

## 16. Transition to adult care and support

*This chapter provides guidance on:*

- Sections 58 to 66 of the Care Act;
- *The Care and Support (Children's Carers) Regulations 2014.*

### **This chapter covers:**

- When a transition assessment must be carried out;
- Identifying young people who are not already receiving children's services;
- Child's carers and young carers;
- Features of a transition assessment;
- Cooperation between professionals and organisation;
- Providing information and advice once a transition assessment is completed;
- Provision of age appropriate local services and resources;
- After the young person in question turns 18;
- Combining EHC plans with care and support plans after the age of 18;
- Continuity of care after the age of 18;
- Safeguarding after the age of 18;
- Ordinary residence and transition to higher education;
- Transition from children's to adult NHS Continuing Health Care.

**16.1.** Effective person-centred transition planning is essential to help young people and their families prepare for adulthood. Transition to adult care and support comes at a time when a lot of change can take place in a young person's life. It can also mean changes to the care and support they receive from education, health and care services, or involvement with new agencies such as those who provide support for housing, employment or further education and training.

**16.2.** The years in which a young person is approaching adulthood should be full of opportunity. Some of the life outcomes that matter for young people approaching adulthood and their families, may include (but are not limited to):

- Paid employment;
- Good health;
- Completing exams or moving to further education;

- Independent living (choice and control over one's life and good housing options);
- Social inclusion (friends, relationships and community).

**16.3.** The wellbeing of each young person or carer **must** be taken into account so that assessment and planning is based around the individual needs, wishes, and outcomes which matter to that person (see chapter 1 on the wellbeing principle). Historically, there has sometimes been a lack of effective planning for people using children's services who are approaching adulthood. Looked-after children, young people with disabilities, and carers are often among the groups of people with the lowest life chances. Early conversations provide an opportunity for young people and their families to reflect on their strengths, needs and desired outcomes, and to plan ahead for how they will achieve their goals.

**16.4.** Professionals from different agencies, families, friends and the wider community **should** work together in a coordinated manner around each young person or carer to help raise their aspirations and achieve the outcomes that matter to them. The purpose of carrying out transition assessments is to provide young people and their families with information so that they know what to expect in the future and can prepare for adulthood.

**16.5.** Transition assessments can in themselves be of benefit in providing solutions that do not necessarily involve the provision of services, and which may aid planning that helps to prevent, reduce or delay the development of needs for care or support. Transition assessments will also allow local authorities to better understand the needs of people in their population, and to plan resources and commission services for young people and carers accordingly.

## Definitions

**16.6.** The Care Act contains provisions to help preparation for adulthood for three particular groups of people – children, young carers and child's carers. In the context of this chapter, a 'child' is most probably a young person in their teenage years preparing for their adult life, although it can refer to anyone under the age of 18 years. This chapter therefore uses the term 'young person'. The term 'carer' can be taken to mean either a carer of a young person, or a young carer preparing for adulthood. Each group has their own specific transition assessment respectively; a child's needs assessment, a young carer's assessment, and a child's carer's assessment. The term used in this chapter for all three is 'transition assessment'.

**16.7.** The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving children's services, but for anyone who is likely to have needs for adult care and support after turning 18.

## When a transition assessment must be carried out

**16.8.** Transition assessments **should** take place at the right time for the young person and at a point when the local authority can be reasonably confident about what the young person's or carer's needs for care or support will look like after the young person in question turns 18. There is no set age when young people reach this point; every young person and their family are different, and as such, transition assessments **should** take place when it is most appropriate for them.

**16.9.** Local authorities must carry out a transition assessment of anyone in the three groups when there is *significant benefit to the*

*young person or carer* in doing so, and if they are *likely to have needs* for care or support after turning 18.

16.10. When considering whether the young person or carer is ‘likely to have needs’ this is intended to reflect any likely appearance of any need for care and support as an adult – not just those needs that will be deemed eligible under the adult statute. It is highly likely that young people and carers who are in receipt of children’s services would be ‘likely to have needs’ in this context, and local authorities **should** therefore carry out a transition assessment for those who are receiving children’s services as they approach adulthood, so that they have information about what to expect when they become an adult.

16.11. When considering if it is of ‘significant benefit’ to assess, the local authority **should** consider the circumstances of the young person or carer, and whether it is an appropriate time for the young person or carer to undertake an assessment which helps them to prepare for adulthood. The consideration of ‘significant benefit’ is not related to the level of a young person or carer’s needs, but rather to the *timing* of the transition assessment. When considering whether it is of significant benefit to assess, a local authority **should** consider factors which may contribute to establishing the right time to assess (including but not limited to the following):

- The stage they have reached at school and any upcoming exams;
- Whether the young person or carer wishes to enter further/higher education or training;
- Whether the young person or carer wishes to get a job when they become a young adult;

- Whether the young person is planning to move out of their parental home into their own accommodation;
- Whether the young person will have care leaver status when they become 18;
- Whether the carer of a young person wishes to remain in employment when the young person leaves full time education;
- The time it may take to carry out an assessment;
- The time it may take to plan and put in place the adult care and support;
- Any relevant family circumstances;
- Any planned medical treatment.

16.12. For young people with special educational needs (SEN) who have an Education, Health and Care (EHC) plan under the Children and Families Act, preparation for adulthood **must** begin from year 9.<sup>129</sup> The transition assessment **should** be undertaken as part of one of the annual statutory reviews of the EHC plan, and **should** inform a plan for the transition from children’s to adult care and support.

16.13. Equally for those without EHC plans, early conversations with local authorities about preparation for adulthood are beneficial – when these conversations begin to take place will depend on individual circumstances. For care leavers, local authorities **should** consider using the statutory Pathway Planning process as the opportunity to carry out a transition assessment where appropriate.

16.14. It is important that the assessment **must** be of *significant benefit to the young person or carer*. For example, local authorities **should not** carry out the

<sup>129</sup> See SEN Code of Practice “Preparing for Adulthood” Chapter when published

transition assessment at inappropriate times in a young person's life, such as when they are sitting their exams and it would cause disruption. The Special Educational Needs (SEN) Code of Practice similarly states that local authorities **must** minimise disruption to the child and their family – for example by combining multiple appointments where possible. Local authorities **should** seek to agree the best time for assessments and planning with the young person or carer, and where appropriate, their family and any other relevant partners.

**16.15.** 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 conditions apply – and if so it **must** undertake a transition assessment. If the local authority thinks these conditions do not apply and refuses an assessment on that basis, it **must** provide its reasons for this in writing in a timely manner, and it **must** provide information and advice on what can be done to prevent or delay the development of needs for support.

**16.16.** Where it is judged by the local authority that the young person or carer is likely to have needs for care and support after turning 18, but that it is not yet of significant benefit to carry out a transition assessment, the local authority **should consider** indicating (when providing its written reasons for refusing the assessment) when it believes the assessment will be of significant benefit. In these circumstances, the onus is on the local authority to contact the young person or carer to agree the timing of the transition assessment, rather than leaving the young person or carer in uncertainty or having to make repeated requests for an assessment.

### Case study – when a transition assessment is of “significant benefit” – Isabelle’s story

Isabelle is 15 years old with complex needs. She attends a residential school on a 38-week basis funded by education and social services. Care and support is currently required on the weekends and in holidays.

Isabelle’s parents have approached the local authority requesting a transition assessment around the time of her 16<sup>th</sup> birthday. Initially the local authority’s reaction is that this is too soon to be of significant benefit. Since the support from school can continue until she is 19, they feel transition will be straightforward as adult services simply need to begin funding the package which is already in place. However, when they talk in more detail to the school and the parents they realise that when Isabelle leaves school at 19 it will not be appropriate for her to live with her parents and she will require substantial supported living support and a college placement. Due to the nature of Isabelle’s needs, she will need a lengthy transition in order to get used to new carers, a new environment and a new educational setting. The college has also indicated that that they will need up to a year to plan for her start.

It is therefore of significant benefit for the transition assessment to take place around the age of 16, looking at both the funding for support from age 18 – 19 and the longer-term options. Once the assessment has identified the support Isabelle will be entitled to on leaving school, the planning process can begin and suitable support can be put in place by the time she leaves school.

**16.17.** Where someone is refused (or they themselves refuse) a transition assessment, but at a later time makes a request for an assessment, the local authority **must** again consider whether the likely need and significant benefit conditions apply, and carry out an assessment if so. In more complex cases, it can take some time not only to carry out the assessment itself but to plan and put in place care and support. Social workers will often be the most appropriate lead professionals for complex cases. Transition assessments **should** be carried out early enough to ensure that the right care and support is in place when the young person moves to adult care and support.

**16.18.** When transition assessments take place too late and care and support is arranged in a hurry, it can result in care and support which does not best meet the young person or carer's needs - and sometimes at greater financial cost to the local authority than if it had been planned properly in advance.

## Identifying young people who are not already receiving children's services

**16.19.** Most young people who receive transition assessments will be children in need under the Children Act 1989 and will already be known to local authorities. However, local authorities **should consider** how they can identify young people who are not receiving children's services who are likely to have care and support needs as an adult. For example, this might include young people with degenerative conditions or with mental health problems who have not required children's services but whose needs increase as they approach adulthood. Another example is when a child's needs have been largely met by their educational institution, but

who once they leave, will require their needs to be met in some other way.

**16.20.** Often when young people who have not been in contact with children's services present to the local authority as a young adult, they do so with a high level of need for care and support. Local authorities **should** consider how to establish mechanisms in partnership local educational institutions, health services and other agencies to identify these groups as early as possible in order to plan and prevent the development of care and support needs. (see chapter 15 on cooperation and integration and SEN Code Of Practice chapter 4 on joint commissioning, making effective relationships.<sup>130</sup>)

## Child's carers and young carers

**16.21.** Preparation for adulthood will involve not only assessing how the needs of young people change as they approach adulthood but also how carers', young carers' and other family members' needs might change. Local authorities **must** assess the needs of a child's carer where there is a likely need for support after the child turns 18 and it is of significant benefit to the carer to do so. For instance, some carers of disabled children are able to remain in employment with minimal support while the child has been in school. However, once the young person leaves education, it may be the case that the carer's needs for support increase, and additional support and planning is required from the local authority to allow the carer to stay in employment.

**16.22.** The SEN code of practice sets out the importance of full-time programmes for young people aged 16 and over. For instance, some sixth forms or colleges offer five-day placements which allow parents to remain in employment full time. However, for young

<sup>130</sup> Link when SEN code of practice is published and check chapter reference

people who do not have this opportunity, for example if their college offers only three-day placements, transition assessments **should** consider if there is other provision and support for the young person such as volunteering, community participation or training which not only allows the carer to remain in full time employment, but also fulfils the young person's wishes or equips them to live more independently as an adult. (see SEN Code of Practice chapter 8<sup>131</sup> on preparation for adulthood, and chapter 4 of this guidance on market shaping).

**16.23.** Local authorities **must** also assess the needs of young carers as they approach adulthood. For instance, many young carers feel that they cannot go to university or enter employment because of their caring responsibilities. Transition assessments and planning **must** consider how to support young carers to prepare for adulthood and how to raise and fulfil their aspirations.

**16.24.** Local authorities **must** consider the impact on other members of the family (or other people the authority may feel appropriate) of the person receiving care and support. This will require the authority to identify anyone who may be part of the person's wider network of care and support. For example, caring responsibilities could have an impact on siblings' school work, or their aspirations to go to university. Young carers' assessments **should** include an indication of how any care and support plan for the person(s) they care for would change as a result of the young carer's change in circumstances. For example, if a young carer has an opportunity to go to University away from home, the local authority should indicate how it would meet the eligible needs of any family members that were previously being met by the young carer.

## Features of a transition assessment

**16.25.** The transition assessment **should** support the young person and their family to plan for the future, by providing them with information about what they can expect. All transition assessments **must** include an assessment of:

- current needs for care and support and how these impact on wellbeing;
- whether the child or carer is likely to have needs for care and support after the child in question becomes 18;
- if so, what those needs are likely to be, and which are likely to be eligible needs
- the outcomes the young person or carer wishes to achieve in day-to-day life and how care and support (and other matters) can contribute to achieving them.

**16.26.** Transition assessments for young carers or child's carers **must** also specifically consider whether the carer:

- is able to care now and after the child in question turns 18;
- is willing to care now and will continue to after 18;
- works or wishes to do so;
- is or wishes to participate in education, training or recreation.

**16.27.** The same requirements and principles apply for carrying out transition assessments as for other needs assessments under the adult statute (chapter 6 sets out the requirements and principles for carrying out needs assessments under the adult statute).

**16.28.** For example, assessments **must** include an assessment of the outcomes, views and wishes that matter to the child or

<sup>131</sup> Insert chapter number when COP published

carer in question, and an assessment of their strengths and capabilities.

**16.29.** The young person or carer in question **must** be involved in the assessment for it to be person centred and reflect their views and wishes. The assessment **must** also involve anyone else who the young person or carer wants to involve in the assessment. For example, many young people will want their parents involved in their process.

**16.30.** Transition assessments **should** be carried out in a reasonable timescale. Local authorities **should** inform the young person or carer of an indicative timescale over which the assessment will be conducted and keep them informed.

**16.31.** Transition assessments **should** be proportionate to a person's needs. For someone with a low level of need, this might be light-touch but in many cases it will also mean a more thorough examination of needs.

**16.32.** Transition assessments **should** consider the immediate short-term outcomes that a child or carer wants to achieve as well as the medium and longer-term aspirations for their life. Progress towards achieving outcomes **should** be monitored.

**16.33.** EHC plans must be person-centred, and must focus on preparation for adulthood from year 9. Therefore, for young people with EHC plans, transition assessments **should** build on the plans which will already contain information about the person, their aspirations and progress towards achieving their desired outcomes.

**16.34.** Similarly, for young people and carers who do not have an EHC plan, but who already have other plans under children's legislation, the transition assessment **should** build on existing information.

**16.35.** In all cases, the young person or carer in question **must** agree to the

assessment where they have mental capacity and are competent to agree. Where a young person or carer lacks mental capacity or is not competent to agree, the local authority **must** be satisfied that an assessment is in their best interests. Everyone has the right to refuse a transition assessment, however the local authority **must** undertake an assessment regardless if it suspects that a child is experiencing or at risk of abuse or neglect.

**16.36.** The right of young people to make decisions is subject to their capacity to do so as set out in the Mental Capacity Act 2005. The underlying principle of the Act is to ensure that those who lack capacity are supported to make as many decisions for themselves as possible, and that any decision made or action taken on their behalf, is done so in their best interests. This is a necessity if the transition assessment is to be person-centred.

**16.37.** Even for young people or carers who don't necessarily lack mental capacity as defined under the Mental Capacity Act, the Care Act places a duty on local authorities to provide an independent advocate to facilitate the involvement in the transition assessment where the person in question would experience substantial difficulty in understanding the necessary information or in communicating their views, wishes and feelings – and if there is nobody else appropriate to act on their behalf (see chapter 7 for more detail on the provision independent advocacy).

## Co-operation between professionals and organisations

**16.38.** 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, the Children and Families Act 2014 brings these assessments together into a coordinated Education, Health and Care (EHC) Plan (see SEN Code of Practice Chapter 9).<sup>132</sup>

**16.39.** Local authorities **must** cooperate with relevant partners, and this duty is reciprocal (see chapter 15 on cooperation). This includes an explicit requirement which states that children and adult services **must** cooperate for the purposes of transition to adult care and support. Often, staff working in children's services will have built relationships and knowledge about the young person or carer in question over a number of years. As young people and carers prepare for adulthood, children's services and adults' services **should** work together to pass on this knowledge and build new relationships in advance of transition.

**16.40.** Local authorities **should** have a clear understanding of their responsibilities, including funding arrangements, for young people who are moving from children's to adult services. Disputes between different departments within a local authority about who is responsible can be time consuming and can sometimes result in disruption to the young person or carer.

**16.41.** Local authorities **must** also cooperate with relevant external agencies including local GP practices, housing providers and educational institutions. Again, this duty is reciprocal. This cooperation is crucial to help ensure that assessments and planning are person-centred. Furthermore, local health services or schools are vital to identifying young people and carers who may not already be in contact with local authorities.

**16.42.** It can be frustrating for children and families who have to attend multiple

appointments for assessments, and who have to give out the same information repeatedly. The SEN Code of Practice highlights the importance of the 'tell us once' approach to gathering information for assessments and this will be important in other contexts as well. Local authorities **should** consult with the young person and their family to discuss what arrangements they would prefer for assessments and reviews.

**16.43.** The local authority **should** ensure that all relevant partners are involved in transition planning where they are involved in the person's care and support. Equally, the local authority **should** be involved in transition planning led by another organisation, for example a child and adolescent mental health service, where there are also likely to be needs for adult care and support.

**16.44.** Agencies **should** agree how to organise processes so that all the relevant professionals are able to contribute. For example, this might involve arranging a multi-disciplinary team meeting with the young person or carer. However, it may not always be possible for all the professionals from different agencies to be present at appointments, but where this is the case, they should still be able to contribute. Transition assessments **must** be person-centred, which means that contributions by different agencies should reflect the views of the person to whom the assessment relates.

**16.45.** The local authority **may** also combine a transition assessment with any other assessment it is carrying out, or it **may** carry out assessments jointly with, or on behalf of, another body. All such cases **must** meet the consent condition around mental capacity set out above (paragraph 16.37) to be carried out jointly. For example, transition assessments **should** be combined with

<sup>132</sup> Link to SEN code of practice when published

existing EHC assessments unless there are specific circumstances to prevent it.

**16.46.** Many people value having one designated person who coordinates assessments and transition planning across different agencies, and helps them to navigate through numerous systems and processes that can sometimes be complicated. Often there is a natural lead professional involved in a young person's care who fulfils this role and local authorities should consider formalising this by designating a named person to coordinate transition assessment and planning across different agencies. Local authorities may also wish to consider specialist posts in their workforce to carry out this coordination function for people who are preparing for adulthood and interacting with multiple agencies.

**16.47.** This coordinating role – sometimes referred to as a 'key working' or 'care coordination' can not only help to deliver person-centred, integrated care, but can also help to reduce bureaucracy and duplication for local authorities, the NHS and other agencies. Care coordinators are also often able to build close relationships with young people and families and can act as a valuable provider of information and advice both to the families and to local authorities. Care leavers will have Personal Advisers to provide support, for example by providing advice or signposting the young person to services. The Personal Adviser will be a natural lead in many cases to coordinate a transition from children's to adult care and support where relevant.

### **Case study: Matthew's story: person-centred transition planning, involving multiple agencies**

To ensure that Matthew was fully involved in the transition process, four planning sessions were held with his Transition Officer and facilitated by an outside agency that had expertise in person-centred planning. Matthew's aspirations were to live independently in his own home and to have paid employment in an office.

It was vital to Matthew's preparation for adulthood that he was given information about what support he would be eligible for after 18 in order to plan for sustainable employment and to ensure the appropriate support would be available to enable Matthew to live independently. This involved considering:

- whether he would still have a Personal Budget;
- support with travel training;
- job coaching; and
- support to live independently, developing appropriate housing options locally.

Matthew and his family worked with the local authority and the housing association to identify a suitable home for him. The housing association then bought the house for Matthew and another young man to live in, with a carer. This whole process took over three years. Early, person-centred planning has been crucial to Matthew achieving his goals.

Here is a link to an update video on what Matthew is doing today:  
<http://www.media19.co.uk/production/matthews-story/>

## On completion of the transition assessment – providing information and advice

**16.48.** Having carried out a transition assessment, the local authority **must** give an indication of which needs are likely to be eligible needs (and which are not likely to be eligible) once the young person in question turns 18, to ensure that the child or carer understands the care and support they are likely to receive and can plan accordingly.

**16.49.** There is a particularly important role for local authorities in ensuring that young people and carers understand their likely situation when they reach adulthood. The different systems for children's and adult care and support mean that there will be circumstances in which needs that were being met by children's services may not be eligible needs under the adult system. Adult care and support is also subject to means-testing and charging. However, from April 2016, people who turn 18 with eligible care and support needs, will have those needs met for free by their local authority for the rest of their lifetime.

**16.50.** It is critical that families are able to understand what support they are likely to receive when the young person or carer is in the adult system, and that the transition period is planned and managed as far in advance as is practical and useful to the individual to ensure that there is not a sudden gap in meeting the young person's or carer's needs. Where the transition assessment identifies needs that are likely to be eligible, local authorities **should consider** providing an indicative personal budget, so that young people and their families are able to plan their care and support before entering the adult system (see SEN code of practice for further information about right to a personal budget

for people with EHC plans, and chapter 11 for personal budgets under the Care Act).

**16.51.** For any needs that are not eligible under the adult statute, local authorities **must** provide information and advice on how those needs can be met, and how they can be prevented from getting worse. Information and advice must be accessible and proportionate to whoever needs it and must consider individual circumstances. For example when providing information and advice to young people, it is often more effective if information is given face-to-face from a trusted source, such as the young person's care coordinator.

**16.52.** The Children and Families Act 2014 requires local authorities to publish a local offer, which includes provision of information and advice for children's social care in their local area, including specific requirements for young people who are preparing for adulthood (see chapter 4 SEN Code of Practice).<sup>133</sup> The Care Act places a similar duty on local authorities to provide information and advice about adult care and support (see chapter 3 for guidance on the provision of information and advice).

**16.53.** Given the similar requirements on both children and adult services to provide information and advice that is easily accessible, local authorities **should consider** jointly commissioning and delivering their information and advice services for both children's and adult care and support as part of their requirement to work together to smooth the transition between children and adult services.

**16.54.** The local authority and relevant partners **should** consider building on a transition assessment to create a person-centred transition plan that sets out the information in the assessment, along

<sup>133</sup> Link to SEN code of practice chapter on local offer when published

with a plan for the transition to adult care and support, including key milestones for achieving the young person or carer's desired outcomes. An advantage of a transition plan is that it is easier to update and refine without undertaking a new assessment – transition assessments and plans should be reviewed regularly to take account of changes both in circumstances and desired outcomes. The priorities of young people will often change a lot during their adolescent years, and plans should be updated frequently enough to reflect this. Local authorities **should** also accept reasonable requests from young people and their families to review transition plans (see chapter 13 for further on reviews of care plans).

#### Links to example templates of transition plans:

[http://www.preparingforadulthood.org.uk/media/208807/william\\_s\\_draft\\_transition\\_plan.pdf](http://www.preparingforadulthood.org.uk/media/208807/william_s_draft_transition_plan.pdf)

<http://www.hertsdirect.org/docs/pdf/p/PfAtransplan>

**16.55.** In the case of a child's carer, if the local authority has identified needs through a transition assessment which could be met by adult services, it **may** meet these needs under the Care Act in advance of the child being cared for turning 18. In deciding whether to do this the local authority must have regard to what support the child's carer is receiving under children's legislation.<sup>134</sup> If the local authority decides to meet the child's carer's needs through adult services, as for anyone else under the adult legislation, the child's carer must receive a support plan and a personal budget – as well as a financial assessment if they are subject to charges for the support they will receive.

## Provision of age-appropriate local services and resources

**16.56.** The Care Act requires local authorities to arrange preventative services, and to ensure a diverse range of quality providers of care and support in their local area. There are similar requirements in relation to the Local Offer in the Children and Families Act (see chapter 4 on market shaping).

**16.57.** Promoting a local market that offers a choice of high quality services will include having regard to the needs of young people transferring from children's services after turning 18. In order to prepare to live independently as adults, many young people leaving full-time education will require different types of care and support to that which is typically provided to children or older people. For young adults, this might include things such as advice on housing options, support to help them live in their own home or job training.

**16.58.** Given the clear similarities in the statutory requirements under both Acts, local authorities **should consider** jointly planning and commissioning these services where there is potential to make better use of resources. It can cause significant disruption to young people and their families if they would prefer to stay local but are forced to travel out of area due to lack of adequate local provision. This will also often result in high transport costs and high costs of out-of-area placements.

## After the young person or carer turns 18

**16.59.** There is no obligation on local authorities to implement the move from children's social care to adult care and

<sup>134</sup> Specifically, to section 17 of the Children Act 1989

support as soon as someone turns 18. Very few moves will take place on the day of someone's 18<sup>th</sup> birthday. For the most part, the move to adult services begins at the end of a school term or another similar milestone, and in many cases should be a staged process over several months or years.

**16.60.** In advance of the move taking place, the local authority must decide whether to treat the transition assessment as a needs or carers assessment under the Care Act (i.e. an assessment for the adult care and support system as set out in chapter 6). In making this decision the local authority **must** have regard to when the transition assessment was carried out and whether the person's circumstances have changed.

**16.61.** If the local authority will meet the young person's or carer's needs under the Care Act after they have turned 18 (based either on the existing transition assessment or a new needs assessment if necessary), the local authority **must** undertake the care planning process as for other adults – including creating a care and support plan and producing a personal budget as set out in chapters 10 and 11. Local authorities should ensure that this happens early enough that a package of care and support is in place at the time of transition.

## Combining EHC plans and care and support plans after the age of 18

**16.62.** Where young people aged 18 or over continue to have EHC plans under the Children and Families Act 2014, and they make the move to adult care and support, the care and support aspects of the EHC plan will be provided under the Care Act. The statutory care and support plan must form the basis of the 'care' element of the EHC

plan (chapter 10 sets out the requirements and guidance for care and support plans).

**16.63.** Under the Children and Families Act, EHC plans must clearly set out the care and support which is reasonably required by the learning difficulties and disabilities that result in the young person having SEN. For people over 18 with a care and support plan, this will be those elements of their care and support which are directly related to their SEN. EHC plans may also include other care and support that is in the care and support plan, but the elements that are directly related to SEN should always be clearly marked out separately as they will be of particular relevance to the rest of the EHC plan.

## Continuity of care after the age of 18

**16.64.** Young people and their carers have sometimes faced a gap in provision of care and support when they turn 18, and this can be distressing and disruptive to their lives. Local authorities **must not** allow a gap in care and support when young people and carers move from children's to adult services.

**16.65.** If transition assessment and planning is carried out as it should be, there **should not** be any gap in provision of care and support. However, if adult care and support is not in place on a young person's 18<sup>th</sup> birthday, and they or their carer have been receiving services under children's legislation,<sup>135</sup> the local authority **must** continue providing services until the relevant steps have been taken, so that there is no gap in provision. The 'relevant steps' are if the local authority:

<sup>135</sup> Specifically, under section 17 of the Children Act 1989 or section 2 of the Sick and Disabled Persons Act 1970 or section 2 of the Carers and Disabled Children Act 2000

- concludes that the person does not have needs for adult care and support; or
- concludes that the person does have such needs and begins to meet some or all of them (the local authority will not always meet all of a person's needs – certain needs are sometimes met by carers or other organisations); or
- concludes that the person does have such needs but decides they are not going to meet any of those needs (for instance, because their needs do not meet the eligibility criteria under the Care Act 2014)

**16.66.** In order to reach such a conclusion, the local authority **must** have conducted a transition assessment (that they will use as a needs or carers assessment under the adult statute). Where a transition assessment was not conducted and should have been (or where the young person's circumstances have changed), the local authority **must** carry out an adult needs or carer's assessment as described in chapter 6.

**16.67.** In the case of care leavers, the *Staying Put* Guidance<sup>136</sup> states that local authorities **may** choose to extend foster placements beyond the age of 18. All local authorities **must** have a Staying Put policy to ensure transition from care to independence and adulthood that is similar for care leavers to that which most young people experience, and is based on need and not on age alone.

**16.68.** For some people with complex SEN and care needs, local authorities and their partners **may** decide that children's services are the best way to meet a person's needs – even after they have turned 18. Both the Care

Act 2014 and the Children and Families Act 2014 allow for this.<sup>137</sup>

**16.69.** The Children and Families Act enables local authorities to continue children's services beyond age 18 and up to 25 for young people with EHC plans if they need longer to complete or consolidate their education and training and achieve the outcomes set out in their plan. Under the Care Act 2014, if, having carried out a transition assessment, it is agreed that the best decision for the young person is to continue to receive children's services, the local authority **may** choose to do so. Children and adults' services **must** work together, and any decision to continue children's services after the child turns 18 will require agreement between children and adult services.

**16.70.** Where a person over 18 is still receiving services under children's legislation through their EHC plan and the EHC plan ceases, the transition assessment and planning process **must** be undertaken as set out elsewhere in this chapter. Where this has not happened at the point of transition, the requirement under the Care Act to continue children's services (as set out above) applies.

**16.71.** Both the Children and Families Act 2014 and the Care Act 2014 also require young people and their parents to be fully involved making decisions about their care and support. This includes decisions about the most appropriate time to make the transition to adult services. The EHC plan or any transition plan **should** set out how this will happen, who is involved and what support will be provided to make sure the transition is as seamless as possible.

<sup>136</sup> <https://www.gov.uk/government/publications/staying-put-arrangements-for-care-leavers-aged-18-years-and-above>

<sup>137</sup> Both Acts make insertions to the Children Act 1989 and "children's services" in the rest of this section means services provided under section 17 of that Act.

## Safeguarding after the age 18

**16.72.** Where someone is over 18 but still receiving children's services and a safeguarding issue is raised, the matter should be dealt with as a matter of course by the adult safeguarding team. Where appropriate, they **should** involve the local authority's children's safeguarding colleagues as well as any relevant partners (e.g. police or NHS) or other persons relevant to the case. The same approach should apply for complaints or appeals, as well as where someone is moving to a different local authority area after receiving a transition assessment but before moving to adult care and support.

## Ordinary residence and transition to Higher Education

**16.73.** Where a young person is intending to move to a higher or further education institution which is out of the area where they were receiving children's services, they will usually remain ordinarily resident in the area where their parents live (or the local authority area which had responsibility for them as a child). However, this is not always the case and Chapter 20 and Annex J contain more detailed guidance about ordinary residence principles when young people move from children's to adult services, and when they move away to university. This includes example case studies to help local authorities in making decisions about which area is responsible – it will be an important aspect of transition planning to confirm as early as possible where someone will be ordinarily resident as an adult.

**16.74.** Where a young person or carer wishes to attend a higher or further education institution, local authorities should help them identify a suitable institution as part of

transition planning (if they have not done so already). Once an offer has been accepted, local authorities **should** ensure the relevant institution is made aware as soon as possible of the young person's or carer's needs and desired outcomes and discuss a plan for meeting them.

**16.75.** Wherever possible, this should be a conversation involving the young person or carer, anyone else they wish to involve, the local authority, and the institution – as well as the local authority where the institution is located where appropriate. All higher and further education institutions have clear duties and responsibilities under the Equality Act 2010 with regard to ensuring that disabled students do not face discrimination or less favourable treatment whilst applying to, and studying in these institutions. They are likely to have a learning support team or similar that can lead transition discussions on their behalf. These conversations should also ensure young people and carers are aware of their rights to the Disabled Students Allowance<sup>138</sup> and student loans.

**16.76.** The objective **should** be to ensure that there will be an appropriate package of care and support in place from the day the young person or carer starts at the institution. In many cases a young person or carer studying at university will have a dual location, for example coming home to stay with the parents during weekends or holidays. Where this is the case, local authorities must ensure their needs are met all year round.

## Transition from children's to adult NHS Continuing Health Care

**16.77.** Clinical Commissioning Groups (CCGs) should use the National Framework

<sup>138</sup> <https://www.gov.uk/disabled-students-allowances-dsas/overview>

for NHS Continuing Healthcare<sup>139</sup> and supporting guidance and tools (especially the Decision Support Tool) to determine what on-going care services people aged 18 years or over should receive. The framework sets out that CCGs should ensure that adult NHS continuing healthcare is appropriately represented at all transition planning meetings to do with individual young people whose needs suggest that there may be potential eligibility. CCGs and LAs should have systems in place to ensure that appropriate referrals are made whenever either organisation is supporting a young person who, on reaching adulthood, may have a need for services from the other agency.

**16.78.** The framework sets out best practice for the timing of transition steps as follows:

- Children's services **should** identify young people with likely needs for NHS CHC and notify the relevant CCGs when such a young person turns 14;
- There **should** be a formal referral for adult NHS CHC screening at 16;
- There **should** be a decision in principle at 17 so that a package of care can be in place once the person turns 18 (or later if agreed more appropriate)

**16.79.** If a young person who receives children's continuing health care has been determined by the relevant CCG not to be eligible for a package of adult NHS CHC when they reach the age of 18, they should be advised of their non-eligibility and of their right to request an independent review. The CCG should continue to participate in the transition process, in order to ensure an appropriate transfer of responsibilities, including consideration of whether they should be commissioning, funding or providing services towards a joint package of care.

## Links to external resources

### Code of Practice for Children with Special Educational Needs

<https://www.gov.uk/government/consultations/special-educational-needs-sen-code-of-practice-and-regulations>

### Preparing for Adulthood website

<http://www.preparingforadulthood.org.uk/>

### Together for Short Lives website

<http://www.togetherforshortlives.org.uk/>

### Transition Information Network website

<http://www.transitioninforonetwork.org.uk/>

<sup>139</sup> <https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>

