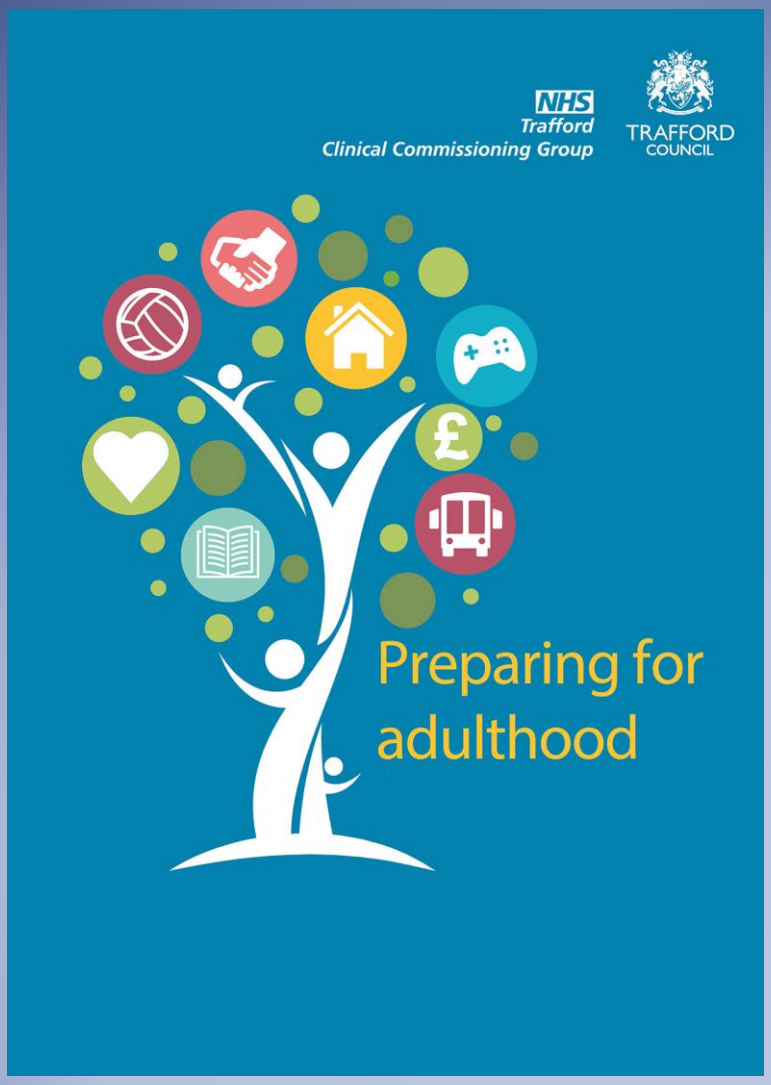

Trafford multi-agency Preparing for Adulthood Protocol for young people with Education, Health and Social Care Plans moving from Children's to Adult Services

November 2019

An operational practice protocol for Trafford's Children, Families and Wellbeing directorate and associated stakeholders

Version Control

Contents

Part 1
The Preparing for Adulthood Overview

Introduction

Preparing for Adulthood (PfA) is a process or period of change. The term can be applied to all young people to describe the stage in their lives when they move from adolescence to adulthood. However, for the purposes of this protocol, Preparing for Adulthood refers to children and young people with an Education Health Care Plan (EHCP) and it is anticipated that they may have eligible needs under the Care Act, 2014 as an adult. This document also includes information which applies to the carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.

It is a period of time when young people are able to make life choices as they enter into adulthood. It is a time when they may reflect on what they have achieved so far and what they wish to achieve in the future. There are many decisions to be made and while these may be exciting they may also be challenging and make young people and their families feel anxious.

This protocol sets out Trafford's commitment to supporting young people who may have the need for additional care and support in adulthood. It reflects Trafford's approach to multi-agency practice across the areas of Education Health and Social Care. It describes how all the agencies will fulfil their duties and responsibilities under current legislation and National best practice guidance relating to transition.

Principals

In this document the phrase 'Preparing for Adulthood' is the planning process linked to the EHCP/Pathway plan that supports the following outcomes:

Preparing for Adulthood Outcomes

- The right for young people to make their own choices
- The right to access higher education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- The right to independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- The right to participate in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- being as healthy as possible in adult life

Scope

It is hoped that this protocol becomes a shared document that reflects agencies working in partnership with young people and their families. It outlines how we will all work together and guides professionals and families alike in managing the transition to adulthood. This protocol describes what should happen and when, who has responsibility and how agencies should work together. It is aimed at professionals from across education, health and social care, including the following services/organisations:

- Trafford's all age integrated health and social care services
- Healthy Young Minds
- Manchester Foundation Trust (MFT)
- Trafford Local Authority SEND services
- Cheshire and Wirral Partnership Adult Learning Disability Services
- Trafford CCG
- Schools, colleges educational settings
- Other partner agencies, e.g. information and advice providers and advocacy services.
- Trafford Parents Forum

- Trafford Carers Partnership Board

This protocol applies to children and young people between the ages of 14 and 25 who have disabilities and/or complex needs who have an Education, Health and Care Plan (EHCP).

It also covers young people who:

- Those who are likely to meet the eligibility criteria for adult social care services (in line with the Care Act 2014) which may include:
    i. Young people with Care Planning Approach (CPA) plans;
    ii. Young people with Pathway Plans;
    iii. Young People in receipt of Continuing Care funding;
    iv. Young people known to Children Community Nursing Team (CCNT)
    v. Young people know the youth justice system
- Those who would benefit from support in planning for adult life but do not have an EHC Plan/SEN (e.g. those with high-functioning autism or social/emotional/mental health difficulties/ill health);
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood.
- Complex Safeguarding

The following distinct groups who are not covered by this protocol because they do not have an EHC plan but will have single agency transition protocols or other planning mechanisms and can be found in Appendices:

- Young Care leavers who have Pathways Plans but do not meet the eligibility criteria for adult social care services;

Aims and Outcomes

Against the backdrop of relevant legislation and guidance outlined in subsequent sections, this protocol aims to ensure that in Trafford all young people and their families have a planned and positive experience of transition.

Success will be evidenced by the following outcomes of good transition:

- Young people making decisions and taking the lead or being supported by people who can assist them;
- Young people being supported to plan what they want to do and achieve;
- Young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after transfer. Young people who will move from children's to adults' services meet a practitioner from each adults' service they will move to before they transfer.
- Young people with care and support needs being able to access the same opportunities as other young people;
- Young people being able to access services that help them;
- Young people being able to try things out and being free to change their mind;
- Young people and their carers telling their story only once;
- Young people and their carers being listened to and fully involved in planning and decision-making;
- Young people and their carers having clear pathways to information and receiving consistent messages;
- Young people and their carers feeling supported;

Legislation and Guidance

Together, the **Children & Families Act 2014** and the **Care Act 2014** provide a single, comprehensive legislative framework for the transition from children's to adults' services for those with care and support needs.

It is important to note that the Children & Families Act introduced a system of support from birth to 25 years and the Care Act is concerned with those aged 18 or over; therefore, there is a group of young people aged 18-25 who are entitled to support under both pieces of legislation.

The duties from both Acts are placed on local authorities, not children's and adults' services separately; therefore, joint working is vital to ensuring smooth transition. Both pieces of legislation have a shared focus on; **person-centred and outcome-focussed approaches that involve young people and their carers, recognising that transition is a process experienced as a family rather than an individual.** It is also essential that transition is indeed seen as a planned process evolving gradually from ages 14 to 25, as opposed to a 'cliff-edge' at age 18.

Links with selected key policies and procedures
Where applicable, this protocol should be considered in conjunction with:

- The PfA Landmarks website which details the applicable timelines, policies, protocols and individual service mechanisms for a young person's PfA journey.
- Trafford's SEND Policy and Education, Health and Care (EHC) processes (SEN led)
- Local children's / adult's safeguarding policies
- Looked after Children and Pathway Planning (Care Leavers)
- Care Programme Approach (CPA - Mental health and / or learning disability)
- Trafford's Autism Strategy
- Trafford's Continuing Healthcare transition pathway.

The protocol is primarily being updated to reflect changes brought in by key drivers such as the Care Act 2014, Children & Families Act 2014 and Special Educational Needs and Disability Code of Practice 2014. (SEND)

The Children and Families Act 2014

This introduced a system of support that extends from birth, potentially up to age **25** through the process of integrated Education, Health and (social) Care plans (**EHCs**).

The Care Act 2014
This deals with adult social care for those ages **18 and over**. Therefore, both pieces of legislation overlap and will particularly effect the **18 - 25** age group.
For example, where young people **aged 18 or over** continue to have EHC plans under the Children and Families Act 2014, the social care aspects of the EHC plan will be provided under the Care Act (subject to an assessment of eligibility).

The Care Act 2014: Preparing for Adulthood process : Social Care

As a young adult's eligible social care needs shall largely be met under the Care Act; this protocol uses the Act as the framework Trafford's PfA processes have been built.

Care Act and Wellbeing principle
The Care Act 2014 is underpinned by the principle that local authorities must promote an individual's **wellbeing** in relation to the following **nine areas:**

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect

- control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual's living accommodation
- the individual's contribution to society.

Whether an individual's need for care and support can be reduced, delayed or prevented must also be considered.

Adult social care eligibility criteria (Care Act 2014)

An adult (or young person soon to be 18) meets the eligibility criteria if:

- their needs are caused by physical or mental impairment or illness
- as a result of their needs they are unable to meet 2 or more of the eligibility outcomes (see over)
- as a consequence of not meeting identified needs, there is likely to be a significant impact on their wellbeing.

Eligibility 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 relationship
- 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 an adult may have for a child

Being unable to achieve an outcome includes any circumstances where the adult is:

- Unable to achieve the outcome without assistance.
- Able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- Able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others.
- Able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

The Care Act and Preparing for Adulthood

The Care Act specifies 3 situations where there is a likely need for care and support:

1. Children likely to need care and support after turning 18 and into adulthood.
2. Adult carers of children who will be turning 18 and who likely to have ongoing care and support needs.
3. Young carers who will themselves be turning 18.

1. Children likely to need care and support into adulthood

The Preparing for Adulthood pathway runs from age 14 (year 9) to 25. Central to preparation for adulthood is the Education Health Care Plan and the Preparing for Adulthood annual reviews. It is within the Education Health Care plan that the preparation for adulthood outcomes below are identified and measured:

• Employment: – is a spectrum of outcomes including full or part time employment, becoming self-employed and help from supported employment agencies, accessing higher or further education, apprenticeships, volunteering or achieving meaningful activities.

• Independent Living – is young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living

•Community Inclusion is participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community

• Healthy is being as healthy as possible in adult life

Local authorities can meet their statutory duties around transition assessment through an annual review of a young person's Education Health Care Plan that includes:

- current needs for care and support
- Where the young person has a special educational need identified in an Education Health Care Plan, the individual healthcare plans should be linked to or become part of that EHC plan.
- whether the young person is likely to have needs for care and support after they turn 18, and;
- if so, what those needs are likely to be and which are likely to be eligible needs

The Preparing for Adulthood annual review must involve the young person and anyone else they want to involve in the assessment. They must also include the outcomes, views and wishes that matter to the young person – much of which will already be set out in their EHC plan.

2. Adult carers of children who will be turning 18 and who likely to have ongoing care and support needs

Where the carer requests or consents and the local authority believes it to be of significant benefit to do so, a carers assessment will be carried out to see whether the carer of a young person has needs for support and what these needs will be once the young person reaches to age of 18.

Adult carers eligibility framework

The **carer** shall be deemed to have eligible needs if:

- Their needs are caused by providing necessary care for an adult
- Their health is at risk
- Or they are unable to achieve any of the specified outcomes (see list below)
- As a consequence there is likely to be a significant impact on their wellbeing.

Adult carers eligibility outcomes

- Carrying out any caring responsibilities the carer has for a young person
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities

Being unable to achieve an outcome includes any circumstances where the carer is:

- Unable to achieve the outcome without assistance.
- Able to achieve the outcome without assistance but doing so causes significant pain, distress or anxiety.
- Able to achieve the outcome without assistance, but doing so endangers or is endanger the health or safety of themselves or any adults or young person for whom they provide care.

The Carers Centre will undertake Carers Assessments for adult carers of young people who will be turning 18 and who likely to have ongoing care and support needs.

3. Young carers who will themselves be turning 18

The Care Act says that if a young person, young carer or an adult caring for a child is likely to have needs when they, or the young person 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 timing of the assessment should take account of what is most convenient to the young person, dependent on their circumstances, level of need and the amount of planning required. This will be done through the Care Act Screening Tool undertaken at year 9 (11 years) and if eligible an Indicative Care Act Assessment undertaken at year 11 (16 years).

The Carers Centre currently undertakes careers assessments of young carers. If following this assessment the carer and assessor believe they should be treated as a Child in Need then a referral to Trafford First response should be undertaken.

Part 2
The Preparing for Adulthood Protocol

Children likely to need care and support into adulthood

Involving the young person

The concept of co-production is central to both the Care Act (2014) and Children and Families Act (2014) and therefore underpins this Preparing for Adulthood protocol. By 16 years, if not earlier, we recognise that professionals should be directly engaging with young people to ensure that they are being listened to and fully involved in planning and decision-making.

The right of young people to make decisions is subject to their capacity to do so and at 16 years old is defined by law, specifically the Mental Capacity Act 2005. The five principles of the Act are;

1. Presumption of capacity
2. Support to make a decision
3. Ability to make unwise decisions
4. Best interest
5. Least restrictive

The 4th and 5th principles apply only when a person has been assessed to not have mental capacity for the decision in question. Whilst it is not a principle of the Act, it is essential to remember that mental capacity is time and decision specific.

The right of young people and families to be involved in decisions and planning is also found in Section 19 of the Children and Family Act 2014 which states:

> *19 Local authority functions: supporting and involving children and young people.*
> *In exercising a function under this Part in the case of a child or young person, a local authority in England must have regard to the following matters in particular—*
>
> *(a) the views, wishes and feelings of the child and his or her parent, or the young person;*
> *(b) the importance of the child and his or her parent, or the young person, participating as fully as possible in decisions relating to the exercise of the function concerned;*
> *(c) the importance of the child and his or her parent, or the young person, being provided with the information and support necessary to enable participation in those decisions;*
> *(d) the need to support the child and his or her parent, or the young person, in order to facilitate the development of the child or young person and to help him or her achieve the best possible educational and other outcomes.*

Preparing for Adulthood: Care Act Screening Tool

The Care Act Screening tool is based upon the Eligibility Criteria of the Care Act and help the young person, their family and professionals to understand how care and support is defined by law. If it was felt to be of significant benefit to the young person, then a Care Act Screening Tool can be used to help identify if the young person is likely to receive care and support from Adult Social Care as an adult.

From year 9 onwards, young people (or parents/advocates/professionals) with EHCP's could complete a Care Act Screening tool, if it is felt it would be of significant benefit. This can occur anytime between years 9 to 12 but should be particularly considered at the year 9 (age 14)and year 11 (age 16)reviews and be part of the multi-agency considerations.

Following completion the Care Act screening outcome is returned to the SEND Monitoring Group who uses the information to identify which Pathway a young person should be identified against.

At year 11 (age 16)the Care Act Screening tool may be repeated if it is believed to be of significant benefit by the young person, family and professionals. If the young person screens positively then the SEND Monitoring Group is informed and a referral is made to the Adult Social Care requesting an Indicative Care Act Assessment.

Preparing for Adulthood: Indicative Care Act Assessment

It is expected that the majority of the information required to successfully manage the transition from children's to adult services will be found in the EHC plans. If however the Adult Social Care Team Manager/Senior Practitioner believes it would be of significant benefit then they may request from an involved professional (likely to be a children social worker) an Indicative Care Act Assessment.

The Indicative Care Act assessment is completed jointly by the young person /parent /Advocate/ lead professional and an adult Social Care representative. Adult Social Care provides all interventions underpinned by our Let's Talk model. . Let's Talk is a strength based approach to engagement which focuses on personal and community assets. Adult Social Care may offer direct or indirect support to ensure the young person's aspirations and goals are achieved. All information obtained by Adult Social Care would be included in the person's EHCP so that the young person, parents and other interested parties are aware of the young person's outcomes, potential needs and available support once they turn 18 years old.

Young people (age 16 plus) have the right to not provide Adult Social Care with consent to share their identified information with others (including their parents). However, this refusal to consent can be overridden where there are perceived safeguarding concerns or wider public interest matters. Any information which falls into these criteria would always be shared proportionately with the appropriate professionals involved in the young person's care in the first instance. Any young person who lacks decision making capacity regarding information sharing; any decision to share

would always be considered in their best interests (in accordance with the Mental Capacity Act, 2005).

In addition to the standard Care Act questions the following are to be added in regard to parent/carers:

- is the parent / carer able to care now and after the child in question turns 18?
- is the parent / carer willing to care now and will continue to after 18?
- does the parent / carer works or wishes to do so?
- does the parent / carer participate in education, training or recreation or wishes to do so?
- Has the parent received a carers assessment in their own right ?

Preparing for Adulthood: Pathways

From year 9 (age 14 years) , consideration needs to be made whether a young person is perceived to have care and support needs in adulthood. Care and support needs could derive from ; educational, health, housing or social care needs. It is probable that the young person is known to at least one agency and preparation would be undertaken through Education, Health and Care Plans (EHCP), Care Planning Approaches (CPA), Child in Need, Pathway Planning, Continuing Healthcare, or similar.

For those young people whom it is deemed likely to need care and support into adulthood then a determination is made at Year 9 or following which Preparing for Adulthood Pathway they should follow. There are three PfA Pathways:

1. PfA Independence Pathway
2. PfA Neighbourhood Pathway
3. PfA Complex Needs Pathway

These pathways correspond to the anticipated adult support destination of the young person when they reach 18 years. Both Pathways 2 -Neighbourhood and Pathway 3-Complex Needs Pathway have 'Enhanced' options for circumstances where it need to be recognised that additional planning mechanisms such as; Care, Education and Treatment Reviews or Care Planning Approaches (CPA) are required due to inherent complexity in the support for the young person.

It may not be possible at year 9 to determine the correct Pathway for the young person or it may be that additional information may be required; however transfer later between Pathways is possible.

1. <u>PfA Independence Pathway</u>

The Independence Pathway is for young people with an EHCP but are unlikely to need care and support into adulthood. This is determined by the Care Act screening tool undertaken following Year 9 and, if necessary confirmed by the Care Act Indicative Assessment following Year 11. If the Care Act screening tool indicates that the young person is unlikely to be eligible for adult social care services (eg: they have needs based on circumstances rather than arising from or are related to a physical or mental impairment or illness) then involvement from adult social care services may be limited and the Preparing for Adulthood EHC plan needs to be focused on the young person's

education, employment, independent living, community inclusion and health and include advice and guidance. If specialist advice and guidance is required a referral into Adult Social Care will be required.

2. PfA Neighbourhood Pathway
3. **Case example 1:** A young person with an EHCP and Short Break Support Plan.

This Pathway is for young people who are likely to need care and support into adulthood and those interventions will be delivered through the All Age Neighbourhood Teams. This will be determined by the Care Act screening tool at year 9 and confirmed by the Indicative Care Act assessment completed at year 11. This support may be delivered by exploration of a person's individual and community assets from an Adult Social Care perspective or by adult health services. This would be dependent on individual transition protocols and eligibility criteria for each service. It is likely that the young person's future 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.

Young people on the PfA Independence Pathway may not require multi agency reviewing processes as may be known to only a single agency. Some young people may have multi-agency approaches delivered through Early Help / Child in Need / Child Protection. In these circumstances the PfA EHC outcomes should be are shared with the agencies involved to help inform their planning. For young people known to the Short Break Team the PfA EHCP should form part of the discussions with parents and the young person about how the personal budget / direct payments can be used to support those outcomes.

2A. PfA Neighbourhood (Enhanced) Pathway

- **Case example 2**: Young person with CPA's transitioning to adult mental health services and consideration needs to be made whether a Care Act assessment is required.

Young people on the PfA Independence Enhanced Pathway are likely to have multi agency reviewing processes either social care as Looked After Child or Child in Need or health due to social, emotional and mental health issues. It is likely their future 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. They are likely to need specialist support in adulthood due to; autism, mental health issues, or learning disabilities meaning they may require care and support into adulthood.

All young people perceived to have a primary need of mental health ought to be referred to Greater Manchester Mental Health (GMMH) services.

If the young person has a diagnosis of autism and he is on the Dynamic Support Register and categorised as amber or red then consideration should be given as to whether they should be placed on the Complex Needs (Enhanced) pathway.

If the young person has a diagnosis of autism and learning disability then they should be supported by the Complex Need pathway.

4. PfA Complex Needs Pathway

   Case example 1: Young person with an EHCP plan, Child in Needs plan and receiving Children Continuing Care funding (CCC) who meets the eligibility criteria for Complex Needs (Adult) Team . The young person's long term care and support needs will be met by the Complex Needs Adult Team (CLDT-integrated service provided by both Trafford Council & Cheshire Wirral partnership (CWP)). The young person's health care needs will be the overarching responsibility of Trafford Clinical Commissioning Group (TCCG

This pathway is for young people who are likely to need care and support into adulthood and those services will be delivered through the Complex Needs (adult social care and health) Team. That support may be delivered by either or both adult social care or adult health services subject to the individual transition protocols and eligibility criteria for each service.

3A. PfA Complex Needs (Enhanced) Pathway

- **Case example 2:** Young person with autism and / or leaning disability on the Dynamic Support Register (categorised as either amber or red).

For those young persons identified at amber or red on the Dynamic Risk Register they are moved into the Complex Needs (Enhanced) Pathway. Complex Needs Planning continues but also invited will be the CCG and commissioners and this will run in conjunction with the CETR (Care, Education and Treatment Review) processes. The Complex Needs (Enhanced Pathway) is triggered by a request for a Multi-Disciplinary team (MDT) meeting inviting:

Specialist Commissioner - Children's Clinical and Public Health
Commissioning Manager- Learning Disability and Mental Health (RMN) (CCG)
Service manager or team leader (Complex Needs (children social care)
Relevant professional from Healthy Young Minds
Social worker
EHC coordinator
Representative from school

For young people over 16 years then in addition invite:

Service manager or team leader from relevant adult social care.
Service manager or team leader from Community Learning Disability team if relevant.

A young person will remain on the Complex Need (Enhanced) pathway until their DDR rating returns to green and they are returned to the PfA Complex Needs Pathway or PfA Independence Pathway

Exceptions

Where a young person does not have an EHCP but are likely to need care and support in adulthood (e.g. young people with high functioning autism or fluctuating mental health difficulties) and / or they have protection concerns (criminal exploitation / sexual exploitation) then the Pathways can still be identified following the Care Act Screening tool being applied by an involved professional. The SEND Monitoring Group is informed of the young person and they are monitored through the SEND Monitoring group and the PfA Neighbourhood / Complex Need Tracking Panels. In Year 11 the PfA Neighbourhood / Complex Needs Tracking Panel can request an Indicative Care Act Assessment which will inform on potential needs at 18. Established, Individual service transition protocols will inform the transition from children to adult education, health and mental health services as there is no overarching PfA EHCP/ Pathway Plan or CPA.

Complex Safeguarding

For young people who have protection needs going into adulthood (eg complex safeguarding) who also have EHCP ought to be known to the respective Neighbourhood tracking team's through the Care Act Screening Tool and the need for ongoing care and support identified at y11 by the Indicative Care Act Assessment.

Irrespective of the Pathway status of the young person and whether they are known to the Neighbour Tracking Panel an Adult Safeguarding Referral is to be made by the children's social worker at the latest 17 ½ years old. Joint Multi-Disciplinary Meetings will then take place upon receipt of the Safeguarding notification to Adult Social Care. It may be necessary for the Children's Social Worker to continue to remain involved with the young person beyond their 18th Birthday to support the transition.

Following formal consultation, Adult Social Care's current Front Door arrangements will become a Safeguarding hub. All Hub members will rotate within the Complex Safeguarding Children's Team (SHINE)

Complex Need Planning

The outcomes identified in the EHCP plan are operationalised through Complex Need Planning (CNP) meetings. The CNP meetings are combined Child in Need and Care Planning Approach meetings held at a minimum of every six months. It is not expected that the attendees of the CNP meetings attend the EHCP meeting or vice versa. The role of the CNP meetings is to bring into effect the outcomes identified in the EHCP. For example CCNT nurses may be integral to the CNP as it is their intervention which enables the wellbeing of the young person sufficient for them to grow towards the EHC outcomes but they may not feel they have a role in determining those outcomes.

The CNP meetings are joint meetings between health, social care, and education. The meetings should be sufficient that they meet the standards for each separate process (CIN / CPA) but are to

minimise replication and to ensure a joined up plan. The CNP feeds into the EHC at review informing the review as to progress.

A CNP process may start before a young person joins Preparing for Adulthood, but at the Year 9 review the young person is identified as being on the Complex Needs Pathway and subject to Complex Needs Planning.

The Complex Needs Planning meetings may continue past 18, although the children social worker and children health workers will cease, however the CPA elements and adult health and social care members may choose to continue with planning.

The Role of the SEND Monitoring Group, PfA Complex Need Tracking Panel and the PfA Neighbourhood Tracking Panel.

SEND Monitoring group

The strategic tracking of the whole PfA cohort will be undertaken using the SEND Monitoring group. The function of this group is to monitor the cohort and to understand the impact of the cohort on future resources (including the need for accommodation). Further, the group hold a dispute resolution function if the Neighbourhood tracking panels and Complex Need Tracking Panel are unable to agree Pathways for young people.

In attendance will be Service and/or Strategic Managers able to make resource and allocation decisions. These should be from both children and adult services.

The SEND Monitoring Spreadsheet

The SEND Monitoring spreadsheet is an All Age , Multi-Agency data sheet which is used to identify young people with EHCP's and any exceptions who are transitioning from children to adult services. The cohort is tracked from year 9 onwards. Additionally, the data sheet can be viewed on a geographical neighbourhood basis. Each neighbourhood will have access to data concerning of all young people with EHCP's in their area and an understanding from the Care Act screening tool whether they are likely to be eligible for a Care Act assessment when they reach adulthood (ie they are on the PfA Neighbourhood Pathway). Those young people on the PfA Independence (Enhanced) Pathway will be known to the PfA Neighbourhood Tracking panel as warranting special attention as they approach adulthood and may require an Indicative Care Act Assessment at year 11 so that Neighbourhood adult services are able to respond appropriately and proportionately. It is the function of the PfA Neighbourhood Tracking group to understand this cohort and through accessing the PfA EHCP be able to allocate appropriate support in line with the outcomes when the young person turns 18.

PfA Complex Need Tracking Panel and PfA Neighbourhood Tracking Panel.

For the PfA Complex Needs Pathway and PfA Independence Pathway bi-monthly PfA Tracking Panel meetings are used to track the progress of cases between children's and

adults education, health and social care services. The purpose of the group is to provide assurance to the SEND Monitoring Group that individuals are moving successfully through their relevant identified Pathways. These meetings are attended by the respective team leaders/Senior Practitioners from health and social care who possess sufficient decision making authority to make operational decisions.

Complex health transitions including young people considered to have a primary mental health need are reviewed through the Neighbourhood / Complex Needs tracking panels. For health services, single agency transition policies are used (e.g. Healthy Young Minds to Adult Mental health or Children Continuing Care to Continuing Health Care) with the chair of the Neighbourhood / Complex Need Tracking Panel seeking assurances from the service that the policy is being enacted in an appropriate manner. It would be appropriate for the transition coordinators for services (e.g. Cheshire Wirral partnership / Youth Offending Service / Healthy Young Minds) to attend the Neighbourhood / Complex Needs tracking panels when required.

The role of the EHCP is central to the meeting with managers and coordinators having access to the EHC workspace so ensure progress is aligned to the outcomes recorded.

Preparing for Adulthood: Review meetings

As per the Children & Families Act 2014 every EHC Plan review from year 9 onwards must have a focus on Preparing for Adulthood. Planning for those young people with EHCP takes place as part of the statutory annual review process, which is arranged by schools and is monitored by the Council's SEND Service.

The function of the review meeting will be:

- To review and reflect on the Education, Health and Care Plan and celebrate the outcomes achieved.
- To look at the different options available for the future;
- Discuss the young person's hopes aspirations and what may be required to help them take the next steps towards adulthood;

The outcomes set for the young person should be based around the four PfA outcomes of:

- Employment
- Independent living
- Community Inclusion
- Health

All reviews should be conducted in a person centred manner to ensure that the young person is kept at the centre of decisions about their life. At this review it is expected the following professionals will be informed of the review and invited to attend or provide an update as to how their service is meeting or likely to be involved in meeting the outcomes of the young person:

- Involved health care services
    - Speech and language therapists
    - Physiotherapy
    - Occupational therapy
    - Dietician
    - Children Community Nursing team
    - School nurse
    - Consultant paediatricians
- Involved social care services
    - Social worker
    - Social care reviewing officer
    - Adult services representative when required
- Others to be considered
    - Interpreter
    - Advocates

At these reviews the needs and wishes of the young person /adults carers should be considered with parent / carers being offered the opportunity to receive a carers assessment. The EHC reviews should also include future aspirations, residence and work / education arrangements.

The outcomes of the review meeting are available to the Neighbourhood / Complex Needs tracking teams through the online EHC workspace in Liquid Logic Early Help module.

GUIDANCE DOCUMENTATION

NICE guidance

NICE Guideline (NG43) 'Transition from children's to adults' services for young people using health or social care services' https://www.nice.org.uk/guidance/ng43

This guideline covers the period before, during and after a young person moves from children's to adults' services. It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care.
The overarching principles are as follows:

- Young people and their carers should be involved in transition service design, delivery and evaluation;
- Transition support should be developmentally appropriate, strengths-based and person-centred;
- Health and social care service managers in children's and adults' services should work in an integrated manner to ensure that young people experience a smooth transition;
- Service managers in both adults' and children's services across health, social care and education should identify and plan for young people with transition support needs;

Legislation: http://www.legislation.gov.uk/ukpga/2005/9/contents
The Mental Capacity Act (MCA) applies to people aged 16 and over who may lack the mental capacity to make decisions about their care /treatment/ support.

Associated guidance:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

The MCA is supported by practical guidance in the form of the Code of Practice.

- Safeguarding information should be shared as appropriate by all agencies in line with local policy;
- It should be confirmed that the young person has a GP (and consideration should be given to a named GP).

NICE Quality Standard (QS140) 'Transition from children's to adults' services'
https://www.nice.org.uk/guidance/qs140

This standard is based on guideline NG43 and sets out the following quality statements:

- Statement 1: Young people who will move from children's to adults' services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children's services after school year 9.

- Statement 2: Young people who will move from children's to adults' services have an annual meeting to review transition planning
- Statement 3: Young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after transfer.
- Statement 4: Young people who will move from children's to adults' services meet a practitioner from each adults' service they will move to before they transfer.
- Statement 5: Young people who have moved from children's to adults' services but do not attend their first meeting or appointment are contacted by adults' services and given further opportunities to engage.

GOOD PRACTICE RESOURCES

Preparing for Adulthood (PfA) http://www.preparingforadulthood.org.uk/

The national Preparing for Adulthood (PfA) programme is funded by the Department for Education (DfE) as part of the delivery support for the SEND reforms. PfA's vision is that young people with SEND should have equal life chances as they move into adulthood, which should include paid employment and higher education, housing options and independent living, good health, friends, relationships, community inclusion and choice and control over their lives and support.

There are five key messages from PfA:

- Develop a shared vision of improving life chances with young people, families and all key partners;
- Raise aspirations for a fulfilling adult life by sharing clear information about what has already worked for others;
- Develop a personalised approach to all aspects of support using person-centred practices, personal budgets and building strong communities;
- Develop post-16 options and support that lead to employment, independent living, good health, friends, relationships and community inclusion; and
- Develop outcome-focussed multi-agency commissioning strategies that are informed by the voice of young people and families.
- These messages are essential to improving life chances in the four outcome areas – employment, independent living, community inclusion and health.
- There are a range of resources on the PfA website, including the following useful factsheets:
- The links between the Children and Families Act 2014 and the Care Act 2014
- The Mental Capacity Act 2005 and Supported Decision Making

Social Care Institute for Excellence (SCIE)

http://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood/

SCIE has developed a range of resources to help local authority staff, social workers, young people and carers to plan for the transition to adult care services.

Skills for Care
http://www.skillsforcare.org.uk/Standards-legislation/Care-Act/Learning-materials/Transition-to-adulthood.aspx

Skills for Care has developed a range of learning and development materials to help with the changes brought about by the Care Act 2014, including a specific set of materials on 'transition to adulthood.'

Determining ordinary residence

https://www.local.gov.uk/ordinary-residence-guide-determining-local-authority-responsibilities-under-care-act-and-mental