm good at, what type of employers need my abilities and what support I need to get a paid job when I leave education*

- *In 12 months' time I will be able to travel around my local community by either walking, using the bus or the train with the support I need*
- *By September 2020 I will have a communication passport so that colleagues understand how I communicate in a way of making myself understood in the workplace*

At subsequent annual reviews, care reviews, progress against achieving SMART outcomes will need to be monitored. Outcomes may change between each subsequent review and will need to be updated in the relevant plan. The support to be provided, by whom and who is to arrange this, is also to be documented as part of the review.

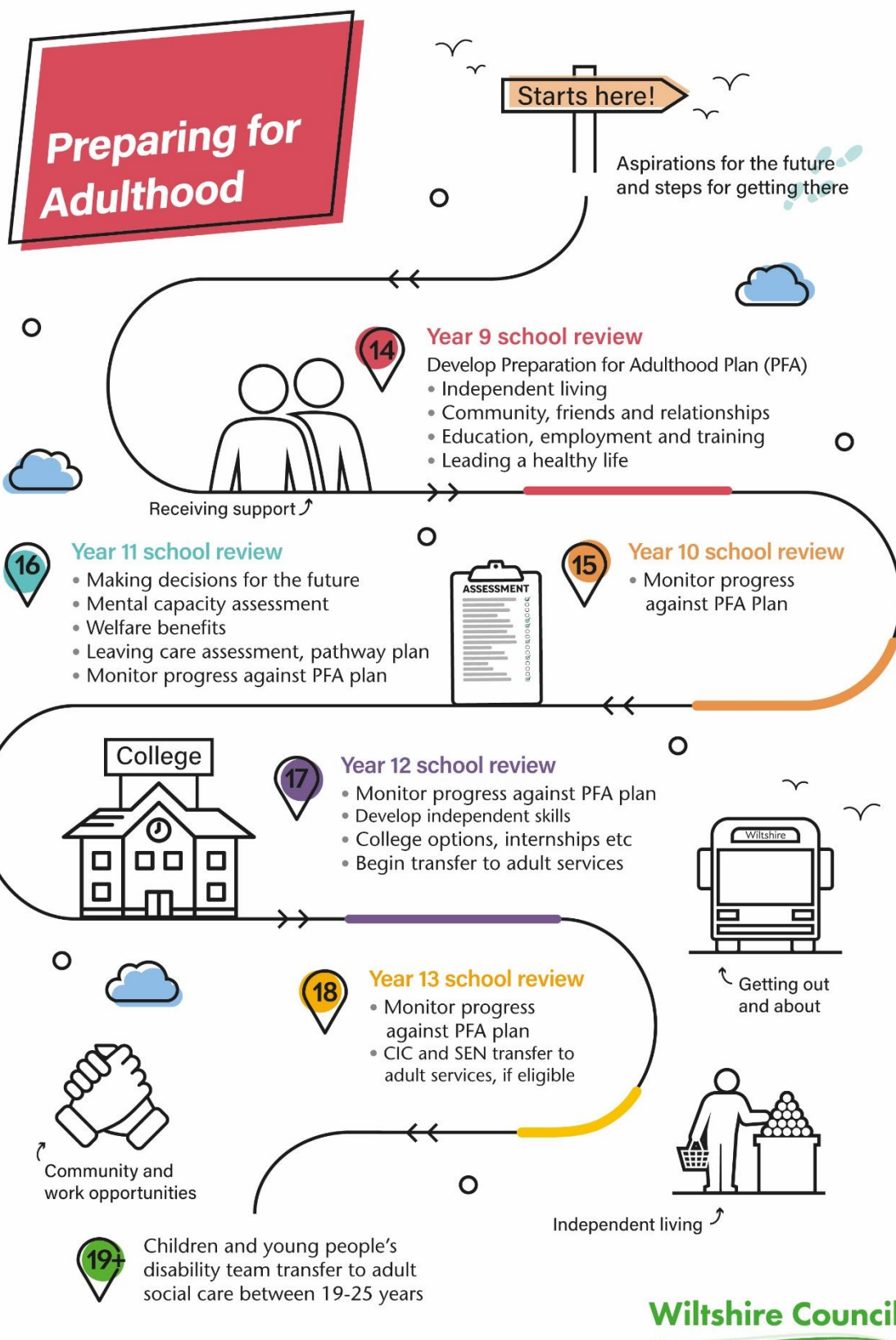
2.5.1 Safeguarding

Wiltshire's Safeguarding Plan outlines how all partner agencies across Wiltshire Council, NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Group, Wiltshire Police, Education, Adult Social Care and Wiltshire's Community Safety Partnership are to work together to safeguard vulnerable people in communities. The vision is to tackle whole system vulnerability.

"A population, community or individual may be vulnerable or considered 'at risk' if they are unable to anticipate, identify, protect and recover from potential or actual harm, at any point across their lifetime, denying them the opportunity to thrive."

To deliver this vision and keep vulnerable individuals safe, all partner agencies are expected to work together to develop and deliver services to reduce the levels of risk individuals face.

As part of the development of a Whole Life Pathway, further work will be undertaken to develop a Transitional Safeguarding Policy and Procedure for all multi-agency professionals.



Section 3. Preparation for Adulthood pathways

3.1 Pathways into further education, employment and training

To support the child/young person/young adult and their parents/carers gain a greater understanding of what post 16 and post 18 education, training and employment options are available and to support early planning; the SENCo, the SEND Lead Worker and other professionals present at the annual school reviews should consider the relevant routes available in context to what the child/young person's aims, aspirations and outcomes are for the future. The options that could be considered, to name a few, include:

- Mainstream college, including schools that offer sixth form provision
- Special colleges
- Apprenticeships
- Further education provision
- Supported internships that are individualised study programmes delivered by the colleges to help to support with interviews leading to paid employment
- Wiltshire's Employment Support Team (WEST) assists young people to find and sustain varying levels of paid employment with local employers. The team support different types of paid employment that will suit the young person; this is based upon their skills, interests and experience. The team aim to match individual skills to available jobs including apprenticeships.

They should also ensure that reference is made to the statutory Department for Education's "Careers guidance and access for education and training providers" (Oct 2018).

It is advisable that the SENCo and SEND Lead Worker engages Wiltshire Council's SEN Participation Lead to find out about the full range of options that are available prior to their Year 10 annual review meeting taking place, if further information is required.

Children/young people will also have access to the school's career advisory service to inform their choices. All schools, alternative education providers, including Resource Based provision are encouraged to facilitate children/young people being exposed to a wide and varied range of career opportunities as this will support them make more informed decisions as part of their Preparation for Adulthood pathway.

3.1.1 Local offer

Wiltshire is legally required to publish its local offer with a range of support services, that includes further education, training and employment options as well social care and health services and universal and voluntary sector provision available for children/ young people with SEND aged 0-25 years. Wiltshire's local offer can be assessed by clicking on the following link <http://www.wiltshire.gov.uk/local-offer-about>. In addition is the local authority's duty to publish its local offer for those who are care experienced. This can be found at <http://www.wiltshire.gov.uk/children-young-people-cicc-promise>.

3.1.2 Ceasing the EHCP

It is important to highlight to parent/carers that at each EHCP review, consideration will be given as to whether there is an ongoing need to maintain the EHCP or whether a recommendation is to be made to cease the Plan, if it is agreed that it is no longer required.

Ongoing support may be taken forward through the SEN Support Plan, through accessing support through Wiltshire's Local offer and community-based resources; through university

and/or employment routes or through a social care and/or health plan if required. Early support planning is key to ensure a smooth transition to other support services takes place.

However, it is recognised that some young people with complex SEND may need longer to complete and consolidate their education and training and will require an EHCP. The length of time will vary according to each young person, and judgements on when to stop or maintain an EHCP plan must be made on a case-by-case basis and in accordance with the statutory tests and processes. Further guidance as to 19-25 EHCP plans are outlined in the link below: <https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans/send-19-to-25-year-olds-entitlement-to-ehc-plans>

3.2 Independence and independent living pathways

The interpretation of 'independence' and 'independent living' can mean different things to different people which can lead to confusion in planning for adulthood. The table below outlines what parents and young people's interpretation is, which may be different to a professional. A professional's interpretation of independence may be about enabling young people and their families to no longer feel dependent or require statutory support services. Professionals are therefore encouraged to support children/young people through the Year 9 annual review to establish a common understanding of what all parties mean by independence and/ or use the definitions given below as a guide.

Functional Independence	Social Independence	Cognitive Independence
<ul style="list-style-type: none"> • Ability to do the basic things from making a cup of tea to cooking, shopping, budgeting and cleaning. • Look after self /self-care • To stay safe • Ability to communicate needs • Manage own money and understand the relativity of money when managing own income • To travel independently • To have independent speech • To be able to work and earn money 	<ul style="list-style-type: none"> • Confidence in ability to socialise • Freedom • Be on your own if you want to • Have choice in the way in which you live e.g. what friends you have • Having the confidence to socialise • Be social – ability to interact with the world • Having a place in society e.g. having a job • To have access to a wide range of opportunities 	<ul style="list-style-type: none"> • Emotional resilience / self-worth • Able to make choices • Freedom • Freedom from influence of others • To take control • Confidence

Parents and children/young people's interpretation of independent living was:

- Having one's own space
- Having a place that feels like one's own home
- Being able to make choices about who one lives with
- Being able to live on your own

To start thinking about independent living pathways when a child is age 13-14 may seem too early, however, it is important that their parents/carers have good information from the beginning so that their child's needs are assessed, and possible options are explored and understood early on. This may include consideration of the young person living at home and having access to telecare, direct payments, and an understanding of the eligibility criteria for applying for Disabilities Facilities Grants and other support options.

For some young people, living at home may not be an option and alternative living arrangements will need to be considered. Options to be explored can include:

- **Wiltshire's Shared Lives scheme.** This could include Foster Carers or Staying Put carers having the ability to become Shared Lives carers if their preference is to continue to support that young person. For further information, <https://www.yourcareyoursupportwiltshire.org.uk/health-and-social-care/adult-placement>
- **Supported Living.** This involves the young person having their own tenancy and potentially receiving housing benefits which can be used towards paying daily living, bills and rent. It can also mean sharing with others and having access to support 24 hours a day.
- **Social housing** through *Homes for Wiltshire*, involves putting in an application for housing.
- For young people with very complex needs, **residential and or nursing care** may need to be considered.

Further information as to independent living options is accessible on Wiltshire's Local offer. <http://www.wiltshire.gov.uk/local-offer-live>. Wiltshire's Commissioning Team can also provide further information as Independent Living options.

The future needs and requirements of young people requiring independent living support needs to be shared with Wiltshire's Commissioning team early on to ensure that this is factored into future commissioning strategies to ensure sufficiency of local provision. This can be supported through the Transition Planning meetings as referred to in section 3.8 of the policy.

3.3 Community inclusion, friends and relationship pathways

Friendships, relationships and being a part of the community are important to a child/young person's quality of life and enabling them to be more independent. Therefore, it is crucial that consideration is given to supporting them engage in social and community networks outside of their school and college, which could also include volunteering opportunities and enabling supportive relationships to be maintained when going through transition periods.

Schools, colleges and alternative education providers play a central role in developing local community networks within their local areas and establishing collaborative partnerships with a range of organisations and businesses. Having strong community networks that support children and young people to engage in a wide and more varied range of opportunities and activities, does expose and give them greater insight as to the future possibilities for adulthood which leads of them making more informed decisions about their life.

Children/young people and their families/carers should also to be encouraged to find their own solutions by identifying the strengths of their social network and its resources, abilities, skills to support them as well as community resources to enable them to lead a more independent life.

If further support is required, referrals to Wiltshire's Community Connecting team can be made to assist children/young people discover more about services in their local community. The team also support finding voluntary work, further education, including college courses and other training opportunities, or join a local club and meet new people. The team also offer travel training. Further information can be accessed via <http://www.wiltshire.gov.uk/local-offer-community-connecting>

Keeping children/young people safe will be a key requirement when considering these options. Where appropriate to do so, professionals working with parent/carers and children/young people should be identifying the best way to manage/mitigate the identified risks and reduce the potential negative consequences to keep the child/young person safe when considering community inclusion options.

3.4 Health pathways

Health transition pathways will vary depending on the needs of the child/young person and which professionals and organisations are involved, which may supersede this policy and procedure as more specialist and bespoke transition arrangements will be required. For example, direct contact between transferring health agencies will take place such as Children and Adolescent Mental Health Service (CAMHS) with Adult Mental Health Services (AMHS).

The key aim for all health professionals involved in a child/young person's life is to ensure that a child/young person assessed health needs are met and where there is an assessed need for continuous support, that this is provided both during the years before, and after, the move to adulthood at age 18 years. The nature of the package may change but the services or funding will be based on the needs assessment which has been carried out. To support continuity of support being received, adult health professionals are to be engaged early on before a young person turns 18 years which should be no later than six months prior.

The following children and young people's transitions pathways are prioritised:

- Children/young people in receipt of children's continuing care funding who are moving to Adult Continuing Health Care services
- Children/young people accessing Child and Adolescent Mental Health Services (CAMHS) who are moving to Adult Community Mental Health services
- Young people who have an EHCP which identifies other health services/support to meet assessed needs and outcomes
- Children/young people with learning difficulties, who may be referred to the Adult Health Community Team for Learning disabilities team (CTPLD health) for assessments

Where a child/young person has significant health needs and receives joint funding or Continuing Care funding under a Children's Continue Care framework and where these needs will continue to need support post 18 years of age, a referral to Wiltshire's Clinical Commissioning Group's Adult Continuing Care service is to be made.

Referrals should ideally be made 12 months prior to the young person turning 18 years of age. In most instances, the children's health commissioner will have notified their adult health counterparts as to the potential requirement for a CHC Decision Support Tool (DST) to be undertaken.

3.5 Personal budgets

The Children and Families Act 2014 requires Local Authorities to offer families a personal budget so that they have more choice and control over the support they need. In some

cases, a parent/carer of a child or young person may have a personal budget from one or more source e.g. education, social care and/or health.

Education, health and social care have separate eligibility criteria for funding of personal budgets. The Lead Professional shall offer information and advice on how to apply for personal budgets and will signpost to the correct source of help when required. There are as follows:

3.5.1 A SEN personal budget: This may be available for a child/ young person aged 0-25 years who has an Education Health and Care plan. A SEN personal budget is a sum of money made available by the Local Authority to meet the child or young person's learning support needs which are over and above what their school/ college, post 16+ institution is already funded to deliver. The personal budget is therefore only for children and young people with the most severe and complex learning support needs.

For those with an EHCP, who have a personal budget, there should be a detailed explanation as to how the funding will meet the assessed needs, what will be provided and what outcomes will be met. The EHCP will need to be clear how the money will be used, spent and managed including arrangements in relation to any direct payment.

3.5.2 A social care personal budget: This is considered as part of the Child in Need assessment process if additional and individual support at home and when out and about in the local and wider community is required. This may include support for help in the home, support to access social activities to avoid family breakdown (this will be over and above eligibility for short breaks under the Local Offer) <https://www.wiltshirelocaloffer.org.uk/short-breaks-scheme/>).

The eligibility criteria for personal budgets under the Care Act 2014, is different to the criteria under the Children and Families Act and this will be based on the assessed risks to an individual's independence and wellbeing.

<https://www.yourcareyoursupportwiltshire.org.uk/care-and-support/personal-budgets.aspx>

3.5.3 A health personal budget: A personal health budget may be made available should a child or young person have complex, long term and/or life limiting condition/s. A personal budget may also be made available to help with equipment costs or other health needs that the NHS assess are not being met sufficiently through services within the local offer. Children and young people who are supported through NHS Continuing Care funding have the right to request and to have a personal health budget. The support purchased must be agreed with the health professional and with the CCG to ensure that it is safe, clinically appropriate and meets the identified health outcomes. <https://cms.wiltshire.gov.uk/documents/s114459/Report%2015%20Appx%20A%20-%20Wiltshire%20CCG%20Personal%20Health%20Budgets%20local%20offer%20draft%20final.pdf>

Parent/carers may seek their personal budget to be paid to them directly via direct payment or alternatively they can have their direct payment managed on their behalf through a third party or through an organisation such as Wiltshire Centre for Independent Living. <https://www.wiltshirecil.org.uk/about-us/>

For further information as the Wiltshire Council's policy as to personal budgets, please refer to <http://www.wiltshire.gov.uk/local-offer-primary-documents-professionals>

3.6 Welfare benefits

When a child with learning disabilities reaches age 16, their entitlements to welfare benefits changes. Information about benefit entitlement should be shared with the child/young person and their parent(s)/carer(s) and signposted to where additional information can be found. <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/before-claiming/extra-help-pip-entitles-you-to/>

A child with learning disabilities may be eligible to claim:

- Personal Independence Payment (PIP) and may be eligible to access Employment Support Allowance (ESA).

Young people leaving care are entitled to a Leaving Care Grant and payment of a personal allowance until other benefits, such as Universal Credit, becomes applicable, or they have an employment income.

Given the potential complexity of these issues, the child should be supported to access the appropriate information to ensure they are in receipt of all benefits for which they are eligible. If the child lacks capacity to manage their finances, an appointee may need to be appointed to do this on the child's behalf. <https://www.gov.uk/become-appointee-for-someone-claiming-benefits>.

3.7 Specific circumstances

3.7.1 Children/ young people with a SEN Support Plan

The school and the SENCo will be responsible for arranging the Preparation for Adulthood review meeting in year 9, and subsequent reviews, and doing this in consultation with the child, young person, their parent(s)/carers(s). This is to include identifying other key professionals involved in that child/young person's life who should be invited to the annual review meeting.

The school or SENCo will be responsible for engaging the child/young person in identifying their aspirations and outcomes for the future and for recording and maintaining the SEN Support Plan that is to reflect the outcomes and actions to be taken. The plan is to be regularly reviewed as to progress being made as part of their graduated response.

Where transition between different settings is to take place e.g. a child or young person is to move into Further Education (FE) it is the expectation that the school will work with FE provider/s or other services to ensure a smooth and seamless transition takes place. This is to be carried out in consultation with the child/young person and their parent(s)/carer(s) and to ensure the effective sharing of information.

3.7.2 Children in Care and Care Leavers

If a Child in Care (CIC) has a SEN Support Plan or an EHCP, SEN professionals and/or the SENCo must work closely with other relevant professionals involved in the child's life such as the child's Social Worker, the Independent Reviewing Officer (IRO) and the Virtual School Head, to ensure that the child's SEN Support Plan and/or EHCP works in harmony with his/her Care Plan and Personal Education Plan (PEP) and adds to, but does not duplicate information about how education, health and care needs will be met.

It is important to ensure the annual review of a SEN Support Plan or EHCP coincides with one of the child's Care Plan reviews. This could be done as part of the review of a child's Personal Education Plan which feeds into the review of the wider Care Plan.

When a Child in Care turns 16 years of age, the Leaving Care process formally starts, and they are assigned a Personal Adviser (PA) who will support them up to the age of 25 if they wish. The child and their Social Worker will commence the Leaving Care Pathway Assessment prior to the child turning 16 years of age. The assessment and pathway plan should set out the individual package of support that is to be put in place, following the assessment, to help the young person achieve their goals. The assessment and plan will cover their education, training or employment ambitions, where they want to live, what financial help they require or what their mental health needs are. It should be updated every six months and reflect the care leaver's wishes. The Pathway Plan should reflect the same Preparation for Adulthood outcomes that are identified in their EHCP or SEN Support Plan.

3.7.3 Children/ young people who are not ready for employment or higher education

There are many young people with SEND who may have slightly more complex needs, who in year 13 or year 14 are not yet ready to go onto higher education or enter employment, without accessing continued support to develop their independent skills. There are also situations where young people report having limited meaningful opportunities available to them when leaving college, especially in situations when they are not ready to go into employment.

In both these situations, it is imperative that schools, colleges, parents and children/young people, multi-agency professionals and commissioners work together to start the planning early in the preparation for adulthood pathway to secure appropriate support services and create opportunities for these young people.

3.7.4 Out of area placements

There are a few young people who are Children in Care and/or have a disability who are placed out of area in fostering, residential or residential special school for 38 to 52 weeks of the year. They may be placed out of area due to their specialist needs, or it being in their best interest or due to lack of provision in Wiltshire.

The transitions arrangements for this cohort of young people must be given high priority. This is to prevent them being lost in the system, especially when they are accessing support through other Local Authorities, education providers and Clinical Commissioning Groups who Wiltshire Council does not have day to day contact with.

The views of young people, as to where they wish to reside in the future is fundamental to informing the Preparation for Adulthood planning process, as are the views of their parents/carers in supporting their ongoing needs. This should be established early in the planning process so that the relevant stakeholders can be invited to relevant annual reviews and further planning meetings so that timely and appropriate support can be put in place if they choose to remain living out of area or if they wish to return to Wiltshire.

It is imperative that the expectations of parents as to future provision, services and funding for young people moving into Adult Services is managed and this can be supported by engaging with both Adult Social Care and Adult Health services early in the transition planning process.

Most young people who are placed out of area will have an allocated Social Worker and the expectation is that the Social Worker, with the support of a Personal Advisor from 16+ years

if they are Children in Care, will coordinate the Preparation for Adulthood and transition arrangements, as part of the young person's Pathway Plan.

If the intention is for the young person to return to Wiltshire, the relevant local partner agencies will need to be involved early on and this will take time to navigate and ensure the appropriate referrals to Health and Adult Social Care are supported and that commissioning teams are engaged to ensure a smooth transition. To support professional in navigating this, it is strongly advised that these cases are presented to Wiltshire Council's monthly Transition Planning meeting (outlined in section 4) when the young person is aged 16 years so that multi-agency partners, who attend these meetings can provide the necessary advice and support. Appendix 3 of this policy outlines the Terms of Reference for the Transition planning meetings and Wiltshire Council's internal transfer process.

If the intention is for the young person to remain living out of area, all relevant agencies must be involved as part of the child's review and in the preparation for adulthood planning process. Professionals are encouraged to bring these cases to Wiltshire's Transition Planning meeting early on the planning stages so they can obtain support and advice as to ordinary residence and adopt steps for ensuring effective handover arrangements where this is necessary.

3.7.5 Elective Home Educated pupils (EHE)

Wiltshire Council respects the right of parents to educate their children at home in accordance with section 7 of the Education Act 1996 and seeks to ensure that all children in its area receive suitable education.

Schools must not seek to persuade parents to educate their children at home as a way of avoiding an exclusion or because the child has a poor attendance record. In the case of exclusion, they must follow the statutory guidance. If a pupil has a poor attendance record, the school and Wiltshire Council must seek to address the issues behind the absenteeism and use the other remedies available to them.

The aim is to establish positive and effective relationships with families who elect to home educate and therefore it is imperative that EHE pupils and their parents/carers are informed of the Preparation for Adulthood pathway and are actively supported to enable preparation for adulthood work to be undertaken, including signposting to Wiltshire's Local Offer. If a child/young person has Special Educational Needs, as part of the child/young person's assessment, consideration will be given to providing parents with a SEN personal budget that is to be used. There is to be a detailed explanation as to how the funding will deliver agreed provision, the needs and outcomes it will meet. How the money is used, spent and managed including arrangements as to its payment are to be documented and monitored.

Wiltshire Council also has a duty, under section 175(1) of the Education Act 2002, to safeguard and promote the welfare of children and must act upon any concerns that a child may be at risk of significant harm, in accordance with its child protection procedures. Where a child is not seen for long periods of time, this may prompt discussion between various safeguarding agencies.

3.7.6 Alternative Education Provision

Alternative Education provision that is either arranged by Wiltshire Council or by the school for children/young people who are excluded, or on a fixed term exclusion or who are ill or placed off site to improve their behaviours and/or engagement must consider how the Preparation for Adulthood planning and transition arrangements are to be addressed.

In the first instance, schools should look to have an increased focus on early assessment and identification and having robust interventions in place to prevent children/young people's behaviours escalating prior to considering exclusion or placing children and young people off site to address their behaviours. Exclusion should only be considered as a last resort.

For those placed in Alternative Provision, a personalised intervention plan is to be prepared setting clear objectives for improvement and attainment, timeframes, arrangements for assessment and monitoring progress, and a baseline of the current position against which to measure progress. This plan must consider a child/young person's SEN Support plan or EHCP, including their PFA outcomes and support arrangements.

Progress against achieving the PFA outcomes and objectives should be frequently monitored, appropriate reviews should be built in and continuity into the next stage in the child's life should be considered. Where reintegration to the school is an objective, there should be agreement on how to assess when the child/young person is ready to return, and the school should provide an appropriate package of support to assist their reintegration. These objectives and plans should be agreed with Alternative Education providers, set out in writing and regularly monitored, including through frequent visits to the provider.

If a child/young person remains on roll at their school, they should be encouraged to feel part of the school. Records should be kept on a pupil's progress in that provision and appropriate staff liaison arrangements should be in place with good working arrangements with other relevant services such as social care, educational psychology, child and adolescent mental health services, youth offending teams and drug support services etc.

Alternative Education providers are to have strong networks to provide career advisory services and are encouraged to facilitate children/young people being exposed to a wide and varied range of career opportunities as this will support them to make more informed decisions as part of their Preparation for Adulthood pathway.

Section 4. Transition Procedures

4.1 Transitions Assessment

Wiltshire Council will carry out a Transitions Assessment where it is of significant benefit to a child or their parent/carer in doing so and where it is likely that the child will have needs for care or support after turning 18.

This should be discussed with a relevant professional in the first instance prior to a request being made. The Transition Assessment can be requested at any time from when a child turns 16 years and can be carried out at any point prior to them turning 18 years of age. This assessment is to determine the likelihood of the child having eligible needs in accordance with the Care Act 2014 once they turn 18 years.

The request can be made by the child/young person, a parent/carer or someone who knows the child well such as their SENCo, the SEND Lead Worker, the Social Worker or health professional.

A request for a Transitions Assessment for a Care Leaver, or children/young people with an ECHP or Support Plan who has an allocated social worker can be made through the Transition Planning meeting, as outlined in section 4 of this policy or if no social worker is allocated, this request can be made directly to Adult Social Care's Advice and Contact service Tel: 0300 456 0111 or via email AdviceandContact@wiltshire.gov.uk.

The earlier the Transitions Assessment can be undertaken the better, to support future planning and provide children/young people and their parents/carers with information about what to expect. A request for a Transitions assessment can be undertaken at any stage before a child reaches 18 years.

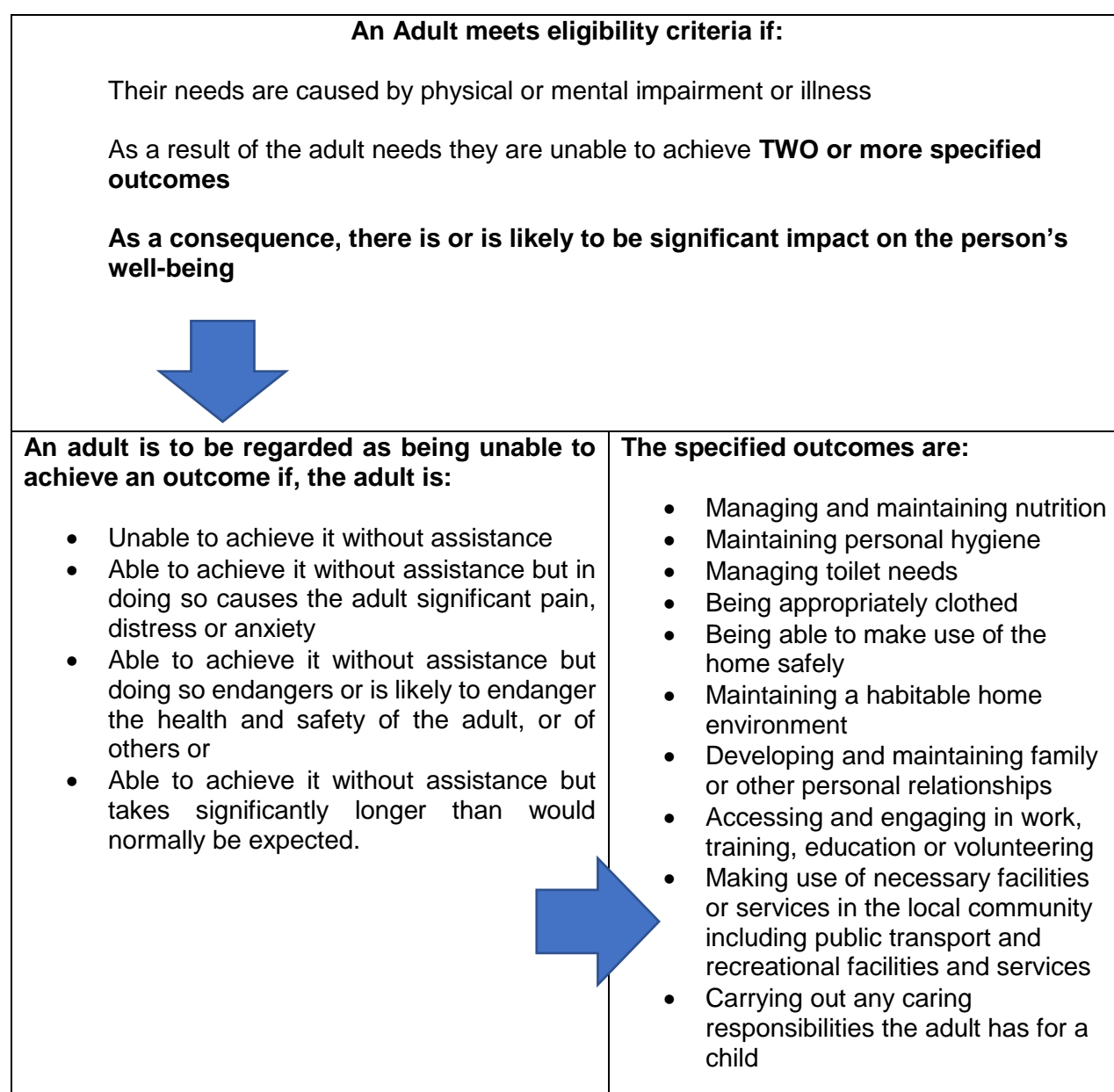
A child/young person's voice must be integral to informing the Transitions Assessment. Young people **must** have the confidence that they are receiving confidential and impartial information, advice and support. For many young people, they may be finding their voice for the first time and may need support in exercising choice and control over the support they receive. Independence advocacy support may need to be obtained.

Children's Social Care will be required to continue to provide a young person with support until the outcome of the Transitions Assessment is clear so that there is no gap in provision. Wiltshire Council can also decide to continue to provide care and support from under section 17 of the Children Act 1989 for a young person with an EHCP after the young person has turned 18.

It is imperative that young people and their parent/carers are informed that one of the key changes following the child's 18th birthday, under the Care Act, is that services provided by Adult Social Care become chargeable.

A referral to Wiltshire Council's Finance and Benefits Assessment (FAB) team is to be made to enable a financial assessment to be undertaken and for the young person and their parent/carers to gain information and advice as to their entitlement to any benefits.

4.2 Care Act Eligibility



Further information regard the Care Act eligibility criteria can be found of the <http://wiltshire.gov.uk/adult-care-care-act>

If a young person is not considered to be eligible for Adult Social Care, there are many community-based services which can be accessed. Further information can be accessed via <https://www.yourcareyoursupportwiltshire.org.uk/home>.

4.3 Transitions Planning Meetings

These meetings are facilitated by Wiltshire Council and are held monthly with Heads of Service and operational managers from across Children and Adult Social Care; Children's Health Commissioners and Adult Commissioned Health services and Wiltshire's Brokerage and Commissioning teams.

The Transitions Planning meeting has two key purposes:

- To identify early on, young people who are mostly likely to require Adult Social Care and Adult Health Services and to support earlier engagement, early assessment and support planning and joint working so to facilitate seamless transfers to take place
- To agree which Adult Social Care team are to support the young person and to agree transfer timescales

An email is to be sent to the Transitions coordinator seeking a young person's case to be presented at the meeting. The email will be acknowledged within 24 hours and confirmation as to the date of the next Transition Planning meeting will be confirmed.

The Social Worker, SEND Lead Worker or any other professional body making a referral to the Transitions Planning meeting will be required to ensure that the young person and/or the parent/carer has given consent to sharing data with the Transitions Planning meeting.

If the request is to seek agreement to transfer a case or for a Transitions/Care Act Assessment to be undertaken, a Transitions Planning request template is to be completed and the following documentation is to be completed:

- An in-date care assessment
- An in-date support plan or pathway plan
- A Mental Capacity Assessment or DOLS if applicable
- A risk assessment if required
- The EHCP or SEN Support Plan if relevant
- Child Continuing Care assessment/ or CHC Assessment
- Any other documentation that is pertinent to the case
- The costs of the package of care or placement and a breakdown of the support is to be provided.

The above documentation is to be provided to the Transitions Coordinator 7 days prior to the Transition Planning meeting taking place. For further information, please refer to appendix 3 of this policy for the Terms of Reference of this meeting.

4.4 Transition arrangements for Children/young people age 17 – 25 years

All young people who have eligible adult health care will transfer at 18 years of age, however, there are different ages in which young people may transfer across to adult social care, as outlined below.

Teams	Children/young people	Age
Children in Care (CIC) Teams	Care Leavers	18 years
Children and Young People's Disability teams (CYPDT)	Young people with a severe disability	18 to 25 years
Children and young people's Occupation Therapy Team	Young people requiring ongoing occupational therapy and equipment support	18 years
SEN Teams	Children and young people with an EHCP, with complex needs who are likely to be eligible for Adult Social Care Support	18 to 25 years of age

*Young people, including Care Leavers who have a severe learning disability who are supported by the Children's and Young People's Disability Team could transfer between the ages of 18-25 years.

As the Children and Young People's Disability Team work across Children and Adults Legislative frameworks, their care assessments incorporate determining Care Act eligibility. Therefore, for any young person transitioning into Adult Social Care, they will not require a further Care Act assessment to be undertaken, as Adult Social Care will adopt a Trusted Assessor approach.


For this to be supported, it is imperative that Adult Social Care are involved early on the support planning stages and are party to decision making, including funding decisions from the age a young person turns 18 years of age. This will be facilitated through the Transitions Planning Meetings alongside attending reviews and other meetings that are scheduled.

4.5 Summary of the PFA and Transition milestones and procedures

The table aims to summarise the PFA pathway and transition milestones that are outlined in this policy and procedure.

13-14 Years Year 9	<p>The formal process of Preparation for Adulthood starts here!</p> <p>This takes place as part of the annual school review.</p>	<p>The Preparing for Adulthood (PFA) plan is to be developed factoring in long term aspirations for :</p> <ul style="list-style-type: none"> • Independent living • Education, employment and training • Leading a healthy life • Engaging in community, friends and relationships 	<p>The young person's aspirations for their future, their strengths and abilities to achieve their aspirations are determined, as is the support that they will need.</p>	<p>SMART outcomes are to be identified.</p>	<p>GP annual health check for children with a disability to be supported.</p>
14-15 Years Year 10	<p>Monitor progress to achieve the outcomes in the PFA plan. This is to be addressed at the annual school review in Year 10.</p>	<p>Outcomes may need to be refined, updated or change and further sign-posting and support planning may be required.</p>	<p>Consideration as to options for Post 16 education and training opportunities to be determined which must be aligned to their aspirations and independence outcomes for the future.</p>	<p>Schools are to provide impartial careers advice.</p> <p>At this point, parents can request a Transition Assessment to determine early on eligibility for adult services</p>	<p>For children with complex health needs, continuing care assessments should be considered.</p> <p>Commence Care Leavers Pathway Assessment and Plan incorporating PFA outcomes.</p>

15-16 Years Year 11	<p>Monitor progress to achieve the outcomes in the PFA plan at the annual school review meeting in Year 11.</p>	<p>Any plans being developed need to include how a child will be supported to make decisions, if they lack the capacity to do so. From age 16 the Mental Capacity Act (2005) applies.</p>	<p>Welfare benefits change at 16 years and advice as to PIP and ESA will need to be shared with families .</p> <p>Young person may be leaving school at this point to commence college, alternative education and may need support through this transition period.</p>	<p>Leaving Care Assessment and Pathway plan to be completed.</p> <p>LAC should be appointed a Personal Advisor.</p>	<p>Adults CHC screening check (DST) to be carried out to determine if assessment is needed.</p>
16-17 Years Year 12	<p>Monitor progress to achieve the outcomes in the PFA plan at the annual school / or Further Education review meeting in Year 12.</p> <p>Post 18+ education/ employment options to be considered.</p>	<p>A referral to Adult Social Care via the transition planning meeting is to be made where it is likely that the young person has eligible Care Act needs.</p>	<p>Care Act Assessment should be undertaken prior to the young people turning 18 years of age.</p>	<p>Year 12 review should identify and put in place any specialist provision required, working with commissioning and brokerage to achieve this.</p> <p>Referrals to Financial Assessment and Benefits Team (FAB)</p>	<p>Adult CHC checklist to be undertaken.</p>

17-18 Years Year 13	<p>Monitor progress to achieve the outcomes in the PFA plan at the annual school / or Further Education review meeting in Year 13.</p>	<p>Young people with Care Act eligible needs are to transfer.</p> <p>Young people with eligible CHC needs are to transfer.</p>	<p>Young people with eligible, complex and long term health needs are to transfer to the relevant health agencies not less than 6 months prior to turning 18 years of age. This includes referrals to WCCG Adult Continuing Health Care Team.</p>	<p>Young people with ongoing occupational health and equipment needs are to transfer to Adult Social Care. Care Leavers who are eligible under the Care Act are to transfer.</p>	
19+ Years	<p>Young people known to Children with Disabilities Team who are Care Act eligible, are to transfer to Adult Social Care on meeting stability criteria.</p>	<p>Trust Assessments are to be adopted as to Care Act eligibility.</p>			

Steps to preparing for Adulthood and milestones

Appendices

Appendix 1

Legislative Framework for the Preparation for Adulthood Pathway

The key legislative requirements that impact on the practice of Preparing for Adulthood are outlined below. This is not an exhaustive list and is purely a guide to give a background context.

1.1 The Children Act 1989 remains the general legal framework for children in care and care leavers.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/397649/CA1989_Transitions_guidance.pdf

Under this act, the Local Authority has the statutory responsibility for the provision of advocacy services. The role of an advocate is to:

- Understand the child or young person's circumstances and help them to clarify their view of the situation.
- Help the child or young person to understand their rights.
- Assist the young person in expressing their views and to ensure that they have been heard and considered in decisions which may affect them.
- Understand the decisions that have been made about them.

If you think the child may benefit from an advocate please encourage them to contact:

<https://www.theadvocacypeople.org.uk/>

1.2 The Children (Leaving Care) Act 2000 introduced the requirement on local authorities to plan for looked after children so that they have the support they need as they make their transition to the responsibilities of adulthood.

1.3 The Children and Young People's Act (2008) introduced the requirement that Looked after children must not move from accommodation regulated under the Care Standards Act 2000 to other arrangements without a statutory review of their care plan.

1.4 The Children and Families Act (2014), the relevant legislation in context to this policy, is outline in Part 3 and part 5 of the Act. Part 3 deals with laws and provisions relating to children who have special educational needs or disabilities and gives families better control over the welfare of their child. The Act included the following:

- A new Education, Health and Care (EHC) Plan based on a single assessment process replacing the special education statements.
- The requirement for health and social care to jointly commission and plan services for children, young people and families
- Extend the rights to a personal budget for the support to children, young people and families
- Local services available to children and families must be made available in a clear, easy to read manner.
- Local authorities must involve families and children in discussions and decisions relating to their care and education and provide impartial advice, support and mediation services

Part 5 of the act deals with child welfare and is a broad-ranging section of the Act, which deals with the importance of fostering, having the right living environment, as well as various other issues relating to child welfare. Under this section, the following key points were put into force:

- Formalised 'staying put' arrangements designed to enable children in care to remain with foster families until the age of 21 if they choose to do so, and if it is agreed with the foster family.
- Measures designed to improve the quality of care provided by children's residential homes, whilst also improving security.
- Councils must inform young people and parent carers of the support they are entitled to.
- The education of all looked-after children in each local authority, will be championed by virtual school heads.
- Increased support to be provided by schools to children with medical conditions.

1.5 The Children and Social Work Act (2017) is the legal framework for Care Leavers which extends Personal Advisors up to the age of 25.

It enforces the need to consult on and publish a local offer for Care Leavers as to their statutory support entitlements and what support and services are on offer, including discretionary services or support. The key area of focused as to the local offer is to be on:

- Accommodation
- Participating in society
- Employment
- Education and Training
- Health and well-being
- Relationships

The act also requires local authorities to have regard to seven corporate parenting principles when discharging their functions in relation to looked-after children and care leavers. The local offer should set out what support all local authority will provide (not just Children's Services), having regard to the corporate parenting principles. For further information please refer to:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683703/Local_offer_guidance_final.pdf

1.6 The SEND Code of Practice (2015) is statutory guidance for organisations who work with and support children and young people with Special Educational Needs and Disabilities. It outlines the duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 (the Act) and associated regulations. It came into force in September 2014 and was last revised in January 2015.

The guidance must be adhered to and places a key focus on the following:

- Participation of children and young people and parents in decision making at individual and strategic levels.
- There is a stronger focus on high aspirations and on improving outcomes for children and young people.
- It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health services and social care.
- It includes guidance on publishing a 'local offer' of support for children and young people with SEND.
- There is new guidance for education and training settings on taking a 'graduated approach' to identifying and supporting pupils and students with SEND (replacing School Action and School Action plus).
- For children and young people with more complex needs, a co-ordinated assessment process and the new 0–25 education, health and care (EHC) plan replace statements and learning difficulty assessments (LDAs).
- There is greater focus on support that enables those with SEND to succeed in education and make a successful transition to adulthood.
- Information is provided on relevant duties under the Equality Act 2010 and relevant provisions in relation to the Mental Capacity Act 2005

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

1.8 The Local Offer

Each local authority is legally required to publish their local offer as to a range of support services and information on health, education and social care services, including universal services and voluntary sector provision available for children/ young people aged 0-25 years. Wiltshire's local offer can be assessed by clicking on the following link <http://www.wiltshire.gov.uk/local-offer-about>

1.9 The Care Act (2014) sets out the framework for the provision of services to 'vulnerable adults' and outlines that it defines each adult as 'Ordinary residents'.

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

The Act sets out a legal duty for an adult's 'eligible needs' to be met by the local authority, subject to their financial circumstances. Their eligible needs are those that are determined after the assessment.

The Care Act places a duty on local authorities to promote better choice and control over care and support for young people and families (rather than requiring them simply to provide services).

The Children and Families Act introduces a system of support which extends from birth to 25, while the Care Act deals with adult social care for anyone over the age of 18. Both pieces of legislation ensure that people aged 18–25 will be entitled to support, placing the same emphasis on outcomes, personalisation and the integration of services. The acts are also aligned with a range of other policies and guidance relating to transitional care. The importance of joined-up working, and the integration of services is prioritised so that people do not 'get lost' in the system during these critical periods.

<http://wiltshire.gov.uk/adult-care-care-act>

1.10 Mental Capacity Act (2005)

Further information and guidance is provided in Appendix 5.

1.11 Care Programme Approach (CPA)

The Care Programme Approach (CPA) is the name given to the way that mental health services deliver care. The first part is an assessment of needs and strengths and an opportunity for young people to state their preferences. The second part is agreeing the plan of care that will best meet their needs and promote recovery. These agreed plans reviewed at regular intervals.

Appendix 2

Roles and Responsibilities

The information provided below gives a summary of who the key stakeholders are who are involved in Preparing for Adulthood Pathway and their roles and responsibilities.

1.1 Schools

Schools carry the responsibility to arrange and co-ordinate the annual school reviews as outlined in the Preparing for Adulthood policy. Schools are responsible for bringing together professionals from many multi-agencies who are involved in a young person's life to inform the annual review process.

1.1.1 Special Educational Needs Co-Ordinator (SENCO)

Every school has an appointed SENCO who is a teacher with additional responsibilities to record and update information regarding the young person's special education needs, if they have an EHCP or not. The SENCO liaises with the parent(s)/carer(s) and all relevant professionals and leads on arranging the annual reviews and informing the progress of the young person's educational development.

1.2 Wiltshire Council - Families and Children's & Education and Skills Directorates

1.2.1 The Special Education Needs and Disabilities service (0-25 years)/ SEND Service

This service is made up of three parts:

- The SEN Team,
- Inclusion Team

Wiltshire Employment Support Team (WEST), Community Connecting and SEN Transport.

1.2.2 Special Educational Needs (SEN) Team, within the Education and Skills Directorate

The SEND team is based in two hubs, Chippenham (North & East) and Trowbridge (South & West). The SEN leads are the coordinators in bringing roles across education, social care and health together to support inform the EHCP assessments, the My Plan and annual reviews of children and young people.

Children and young people with additional needs, who meet the criteria for statutory assessment and support offered within an EHCP will be assigned a SEND Lead Worker and have My Plan and children who don't meet the statutory thresholds for an EHCP have a My Support plan.

The SEND Lead Worker will act as the key point of contact for young person and their family/carers and coordinate any activities that are required to assess need, meet outcomes and arrange the provision of holistic care and support to young people.

The SEND Lead Worker is responsible for the case work associated with new EHCP requests for assessments, annual reviews, ceasing plans and making amendments to plans, supporting a change of placement, leading on the annual reviews for Elective Home Educated (EHE) pupils and advising on personal budgets and alternative packages where required.

The SEND Lead Worker is responsible for collating the information/documentation to support inform the annual reviews process.

The SEND Lead Worker will apply criteria when appropriate as to navigating across statutory and non-statutory services including the Care Act and access into Adult Social Care.

1.2.3 The Children and Young Peoples Disability Teams (CYPDT), within the Families and Children's Directorate

Social workers within the CYPDT support children and young people age 0 – 25 years who have a disability which has a severe impact on the day to day life of children and young people and who require a specialist level support.

There are a lot of definitions of disabilities, however, this policy supports the following definition: A physical and/or mental impairment that has a long term and adverse effect resulting in significant impact on daily living and development of a child or young person. The term mental impairment covers a range of conditions including Learning Disabilities, Autism and Developmental delay.

It is important to note that having a disability does not automatically mean that children or young people need to access social care support but may want to access 'universal' services.

A brief guide to the following terms has been used:

Low impact – A child/young person's disability has low impact on daily living and/or their development. A universal level of support is provided e.g. Schools, GP's etc.

Moderate impact – A child/young person's disability has a moderate impact on their daily living/or development. A preventative level of support is on offer, Carers assessments, Short breaks, Direct payments, Preparation for Adulthood etc.

Severe impact – A child/young person's disability has a high impact on daily living and/or development. A specialist support service could be Supported Accommodation, increased short breaks including residential respite, LD nursing input and Intensive Family work.

The Children and Young People's Disability Team works with young people up until they have achieved stability or before they turn 25 years of age. The team is also made up of occupational therapists

This service incorporates Wiltshire's Children's Occupational Therapy Team and Wiltshire's overnight residential respite service.

1.3 Children in Care Teams, within the Families and Children's Directorate

This service supports children and young people unable to live with their parents and incorporates the Adoption and Fostering services. Children in Care are allocated a social worker who will support the young person until they reach 18 years of age. At 16 years, a young person is also allocated a Personal Assistant who will support the young person up until they turn 25 years.

1.4 Virtual School for Children in Care

The role of the Virtual School is to promote the educational achievements of children and young people from 0 to 25 years of age who are Looked After. The Virtual School acts as a champion to promote and support the education, training and employment needs of Looked After children. This service is not a physical school and neither does it replace the mainstream school or education establishment attended but is an additional resource where professionals work cooperatively and collaboratively to benefit looked-after children and care leavers. Any 16 or 17-year-old who remains in care and is attending a school sixth form or college can discuss with their Virtual School Officer their achievements, targets and aspirations.

The Virtual School is also in regular contact with the schools and colleges to pick up on any issues which may be affecting the young people. Young people who decide to follow an apprenticeship or other training route into future employment can also discuss the options available with a Virtual School Officer.

1.5 Children's Support and Safeguarding Service (SASS)

Support children and young people and their family who are subject to a Child Protection Plan, or who need social care support.

1.6 Independent Reviewing Officer (IRO)

Disabled children and young people who are in receipt of more than 75 overnight stays, or who are in the care of the local authority either accommodated under Section 20 or via a Court Order have an allocated Independent Reviewing Officer whose role is to oversee the Care Plan within the Looked After Children review process and reflect on the child/young person's voice.

The IRO will chair Looked After Children's review meetings within 3 months of their first episode of care for children in receipt of short breaks more than 75 nights. Subsequent reviews will occur on a 6-monthly basis, unless meetings are brought forward.

For children who are accommodated via S20 or a Court Order an initial review will be held within 20 days and then within 3 months and subsequent 6 months.

The IRO will have the responsibility for making the recommendation for a Transitions Assessment in accordance with the policy, when the child reaches the age of 14 years of age and will also be responsible for monitoring the progression of the recommendations.

The IRO will oversee the Care Plan, Personal Educational Plan and Health Plan. When the young person reaches the age of 15 years the IRO will make a recommendation for a Leaving Care Assessment that will go onto inform the Pathway Plan and this will encompass the Preparing for Adulthood plan which will be reviewed by the IRO.

The IRO will remain involved with all children and young people accommodated until they reach their 18th birthday.

1.7 The Transitions Coordinator

The Transition Coordinator is a part-time Business Support Assistant who works 2.5 day per week to provide administration of the monthly Transition Planning meetings. The post works alongside the Chair of the meeting and senior representatives.

The Coordinator maintains a database of transition cases so to accurately forecast young people who are eligible for transition from Year 9 (age 13/14 years) and who are likely to transfer from children into Adult Social Care, including those that have already transferred. This database will be used to support financial forecasting, future resource capacity required within Adult Social Care, performance reporting and future commissioning needs. In the longer term, the plan is for this data to be supported through the Liquid Logic case management system.

This role will also develop and maintain a robust and accurate database that tracks and maintains the completion of transition assessments, Preparing for Adulthood annual review outcomes as to achieving independence in accordance with their EHCP, My Plan and Leaving Care Assessments and Pathway Plans.

They will address real time queries from a range of different sources, acting as the central point of contact for transition referral queries from Advice and Contact, CAMHS, CTPLD Health, Virgin Care and all other referring agencies in support of cases transitioning into adult services.

They will provide advice and guidance in response to queries from outside agencies and the public via email/telephone/face to face enquiries and signposting to other colleagues or service areas where appropriate.

They will support in drafting any necessary communication materials that are required to be posted on intranet pages, the Wiltshire Council website, WPCC websites, WCIL and the Local Offer and be responsible for dissemination key documentation e.g. Preparing for Adulthood advice and guidance for parents/carers as deemed necessary.

They will also support to resolve any issues or blockages regarding anomalies with incomplete or inaccurate information or lack of sharing information in support of unblocking transitions pathways.

1.8 Wiltshire's Children's Health Services

1.8.1 Designated Clinical Officer, appointed by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG)

- This role is a key point of contact for local partners, and the local authority about children and young people who have or may have SEN or a disability
- Is to offer advice on SEN or disabilities and provide health advice to local authorities, schools and colleges about children and young people with SEN or Disabilities

1.8.2 Wiltshire Children's Community Health Services (WCCHS) are commissioned by Wiltshire Council, Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) and NHS England to deliver the following health services over a 5-year period.

- Children's Community Learning Disability Health Services*
- Speech and Language Therapy (SALT)
- Community Paediatric and associated therapies
- Continence Service
- Children's Community Nursing
- Children's Continuing Care
- School Nurses
- LAC Nursing service*
- Autism Diagnostic service

1.8.3 *Looked After Children's Nursing services

Wiltshire's LAC nursing service that supports Looked After Children and Care Leavers, is a commissioned service. The nurses work as part of a multi-agency team with LAC social workers. When a child or young person comes into care, they will have an initial Health Assessment (IHA) which is completed by a paediatrician or a trained medical practitioner which informs a healthcare plan. This is then reviewed by the specialist nurses, who also work alongside the school nurses for children from the age of 10+ up to 19 years of age, after such time, they will transfer across to Adult Health services.

1.8.4 *Children and Young People's Learning Disabilities Health Service

This service supports children and young people with a disability whose needs cannot be met through universal services e.g. school nurses, health visitors and GP's. The team work to improve complex and challenging needs and provide a range of services from eating, nutrition, sleeping, toileting and continence, personal hygiene, sexual health and behaviours to name a few. Any child with a learning disability registered with Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSWCCG) GP practices in Wiltshire or who are accessing a Wiltshire School is eligible for the service.

1.8.5 Children and Adolescent Mental Health (CAMHS)

CAMHS is a commissioned service to deliver a range of support to children and young people who have need mental health needs up until they are 18 years. The service is also commissioned to provide a limited number of 'flexible transition' arrangements whereby children are already open to the service prior to their 18th birthday **if and when** deemed in their best clinical interests.

The service adopts a whole system approach reflecting the new nationally recognised 'Thrive Model' of delivering integrated care and support in the absence of any tiered service. CAMHS target support around evidence based interventions and treatments for children and young people with moderate to severe mental health needs.

Early intervention and prevention services are provided by a range of different services including primary care, schools and the voluntary sector.

Looked After Children and young people can also access early mental health support, including online, from Barnardo's. More information is available at www.onyourmind.org.uk

1.9 Adult Services

There are several different teams within Wiltshire's Adult Social Care services and Adult Health services and they are as follows:

1.9.1 Community Team for People with a Learning Disability – CTPLD Social Care

The CTPLD teams working across Wiltshire carry out a primary function as set out under the Care Act 2014. The teams support adults 18+ with a learning or physical disability. They will carry out Care Act Assessments to determine eligibility. The team adopted trusted assessments from Wiltshire's Children and Young People's Disability Team.

1.9.2 Community Team for People with a Learning Disability – CTPLD Health

BSW CCG commissions the community health service. It is an integrated and multi-disciplinary team working with CTPLD social care. There are two teams in Wiltshire – one in the North and East and one in the South and West. They provide a range of community health services for people aged 18+ with complex, long term and ongoing health conditions.

1.9.3 Adult Social Care – Ongoing Support Teams

The Ongoing Support teams, are part of Adult Social Care, of which there are three team which support young people from the age of 18+.

The team's key focus is in prevention, reablement and providing ongoing support to adults who have long term care needs. They are responsible for undertaking their statutory duties as defined by the Care Act 2014. Within the team are occupational therapists who will consider referrals to support adults maintain their independence and support rehabilitation where necessary.

1.9.4 Adults Social Care – Mental Health Teams

The Mental Health teams provide specialist services for adults over 18 years of age. They are part of Adult social care.

There are three teams who collaborate closely with health professionals. The teamwork with a diverse range of mental disorders, providing a range of interventions in accordance with legal requirements. Typically, a young person who is being referred would have a mental health diagnosis for example schizophrenia, psychosis, bi-polar disorder, manic depression, anxiety, obsessional compulsive disorder or personality disorder. The team work to support people recover from mental health illness

The team will consist of Approved Mental Health Professionals (AMHPs) and have a statutory duty to the meet Mental Health Act requirements.

1.9.5 Hearing and Vision Team

This team provides a range of services if to people 18+ years who are blind, have limited or impaired sight, are deaf or have an acquired hearing loss or are deafblind. This team is part of Adult social care.

This is sometimes known as dual sensory impairment – it's when a person has a significant combination of hearing and sight loss. They will support people in their day-to-day living such as using

a telephone, preparing meals or getting out into the community, provide information and advice, as well as minor equipment to help you manage better at home

1.9.6 Adult Community Mental Health Service

This service is commissioned by BSW CCG. It provides a range of mental health services such as Improving Access to Psychological Therapies (IAPT) who deliver psycho-educational courses through to one-to-one intervention support. They also offer a wide range of support through GP surgeries to anyone with common emotional and mental health difficulties, primarily those associated with anxiety and depression. They also provide an Adults Autism diagnostic service, therapy services, Psychiatric Intensive Care, S136 unit, Primary Care liaison service and LD Intensive Support Service to name a few.

Appendix 3

Transitions planning meeting (panel) & transfer procedures

Terms of Reference and internal transfer procedures

1. Impact and outcomes of the meetings

- To facilitate a seamless transition for Care Leavers, young people with additional needs and disabled young people from children's services into Adult Social Care and Adult Health services, where there is eligible need.
- To facilitate Children and Adult Social Care, Education and Health partners to deliver integrated, joined up and person-centred support to young people and their families going through transition.
- To facilitate greater independence and stability outcomes being achieved through earlier joint planning for young people, as part of the Preparing for Adulthood pathway and to track progress in achieving the outcomes.
- To facilitate securing sufficiency of the right provision and services, at the right time and in the right place to meet young people's needs that offers best value
- To tightly manage and oversee expenditure on packages of support. Ensure robust scrutiny is undertaken to ensure services that are commissioned or are due to be commissioned offer value for money and are of a good quality and are brokered through the right channels and deliver the intended outcomes for young people and their families.

2. The purpose of the meetings

The Transition planning meeting will have both a strategic and operational focus

2.1 Strategic purpose

- To proactively identify and forecast young people who are likely to be Care Act eligible and who will require ongoing support from Adult Social Care and Health services as they move into adulthood.
- To share information much earlier with Adult Social Care, Commissioning and Adult Health professionals as to cases due to transfer to support future resource planning financial forecasting and future commissioning requirements.
- To facilitate more joined up multi-agency working across all service areas and partner agencies to enable young people and families experience a more integrated approach to support planning and transition in accordance with Wiltshire's Preparation for Adulthood policy and procedure.
- To identify and support embed further improvements in the processes and practices of the Preparation for Adulthood and Transition Pathway and resolve issues and blockages as they arise.
- Act as a decision-making forum as to placements, case transfers and financial budgets across Children's and Adult Social Care. Certain representatives at the meeting will be expected to have delegated authority to make these decisions on behalf of the service they represent and in consultation with their relevant Director.
- To track young people going through the transition process, monitoring the effectiveness of the process and preparation for adulthood outcomes being achieved.
- To share information regarding emerging trends and issues that influence strategic development of services including the identification of gaps in provision

2.2 Operational purpose

- To operate as a problem-solving body, working with representatives at the meeting, to identify primarily "a route" of planned support for young people as they move from childhood to adulthood

- To operate as the primary determinant for making decisions as to care and support needs for young people who are to transition, including those where there is no clear pathway
- To identify a projected date, not less than 3 months, for formal transfer of a young person from children to adult social care and agree the point of stability criteria
- To address cases where progress is not being achieved in accordance with their Preparing for Adulthood outcomes and plan and address blockages/issues that are preventing this from occurring.

2.3 What remains out of scope

- The making of individual support plans **will not be** the responsibility of the Transition Planning Meeting. Individual support plans will be drawn up by the relevant front-line worker, working directly with the young person and their family who will then ensure that the specific needs of the individual are presented /shared at multi-agency meeting and review meetings with the young person and families' permission.

2.4 Representatives at the meeting

Members of the group represent their respective agencies.

Chaired by: Locality Manager SEND

- Nominated SEN Operational team manager or SEN Officer
- Transitions Coordinator
- Children's Disability Team Managers
- CTPLD Manager from health and social care
- Nominated Ongoing Support Operational Manager(s)
- Nominated Children in Care Team Manager or Service Manager
- Child & Adolescent Mental Health representative
- Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) – Commissioner and Designated Clinical Officer
- Nominated Adult Mental Health Team Manager
- OT manager local authority
- Designated Clinical Officer (BSW CCG)
- Lead Children's Commissioner (BSW CCG)
- Nominated representative from brokerage and commissioning across Adult/ children's
- Additional Practitioners will be invited to attend to assist with complex discussions e.g. Head of Adult Provider Services, Cannons Respite Manager, Hearing & Vision, Housing, WEST etc.
- Social workers / SEN leads and Health professionals who are to present cases for decision making.

2.5 Frequency of the meetings and their management

- The Transition Planning Meetings will be held monthly, except in the month of August.
- The agenda will be informed by representatives of the meeting with final decision as to the agenda resting with the Chair.
- The Transition Planning Meetings will be arranged and managed by the Transitions Coordinator in consultation with the Chair.
- The agenda and all supporting documentation will be sent out to all representatives five days prior to the meeting taking place. For this to be achieved, Team Managers are to ensure that all documentation is provided in a timely manner.
- The Chair will require the information to be received 2 days in advance of sending out the agenda to enable the necessary quality assurance to be undertaken
- The minutes arising from the meeting will be documented by the Transitions Coordinator and they will be sent out within 48 hours of meeting taking place. The minutes will be signed off the Transitions Planning Meeting Chair.

2.6 Information Requirements

- The Transitions Planning Meeting Chair and Coordinator will have a responsibility to identify young people to be presented at the meeting from all referrals for lead professionals across SEN, Social Care and Health
- Team Managers are to ensure that their workers provide sufficient information to enable the meeting to make the most appropriate decisions. This information is to be provided within the required timescales. The Transitions Coordinator will endeavour to give as much advance notification to workers as to their attendance at the meeting, but no less than one week's notice.
- A Transitions Request Template must be completed for each case and provide all the relevant information requested. The template will act as the front cover sheet to the assessment, support plan/pathway plan, risk assessments, MCA assessments, EHCP and any other relevant documentation that is to be submitted.
- All recommendations/decisions made at the meeting will be recorded on the template.
- The completed document must then be uploaded onto the case file on Liquid Logic
- If a decision cannot be made by the group representatives, the chair will escalate to relevant Directors who will convene a meeting (Solutions Panel) within two weeks of the initial transitions meeting.

2.7 Information sharing and data protection

- Information will be held in the form of spreadsheet data to assist with the future planning and to monitor the transition process for young person aged 14-25 yrs. across health and social care
- The information will consist of the following name dob, current arrangements, services, received and school leaving plans, future support needs housing health, employment
- Anticipated time scales as to transfer to adult care
- This information will only be used to assist with the transition planning for young people and their families to ensure an effective transfer to adult services
- Some detailed information on young people may be shared but will be held by their respective agencies

Data Protection Act: Personal information held by the multi-agency transition group is confidential and may only be disclosed by representatives on the group with young person/parents' consent

3. Transitions Request Template

Application for Transition Planning Meeting to be held:

Name of young person:	DOB:
Case No:	Year group:
Home address:	Name of Lead Worker: (Social Worker)
Education / Current Care Placement:	Name of Personal Assistant (if relevant)

Young Persons views:

Relevant Reports must be attached: e.g. Young Persons assessment(s)/ Support Plans/Pathway Plans and Mental Capacity Assessments/ Risk assessments etc.

Decision

Primary Need

ASD BESD HI MLD MIS OTH PD PMLD SLCN SLD SPLD VI X

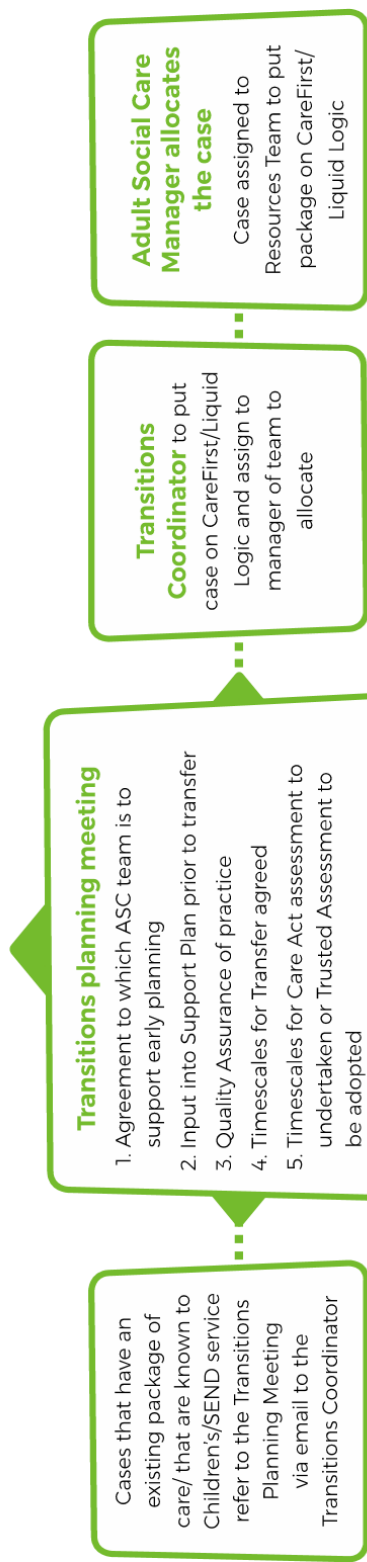
Secondary need

Notes on Decision

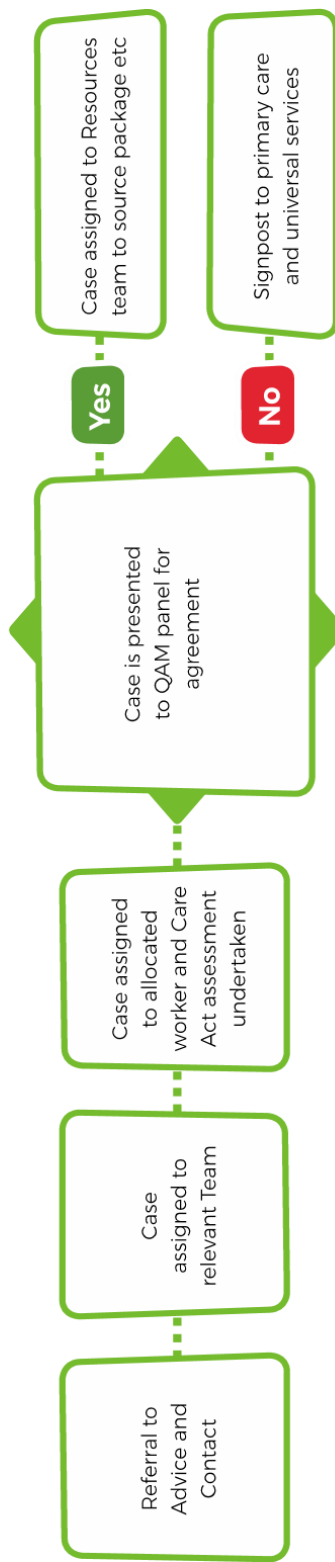
Actions Agreed:	What	Who	Time scales
<u>Signed & dated by Chair</u>			

Wiltshire Council Internal Transfer process from Children's to Adult Social Care

1. Cases that are already known to children's services and are in receipt of a package of care + ready for transfer



2. Cases that are NOT already known to children's services and are not in receipt of a package of care



Appendix 4

Mental Capacity Act 2005

Once a child is aged 16, legislation covered by the Mental Capacity Act 2005 applies.

The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of those who lack capacity to make specific decisions for themselves. It applies to people over the age of 16 years.

It puts the needs and wishes of a person who lacks capacity at the centre of any decision-making process. It is at the age of 16 years that decisions concerning ongoing education, independent living, care and support may need to be made and hence any plans need to include how a child will be supported to make decisions about their life.

Mental Capacity Act 2005. S2(1) defines 'lacks capacity' as follows.

"For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to decide for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain."

The impairment does not have to be permanent. A person can lack capacity to make a decision at the time it needs to be made even if:

- The loss of capacity is partial
- The loss of capacity is temporary
- Their capacity changes over time

A person may also lack capacity over one issue but not others.

The first steps are to determine a child at age 16 years have capacity and in accordance with the MCA, there is a The Two Stage Test for Capacity.

1) The Diagnostic Test

Mental Capacity Act 2005 - Section 2

"A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an **impairment of, or a disturbance** in the functioning of, the mind or brain."

2) The Functional Test

Can the person: -

- a) **Understand** information relevant to the decision; does the person have a general understanding of what decision they need to make and why they need to make it? The assessor needs to be clear about the "salient factors" that the person needs to understand for this particular decision. Does the person have a general understanding of the likely consequences of making, or not making, this decision?
- b) **Retain** that information (for long enough to make a decision);
- c) **Use or weigh** that information as part of the process of making the decision;
- d) **Communicate** their decision (by any means; by talking, using sign language or other any forms of communication used by the person)

An inability to satisfy any one of these 4 conditions would render the person incapable of making the specific decision at that time.

A decision would then need to be made in the person's best interests (Section 4 MCA).

If a young person is unable to make a decision for themselves because of an "impairment of and disturbance in the functioning of their mind or brain" the decision could be made by parents unless it

falls outside the Zone of Parental Control. If it falls outside the zone the best interest decision making will need to be followed under Section 4 Mental Capacity Act.

The MCA does not apply to those under the age of 16 where the test is Gillick competence.

Best interest's decisions cannot authorise a young person being confined in a situation which may amount to a deprivation of their liberty.

For further information, please click on the link provided

<https://www.yourcareyoursupportwiltshire.org.uk/treated-badly/MCA/mental-capacity-act.aspx>

Appendix 5 Prompt sheets for Preparing for Adulthood

PREPARATION FOR ADULTHOOD PATHWAY



STAGE 1: GETTING READY	Age 13-14 Year 9 School Review				
	Key requirements as to EHCP process	Developing Independence and independent living	Friends, relationships and community	Good Health	Education, training and finding employment
	<p>The formal process of Preparation for Adulthood starts here!</p> <p>The Preparing for Adulthood (PFA) plan is to be developed factoring in the child's aspirations for their future, their strengths and abilities to achieve their aspirations and determine what support is needed.</p> <p>Schools are to confirm the dates of the year 9 annual review which starts the PFA planning.</p> <p>The school must ensure that the dates of the annual review are agreed with the child and their parents/carers and their chosen representatives. This should include invites to key workers/professionals that are involved in that child's life e.g. social worker, health professional, virtual school lead, Independent Reviewing officer.</p> <p>The schools should discuss with the child and parent/carers who the lead professional should be in facilitating their PFA plan. The school should also support the child and their parent/carers prepare for the annual review meeting.</p> <p>The school should ensure that dates of the review meeting is sent out two months in advance of the annual review taking place.</p> <p>EHC plan is reviewed and new outcomes written in line with the PFA areas, which is to be lead by the SEN lead worker.</p> <p>SMART outcomes are to be identified</p> <p>The child and their family are to provided information and advice as to post-16 provision</p>	<p>Start talking about the skills needed for independence in the future.</p> <p>Work with the school to think about the curriculum opportunities that might be available to develop independent travel training, budget/money and domestic skills.</p> <p>Consideration should be given to how the child and their parent/carers are to assist in developing independent skills at home and during the holidays</p>	<p>Think about young person's friendship group, in their school.</p> <p>Consider local community – circle of support, what the family has access to them in the local community and what facilities are available.</p> <p>Support services that they need</p> <p>Think about any out of school activities the child does or would like to access</p>	<p>Ensure that the curriculum is thinking about promoting good diet, exercise and sexual health.</p> <p>Children with learning difficulties are entitled to an annual health check from age 14 from their GP surgery.</p> <p>Think about starting the Health Passport which brings all health needs together in one place.</p>	<p>The review will start the discussion of the child's interests, favourite subjects/ activities, emerging aspirations about work and lifestyle in the future.</p> <p>Agree with the child who will help support them in developing a career profile and/or vocational profile.</p> <p>Think about how the school can provide opportunities for work placements, work experience, volunteering and to meet others who have had similar opportunities</p>

Age 14-15 | Year 10 | Annual Review

Key requirements as to EHCP process	Developing Independence and independent living	Friends, relationships and community	Good Health	Education, training and finding employment
<p>Consider how the EHC annual review plan can be joined up with any other reviews the young person has e.g. Children in Care (CIC), Child in Need (CIN) etc.</p> <p>Commence Leaving Care Assessment and Pathway planning, incorporating the PFA plan.</p> <p>Monitor progress and update the PfA outcomes</p> <p>Year 10 review is the beginning of the process for choosing post-16 options. It will be important for post-16 and post 19 providers to be consulted so provision/support can start to be discussed. Family and young person to visit post-16 options Review of the support in school for those with additional needs but no EHC plan</p> <p>Young people to have experienced work placements/vocational opportunities and to have talked to a careers specialist and to have the beginning of a plan in place If likely to have a change of environment post-16 e.g. move from school to college, consider what might be needed for a smooth transition</p> <p>Referral for a transition assessment is to be considered, if this is considered to be of significant importance and the timeliness for assessment to be taken</p>	<p>Need to monitor progress as to developing independent skills as to domestic abilities, managing money and supporting skills for travelling as independently as possible are being practised at home and at school.</p> <p>Public transport routes and shared travelling arrangements to be considered</p> <p>Consideration is given to what Children might need for the future i.e. accessing college, the community and employment</p> <p>Ensure that children and families are starting to consider the long term independent living requirements, if the child is seeking to remain living at home what support is needed, or if alternative and innovative options are to be considered and what information needs to be accessed as potential housing and accommodation options</p>	<p>Begin to talk about what is important to the young person about friends/social life in the future and how this might be achieved</p> <p>Support the young person to talk about their aspirations and hopes and fears for their future</p> <p>How often is the young person going out or mixing with friends? Is this enough? Is more advice or support needed?</p> <p>Is the family accessing an information, is there support that they may need?</p> <p>Have the pathways been identified for the young person to engage in local community activities?</p> <p>Are plans in place to keep the network of friends in touch through social media apps?</p> <p>Has anyone considered a buddy scheme with other young people to accompany to social events?</p>	<p>Ensure health professionals i.e. practice nurse and community nurse share information.</p> <p>Need to consider is the NHS Ready Steady Go protocol is in place where required, or any other relevant health transition plan is in place.</p> <p>Are the Child's Continuing Care needs being met, or does a Continue care assessment need to be undertaken?</p> <p>Is the Health plan underway and if annual health check via GP if eligible and GP surgery is participating</p> <p>Are there opportunities for the young person to purchase and cook healthy food options?</p>	<p>What are the pathways that a child can follow?</p> <p>What is on offer in relation to what they like doing?</p> <p>What further support is needed?</p> <p>Identify job coaches to support young person into supported employment/apprenticeships/Supported internships?</p> <p>Have clear employment/volunteering pathways</p> <p>Update career plan and/or vocational profile</p> <p>Identify aims, goals and outcomes for the future i.e. learning opportunities, increased independence skills, meeting ongoing care and support needs</p> <p>Plan visits to taster sessions and invite post-16 providers to review meetings</p>

STAGE 2 – PLANNING AND SUPPORT	Age 15 – 16 Year 11 Annual Review				
	Key requirements as to EHCP process	Developing Independence and independent living	Friends, relationships and community	Good Health	Education, training and finding employment
	Monitor progress to achieve the outcomes in the PFA plan at the annual school review meeting in Year 11.	Think about personal budgets and how these might be used to personalise a child's support.	Think about how to maintain the friendship groups after school ends – consider the use of social media	Child should be enabled to give their views and will be of a legal age to consent to medical treatment.	Ensure career plan/ vocational profile continues to be updated
	Any plans being developed need to include how a child will be supported to make decisions, if they lack the capacity to do so. From age 16 the Mental Capacity Act (2005) applies.	All housing options to be clearly articulated to the young person and their family	Support the child to plan how to keep in touch with others and vice versa.	Ensure young person and family know when they will be discharged from each of the services they use now and who will take over responsibility, this is to include making the CCG aware as to the potential need for an Adults Continuing Health needs assessment to be undertaken	Plan to spend progressively more time in work-related learning or employment that the young person is interested in
	Welfare benefits change at 16 years and advice as to PIP and ESA will need to be shared.	Benefits advice is available and support is in place to access these	Family needs to consider how they are going to develop confidence in allowing their son/ daughter to engage in greater independent activities in the community without them	Ensure young person/ family knows how their health needs will be met 14+ Health Passport completed and GP contacted re: health check for those with learning difficulties	Continue to explore all possible options including supported employment, apprenticeships, work based learning, work related learning at college, paid work, self employment, higher education and volunteering
	Young person may be leaving school at this point to commence college, alternative education and may need support through this transition period.	The young person has travel arrangements in place, where appropriate	Can/does the young person access local services such as sports centres, libraries, cinemas, restaurants, shopping centres, and youth clubs?	Plan how services will be accessed in adult life in the development of their lifestyle i.e. equipment, therapies, specialist support, diet and exercise, sexual health, dentist, free prescriptions	
	Leaving Care Assessment and Pathway plan to be completed.		Does the young person have any other ideas as to what they would like to do?	The involvement of the Ready Steady Go protocol is in place as appropriate	
	Children in Care should be appointed a Personal Advisor.		Is the family accessing all the information or support they may need?		
	At 16-19 years of care, Care Leavers are eligible to apply for the 16-19 bursary fund. The college or school's student services team will be able to share the application and provide further information.		Children and families understand if they are eligible for short breaks post-16/18 and what is available to them?		

Age 16 to 17 | Year 12 | Annual Review

Key requirements as to EHCP process	Developing Independence and independent living	Friends, relationships and community	Good Health	Education, training and finding employment
<p>Monitor progress to achieve the outcomes in the PFA plan at the annual school / or Further Education review meeting in Year 12.</p> <p>Post 18+ education/employment options to be considered.</p> <p>A referral to Adult Social Care is to be made where it is likely that young people will have eligible Care Act needs. (This is except for children being supported by a CYPDT social worker)</p> <p>Care Act Assessment should be undertaken prior to the young people turning 18 years of age.</p> <p>Year 12 review should start to put any specialist provision in place, working with commissioning and brokerage.</p> <p>Referral to Wiltshire Council's Financial Assessment and Benefits Team (FAB)</p> <p>Adult CHC to undertake their assessment.</p> <p>Referral to CTPLD Health if young person has ongoing health care needs. This must be six months prior to turning 18 years</p>	<p>Think about personal budgets and how these might be used to personalise a child's support.</p> <p>All housing options to be clearly articulated to the Child and their family.</p> <p>Benefits advice is available and support is in place to access these.</p> <p>The child has travel arrangements in place, where appropriate</p>	<p>Talk about the young person's social group, making sure they are able to remain in touch with friends and make arrangements for socialising.</p> <p>Is any additional advice or support required to develop or maintain friendships and/or social life?</p> <p>Is the young person able to:</p> <ul style="list-style-type: none"> • Access local services • Travel/get out when they choose, either on their own, with friends or with support? • Use a telephone, mobile, email, social networking, public transport, learning to drive etc? • If not, explore possible solutions <p>Identify out of school/ college activities the young person does or wants to access, including time spent away from home and area</p>	<p>Ensure young person/ family are in control of financial support for keeping healthy</p> <p>Relevant professionals work together and share information/understand how to communicate with the young person.</p> <p>Annual health check is in place</p> <p>If eligible Mental Capacity Act to be considered in relation to the specific decisions included in the PfA pathway</p> <p>Continuing health care (adults) assessment – consider whether this is appropriate and agree who is best placed to complete it</p> <p>Identify post 18 support available and pathways for accessing these If educated out of area, plans to be made for accessing Wiltshire's health services on return</p>	<p>Ensure career plan/ vocational profile continues to be updated</p> <p>Plan to spend progressively more time in work-related learning or employment that the young person is interested in</p> <p>Continue to explore all possible options including supported employment, apprenticeships, work based learning, work related learning at college, paid work, self employment, higher education and volunteering</p>

17 to 18 years | Year 13 | Annual Review

Key requirements as to EHCP process	Developing Independence and independent living	Friends, relationships and community	Good Health	Education, training and finding employment
<p>Monitor progress to achieve the outcomes in the PFA plan at the annual school / or Further Education review meeting in Year 13.</p> <p>Young people with Care Act eligible needs are to transfer at 18 years</p> <p>Young people with eligible CHC needs are to transfer at 18 years</p> <p>Young people with other eligible ongoing health needs are to transfer to the relevant health agencies.</p> <p>Young people with ongoing Occupational Health needs will need to transfer at 18 years to adult occupational health team.</p>	<p>Ensuring arrangements are in place for managing the young person's money benefits.</p> <p>Benefit advice should be sort from Wiltshire' Financial Assessment and benefits team, if this has not already been done and communicated to the child/ young person and their parent and carers.</p> <p>They should also be advised as to the potential charging arrangements in eligible for Adult social care.</p> <p>The young person is involved, where appropriate, in an independent travel programme with and without support</p> <p>There is a buddy system with friends in place to take the young person to social activities and facilities</p> <p>There are a number of housing/living/ accommodation options available for the young person</p>	<p>Think about the young person accessing mainstream activities and social settings with or without support.</p> <p>Can the young person access specialist social clubs and activities via the voluntary sector?</p> <p>Is the young person keeping contact with friends – what does the young person want?</p> <p>Does the family feel supported in letting their son/daughter access local community facilities? If not what are the solutions and who can support?</p> <p>How are personal budgets and direct payments being used?</p> <p>Ensure family is accessing any information or support they need, including carer's assessments to explore their own needs</p> <p>Ensure that the Local Offer informs the young person and family of all the information that is available</p> <p>Transition to adult respite services if eligible</p>	<p>Think about whether the young person can access health care independently or with support from specialist settings.</p> <p>Ensure that the relevant Adult health professionals are in contact with each other If the medical condition is ongoing into adulthood</p> <p>Complete the Ready Steady Go transition protocol, or any other relevant transition documentation.</p> <p>Young person, family and professionals to have knowledge of the Children and Young People's Continuing Care National Framework to see if they are eligible Health lead invited to attend annual reviews</p> <p>Is the young person living and accessing a healthy lifestyle?</p> <p>Have they access and are able to purchase healthy food?</p> <p>Have they access to supported cooking facilities and support?</p>	<p>Ensure career plan/vocational profile continues to be updated</p> <p>Plan to spend progressively more time in work related learning or employment that the young person is interested in.</p> <p>Continue to explore all possible options including supported employment apprenticeships, work based learning, work related learning at college, paid work, self employment, high education and voluntary work.</p> <p>Continue to explore the facilities in social care day services or independent day time activities and travel training</p> <p>Continue to consider the range of voluntary opportunities available in the local areanngoyment</p> <p>Consideration as to whether to cease the EHC plan – this is when the young person is:</p> <p>Accessing higher education</p> <p>Accessing paid work</p> <p>Aged 18 or over and has left education and no longer wishes to engage in further learning</p> <p>Leaving the local authority and moving to another area</p> <p>Agree information sharing protocols/joint assessments or support plans and regularity of review</p> <p>Identify key transition points in the pathway for adulthood - consider actions for transitions and funding arrangements</p> <p>Is the young person able to: Access local services? Travel/get out when they choose either on their own with friends or with support? Use telephone, mobile, email, social networking public transport, learning to drive etc? If not, explore possible</p>

19+

Key requirements as to EHCP process

Young people whom are known to the Children with Disabilities Team, who are Care Act eligible, are to transfer to Adult Social Care on meeting stability eligibility criteria.

The Adults Community Team for Learning Disabilities (CTLD) will adopt Trusted Assessments are to be as to Care Act eligibility.

The EHC plan will cease where the young person moves onto higher education, paid work, volunteering or social care services (without education)

If EHC plan continues, an annual review needs to be updated by college staff for the college setting, and by the provider for training programme or supported apprenticeship/traineeships

Where a young person has an EHC plan and leaves education but then decides they wish to return (and are still under 25 years) the local authority will consider whether the previous EHC plan should be revived and renewed. It is possible, however, that the young person will have to go through the full EHC needs assessment if there have been significant changes

Ensure that all the services are actively involved in the annual review process. If the EHC plan is ceased, sufficient exit plan arrangements are in place to secure appropriate provision and outcomes

Developing Independence and independent living

The young person may live at home, independently or in supported living setting and receiving housing benefits.

Young person and family need to be aware of the various options and supported by the relevant professionals

Some may live in college or residential care setting – it is essential that the young person and family can access information about potential options with the Local Offer being the starting point.

Ensure that there is access to an advocate for the young person to aid greater independence, if there is a need.

Friends, relationships and community

Ensure the young person's social group is being maintained make sure they are able to remain in touch with friends and make arrangements for socialising

Check if there is any additional advice or support required to develop or maintain friendships

Continue to review the young person is developing skills to access local services, focusing on local travel and communication

Ensure the family has information about support they can access including carer's assessment to review needs

Review the young person's access to social media and update/support as necessary

Good Health

Annual health check via GP if eligible

Ensure that the young person knows how to keep healthy and has access to healthy food

Ensure that the young person/ family are in control of any financial support for keeping healthy

If the young person is educated out of the area, plans about accessing Wiltshire's health services on their return should be made.

Health service professionals are in contact with each other

The young person may rely on family for good access to healthcare – ensure that the family has the appropriate support.

Steps in place to encourage more independence

Education, training and finding employment

Ensure career plan/ vocational profile continues to be updated

Continue to explore all possible options including supported employment, apprenticeships, work based learning, learning at a college or work based learning, paid work, self-employment, higher education and volunteering

Consider support required for young person to access services via Job Centre Plus e.g. disability employment advisor and Access to Work

Appendix 6

EHCP Annual Review forms and annual review flow chart.

Reports sheets for parents, professionals & young people and the EHCP review forms

There are three forms and the EHCP review form for you to print off, email or fill in for:

- Parent/Carers (**red**)
- Professionals (including yourself/SENCO) (**blue**)
- The child/young person (**green**)
- **The EHCP annual review form**

My views as a Parent/carer
EHCP Annual Review meeting

Child/Young person's Name:		Date of Birth:	
Parent/Carer's Name and relationship:		Date of meeting:	
What are the things you feel most pleased your child/young person has achieved this year?			
What are the things you feel concerned about (if any):			
What has changed since last year that people need to know (school or at home)?			
Is there anything you would like to discuss at the meeting?			
Are there any reports you would particularly like to attach yourself (this might include private professional reports, drawings, pictures, photos, video clips or pieces of writing that your child/young person has done)			
Attachment name	Date	Who from	Key points or why this is important

<p>What are your views about your child's/young person's progress over the last year towards the outcomes currently in their Education, Health and Care Plan?</p>			
<p>Could anything be done differently?</p>			
<p>What do you want for your child/young person in the future (think 1 year ahead, 5 years ahead, adulthood)</p>			

Name

Signature

Date

Please send this back to the school, early years setting or Further Education College your child/young person attends.

Year 9 Onwards (Age 14/15)

Year 9 is critical point in a child/young person's thinking about their future.

The Children and Families Act 2014 particularly encourages us all to think ahead at this point about the young person's hopes or aspirations for when they leave school and College. It can be hard to tell what your son/daughter might be doing in 4/5 years' time, but it would be helpful if you could make some comment here about future thoughts.

My young person may be interested in support with (please tick any boxes that might be relevant, you don't have to be sure!)	Yes	No	Not sure
1. Further education and/or employment – what your child/young person might want to study, what type of job you might like and how to get it.			
2. Independent living – how to make your child/young person as independent as possible as your child/young person become an adult, including where they would like to live.			
3. Participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community.			
4. Being as healthy as possible in adult life			
5. Other, e.g. using a personal budget			
What future planning do you think it will be helpful to do to think about what your young person might need when they leave school/College?			

My Views as a Professional
ECHP Annual Review Meeting

Child/young person's Name:		Date of Birth:	
Setting/School/ College:		Date of meeting:	
Name of Professional:		Team/Role:	

My involvement and what I Like and Admire About (child/young person's name):			
What I consider is important to (child/young person's name) now and in the future?			
The reports I have written this year or are still important			
Title of report	Date	Key points	Where can this report be found
Report detailing progress towards outcomes (essential)			
Attainment report			
What's working:			
What's not working:			

What do you think should be done differently?
Are there any new outcomes (child's name) should be working towards this year?
Are there any new needs identified?
Actions – what support can I provide over the next year

Name

Signature

Date

Please send this back to the school, early years setting or Further Education College.

Guidance:

The professionals should include:

- The class teacher
- The SENCO
- Any multi-agency professionals (Wiltshire Council, private, health, counsellors) who have been helping in this last year

Reports

- In a secondary school it is helpful to ask all subject teachers to fill this in although progress and attainment scores may be brought together through one collective report from your tracking system.
- You may also like to use dropbox (<https://www.dropbox.com>) or a shared file arrangement to collate this form (or something similar), provided you ensure that passwords are used to ensure confidentiality, or an app based approach.
- In primary schools you may like to gain views from MDSAs which can tell you about their free time, but the main person will be their class teacher.

My involvement and what I like and admire about (the child/young person)

- An opportunity to talk about the positives, what's gone well, what you have enjoyed doing with the child/young person

What I consider important

- If you could change one key thing what would it be?
- If you would ensure one key thing stayed in place what would it be?

What's working:

- Include here any progress reports on educational attainment particularly reading, writing and maths
- Also include any new reports you have had this year. It's always best to get these before the meeting as it will delay decisions making or make your meeting less effective if you wait till afterwards.

What's not working - This might be about:

- Relationships
- School to home communication
- Free time – breaks or after/before school
- Food and nutrition
- Emotions or how to handle stress
- The interventions in place etc.
- Plans for the future

My Views/ Pupil views
My Plan Annual Review meeting

Your Name:	Date of Birth:
	Date of meeting:
What I like about myself:	
What others say they like and admire about me:	
What is important to me?	
What helps and supports me in my learning, play and/or social time:	
What is going well/ working for me:	



What is working less well:



What are my hopes for the future (think current year/ phase of education/ aims for adult life)

Signature

Date

Please send this back to the early years setting, school, or further education college.

Year 9 Onwards (Age 14/15)	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Year 9 is critical point in thinking about your future. The Children and Families Act 2014 particularly encourages us all to think ahead at this point about your hopes or aspirations for when you leave school and College. You may know exactly what you want to be doing in 4/5 years' time, or not really be sure at all, but it will be helpful over the next few years to prepare ahead.

You may want to think about:

- where you want to live or who you want to live with
- training or experiences that you want to have to prepare you for the future
- conversations you want to have or people you need to help you get where you want to go.

I may be interested in support with (please tick any boxes that might be relevant, you don't have to be sure!)	Yes	No	Not sure
6. Further education and/or employment – what you might want to study, what type of job you might like and how to get it.			
7. Independent living – how to become as independent as possible, including where they would like to live.			
8. Participating in society, including having friends and supportive relationships, and participating in, and how you want to contribute to, your local community.			
9. Being as healthy as possible in adult life			
10. Other, e.g. using a personal budget for adult care services			
What future planning do you think it will be helpful to do to think about what you might need when you leave school/college?			

EHCP Annual Review Meeting - Form

First name	Surname	Preferred Name

My Parents/carers names		
First name	Surname	Preferred Name

Setting/School/College address	Home address (please check any changes to contact details)	Date of Birth:	
		Gender:	
		Date of your last review:	
		My Year Group:	

How have you been involved in this review? (Discussion, PECS, Visual Aids)

Current people involved in your life and who has been invited to your annual review? (include yourself and your parent/carers)


What is their name?	What is their role?	Did they attend?	Did they send a report/contribution?	If helpful, write in here the key things they said in the meeting or through their report?	Is the report attached?
			Your report		
			Your parent/carers report		
			Your schools report		



What progress have you made in your learning in the last year?

	Last year's assessment	This year's assessment	What sort of assessment was this and who did it?	Comments (please make it clear where achievement is made independently or with support)

Early year's goals (foundation stage only)				
Early Years Pupil Profile				
Maths				
Reading				
Writing				
Grammar and phonics (KS1 and 2)				
KS3, 4 and 5 list subjects below				

What progress has been made toward my outcomes on My EHC Plan?

What were the outcomes recorded on the My EHC Plan? (please list all outcomes from the EHC plan)	What progress has been made?	What support was provided and by whom?	What difference did the support make?	Was the outcome achieved or are we on target to meet outcomes?
Are there any other outcomes or good things that have happened that we should talk about?				
Overall how does everyone feel the year has gone? (This can include what has happened in school, at home, relationships/friendships, independence)			 Good	

	 Bad			
	 OK			
Personal Budgets				
What has been the impact of any existing Personal Budget on meeting the outcomes on the Education Health and Care plan? <ul style="list-style-type: none"> • Education Direct Payment: • Social Care Direct Payment; • Health Care Direct Payment: 				
If you have an educational direct payment do any changes need to be made?	No (current direct payment to continue)	Yes (do any changes need to be made)?		
Do you want the educational direct payment to continue next year?	No (direct payment can cease)	Yes (is support & finance checklist attached?)		
If you have a social care or health direct payment do any changes need to be made?	No	Yes, what needs doing?		
If you don't have a personal budget would it be good to think this through?	No	Yes, what needs doing?		
Thinking about the future (must be filled for year 9 onwards - age 13/14) Do we need to think about any of the following ideas for when you leave School/College?				
	Yes	No	Not sure	What actions need to be taken now?

11. Further education and/or employment – what you might want to study, what type of job you might like and how to get it.				
12. Independent living – how to make you as independent as possible as you become an adult, including where you would like to live and travel training				
13. Participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community.				
14. Being as healthy as possible in adult life (including any health checks				
15. Other:				
Outcomes for the coming year (needs and support requirements)				
(These can be existing outcomes not yet achieved, amendments to existing outcomes/support or new outcomes. There may also be new needs identified or changes to needs which should be documented and evidenced)				
List the outcomes that you will be working on this year.	What are the targets to support your progress toward outcome?	What are your needs?	What will help you get there?	

Summary including any recommended changes to My Plan	Destination
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(Please sign/initial and fill in appropriate boxes)	Parent/Carer	School/Setting	Young Person (if over 16 yrs.)	Is there anything, not listed above, that is needed to sort this out?	What will you, the young person, be doing now?
My Plan/statement is still appropriate and can remain unchanged				N/A	N/A
My Plan/statement needs amending because of significant changes. e.g. I have a new diagnosis or my outcomes/support has changed N.B. a new diagnosis alone does not constitute a significant change. Plans cannot be amended without supporting evidence and a clearly annotated EHC plan.				N/A	N/A
My Plan/statement can be ceased because my needs can be met within SEN Support					N/A
My Plan/statement can be ceased because I am over 18 years and my educational/training outcomes have been achieved					
My Plan/statement can be ceased because I am over 18 year, but I need to be referred to adult social care.					

Is there further action required or additional comments? (please write/paste any notes made in the meeting here)

The setting must send this form to the SEND Service no later than ten school days after the review meeting or by the end of the academic term whichever is the earliest. This signed and dated form must be sent with:

- a copy of all the written advice received (e.g. parent/carer, educational setting and other agency reports)
- a copy of the child or young person's contribution
- updated copy of the child or young person's one page profile
- annotated My Education Health and Care plan where amendments are requested

This form must also be circulated to the child or young person and their parent(s)/carer(s) and anyone who contributed to the meeting in writing or in person.

Signed:

Date:

Head teacher

GDPR: This information is being collected for the purpose of determining the educational needs of the named pupil but may also be shared with other relevant professionals such as teachers, health and social workers etc. to inform their work. The information collected may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or determining areas of need in order to target future resources. For further information please contact the SEND team on: 01225 – 718095.

Appendix 7

Careers guidance and access for education and training providers

Can be found here: <https://www.gov.uk/government/publications/careers-guidance-provision-for-young-people-in-schools>