

# Integrating Services for Young People and Young Adults with Additional Support Needs as a result of Disability and/or Complex Health

## Joint Transitions Policy

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# **TRANSITION PLANNING POLICY**

**Highland Council and  
NHS Highland Services  
2008 Version**

**Integrating services for young people, young adults and their families**

**The Highland Council and NHS Highland**

**Transition Planning Policy**

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## 1. Purpose

This Policy is intended to set out the context for supporting the transition of young people with additional support needs as a result of disability and/or complex health into life beyond school and into adulthood.

Not all young people have additional support needs as a result of disability and/or complex health. The Policy is driven by the desire to improve transition planning for those with greatest need and who require concerted effort and specific planning to achieve a positive outcome from transition to adulthood.

This targeting of the Policy, and the Procedure which partners it, is not intended to exclude those considered to have lesser levels of need but to ensure that we get it right for those with greatest need and achieve as seamless a transition as possible. The Policy also endeavours to make clear where there is most likely to be an entitlement to Social Work resources from Adult Care Services.

This is required to take account of the following groups of young people:

- ◆ Young people who are looked after and accommodated both with in and out with Highland and who in most instances are likely to require continuing care and accommodation from both Social Work and Health services.

Current initiatives include evaluating many of the above placements to analyse whether it is possible to meet the needs of the individuals concerned with local services in key parts of Highland which could become hubs for other community based activities and outreach.

- ◆ Within this group there is a predominance of young people with Autism Spectrum Disorder and/or learning disability. The long term needs of this group have been outlined in the reports which resulted from the work of the Autism Development Officer.
- ◆ Young people who live at home, where they and their families are supported by a range of specialised health, education and social work provision.
- ◆ Many other young people with additional support needs as result of disability and/or complex health require very specific support at the transition stage in order to support them in the short term into employment support, or further education.

The Policy therefore also sets out the respective statutory responsibilities of the local authority, The Highland Council, and the responsibilities of the health board, NHS Highland which is the major partner in ensuring effective transitions for such young people.

There are three tiers of responsibility which impact on each other:

- ◆ Planning with individual young people and their families through a thorough assessment of need.
- ◆ Meeting needs through effective and responsive delivery and management of services.
- ◆ Forward planning at a strategic and commissioning level which ensures continuing response to changing needs.

The achievement of successful and positive outcomes for young people with additional support needs as a result of disability and/or complex health needs as adults is also dependent on the involvement of and continuing evolution of a range of other mainstream and specialist services as well as changes in the practice of employers and further education establishments.

A significant amount of strategic planning is taking place for the more generic group of young people with additional needs through the More Choices, More Chances initiative which should make its greatest impact in increasing accessibility to employment, employment support or further education.

At the same time a major shift is taking place in the strategic planning of leisure, recreational, cultural and sporting provision so that young adults are enabled to participate using the support provide by these providers rather than additional support.

## **2. Consultation with service users**

The Policy is informed by the extensive consultation with young people and young adults carried out in 2007 on behalf of The Highland Council and NHS Highland by Highland Children's Forum.

The subsequent document, entitled, 'It's MY journey' <http://www.highlandchildrensforum.org/library.asp> captures the richness of the views of young people, how their futures could be more positive and how they could contribute fully as citizens to the life of the Highlands.

All the transitions documents are underpinned by the following key principles which are based on the very clear messages from the consultation:

- ◆ Transitions planning must begin early enough to facilitate a positive transition
- ◆ Transition planning must be gradual, flexible and developmentally staged. (Research based)
- ◆ Transitions' planning is a different activity from making the transition and may require different skills and activities.
- ◆ Transitions planning will at all times promote ownership of the process by those most affected, by planning with the person - not for the person.
- ◆ Planning must be for the person's whole future, not just for the next year.
- ◆ Planning will focus on positive action to develop the independence and skills needed for a constructive and enjoyable adult life.
- ◆ Young people will be supported to make a positive contribution through making the most of their talents and abilities.
- ◆ Young people will be supported to access advocacy services where required. (research based).

- ◆ Transition to adulthood for young people with additional support needs as result of disability and/or complex health requires a range of activities, including education, play, leisure and culture to ensure as positive an outcome as possible and successful integration into adult life in the community.

The Consultation informed two other documents, namely the Transitions Planning Procedure <http://www.highland.gov.uk/NR/rdonlyres/D79AD91C-68A8-4F34-A8F4-2DD62DF63D8C/0/JointTransitionPlanningProcedure.pdf> and the best practice guide, My Transition Guide <http://www.highland.gov.uk/learninghere/psychologicalservice/projects/Transition.htm> about how to approach transitions planning and achieve the best outcomes for such young people.

It's MY journey has a mechanism built in for built continuous evaluation of the views of young people and their families and whether our Policy, Procedures and Guidance make a real difference to the lives of young people with additional support needs as young adults.

### **3. Statutory and Health Service context**

The Policy is also designed to demonstrate the principle of inclusion, in that all mainstream activities and services should be open and accessible to all young people, regardless of their disability or additional needs.

This is strongly enshrined in the Disability Discrimination Act 1995, with significant amendments in 2005 including the Disability Equality Duty, which took effect in 2006, and strengthened the Special Educational Needs and Disability Act (2001), giving key responsibilities to Further & Higher Education establishments as well as employers to ensure better access.

For young people with the most complex needs there may be a requirement for additional support from Education and Social Work Services to secure or support access. The Children (Scotland) Act 1995 requires Local Authorities to provide services designed to minimise the impact of disabilities on children and allow them to lead their lives as normally as possible. A major thrust of the Education (Additional Support for Learning) (Scotland) Act 2004 (ASL) and the implementation of Getting It Right for Every Child (GIRFEC) is the targeting of available resources to those in greatest need.

This is also reflected in the implementation of Fair Access to Community Care Services, (FAACCS) the eligibility criteria for Adult Social Work Services.

This policy is relevant for all managers in Education, Culture and Sport and Social Work Services as well as other local authority services such as Housing. It is also relevant for NHS Highland staff with responsibility for managing and supporting the transition of young people with additional support needs as a result disability and/or complex health needs into life beyond school and into adulthood.

Changing Lives report, the 21<sup>st</sup> Century Social Work Review (Scottish Executive (2006) emphasised that Social Work Services cannot do it all alone and that more of the same practices will not make the changes required.

All statutory agencies are clearly on a journey towards greater personalisation of services and self directed care, where service users are able to exercise more control.

#### **4. Using the Transitions Planning Policy and the Procedure**

Many children and young people with additional support needs manage the transition to independence, employment further education etc with the help and support of their parents. However, others have more complex needs, making this transition much more difficult.

The Policy and Procedure apply to young people with disabilities and/or a complex health needs who may require significant additional support into young adulthood, or help in accessing further education, training, employment or accommodation. Some of these young people will have a Coordinated Support Plan (CSP).

Section 1 (1) of the Disability Discrimination Act 1995 states that a person has a disability if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities.

Children affected by disability as defined in For Highland's Children 2 include children who are disabled, or chronically sick or suffering from a mental disorder.

The Transitions Planning Procedure should be read in conjunction with this Policy. It sets out **what** should happen **when** for young people with additional support needs as a result of disability and/or complex health to have a successful transition to adulthood, and gives **specific** advice about when it is appropriate to involve Adult Social Work Services for those with greatest need.

#### **5. Planning and Commissioning Services**

Transition to adulthood for young people with additional support needs as result of disability and/or complex health needs requires a range of activities to ensure as positive an outcome as possible and successful integration into adult life in the community.

Support to young people at this time should therefore aim to enable them to gain access to the broad range of mainstream activities and services open to all young people. In many instances there is no requirement for involvement of Community Care Services.

However a further layer of long term planning is required at the strategic level for those with the most complex needs. This takes place at Chief Officer Level in the integrated children's services and collaboratively with health, social work and housing services for adults, the aim being to provide a seamless service for young people with continuing need for a significant level of service, including accommodation.

#### **6. Planning with an individual child or young person and their family – the Child's Plan meetings during transitions to adulthood**

Young people and their parents need to be thinking about life after school long before they actually intend to move on, and every significant transition used as an

opportunity for learning about and managing change. If a young person has significant additional support needs it is vital that such plans are made well in advance to ensure that any necessary support is in place as they make the move to adulthood.

The Getting It Right for Every Child process within Highland is designed to ensure that those with greatest need and who require coordination of their care and support have a single Child's Plan.

At a time appropriate to the young person this will reflect their transitions planning needs. See My Transition Guide.

<http://www.highland.gov.uk/learninghere/psychologicalservice/projects/Transition.htm>

This process can also be informed by the Resources document It's MY Choice. <http://www.chipplus.org.uk/pdfs/WHOLE%20DOC%20-%20FINAL%2007.pdf>

There are a variety of processes for intimating that young people will require support in making their transition. See the Transitions' Procedures.

## **7. When to begin transitions planning and who is responsible.**

All Education Authorities must help young people with additional support needs make the transition from school to adulthood. The Education (Additional Support for Learning) (Scotland) Act 2004 requires the Education, Culture & Sport Service (ECS) to carry out Transitions Planning Meetings no later than one year before the young person plans to leave school.

The Child's Plan meeting will fulfil this purpose for those with most significant needs. For other children please refer to the Transitions Guide.

The same Act stipulates that there should be a Transitions Plan in place no later than one year before a young person plans to leave school.

To meet this requirement the actual planning must be initiated in the previous year in order to have transitions planning actions in the Child's Plan no later than 18 months before the young person plans to leave school. This ensures that the Child's Plan contains full details of transitions actions no later than one year before the young person plans to leave school.

In some cases this is far too late and planning needs to be initiated 3 years before the young person plans to leave school. For children and young people with **significant** and/or complex needs, transition planning is required to begin no later than their first Child's Plan meeting after their 14<sup>th</sup> birthday, in order to ensure that there is time to take the action needed.

It is too late to make a successful transition if the actual planning and associated meetings are left until the final year: transition should be gradual, developmentally staged and in consultation with young people. See 'It's My Guide'.

The person with overall responsibility for Additional Support Needs in each school is responsible for ensuring that an appropriate member of staff is allocated to lead transition planning with the young person & their family.

For children and young people with significant and/or complex needs the staff member may also be required to clarify who is responsible between Education, Health & Social Work Services in order to decide who should take lead responsibility at the transitions' planning stage.

For further detailed information please see the Joint Transitions Procedure.

## **8. Expectations of Social Work Services**

The Children (Scotland) Act 1995 also places key responsibilities on Social Work Services to support the transitions planning process particularly with those who are assessed as having the most complex needs.

Social Work Services for adults have specific duties and responsibilities under the Community Care and Health (Scotland) Act 2002.

The key commitment here is to providing a seamless service for young people with more complex disability who have ongoing needs. Child and adult services and agencies are required to engage with each other and partner universal and targeted services (health and education) and work collaboratively to facilitate planned transition between services and modes of service delivery.

Such young people once identified are the priority of the Social Work Service. Planning must begin as early as possible to allow flagging up potential future needs with adult social work services, sharing of assessments and where appropriate, parallel working.

Planning needs to begin sufficiently early to generate creative solutions and clarify financial responsibilities. Agreement regarding funding should be secured well in advance of it actually being required so that it can be put in place timeously and seamlessly.

## **9. Expectations of NHS Highland Services**

Where there are particular health needs, a formal, supportive and comprehensive handover of care between child and adult health services will be undertaken. A summary of previous care and a condition specific, programme of anticipated care will be provided.

The NHS offer a universal and multidisciplinary, targeted health service within children's services. The transition from child to adult health services and child health to adult care services should be developmentally age appropriate, flexible, gradual, and with the participation of the young people in the decisions which affect them. The multidisciplinary team should facilitate the process by collaborative working and joint planning, and with appropriate, consent based, information sharing.

Health clinicians and managers should ensure appropriate and timely engagement between child and adult services which are child centred, planned and meet individual need at the point of transition.

A NHS Highland Transition Protocol is being developed and consultation is ongoing on the specifics of the care pathway; including multidiscipline and partnership working, quality assurance and review processes.

The Transition Protocol, quality assurance mechanisms, will monitor the inclusion of children and young people and their families in the planning and delivery of their care and the planning and delivery of services, both specialist and generalist.