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Introduction

[Transition](#) planning enables a young person to prepare for adult life. Whatever that life looks like for the young person, a range of factors must be considered such as housing, education, employment, impairments, and mental health issues. It is vital that family, the community, and professionals supporting the young person to identify their needs, aspirations and outcomes to enable a successful and smooth transition from childhood to adulthood. Every young person's needs, circumstances and aspirations will differ and change, and a transition process should identify the emerging and individual needs of the young person. Transition planning also needs to start early, be flexible, and reflect changing circumstances. Whilst valued contributions of parents/carers and staff supporting the young person are essential, emphasis on a [person-centred approach](#) towards the young person should be at the core, alongside empowering the young person's decisions, which should be respected at all times. Taking a person-centred approach also ensures the outcomes identified by that young person are achievable, realistic, available, and where appropriate, funded.

This policy sets out how we plan to provide, review, and develop services to support young people moving into adulthood. Furthermore, it assists in the assessment of need and planning and identifies resources available for those young people who require additional support during the transition and into adult services. Overall, the purpose of this policy is to:

- Give young people the individual support they need when they need it.
- Provide a standardised, recognisable process to support good communication between all parties.
- Provide a framework for smooth transition.
- Foster partnership working.
- Ensure transition planning is person-centred.

Transition planning is a part of the overall [Moray Child Planning Process](#), which is used to deliver the objectives of this policy. Moray Child Planning Process is used for all young people, no matter what level of support is required. This process promotes the use of a single plan to capture all transition needs and support for the young person.

For the purposes of this policy, service and care needs are defined as needs for [Additional Support Needs \(ASN\)](#) and with needs arising from a disability or health condition; a young person being, or having been, looked after or with any other needs a young person may have to successfully transition into adult life. For ease, to reflect the inclusion of children and young people, who are or who have been [Looked After Children \(LAC\)](#), the policy will use the term [Care Experienced](#).

Policy aims

The aims of this policy ensure that the planning and decision-making around transition takes place as early as possible, to achieve the best outcomes for the young person. The only way this can happen is to have the young person at the centre of the planning and decision-making. Therefore, staff who are working with the young person and their parents/carers must share their understanding and commitment to the person-centred approach. Sharing understanding, means that the young person and their parents/carers have the information they need to make informed decisions. The aim is to work together as a team with the young person at its centre to ensure that support is coordinated across all services to achieve a seamless transition to adulthood.

Policy Objectives

Transition planning involves anticipating and assessing future needs of the young person and planning for provision for any necessary support. Success depends on involving the right services and agencies in partnership with young people and their parents/carers.

Overall objectives for successful transition planning:

- Uses a person-centred approach to ensure that transition support positions and values the young person as an equal partner and team member in the process, taking full account of their views and needs, while supporting the young person to make decisions and develop skills and abilities to direct their own care and support over time.
- Ensures transition support is [developmentally appropriate](#), taking into account the young person's maturity, cognitive abilities, psychological status, long term condition needs, social and personal circumstances, caring responsibility, and communication needs.
- Ensures transition support is a [strengths-based approach](#), focusing on what is positive and possible for the young person and identifies support available including, but not limited to, their family or carers.
- Promotes staff in children and adult services to work together in an integrated way for a smooth and gradual transition for the young person.
- Develops joint transition protocols, information sharing processes and approaches to practice, with systems which proactively identify young people in need of additional transitional support needs.

Specific objectives of the policy are:

- Transition support needs are anticipated in time to enable effective planning to meet those needs.
- Support needs for transition, and thereafter, are delivered in line with agreed resources.
- Young people are enabled to achieve their personal outcomes.
- Uncertainties, including service provision and funding, around transitional planning are minimised.
- Support from [Corporate Parents](#) for [Care Experienced](#) Children and Young People will be equivalent to support expected from parents/carers.

Principles of Policy

The young person will be supported by the team round them, including staff and parents/carers to identify their key strengths and skills. Doing this includes identifying:

- What is important to the young person and what they want to do in the future?
- What support does the young person need, want and is eligible for?
- How will the needs and wants of the young person will be achieved?
- How decisions about their future are made?
- What risks may arise for the young person in achieving these outcomes and agreeing how these risks will be managed?

All of the areas identified will then be captured in the [Child's Plan](#). This Plan should also state how these aspirations and outcomes will be met as the young person moves into adulthood. Part of the process of early transition planning with the young person is to assist them to take and learn from risks associated with their decisions and actions; though every effort will be made to protect the young person and others from serious, avoidable harm.

Rights of the Child/Young Person

Children and Young People have legal rights to give their views and wishes and for these rights to be acknowledged and taken into consideration during transition planning. Generally, children of 12 years of age and over are presumed to be of sufficient age and maturity, though exceptions to this should be considered on a case-by-case basis. The [Children \(Scotland\) Act 2020](#) when fully in force will amend this presumption to ensure all children, if capable of doing so, can express their views. At the age of 16 years, all people, regardless of disability, legally gain adult status. Having adult status technically gives the person the right to make their own choices and decisions.

For young people with a disability, all involved in transition planning must recognise the adult status of the young person, while also recognising that the disability may impact on the young person's capacity. However, disability creates no basis for infringement of the rights attached to adult status.

Irrespective of adult status, each young person's maturity differs depending on their experiences and expectations placed on them to date. Therefore, transition from adolescence to adult maturity will happen at different ages. Given this, transition from child to adult services should be based on young people's developmental stage, rather than their biological age. For young people with complex needs, the team needs to work together to agree timing of changes: young people should neither be pushed into other services nor delayed in moving into other services which might better meet their needs.

Parents/carers with parental rights have legal responsibilities for their child, which must be acknowledged by others who are supporting the young person through transition. Parent/carer responsibilities are to provide guidance to the young person which continues until the age of 18, however their legal rights to make decisions and consent to matters on behalf of the child end when the young person is 16 years old.

Where the young person lacks capacity to make decisions on their own behalf, parents/carers can apply for Guardianship for the young person if aged 16 years or above. Guardianship allows the Guardians to look after and take decisions about the welfare and management of the young person. For anyone seeking Guardianship for a young person who lacks capacity, it is recommended that applications for Guardianship start at least 6 months prior to the young person's 16th birthday to allow enough time to obtain the necessary supporting documents required for the application. While Guardianship can be applied for before the young person reaches 16, it will not be granted before the young person reaches 16 years of age.

For young people who are care experienced, the corporate parenting duties for those who are supporting that young person may continue until the young person reaches the age of 26, if the young person requires ongoing support and assistance.

Transition planning starts before the young person has reached the age of 16 years therefore everyone involved in supporting the young person, must be alert to changes to who has the legal rights to offer

advice and guidance, or make choices and decisions on behalf of the young person within the context of the rights of the young person.

Scope of Policy

All young people, particularly those in need, affected by disability or looked after, have a legal right to transition support where this is for Universal or individual services. There are no fixed start or finish dates for transition planning. Yet, early transition planning and ongoing support throughout the process enables the young person to smoothly move from adolescence to adulthood, whatever their needs, abilities, or aspirations.

This policy reflects the universal assessment and support that is offered to all young people who would benefit from support, when they are moving through children's services. The policy is also for young people with more complex needs, including young people with disabilities and care experienced young people. At any time, if the young people or their parents/carers, or any other member of the team supporting the child/ young person considers that additional support would be beneficial, for whatever need, assessment and planning should progress to meet those needs, whether they be shorter or longer term needs.

This policy applies to all staff within Health and Social Care Moray and Moray Council including services for Children and Families; Education; Justice Services; and Communities and Organisational Development.

Transition services

In terms of thinking about the processes that may apply to support individual young people, the levels are described as: - high, medium, and universal support. However, the key issue to achieving the best outcomes through the most appropriate support is the assessment of the young person's needs. From there, the team working together in partnership agrees what supports are needed and from which service. Young people and their parents/carers will be part of the team working out the specific support needed. The following descriptions are given as indicated levels of support and qualifying criterion.

High Level of Support

Young people considered to have the high levels of need for support includes, but is not limited to, the following: young people who: -

- Have a [Co-ordinated Support Plan \(CSP\)](#).
- Are in a specialist placement such as a specialist unit, enhanced provision, or [special school](#).
- Have additional support needs arising from a disability as defined in the [Equality Act 2010](#).
- Are otherwise at risk of not making a successful transition such as care experienced young people.

For these specific groups of young people, an assessment and transition planning is required. Given the complexity of support already in place for these young people, it is likely, that support will come from multiple services as the young person moves into adult service provision. There are several supporting documents that are used to support planning.

Team members round the young person need to be aware of and work within all applicable; key policy, legislation and guidance and work in partnership. For instance, [Staying Put](#) in Scotland guidance for care

experienced young people, emphasises that the time of transition out of care should be when young people are sufficiently skilled and emotionally and psychologically equipped to do so. Young people who are looked after, subject to the outcome of a welfare assessment, can remain in their current placement until aged 21 under continuing care legislation. They are entitled to ongoing support, advice and guidance until aged 26.

For children who are placed out of Moray as looked after children for care needs, or children who are placed out of Moray for education needs, Moray remains their place of residence for the duration of the placement. For young people who are placed because of both care and education needs, they have a right to remain in that placement, provided the placement continues to be in the best interest of the young person.

Transition from a care setting should support young people to make a gradual shift towards independent living using staged introductions. If possible, this allows any young person who is moving from their current care placement to a future care base, the ability to move between the two placements.

Anyone aged 16 and over is entitled to apply for housing and receive a housing support service so they can live independent, safe, secure and respected lives in their own accommodation. Any offer of accommodation will comply with the current [housing allocations policy](#) with any support being provided in line with the [housing support service policy](#). Some young people with high support needs may decide to live independently, with support, assuming the young person has capacity to make the application, understand and adhere to the responsibilities of having a tenancy and engage with the support plan. Care experienced young people can also be considered under a [Scatter Flat Initiative](#) which allows the young person to move into their own accommodation, and provides a tenancy preparation programme with support in an attempt to achieve sustainable tenancy.

Once it is known that the young person wishes to progress towards independent living, housing staff should be included in transition planning. The housing service will assess eligibility, individual needs, level of support required, any identified risks and their ability to engage with that support. Any relevant circumstances to inform decision making about suitability of accommodation and any required adaptations to meet the needs of the young person will also be taken into account. As part of the consideration of appropriate housing, the housing service will provide advice about other housing providers: registered social landlords, private sector landlords and voluntary organisations.

For young people with high or complex support needs, transition planning should start from age 14 (and not less than 3 years before the young person's anticipated school leaving age). Transition support, services and planning can continue until the young person reaches the age of 26.

Medium Level of Support

Young people who have an [Individualised Education Plan \(IEP\)](#) or disability may require medium level of support. These young people will have some additional support needs but may not meet the eligibility criteria to qualify for statutory adult social care services and therefore the high level of transition support. Nonetheless, these young people will still have their support needs assessed through child planning meetings, or through a single agency plan which supports the process of transition and service provision planning. [Getting it Right for Every Child \(GIRFEC\)](#) wellbeing indicators are used to assess the young person's needs and consider any further processes which could be used to support the young person.

Where the young person meets the eligibility criteria to qualify for and needs to transfer to adult health services, staff members should make referrals to the relevant service as soon as possible. Additionally, where there are suspected undiagnosed conditions, referrals to health services will be made for diagnosis and assessment for support or treatment.

For young people who do not meet the criteria for statutory adult services, information, and signposting to alternative non-statutory services, including condition-specific support services should be available. If the young person has a long-term condition, they should be supported to manage their own condition as part of the overall transition plan.

It may be that the young person does not meet the eligibility criteria for a particular transition or adult service. In these cases, the current services working with the young person will continue to work in partnership to develop and review the transition plan to identify support which is available to the young person. This type of support may include giving the young person information on how they will be supported to develop and sustain social, leisure and recreational networks. Furthermore, young people should be put in touch with peer support groups, coaches or mentors.

As with young people with high support needs, transition planning should ideally start between ages 14-15 (depending on the young persons' anticipated school leaving age).

Universal Support

The [Pathway Planning](#) process within the universal support level takes place in school and supports all young people who require additional support with their transition. This process only applies to young people still in school and not those young people who have left school, such as care experienced young people. Care experienced young people who have left school have a separate pathway planning process to meet their needs.

School-based pathway planning is undertaken in meetings at school level and are separate to any planning meetings which may be taking place for individual young people. The purpose of the school-based meetings are to monitor and review the learner pathway of young people who need additional support to participate in learning, training or work (including equalities groups), from S3 until they leave school. Young people, who may need some support for [transitions](#), are identified and any agreed interventions and pathway support required for them is actioned by the relevant partner agency. The school-based meetings also review and track progress. During pathway planning meetings post school preferred routes are reviewed.

Any young person identified as needing some transition support through the school-based planning process are offered a range of work-related learning opportunities. These opportunities include sector days, industry visits, foundation apprenticeships, career ready programme and many more. Additionally, **Skills Development Scotland** provides universal career information, advice, guidance and employability services both within schools and at their centre in Elgin. Through coaching the young people, Skills Development Scotland assists young people to develop career management skills so they are empowered to navigate their own transitions throughout life and actively direct their career. Skills Development Scotland also provide employability support , information and links to local employers, labour market information, access to all learning and skill partner and information about funding. There is also a wide

range of training provision available for young people provided by a partnership network called [Moray Pathways](#).

For some young people, a person-centred and tailored learning plan of activities is required and this is co-ordinated by a keyworker from the **Moray Council Employability** team or an appropriate partner provider.

Processes

Any young person requiring transition support will have their needs assessed through Moray Child Planning Process and their needs will be recorded in their Child Plan. The plan is created in partnership with the young person at the centre of the planning process actively supported by parents/carers and staff team round the young person. It will:

- Be consistent with children's rights and the rights and responsibilities of parents/carers.
- Capture the young person's current and anticipated support needs, taking account of the young person's personal outcomes, wishes and aspirations.
- Identify the Lead Professional.
- Record roles, actions and timescales to implement the plan, by being clear of changes in service responsibilities for funding and service delivery.
- Agreed 6 months prior to expected school leaving date.

Timescales

Transition planning should start as early as possible, and not less than 3 years before the young person leaves secondary school. This timescale is particularly important for young people in the most vulnerable groups such as young people with a disability, complex needs and care experienced young people. For these young people, there are legal timescales which must be adhered to. These timescales are:

- Annual transition meetings should be held for young people who need additional support during this time. Meetings can be held more often if needs change during the year.
- Support and funding should be agreed at least 6 months prior to the young person leaving secondary education.
- There is no specific end date to transition and transition support can continue for some young people up to the age of 26.

Funding

Funding is considered on both a case-by-case basis and as a regularly planned process which enables funding organisations to plan, prepare and forecast significant resource requirements. There are several funding avenues available to support [outcomes](#) from transition planning.

Health and Social Care Funding

Funding from health and social care is allocated to those young people who are eligible for adult social care services. Where this is the case, funding packages will be agreed as part of the transition plan.

Self-Directed Support (SDS)

SDS provides individuals with greater choice, control and flexibility over the support they receive to meet their agreed outcomes. The SDS principles focus on putting the individual at the heart of the assessment process, working in collaboration with their allocated social worker and their parent/carer to identify personal outcomes, and how these are to be met in a person-centred way. SDS is the way in which long term support is delivered to the people who meet eligibility for social care support, determined through a social work assessment of need.

A needs assessment is completed by the allocated worker with participation from the young person, their parents or carer, to establish eligibility. If the assessment determines identified needs which may require funded support, a Supported Self-Assessment Questionnaire will be completed to identify an indicative budget. A monetary value, the indicative budget, is given to establish the amount of funding which may be available to meet the young person's agreed outcomes. The indicative budget is not an agreed amount or entitlement to that level of funding; it is only an indication of the level of funding which may be required to support needs and to meet outcomes. The indicative budget is also not fixed as this level of funding may increase or decrease dependent on the young person's changing needs identified in the review process.

Once the level of SDS funding is agreed, the young person and parents/carers are given a personal budget. This personal budget supports the young person to meet their personal outcomes. These personal outcomes are discussed and agreed by the young person, their parents/carers and allocated worker. Additionally, they discuss and agree how these outcomes can be met. From there, the individual will be able to choose one of four options available to manage their agreed personal budget. The options of SDS are:

- **Option 1** - Young person and parents/carers receive a direct payment to purchase the support they require, including a personal assistant.
- **Option 2** - Young person and parents/carers choose the support they require but the council pays for the service on their behalf. Alternatively, another organisation besides the council could manage the payment for the services; this arrangement is called Individual Service Fund (IFS)
- **Option 3** - The council decides how to spend the funding and arranges the support; this is called Arranged Services.
- **Option 4** - If wanted, the young person and parents/carers can choose a combination of two or more of the options for different parts of their support.

Whatever SDS option is chosen, the allocated budget must be spent to achieve the personal outcomes identified in the assessment and transition plan. The transition plan must also agree the timescales involved in obtaining the support and funding, particularly when the young person is transferring into adult social care services.

National Funding

There is a range of national funding available to support young people. For instance:

- **Scottish Independent Living Fund (ILF) Transition Fund** – supports disabled young people between the ages of 16-21 to take part in activities they may not have been able to before and help them become independent.
- **Additional Support Needs for Learning Allowance** – supports college students’ study and travel-related expenses which arise because of their disability.
- **Disabled Students' Allowance** - supports higher education students’ costs which arise because of their disability.
- **Community Jobs Scotland** – supports young people aged 16-29 with paid jobs in the third sector and a programme offering part time jobs to disabled young people.
- **Workplace Equity Fund** – promotes equality in the workplace.
- **Fair Start Scotland** – employment support services for young people with a disability, additional support needs, health condition or care experienced who struggle to find a job that meets their needs.

Key Responsibilities and Ways of Working

The goal of working together is to support the young person to live as a valued member of their community. Overall, there are 5 key ways of ensuring that transition planning is effective. These are: -

- Establish a single point of contact - This will be the lead professional who takes responsibility for all planning during the transition process.
- Start transition planning early – Begin at least 3 years before the anticipated school leaving date and, in some cases, continue ongoing transition work until aged 26.
- Information for young and their families - Provide information about transitions in an accessible way.
- Help the young person to explore accommodation options – Work in partnership with housing and care services to acquire appropriate and realistic housing options.
- Communication approaches - Use a person-centred approach focusing on what young people want and need moving away from a service-centred approach with young people as passive recipients.

More specific ways of working to ensure the best outcomes from the process are as follows:

Meetings

- Help prepare the young person and parents/carers for the meeting by providing information about the meeting format in sufficient time, so that they can reflect and prepare.
- Give information to the young person and parents/carers, prior to the meeting, about what they might expect from services and supports that may be available to them.
- Hold meetings in places which are welcoming to the young person (and parents/carers); places that are ideally of their choice.
- Support young people and parents/carers to be prepared and able to fully participate, by having clear and agreed agendas; ensuring that there are opportunities to ask and answer questions.
- Make time with the young person and parents/carers for a de-brief after the meeting.
- Ensure meetings are constructive where all parties are open and honest with each other.

- Information should be in an accessible format. It should describe the process and provide information of the support available before and after the transition.
- Use communication tools or methods appropriate to the needs of the young person to ensure their full input into the process.
- Given the current climate it may be that meetings are held virtually since face to face may not always be possible.

Developing the Transition Plan

- Build the Transition Plan to evidence that personal budgets are encouraging young people to meet or exceed their aspirations.
- Move from a traditional approach by using all the tools and skills available to staff, particularly social work staff who have a key role in assisting young people to connect with their communities.
- Actively research the services and opportunities available in the community, including directly contacting them, and share that knowledge with the young persons and parents/carers to enable them to make informed decisions.
- Recognise that achieving a fulfilling life is not easy and may come with significant hidden costs to the family. http://www.moray.gov.uk/moray_standard/page_79547.html
- Respect young people with disabilities by providing realistic and accurate advice and information about future support options.
- Plan early for transition to enable sufficient time to creatively consider what needs to happen for a smooth transition into adulthood.
- Establishing a school leaving date with the young person and parents/carers is an important part of the process and goal to work towards, however leaving dates should not be assumed nor fixed as circumstances may change.
- Ensure that the Transition Plan identifies likely or potential additional support that requires funding by relevant organisations at least 3 years prior to the young person leaving school.
- Celebrate successful outcomes with young people.

Partnership Working

By working with Getting it Right for Every Child principles, the following achievements will be met:

- Work with families to enable young people to be empowered in preparing them for independence, supporting a whole life approach as the young person moves into adulthood.
- Plan for the young person's life in partnership with the young person and their parents/carers and other staff working and supporting that young person, particularly colleagues in education who may know the young person well and are able to encourage the young person to self-advocate and be active in the planning for their future.
- Ask the young person how they would like their parents/carers to be involved in the transition planning.
- Discuss the expectations of transition with young people and parents/carers at the outset of transition planning.

- Enable family leadership by assisting the young person and their parents/carers to find solutions to difficulties as they arise, taking care to ensure that these difficulties do not escalate.
- Value and build on the input from families, including extended family members, as these are the people that are constant in the young person's life.
- Inform health and social care colleagues at the earliest opportunity of any resources required to support young people who are eligible for adult social care.
- Ensure clear, informed, professional leadership and coordination throughout the process.
- Children and adult service managers should ensure that a practitioner from the relevant adult service meets the young person before they transfer from children's services.

Key Responsibilities for services

- The Lead Professional in Children's Services ensures clear professional leadership and coordination including sharing relevant information in line with [Data Protection](#) legislation.
- The Lead Professional coordinates the child planning meetings as well as the transition process inviting all relevant others to contribute to the child's plan and meetings.
- If the young person is eligible for adults' services, the adult services social worker will provide the young person and parents/carers with information about different ways to manage their care and support.

Supporting Procedures & Services

- **Pathways Planning in school** – Use this to capture the needs of the young person, research opportunities for potential support and be creative in getting the right support, at the right time, in the right format, to achieve the best outcomes. <https://moraypathways.co.uk/training/>
- **Pathways Planning for care leavers** – This is a statutory requirement, consistent with the duties in part 10 of the Children and Young People Scotland Act 2014. <https://www.gov.scot/publications/guidance-part-10-aftercare-children-young-people-scotland-act-2014/>
- **Adult Eligibility Assessment** - If the young person is likely to transfer to adult care services, a needs assessment against the eligibility criteria should be undertaken as part of the transition process and included in the child's plan as it progresses. http://www.moray.gov.uk/moray_standard/page_79484.html
<http://www.moray.gov.uk/downloads/file79352.pdf>
- **Continuing Care** - Looked After Children who wish to remain in their current placement can ask to do so up to the age of 21, subject to completion of a welfare assessment and the placement being available to them.
- **Transition Panel** – This is an internal process. The panel meets every 6-8-weeks to consider the projected needs of future service provision. This panel agrees the date at which adult services will have responsibility for funding, rather than children's services.
- **Resource Allocation Panel** – The Panel makes decisions on funding care and support packages. This Panel also considers SDS funding.

- **SDS Self Assessment Questionnaire and Social Work Assessment** - To establish eligibility for SDS, young people and parents/carers along with their lead professional need to complete both the Self-Assessment Questionnaire and the needs Assessment to establish eligibility.
- **Clinical Nurse Specialists (Paediatric)** - Co-ordinates joint outpatient clinic appointments for children/young people where adult service consultants and specialist nurses are present. A number of the teams have adopted the Southampton `Ready, Steady, Go` transition documentation to aid discussion on lifestyle issues.
<http://www.uhs.nhs.uk/OurServices/Childhealth/TransitiontoadultcareReadySteadyGo/Transitiontoadultcare.aspx>
- **Mental Health Services** - Specialist Mental Health assessment, care and treatment for anyone under the age of 18 is provided by the **Child and Adolescent Mental Health Service (CAMHS)**. When an individual reaches 18 years of age and has new or ongoing significant mental health needs, referral must be made by the GP or by CAMHS (if they are already delivering care and treatment to the young person). The referral and eligibility criteria for CAMHS is: -
<http://www.moray.gov.uk/downloads/file120801.pdf>
- **Mental wellbeing** - Community based services are an important resource for consideration in the development of transition plans and forms part of the tiered model to provide the right level of support, from the right place at the right time. It will not always be necessary for identified needs to be met by formal health and social care services. The following link may be useful -
<http://www.discoverpathwaysmoray.org.uk/>
- **Guidance on Health Assessments for Looked After Children and Young People in Scotland** -
<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2014/05/guidance-health-assessments-looked-children-scotland/documents/guidance-health-assessments-looked-children-young-people-scotland/guidance-health-assessments-looked-children-young-people-scotland/govscot%3Adocument/00450743.pdf>
- **Advocacy** – Independent advocacy is an option and should be made available to ensure supported representation of the young person’s voice.

Data Protection

All staff working to deliver this policy will adhere to the requirements of the Data Protection Act 2018 in relation to obtaining, recording, storing, using and destroying information. Each service must ensure that personal data is processed fairly and lawfully; used only for the intended purposes; and only use relevant information. Each service will ensure that information held is accurate and kept up to date, where required. Each service will ensure that appropriate measures are taken to prevent the unauthorized or unlawful use of any ‘personal information’.

Where data will be used for purposes of reporting or audit, this will be made explicit to young people and their parents /carers.

Any individual can make a data access request to obtain information about the data held on them by any Scottish public authority. Requests using Freedom of Information (FOI), Data Protection Act (DPA), or **General Data Protection Regulation (GDPR)** can be directed to the relevant organisation at info@moray.gov.uk or by accessing the following link -
http://www.moray.gov.uk/moray_standard/page_41220.html

Freedom of Information (FOI)

The organisations will adhere to the Freedom of Information (Scotland) Act 2002 which gives a general entitlement to request information from any Scottish public authority who holds that information to be given that information.

Noted above, any individual can make a subject access request to obtain information held about them by any Scottish public authority. Requests should be made to the FOI/DPA team in the relevant organisation.

Data Sharing

Transition planning requires information to be shared across and between staff within the same or different organisations. All staff will adhere to confidentiality guidelines and data protection legislation. Young people and parents/carers will be asked for their permission at various stages in the process to share relevant information to those staff involved in the transition process. However, at any point in the process, if staff believe that a young person is at risk, or at risk of harming others, this information must be given to appropriate agencies.

Complaints

All staff will have knowledge of the Model Complaint Handling Procedures as well as the Council's Complaints Procedure. http://www.moray.gov.uk/moray_standard/page_1379.html

Disputes between services are referred to the Head of Service/Director of Health and Social Care Moray, senior staff in NHS Grampian or senior staff within Moray Council, whichever is most appropriate. Where there is a disagreement between Heads of Service on any aspect of transition planning that cannot be resolved through inter-departmental discussion, the matter is referred to the Chief Officer of Moray Integrated Joint Board.

Monitoring/Reviewing of Policy

This policy will be monitored against specific objectives. The objectives are consistent with the principles for good practice for transitions. <https://scottishtransitions.org.uk/7-principles-of-good-transitions/principles-into-practice/>

The objectives to be measured are:

1. Transitional and continuing support needs are anticipated in time to enable effective planning to meet these needs through:

- Completion of assessment of need.
- Agreed transition plan setting out how those needs will be met.
- Completion of assessment and transition plan in place at least 6 months before the anticipated school leaving date for the young person.

2. Resources underpinning the transition and continuing support needs are agreed and met through:

- Consistent outcomes identified by the young person and captured in the transition plan are achieved.
- Funding is agreed and available.

3. Uncertainties for the young person, parents/carers and service providers are minimised through:

- Young people and parents/carers are satisfied with the transition plan and its implementation.
- Any disputes are resolved as early as possible or referred to the appropriate organisation for arbitration.

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

This policy will be reviewed annually or when policy, guidance, or legislation changes.

Equalities and Human Rights

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

The organisations will ensure that information is produced in plain English and, where needed, in a variety of formats and languages. Translation services are available if required. Every effort will be made by the organisations to remove any physical barrier that prevents face to face communication.

Public authorities must ensure that when discharging their functions, they do not act in a manner which is incompatible with the rights outlined in the Human Rights Act 1998. All parts of this policy and associated providers comply with obligations within the Human Rights Act 1998.

Data will be gathered to inform future transition planning and commissioning of services. Data from education, health and social work will be used to build a picture of the type of support required. Further data will be analysed to understand who has been receiving support from children's services, but who are not eligible for adult services, to build support for those young people. Data includes: -

- Resources available in primary care, education and social work.
- Young people who do not meet eligibility criteria for support from adult services and those for whom services are available for another reason.
- Information will be gathered for young people with varying impairments/ conditions, i.e. neurodevelopmental disorders, cerebral palsy, behaviours that challenge, supported with palliative care, etc.

Glossary / Terms used in this Policy

Additional Support Needs (ASN) - All children and young people need support to help them learn.

Through good quality learning and teaching, staff in early learning and child care settings and schools are able to meet a diverse range of needs without additional support. Some children and young people will require support that is additional to, or different from, that received by children or young people of the same age to ensure they benefit from education, whether early learning, school or preparation for life

after school. There are many reasons why children and young people may need support to help them learn. Additional support needs can be both long- and short-term, or can simply refer to the help a child or young person needs in getting through a difficult period. Additional support needs can be due to; **disability or health, learning environment, family circumstances, social and emotional factors.**

The Education (Additional Support for Learning) (Scotland) Act 2004 informs practitioners and organisations of their duties, and parents of their rights, in respect of the provision of support for children and young people.

<http://education.gov.scot/parentzone/additional-support/what-are-additional-support-needs/>

<http://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/3/>

Advocacy - Advocacy is about supporting a child or young person to express their own needs and views and to make informed decisions on matters which influence their lives. Advocates do not make choices for children – instead, they support children and young people to make their own choices.

<http://www.gov.scot/publications/childrens-advocacy-guidance/>

CAMHS - NHS Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

All children and families should receive support and services that are appropriate to their needs. For many children and young people, such support is likely to be community based, and should be easily and quickly accessible.

Children, young people, and their families will be able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. Community supports and services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure that there are clear and streamlined pathways to support where that is more appropriately delivered by these services.

<http://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

Care Experienced - Care experienced is an umbrella term which can mean children / young people who are: looked after at home through a Compulsory Supervision Order (CSO); looked after away from home in a residential children's house, in a foster placement or in a kinship placement (Looked After or Non Looked After); or previously looked after, where at some point in their lives they have had any of the above experiences. <http://education.gov.scot/media/gymf322m/childrenyoungpeopledefinitionsdoc.pdf>

Care Leaver - A Care Leaver is a young person who ceased to be looked after on, or at any time after, their sixteenth birthday.

" <http://www.gov.scot/publications/supporting-young-people-leaving-care-scotland-regulations-guidance-services-young/pages/3/>

Child's Plan - A personalised child's plan is available when a child needs a range of extra support planned, delivered and co-ordinated. <http://www.gov.scot/policies/girfec/childs-plan/>

Co-ordinated Support Plan (CSP) - A number of children and young people have additional support needs arising from complex or multiple factors which require a high degree of co-ordination of support from education authorities and other agencies in order that their needs can be met. This support is co-

ordinated through the provision of a co-ordinated support plan. Coordinated support plan is a statutory document which is subject to regular monitoring and review for those children and young people who have one. <http://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/6/>

Continuing Care - A young person born after 1 April 1999 who is looked after in foster, kinship or residential care is eligible to remain in their current care placement until they turn 21. This is called Continuing Care. <http://www.gov.scot/policies/looked-after-children/children-leaving-care/>

Corporate Parenting - Corporate parenting is "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers". A good corporate parent will want the best outcomes for their looked after children, accept responsibility for them, and make their needs a priority. <http://www.gov.scot/policies/looked-after-children/corporate-parenting/>

Developmentally appropriate - Developmentally appropriate care and support considers the young person as a whole, addressing their biological, psychological and social development in the broadest terms. <http://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765>

Educational Placement / School Placing Request - Most children and young people will attend a school nearest to where they live. If a child has additional support needs, the council has a duty to grant a request for a place in a specified school, unless there are statutory grounds for refusal that must be explained to you in writing. You can make a request for a special school (this includes independent and grant-aided, as well as council special schools) or a mainstream school. If the specified school is an independent special school, in Scotland or elsewhere in the United Kingdom the home authority must, in most cases, must meet the fees and other costs. <http://www.gov.scot/publications/choosing-school-guide-parents-nov-16/pages/2/>

Equality Act 2010 - The [Equality Act 2010](#) legally protects people from discrimination in the workplace and in wider society. It is against the law to discriminate against anyone because of: age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, [disability](#), race including colour, nationality, ethnic or national origin, religion or belief, sex, sexual orientation. These are called 'protected characteristics'.

You are protected from discrimination: at work, in education, as a consumer, when using public services, when buying or renting property, as a member or guest of a private club or association.

You are also protected from discrimination if; you are associated with someone who has a protected characteristic, for example a family member or friend, or you have complained about discrimination or supported someone else's claim.

General Data Protection Regulation (GDPR) - The processing of personal data. GDPR broadens that scope to include online identification markers, location data, genetic information and more. <http://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/>

Getting It Right for Every Child (GIRFEC) - A national approach to improve outcomes and support the wellbeing of children and young people by offering the right help at the right time from the right people.

<http://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/4/>

Guardian / Guardianship - This is a court appointment which authorises a person to act and make decisions on behalf of an adult with incapacity.

<http://www.publicguardian-scotland.gov.uk/guardianship-orders>

Housing Allocation Policy – This policy explains the way council housing is allocated.

<http://www.moray.gov.uk/downloads/file122433.pdf>

Individual Education Plan (IEP) - An individualised educational programme (IEP) is a written document that outlines the steps to be taken to help a child or young person with additional support needs to achieve specified learning outcomes.

" <http://education.gov.scot/parentzone/additional-support/how-schools-plan-support/types-of-plan/>

Lead Professional - Where there is a Child's Plan and targeted interventions to support a child or young person and parents, there will be a Lead Professional to co-ordinate that help.

<http://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/4/>

Looked After Children (LAC) - 'Looked after children' are defined as those in the care of their local authority. There are many reasons children may become looked after, including: they face abuse or neglect at home; they have disabilities that require special care; they are unaccompanied minors seeking asylum, or who have been illegally trafficked into the UK; or they have been involved in the youth justice system. <http://www.gov.scot/policies/looked-after-children/>

Moray Child Planning Process - This process is used by staff in the transition process as a tool to deliver the objectives of the transition policy. http://www.moray.gov.uk/moray_standard/page_102559.html

Pathway Planning (Moray Pathways) - For further information about the range of provision, please use the following link - <http://pathways.co.uk/training>

Ordinary Residence - A person's ordinary residence is the local authority area in which a person and/or their family reside. The local authority in which that person is an ordinary resident is financially responsible for the community care services for that person. <http://www.gov.scot/publications/community-care-ordinary-residence-determinations/>

Outcomes - Outcomes are defined as what matters to people using services, as well as the end result or impact of activities, and can be used to both determine and evaluate activity.

<http://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

Person-centred approach - This means seeing the person using care and support as an individual and an equal partner who can make choices about their own care and support.

<http://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765>

Special Schools - Special schools are schools whose sole or main purpose is to provide education especially suited to pupils with additional support needs. Units or bases which are attached to mainstream schools (and which are wholly or mainly for pupils with additional support needs) are in law, captured within the definition of a special school.

" <http://www.gov.scot/publications/guidance-presumption-provide-education-mainstream-setting/pages/4/>

Strengths-based - Strengths-based practice involves the person who uses services and the staff who support them working together to achieve the person's intended outcomes, in a way that draws on the person's strengths.

<https://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765>

Throughcare / Aftercare - Throughcare/aftercare service is a service for young people leaving care to enable the young person to make a successful transition to independent adult living. This means the young person must be empowered to make decisions and take control of their lives. To do this they must be at the heart of the assessment and planning process and fully involved in all aspects of their own throughcare and aftercare. <http://www.gov.scot/publications/supporting-young-people-leaving-care-scotland-regulations-guidance-services-young/pages/3/>

Transfer - The actual point at which the responsibility for providing care and support to a person moves from a children's to an adults' provider.

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<http://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765>

Transition - The process of moving from children's to adults' services. It refers to the full process including initial planning, the actual transfer between services, and support throughout.

<http://www.nice.org.uk/guidance/ng43/resources/transition-from-childrens-to-adults-services-for-young-people-using-health-or-social-care-services-pdf-1837451149765>

Transitions - Within almost all schools, children and young people will encounter changes and transition from each stage to stage. Whatever the form of change and transition, all children and young people are entitled to support to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide and also support in moving into positive and sustained destinations beyond school.

<http://www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/7/#page-top>

Scatter Flat Initiative - An initiative where care leavers have the opportunity of a short assured tenancy, to develop their independent living skills, with support.

Staying Put - National guidance to support looked after children and care experience young people to remain in their current placement. <https://www.gov.scot/publications/staying-put-scotland-providing-care-leavers-connectness-belonging/>

General Timescales - Additional support for learning: statutory guidance 2017

www.gov.scot/publications/supporting-childrens-learning-statutory-guidance-education-additional-support-learning-scotland/pages/7/