

**DERBYSHIRE COUNTY COUNCIL
PEOPLE IMPROVEMENT AND SCRUTINY COMMITTEE**

1 MARCH 2017

Report of the Vice-Chair of People Improvement and Scrutiny Committee

FINAL SCRUTINY REPORT ON TRANSITION TO ADULTHOOD

1. Purpose of the report

To present to the Committee the final review report on Transition to Adulthood.

2. Information

- 2.1 In July 2016, the Improvement and Scrutiny – People Committee agreed to a review of the work the Authority is doing to support those who are in and have been through the transition process.
- 2.2 The report has found that there has been valuable work by Members, officers and partners in the developing services and support for those in transition. The report has also found areas of potential development. The report is in Appendix One.
- 2.3 The review report has been circulated to those involved in the review process for comment. The report is now presented to the Committee for their approval.

3 Considerations (to be specified individually where appropriate)

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property, social value and transport considerations.

4 Recommendation

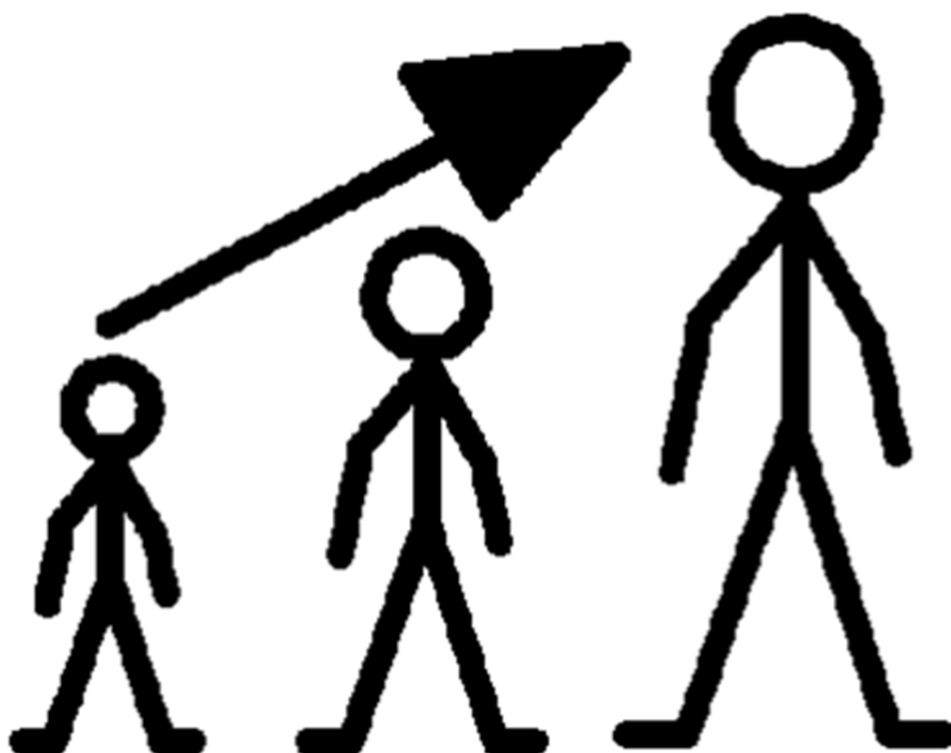
That the Committee approves the report and its recommendations, subject to consideration of any feedback provided at the Committee meeting.

Councillor John Frudd

Vice-Chair of the Improvement and Scrutiny Committee – People

Transition to Adulthood Review

Derbyshire County Council - Improvement and Scrutiny Committee – People



Final Report of the Review Working Group

1 March 2017

Cllr. John Frudd (Working Group Chair)
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Acknowledgements –

The Chair and Members of the working group would like to thank the Members and officers of Derbyshire County Council who have contributed to this report:

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1. Introduction

Councillor John Frudd, Vice Chair of the Improvement and Scrutiny – People Committee and Chair of the Working Group, introduces this report;

“It is recognised that the transitional process from childhood to adulthood and beyond is a crucial period in one’s life; this can be an exciting time, however, it can also prove to be potentially daunting and stressful.

With that in mind, the objective of this review was to collect evidence of how professionals understand the transition process, young people’s experiences of the services provided and how budgets are managed by the authority.

Central to the review was engagement with those young people who have been through the transition process and those that care for them.

This report presents our findings of how the Authority is working with partners to help those in transition to adulthood. Members of Improvement and Scrutiny Committee, Cabinet and officers have worked together with partners and residents of Derbyshire to bring this report to a conclusion and I would like to thank all those involved for their assistance and contributions.”



Councillor John Frudd

**Vice-Chair, Improvement and Scrutiny Committee -
People**

2. Executive Summary and Recommendations

The review has found that there has been a lot of work which has gone into developing services and support for those in transition. This includes the Preparing for Adulthood Pathway, the Derbyshire Local Offer and mental health related support provided through Clinical Commissioning Groups.

The consultation results showed positive experiences between clients and social workers and opportunities for developing relationships with carers. This included Social Workers quickly establishing relationships with clients. 75% of clients stated they were told who their Adult Social Worker was, and the majority of those thought the Social Worker knew about them and their views. Home visits by Social Workers were also appreciated by clients. Many clients felt they were involved in the planning of their future and the same amount felt they were informed of their choices. Additionally, the majority felt their hopes had been included in their support plan.

The review also showed areas for potential development. The consultation with clients highlighted the importance of an allocation of Social Worker and for them to be named to the client and their carer. Also, provision of all information, perhaps in one pack, to client and their carer to ensure there are choices and they have the confidence to choose what services they need. Earlier contact and enough time to prepare for transition and to ensure transition is right for the client regardless of age of client are also important. Some feel they are not ready for being an adult or accessing adult services even though they are of legal adult age.

The working group Members have made the following recommendations which the Improvement and Scrutiny Committee – People is asked to accept and refer to Cabinet for approval and implementation of the proposals;

The working group recommends:

1. There is continued support and awareness-raising of the transition to adulthood process to all Social Workers and other relevant officers and Members.
2. The authority reviews the effectiveness of Education, Health and Care (EHC) plans with clients, carers and officers in one to two years' time to understand their value.

3. The consideration of promoting supported internships in the authority and to businesses in Derbyshire.
4. That clients and carers in the transition process are fully aware of different types of personal budget and understand the eligibility criteria.
5. The consideration of strengthening the Transitions Champions network to develop skills and awareness of transitions among staff.
6. The consideration that the intelligence gathered from EHC Plans are systematically shared, where appropriate, to inform commissioning and delivery of services for those in transition.
7. The consideration of the viability of having named Social Workers for clients and carers and to be informed when there is a change of Social Worker.
8. That information on available benefits is included in discussions with clients and carers and referrals to the Welfare Rights Service where appropriate.
9. The provision of a Transition to Adulthood information pack to clients and carers highlighting the process and all services available.
10. Consideration is given to providing flexibility in the Preparing for Adulthood Pathway so service provision is not entirely linked to physical age.
11. Consideration is given to the value of pooled budgets and their effectiveness in service delivery of the transition to adulthood process.

The Improvement and Scrutiny Committee – People will monitor the implementation of these recommendations as and when appropriate.

3. Background to the report

The review of how the authority is supporting those people with additional needs or disabilities was proposed by the Strategic Director, Adult Care and supported by the Cabinet Member for Adult Social Care. The Committee agreed the review in July 2016.

The review aimed to understand what the Authority is doing with partners to support those who are in and have been through the transition process.

The review scope considered the following lines of inquiry:

- What understanding do professionals and users have of the transition to adulthood process?
- What are the experiences of young people and their families/carers of the transition process?
- How is the authority managing the budgets to support those in transition?

In the duration of the review, there was also a joint Ofsted and Care Quality Commission inspection of the Special Education Needs and Disabilities (SEND) services at the authority. The assessment findings have been noted in this review, and working group members would like to thank officers involved in the process for their hard work in providing evidence for the review whilst the inspection took place. Members planned to visit The Den in Chesterfield and Mercian Close in Ilkeston. These unfortunately coincided with the SEND inspection, and were cancelled. However, Members did note the services that are provided at these establishments through discussions with officers and welcomed the support they provided.

4. Initial Research

The review into transition to adulthood, or 'Preparing for Adulthood', has been in the context of various national reviews, legislation and duties through Acts and secondary legislation that are placed on the authority. Working group members noted the following areas;

The Care Quality Commission report of social care in 2014 highlighted that there was widespread poor practice and unsatisfactory experiences of social care in general. 50% of those consulted as part of the report only said they received the support they needed. Also many were left without equipment/services/respite and felt there was a lack of options and choices.

The Winterbourne Review, in 2012 set out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Amongst wide spread system failures, it highlighted there were failures in transition planning.

The NHS programme 'Closing the Gap' highlighted priorities for promoting transition between Child and Adolescent Mental Health Services (CAMHS) and adult mental health services.

Two key pieces of legislation have had a direct impact on transition to adulthood services. The Care Act 2014 in part ensures co-operation between child and adult services to promote integration of care. The Childrens and Family Act 2014 place a framework for Special Education Needs (SEND) and transference from SEN to Education, Health and Care (EHC) plans.

In addition, duties in NHS Continuing Care specify how transition has to be managed properly and Child Needs Assessments, for young people who are likely to have need for care and support post 18 years of age.

Members also noted the Preparing for Adulthood Pathway which has been recently agreed by the authority's SEND Strategic Board. The table in Appendix One highlights the key stages by age and what services should be available to those young people who are in the transition to adulthood process.

Local Government Association (LGA) Guidance

Members also noted the LGA guidance document 'Transitions – How do you know transition arrangements between children's and adults' services are effective?'

There is a growing recognition that the years between the ages of 16 and 24 are a distinct time of young people's lives. They are expected to make a number of transitions, such as from child to adult, from education to work and from living as a dependent in a home environment to independent living in an environment created by them.

Many young people with complex needs will have been receiving services from children's services for a number of years through schools and other mechanisms. As they move into adulthood they will make the transition to adult services that have different statutory responsibilities. This transition needs to be managed well. The transition can be complicated by the fact that many young people with multiple needs receive services from a number of different sources, including children's health, social care and criminal justice services. This means they may be regarded as 'children' or 'adults' at different times.

There may be particular difficulties regarding young people with mental health problems. Some CAMHS may expect young people to transfer to adult services at the age of 16, when local authorities would still view 16 and 17-year-olds as young people.

While the majority of 16 and 17-year-olds continue their learning when they complete their statutory education, there are others – often the most vulnerable – who do not. They are at greater risk of failing to get the qualifications needed for employment, and not being in education, employment or training (NEET). Being NEET at this age is associated with negative outcomes later in life. The separation of children's and adult services has created a new set of boundaries to overcome as well as organisational and cultural differences between services.

Statutory guidance on targeted support services for young people was issued to local authorities in April 2011. Local authorities retain their statutory duty to encourage, enable or assist young people's participation in education or training.

Transition to Adulthood from 16-24 (for those involved in Crime):

Members noted research from the Revolving Doors Agency, which is an independent voluntary sector organisation.

The following results and principles are derived from the observations of young adults and practitioners whilst visiting services that work with 16-24 year olds. This included positive relationships with key practitioners as an

essential element of an effective service. Also, meeting basic needs such as accommodation, food and physical safety, the difference a package of tailored personalised support can make and the importance of providing accurate information and challenging stigma about services.

Continuity is an essential principle of work with young adults in transition. For those with multiple needs, these transitions may be complicated by mental health problems, becoming a parent, substance misuse or involvement in the criminal justice system. They also make transitions across a range of services and may be 'transferred' from children's health, social care and/or criminal justice services to adult equivalents. These transitions are complex and inconsistent.

NICE Guidelines

Members noted the NICE guidelines for transition to adulthood, and in particular the overarching principles, which included involving young people and their carers in service design, delivery and evaluation related to transition. This would ensure transition support is developmentally appropriate, is strengths-based and focuses on what is positive and possible for the young person. In addition, the usage of person-centred approaches will ensure effective transition support. Health and social care service managers in children's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people, the guidelines also state. Lastly, service managers in both adults' and children's services, across health, social care and education, should proactively identify and plan for young people in their locality with transition support needs

5. Report Findings

5.1 Professionals understanding

Working group members took evidence from numerous officers from the authority and partner agencies to understand the service provision levels both current and planned.

Special Education Needs and / or Disabilities (SEND)

Working group members were provided with a briefing on the SEND reforms and how it applies to the transition to adulthood process. Members noted that the Children and Families Act 2014 introduced changes for local authorities and their partners with regard to how children and young people with special educational needs and / or disabilities are assessed and supported. The key principles include replacing statements of SEN with EHC plans and the introduction of the provision of Personal Budgets, services working together across 0-25 years old through a Local Offer and engaging parents, children and young people.

In June 2014 Cabinet approved investment in a transformation programme to deliver on the ambitions for the SEND reforms in Derbyshire. The reforms locally seek to deliver a new relationship with children and families. This includes a more joined up and integrated approach between services which is 'person-centered' with a focus on outcomes through integrated commissioning of SEND services.

From consultation, feedback and the duties laid out in the Children and Families Act 2014, members noted the proposed changes to SEND, which include delivering services locally through a locality based model. The Locality team will work on providing support at the lowest most appropriate level. In addition, there will be support and challenge to schools and settings to use their resources effectively. Integration will occur at a local level through aligning with multi-agency partners and also integrating at a strategic level through the SEND Commissioning Hub.

Furthermore, co-ordination with the specialist services will be aligned to the locality that will advise and provide support as appropriate. This will ensure that there is a locality based officer that will provide the direct face to face contact with the family and take responsibility for the assessment process. There will be planning of support and review of progress for individual

children's education, health and care needs undertaken at a local level. Members further noted that there is a locality based lead officer, helping to provide a more coordinated and integrated service, including through commissioning of education, health and care services.

Members noted Derbyshire's Local Offer, which described the types of support available in Derbyshire for children and young people with SEND and their families, from birth to 25 years of age. All requests for assessment of special educational needs now follow the 20 week process for the Education, Health and Care (EHC) Needs Assessment.

Members also noted the resources in place. Five EHC Assessment Facilitators have been appointed to support children young people and families who are referred for an EHC Plan Assessment. Furthermore, a new Personal Budgets Officer has been appointed to provide advice.

Preparing for Adulthood Pathway

Members noted the Preparing for Adulthood Pathway. This is a commitment to ensuring that children, young people and their families are at the centre of decision making in order that they achieve better outcomes. From Year 9 at the latest, those supporting young people should have a focus on preparing young people for ordinary life outcomes such as paid employment, independent living, community participation and health and well-being.

Post 16 provisions should prepare young people for adulthood. Preparing for adulthood means preparing for higher education and/or employment, independent living and to participate in society. Furthermore, they should be as healthy as possible. The increasing independence of young people once they reach age 16 and beyond must be recognised and acted on by those working with and supporting them and their families.

Members noted that, whilst Derbyshire has, since 2001, had in place a multi-agency transition pathway, feedback from families is that the experience of transition continues to cause avoidable anxiety; planning is not always well co-ordinated and too frequently decisions are made later than necessary.

The SEND Reforms, as detailed above, have posed particular challenges for systems and services that previously dealt only with early years settings, schools and young people of school-age and their parents. Members in particular noted evidence from officers that the reforms have not automatically improved transition as in some instances the focus has been on having or producing an EHC plan as a means to an end rather than early support to

identify and put in place necessary provisions to deliver a pathway to achieving aspirations. Advisers, supported by all professionals involved in supporting the individuals need to focus on identifying SMART outcomes and a pathway to achieving them. Young people need good quality support to explore and secure suitable provision and to ensure that learning successfully prepares them for the next stage as a young adult.

Members noted evidence of positive work in implementing the SEND reforms and the Preparing for Adulthood Pathway and work planned to further improve service provision. This has included identifying how Adult Care can be better and earlier involved in the planning for young people leaving school and college.

Early Help / Safeguarding Specialist Disabled Children's Services

Working group members were provided with a briefing on the Children's Social Care Offer for young people in transition to adulthood. Approximately 50 young people a year are supported by the Specialist Disabled Children's Services.

Members noted the common themes in the Care Act 2014 legislation and Children and Families Act 2014, including prevention, early intervention and enablement. Furthermore, there is an emphasis on strengths based approaches to reduce the need for funded care services and long-term dependency. Members also noted the need for person centred approaches, recognising carers and the use of personal budgets and direct payments.

Working group members noted evidence of good working between the authority's Children's Services and Adult Care departments. This included joint planning work, informed by the Preparing for Adult Pathway. Adult Care is made aware of young people who will be likely to need a service from age 14. Many young people who have additional needs will not receive services from either Children's Services or Adult Care directly, but some joint work may still need to take place. There is also a range of services available that are provided by in-house Disabled Children's Services directly as a result of a single assessment that identifies specific needs. In addition, Call Derbyshire and Starting Point provide information, advice and guidance over the telephone.

Members noted that Children's Services have benefitted from making stronger links with the Adult Care Brokerage Service when seeking to provide specialist placements to young people. Further information on the Brokerage Service is provided later in this chapter.

Members also noted areas of strength in joint working, which has included Children's Services and Adult Care working more closely. Officers in Adult Care are basing themselves at The Den, in Chesterfield, on a regular basis. This has improved joint working and planning for young people with the highest levels of need. There has also been joint work via identified Transitions Champions who support other staff with transitions work, although Members noted this is still developing. There is also a shared ambition to focus on outcomes.

Six special schools are working with children's social care in regards to early help. However, it is hoped that this will also improve transition related work by better early help work in these schools leading to the needs of young people being better understood for longer term outcomes. Young people are also being supported with Mental Capacity Assessments by both Children's Services and Adult Care social workers. Furthermore, legal meetings have been jointly held to explore and discuss the needs of Derbyshire's most complex young people in relation to Deprivation of Liberty Safeguards and mental capacity.

Members also noted the challenges which face the authority in this area, which includes further work needed with locality based services with regards to improved joint planning for young disabled people who do not have specific social care needs. Also, closer links with schools to ensure they understand the roles of social care in transition, how services are accessed and why some young people may not trigger support. Some parents and disabled young people find it hard to adjust in situations where young people leave full time education and are not eligible for support from Adult Care. Lastly, Members noted that transitions work amounts to a very small proportion of the overall workload of many social workers both Children's Services and Adult Care. The mentoring via the Transitions Champions helps address this situation, but transitions support is not always consistent.

The working group recommends that there is continued support and awareness-raising of the transition to adulthood process to all Social Workers and other relevant officers and Members.

Ofsted inspection of SEND

Members additionally noted the new structure to implement the SEND reforms and the joint Ofsted and Care Quality Commission inspection of SEND. Members noted the key findings, which included that local leaders in Derbyshire have taken "effective account" of the 2014 reforms. Members also

noted Ofsted findings, which mirror some of the feedback from the consultation carried out for this review. This included that some parents did not have a full understanding of the process of identifying needs or how to access funding. Further detail on these consultation findings are in section 5.2.

Support for schools

Members noted that schools are being supported by a range of services to ensure implementation of the SEND Reforms and positive outcomes for children and young people in partnership with parents and carers. Support for transition from early year's settings to schools has come through the extension of the Enhanced Temporary Additional Early Years Support (ETAEYS) and the Graduated Response for Individual Pupil (GRIP) initiatives.

For the last three years, 103 children with emerging or moderate needs have received support at the point of transition to school from officers in the Disability Inclusion Service. Evaluation reports highlight that parents, practitioners and school staff have found this very useful. This year the authority has streamlined the way that settings request this support and has so far received over 60 referrals. Multi-Agency Team Personal Advisers see young people in mainstream school to hear their views, at Year 9 transition, Year 11 and Year 13 and provide information and guidance. The EHC professional's form is completed to contribute to the EHC Plan and to provide colleges with information to effectively support young people's applications and the planning. Furthermore, Learning Difficulties and Disability Advisers see young people in special schools to hear their views, at Year 9 transition, Year 11 and Year 13 and provide information and guidance.

Elective Home Education Consultants have received information about conversion timetables, support for young people preparing for adulthood, the Local Offer website, the role of EHC facilitators and EHC Needs Assessment processes.

Information, Advice and Support

Members further noted the Derbyshire Information, Advice and Support Service for Special Educational Needs and Disability (DIASS). Local authorities must provide information, advice and support for children, young people (0-25 years) and parents, covering special educational needs, disability and health and social care, in relation to special educational provision.

Preparing for Adulthood post 16

Working group members were provided with a briefing on the SEND reforms and how it applies to the transition to adulthood process post 16.

Members noted evidence which focusses on young people preparing for adulthood – those aged over 13 years and up to 25 years. It sets out how services should work together to support young people with special educational needs and disabilities to prepare for adult life. Good preparation for adult life needs to start early and requires services to work collaboratively.

High aspirations are crucial to success and discussions about long-term goals should start early and ideally before Year 9 (age 13-14). The focus should be on the young person's strengths and capabilities and the outcomes they want to achieve. Schools and other service providers should start having discussions with young people about long-term goals, ideally before they reach the age of 14. Parents need to be included in those discussions. It should include consideration of the transition into post-16 education, and essentially, the transition from post-16 education into adult life. This should be done in cooperation between Children's Services and Adult Care to help manage expectations for post 18 years and provide continuity as much as possible.

Members noted the need for young people to be prepared and supported to make their own decisions. As young people develop and form their own views, they should be more involved in decisions about their own future. After compulsory school age (the end of the academic year in which they turn 16) the right to make requests and decisions under the Children and Families Act 2014 applies to them directly, rather than to their parents. Parents and other family members can continue to support young people in making decisions, or act on their behalf, provided the young person is happy for them to do so.

Members noted the increasing independence of young people once they reach age 16 and beyond and that the local authority has a number of legal responsibilities such as making sure information, advice and support is available directly to young people. Also, all reviews of EHC plans for young people from age 13-14 onwards should include a focus on preparing for adulthood. Young people should have access to support from an independent skilled supporter if they want or need this and service provision, such as housing and adult social care help young people prepare for adulthood. In addition, an adult care transition assessment for young people approaching,

or aged 18 and over with SEN or disabilities, if they think it will benefit that young person should be completed.

In terms of career advice for children and young people, Members noted that schools and colleges should ensure that students are provided with independent careers guidance. Schools and colleges should also raise the career aspirations of their students with special educational needs and disabilities and broaden their employment horizons. In addition, they should use taster opportunities, work experience, mentoring, role models and inspiring speakers to assist young people to make informed decisions.

Members noted the encouraging work in post-16 Study Programmes. All students aged 16-19 (and, where they have an EHC plan, those aged over 19 and up to age 25) should follow a coherent study programme which provides stretch. Schools and colleges are expected to design study programmes which enable students to progress to a higher level of study than their prior attainment.

For students not taking qualifications, their study programme should focus on high quality work experience, and on activity which prepares them well for employment, independent living, being healthy and participating in society.

Where a young person has an EHC plan it may be necessary to consider packages of support across education health and care that covers five days each week and includes non-educational activities. Five day packages of support are likely to involve time with different providers and in different settings.

The working group recommends that the authority reviews the effectiveness of EHC plans with clients, carers and officers in one to two years' time to understand their value.

In terms of funding additional support in further education colleges, many young people with SEND will have their needs met from the college's core funding, also referred to as 'place' funding. If the cost of an individual's support is over and above the core funding additional funding can be paid by the local authority in which the student is ordinarily a resident.

Members noted the work done on developing supported internships. These are a programme of learning and employment for SEND young people which can be done at the employers premises. Chesterfield College are working with Walton Hospital to provide educational support for those who have internships at the hospital. Members noted the value of the work and would be interested

to see whether this can be extended with the authority providing employment opportunities too.

The working group recommends the consideration of promoting supported internships in the authority and to businesses in Derbyshire.

Adult Care Services for disabled people

Members noted evidence of the Adult Care offer for young disabled people who are becoming adults. Working with Children's Services and partners there is a range of services available provided by Adult Care via an individual personal budget, universal services available to all or a combination of both.

Call Derbyshire has Adult Care staff who provide support to Call Derbyshire staff in dealing with enquiries. In addition, the Brokerage Service is available to everybody and provides more detailed information about available services and can facilitate access to a wide range of services. These may be services that are provided by Adult Care, but could also be services that are generally available to everyone. If people require more than information and initial support to access a service, Community Connectors are able to provide hands on support to help young people with Learning Disabilities. If a young person has an employment goal then the Connectors worker may work with the Disability Employment Service. Further information on these services is later in this chapter.

People who have the highest level needs and meet the eligibility criteria will receive ongoing support from Adult Care. This could include packages of support at home with personal care or support in day activities.

Social care eligibility criteria and assessment of needs

Eligibility for Adult Social Care is based on national eligibility criteria. Needs must arise from a physical or mental impairment or illness. Asset-based assessments are undertaken in conjunction with the young person and their family by a social worker who works in a generic social work team. Adult Care does not have specific transitions teams. Eligible needs may be met in different ways depending on the needs of the individual. Some people may be able to have needs met from within their support network, such as a carer, others will have the need met by a service or a Direct Payment. A plan will be put in place that sets out who will do what, what resources are required and will set out the outcomes to be achieved. Professional social work support is also offered to help the young adult to identify support in meeting needs which

may not be classed as eligible need but are an important part of the young adult's life routines and ambitions.

The use of personal budgets

Members noted that people can access different types of personal budgets, if they meet the eligibility criteria and choose how the personal budget is managed. During the assessment process a series of outcomes that the young person wishes to achieve in adult life is identified and these become the basis of the support plan that describes how the outcomes should be met and by what means - including the use of a personal budget and any universal services available within the community.

In general a personal budget is an amount of money allocated to someone to meet assessed needs and achieve agreed outcomes. People can have the money paid direct to them as a Direct Payment. A second option is to nominate a third party to manage the budget. The third way to have a personal budget is to have a virtual budget and have direct service provision to the value of the agreed budget. Some people have a combination of these three options. There are various different types of personal budget that are available. These are Children's Social Care budgets, Adult Social Care budgets and Adult Carers budgets (for adults who care for another adult). Members noted that there are complex rules that apply to different types of personal budget and that this can be confusing for recipients and some members of staff. Throughout the process support is provided to individuals and /or their representatives regarding the opportunities offered and requirements needed to manage different types of budgets to avoid onerous tasks.

Members noted that in Children's Services the costs of the resource become the child or young person's individual budget. However, within Adult Services the budget is identified first and as part of the assessment process helps determine the affordability of the resource from within the budget.

Personal Budgets / Personal Health Budgets

Members noted the Resource Allocation System (RAS), which initially produces an indicative budget for clients. A final decision on the level of the personal budget is made after determining how best outcomes can be met to address needs that cannot be met by other means and any automated budget created during the assessment process must be subject to professional judgement from workers and/or managers.

The working group recommends that clients and carers in the transition process are fully aware of different types of personal budget and understand the eligibility criteria.

For anyone who did not meet the eligibility threshold for a funded service Adult Care involvement would continue in the form of professional social work support and would help to identify alternative personalised support accessible without a personal budget. This may include work or educational opportunities. In addition, the Brokerage Service (more detail is provided later in this chapter) is available to provide sign posting and advice to services which could be used.

Following discussion and testing of the amount of the Indicative Budget in the local market place the budget may be adjusted or not before it becomes a Personal Budget. All community and non-funded support needs to be considered. In many cases the only available resources are at much higher cost than the budget generated and so a professional judgement is applied and the figures can be overridden. The individual support plan is based on the Personal Budget and the client chooses which outcomes are to be met and how. The Brokerage team is one of the methods of providing information about possible resources.

For young people who require help to plan their support, the authority has a small contract with Disability Derbyshire Coalition for Inclusive Living (DDCIL) to provide Support Brokerage. There are a number of support systems available to help people who cannot manage the full range of tasks and responsibilities involved in personalised support. The support plan will also link in with accommodation, education and work opportunities where applicable.

At age 18 and over the individual will also be subject to a test against co-funding and may be required to make a contribution to the cost of their care. All personalised transition and support planning will work alongside health and education services where appropriate and combine with personal health budgets or individualised education payments and link with the SEND reforms as necessary.

Personalisation, planning and assessment

For children identified as likely to need social care support after 18 years of age Adult Care should ideally be involved with individuals from the age of 16 and from 14 if particularly complex.

There is no standard age or set of circumstances when planning should start but rather, “The local authority must consider in all cases whether there would be a significant benefit to the individual in doing an assessment.”

At age 16 the focus is more on what the child's / young person's perspective and the parents' views, which may have been the driving force at an earlier age become secondary. Members noted that this can be difficult for parents sometimes and can lead to some tensions.

Personalisation and the Mental Capacity Act

At age 16 the some aspects of the Mental Capacity Act come in to play and at that stage young people are able to make what are deemed unwise decisions as part of their growing independence. All decisions are specific in nature and at the time it needs to be made.

Mental capacity is presumed but decisions causing concern need to be monitored as the young person moves away from parental protection and is supported to take risks about their lives and choices.

When it has been reliably established that a young person lacks capacity the care or treatment of young people aged 16 and 17 will be provided in line with assessments of their best interests and should include all the principles of personalisation. At Age 16 young people can become employers of staff (personal assistants) but the practicalities and realities of getting public liability and employer's insurance are difficult. This can deliver personalised care and support.

Assessment at 18+ years old

At or in readiness for age 18 the Adult Care assessment is undertaken as part of the transition process and is focussed on self-directed support and planning for outcomes. The social worker's role, along with that of the independent advocate where appropriate (Care Act requirement), is to work with the individual, and significant others to promote maximised community inclusion and independence.

Members noted the need to consider what types of adult care and support might be of benefit at age 18, and also consider what options beyond formal services might help the individual achieve their desired outcomes.

Carers strategy

Members noted the Carers Strategy 2016-19 recently agreed by Cabinet on the 26th July 2016. A commitment has been added to highlight the importance of supporting carers in transition, such as young carers who are turning 18 and parent carers whose children are about to become adults. There is also an update to the existing commitments to reflect the duties in new legislation and feedback from carers who use Adult Care services.

Brokerage Service

Members noted the work of the Brokerage Service, who advise and signpost people to services for them to access. The universal service, Members noted, is primarily used by those of pension age – approximately 75% contacting the service are those aged 60/65+. Those who contact the Brokerage Service who are in transition are small in number (one or two per week) but are individuals with complex needs.

Members noted the development of day services which can be signposted by the Brokerage team. The new day services framework includes a range of different activities that are available using a county-funded budget, a Direct Payment or for those who wish to self-fund an activity. It allows for a less-prescriptive and less-traditional approach to day services. Brokerage can also assist to identify care home vacancies should a client require a period of respite care or a long-term residential or nursing placement, regardless of age or disability.

Members welcomed the extensive Derbyshire Care Services Directory, which evidences a comprehensive range of services which are available to self-funders, those on direct payments and those who are in receipt of paid care. Members also noted the working relationship with the voluntary sector Single Point of Access, an agreement between NHS North Derbyshire, Hardwick and Erewash CCGs who have contracted with NDVA (formerly North Derbyshire Voluntary Action). Members welcome the support provided to those who contact the service, which number some 10,000 and encourages the further use of the service to those in transition, where appropriate (as reference in recommendation 9).

Disability Employment Service

Members noted the work of the Disability Employment Service, who supports people with a disability to find and stay in work both paid and voluntary and is also available to those people who are not eligible for statutory Adult Care

support. Referrals are made into the team by GPs, other health and social workers and there are also self-referrals. The team are currently supporting 222 clients, of whom 6 are identified as being in transition. However, Members noted that there is not routine recording of those in transition who have been referred and this could be something to consider going forward.

Members noted the work that goes into supporting those with disabilities to find and keep work. There is good support for those in work, with a retention list being used to provide 6 monthly checks. This could include supporting either a client or employer, for example to develop their understanding of autism. Members also noted that an increasing number of clients with autism are being referred into the team.

Members noted the good links with Job Centre Plus, with the use of Supported Permitted Work – where clients can work up to 16 hours and still have benefits paid to them. There are also some referrals from Job Centre Plus to the team, for example where a client has a severe issue which means a voluntary placement of work is more suitable than paid employment.

Members also welcomed the plan for a review of the Supported Employment opportunities in the county and the desire for the team to join up more effectively with Children's Services.

Community Connectors

Members noted the work of Community Connectors and their role in helping those young people with Learning Disabilities in the transition to adulthood it is felt would benefit from the service. This includes those who, after being assessed, are not eligible for help from Adult Care in the form of a personal budget.

The Community Connector service offers an alternative to day centres and supports people to do things in their own community. They will support people to find out what is happening and become more involved in their local community. They will also support people to think about the things they would like to do in their lives and look at ways to help them achieve them.

Members also noted their role in helping young people plan how to use their personal budget, if they have one and developing their own support plan. People will receive one-to-one support from a Community Connector for 2 days a week for up to 12 weeks. At the end of the 12 weeks it is hoped they will be able to continue with their chosen activities without the support of a Community Connector.

Adult Care Offer

Members noted evidence that Adult Care has worked closely with Children's Services to implement the Special Educational Needs and Disability reforms. This has included an established joint working and planning for young people with the highest levels of need with named lead operation officers.

Adult Care also has locally identified Transitions Champions who support other staff with transitions work and has shared ambitions to focus on outcomes. Members also noted evidence that further work is needed to realise the ambition of better joint planning for young disabled people who do not have eligible social care needs. Some parents and disabled young people find it hard to adjust in situations where young people leave full time education and are not eligible for support from Adult Care. Transitions work amounts to a very small proportion of the overall workload of many social workers. The mentoring from Adult Care Transitions Champions helps address this situation, but transitions support from Adult Care is not always consistent.

The working group recommend strengthening the Transitions Champions network to develop skills and awareness of transitions among staff.

Members also noted the importance that consideration is given to young people with mental ill health in transition to adulthood and that the debate does not solely focus on physical and learning disabilities. The following section looks at the service provision of Health partners, including the commissioning of services for those young people with mental ill health.

Public Health and Clinical Commissioning Groups (CCGs)

Members noted the work of Public Health at the Authority, and the wider commissioning activities of the CCG's in Derbyshire in relation to transition to adulthood. There is evidence of close working with other departments in the authority and a recognition that services need to be joined-up and care coordinated around the individual.

Members noted the development of a Derbyshire children's commissioning team with the Council, including Public Health, and CCG's working together to look at an agreed process for joint strategic planning between children's and adult health services. This also includes an effective health contribution to strategic planning for transition services, excellent links across adult and children's services through a multi-agency model.

CCG Commissioning of Children Services

Members noted evidence regarding health commissioning for those young people in transition to adulthood. Although there are 4 CCG's covering Derbyshire (and another to cover Tameside and Glossop), there is an increasing amount of joint working between CCGs. This has been aided further by the recent Sustainability and Transformation Plan which has been published which sets out the vision for Joined Up Care in Derbyshire.

The Commissioning of health providers in CCG's is portfolio led, for example SEND. However, there is also joint commissioning across areas with greater working relationships with the authority. Members noted that, although there is transition to adulthood in terms of age (ie age 16+) Health bodies also look at primary to secondary (age 11) as a transition period.

There is a general perception that, historically for those in transition to adulthood it has been sometimes been difficult to manage moving from Children's Services to Adult Services. Members noted, however that the recent SEND reforms may help in the commissioning of services and that young people do not face a 'cliff edge' as sometimes perceived when they turn 18.

This is because the SEND reforms look at 0-25, but there will need to be continued work to ensure the 'cliff edge' does not simply move to 25.

Members noted that CCG's are therefore considering how best this will work with their commissioning. For example, some commissioned providers are for all ages already – this includes wheelchairs and Continuing Health Care. For other commissioning, the CCG's will develop service specifications, which Members noted include the need for the provider to have regard to ensuring a smooth transition to adulthood.

Historically, it was noted that some health providers are better than others. Also, health service provision is not centrally managed, so different areas have had different levels of service. However, it is hoped that the Preparing for Adulthood pathway will help in this.

Members noted the change in role with regard to the Designated Medical Officer and the development of a Designated Clinical Officer (DCO) role for SEND. Members also noted that the DCO role will be a clinical professional, not a doctor.

This follows a national model with guidance that local areas can decide on either a DMO or DCO based model for their locality. The use of a DCO model

should be able to increase the capacity of the role. The DCO role will have strategic oversight of what the health needs of 0-25 year olds are and how commissioning can match this. It will link with providers as well as local authorities. Members also noted the DCO role is specifically for SEND.

Members noted the importance the DCO role will have in the development of EHC plans and the intelligence that can be obtained from them. There will be monitoring of EHC plans to look at trends and what outcomes are being achieved. Members noted the value of this information with regard to the SENDS needs assessments and also the Joint Strategic Needs Assessment (JSNA). Members further noted the work being carried out on the JSNA to improve the data on 18-25 year olds. This has some challenges due to the difficulty in splitting out the data as sent by healthcare providers.

The working group recommend consideration that the intelligence gathered from EHC Plans are systematically shared, where appropriate, to inform commissioning and delivery of services for those in transition.

Members noted that some services are commissioned for children only. For example, paediatricians do lots of work with young people with additional needs. However, once reaching 18, children no longer have access to this service. The vision is to give young people the skills and information to allow them to choose Adult Care services and to empower them more. This is in line with Adult Care's approach to prevention, personalisation and independent living. Members noted there is good practice in areas of Derbyshire. For example, there are Learning Disability Nurses, who work with young people to support them being independent.

Members further noted examples where personal budgets have been used in some cases for vulnerable young people. For example, there has been use of a personal budget to pay for one-to-one support instead of being admitted to a hospital bed. It is hoped that Care and Treatment Reviews will aid in this, where all options are considered. However, Members noted these only apply to a small number of people who fall within the Transforming Care cohort – those with Learning Disabilities and/or autism who are at risk of admission, and does not apply to all those with SEND.

Transition of young people from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS)

Members noted guidance on how to ensure vulnerable young people are picked up by AMHS from CAMHS. As already stated in the review, transition is at a crucial stage of personal and emotional development. It also coincides

with the emergence of personality disorders and a steep rise in the rates of mental disorder. CAMHS should aim to provide interventions to prevent the majority of young people from developing long-term mental health problems.

Transition should be a smooth process that offers an uninterrupted continuity of care and takes into consideration a young person's physical, social and psychological growth and development. Studies show that three-quarters of adult disorders had early onset by the age of 24 and half by the age of 14 years. All reported first symptoms occurring 2 to 4 years prior to a diagnosable disorder developing.

There have been longstanding concerns about young people with mental health problems who fall between CAMHS and AMHS. Even as far back as 2000 with a Commons Health Select Committee (called the 'Provision of NHS Mental Health Services') report which referred to ideological and cultural differences between child and adult services. This can include differences in theory, practice, eligibility thresholds for referrals and the level and style of intervention. Some disorders, such as ADHD and Autism may not have met the criteria for referral to adult mental health services. Some groups may not access adult mental health services, such as those looked after by the local authority, those from BME communities, traveller families etc...

The 'disorder trajectory' can complicate matters for young people in transition. For example, someone with learning disabilities accessing CAMHS provision for a mental health disorder will need to be transitioned to AMHS. This can involve many different agencies and communication and management can become even more complex. In many cases, young people feel they are too old for CAMHS and are not considered ill enough for AMHS.

Members noted the key principles for transition to AMHS. This includes that the reasons for transfer clearly explained to young person and carer. Young people should also be fully involved in the decision making process.

A Family centred approach and carer/parent will be involved and consideration given to their wishes where it doesn't conflict with the best interest of the client. This should be made clear at an early stage – consultation shows some parents/carers feel pressure that they have to make the decision for their child.

Members also noted evidence that chronological age is a poor predictor of an adolescent's stage of development so is not a good universal cut off criterion. Therefore it should be promoted that there should be a flexible approach in the entry and exit criteria to AMHS. There should also be recognition of the

complexities of the young person's world – competing pressures of family life, peers, relationships, the media and education.

Members also noted that it is the responsibility of the referring organisation to seek alternative care/support for a young person if they are not accepted by the proposed receiving service. Mental Health Trust's encourage the CAMHS and AMHS to overlap to give more specialist care to those between 16-17 years.

CCG Commissioning of Adult Care services

Members noted the evidence of CCG's commissioning services for those who have made the transition to adulthood. In particular, Members noted evidence that the system in general has had, for many years, the wrong approach. What is required is a whole of life pathway not two separate pathways.

A person diagnosed with severe autism in childhood will need lifelong support. Their development and personal needs will be individual to them and on a continuum that cannot be defined by their age. The distinction created by child and adult services has no functional basis. Healthcare partners are working together to close the gap and ensure a smooth transition but there is more to be done.

One challenge faced by adult services is the limited links with education centres. There are a range of independent and special schools that may or may not be engaged in a dialogue with health partners. This fragmented approach to planning makes it difficult to coordinate health and social resources.

Another challenge is that there are a significant number of people who were not diagnosed in childhood that are now seeking a diagnosis and support for autism. There is a two year waiting list for adults in this position. In previous years approximately 20 adults seeking autism support would be expected, but this year there were 230.

Members noted the point that effective planning for the future shouldn't include a "transition period". Future planning should match a person's life needs. In the past the approach has been to access a person for adult services when they reach their 18th birthday. This is changing and assessments are being done earlier.

The Early Psychosis Team has been structured to provide a 13-26 year service and it is anticipated that this will improve life outcomes and will reduce lifetime support costs. Since the Winterbourne Review, health and social care

budget sharing has improved but there are still issues that need to be addressed.

Members noted the evidence that often an adult service is not the right fit for an 18 year old with mental health needs. To address this, services are looking to do things differently. There is a move to have more nurse led clinics. Mental health protocols set out who will provide what service and minimum standards require that a young person will be assessed for adult services no less than 6 months before their 18th birthday. These minimum standards are embedded in the contract with Derbyshire Healthcare NHS Foundation Trust.

Conclusion of professional service delivery

Members noted the focus on outcomes has led to changes in provision with a greater focus on preparation for work. For example, a small number of young people have secured offers of employment that may not otherwise have done so.

Members further noted increases and improvements to the number and range of work-related programmes and greater individualisation of study programmes. Colleges have developed, or are developing, more work-related programmes for young people with SEND, including Supported Internship (SI) programmes that enable young people with SEND who are keen to work to better prepare for and secure employment. However, Members noted the feedback from the joint Ofsted and Care Quality Commission's inspection of SEND that the proportion of adults with learning disabilities in paid employment is too low and is below the national average. Work is underway to address this, partly through the work of the Disability Employment Service.

Members also noted proposed developments for the transition to adulthood service provision and the Preparing for Adulthood Pathway. These include a reconfiguration of the Preparing for Adulthood Group (PfA). Also, to explore a range of models of delivery, including a PfA and to improve access to and understanding of the Preparation for Adulthood pathway by producing a range of supporting materials. There will be a review of the content of the Local Offer relating to PfA. It is also proposed to work with young people and their families to identify further information needs and preferred means of receiving information. Furthermore, there is work to develop consistency across children and adult services and reduce the perception of a cliff edge, including post-16 learning and advice that is aspirational and challenging.

5.2 Clients' experiences

As per the scope and lines of inquiry, the working group agreed on consulting with young people that have experienced the services provided by the authority when transitioning to adulthood. The Adult Care Stakeholder Engagement and Consultation Team (SECT) were commissioned to undertake the consultation. This is due to their expertise in engaging and consulting with the Adult Care clients.

It has been identified that around 150 young people have been involved in the transition process in the last year. All those identified were written to, with a covering letter explaining the consultation together with a questionnaire to complete. A separate letter and questionnaire has gone to their parent/carer. At the end of each questionnaire, individuals are invited to participate in one-to-one interviews.

In all, 46 questionnaires were completed either by clients or carers. Follow up one-to-one interviews were also undertaken to provide more detailed information on experiences.

Questionnaire results

Members noted the general themes from **clients** who completed the questionnaire. There were positive experiences of Social Workers quickly establishing relationships with clients. 75% of clients stated they were told who their Adult Social Worker was, and the majority of those thought the Social Worker knew about them and their views. In addition, home visits by Social Workers were appreciated by clients.

69% of clients also felt they were involved in the planning of their future and the same amount felt they were informed of their choices. Additionally, 73% felt their hopes had been included in the plan.

Members noted comments made in the questionnaire by clients. Earlier start to the transition process would have been appreciated by some clients and some stated that there should not be an assumption that child at 18+ wants to become an adult. Clients felt it was important to understand their needs and an early introduction to Adult Care Workers in order to build relations would be welcome.

Members also noted that 50% of clients stated they didn't know what support they could have when they became an adult. 69% of clients stated they didn't

know when this support could be available. Furthermore, 62% of clients stated that Adult Care Social Worker did not talk to them about welfare benefits.

Members noted the general themes from **carers** who completed the questionnaire. 50% of carers stated it was explained to them what support there will be for the young person you care for as they approach adulthood. Also, 62% stated they were not told when this support would happen. The provision of information and early naming of Social Worker would help more.

In terms of expectations before the transition process, the general themes were that they would have a named Social Worker. During the process of changing from Children's Services to Adult Care, 70% of Carers stated the person who they care for was allocated a new worker from Adult Care. There was also an expectation of a smooth transition to adult care services and a continuity of support, for example in education, CAMHS etc...and in some cases more support. Members further noted that 55% of carers had expectations that somethings would happen before the transition process commenced, however 62% stated these expectations were not met.

The working group recommend the consideration of the viability of having named Social Workers for clients and carers and to be informed when there is a change of Social Worker.

The questionnaire results highlighted that there was good level of support to clients and carers in terms of provision of emotional and administrative support (for example, paperwork). There were also examples of good communication between Social Worker, carer and client and good relationships between Carer and Social Worker.

Members also noted examples where support could improve, through the questionnaire feedback. 52% of carers stated the allocated worker began working on an assessment for the person you care for in a timely way. Having a Social Worker in place at all times and to know the name and contact details and having a continued contact in place through the transition process would be of benefit to carers.

Members also noted the feedback from the consultation where clients and carers stated the desire for a Social Worker to be allocated from the outset and not purely for the transition process. Additionally, to enable carers and clients to have a clear understanding of the process and what services are available. Also, to provide information of all services available to carers and clients. 65% of Carers said a range of options were not discussed with them for a long-term plan. Also, 52% of carers stated the plan does not take into

consideration the goals of the young person they take care for. In addition, 59% of carers stated the newly allocated worker did not establish whether all relevant benefits, for example, Disability Living Allowance being claimed.

The working group recommends that information on available benefits is included in discussions with clients and carers and referrals to the Welfare Rights Service where appropriate.

Furthermore, there was feedback that Children's Services and Adult Care officers working closely together to ensure efficient transition and start the process early. Timelines should also be made clear to carers and clients to manage expectations that provision of services may take a while.

It was also mentioned that there should be an understanding by Social Workers that carers can feel under pressure to make decisions for their child / adult. 52% of carers did not feel the Social Worker was aware of their views and the views of the person who they care for. Lastly, 87% of carers stated they were not asked to keep a diary of events of the person they cared for such as sleep, behaviours, and other presenting issues.

Key themes from one-to-one interviews

Members noted the general themes from those who had follow up one-to-one interviews, which provided richer insights for those that had experienced the transition to adulthood process.

In terms of positive experiences, the Social Worker support was highly regarded by some, providing excellent support. There were also examples of good levels of communication between Social Worker and client and their carers. The ability to contact Social Worker was also recognised as valuable to some.

In terms of areas for development, Members noted the allocation of a Social Worker and for them to be named to the client and carer would be appreciated by some. In addition, provision of all information, perhaps in one pack, to client and carer including to ensure there are choices for all services which are available and all benefits which could be accessed.

The working group recommend the provision of a Transition to Adulthood information pack to clients and carers highlighting the process and all services available.

Members noted that this and further provision of information on the transition process to clients and carers would provide them with the confidence to

choose what services they need. In addition, earlier contact and enough time to prepare for transition would be helpful to some. This does not have to be at age 14 or above but more when it is suitable for the young person. Members also noted the feedback that proactive support by staff would be appreciated so carers don't feel they have to chase for everything.

Finally, to ensure transition is right for the client regardless of age of client – some feel they are not ready for being an adult or accessing adult services even though they are of legal adult age.

The working group recommend consideration is given to providing flexibility in the Preparing for Adulthood Pathway so service provision is not entirely linked to physical age.

5.3 Budgets

Members had a discussion with officers on how budgets are managed in regard to the provision of transition to adulthood services. The working group noted that for both Children's Services and Adult Care, the budget management are similar.

The budgets are allocated to service teams but are not delineated to specific age groups. There are also additional costs which are born from other funding streams for those receiving educational support. Members noted that in respect of co-funding, at age 18 and over, the individual will also be subject to a test against co-funding and may be required to make a weekly contribution to the cost of their care.

However, Members were assured that the authority cannot take into account earned income in regard to co-funding. However, it can come from money from Personal Independence Payments or Disability Living Allowance.

Members further noted there is no ring fenced grant in Adult Care. In Children's Services, there is a ring fenced grant in the form of the Dedicated Schools Grant. Members noted that this is being consulted on at the moment, with a proposal to ring fence the Higher Needs Funding as part of the greater ring fenced Dedicated Schools Grant.

Members noted examples of 16-18 year olds who receive support, for example 13 have personal budgets, 39 have direct payments and 31 have spot purchases outside the current framework of commissioned providers.

Members noted the work from Cumbria County Council in relation to transition for young disabled people, and specifically the response to their authority's

scrutiny recommendations for developments in transition arrangements. The authority found there was a strong correspondence between the life stage approach to transition and the funding supporting young people. Members noted that work had commenced between Cumbria County Council's Children's Services and Health and Care Services to agree a single approach to funding, including criteria for and value of direct payments, funding of care costs in placements. The work led to an initial aligning in 2015/16 with the pooling of budgets thereafter.

Members were assured there is flexibility in Derbyshire County Council budgets (Children Service's and Adult Care) to provide the support that is required by those who are in transition. However, it is prudent that the authority continues to monitor the development of pooled budgets in other areas of the country.

The working group recommends consideration is given to the value of pooled budgets and their effectiveness in service delivery of the transition to adulthood process.

6. Report conclusions

The working group acknowledges the work that the Authority has done with partners to support those young people in the transition to adulthood process, and those who will and have been.

The challenge for all is to ensure that the processes are in place to ensure that all stakeholders are fully supported to protect vulnerable people and provide the best opportunities for adult life that suit their needs and aspirations.

The findings and recommendations from this report will help the Authority's continual improvement in the support of children and adults who go through the transition process in and around Derbyshire.

Age	Action
Year 9 (14 years)	<p>Information to be provided to young person and parent / carer about the Preparing for Adulthood pathway.</p> <p>Identify services that need to be involved.</p> <p>Consider use of independent advocate.</p>
Year 10 (15 years)	<p>Discussion of Preparing for Adulthood with young person and parent / carer.</p> <p>Seek consent for a referral to Adult Care.</p> <p>Person-centred Annual Review meeting to identify actions and support to enable preparation for adulthood.</p> <p>First Benefit check to be arranged for when around 15 ½ years.</p>
Year 11 (16 years)	<p>Young person approaching the end of compulsory schooling.</p> <p>Mental Capacity Act may need to be considered.</p> <p>Person-centred Annual Review meeting.</p> <p>Review requirement for Adult Care involvement.</p> <p>Consider whether the young person or any of the young person's siblings are young carers and should have assessment under the Care Act.</p> <p>Consider Continuing Healthcare assessments/needs.</p>
Year 12 (17 years)	<p>Person-centred Annual Review meeting.</p> <p>Identify Informal Carers involved – undertake Carers Assessment as appropriate and consider any specific transitional arrangements.</p>
Year 13 (18 years)	<p>Acknowledge and prepare the young person for becoming an adult at 18 years.</p> <p>Person-centred Annual Review meeting.</p> <p>Confirm eligibility under National Eligibility Criteria.</p> <p>Advise any funding arrangements through Health, including Continuing Healthcare.</p>

<p>Year 14 (19 years)</p>	<p>Person-centred Annual Review meeting.</p> <p>Implement agreed Care and Support Plan and funding arrangements by Adult Care.</p> <p>Ensure arrangements in place for managing the Young Person's money.</p>
<p>Age 19 - 25</p>	<p>The authority may determine that it is no longer necessary to maintain the EHC Plan.</p> <p>Where EHC Plan remains in place beyond the age of 19 years, consider whether special education provision provided through EHC plan will be necessary to enable young person to progress towards agreed outcomes.</p> <p>Person-centred Annual Review meeting.</p>

Results from Clients Questionnaire:

	Question:	Yes	No
1	Were you told what support you could have when you became an adult?	8 (50%)	8 (50%)
2	Did you know when this support would happen?	5 (31%)	11 (69%)
3	Do you feel you were involved in the planning for your future?	11 (69%)	5 (31%)
4	Did someone talk to you about the different choices and help you make a plan for support as an adult e.g. specialist college?	11 (69%)	5 (31%)
5	Did your plan include your own hopes for the future?	11 (73%)	4 (26%)
6	Have you been told who your Adult Care Social Worker is?	12 (75%)	4 (25%)
7	If you answered 'Yes' to the last question do you think the Adult Care Social Worker knew about you ?	9 (64%)	5 (36%)
8	Do you feel the worker knew your views?	8 (62%)	5 (38%)
9	Did your new Adult Care Worker talk to you about welfare benefits?	5 (38%)	8 (62%)

Results from Carers Questionnaire:

	Question:	Yes	No
1	Was it explained to you what support there will be for the young person you care for as they approach Adulthood ?	12 (50%)	12 (50%)
2	Were you told when this support would happen?	9 (38%)	15 (62%)
3	Were a range of options discussed with you for a long-term plan e.g. housing, independence?	8 (35%)	15 (65%)
4	Does the plan take into consideration the goals of the young person you care for?	10 (48%)	11 (52%)
5	During the process of changing from Children to Adult Services was the person you care for allocated a new worker from Adult Care?	16 (70%)	7 (30%)
7	Did you feel the worker was aware of your views and the views of the person you care for?	11 (48%)	12 (52%)
8	Did the newly allocated worker establish whether all relevant benefits e.g. DLA were being claimed?	9 (41%)	13 (59%)
9	Were you asked to keep a diary of events of the person you care for such as sleep, behaviours, and other presenting issues?	2 (13%)	21 (87%)
10	Did the allocated worker begin working on an assessment for the person you care for in a timely way?	11 (52%)	10 (48%)
12	Before the process of transition between services commenced did you have any expectations of what might happen?	12 (55%)	10 (45%)
14	Were these expectations met?	6 (38%)	10 (62%)