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North Lincolnshire Preparing for Adulthood Protocol 2021-2023

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1. Objective

This protocol aims to ensure that professionals across education, health and social care are consistent in their approach to providing a seamless and safe transition from adolescent to adulthood, enabling young adults to achieve the best possible outcomes in employment, independent living, positive relationships, community inclusion and good health.

2. Legislation and Guidance

This protocol is informed by the following legislation and national guidance:

2.1 The Children and Families Act 2014 (Part 3)

Section 19 of the Children & Families Act 2014 makes clear that local authorities, in carrying out their function under the act in relation to children with special educational needs and children with disabilities **must** have regard to:

- The views, wishes and feelings of the child or young person, and the child's parents
- The importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- The need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

Person centred approaches are a central theme throughout the Act; professionals across all services and agencies are expected to work together and ensure the young person and their family are at the centre of all activity.

Children and young people who may require a statutory plan to secure the relevant special educational provision to meet their special educational needs will undergo an Education, Health and Care (EHC) needs assessment.

The Children and Families Act (Part 3) also establishes a duty to publish a **Local Offer** which sets out in one place information about the available education, health and care provision for children and young people who have special educational needs and/or disabilities. The link to the North Lincolnshire Council Local Offer page is <http://www.northlincslocaloffer.com>

Personal Budgets

The act makes clear young people and parents of young people who have EHC plans have the right to request a personal budget, which may include funding from education, social care and health.

Preparing for Adulthood

Preparing for adulthood should be an integral part of a young person's journey. The Children and Families Act 2014 expects high aspirations to be set and with the right support, clear outcomes, and a joint approach, to enable young people with special educational needs and/or disabilities to go on to achieve successful outcomes in adult life. Preparing for adulthood means preparing for:

- **Further/Higher Education and/or employment** – this includes exploring different employment options such as supported internships, support to become self-employed and help from employment agencies. All schools should consider how to link employers with young people from year 9.
- **Independent living** – this means young people having choice, control and freedom over their lives and the support they receive, their accommodation and living arrangements, including supported living.
- **Participating in society** – including having friends and supportive relationships and participating in and contributing to the local community.
- **Being as healthy as possible in adult life** – this means having the opportunity to live a healthy lifestyle and have specific health needs met.

The Children and Families Act 2014 - statutory guidance sets out clear duties in **chapter 8, Preparing for Adulthood** that all local authorities **must**:

- Ensure that the relevant services they provide co-operate in helping children and young people prepare for adulthood
- Ensure that the EHC plan review from year 9, and every review thereafter, includes a focus on preparing for adulthood
- Ensure planning is centred around the young person and explore the child or young person's aspirations and abilities and what they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition
- Ensure transition planning is built into the revised EHC plan.

Packages of support across five days a week - the statutory guidance makes clear 'where young people have EHC plans, local authorities **should consider**, where appropriate, the need to provide a full package of provision and support across education, health and care that covers five days a week, to meet the young person's needs.

To receive social care funding an assessed need must be identified. Any NHS health funding is provided via meeting the Continuing Healthcare (CHC) criteria. Even when the criteria is met, the duty on local authorities is '**should consider**' and therefore available resources are a factor when considering five day provision, and provision of community and family resources.

2.2 Special Educational Needs and Disability Code of Practice 2014

This statutory Code of Practice explains the duties of local authorities, health bodies, schools and colleges to provide for those with special educational needs under part 3 of the Children and Families Act 2014.

2.3 The Care Act 2014

The Care Act helps to improve people's independence and wellbeing. It makes clear that local authorities must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating such that they would require ongoing care and support.

Local authorities must consider various factors:

- What opportunities, facilities and resources are already available in the area (for example local voluntary and community groups) and how these might help local people
- Identifying people in the local area who might have care and support needs that are not being met
- Identifying carers in the area who might have support needs that are not being met.

Every assessment and intervention should be person centred and all presenting needs explored to identify what outcomes people would like to achieve to support their independence and/or well-being, both in the immediate and longer-term.

[The Care Act 2014](#) is a single framework for the provision of care and support. Part One of The Care Act describes statutory duties or requirements to:

- Embed individual wellbeing at the heart of all care and support arrangements
- Enhance the focus on prevention
- Provide an information and advice service about care and support
- Carry out an assessment for both individuals and carers wherever they have needs, including people who will be meeting their own care costs
- Strengthen rights for carers
- Implement the national eligibility system with a minimum threshold
- Facilitate a vibrant, diverse and sustainable market of care and support provision and to meet people's needs if a provider of care fails
- Implement an adult safeguarding framework
- Work in partnership with others with a focus on integration with health
- Offer a universal 'deferred payment' scheme where people can defer the costs of care and support set against the value of a home that they own
- Arrange independent advocacy to facilitate the involvement of an adult or carer in assessing needs and planning for care.

Section 16 of the Care Act statutory guidance focuses on **Transition to Adult Care and Support**. This links the duties set out in the Children and Families Act 2014 – Part 3. The Care Act 2014 sets out a range of specific duties during transition, these are:

- The wellbeing of each young person and/or carer **must** be taken into account so that assessment and planning is based around the person's needs, wishes and outcomes which matter to that person.
- For young people with special educational needs (SEN) who have an EHC plan under the Children and Families Act, preparation for adulthood **must** begin in year 9.
- The transition assessment **must** be of significant benefit to the young person or carer and **must** minimise disruption to the young person and/or their family.
- A young person or carer, or someone acting on their behalf, has the right to request a transition assessment. The local authority must consider such requests and whether the likely need and significant benefit apply and if so it **must** undertake a transition assessment.
- The local authorities **must** assess the needs of a child's carer where there is a likely need for support after the child turns 18. In North Lincolnshire this takes place as a holistic assessment which considers the young person's and carer's needs and the impact this may have on the wider family.
- Local authorities **must** assess the needs of young carers as they approach adulthood. This may take the form of an 'Early Help' assessment from the Young Carers Team.
- **Co-operation between professionals and organisations** - 'people with complex needs for care and support may have several professionals involved in their lives, and numerous assessments from multiple organisations. For children with special educational needs and/or disabilities, the Children and Families Act 2014 brings these assessments together into a coordinated EHC plan. Local authorities must cooperate with relevant partners and this duty is reciprocal'.

2.4 The Mental Capacity Act 2005

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move or have major surgery.

A person can lack capacity to make some decisions (for example, to decide on complex financial issues) but still have the capacity to make other decisions (for example, to decide what items to buy at the local shop).

The Mental Capacity Act says:

- assume a person has the capacity to make a decision themselves, unless it's proved otherwise
- wherever possible, help people to make their own decisions
- don't treat a person as lacking the capacity to make a decision just because they make an unwise decision
- if you make a decision for someone who doesn't have capacity, it must be in their best interests

- Treatment and care provided to someone who lacks capacity should be the least restrictive of their basic rights and freedoms.

The MCA also allows people to express their preferences for care and treatment, and to appoint a trusted person to make a decision on their behalf should they lack capacity in the future.

People should also be provided with an independent advocate, who will support them to make decisions in certain situations, such as serious treatment or where the individual might have significant restrictions placed on their freedom and rights in their best interests.

In addition to the above key legislation and code of practice, this document also recognises duties and responsibilities under the following acts and guidance:

- The Children's Act 1989/2004
- Think Autism – 2014
- National Framework for Children and Young People's Continuing Care
- National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care
- Mental Health Act 1983 / 2005
- NICE Guidance - Transition from Children's to Adult's Services for young people using health or social care services 2016
- Care Standards Act 2000
- The Education Act 1996
- Learning and Skills Act 2000
- Equality Act 2010
- United Nations Convention on the Rights of the Child 1989.

3. Introduction

North Lincolnshire partners are committed to working together to support young people with special educational needs and disabilities (SEND) and their families in preparation to adulthood, utilising a One Family Approach to ensure that a young person's needs are considered in a holistic way. Therefore, establishing the right level of support at the right time and in the right place, enabling people to stay independent within their own, home, school and community.

The majority of children and young people with special educational needs can be provided for from resources normally available in their education setting.

The [Local Offer](#) will ensure that families and practitioners can find out what is available. This helps everyone to make the most of services offered in schools and in the community.

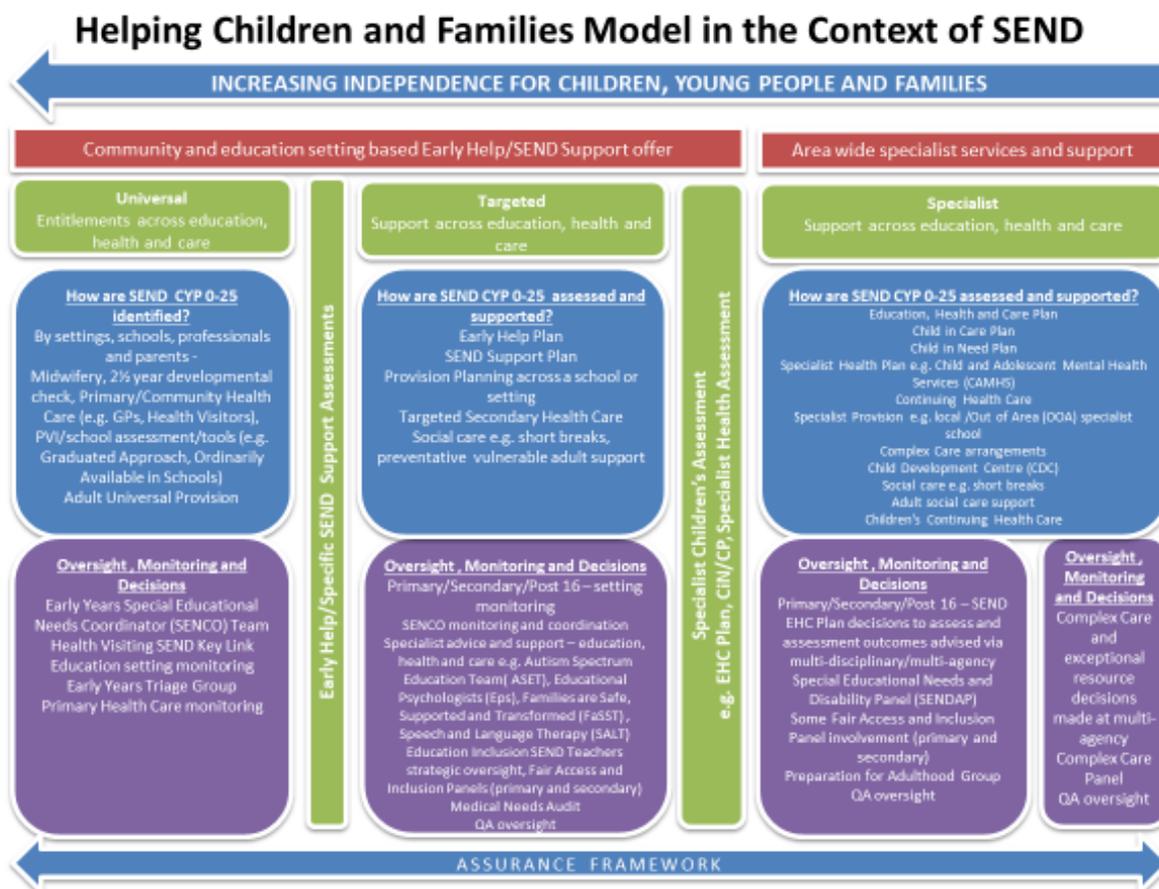
Where provision cannot reasonably be provided through services that are normally available, it may be necessary to apply for an EHC needs assessment.

Throughout transition for young people with complex needs, the EHC plan will usually be the central plan which supports preparation for adulthood.

The levels of need are summarised below. This model helps us to see how the council organises its services in the context of adults, based on levels of need. It is designed to show how people will access help at the earliest point and at the lowest level to reduce and delay the need for specialist services.



This model dovetails with the graduated approach and levels of need in the SEND Code of Practice as described through the diagram below – ‘Helping Children and Families Model in the context of SEND’.



In order to commission, deliver and review an appropriate level of support for young people and young adults, partners work together to ensure regular oversight from year 9 to achieve positive outcomes and opportunities in adulthood.

This is a North Lincolnshire wide protocol and is the responsibility of council, education and health organisations. These include:

- North Lincolnshire Council:
 - Adults and Community Wellbeing
 - Children and Community Resilience
 - Learning, Skills and Culture
- Schools, Colleges and Education Partners
- North Lincolnshire Clinical Commissioning Group (CCG)
- Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Northern Lincolnshire and Goole NHS Foundation Trust (NLG.)

Partners across education, health and social care have a key role to play in helping children and young people with special educational needs and disabilities prepare well for adult life.

This protocol sets out the shared vision for establishing effective partnership working. It identifies the statutory duties and responsibilities of each agency and department. All agencies involved in developing the protocol and pathway have made a commitment to follow the guidance set out in this document. This protocol will make clear the different roles agencies have, creating a better understanding of each other's roles, responsibilities and how the statutory duties will be met, ensuring best practice in achieving outcomes for people.

The most vital element will be the commitment of individual workers working together, finding positive pragmatic solutions and focusing on developing family centred approaches.

4. Scope

The Preparation for Adulthood protocol applies to:

All young people, typically from year 9 upwards, who are recognised as having SEND, including mental health needs, whether or not they have an EHCP. This protocol will also apply to young carers.

5. Protocol Key Points

5.1 Preparing for Adulthood

Young people with SEND have the same hopes, dreams and aspirations as everyone else but sometimes their additional needs can mean they experience barriers to achieving these aims.

Young people with SEND may need extra support or adjustments to achieve the outcomes they want and need to learn, work and be full participants within their local community.

Promotion of achievement and the best possible outcomes for each young person is our primary objective and we hope that with the right support many young people with SEND can build the confidence and independence they need to lead their own purposeful and independent lives.

Preparation for adulthood is centred on young people gaining choice and control over their aspirations and opportunities.

5.2 Information and Advice

The [Local Offer website](#) is regularly updated and provides a wide range of information on the support and provision available locally for children and young people with Special Educational Needs and/or Disabilities. Helpful information can be found on the [preparing for adulthood](#) pages on the Local Offer website.

Further information can be found within the [Family Information Service](#) and the North Lincolnshire website pages for [care and support for adults](#).

These services are provided to help support young people and families to find information for themselves that will help them identify their own personal and community solutions to meeting their needs.

Young people with an EHC plan will be provided with specific information and advice at key times to help them prepare for adulthood. If a young person requires support to understand information or to express their views and opinions then an independent advocate must be provided.

5.3 North Lincolnshire Council Community Hubs

The six local community hubs provide local opportunities for residents to access the services, resources and opportunities they require to live safe, well, prosperous and connected lives.

The hubs offer:

North Lincolnshire connects residents with their communities through a network of locality-based community hubs enabling independence and wellbeing.

The Community Hubs support residents by providing a safe environment to access information, activities, skills and services, and by providing the tools to enhance personal knowledge, confidence and a sense of belonging.

The majority of North Lincolnshire residents live within a fifteen-minute drive of their local community hub. Hubs are in each of the following locations: Scunthorpe, Brigg, Barton, Crowle, Epworth, Ashby & Riddings.

Open to everyone, the hub buildings are designed for local residents to take steps to improve their wellbeing by:

- Connecting with us in person
- Coming together in safe spaces, accessible to all
- Getting involved in a wide range of activities
- Be enabled to improve health, wealth and wellbeing

The hubs offer is built around the **5 steps to wellbeing** (Connect, Keep Learning, Be Active, Take Notice and Give). The provision contributes to improving wellbeing in its fullest sense, both physically and emotionally, with the overall aim that people feel good and function well.

Hubs support residents to lead healthier & happier lives

Community Hubs provide a safe environment for all residents to access activities and pastimes to improve wellbeing and enable them to lead healthy and happy lives. Activities include: chair-based exercise, healthy lifestyles support for weight management and smoking cessation, family stay and play, reminiscence, local history, swim, gym and group fitness sessions including support for disabled

swimmers, adult and family learning, positive activities for youth, support for carers of adults with learning disabilities.

Hubs provide access to a wealth of accessible information and knowledge

Hubs provide residents with the tools they need to access information and learn new skills, improving residents' life opportunities and creating resilience in the community. Activities include: signposting to information and services is provided to residents in a welcoming environment, supported by skilled and knowledgeable staff, public library services, adult learning, Imagination Library, summer reading challenge, reading groups, study space, children's storytelling, newspaper groups, access to online newspapers/magazine, access to advocates for engaging with the Learning Disability Partnership, including digital inclusion and support.

Hubs promote & support personal growth & independence

Hubs enable residents to achieve greater independence by providing support with digital access, money management and employability support, as well as information about personal safety and support self-responsibility and confidence. Activities include: skills for life, cook and eat sessions, digital skills and confidence, workshops to support employability, money management, personal safety, developing independent living skills for adults with learning disabilities.

Hubs support community relationships and connectivity

Hubs provide the opportunity for residents to meet new people, share ideas, listen to each other, and simply come together to have conversations. It also allows for the breaking down of barriers by encouraging people with disabilities and needs the chance to advocate for themselves, or with help and actively engage with the conversations.

Hubs encourage and support partnerships in the community

Hubs promote a sense of belonging in the community, pulling people together in partnership to provide services and activities for residents.

5.4 Employment

Sitting within the Action Station at North Lincolnshire Council, a supported employment progression advisor can organise a series of meetings with the young person and their supporters to listen to their hopes and aspirations. The meetings are flexibly organised to meet needs.

The supported employment progression advisor will complete a 'skills profiling' form so that they get to know the young person well before matching up to the next steps. A joint decision will be made on how to move forward.

Choices will be given around volunteering, training, and/or work. Action Stations also support the writing of a curriculum vitae (CV), how to complete application forms, and how to prepare for an interview using social media.

To make an appointment please ring 01724 296969 or email action.station@northlincs.gov.uk

5.5 Housing

The Housing Advice Team will advise, help and signpost with any general questions or concerns about housing. They are also able and happy to assist tenants, homeowners, and landlords with any issues they might have.

The Housing Advice Team can be contacted by email on housingadvice@northlincs.gov.uk or by phone on 01724 297000.

Once contact is made with the Housing Advice Team, a housing advisor can arrange an appointment to discuss the young person's needs and situation and answer questions.

The Home Choice Lincs website offers advice about how to apply for housing. A young person can also get help to register their housing need through our Local Links, libraries and at Ongo Homes offices. The Scunthorpe Central facility can also help by answering questions and passing on contact details, as can other community hubs across North Lincolnshire.

Further information can be sought from the **Housing Advice Team** by accessing North Lincolnshire's Local Offer website.

North Lincolnshire Council offer **housing related support** which helps vulnerable people to set up or maintain a stable home environment. It is a short-term service that aims to give individuals the skills and confidence to be able to live independently.

Housing Related Support can include:

- Support around benefits.
- Support to develop skills around budgeting, money management and dealing with debt.
- Support to understand responsibilities as a tenant or homeowner.
- Support to understand how to be a good neighbour and how to be better connected with your community.
- Support to deal with landlords, energy suppliers, council tax, and services linked to the home keeping an individual/family safe and well.
- Support to mediate with parents/families.
- Support to access health services.
- Support to access training and employment
- Referrals and signposting to other services as required, such as money advice, legal advice, drug or alcohol services.

To access a housing related support service, a referral is required to First Stop, part of the Housing Advice and Support Service at North Lincolnshire Council; email: Firststop@northlincs.gov.uk or Tel: 01724 296454.

Specialist and supported housing options are available in North Lincolnshire which the council's Housing Advice Team and social work teams can provide information about. Adult Social Care are also able to provide care and support planning options around accessing and living in specialist and supported housing.

5.6 Lead Professional

The role of the lead professional in preparing for adulthood is to:

- Ensure referrals to and assessments by other agencies are undertaken promptly, including inviting key professionals to review meetings to ensure holistic planning takes place.
- Attend reviews on any plans in place.
- Act as a contact point and provide additional support as required by the young person and/or family.

The lead professional can be drawn from a number of different agencies on a case by case basis. Reaching a jointly agreed decision regarding the most appropriate person to act as a lead professional is key in supporting families in a coordinated and family centred way.

The professional may be a:

- SENCO/Teacher/Teaching Assistant
- EHCP Coordinator
- Social Worker
- Community Children's Nurse
- Therapist
- Case Manager within the Continuing Health Care Team
- Personal Advisor
- Learning Mentor.

5.7 Preparing for Adulthood Arrangements

Young people may become known to the council through a referral made by another person (e.g., parent or carer), an Education Health and Care needs assessment referral, or a referral from another professional. The referral will be first made through the [Single Point of Access](#) which includes professionals from Children or Adult and Community Wellbeing Services.

Young people with SEND approaching adulthood could already be known to children's services, be moving into the local authority area, or have had their needs met solely within their educational establishment.

Transitions Assessments

'Transition' assessments can be combined with any other assessment, for example, a Children's Services assessment or an adult care and support assessment (Care Act Assessment). This allows for sensible and flexible combinations of assessments, which is in everyone's interest. 'Transition' assessments can also become part of a child or young person's EHC plan.

Preparing for Adulthood Group

North Lincolnshire has a Preparing for Adulthood Group to further support and enhance a multi-agency approach to preparation for adulthood. The group is made up of education, health and social care professionals and meets monthly. This group is focused on planning for the needs of those young people reaching adulthood within the next 12-24 months in order to improve communication and early planning, with a focus on ensuring that the right people are involved. Individual, parental and professional views are considered and the young person's aspirations are explored.

Professionals can refer a young person to the group where it would be beneficial to have a multi-agency discussion to support the young person prepare and plan for adulthood. The lead worker will complete a preparation for adulthood Discussion form and send to Transition2Adults@northlincs.gov.uk.

The Preparing for Adulthood Group will first consider if the young person has needs that can be met through community and universal services, for example, further training opportunities to access employment and/or housing.

For further information please see NLC Website, [care and support for adults or older people](#) and the [SEND Local Offer](#).

If a young person requires an assessment to explore their current and future care and support needs, the Preparing for Adult Group will recommend an assessment is completed, in line with the relevant legislation. Unless a young person is already being supported by a children's social worker, an assessment will need to be requested by the relevant professional, this may be an early help assessment or statutory adult services assessment.

Adult Social Care

A small number of young people will have needs which are over and above a community/universal level of provision and potentially require future support from Adult and Community Wellbeing services.

Where it appears that the young person is likely to need care and support from Adult and Community Wellbeing Services, Social Workers from the adult social work teams for people with mental health needs and learning disabilities should be invited to attend the EHCP annual review from year 9.

A referral for an adult assessment of care and support needs will also need to be made via the Adult and Community Wellbeing Access Team. The Access Team can be contacted on 01724 297000 (option 2) or by email on aapcustomersupport@northlincs.gov.uk

If the young person however is already being supported by a children's social worker, this team will make an internal referral to the relevant adult social work team.

Young adults over the age of 18, who may not have been previously known to the council or are moving into or returning to North Lincolnshire from a different area, can also request a care and support assessment.

The eligibility threshold for people with care and support needs post 18 is established by the Care Act 2014 and set out in the Care and Support (Eligibility Criteria) Regulations 2014 (the 'Eligibility Regulations'). The threshold is based on identifying how a person's care and support needs affect their ability to achieve relevant outcomes, and how these impact on their wellbeing.

Following an adult social care assessment there are a number of ways that care and support needs can be effectively met. These might include a direct payment or personal budget, support at home and in the community, options around daytime opportunities potentially linked to the Five Day Offer, support with specialist housing needs and support to maintain health, wellbeing and personal relationships.

Young Carers

There is a jointly commissioned All-Age Carers' Service in North Lincolnshire, which promotes seamless support as young people transition into and prepare for adulthood.

Young carers who are supported by the Young Carers' Team, where appropriate will be referred to the Adult and Community Wellbeing Family Carer Team, as they approach adulthood.

The team's primary focus is on the needs of the carer, keeping them well and enabling them to live their life while undertaking a caring role. The team will be able to support carers with the following:

- Carers needs assessment
- Carers personal budgets
- Information and advice
- Signposting and referral to other services
- Listening ear
- Emergency planning

5.8 Children's Services Assessment

When a Children's Services assessment is required the National Assessment Framework will be utilised. A good assessment is one which explores the three domains of the 'triangle':

- The child's developmental needs, including whether they are suffering, or likely to suffer, significant harm
- Parents or carers capacity to respond to these needs
- The impact and influence of wider family, community and environmental circumstances.

The assessment will determine if the young person's educational health and care needs require specialist support and intervention or if these can continue to be managed within universal and targeted services.

5.9 Assessment of Care and Support Needs (Care Act Assessment)

The assessment must consider:

- Current need for care and support
- Whether the young person is likely to have future needs for care and support **and**
- If so, what those needs are likely to be and which are likely to be eligible needs.

Consent needs to be gained for a Care Act assessment.

Considering Capacity: if there are reasons to think that the young person lacks capacity to consent to an assessment, in accordance with the Mental Capacity Act 2005 ('the MCA 2005') and the MCA Code of Practice, an assessment of their capacity will be undertaken and then a best interest decision made regarding progressing with the assessment.

Those young people who are not considered eligible for adult social care will be given information and advice about alternative support options within the community and targeted services.

Once the assessment is complete, if eligible needs are identified, a person-centred care and support plan will be developed, which may include the provision of a personal budget. A financial assessment will determine the amount of contribution a young adult will make to their personal budget.

Young people and their carers will be fully involved with making decisions about their care and support. Social workers from the Adult Learning Disability Social Work Team or Mental Health Social Work Team will work with the young person and their carers to establish the most appropriate time to make the transition to Adult and Community Wellbeing services.

Where a young person would experience substantial difficulty in understanding the necessary information, or in communicating their views, wishes and feelings, they will always have an advocate/family carer to represent them. Where a family carer is involved they are also entitled to an assessment of their needs.

The rights of a young person to make a decision for themselves will be subject to their mental capacity. A young person may have an advocate or family carer who will support them. The underlying principle is to ensure that those people who lack capacity are empowered to make any decisions for themselves as soon as possible, and that any decision made or action taken on their behalf is done so in their best interest.

5.10 Eligibility for Continuing Healthcare (CHC)

The legislation and the respective responsibilities of the NHS, social care and other services are different in children's and adult services. The terms 'continuing care' (in relation to children's services) and 'NHS continuing healthcare' (in relation to adult and community wellbeing services) have different meanings. [Section 1.1 of the National Framework for Children and Young People's continuing care](#) explains the differences between the continuing care for children and NHS continuing healthcare for adults.

Eligibility for children's continuing healthcare should not be taken as indicating any likelihood of eligibility for adult continuing healthcare.

The National Framework for NHS CHC for adults notes that CCGs should clarify future entitlement for an episode of adult NHS CHC for young people in transition, as early as possible. The framework states that formal screening should take place at the age of 16, with eligibility determined by the age of 17. This should allow effective packages of care to be commissioned in time for the person's 18th birthday.

[The National Framework for NHS CHC and NHS-Funded Nursing Care Revised 2018](#) sets out the principles and processes for the implementation of NHS CHC and NHS Funded Nursing Care (FNC). If it is felt that if a young person or young adult is eligible for CHC, the CCG will be informed as soon as possible following the young person entering year 9, this will also be considered at the Preparing for Adulthood Group on a case by case basis, if required. If appropriate the CHC checklist and subsequent assessment will be completed at 16 or above or whenever the young person or young adult becomes known to services.

The Mental Capacity Act principles will apply and the person's informed consent and views will be obtained before determining eligibility to NHS CHC. If the person lacks the mental capacity either to refuse or consent, a 'Best Interest' decision will be taken and recorded in line with the Mental Capacity Act 2005, as to whether to progress to an assessment.

The Decision Support Tool (DST) process will consider the person's health needs and whether they have a primary health need. Where a person has been assessed as having a primary health need, they will become eligible for NHS CHC. In such cases North Lincolnshire CCG will be responsible for providing and funding a package of care and support based on their health and social care needs, as identified in the person-centred care plan, driven by the DST assessment during the CHC eligibility process.

A person may be entitled to services from both the NHS and North Lincolnshire Council Adult and Community Wellbeing services.

Where a person is eligible for CHC the council will, where appropriate, continue to offer a role in assessment and review, support for carers, and social work services.

If a young person is not entitled to adult NHS CHC, their health needs will still be the responsibility of the NHS and they will be supported to access universal, targeted and specialist health services as appropriate. In such circumstances, the NHS will continue to play a full role in transition planning for the young person, and will ensure that appropriate arrangements are in place for services that meet these needs. The focus must always be on the young person's outcomes and support needed to achieve these.

All young people with SEND from the age of 14 years and onwards have the opportunity to access an annual health check with their GP, with a specific health plan in place to support them should this be required.

NL CCG will ensure their providers of children's health services, such as paediatric and mental health services, will have transitions policies and pathways in place, and young people and their families will be encouraged and supported to start early conversations around transition planning.

5.11 Transition from Acute and Community Health and Mental Health Services

When a young person transitions from commissioned healthcare services, including paediatrics, children's community nursing, Allied health professionals and/or children or adolescent mental health service (CAMHS), each provider will be expected to make the necessary transition arrangements between children and adult services. If a child has an EHC, transition arrangements must be made explicit in their plan.

Each provider will be expected to have a transition protocol. Any potential gaps in services provision arrangements due to transition will be expected to be made aware through the EHC process or directly to NLCCG.

5.12 Support in Adulthood

Once the above assessments have been completed and appropriate route to any ongoing health, education or care and support needs have been identified an adult care and support plan will be formulated collaboratively. This adult plan will be secondary to the EHC plan if there is an open EHC plan.

The care and support plan will consider how a young person's needs can be met and how they can access support or activities across five days. This may include a personal budget to purchase care and support from a personal assistant, support into employment or training and access to community activities.

We expect the majority of young people with EHC plans to complete further education alongside their peers, i.e. by age 19, however we recognise that some young people with SEND may take longer to learn, and may need their EHC plans extended so they can access the special educational provision that enables them to achieve the education and training outcomes specified in their EHC plans.

EHC plan annual reviews must have an explicit focus on preparing children and young people for adulthood from year 9 onwards. Clearly defined EHC plan

outcomes are critical to set out the steps that enable young people to transition successfully to adult life.

Young people will be supported to exercise choice and control over their lives, including the four 'preparing for adulthood' outcomes:

- Moving into paid employment and higher education
- Independent living
- Having friends and relationships and being part of their communities
- Being as healthy as possible.

Where young people have EHC plans and have completed secondary education, we will consider a 'five day offer' which is a package of provision and support across education, health and care that can be put together to meet the young person's needs to cover up to five days a week. A 'five day offer' does not have to be at one provider and can include time in different settings and with different providers and include a range of activities to compliment the education outlined within the EHC plan. It may include periods outside education institutions with appropriate support, including time and support for independent study. A package of provision can include non-educational activities such as:

- Volunteering or community participation.
- Work experience that will equip young people with the skills they need to make a successful transition to adulthood, such as independent travel training, and/or skills for living in semi-supported or independent accommodation.
- Training to enable a young person to develop and maintain friendships and/or support them to access facilities in the local community.

It can also include health and care related activities such as physiotherapy. Full-time packages of provision and support set out in the EHC plan should include any time young people need to access support for their health and social care needs.

When a young person's EHC plan is due to come to an end, effective plans for the care and support for the young person will be put in place. Where a care and support plan is in place, this will remain as the young person's statutory plan for care and support. Local authorities should review the provision of adult care and support at this point as the young person's circumstances will be changing significantly as they leave the formal education and training system.

5.13 Roles and Responsibilities

Schools and Colleges

Most children and young people with special educational needs and disabilities receive their education in the mainstream primary or secondary schools in North Lincolnshire. There are also two special schools, one pupil referral unit and one alternative learning setting.

Three of the secondary schools have sixth forms offering a wide range of courses and quality post 16 provision. We also have two colleges in North Lincolnshire, a University Technical College and a University Campus (UCNL).

Schools and colleges have the responsibility for coordinating the formal transition process including organising annual EHC plan reviews. Schools and colleges are well placed to bring together other key agencies and work with children and young people to ensure their views are at the heart of the process.

[Schools and Colleges information](#)

Special Educational Needs Co-ordinator (SENCO)

Every school has an appointed SENCO who is a teacher with additional responsibility to record and update information with regard to the young person's special educational needs, whether or not they have an EHC plan. They liaise with parents and relevant professionals in other agencies, arrange educational facilities and resources and advise the teaching team ensuring that individual educational plans are in place. They monitor the young person's progress in educational settings, arranging formal reviews as required and provide information about a young person's educational needs to key staff in further education meetings.

Special Educational Needs and Disability Team (NLC)

The Special Educational Needs and Disability Team is a small team of EHC plan Coordinators who are responsible for the assessments and placement reviews of children with special educational needs.

The team collates information/documentation from parents and professional staff in education, social care and health on pupils whose special educational needs are being formally assessed by the local authority. They consider that advice against agreed guidance, and if appropriate issue an EHC plan.

The team is responsible for ensuring that the support specified in an EHC plan is provided in school and for arranging alternative specialist placements. Eligibility for support with home to school transport is determined using the eligibility criteria set out in the Home to School Transport policy.

The team works with schools to annually review Education, Health and Care plans.

[Special Educational Needs and Disability Team contact information](#)

Education, Health and Care Plan Coordinators (EHCP Coordinators)

The EHC Plan Coordinators ensure that the EHC needs assessment; planning and review process is followed in a timely manner and in accordance with statutory requirements.

Single Point of Contact – Children

Children's Disability Specialist Social Work Team

The Children's Disability Social Work Team will work with children, young people and their families when:

- There is a risk of family breakdown due to parents and carers feeling overwhelmed by the demands of caring for a disabled child
- Children with complex health care conditions requiring a co-ordinated package of care across a range of agencies
- The child's welfare and development may be significantly impaired as a result of the child's disability and/or parenting capacity

[Contact information can be found on The Local Offer Website.](#)

Access Team – Adult and Community Wellbeing (NLC)

The Access Team will take the initial referral requesting an assessment of a young person's care and support needs in preparation for becoming an adult. The team will offer information and advice and if appropriate the referral will then be passed to either the Learning Disability or Mental Health Social Work Team who will contact the young person and their family to start the assessment.

Learning Disabilities Social Work Team – Adult and Community Wellbeing (NLC)

A social worker or case workers in this team will complete a care and support assessment with a young person with a learning difficulty to establish if they are likely to have eligible care and support needs when they reach adulthood. They will attend the annual EHC reviews to start planning with the young person and their family carers the support they may need when they reach adulthood.

The team also provides this social work support to young people with physical and sensory disabilities transitioning into adult social care until it is an appropriate time to for the Locality Social Work Team which covers the geographical area where the young person lives to become the lead team.

Mental Health Social Work Team – Adult and Community Wellbeing (NLC)

A social worker or mental health officer from this team will support young people with mental health needs who are likely to have eligible care and support needs when they reach adulthood. They will participate in review meetings to start planning with the young person and their family the support they may need when they reach adulthood.

Housing Advice Team (NLC)

The Housing Advice Team will advise, help and signpost with any general questions or concerns about housing. They are also able and happy to assist tenants, homeowners and landlords with any issues they might have.

Housing Related Support (NLC)

Housing Related Support helps vulnerable people to set up or maintain a stable home environment. It is a short-term service that aims to give individuals the skills and confidence to be able to live independently.

The Action Station (NLC) The Action Station offers support in gaining skills and employment.

The Action Station supports people 16 and older to improve their prospects of finding work and progress their career tracking down the best options.

North Lincolnshire Clinical Commissioning Group

North Lincolnshire Clinical Commissioning Group (NLCCG) commissions most of the hospital and community NHS services for the population of North Lincolnshire. It makes decisions on which services are needed for the local population and ensures they are provided.

All GP practices now belong to the CCG, but the CCG also consists of health professionals, such as nurses. There are 19 GP practices in North Lincolnshire.

Services that are commissioned by CCGs, include:

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- Most planned hospital care
- Rehabilitative care
- Urgent and emergency care (including out-of-hours)
- Most community health services
- Mental health and learning disability services.

Designated Clinical Officer (DCO) for SEND – NL CCG

The Designated Clinical Officer (DCO) for SEND role, is fulfilled by the Children's Continuing Care nurse within the CCG. The responsibilities of the role involve the notification to health services/professionals and providers of children and young people undergoing an assessment of their educational, health and care needs, the quality assurance of the reports from health professionals/services and the agreement/'sign off' of the provision/resources recommended to meet the particular services identified outcomes for the child/young person.

Where an objective is identified, but cannot be achieved through core commissioned service the DCO would highlight to the commissioning manager for children's and young people's services within the CCG for advice and support in respect of enabling access to required services, for example via CCG pathways such as the Individual funding route (IFR).

The DCO provides clinical advice, support and oversight within the local weekly SEND advisory panel and is a point of contact for all children, young people and their families as well as educational, SEND, social care and health professionals in relation to the health element of the SEND process and EHC plans.

Rotherham Doncaster and South Humber NHS Foundation Trust

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) operates services in 200 locations across Rotherham, Doncaster and North Lincolnshire. In North Lincolnshire RDaSH provides Adult Mental Health, Older People Mental Health, Community Learning Disability and Children and Young People's Mental Health Services.

Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust provides acute hospital services and community health services to a population of more than 350,000 people across North and North East Lincolnshire and East Riding of Yorkshire.

Preparing for Adulthood Group

The Preparing for Adulthood Group is a multi-agency group made up of education, health and social care professionals and meets monthly. This group is focused on planning for the needs of those young people reaching adulthood within the next 12-24 months in order to improve communication and early planning, with a focus on ensuring that the right people are involved. Individual, parental and professional views are considered and the young person's aspirations are explored. The Preparation for Adulthood Group is not an allocation panel or decision-making forum. Case responsibility will remain with the lead professional who may be required to undertake actions or facilitate referral to other services.

Lead Professional

The role of the lead professional in preparing for adulthood is to:

- Ensure referrals to and assessments by other agencies are undertaken promptly, including inviting key professionals to review meetings to ensure holistic planning takes place
- Attend reviews on any plans in place
- Act as a contact point and provide additional support as required by the young person and/or family.

5.14 Glossary of Terms

Special Educational Needs and/or Disabilities (SEND)

A child or young person has special educational needs and/or disabilities if they have a learning difficulty and/or a disability that means they need special health and education support, we shorten this to SEND.

SEND Support

The graduated approach is the way early years settings, schools and post-16 providers support children and young people who have Special Educational Needs.

The graduated approach begins with the expectation that all children receive high quality teaching. This is called universal support.

Some children will need support which is additional and different. It will be targeted to meet more specific needs and is called SEND support.

A small number of children may continue to need additional and different support which is specialist and may require an assessment of their education, health and care needs. This may result in them having an EHC plan.

Education Health and Care Plan (EHCP)

An Education, Health and Care Plan (EHC plan) is a legal document which describes a child or young person's special educational needs, the support they need to achieve the young person's desired outcomes.

Care and Support Assessment (Care Act Assessment)

The purpose of an adult care and support assessment is to identify the young person's needs and how these impact on their wellbeing, and the outcomes that the young person wishes to achieve in their day-to-day life. The assessment will support the determination of whether needs are eligible for care and support from the local authority, and understanding how the provision of care and support may assist the adult in achieving their desired outcomes.

Decision Support Tool (DST)

The Decision Support Tool (DST) provides a framework for reaching a decision. The information collated during the earlier part of the children's continuing care assessment will need to be organised and documented within the DST to support the recommendation for decision making.

The children's continuing care nurse will have worked alongside a multi-agency or multidisciplinary team to compile the information required to complete the Children's Decision Support Tool, drawing on the three key areas of assessment:

- The preferences of the child or young person and their family;
- Holistic assessment of the child or young person and their family, including the carer assessment;
- Reports and risk assessments from the multidisciplinary team.

The children's continuing care nurse then uses the Children's Decision Support Tool to match, as far as possible, the child/young person's level of need with the relevant description for each area of need (domain). This approach should build up a detailed analysis of individual needs, in a family context, and provide the evidence to inform the decision on the provision of a package of continuing care. This process and the information collected will provide the basis for recommendations to be presented to the multi-agency decision-making forum; this will inform the decision on whether a package of continuing care is needed.

The Children's Decision Support Tool sets out children's needs across 10 care domains, divided into different levels of need:

- Breathing
- Eating and Drinking
- Mobility
- Continence and Elimination
- Skin and Tissue Viability

- Communication
- Drug Therapies and Medicines
- Psychological and Emotional Needs
- Seizures
- Challenging Behaviour.