Transition Protocol

For children and young people with disabilities

December 2022

Policy, Performance and Customer Care Team

Adult Social Care | Adults Directorate

Contents

Policy Summary

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Author	Natalie Johnson, Service Development Officer, Halton Borough Council
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Equality Impact Assessment	Completed 2017, reviewed 2022

Section 1.0: Introduction

Transition 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 it refers to children and young people with moderate/severe learning disabilities and/or physical/sensory disabilities and their journey from children's to adults' health, education and social care services.

It can be a time of excitement and opportunity with young people perhaps leaving school and considering their plans for the future in terms of employment, training or further education. But it can also be a challenging time with feelings of anxiousness particularly for those who rely on support from health and/or social care services.

This protocol sets out Halton's commitment to supporting those young people who may have a need for care and support in adulthood. It describes how the Council will fulfil its duties and responsibilities under current legislation and guidance relating to transition.

In order for transition to be effective, it is vital that a multi-agency approach is taken rather than being restricted to services provided by the Council. It is equally important that young people and their families/carers are fully informed and involved in the process and enabled to have as much choice and control as possible. It is also essential that transition is seen as an evolving process and not a single event.

This protocol is set within the context of the following vision from Halton's Special Educational Needs and/or Disabilities (SEND) Strategy 2021-2025 (published by Halton Children's Trust):

> ***"Halton Children's Trust recognises the right for all children and young people with Special Educational Needs and/or a Disability (SEND) in Halton to lead an ordinary life free of stigma or labels with access to the same opportunities as their peers. This will mean that all children and young people in Halton are always:***
>
> - ***Valued and inspired;***
> - ***Included;***
> - ***Active, physically and mentally healthy;***
> - ***Safe;***
> - ***Empowered to make choices that shape their lives;***
> - ***Appropriately supported."***

1.1 Eligibility criteria and scope

This protocol applies to children and young people between the ages of 16 and 25 who have moderate/severe learning disabilities and/or physical/sensory disabilities, specifically:

- Those who have an Education, Health & Care Plan (EHCP) and are likely to meet the eligibility criteria for adult social care services in line with the Care Act 2014 (young people will be triaged to determine the likelihood of eligibility for adult services); and
- Carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood (who also meet the Care Act eligibility criteria).

This protocol does not apply to those with mental health conditions. Young people with a diagnosed mental health condition as their primary need who meet the criteria for a Care Act assessment will instead be referred to the Mental Health Social Work Team (this can be done by email to MHTRuncorn@halton.gov.uk or via the Council's Contact Centre).

It is intended that this protocol will provide professionals from all agencies involved in supporting young people through the transition process with information about 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:

- Halton Borough Council – Children's and Adults' Social Care and Education Services and other internal colleagues/departments as necessary;
- NHS organisations;
- Schools, colleges and other education providers;
- Government / partner agencies, e.g. Department for Work and Pensions (DWP), housing providers, information and advice providers and advocacy services.

1.2 Aims and outcomes

Against the backdrop of relevant legislation and guidance outlined in subsequent sections (in particular, the Mental Capacity Act that underpins our approach to ensuring that young people are fully involved in decisions about their care and support), this protocol aims to ensure that in Halton all young people and their families/carers have a positive transition experience.

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 advocate for them;
- Young people being supported to plan what they want to do and achieve;
- 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 one key point of contact through the transition process and receiving consistent messages;
- Young people and their carers feeling supported;
- Young people and their carers having access to understandable information;
- Professionals pursuing agreed plans but being flexible to accommodate change as required.

Section 2.0: Local processes and procedures

2.1 Transition Team

In order to fulfil the obligations placed on local authorities under the legislation and guidance outlined in Section 3.0, Halton Borough Council has a small Transition Team.

→ ***See Appendix 1 for the Transition Team Structure.***

The Team facilitates a joined-up approach to transition across education, health and social care with increased and targeted co-ordination and communication from all agencies starting from age 16 up to the age of 25 years or until appropriate to transfer into generic adult services.

Referrals into the Transition Team will usually be made by schools in preparation for involvement in the annual review process. Other referral routes will include the SEND Service, children's early intervention services, Complex Needs Panel and family members. Referrals should usually be directed via the Council's Contact Centre.

→ ***See Appendix 2 for the CareFirst Transition Recording Process.***

2.2 Education

As per the Children & Families Act 2014, the annual EHCP review meetings from year 9 onwards must have a focus on preparing for adulthood. Transition planning for those young people with SEND takes place as part of the statutory annual review process, which is arranged by both mainstream and special schools (both in and out of borough) and is monitored by the Council's SEND Service. The purpose of the review meeting is:

- To discuss progress made by the young person;
- To look at the different options available and discuss the plan for transition;
- To review the Education, Health and Care Plan and the outcomes.

The Transition Team will usually become involved in the annual review process from year 12/age 16 (unless individual needs/circumstances dictate otherwise) and will determine if the young person is likely to meet the criteria for support under the Care Act once they reach adulthood.

Annual review meetings are called by the educational setting and will include the following people:

- The young person and their family/carers or chosen representative;
- School staff;
- A member of the Transition Team (usually from year 12 or at another suitable designated transition event);
- SEND Team representative;
- Health professionals as relevant (e.g. CAMHS, school nurse and any therapists involved);
- Careers advisor (provided through school), if relevant;
- Person centred facilitator, if relevant.

School staff will ensure that the young person/their family are fully prepared in advance of the meeting and they will also ensure that all required information (relating to the young person's experience and aspirations plus any previous reviews) is gathered and distributed to those invited to the meeting.

As well as the EHCP, young people may also have a Health Action Plan, which is initiated by the school nurse at year 9, as necessary and some young people may also have an 'All About Me' book, which is produced by schools from year 7 onwards. Each of these documents will be considered within the review meetings and updated by the relevant professional as appropriate following the meeting.

There are some additional considerations in year 11 and year 14, as at these times it is possible that the young person may change education provider or finish education. Schools have a statutory responsibility to ensure that young people have access to careers education, information, advice and guidance from year 9 onwards. In years 10 to 14 it is focussed on firming up the options when leaving statutory education. There should be taster sessions offered from the educational setting that the young person is looking to attend post-16 and these will be explored and confirmed by the current setting.

If leaving school or college (year 11/14), the young person's final School Health Review (to incorporate the Health Action Plan) should be completed by the school nurse or paediatrician and a copy given to the young person/their family and shared with their GP (if consent given). It should also be made available to adult services to inform future health needs.

2.3 Health

Young people with a learning disability may be eligible for services from the Council's Adult Learning Disability Nursing Team from age 18 (in line with the eligibility criteria at Appendix 3). The Transition Social Worker should make a referral at the appropriate time; the LD Nurses will then complete an eligibility assessment, Health Action Plan or an alternative piece of work, if required.

The Adult Community Learning Disability Nurse will liaise with child health and paediatric therapy services to establish if there are ongoing interventions that are likely

to need to be transferred to adult health services' nursing and therapists. Where necessary, referrals will be made to the appropriate adult health service provider so that any joint working and phased transfer of ongoing intervention required can be facilitated.

Referrals may also be made to Mersey Care NHS Foundation Trust's Community Learning Disability Team for Halton, in line with the eligibility guidance outlined at Appendix 4. The Transition Social Worker should make a referral at the appropriate time.

2.3.1 NHS Continuing Healthcare (CHC)

Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS Continuing Healthcare (CHC) and it is for adults.

Continuing Healthcare assessments will be conducted in accordance with the National Framework.

2.4 Social Care

In line with the Care Act, a transition assessment will be conducted for young people with care and support needs if they are likely to have needs when they reach age 18. Adult carers of young people preparing for adulthood and young carers who are themselves preparing for adulthood are also entitled to a carer's transition assessment.

The assessment should be carried out when there is an identified transition event* for the individual, which will differ according to personal circumstances; there is no set time when the assessment should be done and it can be done before the age of 18.

**Transition events may include things such as leaving an educational setting, a change in accommodation arrangements and entering employment.*

The assessment looks at levels of need and eligibility for services and must be person-centred and outcome-focussed. It must also be strengths-based and focus on what the individual ***can*** do and achieve, which includes consideration of what support is available through support networks. An individual Support Plan will be produced.

As part of the assessment, there will be consideration of the following that may be required to support the transition to adulthood:

- Support with budgets and resources;
- Access to leisure and social activities;
- Work experience, training, supported employment;
- Housing, supported housing, housing advice, adaptations;
- Transport, including independent travel training;
- Assistance with personal care and independent living skills;
- Short breaks;

- Referral to welfare rights (at age 16 for support claiming own benefits);

At age 16, there needs to be a full assessment of social care needs to determine the appropriate package of support into adulthood; work may need to take place with commissioners to ensure appropriate services are available.

Eligibility for community care services within adult social care will be in accordance with Care Act assessment and eligibility criteria. Adults who are assessed as eligible for services will also have a financial assessment to determine whether the person will need to make a financial contribution to the services they will receive.

For more information about the assessment, eligibility and care planning process please see the Social Work Practice Guidance (updated December 2021).

In relation to financial assessment, the ASC Charging Policy (2022-23) sets out how Halton Borough Council charge for care and support and follows the Care and Support Regulations and Statutory Guidance issued by the Government under the Care Act 2014.

Both of the policy documents above are available on the ASC Policy Portal – please ensure that the most up-to-date policies are consulted.

As part of the transition process, particularly in relation to financial assessment and charging for services, it will be necessary for the Transition Team, school or other professional (as appropriate) to make a referral to the Welfare Rights Service in order to ensure that the young person is in receipt of the correct benefits. A young person's financial position may be likely to change at age 16 and, particularly, age 18 as this is the point at which they may be required to make a financial contribution to the services they receive from adult social care.

Throughout the transition process, funding applications will need to be submitted to the relevant funding panel according the age of the young person (i.e. under 18 or 18+). If the young person has complex health needs, consideration should be given to NHS Continuing Healthcare (CHC) funding.

2.4.1 Specialist equipment

For those young people who use specialist and adaptive equipment to enhance their function, independence or quality of life, child health services will review that equipment in preparation for early adulthood. This is crucial, as some specialist equipment that was funded for their needs as children is not subsequently funded in adult life.

There is a Paediatric Occupational Therapist based within the Transition Team who works with children and young people from birth to 18 years to provide specialist equipment and adaptations to the home to support the individual and their family/carers.

2.5 Personal Budgets / Personal Health Budgets

As per the SEND Code of Practice, young people and parents of children who have an EHCP have the right to request a Personal Budget, which may contain elements of education, social care and health funding. A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHCP where the parent or young person is involved in securing that provision.

The Children's & Young People's (0-25) Personalisation & Personal Budgets Policy (including Personal Health Budgets and Direct Payments) SEND Policy (2018) is available via Halton's Local Offer website.

The Care Act states that councils need to assign a personal budget to all people who are eligible for support so they can have more control over their support. The personal budget is the amount of money needed to cover the cost of the support for which a person is eligible.

The Personal Budgets via Direct Payments (Adult Social Care & Health) Policy & Procedure (2020-2023) is available on the ASC Policy Portal on the Council's Intranet.

2.6 Safeguarding

Safeguarding is everyone's business. If there are any concerns that a young person is at risk of harm or abuse, a report should be made to Child Safeguarding if the person is under the age of 18 or Adult Safeguarding if they are aged 18 plus. More information, including how to report a safeguarding concern, is available via the following websites:

- Halton Children and Young People Safeguarding Partnership
- Halton Safeguarding Adults Board

2.7 Operational and strategic oversight

The Principal Manager of the Transition Team is a member of the Preparing for Adulthood Group, which has a focus on the process of transition into adult life for young people who receive care and support. This group is able to feed recommendations through to the SEND Strategic Partnership in order to effect change at a strategic level.

Strategic and decision-making responsibility with regards to the Transition Team sits with Adult Social Care Senior Management Team (SMT), which meets on a weekly basis.

Section 3.0: 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 through 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 acts 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 seen as a gradual process as opposed to a 'cliff-edge' at age 18.

It is also important to note that, with regards to safeguarding, although the Children & Families Act gives rights to young people from the end of compulsory school age, child safeguarding law still applies up to the age of 18. Similarly, the Care Act guidance states that if someone is 18 or over but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding but with involvement of children's safeguarding and other organisations as appropriate (e.g. NHS, police).

Displayed below is summary information on the legislation and associated guidance plus links to the full information. There is also a range of good practice and guidance resources provided which will be of assistance to professionals in supporting effective transition from children's to adults' services.

3.1 Children & Families Act and the SEND Code of Practice

Legislation:

http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Part 3 of the **Children & Families Act** relates to children and young people with special educational needs or disabilities (SEND); it creates a comprehensive 0 to 25 years SEND system with the aim of joining up education, health and care (through EHC Plans) so that services support the best outcomes for children and young people.

Associated guidance:

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

The **SEND Code of Practice** provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children & Families Act 2014. It relates to the SEND system for children and young people aged 0 to 25 years. Chapter 8 of the Code of Practice is concerned with 'Preparing for adulthood from the earliest years.'

3.2 Care Act 2014 and the Care & Support Statutory Guidance

Legislation:

http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

The **Care Act** creates a new modern framework for care and support legislation with the central principle of wellbeing. Sections 58-66 of Part 1 of the Care Act deal with 'Transition for children to adult care and support, etc.'

Associated guidance:

https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Chapter 16 of the **Care & Support Statutory Guidance** covers 'Transition to adult care and support' (guidance on sections 58-66 of the Care Act).

3.3 Mental Capacity Act 2005 and the Code of Practice

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

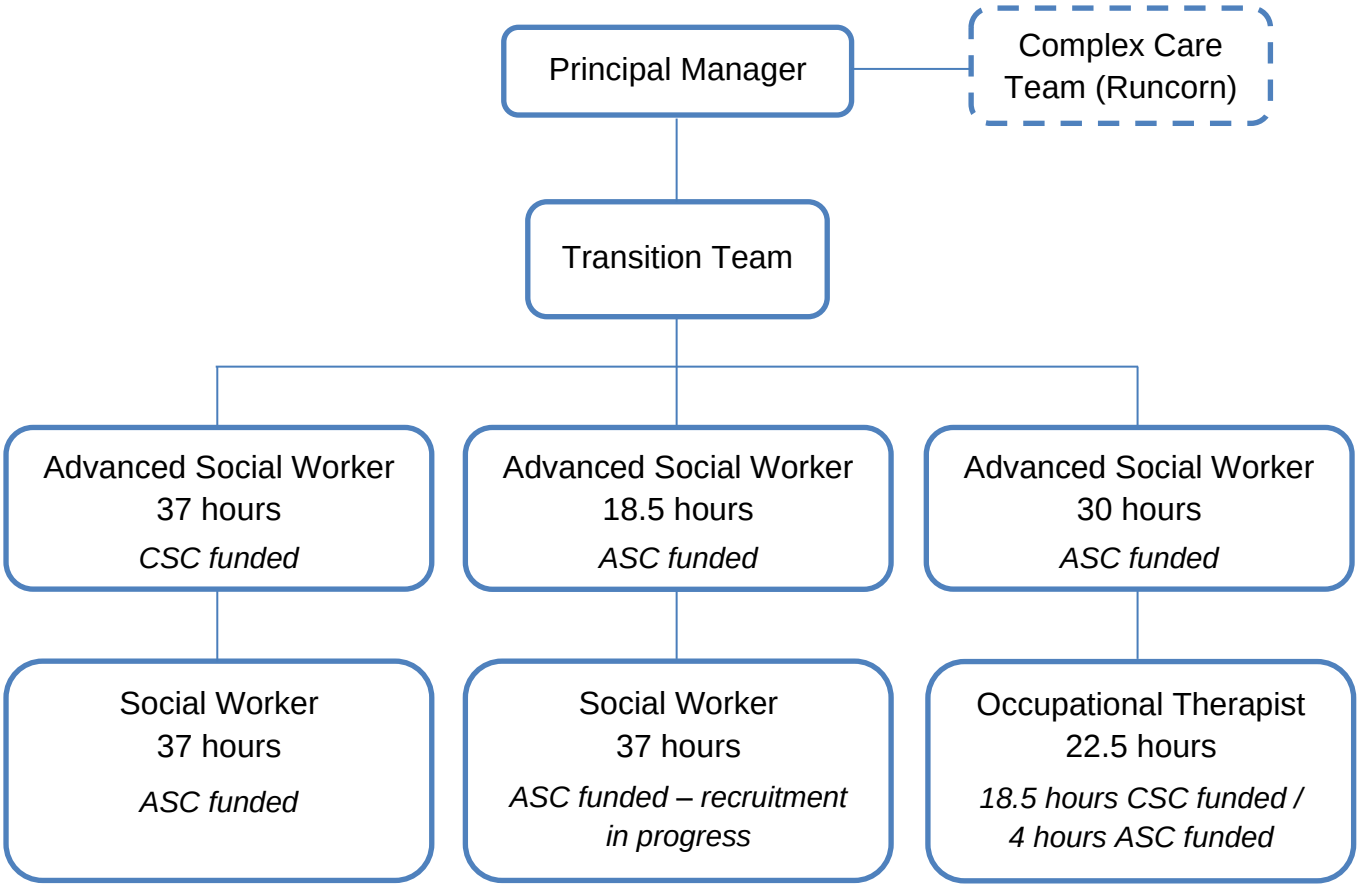
The MCA is supported by practical guidance in the form of the **Code of Practice.**

Part 3 of the Children & Families Act outlines that the right to make requests and decisions applies directly to disabled young people and those with SEN over compulsory school age (the end of the academic year in which they turn 16) rather than to their parents.

3.4 Guidance and good practice resources

National Institute for Health and Care Excellence (NICE)	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. There is an associated quality standard that describes high-quality care in priority areas for improvement.
Preparing for Adulthood	https://www.ndti.org.uk/projects/preparing-for-adulthood Until March 2022, there was a national Preparing for Adulthood programme funded by the Department for Education (DfE). The PfA programme was designed and delivered by the National Development Team for Inclusion (NDTi) to bring together a wide range of expertise and experience of working with young people with special educational needs and disabilities and their families, at a local and national level and across government, to support young people into adulthood with paid employment, good health, independent living and friends, relationships and community inclusion. Although the dedicated PfA website is no longer active, a selection of popular tools and guides are available on the NDTi's website: https://www.ndti.org.uk/resources/preparing-for-adulthood-all-tools-resources
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.

Appendix 1: Transition Team Structure

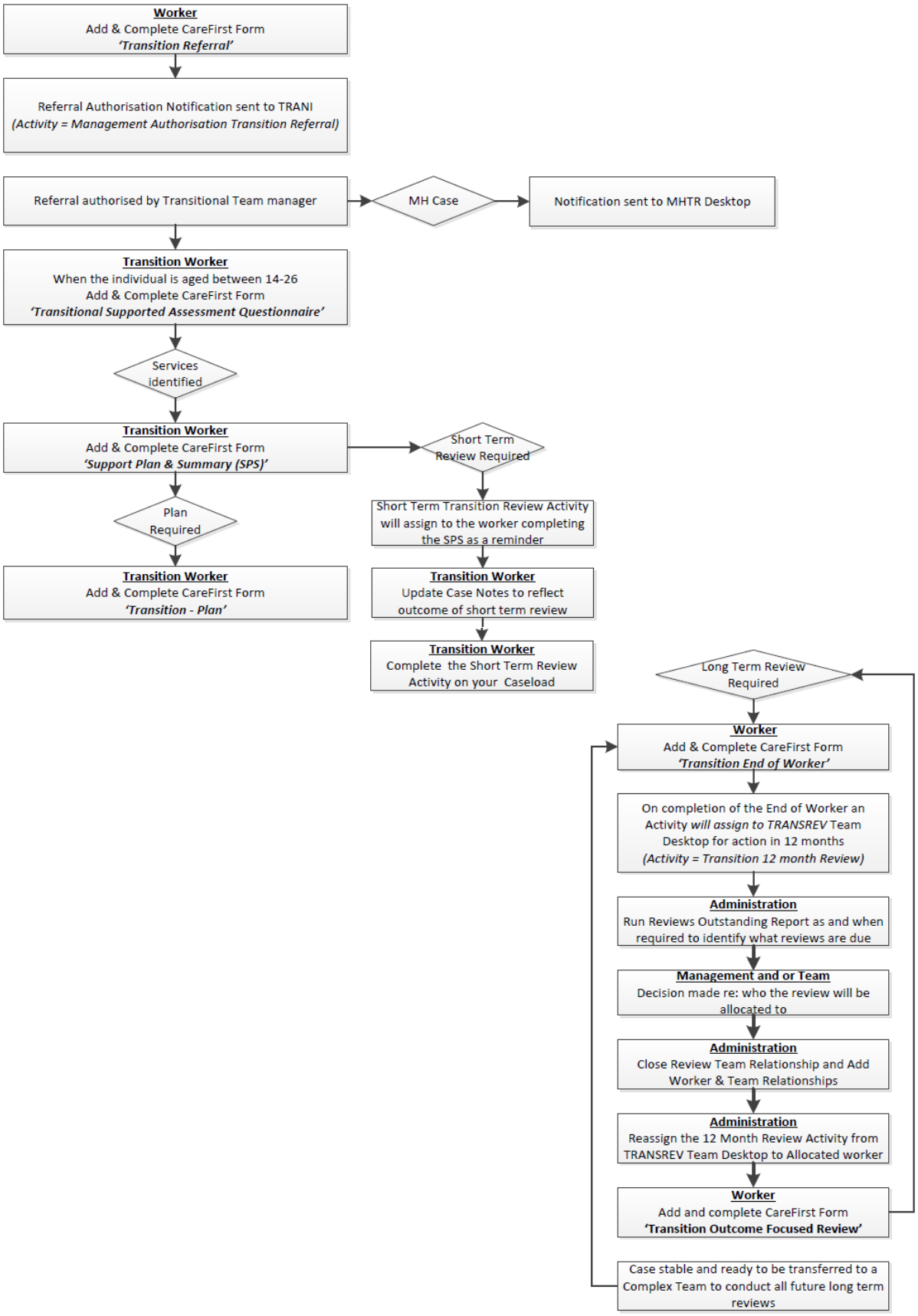


ASC – Adult Social Care

CSC – Children's Social Care

Publication date: ***11/2022*** *Review due date:* ***11/2025***

Appendix 2: Transition CareFirst Recording Process

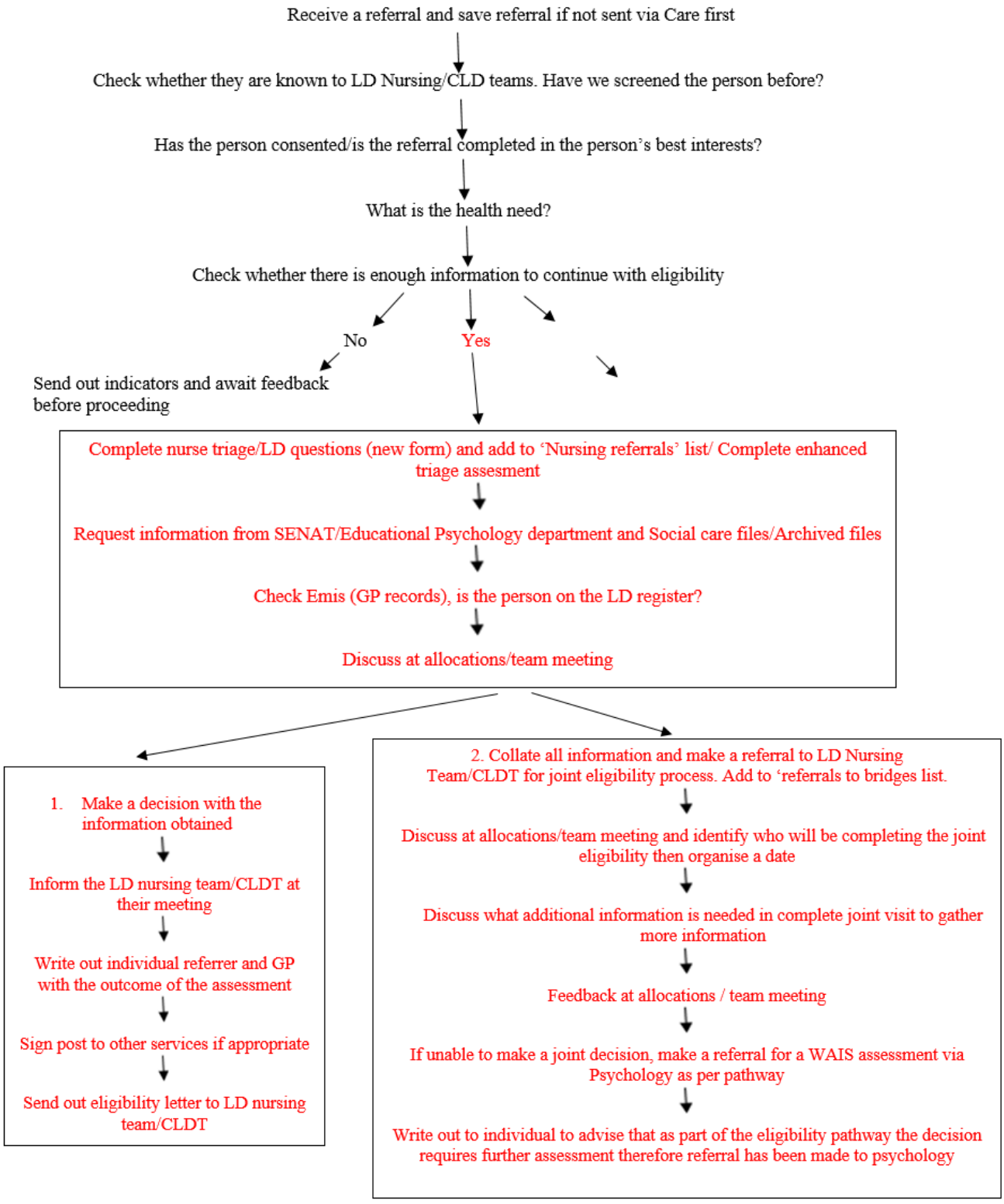


Appendix 3: Halton Borough Council Learning Disability Nursing Team Eligibility Criteria & Assessment of LD Pathway Flow Chart

The formal criteria for a diagnosis of 'learning disability' are: significant impairments of both intellectual and adaptive/social functioning, which have been acquired before adulthood (Valuing People, 2001; British Psychological Society, 2001; American Psychiatric Association, 1994; American Association on Mental Retardation, 1992; World Health Organisation, 1992).

Indicators that the person *may* have a learning disability	**Indicators that the person *may not* have a learning disability**
• Evidence of delays in reaching developmental milestones e.g. walking/talking. • Previous statements indicating cognitive functioning in the learning disability range (e.g. IQ scores less than 70). ***The onus is on the referrer to locate and send copies of these*.** • Attended special school or attended mainstream school with extra support. • Unable to read, write or tell time, or this is limited. • Requires significant support from others for day to day living e.g. home living, use of community facilities, budgeting, personal care. • Unable to work in paid employment without support. • Previously known to learning disability services. • Educational reports refer to 'severe learning difficulties' (often equivalent to mild or moderate learning disability).	• Reached developmental milestones at appropriate time. • No statement, evidence of qualifications e.g. GCSES. • Has a driving licence. • Attended mainstream school and did not struggle. • Able to read/write well and can tell time using analogue clock. • Able to function independently in most areas of day to day living. • Evidence of working successfully in paid employment without support. • Indicators evident, but these can be explained by other factors e.g. mental health difficulties, physical disabilities, drug/alcohol problems, head injury as an adult. • Educational reports refer to 'mild learning difficulty' (less severe than learning disability).

Assessment of LD pathway flow chart



Appendix 4: Mersey Care NHS Foundation Trust Learning Disability Community Team Eligibility Criteria

NHS
Mersey Care
NHS Foundation Trust

Community and Mental Health Services

Transition Guidance - Eligibility guidance for learning disability services

For interventions offered by professions in the team, referrals can be made directly.

The following information is aimed as a guide when considering whether the LD team is the correct service for someone. It is aimed to support services to consider who could potentially benefit from LD services; however, formal eligibility screening will be conducted by the team if the person is not already known to the service. Eligibility screening will also look at whether the person would be able to access mainstream services and what the need is for input from the team.

Definition of a Learning Disability (Health criteria -World Health Organisation, 1992) There are three factors for determining the criteria: all *three* must be met in order for a person to be considered to have a learning disability:

1. *Significant impairment of intellectual functioning* - A significantly reduced ability to understand new or complex information, or to learn new skills, defined as an IQ of less than 70.
2. *Significant impairment of adaptive/social functioning* - A reduced ability to cope independently
3. *Age of onset before adulthood* – Significant impairments of the above two criteria must have been acquired before 18 years of age

Factors which MAY indicate that someone does NOT have a learning disability	**Factors which MAY indicate someone DOES have a learning disability**
• Successfully attended mainstream education without support • Gained qualifications (GCSE's) • Recorded IQ above 70 • No delays to development of speech or other milestones • Typical development until an accident or head injury post 18 years • Able to manage on work placements with minimal support, particularly those that involve complex skills e.g., use of tills	• Recorded IQ less than 70 before 18 years (N.B there must also be evidence of problems with independent living) • Record of delayed development/ difficulties with social functioning and daily living before 18 years • Requires significant assistance to carry out tasks of daily living (eating/drinking, keeping self-clean, warm and clothed) • Requires significant assistance social/community adaptation (e.g., social problem

Factors which MAY indicate that someone does NOT have a learning disability	Factors which MAY indicate someone DOES have a learning disability
• Able to access the community without support • Able to budget finances to an age-appropriate level • Has driving licence or would be capable of completing theory and practical	solving/reasoning) NB need for assistance may be subtle • Evidence of difficulties in a number of areas of function, not explainable by another 'label' e.g., mental health, acquired brain injury, anxiety • Attended special school, or mainstream school with **high levels** of support • Unable to read and write • Unable to tell the time or locate events in time accurately
This table should be used as guidance; it is not exhaustive and other factors may be considered when determining eligibility for learning disability services	

Further support can be sought from Halton Community Learning Disability Team.
Address: Bridges Learning Centre, Crow Wood Lane, Widnes, WA8 3LZ
Tel: 0151 351 8899

Glossary

Term	Definition
ASC	Adult Social Care
CAMHS	Child and Adolescent Mental Health Services
CHC	Continuing Healthcare
EHCP	Education, Health & Care Plan
HBC	Halton Borough Council
Local Offer	Published by all local authorities to detail in one place the services available in the area for children and young people up to age 25 with SEND.
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
Outcomes	Refers to what someone would like to achieve or happen (e.g. being able to go out and about); individuals have the right to say which outcomes are important to them and be supported to achieve them.
Person centred reviews	Puts the person at the heart of the review and explores what is happening from the person's perspective and from other people's perspectives.
Personal Budget	Money that is allocated by local authorities from adult social to pay for assessed care and support needs. The authority can arrange services or the money can be taken as a direct payment and the individual can arrange their own services.
Personal Health Budget	As above but relates to health care/services and the money is provided by the NHS.
SCIE	Social Care Institute for Excellence
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
Strengths based assessment	An assessment focusing on a person's strengths and what they are able to do, not what they can't do.
Support Plan	An individual's care plan that describes how their personal budget will be spent to help them to live the life they want to live.