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**Transition Process from Children’s to Adult services**

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| **Age14** | **AGE 14****Young person’s school will arrange an EHCP review when they are in Yr. 9****This review needs to start looking at transitions and future plans for the young person****This should be continued at each EHCP review following this** |
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|  | **AGE 14****Childrens services will highlight at transition panel any 14 years that we think will need accommodation when they reach 18 in order to forecast for future funding/ planning issues. This will be the initial point into Transitions Panel.** |
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| **Age 16** | **Age 16** **The Children’s Social Worker will within 1 week of the young person turning 16 or 1 week of the assessment being completed if they were referred after the age of 16 make a referral to adult services** **The children’s social worker will include a copy of the C&F assessment dated within 12 months and any evidence of the young person’s diagnosis such as a letter from a health professional** **Referral to be sent to adults via** **accessadultsteam@redcar-cleveland.gov.uk** |
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|  | **Age 16** **The referral will be reviewed by adult services and allocated to the appropriate team who will allocation an adult social worker within 28 days.** ***Following allocation of adult social worker, a joint visit will be completed with the children’s social worker to meet the YP and their family and obtain any information to complete the needs assessment*****Adult social worker with complete a needs assessment within 28 days and share this with the children’s social worker.** **Following the initial joint visit the adult social worker and children’s social worker will agree the frequency for joint visits. Adult and children’s social workers will continue to complete independent visits as part of their role**  |
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|  | **Age 16 – Court of Protection** **Children’s social worker will take the lead regarding the completion of a capacity assessment, best interest decision (MCA 1 & 2 Forms) and CoP application where relevant. Adult social worker may assist and support with this. If there is a disagreement around the outcome of the capacity assessment completed by the children’s social worker a joint one will be completed****At the request of the court the adult social worker may be required to submit written evidence of their work and transition plan**  |
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|  | **Age 16** **Review meetings will be arranged by and chaired by the children’s social worker** **The children’s Social Worker will arrange a transitions child in need review with one month of the adult worker being allocation.**  **Adult social care & health (if allocated) to attend** **Between 16 and 17 review meetings with be 3 monthly or 6 monthly depending on visits frequency** **But from age 17 – 18 review meetings will be a maximum of three monthly regardless of visiting frequency**  |
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| **Age 17** | **Age 17** **CioC Children will be referred for a personal advisor from the leaving care team by their children’s social worker** |
|  | **Age 17** **At age 17 the Adult Social Worker will complete the CHC checklist jointly with the children’s social worker and CCC lead (Claire Beer)** **No adult health funding** **The adult social worker will continue to complete the support planning for the young person into adult hood** **Partial adult health funding** **The adult social worker will continue to complete the support planning for the young person. The adult social worker will present the proposed package of support to joint panel at 17.5 for agreement in principle. Any packages with a health element over 55k needs to be presented to ICB high-cost funding panel at age 17 ¾ at the latest****100% health funded** **These cases are highlighted at the transitions group. Adult social workers need to share with adult social care managers those YP’s that are 100% health and the draft plan of support** **A handover meeting will be requested by the adult social worker through** **NECSU.PHBTees@nhs.net****. and completed within a month of the DST. At the meeting discussions will consider the needs of the young person and what their support may look like moving forward. Health services will agree which team will take case manager role (LD and Adult MH cases only) and allocate a link worker who will complete the support planning for the young person into adulthood****Any health packages over 55k needs to be presented to ICB high-cost funding panel at age 17 ¾ at the latest****All funding decisions and agreements needs to be fed back to the children’s commissioning service by the adult social worker / adult health lead – childrenscommissioning@redcar-cleveland.gov.uk** |
| **Age 17½** |  |
|  | **Age 17.5****From 17.5 Transitional group will really focus on these young people to ensure that everything is in place for them ready for turning 18 and any issues are identified and resolved as soon as possible**  |
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|  | **Age 17.5****TEWV CAMHS worker to ensure that CAMHS referral transition to Adult TEWV MH services is progressed****Age 17.5 - VEMPT****Once the young person turns 17.5 years of age the VEMT Practitioners group (VPG) will invite a representative from the Adult Access Team to attend the VPG meeting where the relevant child will be discussed and provide an overview of need to the Adult Access Team****Pending consent from the young person a referral will be submitted by the children’s worker, to the Adult Access Team 28 days prior to the young persons 18th birthday.** |
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| **Age 17 3/4** | **Age 17 ¾** **Children’s Social Worker – Transitions CIN Review 3 months prior to 18th birthday will confirm the agreed support of support for YP as an adult.** |
|  | **Age 17 ¾** **Any children eligible for health funding with a package of over 55k will have been to high-cost panel and had their funding agreed** **All funding decisions and agreements needs to be fed back to the children’s commissioning service by the adult social worker / adult health lead – childrenscommissioning@redcar-cleveland.gov.uk** |
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|   | **18 years old - YP case transfers to Adult Services on their 18th Birthday** |

**Age 18**