

Children's Social care to Adult's Social care

Transition Protocol



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Introduction



Richmond Council is committed to providing high quality care and support to all young people with learning difficulties, disabilities, mental health issues, and additional needs. As a local authority we want to ensure the transition into adulthood is smooth and straightforward for all young people who are eligible for council support.

The role of this document is to clearly define the roles and responsibilities of all of the agencies involved in the transition as well as identify the actions that must occur at each stage in the transition from Children's Services into Adult Social Care. This document lays out the actions that must be taken by each key organisation at each year from 14 onwards.

The purpose of developing a consistent local protocol for transitions is to ensure the responsibilities of each organisation are clear and unambiguous, to facilitate cooperation between organisations and to ensure young people and their families are kept well informed of what to expect during the transition process. This will help ensure that the transition into adulthood is smooth and straightforward for the young person and their family as well as the organisations involved.

Richmond Council and our partner agencies are committed to safeguarding children, adults, and vulnerable young people.



Principles of a Good Transition



The transition from Children's to Adults Social Care can be a daunting prospect. This is why our approach to transition is centred around five core tenants. The aim of these tenants is to ensure that young people have "a good transition, whoever you are". Our vision is that all young people in Richmond should feel supported, informed and empowered with their transition. Our core tenants are:

It is also important that staff have a clear understanding of the legal framework transitions take place within. This allows staff to provide accurate and balanced guidance to young people and help them make informed decisions about their transition.

PERSONALISATION

Young people should have a transition plan that is personal to them and reflects their individual needs, aspirations and interests.

PREPARATION

By establishing a clear and flexible plan young people and their families can effectively plan for the future and easily adapt to changing circumstances. By keeping young people and their families involved in the planning and preparation process we can also manage expectations so young people are aware of the care we can realistically deliver.

TRANSPARENCY

We aim to ensure young people have easy access to information on their transition. As part of our commitment to transparency we aim to clearly lay out the options available to young people whether they are eligible for council support or not. Young people should be included in their transitions and have their opinions heard.

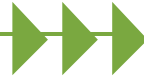
INDEPENDENCE

We want to support young people to develop their own identities and abilities to live independently, where possible.

PARTNERSHIP

We aim to work with our partners from health, education and the voluntary sector to ensure young people are receiving the support they need to thrive and succeed with or without the support of Adult Social Care.

3. Best Practice



As part of our commitment to delivering the highest standard of care and in order to ensure we meet our five transitions principles we must strive to ensure the use of best practice within our teams.

As part of our commitment to best practice we strive to identify and flag young people who may need additional support with their transition or who's care needs are expected to be more complicated to the relevant organisation/tracking list at the first opportunity. Whilst this should ideally happen at 14 this can happen at any point on the transition journey. This is so as to ensure there is adequate time to arrange appropriate care and support for when they complete their transition.

Collaboration and open communication between and within our teams as well as with the young person, their families and other organisations involved in the transition is also key. This helps us to ensure we meet our transition principles and deliver the highest standard of care possible to young people.



4. Relevant Legislation



Care Act, 2014

The Care Act 2014 significantly expands the rights of carers in England and outlines the responsibilities of local government in assessing and delivering care to people with care needs. [Care Act 2014 \(legislation.gov.uk\)](#)

Care Act, 2014 (Direct Payment Regulations)

A direct payment is an amount of money given directly to a service user on a monthly basis in order to pay for their own care needs. Direct payments give service users significantly more say over the care they receive and also help to promote their independence.

Care and Support (Eligibility Criteria) Regulations, 2015

The new care and support regulations introduced in 2015 set out new legal eligibility criteria for adults who need additional care and support. This legislation establishes consistent eligibility criteria across the country. - [The Care and Support \(Eligibility Criteria\) Regulations 2014 \(legislation.gov.uk\)](#)

Children's Act, 1989

The Children's Act ensures care leavers have access to the same level of support and the same opportunities as their peers. - [Children Act 1989: transition to adulthood for care leavers - GOV.UK \(www.gov.uk\)](#)

Children and Families Act, 2014

The Act reforms the services local authorities must deliver to vulnerable children in England. This has impacts across adoption, family justice, parents working rights, as well as reforms for young people with SEN needs - [Young person's guide to the Children and Families Act 2014 - GOV.UK \(www.gov.uk\)](#)

Children and Social Work Act, 2017

The Children and Social Work Act outlines the support available to looked after children and care leavers. The Act also expands the range of considerations the courts have when making decisions about long term placements and establishes a new regulatory regime for social workers. [Children and Social Work Act 2017 \(legislation.gov.uk\)](#)

Homelessness Reduction Act, 2017

The Homelessness Reduction Act places a duty on local authorities to relieve and prevent homelessness. The Act places a responsibility on public bodies to carry out assessments and develop personalised housing plans as well as refer people at risk of homelessness. [Homelessness Reduction Act 2017 \(legislation.gov.uk\)](#)

Human Rights Act, 1998

The Human Rights Act 1998 enshrines the European Convention on Human Rights (ECHR) into British domestic law. By doing this the Act allows people whose human rights have been violated to seek justice in the British court system without having to take their case to the European Court.

Immigration and Asylum Act, 1999

The Immigration and Asylum Act significantly reformed the conditions and entitlements for those claiming asylum in the UK. This includes welfare and housing benefits. [Immigration and Asylum Act 1999 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1999/33)

Mental Capacity Act, 2005

The MCA promotes safeguard decision-making within a legal framework. The Act empowers people to make decisions for themselves and also allows people to plan ahead for when they may lack capacity. The DoLS amendment ensures people who cannot consent to their care have protections if their care arrangements deprive them of liberty. [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9)

National Framework for CHC

The framework outlines the process and principles that must be followed when establishing CHC eligibility and develops transparency and consistency within the assessment process. [20181001 National Framework for CHC and FNC - October 2018 Revised \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/371101/20181001_National_Framework_for_CHC_and_FNC_-_October_2018_Updated.pdf)

Special Educational Needs and Disability Code of Practice: 0-25

The SEND code of practice explains in detail the practices that must be followed by local authorities, health services as well as education providers under part 3 of the Children and Families Act 2014 - [SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/371101/SEND_Code_of_Practice_0_to_25_years_-_GOV.UK.pdf)



5. Assessments and Reviews



As part of the transition process there are several reviews, assessments, meetings and interviews that must take place. Some of these are re-occurring, and others are one-off events. Some of these are legal requirements to ensure that the young person and their family are as involved in the transition as possible. This also helps us to ensure that the care being delivered is appropriate for the young person's individual needs and accounts for their views.

EHCP Annual Review(s)

From year 9 onwards EHCP's must be reviewed annually. This review must include the following:

- ▶ The review must take place in an education setting.
- ▶ The review must involve the young person and their parent(s).
- ▶ The young person's views, wishes, and feelings must be taken into account.
- ▶ Information about the EHCP must be gathered from parent(s), the young person, and professionals at least two weeks prior to the meeting.
- ▶ After the meeting a report of the outcomes must be prepared and circulated to everyone who attended the review or submitted information.
- ▶ The local authority must notify the parent(s) of the young person of their decision within 4 weeks of the meeting.
- ▶ There must be a particular focus on making amendments to the plan at Key Stage changes (years 9/11/13).

Next Step interview(s)

Next Step interviews are offered to young people with EHCPs throughout their transition journey. These interviews give the young person an opportunity to discuss their career aspirations with a Careers Advisor who will be able to provide advice and guidance.

CHC Checklist

Continuing Healthcare (CHC) is a fully funded package of care for those with significant health needs. In order to identify those who may be eligible for a full CHC assessment a CHC checklist must first be completed by a healthcare practitioner.

Pathway Plan

A Pathway Plan is a written agreement between a young person and Children's Services. The plan outlines how Children's Services are going to support the young person to live independently until they feel confident enough to live unsupported. The Pathway Plan gives young people an opportunity to voice their concerns and have a say in the support they receive.

LAC Review

A LAC Review is a meeting of all those concerned with the young person's care and care plan. At this meeting Children's Services will look at whether the young person's care plan is meeting their needs and whether any changes need to be made.



Permanency Planning Meeting

Permanency Planning Meetings aim to identify the most effective route to securing permanency for a young person. Permanency can be achieved through placing the young person with an existing foster family, their birth family, or another network that can provide a framework of emotional and physical support to give the child a sense of security, continuity, commitment and identity.

Staying Put Arrangement

Staying Put Arrangements can be put in place to allow a young person to stay with their foster parents post-18. In order to qualify for staying put arrangements the young person must; have additional needs or be in education or training; be on a pathway towards education; be in foster care before the age of 18.

Care Act, 2014 Assessment

Under the Care Act 2014 local authorities must carry out an assessment of anyone who appears to require care or support. This is regardless of whether they are eligible for state funded care or not. This assessment must:

- ▶ Focus on the assessed persons needs and the impact that they have on their wellbeing.
- ▶ Involve the assessed person and, where appropriate, their carer(s).
- ▶ Provide access to an independent advocate to support the person's involvement in the assessment.
- ▶ Consider alternatives to care services that may be able to achieve the desired outcome e.g. community support.



Richmond Transition Protocol



What follows is a breakdown of the actions that must occur at each year during the transition process from age 14 onwards. This includes actions that must occur across education, social care, looked after children and health.

6.1 Young person is 14 (Year 9)

EDUCATION

AfC should make telephone guidance available to the young person/parents and carers to discuss post-16 education options including GCSE's and planning for work experience.

The young person's EHCP must be reviewed annually from year 9 onwards. Year 9 is a Key Stage change. Plans will be amended where necessary in collaboration with the Preparing for Adulthood (PfA) Team.

SOCIAL CARE

Young people likely to need support as adults should be flagged on to the tracking list by AfC. This should happen at regular tracking meetings.

Once the young person has been added to the tracking list there should be 6-weekly meetings between the LDTT and AfC Teams.

LOOKED AFTER CHILDREN

Every 6 weeks a meeting should be held with Adult Social Care to discuss and flag up young people who will require support as adults.

HEALTH

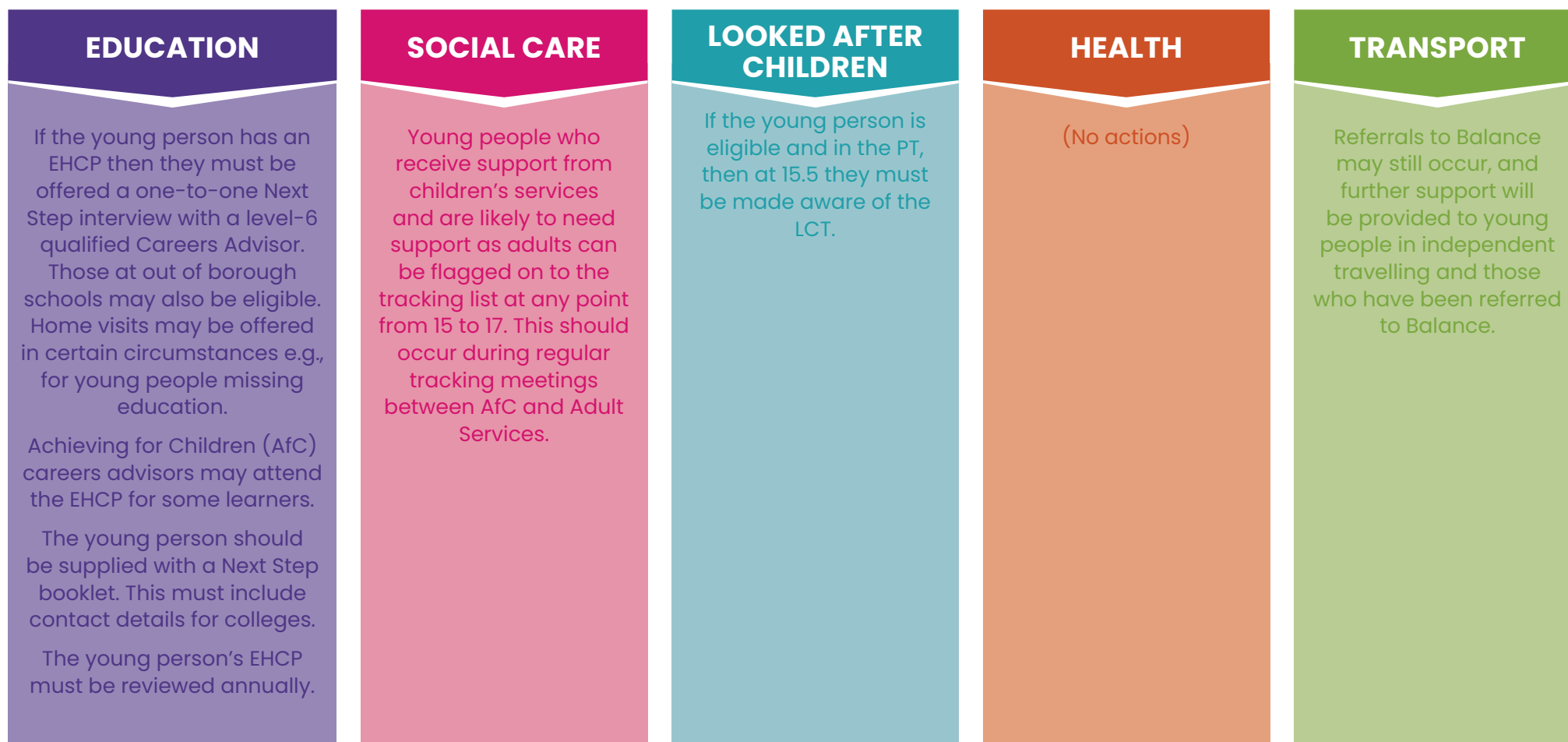
If the young person has complex health needs and are likely to need or be eligible for CHC as an adult, then they should be added to the Health Tracker. This should occur during regular tracker meetings.

TRANSPORT

Young people likely to need transport support are flagged up on the trackers by Achieving for Children (AfC), with travel training potentially provided for those who could travel independently, which is provided by Balance.

6.2. Young person is 15 (Year 10)

In year 10 the young person is 15. The EHCP review should focus on what is important to the young person both now and into the future. At this point, if it hasn't already, planning for post-16 options should begin in earnest. Post-16 options should be explored in both the EHCP review and Next Step interview(s).



6.3 Young person is 16 (Year 11)

EDUCATION

If the young person has an EHCP they must be offered one-to-one Next Step guidance sessions. Young people out of borough must be offered these sessions in the summer holiday.

In the Autumn term a letter must be sent to the young person asking for post-16 choices. This will lead to a consultation with providers e.g. colleges.

Applications for funding for college places must be referred to the Post-16 High Needs Funding Panel. The PfA team should attend the panel along with social care and health where appropriate. This process must repeat at years 11/12/13/14.

The young person should be supplied with a Next Step booklet.

The young person's EHCP must be reviewed annually. Year 11 is a Key Stage change.

If the young person has been identified on the education tracker and is not known to CWD/FST then they must be referred to Adult Social Care.

SOCIAL CARE

AfC must refer young people on the Social Care tracker to the LDTT for a Care Act Assessment. (Young people may be referred earlier than 16 at tracker meetings if their care needs are known to be or are expected to be especially complex)

LOOKED AFTER CHILDREN

If the young person is eligible then they must transfer to the Leaving Care team via weekly Transfer Allocation Meetings.

Foster carers/the young person must be given a copy of the Staying Put Policy and the Independent Skills Checklist.

Permanency Planning Panel meetings must be held to focus on Staying Put Arrangements.

HEALTH

If the young person is identified as having CHC needs, they must be referred/screened using the CHC Checklist at age 16/17.

TRANSPORT

A review is conducted of all young people, and they will be asked to re-apply for support for Year 12. This is the opportunity to assess whether transport needs have changed based on independence and direction post-Year 11. This will be based on the post-16 policy.

Young people with significant SEN may continue to receive transport support post-16, also based on the post-16 policy.

6.4 Young person is 17 (Year 12)

EDUCATION

If the young person is not in education or is having problems with their placement then the school, college, or PfA team should make Next Step interviews available to them.

Applications for funding for college places must be referred to the Post-16 High Needs Funding Panel. The PfA team should attend the panel along with social care and health where appropriate. This process must repeat at years 11/12/13/14.

The young person's EHCP must be reviewed annually.

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SOCIAL CARE

At 17 the young person must be allocated an Adult Transition Social Worker.

A Care Act Assessment must be completed with a Social Worker from Children's services or the most appropriate worker.

If the young person has a learning disability, physical or sensory disability then they must be assessed by the Learning Disability Transition Team.

If the young person has a mental health need then they must be assessed by the relevant adult's team.

If the young person is eligible, then a care and support plan must be developed, and a funding application submitted to the Adult Social Care PfA Panel.

Transitions have a statutory duty to review annually if social care are providing services and if there is an active EHCP.

LOOKED AFTER CHILDREN

Young people between the ages of 16 and 18 are entitled to a Pathway Plan as part of the 6-monthly LAC process.

At 17.5 a Personal Advisor must be identified. They should attend the final LAC Review.

TRANSPORT

Transport support will continue for the duration of their placement. Transport needs will be re-assessed based on the conditions of their policy.

HEALTH

Transition planning must begin at least 6-months prior to the young person's 18th birthday. At this point a Care Coordinator must contact relevant adult services to commence the transition.

SWLSTG MH Trust – Referral forms must be completed at the same stage. These will include information on current medication, EHCPs, risk assessments relevant health assessments and key contacts in the network.

At 17.5 if the young person has been referred then they must be allocated a lead healthcare professional.

If the young person is identified as having CHC needs, they must be referred/screened using the CHC Checklist at age 16/17. If the young person has a positive CHC checklist then they must be given a full assessment to determine eligibility undertaken with the appropriate local authority Social Worker. This must occur within 28 days of the checklist.

If the young person is eligible then they must be assessed, and care will be put in place for their 18th birthday.

6.5. Young person is 18 (Year 13)

EDUCATION

Young people in local schools with EHCPs should be offered one-to-one careers guidance meetings. Young people with EHCPs in schools outside of the borough should be offered Next Step interviews either before or during the holiday period.

Applications for funding for college places must be referred to the Post-16 High Needs Funding Panel. The PfA team should attend the panel along with social care and health where appropriate. This process must repeat at years 11/12/13/14.

The young person's EHCP must be reviewed annually. Year 13 is a Key Stage change.

SOCIAL CARE

Care package must be in place by the young person's 18th birthday. It must be reviewed annually thereafter.

Once the care package is in place young people with a physical or sensory disability, should be referred to the locality teams who will manage their case going forward. Young people with a learning disability should remain within their team.

LOOKED AFTER CHILDREN

The young person transfers to a PA and if eligible should apply for Universal Credit 28 days prior to their 18th birthday.

HEALTH

The young person transfers to adult CHC and their care package starts.

The young person's care package must be reviewed after 3 months and annually thereafter by Adults CHC.

TRANSPORT

Young people eligible for support may be able to get travel support to attend college, assuming they cannot do so independently.

6.6. Young person is 19 (Year 14) and beyond

EDUCATION	SOCIAL CARE	LOOKED AFTER CHILDREN	HEALTH	TRANSPORT
<p>Applications for funding for college places must be referred to the Post-16 High Needs Funding Panel. The PfA team should attend the panel along with social care and health where appropriate.</p> <p>The 14-25 team should link with PfA Team to offer the young person support into employment.</p> <p>The young person's EHCP must be reviewed annually.</p>	<p>The young person's care package must be reviewed annually</p>	<p>Permanency Planning meetings must continue until permanency is confirmed. (eg. in a semi-independent provision that will continue)</p>	<p>The young person's care package must be reviewed annually by Adults CHC.</p>	<p>Young people receiving support may be able to get travel support to go to college and access the community.</p> <p>There will be a continued effort to work with young people to make independent travel more accessible.</p>

Organisations & Teams



Achieving for Children (AfC)

Achieving for Children is the main organisation overseeing children's social care in Richmond.

Adult Autism Service (CCG)

Provides assessment and diagnosis to those presenting with symptoms of autism.

Adult Learning Disability Service, Your Healthcare

Provides specialist healthcare support to adults with a learning disability.

Adult Mental Health team

Supports adults with mental health conditions and social care needs.

Children with Disabilities (CWD) team

Supports children and young people with disabilities with social care needs.

Clinical Commissioning Group (CCG)

CCGs are responsible for most hospitals and community NHS services. This includes GP surgeries, community health services and mental health and learning disability services.

Continuing Healthcare Team

Provides support to young people 18+ with complex health needs who meet the criteria for CHC.

Family Support Team (FST)

Supports children and young people and their families.

Leaving Care Team (LCT)

Supports young people to leave care.

Learning Disability Transitions Team (LDTT)

Supports young people with a learning disability and social care needs as they transfer from children's services.

Level 6 Careers Advisor

Has a Level 6 Diploma in Careers Guidance and Development. They will be able to provide advice and help the young person make decision about their education, training, and employment options.

Permanency Team (PT)/ Children Looked After (CLA) Team

Supports children and young people in care.

Preparing for Adulthood (PfA) Team

Supports young people with special educational needs and disability from age 14 with education and work planning.

14-25 Team

Supports young people as they transition through education and into employment.

Key Contacts

Angelique Forrester, Senior Transitions Social Worker, Richmond
Adult Learning Disability Service

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Acronyms



Continuing Healthcare (CHC)

CHC is a fully funded package of care for those with significant health needs.

Education Health Care Plan (EHCP)

EHCP Plans are individual, personalised support plans for young people with SEN needs. The EHCP outlines the young person's SEN needs as well as the provisions the local authority must put in place to help them achieve their full potential.

Personal Advisor (PA)

PAs help young people identify what they would like to do in life and how they can achieve it. PAs are in charge of supporting the young person once they turn 18.

Special Educational Needs (SEN)

The term SEN covers those with emotional and behavioural difficulties, cognitive difficulties, speech, language and communication issues, as well as those with sensory or physical difficulties.



LONDON BOROUGH OF
RICHMOND UPON THAMES



achieving
for children