

Preparing for Adulthood “A life not a service”



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What is 'transition' and preparing for adulthood?

Transition is the process of change from childhood to adulthood. The world of the adult is very different to the world of the child and good preparation and planning will really help to make that transition easier.

Good transition planning includes everything that is needed to help a young person reach their goals as an adult and makes sure that everyone works together so that the young person gets the right support at the right time.

Above all, the most important thing is that everyone listens to the young person so that their thoughts, feelings, aspirations and plans for the future are at the centre of what happens.

The Transition Protocol

In Hull a Transition Protocol has been developed to help ensure that the transition to adulthood for young people with Special Educational Needs and/or Disabilities (SEND) runs smoothly.

This guide covers the main points, but the full version can be downloaded from the Hull Local Offer.

The Transition Protocol applies to young people from the age of 13 upwards with an Education, Health and Care Plan (EHCP).

1. The Transition Process

1.1 - Named Workers

Each young person will have a named worker, who will act as a single point of contact for everyone supporting them. This will usually be a Connexions Adviser, from the local authority but for young people with more complex needs it may be another worker from Children, Young People and Families Services (CYPFS).

The following is a brief outline of the key points in the transition process and describes what will happen and when.

1.2 - Year 9 (age 13/14)

Reviews take place every year. This review is to see how the young person is progressing in their education, will look at their health and care needs and make sure they have all the support they need.

At Year 9, the young person and the other people at the review will start to look at what support is needed to prepare for adulthood, looking particularly at the four outcomes in the SEND code of practice which are:

- Employment,
- Independent living,
- Community inclusion
- Good health.

Post 16 education options will be talked about and discussion may also take place about possible Adult Health and Social Care involvement in the future.

The people at the review will talk about the different legal frameworks that applies to adults and what this means for the young person.

Also at this time, the young person and the people supporting them may start to develop a care and support plan to help the young person become more independent. This plan looks specifically at the young person's care and support needs and how they will be met. This will be updated regularly alongside the review of the EHCP.

1.3 - Year 10 (age 14/15)

At the Year 10 annual review, firmer plans for what is needed after the young person turns 16 will be made.

This will usually include considering what support of post 16 education, health and care will be best to meet the young person's needs.

If the young person wants to use a particular service to facilitate this support, the people at the review will try to support the young person's choice as far as possible however the NHS and the local authority will try to source local support first.

This enables the young person's family relationships, friendships and community links to be maintained and allows for more consistent and effective monitoring of quality and safety.

The NHS and local authorities have a legal duty to use public funds efficiently.

1.4 - Year 11 (age 15/16)

By the time this review happens, post 16 support should have been agreed, and plans can be made to prepare for the move to receiving this support. People from Adult Health and Social Care will attend this review if the young person is likely to need support from them as an adult so that a transition plan can be agreed.

1.5 - Year 12 and beyond

Annual reviews will continue and will increasingly focus on future plans, for example, further education/training or support from Adult Social Care (ASC) services.

The formal transfer to ASC (where appropriate) takes place at age 18. If by this stage it is clear that someone's needs cannot be met in any other way, then bespoke accommodation will be considered.

There are agencies available to support young people and families through these milestones; these include:

- Connexions,
- The SEND team,
- SENDIASS provided by KIDS,
- CYPFS and ASC and
- The young person's school team.



2. Who should I speak to about transition if I have questions?

There are lots of people who are able to help such as the young person's named worker, parents, teachers, carers, social workers, health professionals or KIDS.

You can also contact Adult Social Care (ASC) if you have any questions.

Telephone 01482 300 300 and ask for the 'See and Solve' team.

For further information please visit www.connectosupport.org

3. What do parents, families and carers need to know?

The growth of a young person into adulthood is not the only transition that is taking place at this time. Parents/carers/families need to be aware of important milestones, that change the way care and support is provided, even for the most vulnerable young people with complex needs and severe disabilities.

All young people need to start developing life skills as early as possible so that as an adult, they can manage as independently as they are able to and have as much control over their lives as possible.

Life skills include but are not limited to 7 core areas:

- Work
- Transportation
- Goal Setting
- Emotion Regulation
- The Ability to Deal with Emergencies
- Basic Household Management.
- Financial

To support young people to develop skills and abilities in these areas as much as possible schools, CYPFS and Adult Social Care all have access to the same planning tool called the 247 Grid.

This helps to develop the skills and abilities of the young person. This tool will start to be used at the age 14 review.

For more information on the 247 Grid please visit the following website: www.247grid.com

4. Dealing with different legal frameworks

As a child grows older, the role of a parent changes. This is familiar to all parents, and how they manage this is very individual, but parents of a disabled child usually have additional issues to deal with.

They may need to provide extra help to support their child develop the skills and abilities of an adult as far as possible.

From age 16 a different framework for consent and decision making is applied.



5. Post 16 consent and decision making

5.1 The Mental Capacity Act (MCA)

Parents have responsibility for children, but at the age of 16 the 2005 Mental Capacity Act (MCA) starts to take effect. The MCA introduces 5 key principles.

Principle 1: A presumption of capacity -

Every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that it cannot be assumed that someone cannot make a specific decision for themselves just because they have a particular medical condition or disability or because they lack the capacity to make other decisions.

Principle 2: Individuals being supported to make their own decisions -

A person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means making every effort to encourage and support people to make the decision for themselves. If lack of capacity is proven, it is still necessary to involve the person as far as possible in making decisions.

Principle 3: Unwise decisions -

People have the right to make decisions that others might regard as unwise or eccentric. People cannot be treated as lacking capacity for this reason alone. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests -

Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests. There is a separate process for what needs to be done to take a decision in someone's best interest. (See section 6)

Principle 5: Less restrictive option -

Someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

5.2 - The MCA Assessment

Principles 1 to 3 support the process before or at the point of determining whether someone lacks capacity to make specific decisions.

If it is found that someone doesn't have the capacity to make the specific decision needed at the time, principles 4 and 5 support other people who may need to make the decision on the person's behalf.

Most people have the capacity to make some decisions even if they lack the capacity to make others. There is a very specific test which must be used to determine whether or not someone has capacity to make a particular decision which is set out in the Act. This is a Mental Capacity Assessment.



6. Best Interests decision making

If a person has been assessed as lacking capacity to decide on a specific issue at a specific time, then any action taken, or any decision made on their behalf must be made in his or her best interests (Principle 4 of MCA – see Section 5).

6.1 - What is 'Best Interests'?

The MCA provides a non-exhaustive checklist of factors that decision-makers must work through in deciding what is in a person's best interests. They must be able to show the decision is in the person's best interest and not just what is convenient, is what others want or what the decision-maker would choose for themselves.

If a person wants to, they can put his/her wishes and feelings into a written statement which the person determining capacity must consider.

For more information on MCA and Best Interests please visit www.scie.org.uk/mca

7. What can I expect as a family carer?

The 2014 Care Act sets out what carers can expect during a young person's transition.

Carers are entitled to support in their own right, which is based on an assessment of their needs.

This might include emotional support, advice and information or perhaps respite care provided directly for the person they care for.

If a young person is a young carer, they will be offered an assessment so that a transition plan can be agreed to ensure a smooth move from Young Carers support to Adult Social Care support.

At the beginning of the transitions process (from age 14) carers can expect that someone from education, health or social care will talk with them and the young person about:

- What the young person's current needs for care and support are and how these impact on their wellbeing
- If the young person is likely to have needs for care and support after they turn 18;
- if so, what those needs are likely to be, and whether they may be eligible for Adult Social Care support
- What the young person wishes to achieve and how education, health, care and support can contribute to this
- If the carers are able and willing to provide care both now and after the person in question turns 18;
- If the carers are working or wish to do so;
- If the carers wish to participate in education, training or recreation



8. What about funding for care and support needs?

Access to services for people under 18 is through the Children, Young People and Family Services (CYPFS).

For further information about these services please visit the Local Offer website at hull.mylocaloffer.org

8.1 – Health Care needs

If the young person has health care needs, these needs are met free through the NHS.

Depending on what the needs are, they may be eligible for Continuing Care.

For more information on Children and Young Peoples Continuing Care please visit www.gov.uk

8.2 - When does Continuing Care funding end?

When a young person becomes an adult at 18, Continuing Care funding ends, and Continuing Health Care Funding applies. These are two

different types of funding and eligibility for Continuing Care as a child does not guarantee eligibility for Continuing Health Care as an adult.

People receiving Continuing Care funding will be referred for a Continuing Health Care assessment before they turn 18 so that the assessment and any support planning necessary takes place in time to avoid a gap in support.

For more information on Continuing Health Care please visit www.nhs.uk

8.3 - Adult Social Care (ASC)

ASC services can only be accessed following a statutory social care assessment which shows that the person is eligible for adult social care.

The national eligibility criteria is set out in the Care Act and eligibility for support as a child does not guarantee eligibility for support as an adult.

The Adult Social Care department within the Local Authority aims to conduct this assessment for a young person from the age of 16, and to complete that assessment within 6 months.

This assessment is included in the Transition Protocol. For more information on this you can access the Local Offer and Connect to Support websites.

9. Statutory Funding. What does this look like?

If someone is assessed as eligible for public funding; money from Health and Adult Social Care is available in three ways:

1. As care and support arranged by the CCG or the Adult Social Care department.
2. As a Direct Payment, which can be made up of the personal health budget from the NHS, the personal budget from the local authority and any contribution the person is assessed as able to make.

3. This is where someone providing support accepts the funds, and works with the individual recipient on how it is to be spent.

The money can also be provided as an Individual Service Fund.

If a Direct Payment is taken, the person, or the person managing the payments on their behalf is responsible for the purchasing of support, as agreed in the Adult Care and Support plan. They are also responsible for the management and administration of the monies and the employment of any personal assistants needed.

Full guidance on how to do this is provided in the Direct Payments User Handbook and a range of support is available to help Direct Payment holders carry out their responsibilities.



The advantages and disadvantages of each of the payment options are illustrated in the table below:

Personal Budget (PB) type	Outcome description	Advantages	Disadvantages
Local Authority (LA) Managed Budget	Less choice, little responsibility	Purchasing is managed by the Local Authority	Less choice to the Personal Budget holder as the LA will choose who provides the support from their list of accredited providers
Direct Payment (DP)	More choice, lots of responsibility	As the person holding the money, there are lots of choices for who supports and cares for you, what they do and how they do it	The person accepting a Direct Payment will need to manage the budget as set out in statutory regulations
Individual Service Fund (ISF)	Some choice, some responsibility	The support provider manages the money, does the purchasing, and talks to the recipient about what they want to achieve with their fund	The support provider will probably ask for a management fee which will have to be paid for by the PB holder



Preparing for Adulthood Transitional Pathway For young people with SEND who have an EHCP

Year 8 (Age 13)

You begin the transition process

Preparation for your review at 14 begins and your key worker starts to talk to you about:

- Present and future goals
- Higher education, employment or training
- Education, Health, Care Plan (EHCP)
- Information about you - EHCP



What are your hopes and dreams for now and the future?

Year 9 (Age 14)

We review your EHCP with you

Your key worker sends a referral to Adult Social Care (ASC)

- An appointment is arranged by the School for an EHCP review
- A person centred plan will be created with you – EHCP
- An ASC worker will attend your EHCP review
- You will be given the Preparing for Adulthood Guide
- Your EHCP will be agreed
- Transport arrangements for education and training will be discussed



Think about what support you might need

Year 11 (Age 16)

We update your EHCP, do a person centred review with you then start your ASC Care & Support Plan

Your key workers in CYPFS and ASC will arrange a joint visit with you

- We will work together with you to complete the statutory assessments. These will include the Care Act, Mental Capacity Act and financial assessments.
- ASC will create a Care & Support plan with you
- Needs and support for school/college, training and employment are identified
- Future housing needs will be confirmed
- Your EHCP will be updated and remain personal to you
- Continuing Health Care (CHC) will be explored



Do you know what your options are when you move into adulthood?

Year 10 (Age 15)

We update your EHCP and do a person centred review with you

You will continue to develop working relationships with Adult Social Care

- Your EHCP Review will be arranged for you by the school and will be attended by someone from Adult Social Care (ASC)
- Your EHCP will be updated and remain personal to you



**Think about your hopes and dreams
What's working well, what's not working so well?**

Year 12 (Age 17)

We update your EHCP, do a person centred review with you and finalise your ASC Care & Support plan

Your ASC Care and Support plan will be reviewed and updated

- Further education and work based opportunities will be discussed to help you achieve your aims.
- You will develop your key independence skills for personalised support e.g. travel, money management, paying bills, making key appointments, being part of your community, managing personal cares
- A planning tool called the 2/47 Grid will be completed
- You can have your Annual Health Check with your GP



Are you happy with your ASC Care and Support Plan? Is there any other support you need to achieve greater independence?

Year 13 (Age 18)

Your ASC Care and Support Plan is in place. We continue to do person centred planning with you

You will move into adulthood with a clear plan for your future

- Access to care, education, work and housing opportunities will continue
- Access to good health will continue
- You can have your Annual Health Check with your GP
- You will have access to continued learning support
- You have greater choice and control over decisions about you

You will have the support you need to live the life you want

“A life not a service”

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