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**Moving into adulthood,**

**The transition pathway for young people’s assessment of need and support services between children’s social care to adult social care**

**Date: March 2022**

**1. Operational Process for Young People’s Transitions to Adult Care**.

This document explains the professional process and system for how young people with high needs are identified and then allocated for an assessment of need by the adult’s social care, transitions service. This process and good practice in this area of support will enable an effective and timely transition into adulthood at 18.

Transition into adulthood for all young people can be an exciting time of new opportunities, choices and increasing independence. However, it can also be a time of worry as young people move on from familiar people, services, and places to face new challenges and responsibilities.

When high needs are identified, a referral will be completed by the allocated practitioner in children’s services. Once the referral is received, the young person will receive an allocated social worker from the transitions team who will undertake an assessment of need. For young people whose needs do not require a referral to adult services, the allocated social care practitioner, in liaison with the school and the SEND officer, will ensure the young person is signposted/referred to all relevant community support services.

**2. What Transition means in this document**

For children and young people with special educational needs or a disability, when we talk about transition, we mean the change from being a teenager to being an adult, and from moving on from children's services to adults’ services. Planning actions and conversations should start with young people and their families around the age of 14. During this period young people can experience changes in lots of areas of their lives.

These changes may include:

* Leaving education
* Thinking about starting a job or work experience
* Changes to their state benefits and finances
* Moving into new accommodation
* Changes to health and medical services
* Changes in any social care support
* Changes to personal relationships

**3. Making a referral to the transitions team for a Care Assessment**

Children’s and adults’ services work together to identify young people who are likely to need support from adult social care once they turn 18 years old. Transition planning usually begins in Year 9 (the school year in which the child has their 14 birthday).

The referral form must be discussed and completed with young people where appropriate and the parents/carer and the young person’s school. The referral form can be found at appendix 1.

The assessment itself is not prescribed, it’s proportionated to the complexity of need, and it can be or done remotely or face to face.

**Eligibility**

Young people are eligible for an assessment when they have the ‘appearance’ of care and support needs – that doesn’t mean everyone is automatically entitled; the presence of some type of ‘impairment’ is required in line with the Care Act.

The eligibility criteria define those care and support needs that we have a ***statutory obligation*** to meet; so, the purpose of having these criteria is to ensure services are delivered equitably - if a young person doesn’t meet this criteria, they may still have ‘needs’ – but the Local Authority doesn’t have a legal duty to meet those needs. What we do have to do however is offer guidance/signposting and advice (say through a referral to a voluntary agency) or how to prevent things getting worse (maybe sourcing equipment).  Generally, this falls on the side of ‘one off’ very short terms support.

When the assessment does identify statutory needs – they must be met in a ‘reasonable’ way and that doesn’t always mean funding something (so for example if a person needed shopping, we could say that could be reasonably achieved via a supermarket delivery service) our duty is to make sure the need is met, not to meet it in the way a person may choose, or to provide any particular level of funds.

If young person is likely to have need for care and support, an adult care transition worker will be allocated to support the young person and their family to advise on the transition arrangements to adult care. They will also agree when the best time is to complete the assessment for adult social care in consultation with the young person, their family, or carers, and develop a care and support plan which will outline any services to be provided.

An assessment will help young people set out to everyone supporting them, their ambitions and what help and support they might need to live as independently as possible when they become an adult.

As services provided to young people are not always continued in the same way once young people become adults this can be confusing, and the transitions worker is there is help everyone understand what changes might occur and why. As part of an assessment, we will consider whether the young person is eligible to receive funded care and support as set out in the Care Act. If the young person has an Education Health and Care Plan (EHC plan) then updated reports will be provided via the annual review and the EHC plan updated to support their transition into adulthood. For clarity, a referral to adult care or an assessment under the Care Act is not dependent on an EHC plan being in place.

**Eligibility for an Assessment under the Care Act**

*An Eligibility for care and support services was established under the Care Act to create a single national criterion to avoid regional variations.*

*Any individual who has the appearance of needing care and support can request an assessment under the Care Act (2014).*

*Assessments must consider a person’s personal circumstances, needs, preferences and strengths.*

*For any individual who has difficultly engaging with the process, they are entitled to a funded independent advocate if they have no other person able to act in this role.*

*If a young person has a carer (usually a parent) the needs of the carer must be considered either within the assessment itself, or the carer is entitled to a ‘carers assessment’ in their own right.*

Eligibility for funded care and support is determined by three factors:

1. That the person has an ‘impairment’ (this is not determined by medical diagnosis but taken holistically to cover the full range of physical and mental health needs).

2. That the person is unable to meet at least two of the following outcomes:

* Managing and maintaining nutrition
* Maintaining personal hygiene
* Managing toilet needs
* Being appropriately clothed
* Being able to make use of the adult's home safely
* Maintaining a habitable home environment
* Developing and maintaining family or other personal relationships
* Accessing and engaging in work, training, education or volunteering
* Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
* Carrying out any caring responsibilities the adult has for a child

3. That there is an overall impact on a person’s wellbeing.

A copy of the assessment must be sent to the young person and family, which will include a written determination of eligibility and will outline the rationale if the young person is not found to be eligible. If the young person is not eligible for support from adult social care, the young person and their family will be offered information and advice about other support available in North Somerset. Any support from children’s services will continue until the child’s eighteenth birthday. EHC plans can be continued until the young person is 25 years old if they remain in education.

**4. Identification and Review Process – Guide for Transitions process**

Transition discussions will start at the year 9 Annual Review of the young person’s EHC plan, provision of planning the transition will be recorded within the plan. The plan may also capture any actions the young person, family or professionals believe to be helpful to start planning for independence. With regards to the transition between children’s and adults’ services, a referral will be made at this point, and this will start the process of identification and tracking. The Care Act assessment itself will normally take place between 16 and 17 years old – to ensure the assessment best reflects adult needs, although this will vary based on individual circumstances. The assessment should be completed no less than 6 months prior to the eighteenth birthday.

The transitions team will screen the referral and identify those children who are eligible for an assessment under the Care Act.

Those not eligible will be signposted back to their allocated children’s social care practitioners for support in preparing for adulthood.

Additionally, and to allow for oversight of the transitions process, a Transitions Panel will bring together practitioners and managers in adults, children’s and SEND on a quarterly basis with the following core agenda:

* Discussing specific highlighted young people by exception where their needs are complex, this may entail invites for specific practitioners, with the goal of agreeing transitions plans
* Ensuring each agency has a lead professional identified so that any future steps can be co-ordinated within a timely manner and each agency has a practice lead and expertise to assure skill sharing and transition expertise.

(Terms of Reference for the panel, are contained in Appendix 3)

In preparation for the panel, the cohort of potentially eligible young people with EHC plans aged 14 and over will be shared with the panel members to allow for discussions and preparations and agreed actions.

The lead officer(s) for the Transition’s Panel will make a request to Business Intelligence to trigger the start of this process.

Individually, and using their professional knowledge, members of the group will review the cohort of potentially eligible young people using a range of characteristics which indicate the young person’s potential need for 18+ support, consideration of primary and secondary need, current provision cost and vulnerability.

This will include if they:

1. Are in receipt of a social care funded package (i.e., known to the Children with Disability team)
2. Have an EHC plan with additional funding of £2,000 or more (i.e. known to the SEND Team)
3. Are a child in care or are in residential school
4. Or a combination of the above

The list will be filtered using defined primary and secondary characteristics, and will need to consider the young person’s:

1. Current needs for care and support
2. Whether they are likely to have needs for care and support after they turn 18 years, and:
3. If so, what those needs are likely to be, and which are likely to be eligible needs
4. Finance – current cost of support

Identification of young people will also be informed by the guidance in the Childcare Act 2014 and the Care Act 2014.

The Adult transitions team will additionally undertake to:

* Hold yearly meetings with the SEN schools in North Somerset to identify any young people who may require transitions
* Attend any transitions events or information sessions for young people and their families
* Send out regular reminders to children’s services to ensure referrals are made
* Offer a regular training slot (at least biannually) to children’s services practitioners to ensure transitions knowledge and adult

 care duties and legislation

For those young people who are assessed as not eligible to receive care and support under the Care Act 2014 there is a duty on the part of the local authority to offer advice and information which will cover:

* + What can be done to meet or reduce the needs.
	+ What can be done to prevent or delay the development of needs for care and support, or the development of needs for support, in the future.

This may include, but not be limited to:

* Support to purchase private services
* Onward referral to third sector providers
* Referral to ‘universal access’ services via the Local Offer

**5. Appealing a decision**

If the young person has an EHC plan, then following an annual review decision letter being issued by the local authority, the young person and their family will have right of appeal to the First-tier Tribunal (SEND), sometimes referred to as the ‘SEND Tribunal’, which has powers to make non-binding recommendations about the health and social care aspects of EHC plans, provided there is also an education element.

You have rights to request recommendations about the health and social care needs and provision specified in EHC plans, in addition to the educational aspects, when making a SEND appeal. This gives you the opportunity to raise all your concerns about an EHC plan in one place. Recommendations about health and social care elements of EHC plans are non-binding. Recommendations about education elements are binding (i.e. the local authority has to follow them).

It is only possible for the Tribunal to consider the health and/or social care aspects of the EHC plan where you are already making an appeal in relation to the education aspects of the EHC plan and the education aspect must remain live throughout the appeal.

You can ask the Tribunal to make non-binding recommendations on health and/or social care aspects of EHC plans **as** **part of an appeal** relating to:

* a decision by the local authority not to issue an EHC plan
* a decision by the local authority not to carry out a re-assessment for a child/young

person who has an EHC plan

* a decision by the local authority not to amend an EHC plan following a review or

re-assessment

* a decision by the local authority to cease to maintain an EHC plan
* the description of the child/young person’s special educational needs in an EHC

plan

* the special educational provision specified in an EHC plan
* the school or other educational institution named in an EHC plan

If you wish to appeal against a local authority decision on any of the grounds above and want to request that the Tribunal considers your concerns about the health and/or social care aspects of the EHC plan, you should **follow the** **normal process for bringing an appeal to the Tribunal and tick the box on the form relating to a health and/or social care appeal**. Advice on making SEND appeals to the Tribunal is available from the [GOV.UK website](https://www.gov.uk/courts-tribunals/first-tier-tribunal-special-educational-needs-and-disability).

If there is a disagreement over a duty under the Care Act for transitions into adult services post-18 years this would be carried out through the North Somerset Complaints procedure which is outlined here: [Adult social care complaints procedure](https://www.n-somerset.gov.uk/sites/default/files/2020-06/adult%20social%20care%20complaints%20procedure.pdf)

**Appendix 1 **

**Transition’s**

**flowchart (moving into adulthood)**

Young

people

known to services

approaching year 9

EHCP

review

are

identified and

referred

to transitions team

where need for Care and

Support

post

-

18 is indicated

Social Worker allocated for Care act assessment

process between ages 16 and 18

to determine eligibility and ongoing

care and

support

–

final assessment

completed

within 6 months of age 18

Adult Transition Team aware of these young

people

who

have eligible needs post

-

18

Young people

most likely not to

meet the criteria

will continue to

be supported by

Children’s

Services until the

age of 18

Recommendations

from

transitions team

based

on eligibility

criteria under

Care Act

(201

4)

Local Offer

From age 16 Transition team will gather

Information and conduct joint work

As required



From age 14 Transition team will ‘track’ Young people

Adult Social Care involvement

from age 18

including the provision of funded care and

support as required

**Appendix 2**

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**ADULT TRANSITION**

**REFERRAL FORM**

**CONFIDENTIAL**

**This form is to be used to make a referral for an assessment for young people from the ages of 16 to 18 who may have a need for care and support from Adult Social Care post 18.**

**Referrals to the transition team may be considered post 18 if the young adult has an EHCP which started before the age of 18 which they were engaged with.**

Please complete and return this form to:

Care Connect

Tel:- 01275 888801

Fax:- 01275 888407

Email:- care.connect@n-somerset.gov.uk

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| Name:Address:Tel no: Date of Birth: GP: GP Address:GP Tel no:Consultant or other Specialist Service: Relevant Medical Information:(Reason for referral on next page)Ethnic Origin: Preferred Language: Social Worker/Care manager: Funding Authority: Funding Authority Address: Funding Authority Tel no:  | Referred by: Address: Date:Tel no: Non urgent Urgent Please state why (see criteria): **Relative/Carer/Next of Kin and contact details**Name:Relationship to person being referred. Address:Telephone no: Best times to call: Has the young person or their parent/carer given permission for this referral to be made. Yes/NoIs the young person aware of this referral? Yes/NoDoes the young person or their Parent / Carer give permission for information to be shared with relevant health professionals Yes / No  |

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| ***The Care Act (2014) introduced a new duty on local authorities to carry out assessments (CNA) for young people where there is ‘likely to be a need for care and support’ after they reach 18 (even if this will not amount to them having eligible needs). The assessment should look at what adult community care services a young person might qualify for when they turn 18.******Under the Care Act, a person is eligible for support from Adult Social Care if:***1. ***Their needs arise from, or are related to, a physical or mental impairment or illness;***
2. ***As a result of the needs, the adult is unable to achieve two or more outcomes from a defined range and;***
3. ***As a consequence, there is, or is likely to be, a significant impact on the adult’s wellbeing.***

Information about the person being referredCurrent situation / reason for referral:- Does the young person being referred have any of the following:Physical Disability Yes/No Please give details.Learning Disability Yes/No Please give details. Other long-term illness/condition Yes/NoPlease give detailsDoes the young person have needs for support in any of the following areas:Personal care Yes/NoUsing the toilet Yes/NoEating and cooking Yes/NoBeing appropriately clothed Yes/NoMaintaining a habitable home environment Yes/NoKeeping safe in the home Yes/NoDeveloping/maintaining family and other relationships. Yes/No Work, training, education, volunteering. Yes/No Making use of necessary services, or facilities in the local community Yes/NoIs there anyone that the person being referred does not wish to be informed of the referral? Yes / No (If Yes - please explain) **Can you answer any of the questions below:**

|  |  |
| --- | --- |
|  | Yes/No/Don’t Know |
| Has there been a previous Social Care assessment by Children’s Services. If so, what was the outcome.  |  |
| Has any life story work been completed – please check  |  |
| Is there a current package of support in place or support plan. |  |
| Is there any current health support, if so what are the services / support. |  |
| Is the young person in the care of the local authority. |  |
| Are there currently any safeguarding concerns. Have there been any in the past we would need to be aware of.  |  |
|  |  |
| Education Health Care Plan (EHCP) |  |
| Person-Centered Plan |  |
| Postural Management Plan |  |
| Eating and Drinking Instructions |  |
| Communication Plan |  |
| Positive Behaviour Management Plan |  |
| **Are there any risks associated with the young person being referred that we need to be aware of – please provide details.** |
| Yes / no |

(Continue on a separate piece of paper if necessary) |

|  |  |  |
| --- | --- | --- |
| Completed by: |  |  |
| Name | Designation | Date: |

APPENDIX 3: **Terms of Reference Transitions Panel**

**Membership:**

* Head of Service with responsibility for Transitions – Children’s Social Care (joint chair)
* Head of Service with responsibility for Transitions – Adult Social Care (joint chair)
* Head of Corporate Parenting
* Looked After Children Looked After Team Leader
* Children with Disabilities Team Leader
* SEND Manager
* Representative from Finance
* Representative from Strategic Commissioning
* Team Manager – Community Team for People with Learning Disabilities
* Lead Social worker – Adults Transitions Team
* Individual practitioners as appropriate

**Frequency of Meeting**

* Quarterly (every three months) in January/ April / July / October.

**Purpose**

The purpose of the Transitions Panel is to consider children with disabilities and complex needs from the age of 14 to identify early those who may need adult support services by:

* Ensuring that there is an up to date database of all those young people referred for transitions.
* Identify and monitor the needs of individual young people who are likely to require support in adulthood.
* Highlight young people who have complex needs requiring significant planning to meet their needs in adulthood; and oversee these plans.
* Identify any trends in needs to inform commissioning and strategic approaches to meet needs.
* Support positive partnership working to meet the needs of young people who have complex needs.
* Identify lead practitioners and lead agencies to co-ordinate arrangements for each young person requiring support in adulthood.
* Ensure that services meet the whole needs of each young person considering ethnic origin, culture, religion, sexuality, gender, and language, as well as social and emotional needs.
* To establish mechanisms to ensure that young people with disabilities and their families co-produce their support plan.

**Administration**

* Arrangements for the Panel will be undertaken by Adult Social Care PA support
* The Panel will be jointly chaired by HOS for Children / Adults
* The panel will convene ‘virtually’
* Agendas and papers will be circulated at least 5 working days in advance of the meeting; including identifying any cases for discussion and ensure any practitioners are invited to attend.
* The decisions of the Panel will be formally minuted and circulated to members.
* The Panel will review its terms of reference on an annual basis.