





Transition to Adult Services

POLICY

2018/19

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Transition

Transition, in the context of this document, refers to the process of moving from Children's to Adult services. This is not a single event and will include the initial planning process through to the actual transfer between services, with the young person and their family and carers being supported throughout.

1.0 Aims, Objectives and Scope of the Policy

This policy focuses on the transitions for young people moving between receipt of support from children's services to receipt of support from adult services, and between young person and adult status.

The overall aim of the Policy is to support effective and reliable planning and review processes for individual service users, including young people with additional support needs (ASN) to ensure that the transition from adolescence to adulthood and from children's to adult services is be as smooth as possible. The policy is designed to assist the assessment of need and the planning and targeting of resources, to those young people eligible for adult services.

Specific Objectives of the Policy are that -

- a) Eligible transitional and continuing support needs are anticipated in time to enable effective planning to meet those needs.
- b) Eligible transitional and continuing support needs are met, to the greatest extent that resources permit.
- c) Young people requiring continuing support are enabled, to the greatest extent possible, to achieve their personal outcomes that focus on independent living skills using the Progression Model.
- d) Uncertainties for young people, their parents and carers and service providers as to who will do, provide or pay for what, under what circumstances, are minimised.

e) Care Experienced Children and Young People and Care Leavers receive the same quality of support from Moray Integration Joint Board (MIJB), Moray Council and NHS Grampian as they would from a supportive parent throughout the period of transition¹.

This policy applies to all relevant staff within Health and Social Care Moray, the Integrated Children's Services and Educational Services of Moray Council and other Council Services.

2.0 Policy

2.1 General Principles

Getting It Right For Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of our children and young people by offering the right help at the right time from the right people. It supports them and their parent(s)/carers to work in partnership with the services that can help them. It puts the rights and wellbeing of children and young people at the heart of the services that support them e.g. early learning and childcare, schools, and the NHS, to ensure that everyone works together to improve outcomes for a child or young person.

Most children get all the support and help they need from their parent(s)/carers, wider family and local community, in partnership with services like health and education. Where additional support is needed, the GIRFEC approach aims to make sure that support is easy to access and seamless, with the child at the centre.

The Moray GIRFEC Pathway and Planning Process² supports transition through the Named Person and Lead Professional who are responsible for the co-ordination of the child planning process.

Each young person, requiring transitional support, will have a single plan

 Setting out their current and anticipated support needs, taking account of their personal outcomes, wishes and aspirations

¹ Corporate Parenting Strategy http://www.yourmoray.org.uk/downloads/file116360.pdf

² GIRFEC http://www.moray.gov.uk/moray standard/page 56873.html

- Making clear who will pay for or directly resource which services, and specify dates for any transfer of these resourcing arrangements
- Created, in a transparent, accountable partnership, between the young person, parents/ carers and the identified service providers, who can appropriately contribute to the assessment of the young person's needs and the provision of services to meet those needs.
- Created in a manner consistent with human rights, including the rights of children and young people, and the rights and responsibilities of parents/carers
- Agreed at least 6 months before the expected school leaving date
- Effectively coordinated by the Named Person or Lead Professional, with any transition of responsibility or role, clearly set out within such plan.

Planning for future transition entails anticipating and assessing future needs and planning for the provision of any necessary support. Success depends on involving the right services and agencies in an effective partnership to address the needs, concerns and outcomes of young people and their parents/carers. This policy sets out the key processes through which this work should be undertaken for young people. In addition, this policy highlights the duties and responsibilities of all partners to act as a Corporate Parent to Care Experienced Children and Young People and Care Leavers.

Principles Specific to Transitions to Adult Status, Adulthood and Maturity
Planning for the transition from young person to adulthood, of necessity, begins before the
young person has full adult status and capacity, and continues through that transition.

Those involved in planning to support a young person through that transition must
recognise and accommodate a changing picture as to who has the right to make choices
and makes decisions on the part of the young person/adult, and on what legal and clinical
basis they do so.

2.3 Parental Responsibility and Children's Rights

The Children (Scotland) Act, 1995 and the Children and Young People (Scotland) Act, 2014 incorporate the right, recognised by the United Nations Convention on the Rights of the Child, that a child, of sufficient age and maturity to give their views and wishes and that these must be taken into consideration in any decision-making processes. Children of 12

years of age and over are generally presumed to be of sufficient age and maturity but children of all ages should be considered on a case by case basis.

The decision as to whether a child of any age has the capacity to retain and process information, to make a decision based on that information, and understand the consequences of any decision he/she makes, lies with the person/people who is/are seeking the child's view.

The 1995 Act also confers on parents the responsibility to a) safeguard and promote the child's health, development and welfare; b) to provide to the child, in a manner appropriate to the stage of development of the child, direction and guidance; and c) to act as the child's legal representative until the child attains 16 years of age.

Staff involved in transition planning for a young person are required to recognise the primary responsibility of parents in relation to that young person whilst not yet an adult, in making choices, if necessary, on their behalf, whilst having regard to the young person's wishes, taking into account their age and maturity. Staff must recognise that parents and young people, separately or together, may benefit from, or in some circumstances be entitled to, independent advocacy.

Duties of all Partners as Corporate Parents

Staff must also be aware of their additional duties as 'Corporate Parents' for Care Experienced Children and Young People and Care Leavers, namely:

- Being alert to matters which, or which might, adversely affect the wellbeing of Care Experienced Children and Young People and Care Leavers;
- assessing the needs of those children and young people for the services and support they provide;
- promoting the interests of those children and young people;
- seeking to provide opportunities to participate in activities which will promote the wellbeing of Care Experienced Children and Young People and Care Leavers:

 taking action to help children and young people access such opportunities and make use of services and access support provided.

2.4 Adult Status

At the age of 16 years, all people, regardless of disability, legally gain adult status and the right to make their own choices and decisions, although the responsibility of parents to provide guidance remains until the age of 18 years. Those involved in planning for transition must recognise the adult status of people with disabilities, whilst taking into account of the impact of any disability affecting their capacity. Disability creates no basis for infringement of the rights attached to adult status.

2.5 Capacity to Exercise Adult Responsibilities

The maturity of every individual will depend on their experiences and the expectations placed upon them. The transition from adolescence to adult maturity will happen at different ages for all young people, including those with disabilities. Different problems and opportunities will be encountered by each young person during this time in his or her life. Where the individual has a disability, these problems may be exacerbated by the nature of any impairment or by the disabling and disempowering attitudes of society. By recognising the adult status of people with disabilities, professionals, and others with an interest in the welfare of the service user, will be able to support, encourage and develop the service user's capacity to make decisions.

At any time, and in relation to any decision, judgements may need to be made about the extent to which an individual needs guidance in exercising their rights³. The Adults with Incapacity (Scotland) Act 2000 and associated Codes of Practice

https://www2.gov.scot/Topics/Justice/law/awi/010408awiwebpubs/cop may be relevant where an adult does not have the capacity (this needs to be assessed) to make their own specific decisions at the specific time. Individuals also mature at different rates, and have different cognitive and functional abilities, and blanket assumptions about capacity to make decisions must not be made.

³ For additional guidance see Supporting and Protecting Adults from Harm Policy and Procedure, and Adults with Incapacity Procedures. http://www.moray.gov.uk/downloads/file63862.pdf

2.6 Access to Advocacy

Advocacy comes in many forms from formal independent advocacy to that provided by a worker or friend. Although there is no duty to provide an advocacy service there is a duty to make information about advocacy available. Young people with a disability and their parents/carers and care experienced young people, up to the age of 26, should be provided with information about the services, advocacy and support that may be available to them and encouraged to use support systems which may meet their needs.

3.0 <u>Transition Planning – The Essentials of Best Practice</u>

'Best Practice' in Moray draws heavily on the Principles of Good Transition 3⁴ (compiled by the Scottish Transitions Forum). These Principles include:

- Planning and decision making should be made in a person-centred way, in that:
 - I. young people should be at the centre of their transition planning
 - II. there should be a shared understanding and commitment to person centred approaches across all services
 - III. young people should have a single plan
- Support should be co-ordinated across all services
- Planning should start early and continue up to age 25, if necessary
- Young people, parents/carers must have access to the information they need and are eligible to receive.

Key Features of Best Practice:

- It is important to assess needs, research opportunities and be creative in getting the right support in place in the right format at the right time.
- The Named Person/ Lead Professional in Children's Services ensures clear professional leadership and coordination. Sharing of relevant information in line with Data Protection Legislation is essential ⁵

⁴ http://scottishtransitions.org.uk/7-principles-of-good-transitions/

⁵ https://ec.europa.eu/commission/priorities/justice-and-fundamental-rights/data-protection/2018-reform-eu-data-protection-rules_en

- Child Planning meetings are co-ordinated by the Named Person or Lead Professional in the first instance; this might become the responsibility of another professional as agreed.
- Relevant people key to the plan are invited to contribute to it.
- Where a Lead Professional has been identified, it will be their responsibility to coordinate the planning process to support transition into Adult Services.
- The young person and their supporters are enabled to participate in the planning process throughout with their voice being captured.
- The Child's Plan begins to adopt a transitions focus from age 14 years, or at least two years before a young persons' planned school leaving date.
- Establishing and not assuming a leaving date is a vital part of transition planning.
- Curriculum for Excellence emphasises self-advocacy and participation in their learning and planning for life.
- Communication, collaboration and cooperation with all partners to the plan have been shown to enhance transition outcomes.
- Use of communication methods appropriate to the needs of the young person is essential.
- All young people have the option to remain in school post 16. If they choose to leave school, they should have an identified positive post school participatory destination.
- In the case of those with significant additional support needs as the result of disability or complex health needs the process of transition planning should be ongoing but begin at least 3 years before the young person intends to leave school.
- Adult services transition social worker requires to be notified of young people with a significant additional support need as a result of disability or complex health needs.
- For young people in residential placements, the presumption is always that the young person will return to Moray at the end of the placement, unless they choose to remain in the placement area.⁶
- The Transitions Panel ⁷ seeks indications of future need at age 15, to enable budget planning to begin. It is imperative that any post school support or resources likely to be

⁶ Ordinary residency should be considered for each individual case.

⁷ The Transition Panel is a combination of Integrated Children's Services and Health and Social Care Partnership professionals who plan future provision for young people with ongoing support needs.

required are identified and the process begun for approval if these include adult social care needs.

 The cost of ongoing adult care and support needs, and the date at which financial responsibility for the care and support package will be transferred must be agreed at the Transition Panel.

4.0 <u>Self-Directed Support⁸ and Transitions Planning</u>

Self-directed Support (SDS) is available for children and young people with disabilities and adults who have been **assessed as eligible** for a social care service.

The Social Care (Self-directed Support) (Scotland) Act 2013 is an approach that shares the core values of inclusion, contribution and empowerment through real choice and respect. The Act created a change to the way services are organised and delivered so that they are shaped more around the individual and are better at meeting the outcomes which they identify as important.

The Self-directed Support (SDS) principles rely on a collaborative approach with families through **completion of a Self-Assessment Questionnaire and social work assessment to establish eligibility for services, level of needs, personal outcomes and options for support. Once agreed, an identified indicative budget is provided based on a Resource Allocation System (RAS). This budget enables "individuals and families to access the support they want, thereby enabling CHOICE, flexibility and more importantly CONTROL in the decision making process".9**

The personalised plan might involve the individual or family receiving support from any, or a combination, of the following:

Option 1 - A direct payment made to the supported person to purchase the support they require.

⁸ http://www.gov.scot/Publications/2014/04/5438

⁹ The Moray Council ICS Draft Self-Directed Support Procedures, May 2017 & Social Care (Self Directed Support) (Scotland) Act 2013 and The Moray Council Adult Services Self Directed Support Policy and Procedure

Option 2 - Allows the supported person the freedom to choose who provides their support, but the council will pay for it on their behalf. Alternatively the budget can be paid to another organisation who will manage the money on their behalf; often called an Individual Service Fund (ISF)

Option 3 - The local authority decides how to spend the money & suggests the support that is available; often called 'Arranged Services'.

Option 4 - Allows for the supported person to choose a mix of two or more of the options for different parts of support.

Regardless of which option is chosen the budget should be spent to achieve the outcomes identified in the plan. This must be reviewed in line with the agreed timescales in preparation for transition to adult services.

4.1 Planning for Self-Directed Support at Transition to Adulthood

The task of those involved at transition is to enable the young person to prepare for life when they have completed their education and plan with them for as smooth a transition as possible.

This involves looking with them at their key assets and strengths and identifying:

- What is important to them and what they want to do
- What support do they need and want
- What ideas they have about how to make these things happen
- How to make decisions relating to their life
- Consider any risks involved and how these may be managed.

5.0 Scope of the Child's Plan during Transition into Adult Social Care

The Child's Plan should focus on and address the young person's aspirations and outcomes and how these will be met as they move into adulthood. Importantly these plans should enable young people to positively learn to take and manage appropriate levels of risk, while

protecting the young person and others from serious, avoidable harm and should take account of any post-16 learning.¹⁰

Plans to meet the support needs of those continuing to provide unpaid care should be separate from the young person and subject to standard procedures for Carers' Assessments.

5.1 Key Responsibilities and ways of working for Education and Children's Services
The main aim is to ensure that the young person has a valued life in their community.

This requires staff to:

- Convene meetings in appropriate places which are welcoming to the young person and their supporters; the young person and their supporters should be well prepared, agenda agreed and clear; they should be given opportunity to answer and question; the meeting should be constructively honest; there should be time for post meeting debriefing for the young person and their parent/carers/advocate.
- Avoid service/ system centred thinking and setting limits. Individual Budgets (SDS) support this. Child's Plans should evidence that Individual Budgets are encouraging people to exceed their aspirations. See above regarding Self-Directed Support.
- Convey a shift from traditional responses by using all the tools and skills of our respective trades – social work and social care staff are more than just brokers of services, and have a key role in helping young people connect with their communities.
- Celebrate successful outcomes with young people.
- Enable families to empower their young people and prepare them for independence a
 whole life approach begins in children's services and continues into adulthood.
- Plan for a young person's life in partnership with them and their supporters not merely for social care.
- Work in partnership with education and those who know the young person well to encourage the young person to self-advocate where possible and be an active participator in their plan.

¹⁰ The Curriculum for Excellence provides an entitlement to an appropriate curriculum from 3 to 18 years which includes a Senior Phase from S4 to S6. As a result, all young people are entitled to receive 'post-16 learning' in line with their particular needs and strengths.

- Research what is available in communities, share that knowledge with others and make direct contact with services and opportunities.
- Ensure clear informed professional leadership and coordination.
- Enable family leadership, always ensuring that the young person and their families/ supporters are helped to find solutions for difficulties as they arise – don't let them escalate.
- Value and build on the input of families. Connect people to people a huge amount of support can come from other families who have 'been there'. Families are the constant in the lives of young people, not services.
- Recognise that achieving a fulfilling life is no easy task and may come at significant hidden costs to families. We must be respectful of young people with disabilities and not betray hope with inflated stories of easy success and perfect relationships.
- The Key Responsibilities and Methods of Working for Health and Social Care Moray
 The values underpinning their work will mirror that of children's services and a Human
 Rights based approach will be also evident.

'All young people, their families and carers have the right to be valued as individuals and lead fulfilling lives. They have the right to contribute to Scotland's economy, access and participate in their communities and benefit from a fair and inclusive society'¹¹,

As already indicated, early planning is essential when it is anticipated that a young person will require additional resource to support them in adulthood or require the commissioning of a service. Rigorous early planning with transition partners enables sufficient time to creatively consider in partnership with the young person what needs to happen and when, to ensure a smooth transition journey to adulthood.

The child's plan will identify likely or potential additional support which requires resources/ funding by relevant agencies no later than 2 years prior to the young person leaving school.

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¹¹ Keys to Life Document: http://www.gov.scot/resource/0042/00424389.pdf

When the child's plan indicates that social care resources may be required post school, Health and Social Care Moray must be informed as early as possible.

In addition to the case by case process, the Transition Panel meets regularly (every 6-8 weeks) to capture and forecast significant future need to build into the budgeting, planning and commissioning of services. This is informed by the Health and Social Care Moray Partners in Care\ 3 Tier Model.¹²

5.3 Ongoing Health Needs into Adulthood

NHS Grampian delivers concurrent universal and/ or targeted services in Moray to individual young people.

A comprehensive handover of care between child and adult health services is required. The key points should be identified in the Child's Plan.

6.0 Young People Moving to Independent Housing or Accommodation

The Council's Housing and Property Services will consider the housing needs of any young person moving towards independent living, including young people with a disability, as required of them under housing legislation. Housing and Property Services will observe equal opportunity requirements in the management of the housing list and allocation of housing. In particular, Housing and Property Services will take into account the needs and circumstances of all relevant groups, including, for example, information for disabled young people on the availability of suitable houses and adaptations.

Section 19 (1) of the Housing (Scotland) Act 1987 sets out the entitlement of anyone aged 16 or over to be admitted to a housing list. Any offer of accommodation will comply with the Council's current Allocation Policy for letting. Property Services will work with other registered social landlords, private sector landlords and voluntary organisations to secure

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sustainable housing options. Housing staff who may be involved in the transition should be invited to appropriate meetings concerning the young person from the point at which the young person turns 14 years of age.

7.0 <u>Performance Monitoring</u>

The monitoring of performance will focus on the extent to which the specific objectives of this policy are being achieved. These are that –

- 1. Transitional and continuing support needs are anticipated in time to enable effective planning to meet those needs;
 - a. There is a competent, agreed assessment of transitional and continuing support needs.
 - b. There is a clear, agreed plan setting out how those support needs will be met.
 - c. Both assessment and plan are in place at least six months before the young person's anticipated school leaving date.
- 2. Transitional and continuing support needs are met, to the greatest extent that resources permit;
 - a. Outcomes specified in transition plans are consistent with the young people's outcomes and are achieved.
 - b. Young people, parents and carers report that they are satisfied with the plan and its implementation.
 - c. Costs
- 3. Uncertainties for young people, their parents and carers and service providers are minimised:
 - a. Young people, parents and carers report that they are satisfied with the plan and its implementation.
 - b. Disputes between services will be referred to HSCM Service Heads/ Director or senior staff in similar positions at NHS Grampian and/or Moray Council for arbitration. Where there is a disagreement between Heads of Service on any aspect of transitional planning that cannot be resolved through inter-departmental

discussion the matter should be referred to the Corporate Director (Education and Social Care) and/or the NHS Chief Officer for Moray for a decision.

In addition to performance monitoring, the services routinely involved in transition planning will share generalised information about emerging needs as they are identified, the range and volume of services being deployed to meet those needs and their associated costs.

8.0 Equalities Statement

Health & Social Care Moray, Moray Council and NHS Grampian do not discriminate on any grounds, advocate for and are committed to equalities and recognises their responsibilities under the Equalities Act 2010 and the related Public Sector Equality Duty.

In relation to equality of information provision, Health & Social Care Moray will ensure that all communications with individuals are in plain English, and shall publish all information and documentation in a variety of formats and languages. Where required, Health & Social Care Moray will use the services of its translation team to enable effective communication between us and the individual. Where an individual has sight, hearing or other difficulties, we will arrange for information to be provided in the most appropriate format to meet that individual's needs. Health & Social Care Moray will also ensure that there are no physical barriers that could prohibit face to face communications.

If there is a complaint against discrimination, click on the link below for reporting form and procedure: http://www.moray.gov.uk/downloads/file62366.pdf.

Equality and Human Rights Commission Scotland

https://www.equalityhumanrights.com/en/commission-scotland

Advice and Guidance section - https://www.equalityhumanrights.com/en/advice-and-guidance.

9.0 Data Protection

GDPR and the Data Protection Act 2018 governs the way information is obtained, recorded, stored, used and destroyed. Health & Social Care Moray, Moray Council and NHS Grampian comply with all the requirements of the Act and ensure that personal data is processed fairly and lawfully, that it is used for the purpose it was intended and that only relevant information is used. Health & Social Care Moray will ensure that information held is accurate, and where necessary kept up to date and that appropriate measures are taken that would prevent the unauthorised or unlawful use of any "personal information".

10.0 Freedom of Information

The of Freedom of Information (Scotland) 2002 purpose the Act http://www.legislation.gov.uk/asp/2002/13/contents is to "provide a right of access by public to information held by public authorities". In terms of section 1 of the Act, the general entitlement is that a "person who requests information from a Scottish public authority which holds it is entitled to be given it by the authority". Information which a person is entitled to is the information held by the public authority at the time that the request is made. This is a complex area of the law that can overlap with the Data Protection Act and other legislation.

Please see the following link for guidance to the law in Scotland; http://www.itspublicknowledge.info/Law/FOISA-EIRsGuidance/Briefings.aspx

All Freedom of Information requests to Health & Social Care Moray, Moray Council or NHS Grampian should be directed to the **FOI/DPA team/officer** in those organisations. At Health & Social Care Moray the contact is info@moray.gov.uk.

11.0 Human Rights Act

The main rights and freedoms covered in the Human Rights Act 1998 are:

Right to life; freedom from torture; freedom from slavery and forced labour; right to liberty and security; right to a fair trial; no punishment without law; right to respect for private and family life; freedom of thought, belief and religion; freedom of expression; freedom of

assembly and association; right to marry; prohibition of discrimination; peaceful enjoyment of property; right to access education and right to free elections.

Public authorities must ensure, in discharging functions that they don't act in a manner incompatible with rights outlined in the Human Rights Act. Only in some limited circumstances can an individual's rights be infringed upon and even then only when done under legal authority, in pursuit of a legitimate aim and when necessary in a democratic society i.e. proportional in terms of finding a balance between carrying out a necessary statutory duty and infringing upon the person's human rights. It is also important that any interference is non-discriminatory. When in doubt about any proposed action legal advice should be sought.

All parts of this policy and associated procedures will comply with obligations within the Human Rights Act

12.0 Review and Feedback

This policy will be reviewed annually.

Appendix One - Transitions Planning Pathway - Looked After Children

Age of child	14 years	15 years (if leaving school at 16)	16 years	17 years	18 years	19 years	21 years	25 years
Co- ordinating Role	Named Person/ Lead Professional ¹³	Named Person/ Lead Professional. Begin handover to 16+ Named Person.	Named Person/ Lead Professiona	Named Person/ Lead Professional Transition SW (Adult Services) or Integrated Children's Services Worker ¹⁴ identified	If eligible for continuing support ¹⁵ from Integrated Children's Services coordination will be via Placement Services Team. If eligible for Adult Social Care, coordination will be via the appropriate adult team ¹⁶ .	As 18 years	As 18 years	As 18 years
Leaving date	Provisional leaving date set at TAC	Leaving date confirmed at TAC meeting	Leaving date confirmed	Leaving date confirmed at TAC meeting	Leaving date confirmed (if applicable)	N/A	N/A	N/A

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¹³ For Looked After Children the Lead Professional will always be the Social worker.

¹⁴ This may be a Placement Services Worker or continue with an Area Team Social Worker dependent on the needs of the young person and what has been agreed at the Planning Meeting

¹⁵ Support may be via Continuing Care, Supported Lodgings and scatter flats or independent living with support.

¹⁶ A young person who requires/meets criteria for ongoing social work support through adult services will transition on their 18th birthday as will associated costs with the following exceptions:

[•] If a young person remains in education, the plans and funding will continue with Integrated Children's Services (ICS) until the end of the academic year within which they are 18.

[•] If a young person secures agreement for a 7th year in education, the plans and associated funding will continue with ICS until the end of the academic year in which they reach 19 years.

All plans and associated funding will be agreed through ARAG in ICS.

	Meeting		at TAC					
Assessment and Planning	Child's Plan Transition Screening Tool Forward to Adult Services Transitions Team SW. Adult service acknowledges receipt within one month. Noted on Transition Planning Spreadsheet and Care First. Team around Child (LAAC¹¹) (TAC) Meetings	Child's Plan TAC (LAAC) Meetings (with focus on transition) Planning completed at least 6 months prior to leaving date	Meeting As 15 years	As 15 years	If eligible for continuing support from ICS use Pathway Planning Meetings and paperwork. If eligible for adult social care adult planning and assessment tools completed including SDS assessment.	As 18 years	As 18 years	As 18 years
Areas for consideratio n ¹⁸ , along with child and family, within assessment / TAC	Self-Directed Support. Post school options inc future living options, education, work, training,	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited	As 15 years	Review of SDS. Review post school options. Impact of benefit changes.	Accommodation /employment/trai ning/volunteerin g options/plans. Benefit claim. Any outstanding AWI issues. Advocacy	As 18 years	As 18 years	As 18 years

LAAC – Looked After and Accommodated Child
 Hi Hopes website provides online resource listing of what is available for young people leaving school in the Highlands but has relevant information for a wider geographical area. http://hi-hope.org/ A Moray website is currently being developed.

	volunteering. Capacity to make decisions. Advocacy requirements.	to TAC. Need for Activity Agreement? Review capacity - Guardianship/me dical consent applied for if required ¹⁹ . Advocacy requirements. Begin discussion/ assessment re Continuing Care ²⁰ .		Skills Development Scotland invited to TAC. Need for Activity Agreement? Any AWI issues actioned. Advocacy requirements Need for Continuing Care agreed.	requirements. Advice and guidance requirements ²¹ .			
Resources	Future financial resource implications considered. Cost of current support responsibility of Children's Services following approval from ARAG ²² if required.	Review future financial resource implications. Children's Services financial responsibility continues.	Review future financial resource implications . Children's Services financial responsibilit y continues.	Eligible for continuing support from ICS - ARAG. Children's Services financial responsibility continues. Eligible for Adult social care - approval agreed in principle for funding of post 18/post education	Eligible for continuing support from ICS – as 15 years. Eligible for adult social care services-Financial resources required to achieve outcomes are clarified, approved and accessed through Adult services using	As 18 years	As 18 years Eligibility for Continuing Care and Supported Lodges ceases.	As 18 years

Adults with Incapacity (Scotland) Act 2000
 See Continuing Care Policy
 Requirement to provide advice and guidance for Care Experienced Young people continues to 26th birthday regardless of whether supported by adult or children services.

²² Additional Resource Allocation Group

				support package from District Adult Care Panel. ICS Commissioni ng Manager and Adult Care Commissioni ng Team involved if needs are complex.	SDS. Adult services assume responsibility for financing of support – see footnote 1.			
Carers Needs	Consider referral to Carer's support Service/ need for Carers Support Plan	Review need	Review need	Review need	Review need (if applicable)	Review need (if applicable)	Review need (if applicable)	Review need (if applica ble)
Child at Risk of Negative Destination ?	Childs Plans to be tracked and monitored via Learner Pathway Planning meetings ²³ . Any pertinent information is recorded within the individual child's plan.	As 14 year old	As 14 year old	As 14 year old	N/A	N/A	N/A	N/A
Family Firm Support (Inc need	Offered by Named Person/PT	Review need	N/A	N/A	N/A	N/A	N/A	N/A

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 $^{^{23}}$ Previously known as Pathway Planning Meetings for young people likely to have a negative destination.

for	Guidance.				
additional					
support for					
those with					
disabilities)					



Appendix Two - Transitions Planning Pathway - Non Looked After Children

Age of child	14 years	15 years (if leaving school at 16)	16 years	17 years	18 years
Co-ordinating Role	Named Person/ Lead Professional	Named Person/ Lead Professional. Begin handover to 16+ Named Person.	Named Person/ Lead Professional	Named Person/ Lead Professional. Transition SW from Adult Services identified.	Adult Services (as of 18 th birthday or when the young person leaves education – whichever is last ²⁴).
Leaving date	Provisional date set at TAC Meeting.	Leaving date confirmed at TAC Meeting	Leaving date confirmed at TAC Meeting	Leaving date confirmed at TAC Meeting	Leaving date confirmed (if applicable)
Assessment and Planning	Child's Plan Transition Screening Tool Forward to Adult Services Transitions Team SW. Adult service acknowledges receipt within one month. Noted on Transition Planning Spreadsheet and Care First. Team around Child (TAC) Meetings	Child's Plan TAC Meetings (with focus on transition) ICS Transition SW to be invited. Planning completed at least 6 months prior to leaving date	As 15 years	As 15 years	Adult planning and assessment tools completed including intended independent living/accommodation options and SDS assessment .

²⁴ A young person who requires/meets criteria for ongoing social work support through adult services will transition on their 18th birthday as will associated costs with the following exceptions:

[•] If a young person remains in education, the plans and funding will continue with Integrated Children's Services (ICS) until the end of the academic year within which they are 18.

[•] If a young person secures agreement for a 7th year in education, the plans and associated funding will continue with ICS until the end of the academic year in which they reach 19 years.

Areas for consideration ²⁵ , along with child and family, within assessment/ TAC	Self-Directed Scotland (SDS) Post school options inc future living options, education, work, training, volunteering. Capacity to make decisions Advocacy requirements.	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited to TAC. Need for Activity Agreement? Review capacity – Guardianship/medical consent applied for if required ²⁶ . Advocacy requirements.	As 15 years	Review of SDS. Review post school options. Impact of benefit changes. Skills Development Scotland invited to TAC. Need for Activity Agreement? Any AWI issues actioned. Advocacy requirements.	Benefit claim. Any outstanding AWI issues. Advocacy requirements.
Resources	Future financial resource implications considered. Cost of current support responsibility of Children's Services following approval from ARAG ²⁷ if required.	Review future financial resource implications. Children's Services financial responsibility continues.	Review future financial resource implications. Children's Services financial responsibility continues.	Approval agreed in principle for funding of future support package from District Adult Care Panel. Children's Services financial responsibility continues.	Financial resources required to achieve outcomes are clarified, approved and accessed through Adult services using SDS. Adult services assume responsibility for financing of support on 18thBirthday or when young person leaves school (whichever is latest – see footnote 25)
Carers Needs	Consider referral to Carer's support	Review need	Review need	Review need	Review need

 ²⁵ Hi Hopes website provides online resource listing of what is available for young people leaving school in the Highlands but has relevant information for a wider geographical area. http://hi-hope.org/ A Moray website is currently being developed.
 26 Adults with Incapacity (Scotland) Act 2000
 27 Additional Resource Allocation Group

Child at Risk of Negative Destination?	Service/ need for Carers Support Plan Childs Plans to be tracked and monitored via Learner Pathway Planning meetings ²⁸ . Any pertinent information is recorded within the individual child's plan.	As 14 year old	As 14 year old	As 14 year old	N/A
Family Firm Support (Inc need for additional support for those with disabilities)	Offered by Named Person/PT Guidance	Review need	N/A	N/A	N/A

 $^{^{28}}$ Previously known as Pathway Planning Meetings for young people likely to have a negative destination



Appendix Three – Transitions Referral Screening Tool

❖ To be co-ordinated by the named person/lead professional.

Young Person's Details:

Young Person's name:	
Unique identifier	Gender:
Number	
(Carefirst/CHI/SEEMIS):	
Ethnicity/Language	Date of birth:
spoken:	Date of 18 th
	birthday:
Home address:	
Telephone number:	
Is the Young Person aware / in	
agreement with the referral?	

Parents'/Carers'/Guardians' Details:

Name:	
Relationship to Young Person:	
Address and contact details (if	
different from above):	
If appropriate, has consent been	
given from parent/carer/guardian to	
refer to the Transitions Service?	
Is the young person Looked After?	

School Details:

School attended:	
Contact person , designation and phone number:	
School leaving date (indicate if proposed or actual leaving date):	





Additional Support Needs:

Does the young person have a diagnosed Learning Disability, Autism Spectrum Disorder, mental health difficulty, physical disability or a health condition? If yes, please provide details:	
Are there family / home / environmental factors which could impact on the young person's future?	
Is there a funded care / support package in place? If yes, please provide details:	

Relevant other agencies / professionals / family members / carers currently involved:

Name / Agency	Contact details	Current work / support undertaken

Please indicate if any of the following plans are currently in place for the young person. If yes, please attach a copy to the referral:

Child's Plan	Co-ordinated Support Plan	
Individual Education Plan	Other Support Plan (Please specify):	
Behavioural Support Plan		

Please comment on the young person's needs within each	ch section:	within eacl	needs w	person's	e vouna	on the	comment	Please
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Health and wellbeing:

FACTOR	COMMENTS
Physical health	
Emotional well-being	
Self-awareness / keeping safe / supervision needs	
Self-confidence	

Communication:

FACTOR	COMMENTS
Communication needs	
Understanding of spoken	
language	
Social skills	
Reading skills	

Self-care:

FACTOR	COMMENTS
Personal care	
Eating and drinking / meal preparation skills	
Supervision needs / keeping safe	

Future Support Needs:

FACTOR	COMMENT				
Capacity to make					
decisions					
Housing needs					
Tiousing ficcus					
Transport issues /					
mobility requirements					
Involvement in leisure /					
work based activities					
Being responsible /					
managing money – is there a need to apply for					
welfare benefits such as					
Personal Independence					
Payments?					
Views of t	the Young person and parent(s) / Carer:				
	What are the young person's				
wishes for after leaving sch	nool?				
What are his/her parent's/o	carers'				
wishes for the young person					
after leaving school?					
Moray Council has an Adu	It Community Care Eligibility Criteria in place. For more				
information, please see Th	e Moray Council website for further details.				
Date referred:					
Signed by					
Referrer					
(Name):					
(Contact Details):					

Appendix Four - Related Polices/Procedures/Legislation/Strategies/Plans

- The Equality Act 2010
- The Social Work (Scotland) Act 1968
- The NHS and Community Care Act 1990
- Community Care and Health (Scotland) Act 2002
- Chronically Sick and Disabled Persons Act 1970
- Disabled Persons (Service, Consultation and Representation) Act 1986
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Health and Social Services and Social Security Adjudication's Act 1983
- Adults with Incapacity (Scotland) Act 2000
- The Regulation of Care (Scotland) Act 2001
- Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Data Protection Act 2018
- Freedom of Information (Scotland) Act 2002
- The Human Rights Act 1998
- Social Care (Self Directed Support) (Scotland) Act 2013
- Carers (Scotland) Act 2016

Policies/Procedures

- The Moray Council's Allocations Procedure
- The Moray Council's Carers Assessment Policy and Procedure
- The Moray Council's Three Tier Policy.
- The Moray Council ICS Draft Self-Directed Support Procedures, May 2017 &
 The Moray Council Adult Services Self Directed Support Policy and Procedure

Strategies and Plans linked to this policy

The National Health & Wellbeing Outcomes (high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care).

https://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes - particularly Outcome 3,4 and 7

Health & Social Care Moray Strategic Plan 2016 – 2019 http://hscmoray.co.uk/strategic-plan.html .

The Plan stresses the importance of "children's services continuing to work together with adult services in the interests of families and building our future generations".

Other Related Documents

- Independent Review of Free Personal Care and Nursing Care In Scotland A
 Report by Lord Sutherland (April 2008)
- Relevant Policy Documents Health Topic Scottish Government www.scotland.gov.uk/Topics/Health
- Circular CCD8/2001: Guidance on Single Shared Assessment of Community
 Care Needs
- Circular CCD3/2008: National Minimum Information Standards for Assessment and Care Planning for Adults
- National Community Care Outcomes Framework
- COSLA
- National Eligibility Criteria for Adult Social Care and Waiting Times for Personal & Nursing Care
- Getting it Right for Every Child
- Curriculum for Excellence
- 16 Plus Learning Choices
- More Choices, More Chances
- Keys to Life