

Transitions for young people with disability to adulthood

January 2024

Overview

Young people with additional support needs hope for the same things as other young people; to be independent, to have a voice and a social life. It is important that the transition from children's services to adulthood is as seamless as possible. This can help ensure the young people of Clackmannanshire have positive experiences and independence as they reach a new stage in their lives. The aim of this Policy is to support young people, their families and carers to understand and participate in the process of transitions between different types of services.

The Transitions policy for young people in the Stirling Council area is identical to this policy thereby ensuring a consistency of approach within the Health and Social Care Partnership.



Human Rights, Equality & Ecology

Human rights belong to everyone. They are relevant to many decisions that people make and experience on a day to day basis. Clackmannanshire and Stirling Health and Social Care Partnership is putting human rights at the heart of how our services are delivered.

This policy applies a human rights based approach (HRBA) which is directed to promoting and protecting human rights as a tool to empower the most vulnerable people to participate in decision-making processes and hold duty-bearers (public bodies) to account.

This approach is supported by five key principles known as PANEL;

| Participation | Everyone is entitled to active participation in |
|---------------------------------|---|
| • | decision-making processes which affect the |
| | enjoyment of their rights. |
| Accountability | Duty-bearers are held accountable for failing to fulfil |
| , | their obligations towards rights-holders. There |
| | should be effective remedies in place when human |
| | rights breaches occur. |
| Non-discrimination and equality | All individuals are entitled to their rights without |
| , | discrimination of any kind. All types of |
| | discrimination should be prohibited, prevented and |
| | eliminated. |
| Engagement | Everyone is entitled to claim and exercise their |
| | rights. Individuals and communities need to |
| | understand their rights and participate in the |
| | development of policies which affect their lives. |
| Legality | Approaches should be in line with the legal rights |
| | set out in domestic and international laws. |

Children's rights and transitions

Support for service transitions should be firmly rooted in children's rights. This is achieved by placing the child at the centre, recognising them as rights-holders, and acting in their best interests while taking their views into account.

'Evolving capacities' are referred to in the United Nations Convention for the Rights of Children (UNCRC) (articles 5 and 14). Parents' rights have to be used in a way that takes account of the young person's maturity and understanding, especially as their capacity evolves. The Staying Put Scotland Guidance mentions a similar approach. These approaches should be embedded within transitions; meaning with increasing age, maturity, understanding and experience, a young person can progressively assume greater autonomy.

Additionally, the United Nations Convention on the Rights of Persons with Disabilities (UNRPD) reaffirms that all persons with all types of disabilities must enjoy all fundamental human rights, and includes specific protections for the rights of disabled people.

A Framework of legal rights and duties underlies the Service Transition Policy. If a person is eligible to receive funding for services they will be able to choose the services or resources they want as long as they meet the assessed needs and outcomes. The process used to determine who is eligible and determine what the budget will be is described in the stages below.

Links to Legislation, Guidance and Policy

United Nations Convention on the Rights of the Child

The Equality Act 2010

Education (Scotland) Act 2016

Adults with Incapacity (Scotland) Act 2000

Education (Additional Support for Learning) (Scotland) Act 2004

Carers (Scotland) Act 2016

Social Care (Self-Directed Support) (Scotland) Act 2013

NICE Transitions Guidelines N.G43

Getting it right for every child (girfec)

<u>Scottish Government National transitions to adulthood strategy for disabled young people -</u> Statement of Intent Sept 2023

Introduction

The transition to adulthood is the period when young people develop from children to young adults. This is not a single event, but a process which takes place over a number of years. It is a period of personal development which can involve changes in every area of life.

Transitions to adulthood open a number of options for young people. These changes can be exciting, but they can also be confusing and stressful. We are working together support young people and their families though this transitional period.

A young person with additional support needs (ASN) may receive support for their needs throughout their time at school. When a young person is due to leave school and children's Social Work Services, it is essential that the transition is well planned and directed around the wishes of the young person.

This policy addresses the formal process around this transition, and is accompanied by a guide to the process for young people, their families and carers.

Who this policy is for

This policy is for young people who access additional support from school who are leaving school and will be transitioning from children's social work and education services into adult care services.

There are many reasons why children and young people may need support to help them learn, to help them flourish and reach their full potential. This transition from school and children's social work to adulthood looks different depending on each individual.

This policy details the process and how services work together with the young person, their families and carers to support each young person into adulthood. We need to make sure the young person's capabilities, views, needs, choices and aspirations are central to their transition.

Why we need a policy

We know through our engagement that transitioning to adulthood for disabled young people can include:

- Stress and uncertainty for the young person
- Difficulties transferring from child to adult services
- Changes in eligibility for services and support arrangements
- Changes in types of support
- Lack of clear information about the transitions process
- Lack of communication and collaboration between services and partner agencies
- Stress and difficulties faced by family members relating to their young person's transition.

This policy aims to lay out clearly the procedures and actions to work towards positive transitions for all young people across Clackmannanshire.

Priorities

This policy follows the <u>Transitions to adulthood strategy: statement of intent</u> published by the Scottish Government in September 2023. The Principles of Good Transitions seeks to implement coordinated and joined up service delivery to achieve the outcomes disabled young people want. It puts the young person at the centre of their transition planning.

There are five priorities within this:

1. Choice, control and empowerment for the young person

This priority puts the young person at the centre of planning and decision making for their future. Transition planning should start early and should allow the young person to explore their goals and aspirations for the future. Education have informal conversations with young people from the age of 12, and the formal process begins at the age of 14.

2. Clear and coherent information

Disabled young people, their families and carers should be aware of their rights and entitlements, and the support and services available during the different points of transitions. The provision of national and local information will be clear and accessible.

3. Coordination of individual support and communication across sectors

Multidisciplinary and multi-agency working (health, social work, education, third sector, employment, housing etc.) will support the planning and implementation of the transition. Support from professionals and consistent relationships are key to effective support during this time. Communication across all partners to the young person and their family/carer will ensure smooth transition and a point of call.

4. Consistency of practice and support across Clackmannanshire

Professionals supporting disabled young people during their transition to young adult life should be given the support and guidance they need to explore and improve transitions practices and align them to practice nationally. Disabled young people, their families and professionals supporting them will have access to learning opportunities to support better transitions.

5. Collection of data to measure progress and improvements

The measures of successful transitions to adulthood will consider life courses, in addition to traditionally understood positive destinations. Data relating to young people's experiences of their transitions will be collected, analysed and reported to understand the experiences of young people and their families and support network. Reviews of procedures will also help to make changes to improve transition experiences.

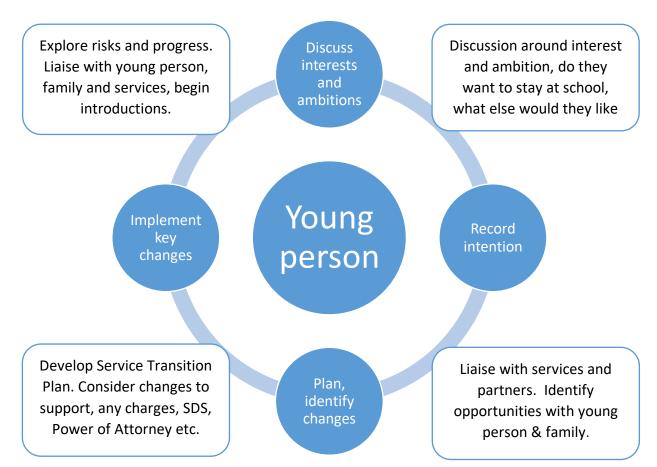
Process

We know that many young people with additional support needs and their parents and carers find the transition to young adult life particularly challenging, and we are working to reduce these challenges through engagement and co-designing Service Transition Plans with young people and their families.

This policy provides clear guidance around the role of professionals to plan and deliver the support for young people as they transition from Children's Services to Adult Care within:

- · Paediatric and adult health
- Child and adult social work and social care
- Education secondary, further and higher
- Employment and training
- Third sector
- Public sector services (such as housing and welfare)
- Scottish Government and Scottish Parliament.

Transition Review and Planning



The process is a continuous process. Conversations start early on with the young person, their families, education and social work to identify what opportunities there are and any changes to services. This is a holistic approach to support the young person to reach their full potential and look forward to their independent adult life. Good communication and the young person and their family and services is key to positive transitions to adulthood.

When does a Transition start?

Transition is not a single event, it is a gradual process where a young person and their family are supported throughout their teenage years and into adulthood with confidence and ability to manage the care and support they need where they have capacity to do this.

Education and Children's Social Work staff form good relationships with the young people and through information conversations learn about the young person, their strengths, interests and aspirations. This supports the information gathered to develop the plan for the future.

The formal process should begin from age 14 and be well under way by age 16. The age depends on each individual, depending on when they started school and their circumstances. Communication between Education, the young person and their families will help decide a time to start planning that is best for the young person.

A good transition should build on the young person's strengths and where possible work with them to plan for how they can meet their aspirations in life. Access to good information is key to helping the young person and their family to make informed decisions.

Making Plans

Throughout the transition process, five key stages should be met to ensure that all young people are supported to achieve a good transition.

- Stage 1: Every young person from age 14 should be supported to be at the centre of preparing for adulthood and the move into adulthood, whether this is with support from health and social care services or not. Their families should also be supported to prepare for their changing role.
- Stage 2: Every young person is supported to plan proactively for their future. They are
 involved in ongoing assessments and developing a comprehensive, holistic plan that
 reflects their wishes for the future.
- Stage 3: Every young person has a plan which is developed in parallel to planning for ongoing care and support in adult services or out-with adult services in their chosen education or career path.
 - Stage 4: Children's Services and Adult services actively work together to ensure a smooth transition.
- Stage 5: Young people are supported in adult services with a multi-agency team fully engaged in facilitating care and support. The young person and their family are equipped with realistic expectations and knowledge to ensure confidence in their care and support needs are being met in the future.

Operational Transition Group (OTG)

In Clackmannanshire, the Operational Transitions Group is a multidisciplinary team tasked with the coordination and progression of Transitions from children's services to adult services. Members include Education, Children's Social Work, Learning Disabilities Team and Adult Social Work.

Pathways to prepare for transition are discussed for each young person with input from appropriate discipline and a member of the group is responsible for communicating to the young person and their family/carer.

This group is key to success of the transition, updating key partners, tracking progress and working with the young person and their family/carer.

Co-designing the plan in partnership

Health

For young people with complex and life threatening health conditions, their transition to adulthood will need to be underpinned by strong partnership working between children's and adult health services. This may involve community health, hospital and hospice care teams.

From the age of 14, healthcare professionals, the young person and their family/carer plans should formally begin to discuss the transfer to adult healthcare. Staff should be introduced to the young person and family during the transitioning process to provide opportunities to discuss what changes to expect with them.

Plans should be focused on the wishes of the young person. Having parallel plans will help meet the needs and wishes of the young person should their health stay stable, but also for times when their condition may deteriorate. These should be reviewed regularly. It is also important to check that any documented wishes the young person may have regarding treatment are in a format that is accepted by adult services and copies are given to the GP and uploaded to the Ambulance Service. This is important in any emergency as the ambulance services will actively treat unless written and signed instructions are seen.

Social Care & Third Sector

For many young people, their social life and relationships with friends are very important and they will need support to enable them to lead the social life they want. Adult Social Care team are responsible for ensuring that a care package is in place, should one be required and should discuss these options using the Self-Directed Support framework. A discussion around care and aspirations will assess needs in terms of care, services and/or equipment which may support them to live their life as independently as possible.

Signposting and referrals to community groups and support should be made as a default starting point, as well as signposting to advice on housing, benefits and transport to review if any changes will affect the household.

Education

There are various choices available to young adults after 16 years of age and the young person may want to consider one of the following routes:

- Full time education, such as continuing in school, college or home education
- Work-based learning, such as an apprenticeship
- A mix of part-time education or training, employment, self-employment or volunteering
- Colleges offer tailored curricula for young adults with profound and multiple learning difficulties.

Employment

Options for work and/or volunteering must be considered and part of the plan. There are a range of work-based opportunities to develop work and vocational skills. These will be considered within the Service Transition plan. Links with Skills Development Scotland and Local Authority Employability teams will be made.

Housing

There are a range of options for young people and we can work to identify the right setting for the young person that best suits them with the right support and care. This may be at the family home, in residential/supported living or living independently. We will work with Housing providers to provide information on different housing options such as, social housing, housing association accommodation, private renting, shared housing and shared ownership. Information will also include where financial and other support (personal assistant, assistive technology or modifications) to enable independent living with the right level of support.

Third Sector and community supports

Clackmannanshire has a wealth of organisations working in the area to provide people with support and care alongside traditional services provided by the Health and Social Care Partnership. The Third Sector can support the young people and their parents/carers to find the most appropriate support. This could be a support group for peers, befriending and social groups or volunteering opportunities.

Engagement

To produce this policy we have employed a number of methods of engagement. We have met with service representatives and people involved in supporting young people and their families as well as the organisations that are linked with the transition process.

We have spoken to young people and their parents about their experiences, what they would like to know and what would help them in their transition to adulthood. We have also had an online survey open from October to December.

In implementing this policy, we will engage with people with lived and living experience of the service transition process to learn about how we can improve the process in the future.

Access to Information

Throughout the engagement process, access to information has been at the forefront of conversation. People want to understand the process and help to understand what is available to them as young people and parents/carers of young people with disability.

Through this engagement, it has been identified that young people and parents/carers would benefit from a webpage dedicated to young people and their families transitioning to adulthood. This would provide a step by step of the process, things to consider, information for young people and information for parents and carers. This will provide support for planning, details of who they can talk to and links to organisations that can support the transition into the future. This will be developed with young people, parents and carers.

This will allow people to access the information when it suits them, but also does not take away the communication with the multidisciplinary team and the guidance and support provided face to face.

Guide for Parents/Carers

In Scotland, the legal age of an adult is 16 and at this point it is important to assess a young person's capacity to make decisions about their life, including their care and treatment. Where a person is unable to make decisions about their life, care and treatment, the Adults with Incapacity Act (Scotland) gives another person the legal power to make decisions on the adult's behalf.

For Looked After Children, local authorities are required to provide aftercare support until care leavers turn 19, and to assess any eligible needs for aftercare support until they are 26 (or beyond in some cases).

When a young person approaches adulthood, parents should consider applying for Lasting Powers of Attorney. This allows a person to make decisions on behalf of another person if they lose the capacity to do so. A Lasting Power of Attorney (LPA) is a legal document that lets someone ('the donor') choose one or more trusted people ('attorneys') to make decisions on their behalf. The attorney/s does not have to be a family member. There are two types of LPA; property and financial affairs and health and welfare.

Guardianship

In Scotland, a young person becomes and adult at the age of 16. If an adult has incapacity and is unable to make decisions, you might need legal authority to do certain things for them. A guardianship order can be granted to handle property and financial matters, personal welfare, or a combination of these.

Guardianship should be recommended to parents and carers where decisions need to be taken over a longer period of time for an adult with incapacity.

Staff should signpost families to make application for guardianship to be in place three months before a young person's 16th birthday.

Transitions Flowchart



| Timeframe | Transition Planning Procedure | | |
|---|---|---|--|
| Age 14 or 2 years before leaving | | by Education & Social Work who will require support in adulthood. ngaged in conversation re options/signposting & early planning & discussion regarding guardianship | |
| .5479 | Referral Form completed by | Education and Children's Social Work with diagnosis information | |
| | | Operational Transitions Group meeting around support required for all individuals. ing of progress feedback to young person and families. | |
| 2 years before | Not eligible for Adult Services | Eligible for assessment in Adult Care or Adult Learning Disability | |
| belore | If not eligible for Social Work, the young person and family are signposted to relevant community services to support planning around | Ensure Capacity/Guardianship is being progressed. Updated Section 23 provided from Child Care | |
| | education and/or employment, and relevant community groups | Allocation to relevant team adult service representative attends TAC meeting and assessment started | |
| 12 months before | September - December Progress Meetings | September - December Progress Meetings | |
| 6 months before | Ongoing planning and conversations | Adult Service Assessment completed and Budget allocated | |
| 3 months before | Easter finalisation of plan at TAC meeting | Easter finalisation of plan at TAC meeting | |
| School leaving date | Young person commences education, employment or training with community supports. | Young person commences support and care provided by adult services (Health and Social Care Partnership), education, employment or training with community supports. | |

Process

The following section outlines the process for three possible outcomes: the young person is not eligible for adult services; the young person is eligible for Adult Social Care services or the young person is eligible for Adult Learning Disability Services. Steps 1-5 are the same for all young people with disability.

Timescales depend on the individual and their circumstances. While the informal conversations begin when the young person starts secondary school, the formal process should start at age 14. This can then determine what the young person wishes to leave school. If they wish to leave at age 16, the process should begin at age 14. If they wish to leave at age 17, then the process should begin at age 15. If they wish to leave at age 18, then the process should begin at age 18. Factors such as the age they started Primary 1 can also impact the leaving year. Staff will support young people and families/carers to make the decision.

| Step | Process | Who | When |
|------|---|-----------------------------|--------------------------------|
| 1 | Informal conversations with young person about | Young person & family | This normally starts age |
| | interests and aspirations | Education | 12 |
| 2 | Young people identified as meeting eligibility for adult | Education, | Age 14 |
| | services | Children's Social Work | |
| 3 | Referral to Operations Transition Group (OTG) made, | Education | Age 14 or 2 years before |
| | collating key information on diagnosis and supporting | Children's Social Work | leaving |
| | information | | |
| 4 | Completion of Referral Form for multidisciplinary OTG | Education | Age 14 or 2 years before |
| | meeting to consider | Children's Social Work | leaving |
| 5 | OTG determine eligibility and progress to relevant stage. | Education | Age 14 or 2 years before |
| | | Children's Social Work | leaving |
| | | Adult Social Work | |
| | | LD | |
| | ↓ | \ | • |
| | Young Person not eligible Young Person | on referred to Adult Social | Young Person referred to Adult |

Care

Learning Disability

Process for young people not eligible for Adult Services

The following steps outline the process from the Operational Transitions Group decision for young people not eligible for Adult Services.

Although the young person is not eligible to transition to Adult Services, Education and Children's Services support the young person and family through signposting to relevant services and organisations to help them fulfil their aspirations.

| Young | Young Person not eligible | | | |
|-------|--|--|----------------------------------|--|
| Step | Process | Who | When | |
| 6 | Young person and family are supported with information and options open to the young person. | Young person & family, Education, Children's Social Work | Age 14 or 2 years before leaving | |
| 7 | Signposting to relevant supports and opportunities – Skill Development Scotland, Employability and further and higher education. | Young person & family, Education, Children's Social Work | Age 14 or2 years before leaving | |
| 8 | Links with Third Sector for community support. | Young person & family, Education, Children's Social Work | Age 14 or 2 years before leaving | |
| 9 | Develop plan for leaving school | Young person & family Relevant organisation/s | Age 14 or 2 years before leaving | |

School leaving date

Young person leaves school and enters employment/training or higher or further education with access to community supports relevant to their aspirations

Process for young people eligible for Adult Social Care services

The following steps outline the process from the Operational Transitions Group decision for young people who are eligible for Adult Social Care services and the steps towards school leaving date.

| Step | Process | Who | When |
|------|--|---|--------------------------|
| 6 | Ensure diagnosis is completed and available | Young person & family, Education, Children's Social Work | Age 14 or earlier |
| 7 | Family advised about Guardianship and changes in relationship | Young person & family, Education, Children's Social Work | Age 14 |
| 8 | Updated Section 23 form provided | Education | 2 years before leaving |
| 9 | Outcomes focussed Assessment carried out by Adult Social Work and budget allocated. | Young person & family Adult Social Work | 12 months before leaving |
| 10 | Discussion with Young person and family around options | Young person & family, Education. Children's Social Work, Adult Social Work | 12 months before leaving |
| 11 | December Progress Meeting held | Education, Children's Social Work, Adult Social Work | 6 months before leaving |
| 12 | Six months before school leaving date, adult assessment will be concluded and budget allocated to identify a clear transition plan | Education, Children's Social Work, Adult Social Work | 6 months before leaving |
| 13 | Easter finalisations of plan at Team Around the Child (TAC) meeting | Education, Children's Social Work, Adult Social Work | 3 months before leaving |
| 14 | Young person transferred to Adult Social Work and closed to Children's Social Work | Adult Social Work, Children's Social Work | School leaving date |
| 15 | Links to Third Sector and community supports | Young person & family Third Sector | School leaving date |

School leaving date

Young person leaves school and Care Package commences alongside any community supports identified in the Plan.

Process for young people eligible for Adult Learning Disability services

The following steps outline the process from the Operational Transitions Group decision for young people who are eligible for Adult Learning Disability services and the steps towards school leaving date.

| Step | Process | Who | When |
|------|--|---|--------------------------|
| 6 | Ensure diagnosis is completed and available | Young person & family, Education, Children's Social Work | Age 14 or earlier |
| 7 | Family advised about Guardianship and changes in relationship | Young person & family, Education, Children's Social Work | Age 14 |
| 8 | Updated Section 23 form provided | Education | 2 years before leaving |
| 9 | Outcomes focussed Assessment carried out by Adult Social Work and budget allocated. | Young person & family Adult Learning Disability | 12 months before leaving |
| 10 | Discussion with Young person and family around options | Young person & family, Education, Children's Social Work, Adult Learning Disability | 12 months before leaving |
| 11 | December Progress Meeting held | Education, Children's Social Work, Adult Learning Disability | 6 months before leaving |
| 12 | Six months before school leaving date, adult assessment will be concluded and budget allocated to identify a clear transition plan | Education, Children's Social Work, Adult Learning Disability | 6 months before leaving |
| 13 | Easter finalisations of plan at Team Around the Child (TAC) meeting | Education, Children's Social Work, Adult Learning Disability | 3 months before leaving |
| 13 | Young person transferred to Adult Social Work and closed to Children's Social Work | Adult Learning Disability Children's Social Work | School leaving date |

School leaving date

Young person leaves school and Care Package and support commences alongside community opportunities that are identified in Plan.