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Transitions Panel Protocol

(Non-Learning and Physical Disabilities)

April 2023

Review/Contacts/ References	
Document title:	Transition Panel Protocol (Non-Learning and Physical Disabilities)
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Summary

The multi-agency Transitions Panel exists to improve the transition to adulthood for young people age 17+ who are presenting with complex and sometimes challenging need and may have eligible social care needs (and could therefore benefit from an assessment under the Care Act).

These young people may include children with autism, children presenting with mental health needs, children in need, children looked after and care leavers. Any young person who is eligible for s117 MHA will be referred to the Transition Panel to ensure their legal rights continue to be recognised when they become an adult.

Please note that the Council's Children's to Adults Transitions Panel exists alongside the established transition pathway for young people with a clearly identified learning or physical disability, involving referral by Children with Disabilities teams to the Lifelong Services Transitions teams at 16+. Children with learning and physical disabilities, known to CWD, will be referred via the existing CWD to Lifelong Services (LLS) pathway.

Structure, Process and Eligibility

The panel will serve as decision making body on the assessment of a young person's needs as they transition to adulthood, as well as providing a multi-agency forum for discussion and joint learning that will inform future pathway development and commissioning intentions.

Panel activities

To improve the transition-to-adulthood experience for young people by:

- Providing multi-agency oversight to ensure joined up support for young people
- Providing workers with information, advice, and guidance in relation to transition planning for complex cases (where there may be difficulty establishing the primary presenting need or diagnosis)
- Recommending pre-18 assessments (to assist planning for adult support)
- Directing adult social care services (mental health, learning disability or general adult teams) to undertake transition assessments before a young person turns 18
- Determining the most appropriate adult social care service to accept on-going case management responsibility for the young person
- Monitoring young people over time, to avoid individuals 'falling through gaps'
- Identifying commissioning gaps and opportunities for improving services

Principles

- Processes and decisions must be person centred and consider the voice of the young person and their support network, with a focus on improving outcomes and reducing the risk of harm
- Panel members must have sufficient influence within their respective organisation to ensure that assessments are completed, and decisions are implemented, in a timely manner
- The ethos of the Panel will be based on a "can do" and co-operative approach
- Multi-agency working will provide the framework for all decisions
- All cases will be considered with sensitivity to gender, disability issues, cultural, ethnicity, race and religious background

Overlap / interaction with other processes or functions:

- Children's Services will retain responsibility for providing services and leading the coordination of a young person's care until they are 18. All case related actions, decisions, safeguarding concerns, funding and case management remains with the respective children's services until transition has been completed.
- The panel expect that any potential transitional safeguarding risks will have been highlighted by the CSC worker and appropriate action to have been undertaken in advance of the panel. However, if the panel notices risks that haven't not been acted upon, they may instruct the allocated children's social worker to raise these via the 17.5+ safeguarding protocol.
- The panel will not replace existing pathways for young people who are transitioning from Tier 4 CAMHs services into adult mental health services.

Panel Membership

- WSCC Assistant Director Adult Operations (Chair),
- WSCC Head of Service LLS
- WSCC Head of Service Mental Health
- WSCC Head of Service Communities (optional)
- WSCC Leaving Care Team Lead
- WSCC Head of Children's Safeguarding (or representative for CSC)
- WSCC Strategic Commissioning Manager (Children and Families)
- WSCC Head of Children, Families and Working Age Adult commissioning
- WSCC IPT representative
- WSCC Service Manager Children's Emotional and Mental Health Team
- WSCC SEND representative
- WSCC Service Manager CWD
- SPFT AMHs representative
- SPFT CAMHs representative

Frequency and Administration

Panels will be on a monthly basis with referrals being submitted via the Transition Panel referral mosaic workflow at least 2 weeks prior to panel. Minutes will be taken by the administrator and all decisions will be documented, with outcomes and updates being reported to the next panel.

Referrals

Individuals must be an ordinary resident of West Sussex, but do not have to be physically present within the county at the point of referral (i.e., may be in a residential school or out of county placement).

Individuals will typically be between 17 - 18yrs old, however in certain circumstances, referrals will be accepted for young people up to the age of 21yrs (i.e. Referrals from Leaving Care team will be accepted).

Workers should refer young people:

- Who present a high risk to self or others, with no clear transition plan
- Who present with complex or challenging behaviour linked to specific vulnerabilities (i.e., history of CSE, homelessness, substance misuse, self-neglect, Care Leavers)
- When it is difficult to establish Care Act eligibility on initial contact, however, appears they may require on-going support to minimise risks and move towards independence
- Who are eligible for s117 MHA
- Who have a diagnosis of autistic spectrum disorder but are not known to CWD and / or also have complex mental health support needs
- Who have a learning disability but do not meet the threshold for specialist learning disability services
- Who are in CAMHs Tier 4 provision and require a Care Act assessment prior to discharge

Specific Exclusions where YP should be referred directly to LLS

- Individuals where a physical disability is the primary presenting need
- Individuals where a learning disability is the primary presenting need (i.e., IQ below 70 with executive functioning difficulties)

Referral Process

- Referrals can be made by professionals from education, health, CAMHs, AMHs, leaving care service or children's social care, using the Transitions Panel referral workflow in Mosaic at least 10 working days in advance of the Transitions Panel meeting
- Any referrals received after the 10 working days (in advance of Panel) will be considered for the next month's Panel.
- If referral volumes are high, then panel appointments will be scheduled in order of the young person's date of birth
- Referrals will require useful documents (such as reports, supporting diagnostic information) to be uploaded to the referral step in mosaic and will be subject to approval by a Manager /Head of Service to ensure that they are sufficient for the purposes of the Panel.
- The allocated worker will present the case to the Panel.
- The Panel Co-ordinator will circulate documents to Panel Members 4 working days in advance of the meeting.
- Panel members should familiarise themselves with referrals prior to the meeting, to facilitate informed discussion.

- Urgent cases that require discussion and/or decisions before the next panel date will be considered by telephone and/or e-mail and then presented to the next panel for audit purposes.

Workflow instructions (Mosaic)

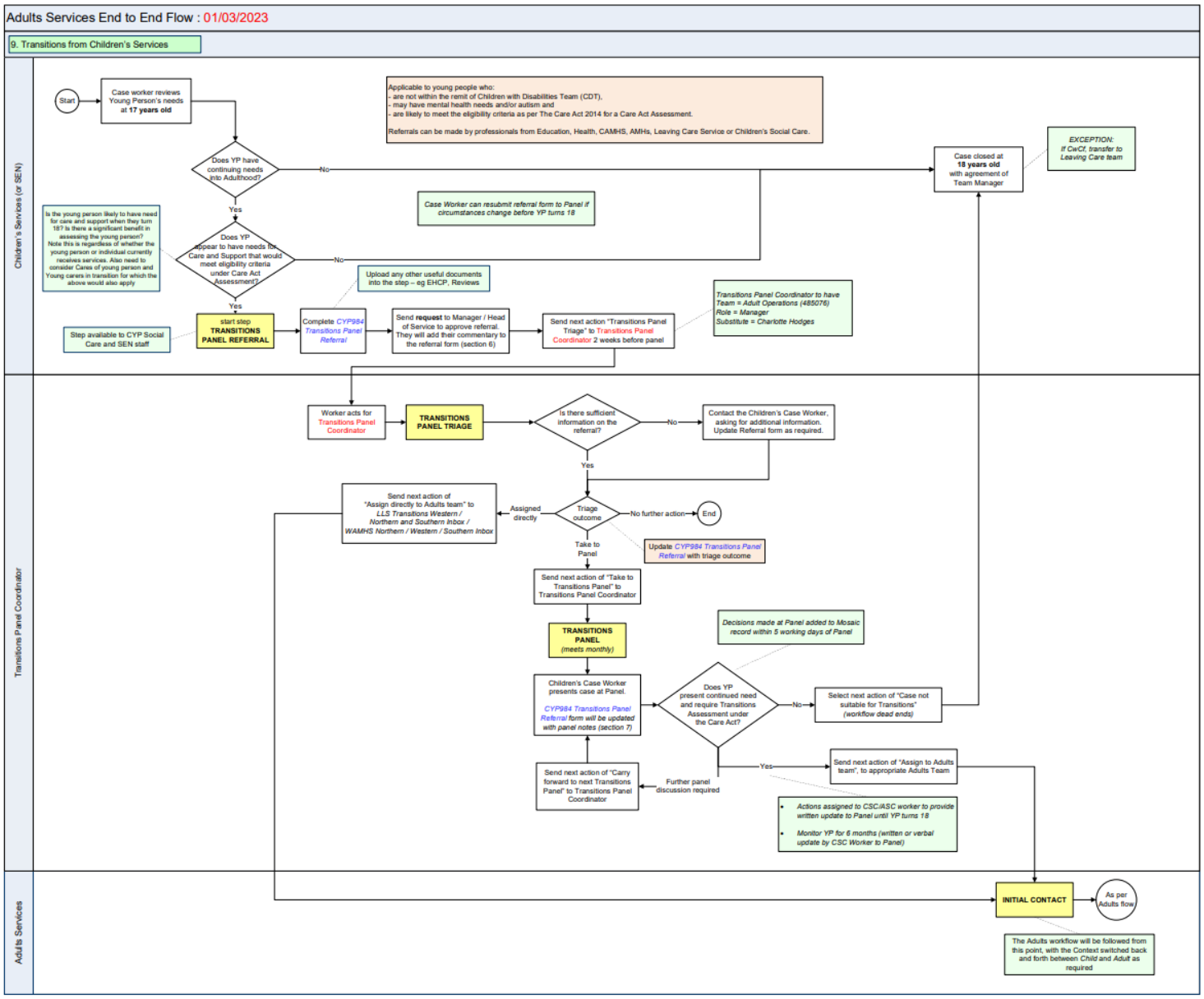
Instructions for workers making the referral:

- Start a Transitions Panel Referral Step from the Start / New menu buttons
- Form will open at 1. Referral Details and will pull through known data
- Complete sections 1 – 6 of the form CYP984 Transitions Panel Referral
- Please complete other mandatory details that have not been automatically populated
- Continue through sections 1 – 6 and provide information requested (this will pull through into adult social care forms if and when a Care Act Assessment is allocated to an adult team)
- When sections 1 – 6 are complete, please select 'New request' from the options at the top of the screen, in order to 'Send to Manager / Head of Service to approval referral', click Save.
- At this point the referral will be sent to the named Manager / Head of Service to approve
- Manager/Head of Service comment and approve
- At the end of section 6. Summary and next steps – please submit date of your review, detail any information that the worker has not included in sections 1 – 6 which are required to enable an informed discussion of the young person's needs post 18 at panel (records of diagnoses i.e letters from GP / hospital, any recent risk assessments, details of other professionals involved etc)
- If you are confident that the referral is of a suitable standard, please select Yes to approve the referral to be submitted to Transitions Panel
- Manager/Head of Service select the next action of "Transitions Panel Triage" and thus send it to the Transitions Panel Coordinator when they finish the step
- Await further communication from the Panel

Panel Oversight and case tracking
Where cases are complex or presented early (ie age 17) and require continued oversight and tracking, the panel may request that an update is presented to the panel at a later date.

Records
Following the discussion at panel, notes relating to decisions made at panel, will be added to the Mosaic record by the panel co-ordinator, within 5 working days of the panel

APPENDIX 1: Mosaic workflow



Appendix 2: Legislative Framework

Needs Assessment

Under the Care Act 2014, *Section 9(s9)*, Councils are required to undertake a needs assessment where there is "an appearance of need." The basic duty is to carry out an assessment of those appearing to be in need of care and support, determine the provision that is necessary to meet those needs and then make that provision. The Act also imposes a safeguarding duty (*Section 42(s42)*).

The Care Act 2014 established a national eligibility criterion and a "well-being principle". The three-stage test for eligibility is as follows:

- *The adult's needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors.*

And..

- As a result of the adult's needs, the adult is unable to achieve two or more of the 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,

And…

- *As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing.*

The Care Act refers to a **"Child's Needs Assessment"** in *Section 58* (s58) and *Section 59*(s59).

In s58 Care Act, the legislation states:
Where it appears to a local authority that a child is likely to have needs for care and support after becoming 18, the authority must, if it is satisfied that it would be of significant benefit to the child to do so and if the consent condition is met, assess—

- Whether the child has needs for care and support and, if so, what those needs are, and
- Whether the child is likely to have needs for care and support after becoming 18 and, if so, what those needs are likely to be.

The consent condition is met if—

- The child has capacity or is competent to consent to a child's needs assessment being carried out and the child does so consent, or
- The child lacks capacity or is not competent so to consent, but the authority is satisfied that carrying out a child's needs assessment would be in the child's best interests.

Where a child refuses a child's needs assessment and the consent condition is accordingly not met, the local authority must nonetheless carry out the assessment if the child is experiencing, or is at risk of, abuse or neglect.

In s59 Care Act, the legislation states:
A child's needs assessment must include an assessment of—

- The impact of what the child's needs for care and support are likely to be after the child becomes 18,
- The outcomes that the child wishes to achieve in day-to-day life, and
- Whether, and if so to what extent, the provision of care and support could contribute to the achievement of those outcomes.

A local authority, in carrying out a child's needs assessment, must involve—

- the child,
- the child's parents and any carer that the child has, and
- any person whom the child or a parent or carer of the child requests the local authority to involve.

When carrying out a child's needs assessment, a local authority must also consider whether, and if so to what extent, matters other than the provision of care and support could contribute to the achievement of the outcomes that the child wishes to achieve in day-to-day life.

Having carried out a child's needs assessment, a local authority must give the child—

- An indication as to whether any of the needs for care and support which it thinks the child is likely to have after becoming 18 are likely to meet the eligibility criteria (and, if so, which ones are likely to do so), and
- Advice and information about—
- What can be done to meet or reduce the needs which it thinks the child is likely to have after becoming 18.

Transition

The Care Act 2014 places a duty on the Local Authority to conduct a **transition assessment** where there is **a likely need for care and support** after the child in question turns 18 and a transition would be of "**significant benefit"** (*The Care Act 2014, chapter 16*).

Guidance is explicit in terms of the importance that is placed upon having an effective transition assessment process:

Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. Transition to adult care and support comes at a time when a lot of change can take place in a young person's life. It can also mean changes to the care and support they receive from education, health and care services, or involvement with new agencies such as those who provide support for housing, employment or further education and training.

The years in which a young person is approaching adulthood should be full of opportunity. Some of the life outcomes that matter for young people approaching adulthood and their families may include (but are not limited to):

- *Paid employment.*
- *Good health.*
- *Completing exams or moving to further education.*
- *Independent living (choice and control over one's life and good housing options).*
- *Social inclusion (friends, relationships and community).*

The wellbeing of each young person or carer must be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person.

Historically, there has sometimes been a lack of effective planning for people using children's services who are approaching adulthood. Looked-after children, young people with disabilities, and carers are often among the groups of people with the lowest life chances. Early conversations provide an opportunity for young people and

their families to reflect on their strengths, needs and desired outcomes, and to plan ahead for how they will achieve their goals.

Professionals from different agencies, families, friends and the wider community should work together in a coordinated manner around each young person or carer to help raise their aspirations and achieve the outcomes that matter to them. The purpose of carrying out transition assessments is to provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood.

Transition assessments can in themselves be of benefit in providing solutions that do not necessarily involve the provision of services, and which may aid planning that helps to **prevent, reduce or delay** the development of needs for care or support. The local authorities' own commissioning and procurement practices should take account of wider market shaping duties and therefore transition assessments should focus on outcomes and well–being.

Transition assessments will also allow local authorities to better understand the needs of people in their population, and to plan resources and commission services for young people and carers accordingly.

As an adult, the young person has the right to independence, with choice and control around their care. It is expected that once the young person has reached 16 years old, Children's Services should begin preparing them for adulthood. This would include encouraging the child to take more responsibility in their care, wellbeing and decision making. Where there are concerns around capacity, the Mental Capacity Act 2005 needs to be considered and appropriate assessments undertaken in line with this legislation, to ensure future planning is carried out appropriately.

Guidance states that in order to fully meet its duties around transition, the Local Authority should consider how they identify the young person and their carers.