Swindon Preparing for Adulthood - Transitions Protocol For Young People with Additional Needs (July 2018)

The Swindon Preparing for Adulthood - Transitions Protocol aims to provide guidance to the workforce across education, health and social care as they support young people and their families to plan for the transition from childhood to adult life. It also acts as a guide for young people and parents about the things they can do for themselves during this time and what they should expect in terms of advice, guidance and support. The following information applies to young people with additional needs including (but not exclusive to) special education needs, health needs and/or disabilities, looked-after children, children in need, young offenders and young carers. This includes young people placed in out of borough placements.

Swindon first introduced the Protocol in 2010, based on a range of good practice guidance. It has been updated to ensure it complies with the SEN Code of Practice, 2014, the Children and Families Act 2014 and the Care Act 2014. This guidance covers the main requirements from Year 9 and is available on the Local Offer website along with a quick reference pathway diagram: http://children.mycaremysupport.co.uk/i-need-help-with/preparing-for-adulthood.aspx

Education is a common setting for all young people. This is where the conversation about transition should start. The process of preparing for adulthood will be different for every young person depending on their aspirations and personal circumstances. Therefore, the Protocol should be used flexibly as a basis for developing the right approach in each case using the elements that are relevant to the individual in question. Good person centred practice, sound professional judgement and a commitment to partnership working are crucial in making this work.

Preparing for Adulthood Life Outcomes

Employment – education, training, work experience, supported employment, volunteering, paid work

Independent Living – developing skills for independence, thinking about future housing options

Good Health – healthy living, managing long term conditions, accessing the right adult services

Social Life & Relationships – making friends, keeping in touch, getting out and about

Some of the key aspects of Preparing for Adulthood- Transition Planning include:

- Planning should be robust, allowing a young person to develop their aspirations, explore all options, make informed decisions and access the support they need at each step through secondary school, further education and on in to adult life.

- It should also be person centred and proportionate to each young person's strengths, aspirations and circumstances, involving all the key people in their support network.

- Annual Review and other review meetings should: establish what is 'important to' and 'important for' the young person; identify what is working and not working in their life currently; focus on the four life outcomes (see above) to build up a picture from year 9 onwards about what is possible and practical for the young person including any support required.

- A Lead Co-ordinator should be identified for the transition element of the resulting plan be it an EHCP, EHR or PEP to monitor progress against the plan outcomes.

- Clear actions should be set for the time in between reviews for further fact finding, exploring options, developing Person Centred Plans, acquiring skills etc.

- Although there are standard forms to record discussions and plans, depending on the young person's circumstances, there are also a wide range of tools available for facilitating conversations and stimulating ideas.

- Outcomes and actions agreed in plans may cover the short, medium and long term, accepting of course that things are liable to change.

- In line with the Care Act 2014 requirements, a care and support transition assessment should be undertaken when there is significant benefit to the young person or carer and they are likely to have care and support needs post 18. It should happen early enough for planning, at the right time for the young person and within a reasonable timescale. Transition Team Adult Social Worker will guide this decision using the national eligibility criteria.

- Under the Care Act 2014 local authorities must continue to provide a young person with children's services until they reach a conclusion about their situation as an adult, so that there is no gap in provision.

Useful contacts/links:

Swindon Preparing for Adulthood Information	http://children.mycaremysupport.co.uk/i-need-help-with/preparing-for-adulthood.aspx
Preparing for Adulthood (national programme)	www.preparingforadulthood.org.uk
SEN Code of Practice (July, 2014)	Preparing for Adulthood – Chapter 8 https://www.gov.uk/government/publications/send-code-of-practice-0-to-25
Local Offer (0-25 services) & My Care My Support (adult services)	http://www.mycaremysupport.co.uk
Person Centred Thinking tools	www.helensandersonassociates.co.uk
Housing - local information	http://www.swindonhomeadvice.co.uk/ (01793) 445503
Housing – independent advice about housing options and rights	Housing Support Alliance (Learning Disabilities) www.housingandsupport.org.uk SCOPE http://www.scope.org.uk/support/disabled-people/independent-living
Benefits information & advice – general	www.gov.uk
Benefits advice in Swindon	**Citizens Advice Swindon** Sanford House, Sanford Street, Swindon, SN1 1HE **0344 4994 114**
Job Centre Plus – including Disability Employment Advisors	www.jobcentreplus.gov.uk 03456 088 545

	Spring Gardens House, Princes Street Swindon SN1 2HY
AWP Specialised LD Health and Autism Service Community	Monday –Friday 09:00 – 17:00 **Tel: 01793 715000**
Integrated Disabled Children's Service (health & social care)	Saltway Centre, Pearl Road, Swindon SN5 5TD **Tel: 01793 464240**
Adult Social Care Transitions Team	Wat Tyler West, 1st Floor, Beckhampton Street, Swindon, SN1 2JG
Carers Assessments & Support	Swindon Carers Centre Sanford House Swindon SN1 1HE **Tel: 01793 531133** **www.swindoncarers.org.uk**
Advocacy Service (Check for eligibility)	Swindon Advocacy Movement 01793 542575 www.swindonadvocacy.org.uk
SENDIASS	www.swindonparentpartnershipservice.moonfruit.com 01793 466515
Swindon SEND Families Voice	https://swindonsendfamiliesvoice.org.uk/ swindonSENDfamiliesvoice@outlook.com
Information, Advice & Guidance (IAG) - via schools	Contact school attended for more details
National Careers Service	https://nationalcareersservice.direct.gov.uk
Independent Mediation Service	www.globalmediation.co.uk 0800 06 4488
Education Appeals (where mediation has not been successful)	Her Majesty's Court & Tribunal Service (HMCTS) SENDIST, 1st Floor, Darlington Magistrates Court, Parkgate, Darlington, DR1 1RG. https://www.gov.uk/special-educational-needs-disability-tribunal/appeal-to-tribunal
Decision making - Mental Capacity Act Guidance (Applies from age 16 onwards)	Making Decisions: A guide for family, friends and unpaid carers https://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca
Targeted Mental Health Service (TaMHS)	Single point of access for requests for all mental health interventions including specialist services. http://children.mycaremysupport.co.uk/i-need-help-with/health/emotional-and-mental-health.aspx

General Information;
The details below apply to all age groups and support the information found in the tables that follow;

Conversion to Education, Health and Care Plans (EHCP)
Swindon Borough Council plans to convert statements of SEN and Learning Difficulty Assessments to Education Health and Care Plans between September 2014 and April 2018. The timetable can be found on the local offer by following the link below;
http://children.mycaremysupport.co.uk/i-need-help-with/assessing-and-planning-for-your-needs/planning-your-support/conversions-planning.aspx

If in doubt you can ask the relevant school or the SENAT Team.

Plans, Reviews and Support

1. Consider how reviews for young people can be joined up i.e. annual reviews, children in need, children looked after, pathway plans.
2. If a young person does not have an Education, Health and Care Plan (EHCP) but does need additional support at any point in preparing for adulthood, consider using the early help record (EHR) process.
3. If a young person has an EHCP plan, is likely to require support as an adult e.g. personal care, independent living, supported employment etc. and fulfils the eligibility criteria (page 5) refer to Adult Social Care Transitions Team and invite to Annual Review to contribute to the EHC Plan at 14 years of age or if older, at the point of knowing they will need additional support. https://www.swindon.gov.uk/forms/form/376/en/referral_to_swindon_borough_council_adult_services_learning_disability_team
4. If a young person does not have an EHC Plan, is likely to require support as an adult e.g. personal care, independent living, supported employment etc. and fulfils the eligibility criteria (page 5) refer to Adult Social Care Transitions Team and invite to any review process linked to their EHR, Pathway Plan etc. All these plans must consider the Preparing for Adulthood Outcomes outlined on page 1 of this protocol.
5. Young people involved with Children's Social Care and those who are LAC without an EHCP will automatically be referred by their Children's Social Worker to the Adult Social Care Transition Team at 14 years of age or if older, at the point of knowing they will need additional support and they meet the eligibility criteria (page 5).
6. Young people in out of borough placements likely to require support as an adult and meeting the eligibility criteria (page 5) should be referred to the Adult Social Care Transition Team.

Health

7. In order for the LA to integrate with the Great Western Hospital (GWH) transition protocol, sharing information through the Ready Steady Go programme (see paperwork/process table page 18) will be very useful.
8. Families are encouraged to use the Ready Steady Go tools to facilitate a conversation with clinicians about health. Families should ensure they have a named GP and meet with them to build a relationship ready for referrals to adult services at transition. This should be done as soon as possible but particularly at the age of 16 years old.
9. Referrals to the Specialised LD Community Health and Autism Service are accepted from LD CAMHS, GP and SBC Social Care services. Referrals are triaged for eligibility and risk assessed. Interventions/consultations are undertaken when mainstream services are unable to meet the needs of the young person with a learning disability or when we are preventing unnecessary hospital admissions or out of area placements.

Parents and Carers

10. Make sure parents and carers are aware of this document and quick reference diagrams on the Local Offer.
11. Parents and carers, including young carers, have a right to their own assessment and should be offered this opportunity. Information about carer assessments can be found on My Care My Support or Swindon Carers Centre.

Mental Well Being

12. Most young people involved with TAMHS and CAMHS between 14-16 years will not require transition to adult services. However, at the age of 17 years any potential need for transition will be discussed and if appropriate transition planning will begin.

13. Any review undertaken by mental health services should be used to inform other reviews (such as EHCP).

National Eligibility Criteria For Adult Social Care

(1) The adult's needs are caused by a physical or mental impairment or illness

AND
(2) As a result of the adult's needs they are unable to achieve two or more specified outcomes

Managing and maintaining nutrition
Maintaining personal hygiene
Managing toilet needs
Being appropriately clothed
Being able to make use of the home safely
Maintaining a habitable home environment
Developing and maintaining family or other personal relationships
Accessing and engaging in work, training, education or volunteering
Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
Carrying out any caring responsibilities the adult has for a child

AND

(3) As a consequence there is or is likely to be a significant (substantial/critical) impact on the person's well-being

Year 9 (age 13/14)
Annual Review

Help & Support	EHC Plan Process	Employment/ Aspirations	Independent Living	Health	Social life & relationships
• School to co-ordinate Annual Review, PEP (3 times a year) other relevant review • At review/PEP/other review agree lead to act as co-ordinator for the transition element of the EHC Plan/EHR • Local Offer website • Independent Support Service available to assist with the EHCP process • Independent advocacy if eligible • SENDIASS • Information, Advice & Guidance available through the school • Information about adult services: My Care My Support website or Swindon Advice & Support Centre, Sanford House	• 1st Transition Review (young person and family to access Local Offer information about transition before and after review) • EHC Plan reviewed and new outcomes recorded on **Preparing for Adulthood section** • Review of EHR for those with additional needs who do not have an EHC Plan • Parents & young person fact-find about post 16 provisions referring to Local Offer • Health services & social care may begin preparation for adulthood/transition (consider referral to adult social care Transitions Team) • Where relevant information gathered via mental health services informs the health section of the EHCP	• Start discussing interests, favourite subjects, any aspirations about work in the future etc. • Agree who will help young person to develop a Career Plan and how this will be recorded • Identify how the curriculum will provide opportunities to explore the world of work and gain work experience • Begin to think about planning work experience opportunity in Year 10	• Start talking about the skills needed for independence in the future • Identify anything to work on over the next year or beyond • Identify how the curriculum will provide opportunities to: – build on skills for independence – foster and explore ideas about where young people may live in the future • Ensure family know how to access information about range of potential housing options for the future (Local Offer is a starting point)	• Identify who will co-ordinate the Health Plan for transition to adulthood and ensure it brings all health needs together in one place • Begin Health Action Plan if not already in place to help communication in new settings • Begin to engage with mainstream services including GP • Begin to plan how resources/services will be accessed in adult life e.g. equipment, therapies, specialist support, free prescriptions, dentist, optician, diet & exercise, sexual health etc. • Ask at GP surgery about eligibility for an Annual Health Check • Consider transition planning for young person with CHC funding	• Identify young person's friendship group, closest friend(s) and other key people in their network • Support young person to develop and keep friendships – identify how the curriculum can help • Ensure family has information about support they can access including **Carer's Assessment** to review their own needs • Identify any out of school activities the young person does or would like to access • Identify any time the young person spends time away from home/family

	• NB - Young person has right of consent over use of their personal data (from age 12)			• If a chronic medical condition, that is likely to require ongoing medical input into adulthood, has been identified the Ready Steady Go transition protocol should be initiated by Health. Ready Steady Go can also be used by families to help their conversations with clinicians.	

Year 10 review is the beginning of the process for choosing **post 16 options**. Ideally a preference will be identified in Year 10 so providers can be consulted and any additional support or funding discussed.

Year 10 (age 14/15) Annual Review

Help & Support	EHC Plan Process	Employment/Aspirations	Independent Living	Health	Social life & relationships
• School to co-ordinate Annual Review/ PEP (3 times a year) other relevant review • Reconfirm Lead Co-ordinator role • Local Offer provides core information • Independent Support Service • Independent Advocacy if eligible • Information Advice & Guidance through school • SENDIASS Partnership • Information about adult services: My Care My Support website or Swindon Advice & Support Centre, Sanford House	• 2nd Transition Annual Review • EHC Plan reviewed and outcomes updated on **Preparing for Adulthood section** • Review of EHR for those with additional needs who do not have an EHC Plan • Young person & parents consider all post 16 options • In some complex cases a multi-agency panel will consider the options and make recommendations • If likely to have a change of environment post-16 e.g. move from school to college, consider what young person may find challenging and plan solutions	• Start discussions about 'what I can offer', 'what I like doing', 'what support I need' • Identify who will support young person to access work experience or part time ('Saturday') work • Agree how the young person will access information about supported employment, apprenticeships etc. (Local Offer is a starting point) • Update Career Plan • Start to explore the grades needed for college and/or university	• Think about curriculum opportunities to raise young people's aspirations e.g. older people with disabilities talking about living in their own place • Ensure that families are accessing information about potential housing options for the future (Local Offer is a starting point)	• Identify Health Lead to ensure Health Plan is in place and includes all appropriate input e.g. paediatrician, community nurse, therapies, hospital specialists, etc. • Ensure young person's GP has a copy of the plan • Ensure Practice Nurse and Community Nurse share information • Check young person and family are clear about the plan • Discuss Personal Health Budgets • Ask GP surgery about Annual Health Checks if eligible • Consider transition planning for young people with	• Begin to discuss what is important to the young person about friends/social life in the future • How often is young person going out with friends? Is this enough? Is more advice or support needed? • Ensure family is accessing any information or support they need including **Carer's Assessments** to explore their own needs • If young person is likely to need Short Break (respite) services beyond 18 think about transition to adult services

	with provider • Where relevant information gathered via mental health services informs the health section of the EHCP			Continuing Health Care (CHC) funding • If a chronic medical condition, that is likely to require ongoing medical input into adulthood, has been identified the Ready Steady Go transition protocol should be initiated by Health. Ready Steady Go can also be used by families to help their conversations with clinicians.	

Right to request and make decisions under the Children & Family Act applies to young person directly and not parents – subject to capacity

Year 11 (age 15/16) Annual Review

Help & Support	EHC Plan Process	Employment/Aspirations	Independent Living	Health	Social life & relationships
• School to co-ordinate Annual Review/ PEP (3 times a year) other relevant review • Reconfirm Lead Co-ordinator role • Local Offer website • Information Advice & Guidance through school • Independent Support Service • Independent Advocacy if eligible • Benefits advice - Swindon Advice & Support Centre at Sanford House • My Care My Support website • Advice from Housing Department for young people leaving care or with additional needs • Appeals via Mediation Service in first instance (SEND	• EHC Plan reviewed, updates added to **Preparing for Adulthood section** • Review EHR for those with additional needs but no EHC Plan • Preference Forms for post-16 options sent to young person in Term 1 • Young person decides on preferred option and returns completed form by end of term 2 • SEN or Multi-agency panel involved if request is for an out of borough or high cost placement • Health & Social Care may continue transition planning • Funding - school	• Review work experience undertaken and/or plan further opportunities • Continue discussions about future plans and explore a range of options (see Local Offer for suggestions) • Explore how any Personal Budget or Direct Payment could be used to support employment aspirations • Is any other funding available? • Discuss the Post 16 bursary with young person where relevant • Plan for post 16 – which college – what is the progression?	• Link Housing and Career Plans to ensure people think about where they might live when thinking about jobs • Think about time spent away from home and how this does or could help to develop independence • Ensure families have info on: choice based lettings, family investment, buy-to-let, private rental	• Health Lead to ensure the Health Plan has been reviewed and is being implemented • Ensure young person and family know when they will be discharged from each of the services they use now and who they will take over responsibility • Ensure the young person/family knows how their health needs will be met • Annual Health Check via GP if eligible • Consider transition planning for young people with Continuing Health Care (CHC) funding • If a chronic medical condition, that is likely to require ongoing medical input into adulthood, has been identified the Ready	• Begin to talk about how to make sure friendships will be maintained after school ends • Help young person to plan how to keep in touch with others and vice versa • Can/does young person use local services such as sports centres, libraries, cinemas, restaurants, shopping centres etc.? • Ensure family is accessing any information or support they need including **Carer's Assessments** to explore their own needs • If young person is likely to need Short Break (respite) services beyond 18

Tribunal for appeals if resolution cannot be reached) • SENDIASS	will undertake needs assessment to ensure correct banding for each pupil • Updated EHC Plan issued by LA by 31st March naming the post-16 provision • Plan move if going to new environment • Where relevant information gathered via mental health services informs the health section of the EHCP			Steady Go transition protocol should be initiated by Health. If the child is already on the programme they may progress to Steady. Ready Steady Go can also be used by families to help their conversations with clinicians. *NB - If young person is educated out of area plans will need to be made for accessing Swindon health services on their return*	think about transition to adult services

Mental Capacity Act (ages 16/17) – ensure young person has appropriate support to make their own informed decisions – see link to guidance in Useful Contacts above.

Year 12 (age 16/17) Annual Review

Help & Support	EHC Plan Process	Employment/ Aspirations	Independent Living	Health (including mental health)	Social life & relationships
• Education Provider to co-ordinate Annual Review/PEP • Reconfirm Lead Co-ordinator role • Local Offer website • My Care My Support website • Independent Support Service • Independent Advocacy if eligible • Information Advice & Guidance through school • Benefits Advice – Swindon Advice & Support Centre at Sanford House • Advice from Housing Department for young people leaving care or with additional needs • Appeals via Mediation Service in first instance (SEND Tribunal for appeals if resolution cannot be reached) • Parent Partnership	• Annual Review to be conducted by: – For school setting: as previous years (also update EHCP) – For college setting: by college staff (facilitate update of EHCP) – For training programme or supported apprenticeship/ traineeship: by Provider • Job applications, work experience, or further study are planned as required by young person • Young person and parents consider all post 19 options	• Ensure Career Plan continues to be updated • Plan to spend progressively more time in job/further education young person is interested in • Continue to explore all possible options including supported employment, apprenticeships, work based learning, work-related learning at college, paid work, self-employment, higher education • Pathway plan to be discussed with Personal advisor (for care leavers)	• Ensure young person/family know how to put their name on the housing register (NB this can now be done jointly with friends if you a looking for a shared house) and understand choice based lettings • Ensure young person/family seek benefits advice • Ensure young person/family is able to access information about all potential options (Local Offer is a starting point) *NB – anyone going on to receive services from Adult Social Care may be asked to pay a contribution based on their income. Care Managers (Social Workers) should arrange for a* ***Financial Assessment.***	• Ensure that the young person/family are in control of any financial support for keeping healthy • Ensure that young person gets a health check every year to build on his/her Health Plan • Ensure that young person knows how to keep healthy • Ensure relevant professionals are in contact with each other and share information (with relevant consents) • Do they know how best to communicate with the young person? • Transition planning for young people with Continuing Health Care (CHC) funding • Where appropriate transition planning for young people involved with mental health	• Talk about the young person's social group making sure they are able to remain in touch with friends and make arrangements for socialising • Is any additional advice or support required to develop or maintain friendships and/or social life? • Can the young person access local services? • Can the young person travel/get out when they choose, either on their own, with friends or with support? • Can they use a telephone, mobile, email, social networking, public transport, learning to drive etc?

				services begins • If a chronic medical condition, that is likely to require ongoing medical input into adulthood, has been identified the Ready Steady Go transition protocol should be initiated by Health. If the child is already on the programme they may progress to Steady. Ready Steady Go can also be used by families to help their conversations with clinicians. *NB - If young person is educated out of area plans will need to be made for accessing Swindon health services on their return*	

Year 13 to 14 (age 17/18 & 18/19) Annual Reviews

Help & Support	EHC Plan Process	Employment/ Aspirations	Independent Living	Health (including mental health)	Social life & relationships
• Education Provider to co-ordinate Annual Review/PEP • Reconfirm Lead Co-ordinator role • Local Offer/My Care My Support website • Independent Support Service • Independent Advocacy if eligible • Information Advice & Guidance through school • Benefits Advice - Advice & Support Centre at Sanford House • Advice from Housing Department for young people leaving care or with additional needs • Appeals via Mediation Service in first instance (SEND Tribunal for appeals	• Annual Review and update of EHC Plan: – For school setting – as previous years – For college setting – by college staff – For training programme or supported apprenticeship/ traineeship - by Provider • Job applications, work experience, or further study are planned as required by young person • Young person and parents consider all post 19 options	• Ensure Career Plan continues to be updated • Plan to spend progressively more time in job/further education young person is interested in • Continue to explore all possible options including supported employment, apprenticeships, work based learning, work-related learning at college, paid work, self-employment, higher education • Consider support required for young person to access services via Job Centre Plus e.g. Disability Employment Advisor	• Ensure young person/family know how to put their name on the housing register (NB this can now be done jointly with friends if you a looking for a shared house) and understand choice based lettings • Ensure young person/family seek benefits advice • Ensure young person/family is able to access information about all potential options (Local Offer is a starting point) *NB – anyone going on to receive services from Adult Social Care may be asked to pay a*	• Ensure that the young person/family are in control of any financial support for keeping healthy • Ensure that young person gets a health check every year to build on his/her Health Plan • Ensure that young person knows how to keep healthy • Ensure relevant professionals are in contact with each other and share information (with relevant consents) • Do they know how best to communicate with the young person? • Transfer for those with CHC funding • Where appropriate transition planning for	• Talk about the young person's social group making sure they are able to remain in touch with friends and make arrangements for socialising • Is any additional advice or support required to develop or maintain friendships and/or social life? • Can the young person access local services? • Can the young person travel/get out when they choose, either on their own, with friends or with support? • Can they use a telephone, mobile, email, social networking, public transport, learning to drive etc.?

if resolution cannot be reached) • SENDIASS			*contribution based on their income. A member of the Transitions Team should arrange for a* ***Financial Assess.***	young people involved with mental health services continues • If a chronic medical condition that is likely to require ongoing medical input into adulthood has been identified the Ready Steady Go transition protocol should be initiated by Health. If the child is already on the programme they should have progressed to Steady. The young person should be provided the Hello questionnaire by the adult services they use. *NB - If young person is educated out of area plans will need to be made for accessing Swindon health services on their return*	• Transition to adult Short Break (respite) services if required

Age 19-25

Help & Support	EHC Plan Process	Employment/Aspirations	Independent Living	Health (including mental health)	Social life & relationships
• Local Authority continues to oversee EHC Plan if still in place up to age 25 years • Independent advice continues to be available when EHC Plan ceases (Swindon Advice & Support Centre and My Care My Support website) • Dispute resolution services are provided by SENDIASS • Before an appeal to SEND Tribunal, you must discuss the option of Mediation with the independent mediation service	• EHC Plan may **continue**, if agreed it is appropriate, when young person is accessing: Further Education, training programme, apprenticeship, traineeship, residential specialist college • EHC Plan will **cease** where young person is accessing: Higher Education, paid work, work experience, volunteering, day services or independent day time activities, residential care	• Moves to or remains in Further Education (if this supports outcomes in EHC Plan) • Moves to Higher Education (EHC Plan and LA support **ceases**) • Moves to an Apprenticeship (EHC Plan **continues potentially**) • Paid work; Work Experience; Volunteering (EHC Plan **ceases**) • Residential Specialist College (EHC Plan **continues**) • Residential Care (EHC Plan **ceases**) • Daytime Activities via Adult Social Care, if eligible, or independent daytime activities (EHC Plan **ceases**)	• May live at home • May live independently away from family home (& possibly receive housing benefit) • May move to supported living, if eligible (& receive housing benefit) • May live at College or in a Residential Care setting • Ensure young person/family seek benefits advice • Ensure young person/family is able to access information about all potential options (Local Offer is a starting point)	• May access healthcare independently • May access healthcare with support from specialist settings • May rely on family for good access to healthcare • May attend annual GP Health Check • Ensure relevant professionals are in contact with each other • If a chronic medical condition that is likely to require ongoing medical input into adulthood has been identified the Ready Steady Go transition protocol should have been completed by Health. The young person should be provided the Hello questionnaire by the	• May access mainstream activities and social setting (with or without support) • May access specialist social clubs and activities via voluntary sector • May rely on family for social skills • Ensure family is accessing any information or support they need including **Carer's Assessments** to explore their own needs

				adult services they use. *NB - If young person is educated out of area plans will need to be made for accessing Swindon health services on their return*	

Post 25

Help & Support	ECHP Process & on-going support in adulthood
• Independent advice continues to be available when EHC Plan ceases (Swindon Advice and Support Service and My Care My Support website) • Independent Advocacy is available where required for adults or carers where they are taking part in a social care assessment, review or care planning process	• EHC Plan **ceases** if not already ceased • Any health and social care provision should be in place • Assessments can be carried out at any time for Adult Social Care & Health • Carer's Assessments can also be requested at any stage • Packages of support via Adult Social Care including Personal Budgets and Direct Payments will be reviewed every year • Health Care Plans will be reviewed every year • Annual Health Checks for adults with Learning Disabilities available via most GP surgeries • Employment services continue post 25

Paperwork/Process	What is it? Who will do it?	Where it goes	Timescales
For young people with an EHC Plan: • Annual Review Report with amendments if appropriate/necessary **For young people with statement of SEN or early help record receiving SEN support**: • Continue to use EHR process	School or education provider will co-ordinate the review, complete the paperwork and send out to all relevant parties <u>Annual Reviews should take place:</u> **Year 9** – any time **Year 10** – term 5 or 6 **Year 11** – term 1 or 2 **Year 12 onwards** – anytime but during the last year of a placement the review should be in term 1 or 2 to allow time for planning	For EHC Plans (or Statement if not yet converted) to Special Educational Needs Assessment Team (SENAT) to agree update <u>Copies sent to:</u> • Those who were invited/attended the Annual Review • Preferred post 16 provider for information (Year 10/11) • Adult Social Care Transitions Team for information if a referral is being made	Updated EHC Plans should be issued by SENAT 4 weeks after they receive the review paperwork. When a young person is converting from an SEN Statement, the new EHC Plan should be issued within 14 weeks NB – for SEN Support follow the EHR process.
Referral to adult social care Transition Team	Young people with a physical disability, learning disability, mental health issue or other additional need may be eligible for on-going support in adult life. Anyone can make a referral to the Transition Team to request an assessment.	Monday –Friday 09:00 – 17:00 **Tel: 01793 464819** Email referral to: ldadmin@swindon.gov.uk Address - Transitions Team Adult Social Care, SBC, 1st Floor, Wat Tyler West, Beckhampton Street, Swindon, SN1 2JG	Ideally a referral should be made at age 14 or as soon as likely need for support post-18 is identified. An assessment will be planned in at the most appropriate point for the young person depending on circumstances.
Housing Register	Register for future housing, information also used to understand local housing need	Can apply on line (www.swindon.gov.uk) or in person at the Council Offices	Can make applications from age 18 (includes jointly with partner or friend)
Career Plan	There is no specific format but may be relevant for some young people to record ideas in a way that suits them	To be held by young person/family	Start at Year 9 and update at each Annual Review
Ready Steady Go Programme and Hello to Adult Services	A purposeful, planned process for young people with chronic physical and medical conditions as they move from children's to adult services As it includes a transition plan for parents young people and parents could use the tool as a method of having better informed discussions with health professionals, including GPs. Individuals with learning disabilities may need support to complete Consultant paediatricians currently completing for diabetes and cystic fibrosis and other complex conditions will follow in the next year	To be held by young person/family - copy to GP and other relevant health professionals	Start at Year 9 and update at each EHCP Annual Review
Person Centred Plan	Useful for people/families to understand and record what is important to and for them and communicate this to support staff,	To be held by young person family and shared as required	Can be started at any time as required

	services etc. Various formats available		
Paperwork/Process	**What is it? Who will do it?**	**Where it goes**	**Timescales**
Health Action Plan/Hospital Action Plan/Passport	Essential for people with complex needs or communication difficulties to share information with health staff	To be held by young person/family – formats available from Great Western Hospital or your GP	Should be started in Year 9 (if not before)
Annual Health Check	Available for people with learning disabilities in most GP surgeries in Swindon	Enquire at your GP surgery to see if they are part of the scheme	From Year 9 (age 14)
Mental Capacity Assessment	See link to guidance on page 2	See link to guidance on page 2	Can be considered for key decisions from age of 16
Personal Budget (Adult Social Care)	When someone is assessed for Adult Social Care support they will be offered information about the money available to meet their needs (a Personal Budget). They can then decide if they want to manage this money themselves (a Direct Payment) or ask the Council or another organisation to arrange support for them.	A member of the Transitions Team will discuss Personal Budgets and Direct Payments during their assessment. A review of the person's needs and the Personal Budget and/or Direct Payment arrangements will take place at least once a year. Direct Payment Support Service 0808 1687149 info@dhiswindon.org.uk.	Will be discussed as part of the Adult Social Care Assessment. NB – Some young people may already be receiving a Direct Payment from Children's Services e.g. for Short Breaks. These arrangements should be discussed and reviewed as part of the transition planning process.
Direct Payment (Adult Social Care)	This is when a person decides to take the money from Adult Social Care and arrange their own services or support. There is a Direct Payment Support Service in Swindon for people who need assistance with this.		
Financial Assessment (Adult Social Care)	If a young person is going to receive services from Adult Social Care after they turn 18 they may be asked to pay a contribution. This assessment will decide if or how much they will pay.	A Care Manager (Social Worker) will arrange for this to be carried out.	Will be done as part of the Adult Social Care Assessment process.
Personal Health Budget	This is similar to the Adult Social Care Personal Budget (above) but is available to people receiving CHC funding (see glossary above)	People receiving CHC funding can request to have a Personal Budget. This can be as a Direct Payment for people who want to organise their own care.	To be discussed during an assessment for CHC funding or during a review if CHC funding is already in place.
Carers Assessments	Under the Care Act 2014, everyone who defines themselves as being a carer is entitled to receive an assessment. The assessment gives the carer a chance to express their feelings and needs as a carer. It does not judge their ability to care. Follow the link to find out more.	Both the carer and professional keep a copy of the assessment and it informs any support needed by the carer.	

	http://www.mycaremysupport.co.uk/i-need-help-with/being-a-carer/carers-assessments.aspx The assessment may be carried out by a social worker, mental health professional or Swindon Carers Centre		

Glossary of terms	
SEN Statement	**Statement of Special Educational Need** – current statutory process for assessing special education needs and providing support. Will be phased out over the next 3-4 years and replaced with Education Health & Care Plans.
EHCP	**Education, Health & Care Plan** – new statutory process for jointly assessing special educational need alongside any health and social care needs and agreeing support. To be reviewed at least annually and adjusted as necessary.
EHR	**Early Help Record** – if a child does not meet the criteria for an EHC Plan but they have additional needs the school can use the Early Help Record process to bring all relevant parties together to discuss and record the child's needs, aspirations and support provided. This can then be reviewed regularly and adjusted as necessary. If further support is needed the Early Help Record will form the basis of an application for an EHC Assessment.
MOP	**Moving on Plan** – This document has been used from the Year 9 SEN Statement Annual Review to record aspirations/support needs and plan for transition in to post 16/post 19 education and on in to adult life. It will be phased out over the next few years and incorporated into the EHC Plan.
LDA	**Learning Difficulties Assessment** (s139a Learning & Skills Act, 2000) – a statutory document and forms part of the MOP (see above). It states the level of support a young person requires in any post 16 education setting such as a college. It will also be phased out as the EHC Plans are introduced over the next few years.
LAC	**Looked after Child** (Children Act, 1989) **-** A child in public care of a Local Authority in accordance with section 22 of the Children Act 1989
PEP	**Personal Education Plan -** the PEP is an integral part of the care plan and is a statutory requirement for all looked after children from pre-school (aged 3) to age 18
CIN	**Child in Need** (Children Act, 1989) **–** a child who is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health and development without the provision of services by a local authority under this part of the Act – includes some children with disabilities
SEND	**Special Education Needs and Disabilities**
IAG	**Information, Advice & Guidance** – usually provided via schools
CHC	**Continuing Health Care –** Funding from the NHS for people with severe complex health needs who require on-going nursing support
SENDIASS	Special Educational Needs and Disability Information Advice and Support Service
TaMHS	**Targeted Mental Health Service -** aims to ensure that the emotional and mental health needs of children and young people are appropriately dealt with at the earliest opportunity. This is the single point of access for requests for all mental health interventions including specialist services (i.e. Child and Adolescent Mental Health Services, including Learning Disability CAMHS).
CAMHS	**Child and Adolescent Mental Health Service –** a service for more severe, complex and persistent disorders that cannot be dealt with by TaMHS.

This protocol will be reviewed at least annually. The next scheduled review is July 2019. If you have any comments or suggestions about the protocol please contact Cath Johnston cjohnston@swindon.gov.uk 01793 465813 giving the subject of your contact ***Transition Protocol***.