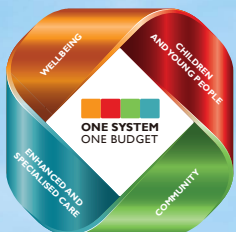




TRANSITION PATHWAY PLANNING

**Process and Guidance to support
Preparing for Adulthood**



NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group



This guidance has been developed to support the planning for moving on into adulthood for young people with SEND. As you read through the document, you may find this diagram from **“Preparing for Adulthood”** may help.



You can find all of this, and more information, in the preparing for Adulthood section of the Local Offer which can be found at www.plymouth.gov.uk/schoolseducationchildcareskillsandemployability/specialeducationalneedsanddisabilityandlocaloffer

This document aims to explain the process that takes place as young people with SEND approach their 18th birthday and move on to become an adult.

For most young people growing up, and especially those with an Education, Health and Care Plan, growing up and becoming an adult is a time of change and development as they move towards personal independence and set out on their life path.

Young people with SEND can experience difficulties in accessing information about transition as they make the move into adulthood. They may be receiving services from a number of agencies such as health, social care, voluntary agencies and education services and not know who to discuss their future plans, choices or concerns with.

Throughout the transition process the young person's strengths, likes and dislikes will be taken into consideration for all the planning that takes place from Year 9 onwards.

The process of transition will start while the young person is still in contact with children's services, usually at the age of 15/16 and may, subject to the needs of the young person, continue for a number of years before and after the transfer to adult services.

There should be an overall focus on outcomes and activities rather than services.

The ability to continue children's services beyond 18 and to join up various assessments across the Children and Families Act (2014) and the Care Act (2014) should mean a more flexible framework where transition can be a personalised evolution from 14 to 25.



CORE PRINCIPLES IN PATHWAY PLANNING



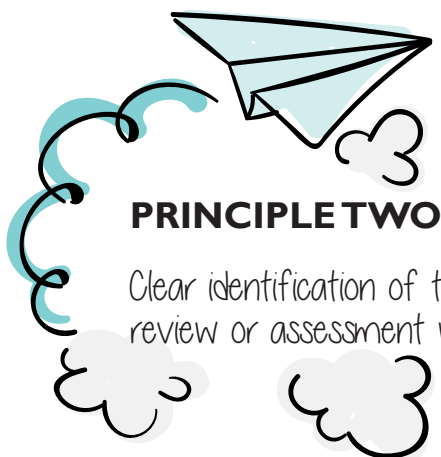
PRINCIPLE ONE

Ensure good Information Advice and Guidance is available to all families

Careers South West provide independent Careers Advice for vulnerable young people who are going through transition. All young people with an Education Health and Care Plan should be offered an interview with a specialist advisor from Careers South West to support them in their decision making over their choice of training and employment when they leave school.

Plymouth Online Directory is designed to provide information, advice and guidance through the transition to adulthood process. As well as publishing our agreed process, all services need to ensure information and advice about their service offers and how it might support the needs of young people moving into adult services.





PRINCIPLE TWO

Clear identification of those for whom a transitions review or assessment will be of “significant benefit”

A holistic transition assessment is required for:

- young people, under 18, with care and support needs who are approaching adulthood
- young carers, under 18, who are themselves preparing for adulthood
- adult carers of a young person who is preparing for adulthood.

This will include all young people with Education, Health and Care Plan, children in care and young carers and young people with continuing health care needs should all have a transitions review or assessment.

However there are other groups, such as young people with SEND needs that are in receipt of additional support, such as and those young people vulnerable to poor outcomes, such as becoming NEET, or homeless and those with mental health or behaviour difficulties that should also be considered for a review or assessment if it is deemed that there will be a “significant benefit” which should be assessed in relation to the timing of the transition assessment. This will be informed by one or a number of circumstances e.g. upcoming exams, wishes in terms of entering college or work, whether the young person is planning to move out of the family home, planned medical treatment and so on.

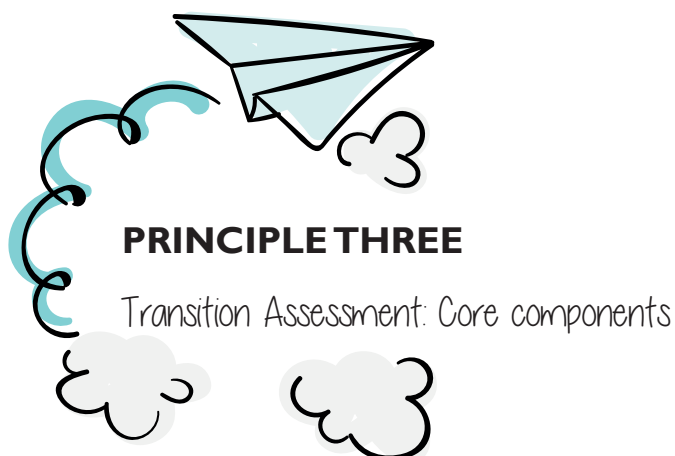
Every young person and their family are different, and as such, transition assessments should take place when it is most appropriate for them.

The local authority may refuse to undertake an assessment if the “significant benefit” condition is not met. In these circumstances, it must provide its reasons for this in writing in a timely manner, and it must provide information and advice on what can be done to prevent or delay the development of needs for support

Where it is judged that a young person or carer is likely to have needs for care and support after turning 18, but that it is not yet of significant benefit to carry out a transition assessment, the family should be told (when providing written reasons for refusing the assessment) when it believes the assessment will be of significant benefit.

Transition assessments can in themselves be of benefit in providing solutions that do not necessarily involve the provision of services, and which may aid planning that helps to prevent, reduce or delay the development of needs for care and support.

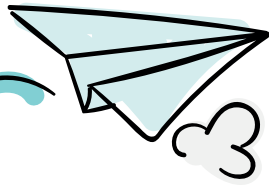
Good quality assessment practice requires that the assessment must be appropriate and proportionate to the complexity of the person’s needs.



The transition assessment should:

- take place at the right time for the young person or carer
- be proportionate to need
- build on existing information (including an EHC plan if there is one)
- consider the immediate short-term outcomes that a child or carer wants to achieve as well as the medium and longer-term aspirations for their life
- be carried out within a reasonable timescale
- support the young person and their family to plan for the future providing them with information about what they can expect, be coordinated by a lead or designated person, and involve all relevant partners. The aim here is for the assessment to inform a person-centred transition plan.

In addition, assessment and planning processes can be combined where appropriate, as long as the people involved agree. For example, a transition assessment can be combined with a review or re-assessment by children's services. NB For children with an EHC assessment there is a clear expectation of combination unless specific circumstances prevent it.



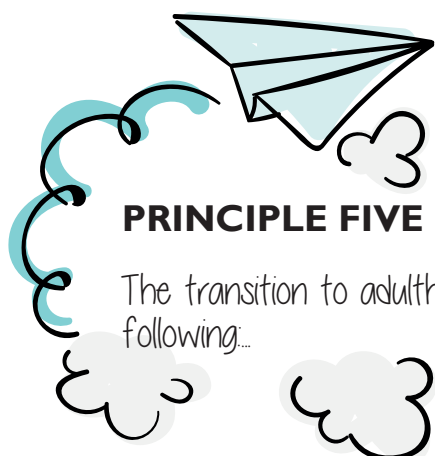
PRINCIPLE FOUR

Outcome focused transition planning

Achieving outcomes is one of the underlying principles of both the Care Act (2014) and the Children and Families Act 2014. All transition assessments must include consideration of the current needs for care and support and how these impact on wellbeing. They must establish whether the young person or carer is likely to have needs for care and support after the young person in question becomes 18 and, if so, what those needs are likely to be, and which are likely to be eligible needs.

Transition assessments must also establish the outcomes the young person or carer wishes to achieve in day-to-day life and how care and support can contribute to achieving them.





PRINCIPLE FIVE

The transition to adulthood assessment will consider the following...

Education, employment and training

- Education, skills and training
- Post 16 options for education, employment and training

Community inclusion

- How are the young person and family being supported to access universal community assets and support?
- Who are the family and people around the young person that can support them?

Independence

- Social and skills development
- Independent living and accommodation need

Specialist support

- Ongoing specialist health and care support required



PRINCIPLE SIX

Person centred planning with a focus on independence

Develop a shared vision

- with the young person and family agreeing together and with partners what will improve life chances, what outcomes will be achieved and within what timescale.

Raise aspirations

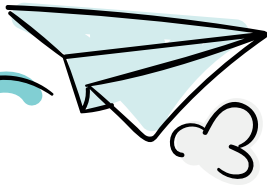
- with the young person and family how they might live as independently as possible, looking at what has already worked for others.

Develop a personalised approach

- to all aspects of support using person centred practices, personal budgets and building strong communities. Keep the young person at the centre

Develop options and support

- that lead to employment, independent living, good health, friends, relationships and community inclusion. Find out what the options for employment are and what support will be required so that decisions can be made in a timely way.



PRINCIPLE SEVEN

Plan services together



All pathway planning should be with the young person and their family. The young person's ambitions for their future should lead all of the planning.



MILESTONES IN THE TRANSITION PATHWAY

The transition to adulthood pathway has three main phases.

- **Phase One - Young Person age 13 to 16**
- **Phase Two: Preparing for moving on –Young person aged 16 to 18**
- **Phase Three: Settling in to adult services –Young adult age 18+**

Each phase leads to a milestone in the process where it is possible for everyone to take stock review and then move forward.

PHASE ONE: YOUNG PERSON AGE 13 TO 16

Year 8 - Preparation

Good transition planning starts before the young person is 14. This includes raising aspirations and supporting young people to make decisions.

Start to explain the transition process and think about the young person's hopes and dreams for the future.

- Are there any particular anxieties or concerns?
- What are the family's thoughts and concerns?
- Identify if there are any barriers to communication or engagement
- Start to consider choices and employment pathways.

Who might be involved?

- Young person
- Parents/carers
- School staff
- Health/Social Care/Gateway or SEND support team
- Short breaks providers

Year 9 - Transition Review or EHC Plan Annual Review

For young people with special educational needs who have an Education, Health and Care (EHC) plan preparation for adulthood must begin from year 9. EHC plans must be person-centred, outcome focused and from aged 14+ must focus on "preparing for adulthood" outcomes.

Coordinated, multi-agency support is required to enable young people to achieve good life outcomes. This includes providing information, advice and support on preparing for adulthood, what the role of adult services (Health and Care) is, transition assessments, and what support they can expect. Year 9 review should trigger this. Preparing for adulthood annual reviews should focus on planning support for SEND, health and care needs and building on what has already been achieved.

The transition assessment should be undertaken as part of one of the annual statutory reviews of the EHC plan, and should inform a plan for the transition from children's to adult care and support

The different options for education, employment or training will be discussed and a plan will be started. This will take into account the young person's likes, dislikes, favourite things, strengths, talents and hopes for the future.

Consideration will need to be given about short breaks, options for the chosen employment pathway and what on-going support will be required as the young person moves into adulthood and employment.

- What is already in place?
- What needs to be put in place?
- Who needs to be involved?
- What is working well?
- What needs to change?

Who might be involved?

- Young person
- Parents/cares
- School/College staff
- Health/ Social Care/Gateway or SEND Service
- Short breaks and Care providers

PHASE TWO: PREPARING FOR MOVING ON – YOUNG PERSON AGED 16 TO 18

Year 10/11 - Transition review or EHC Plan Annual Review

The plan for education, employment or training will be reviewed to make sure it is still the one that the young person wants to follow. The reviews will be co-ordinated so that families do not need to attend multiple meetings.

Choices for employment and education will be reviewed to consider whether these remain the pathway that the young person wants to follow. Changes can be made at this point to the pathway plan to ensure that the choices and options are the right ones for the young person.

Visits to College open events or the school's Post 16 event will help the young person and their family to come to a decision about the right pathway for them. This may be a traineeship, apprenticeship Further or Higher Education. The Careers SW advisor will work closely with the young person and their family to explore the various options.

Having an Education, Health and Care Plan does not mean having an indefinite Post 16 education. However, it may be possible for any pupil with special educational needs to stay on in education beyond their 19th birthday in certain circumstances if this is the most suitable plan. As with any other planning, this should be discussed through the annual review.

If it has been agreed that the young person's further educational needs cannot be met at a local college, different providers may be considered on a case by case basis through an options appraisal process.

Who might be involved?

- Young person
- Parents/cares
- School/College staff
- Health/ Social Care/Gateway or SEND Service
- Short breaks and Care providers

Where it is considered by the multi-agency team working with the family and young person that a Continuing Health Care assessment is appropriate a referral for assessment should be made on or around the age of 16 with a plan to undertake the full assessment by their 17th birthday.

All adult services are expected to be part of the ongoing care and to be involved in the assessment and planning from 16. Adult services are commissioned to reach down and need to be involved from when a when child is 16 to create a plan to transition when it is most appropriate for them to transition.

Independent Living

It is important that young people and their families understand the options for their future living arrangements. It is important for everyone to understand what will be positive and possible and explore all of the available options.

It may be that changes need to be made to the short breaks that the young person accesses to provide opportunities to develop the level of their independent living skills.

Service Design days – can take place to support the family and in particular the young person to review their hopes for the future and how the services that are in place to support them to achieve these hopes can be reshaped to meet their changing needs.

It is important to make sure the adult NHS continuing healthcare is appropriately represented at all transition planning meetings to do with individual young people whose needs suggest that there may be potentially eligible

How might transition affect the family's finances?

As young people with special educational needs and/or a disability turn 16, 17, 18 or 19 they become entitled to benefits and support in their own right. What they are entitled to may or may not depend on whether they are still in education, are job seeking or claiming benefits.

Parents' and carers' benefits and tax credits can depend not only on the student or employment status of their young person with a disability and their other children, but also on what their children with a disability are claiming. It is important that the multiagency team working with the family make the family aware at the earliest opportunity that they should seek advice on how any benefits they are claiming maybe affected when their son/ daughter becomes an adult.

The Jobcentre will provide information and advice on all aspects of work and benefits and can help disabled young people to find the right job or gain new skills. They can advise on finding disability-friendly employers in the area.

They can also refer the young person to a specialist work psychologist, if appropriate, or carry out an 'employment assessment', asking about:

- skills and experience
- what kind of roles the young person is interested in.



PHASE THREE: SETTLING IN TO ADULT SERVICES – YOUNG ADULT AGE 18+

The Care Act 2014 gives local authorities powers to ensure continuity for families as they move across into Adult Services. Where a young person is receiving children's services those services will not stop abruptly when the person turns 18, but must continue until adult services have a plan in place.

The ability to continue children's services beyond 18, and to join up various assessments across the Children and Families Act (2014) and the Care Act (2014), should mean a more flexible framework where transition can be a personalised evolution from 14-25. This means that transition to adult services can only be delayed because it is in the young person's best interests."

A young person with a disability may take longer to achieve their academic skills and so may continue in formal education beyond their 18th birthday in order to consolidate their learning.

When they leave formal education some young people will go on to paid employment without the need for further specialist support while others may need to have continuing support through "Access to Work" programmes, including "Supported Internships





