

Moving from Children's to Adults services

Transition Protocol



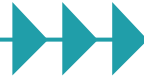
Contents



1. Introduction	2
2. Principles of a Good Transition	3
3. Best Practice	4
4. Relevant Legislation	4
5. Assessments and Reviews	6
6. Richmond Transition Protocol	8
▶ 6.1. Young person is 14 (Year 9)	8
▶ 6.2. Young person is 15 (Year 10)	8
▶ 6.3. Young person is 16 (Year 11)	9
▶ 6.4. Young person is 17 (Year 12)	9
▶ 6.5. Young person is 18 (Year 13)	11
▶ 6.6. Young person is 19 (Year 14) and beyond	11
7. Key Contacts	12
8. Organisations and Teams	12
9. Acronyms	13



Introduction



Richmond Council and Achieving for Children are 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 to Adult services. 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 Achieving for Children 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 Adult services can be a daunting prospect. This is why our approach to transition is centred around five core principles. The aim of these principles 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 principles are:

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. We will do this by having positive conversations about what young people can do for themselves to realise their ambitions to live the best life they can. We call this a strengths-based approach.

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



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.

Autism Act, 2009

The Autism Act makes provision about the needs of adults who have autistic spectrum disorders including autism and Asperger syndrome.

Care Act 2021

The Care Act 2014 provides the legal framework for Adult Social Care and a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people, and their family carers. The Act aims to put people and their carers more in control of their care and support.

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. - The provision of overnight respite

and short breaks is included in the act. All disabled children are identified as 'children in need' in the legislation. [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 Children Looked After 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 \(legislation.gov.uk\)](#)

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 Deprivation of Liberty Safeguards (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://legislation.gov.uk)

Mental Health Act, 1983 (updated 2007)

The Mental Health Act 1983 (as amended, most recently by the Mental Health Act 2007) is designed to give health professionals the powers, in certain circumstances, to detain, assess and treat people with mental disorders in the interests of their health and safety or for public safety.

National Framework for CHC 2018

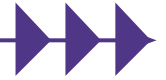
The framework outlines the process and principles that must be followed when establishing adult CHC eligibility and develops transparency and consistency within the assessment process. [20181001 National Framework for CHC and FNC - October 2018 Revised \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Special Educational Needs and Disability Code of Practice: 0-25 2014

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)



5. Preparation for Adulthood and Annual 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)

EHC Plans should be used to actively monitor children and young people's progress towards their outcomes and future ambitions. The plans must be reviewed every 12 months. The plans must be reviewed annually. The Year 9 EHC Annual Review and every subsequent annual review must focus on preparing for adulthood. The current EHC Plan template has been amended to reflect a focus on preparation for adulthood.

This should include support in the following areas:

- ▶ to find suitable post-16 pathways that lead to outcomes for employment or higher education, training opportunities.
- ▶ to undertake work experience in a meaningful setting.
- ▶ to find a job
- ▶ to help to understand benefits.
- ▶ to prepare for independent living, including exploring decisions young people want to make for themselves.
- ▶ where they want to live in the future and the support they will need.
- ▶ local housing options and support to find accommodation.
- ▶ housing benefits and money matters.
- ▶ eligibility for social care.
- ▶ to maintain good health and wellbeing in adulthood

To plan continuing health services from children to adult services, and helping young people understand which health professional may work with them as adults, it is important to ensure those

professionals understand the young person's needs. This should include:

- ▶ the production of a Health Action Plan and prompts for annual health checks for young people with learning disabilities.
- ▶ travel support to enable independence.
- ▶ to participate and maintain relationships in the community – including support with activities in the community

Reviews should be person-centred, consider what is working, what is not working well and what is important to the young person and what is important for the young person as they progress towards adult life.

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.

Preparing for Adulthood

For more information about preparing for adulthood outcomes, see NDTI link.

www.ndti.org.uk

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 Health Practitioner and Social Worker.

Children Looked After

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.

CLA Review

CLA 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 council funded care or not. This assessment must:

- ▶ Focus on the assessed person's 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.

The Care Act 2014 requires local authorities to consider people's own strengths and capabilities and what support might be available from their wider support network or their local community to help meet their needs. Strengths refer to different elements that enable the person to deal with challenges in life in general and that can help in meeting their needs and achieving their desired outcomes.

Taking a strengths-based approach can support people to improve their overall wellbeing and live as independently as possible.

Richmond Council is committed to making the most of people's strengths and available local community resources before considering statutory services exploring all possible options.

Richmond Transition Protocol



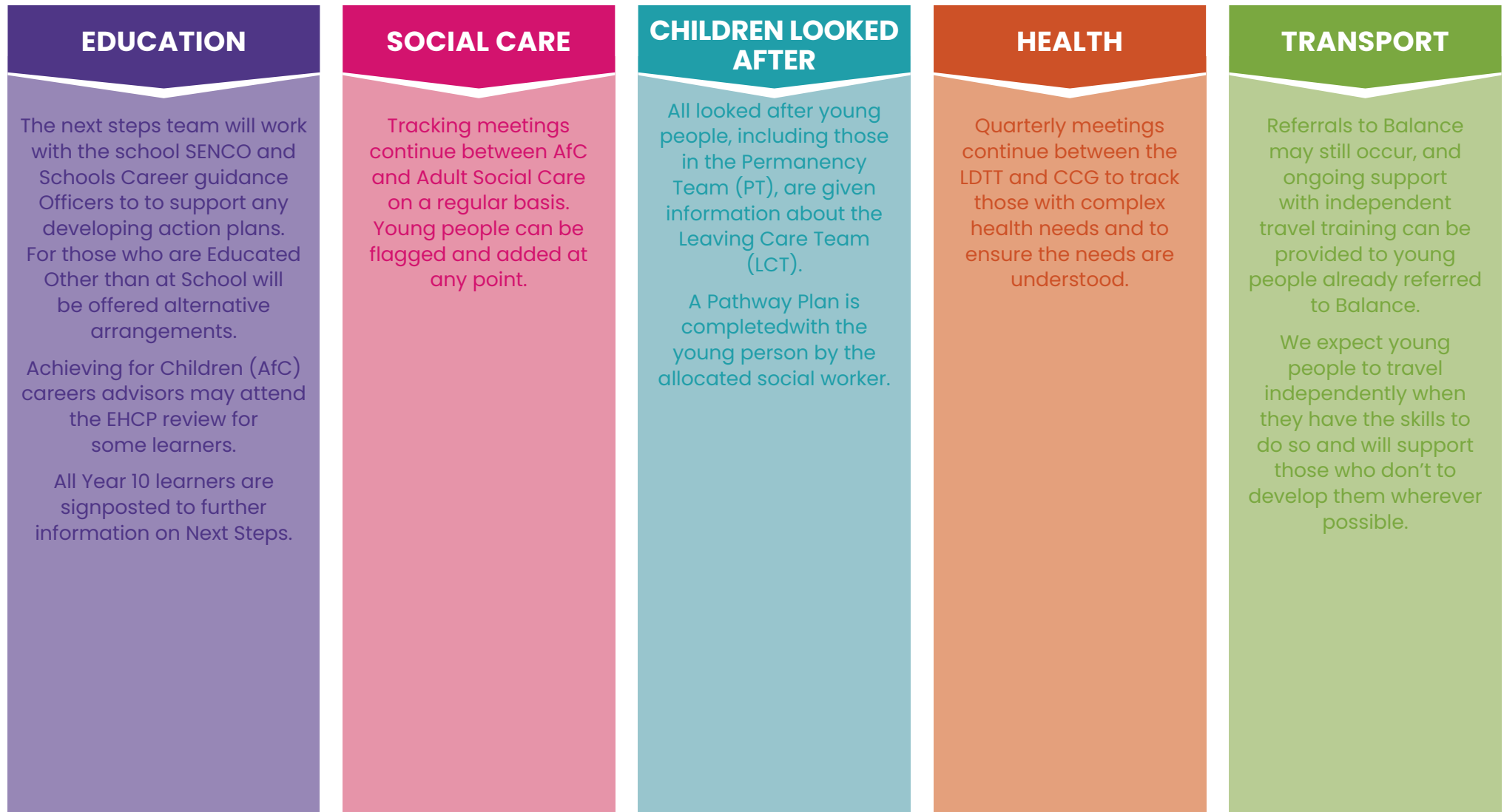
What follows is a breakdown of the actions that must occur at each year during the transition process from age 14 onwards. This includes actions that must occur across education, social care, children looked after, health and transport.

6.1 Young person is 14 (Year 9)

EDUCATION	SOCIAL CARE	CHILDREN LOOKED AFTER	HEALTH	TRANSPORT
<p>EHCP will be amended in year 9, in collaboration with the PFA team and Next Steps Advisors for specialist careers guidance, to incorporate the PFA outcomes (list). Other professionals will also prioritise this transitional year to update the advice contributing to the plan.</p> <p>The PFA Team flag up young people who are likely to need/be eligible for support from Adult Social Care as adults, and they are placed on the tracker (N.B. see Richmond Social Care Pathway for more information). Regular tracking meetings take place between the PFA Team and Adult Social Care on a regular basis.</p>	<p>Young people likely to need support as adults are flagged up by Achieving for Children (AfC), usually the Special Educational Needs Preparing for Adulthood Team (PFA), Children Looked After Team (CLA), Children With Disabilities Team (CWD), and Family Support Team (FST), and placed on the tracker at the regular tracking meetings.</p>	<p>Young people likely to need support as adults are flagged up to Adult Social Care at the regular tracking meetings.</p> <p>Permanency Planning meetings start from the point that a child/young person becomes looked after and continue until a permanency plan is achieved (before age 18).</p>	<p>Young people with complex health needs are flagged up on the tracker as likely to need/be eligible for adult Continuing Healthcare (CHC).</p> <p>The Clinical Commissioning Group (CCG) and the Adult Learning Disability Transition Team (LDTT) meet every three months to track these young people.</p> <p>From age 14, young people with a learning disability are entitled to a free Health Check with their G.P. once per year.</p>	<p>Young people likely to need transport support are flagged up on the transport tracker by Achieving for Children (AfC).</p> <p>Travel training is available from AfC to those with the potential to achieve independence. Travel training support is provided by Balance.</p> <p>We expect young people to travel independently when they have the skills to do so and will support those who don't to develop them wherever possible.</p>

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

The PFA team will amend the EHC plans, for those moving between settings. Next Steps Careers Guidance will be offered to those who has been identified by their SENCOs or PFA Coordinator as needing additional support.

Year 11s might also find the Next Steps booklet useful.

N.B: see the Richmond Social Care Pathway for more information.

In the autumn young people are asked for their post-16 education placement choices.

AfC then “consult” with the relevant education placement.

Funding applications for college places are referred to AfC’s Post-16 High Needs Funding Panel – the PfA team attend this along with social care and health when appropriate.

SOCIAL CARE

Referrals, in which information on diagnosis and support needs are contained, are made to Adult Social Care. This is logged on the tracker.

N.B. It may be appropriate for some people with complex needs to be referred at an earlier stage, this will be decided at the tracking meetings.

CHILDREN LOOKED AFTER

Young people transfer to the LCT, organised at weekly transfer and allocation meetings. If a young person is in foster care then they (and their carer) should be given a copy of the Staying Put Policy and the Independent Living Skills Checklist.

Permanency Planning meetings continue and focus on the staying put arrangements, which includes Shared Lives. If the young person is not in foster care then permanency planning meetings will focus on gaining independent living skills in a residential or semi-independent home.

HEALTH

The relevant young people on the tracker are referred/screened using the CHC Checklist.

Child and Adolescent Mental Health Service (CAMHS) and Children with Disabilities Team (or other relevant AfC Teams) will contribute to this process for the relevant young people as appropriate.

TRANSPORT

A review is conducted of all young people in Year 11 and they will be asked to re-apply for travel support from AfC for Year 12. This is the opportunity to assess whether transport needs have changed based on independence and plans post-Year 11. This decision will be based on AfC’s post-16 policy.

Young people with significant SEND may continue to receive some form of travel assistance post-16, this will be based on AfC’s post-16 policy. Travel assistance may take a different form than provided previously.

For those with significant SEND, travel assistance provided by AfC may continue for the duration of their school or college placement.

6.4 Young person is 17 (Year 12)

EDUCATION

The annual review will be used as a mechanism to facilitate joint planning with the family, particularly around preparation for adulthood and transition to adult services. Link to annual review guidance (year 9+)

If the YPs placement is at risk of breaking down, please contact the PFA team to discuss next steps.

SOCIAL CARE

Young people are allocated to a transitions social worker in Adult Social Care in order to complete the Care Act Assessment.

N.B. It may be appropriate for some people with complex needs to be assessed at an earlier stage. This will be decided at the tracking meetings.

Young people with a learning, physical, or sensory disability are assessed by the Learning Disability Transition Team (LDTT). Those with mental health needs are assessed directly by the Adult Mental Health Team.

A Care and Support Plan will be developed taking into account the young person's strengths, abilities and wishes, and a funding application submitted to the Preparing for Adulthood Panel.

A mental capacity assessment will also be completed if there are concerns that the young person lacks capacity to make decisions about their care and support.

CHILDREN LOOKED AFTER

Between ages 16–18 young people are entitled to a Pathway Plan which is part of the six monthly CLA review process.

By age 17 and six months:

A Personal Adviser (PA) is identified, who should attend the final CLA review.

TRANSPORT

For those with significant SEND, travel assistance provided by AfC may continue for the duration of their school or college placement.

HEALTH

Children with complex needs who are receiving continuing care are referred to CHC by specialist health colleagues from the Children with Disabilities Team to assess eligibility and to ensure a seamless transfer of care for when they turn 18.

The Transitions Coordinator from CAMHS supports young people prior to turning 18 to ensure they will get the correct support from adult services.

Active transition planning should start when the young person is 17 and 6 months. This should be agreed by CAMHS and the relevant Adult Social Care team. Young people supported for their learning disability will typically be referred to the appropriate learning disability service.

Some young people supported by CAMHS may not meet the criteria for adult services in such cases CAMHS may explore referrals to other organisations/agencies, this work will take place when the young person is 17 years and 6 months.

When young people are 17+ have first episode psychosis requiring a Care Programme Approach (CPA) to support their recovery, CAMHS may arrange handover of treatments to the adult early intervention service.

Young people who are in-patient on a CAMHS ward may need to transition to an adult ward when they turn 18, preparation for this should begin as early as possible in line with CPA policy. The relevant adult ward and/or community team will be invited to arrange transition.

For young people requiring ongoing support, whether due to mental health needs, a learning disability, an eating disorder or a personality disorder then a CAMHS Care Coordinator will begin discussions with the relevant adult team when the young person turns 17 and make referrals as needed. Referrals will include information on current medication, relevant health assessments, Education Health & Care Plans, risk assessments, and key contacts in the network. Once referred and accepted young people will be allocated a lead healthcare professional from adult services to help facilitate the transition.

6.5. Young person is 18 (Year 13)

EDUCATION

The annual review will be used as a mechanism to facilitate joint planning with the family, particularly around preparation for adulthood and transition to adult services.

Annual Review Guidance

For those moving between provisions, e.g. vocational pathways, college, university, at the end of year 13, the PFA team will liaise with the family to identify next steps and amend/ cease the plan as appropriate .

SOCIAL CARE

New adult care and support package will be in place on the young person's 18th birthday.

If there is a delay in the transition to the PFA Team, support from Children's Services should continue to ensure continuity. If the pathway is followed, this should not be necessary.

Once the care package is in place, young people with a physical or sensory disability will transfer to the adult locality team; those with a learning disability will remain with that team.

The transitions social workers can support young people with referrals to appropriate health services, e.g. Your Healthcare.

CHILDREN LOOKED AFTER

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

HEALTH

Your Healthcare (YHC) Adult LD service and CHC will provide assessment and signposting as per needs.

YHC Adult LD Service – Referrals are accepted from any source including self-referrals and professional referrals.

YHC enable and support access to mainstream health services as well as providing specialist health interventions where necessary.

After assessment, a range of short-term interventions may be suggested to help people recover their skills and confidence after an episode of poor health, admission to hospital, or sudden deterioration in daily functioning.

TRANSPORT

Young people eligible for support from Adult Social Care, who have had a change of placement and have moved on to a college, may be able to get travel support as part of their care package, assuming they cannot do so independently. For more information, please see the Social Care Pathway.

The aim will be to ensure young people can travel independently when they have the skills to do so and will support those who don't to develop them wherever possible.

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

EDUCATION

Support is available to post-19 learners transitioning from school/ college into work or further education. The vocational pathways coordinator can support young people to find jobs, apprenticeships etc.

The annual review will be used as a mechanism to facilitate joint planning with the family, particularly around preparation for adulthood and transition to adult services. There will be a particular focus on destination planning and identifying the steps to get there. [Link to annual review guidance \(year 9+\)](#)

For those moving between provisions, e.g. vocational pathways, college, university and employment, at the end of year 14, the PFA team will liaise with the family to identify next steps and amend/ cease the plan as appropriate.

SOCIAL CARE

The young person's care and support plan will be kept under review to ensure the person is supported to live as independently as possible.

CHILDREN LOOKED AFTER

After 18 years and six months, Pathway Plan reviews will focus on independence and how the young person can step down into less supported accommodation in a manner that is appropriate for their care needs.

HEALTH

The young person's care package must be reviewed annually by Adults CHC.

TRANSPORT

For those with significant SEND, travel assistance provided by AfC may continue for the duration of their school or college placement.

Young people receiving support from Adult Social Care may be able to get travel support to go to college and access the community. There will be a continued effort to work with young people to make independent travel achievable.

Organisations & Teams



Achieving for Children (AfC)

Achieving for Children is the main organisation overseeing children's services 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 (CHC)

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

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Gill Higgins (for Next Steps) SEND Specialist Adviser

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Special Educational Needs Preparing for Adulthood Team,
Achieving for Children: senteam@achievingforchildren.org.uk

SEN Transport: sen_transport@achievingforchildren.org.uk

Your Health Care LD team, Neurodevelopmental Services,
Your Healthcare CIC: swlccg.nds@nhs.net / 020 8339 8005

Mental Health Adult services access – Kingston & Richmond
Assessment Team(KRAT): kratduty@swlstg.nhs.uk / 020 3513 5000.



Acronyms



Adult 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

