




Bridgewater Community Healthcare 
NHS Trust


Halton and St Helens


GREATER MERSEYSIDE

5 Boroughs Partnership 
NHS Foundation Trust

Halton Multi Agency Transition Protocol December 2011

An Inter-Agency Agreement between:

- Halton Borough Council
- Connexions
- Halton and St Helens PCT
- Bridgewater Community Healthcare NHS Trust
- 5 Boroughs Partnership

POLICY INFORMATION SHEET

Name of Document	Halton Multi Agency Transition Protocol
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Superseded document(s)	
Responsible officer(s)	Operational Director, Children and Family Services
Any other relevant information	

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1.0 WHAT IS TRANSITION?

- 1.1 Transition is the process that occurs when Young People move from Children's services to Adult's services. This involves physical, emotional and psychological developments that are coupled with changes to roles and relationships with family and friends, care staff and the wider community. For Young People who are disabled, opportunities have often been limited.
- 1.2 It is particularly important that all parents and carers of young people who are disabled understand the changes that will occur during this period of time and the processes that will be implemented to minimise the natural concerns and anxieties that accompany change.
- 1.3 Given the range of factors that will change during this time of transition, it is important that a multi-agency approach is taken and not just restricted to services provided by the Local Authority.
- 1.4 Central to achieving these positive outcomes is the need to ensure that young people are fully involved and participate in the planning process and are supported to have as much choice and control over their lives as possible.
- 1.5 The government report "**Improving Life Chances for Disabled People**" underlines the need to co-ordinate services and to fully involve people in planning life choices by setting the targets of:
 - By 2015 all disabled Young People and their families will experience continuity and coordination in the services they receive, as both Children and Adults.
 - By 2015 all Young People will have the opportunity to be fully involved in the personalised planning of their future activities and provision.

2.0 HOW IS TRANSITION MANAGED?

- 2.1 Strategic responsibility for Transition is managed through the Strategic Management Group. This group has representation from people in Strategic Management positions from all the partners signed up to this protocol. The terms of reference for this group can be found in **Appendix 1, Groups and Documentation**.
- 2.2 The Halton Transition Sub Group reports into the Strategic Management Group and the Adult Learning Disabilities Partnership Board, the Physical and Sensory Disabilities Local Implementation Team, the 14-19 Strategic Partnership, and includes representatives from the Communities Directorate, Children and Enterprise Directorate, Connexions, The Young People's Learning Agency, Health Service Staff, Education Department and Self Advocacy Group. The terms of

reference for this group can be found in [Appendix 1, Groups and Documentation](#).

- 2.3 Halton Transition Tracking Panel meets once in each school term to co-ordinate the reviewing process and to track the educational progress of individuals. Any issues resulting from these meetings is fed into the Operational Managers' Group and the Division of Inclusive Learning. The terms of reference and membership for this group can be found in [Appendix 1, Groups and Documentation](#).
- 2.4 Transition Operational Managers Group meets every month to discuss Young People who are disabled and who may meet the eligibility criteria of Halton Borough Council's Fair Access to Care services, and track them through their Transition into Adult Services. The terms of reference and membership for this group can be found in [Appendix 1, Groups and Documentation](#).
- 2.5 Halton has one Transition Co-ordinator whose role is to work in partnership with Health, Social Care, Education and Connexions, to provide information about services and future options to Schools, Young People and families and to adopt a person centred approach to Transition Planning. The Transition Co-ordinator will attend 14+ reviews and compile information as necessary to inform service development, including distributing key information through a spreadsheet via the Operational Managers' Meetings every month. Transition work, with an education focus, is also undertaken by the Specialist Teacher for Transition, within the SEN Service and Division of Inclusive Learning

3.0 WHO DOES THIS PROTOCOL APPLY TO?

- 3.1 This Protocol applies to those Young People who have a disability and have special educational needs (SEN), and who may meet the eligibility criteria of Halton Borough Council's Fair Access to Care Services Framework
- 3.2 Indicators of eligibility include Young People resident in Halton who:
 - Have a Statement of Special Education Needs and have been assessed as having severe learning difficulties and/or autism or a physical or sensory disability. This may include Children and Young People who are Win receipt of School Action Plus Enhanced Provision.
 - Receive a service from the Children's Social Care and/or Disabled Children's Service.
 - Are "Children in Care" and have a Statement of Special Education Needs identifying them as having severe and /or complex learning disabilities or physical disability.

- Have severe and enduring mental health problems.
- 3.3 There may be some Young People who are not assessed as having special educational needs but who may need some support in planning for and adapting to adult life because of their impairment e.g. Young People with Asperger Syndrome who may be classified as high functioning and outside the statutory responsibilities for statementing. These Young People may need referring to Connexions and Education and Leisure services to ensure that they are connected with resources in the community.
- 3.4 In terms of eligibility for both adults' and children's Health services, this includes those registered with a Halton GP. School health staff will meet the needs of all students within the school, including those who live out of the area, while they are in the school.

4.0 ASSESSMENT OF NEEDS

- 4.1 Eligibility for Community Care services within Adults' Social Care will be in accordance with Halton Borough Council's Communities Directorate **"Fair Access to Care Services Policy Eligibility for Adult Care Services" Revised March 2010.**
- 4.2 Adults who are assessed as needing services will also have a financial assessment in accordance with Halton's Fairer Charging Policy. This is to determine whether they need to make a financial contribution to the services they will receive.
- 4.3 Young People who require a Continuing HealthCare Needs Assessment will be assessed by their 17th birthday.

5.0 PERSON CENTRED PLANNING

- 5.1 **Valuing People Now** requires local agencies to facilitate person centred plans for Young People with a Learning Disability moving between Children's and Adult's services. The guidance states that these plans should be separate from Social Work assessments, which look at levels of need and eligibility for services.
- 5.2 The opportunity to have a Person Centred Plan will be discussed at the Year 9 Transition Review and Schools will introduce Person Centred Approaches. The School Nurse will initiate the Health Action Plan at this time. Halton Speak Out have been commissioned by one of the schools to complete all year 9 reviews in a person centred way, and have delivered training to a number of other schools to enable their staff to complete year 9 reviews in a person centred way.

- 5.3 The importance of Person Centred Planning is recognised for all Young People from 14-18 Years. All young people with complex needs currently have their Child in Need Planning meetings facilitated in a person centred way through Halton Speak Out.

6.0 TRANSITION TIMETABLE

- 6.1 Transition plans, for those pupils that have Statements of Special Educational Needs, are drawn up and monitored through the statutory annual review process, which are arranged by both mainstream and special schools. Detailed guidance for this reviewing process can be found in the [Special Educational Needs Code of Practice. \(DfES 2001\)](#) The Annual Review process is monitored both by the SEN Assessment Team and the SEN Service.

Year 9 (Age 13/14)

- 6.2 This is the start of the formal Transition process. The annual review in Year 9 is the Transition Review. The Transition Co-ordinator will provide an Information Pack to Parents/Carers. This pack will contain information regarding social and leisure opportunities, post School options, money matters and the roles and responsibilities of all the agencies involved in Transition Planning. An accessible version will also be available.

- 6.3 The review is called by School and must be attended by:

- The Young Person and their family or chosen representative.
- School Staff.
- The Transition Co-ordinator.
- Connexions Advisor.
- SEN Team representative
- Relevant Health Staff (School Nurse plus any therapists involved)

- 6.4 The following should attend if involved

- Children's Social Worker or Community Support Worker.
- If the Young Person is not currently involved with Children's Social Care or the Disabled Children's Service then the Transition Co-ordinator will ascertain whether the Young Person needs any involvement and if necessary facilitate a referral.
- Person Centred Planner.

- 6.5 Following the Transition Review:

- The Transition Plan will be completed and should cover the Young Person's aims and aspirations for the future, the options that may be available to the Young Person as they prepare to leave School and the support the Young Person may need as they prepare to leave School and when they have left School. This will be reviewed

annually. Schools take responsibility for writing and holding the Transition Plan.

- Connexions staff will begin their assessment process to contribute to their Section 139A assessment.
- Health staff who are present at the review will give consideration to whether the Young Person needs any therapeutic involvement or if any further referrals need to be made.

Year 10 (Age 14/15)

- 6.6 The relevant School will inform the Transition Co-ordinator of review dates. These dates may coincide with Children's Social Care reviews and this will be discussed in the Tracking meeting. Where a Young Person has a designated Social Worker or Community Support Worker from Children's services the Transition Co-ordinator will inform the worker of the date of the review. Relevant health professionals will be invited to the review by school staff.
- 6.7 The Transition Plan will be reviewed, as per the SEN Code of Practice
- 6.8 The Transition Co-ordinator will ensure that Adult Services and partners are notified of Young People in Transition with significant care needs, through the Transition Operational Managers Group. The Transition Co-ordinator will update the spreadsheet to inform future commissioning for both Social Care and Health. The purpose of this is to flag up any particularly complex cases and to appraise the commissioners of any future issues/planning that will be needed to ensure these Young People's needs will be met when they become adults.

Year 11 (Age 15/16)

- 6.9 The relevant School will inform the Transition Co-ordinator of review dates. These dates may coincide with Children's Social Care reviews and this will be discussed in the Tracking meeting. Where a Young Person has a designated worker from a Children's Social Work team the Transition Co-ordinator will inform the worker of the date of the review.
- 6.10 The Transition Plan will be reviewed, as per the SEN Code of Practice
- 6.11 If the Young Person is leaving School in the next academic year, school and Connexions staff will ensure Young Person has visited college to have taster days if they are progressing to college.
- 6.12 If the Young Person is leaving School in the next academic year Connexions staff will complete a Section 139A assessment, as per the SEN Code of Practice.
- 6.13 If the Young Person is leaving School in the next academic year, their final School Health Review (Health Action Plan) should be completed

by either the consultant paediatrician or the school nurse, and made available and a copy should be given to the Young Person/family and shared with GP if consent is given for this.

Year 12 (Age 16/17)

- 6.14 Young People who have left School will be monitored by their post 16-education provider; otherwise Schools will arrange reviews as above.
- 6.15 If Young Person attending college has significant health needs, college staff will invite relevant health professionals to the review. If not, health needs will be met by community health services, including GP.
- 6.16 Discussions will take place at the Transition Operational Managers group regarding the appropriate timing of Adult Services' involvement in individual cases, but usually referrals are made by Young Person's 17th birthday. **Appendix 1 Groups and Documentation.**
- 6.17 Where the Young Person has a Social Worker or a Community Support Worker they will initiate the referral, if they do not have a Social Worker or a Community Support Worker this will be the responsibility of the Transition Co-ordinator.
- 6.16 When a Young Person reaches the age of 16 their financial position may change in a number of ways depending on individual circumstances:
- Disability Living Allowance (DLA) – if this has been claimed on behalf of a Young Person they are now eligible to claim it in their own right.
 - Some Young People may be able to access Incapacity Benefit and/or Income support. Due to the complexity of these issues, following review a referral will be made to the welfare rights team to ensure that all Young People are in receipt of the correct benefits.

Year 13 (Age 17/18)

- 6.17 Where a Young Person is still educated within a School setting, the annual review process will take place as outlined above.
- 6.18 For Young People who have significant identified social care and/or health needs, and who are likely to receive a service from Adult Services the following will apply:
- The Children's Social Worker will complete a referral and forward it to their line manager and the transition co-ordinator by the young person's 17th birthday (or earlier if YP has particularly complex needs). The Transition Co-ordinator will ensure a referral goes on to the system for the appropriate Adult Team.
 - Once an Adult worker is allocated they will complete an assessment of need in line with **Fair Access to Care Services**. The relevant

Children's Social Care staff will help to facilitate this assessment by providing introductions and information as necessary. Applications should be submitted to the relevant funding panel prior to the Young Persons 18th birthday even though funding responsibility will not begin until that date.

- If the Young Person has a learning disability, the Transition co-ordinator will complete a referral to the Adult Community Learning Disability Nurses if required to complete eligibility assessment and complete Health Action Plan if required.
- For young people with Learning Disabilities, the Adult Community Learning Disability Nurse will liaise with child health services to establish if there are current or planned interventions that are ongoing or required in preparation for early adulthood. This will promote a multidisciplinary/multi agency approach.
- If the Young Person has complex health needs, consideration will be given to Continuing Healthcare Funding, and the adult social worker should complete a CHC checklist and liaise with CHC team as soon as possible, prior to their 17th birthday. Consideration should also be given to a referral to the Community Matron service if appropriate.
- For those young people who use specialist and adaptive equipment to enhance their function, independence or quality of life, child health services will review that equipment in preparation for early adulthood. This is crucial, as some specialist equipment that was funded for their needs as children is not subsequently funded in adult life.
- Adult services representatives will attend the final Child in Need or Child in Care review which will be a handover meeting. Transfer of funding and case management responsibility will begin on the Young Person's 18th birthday.
- If an Adult Services panel agrees to the provision of services then the social worker will make a referral to the Welfare Rights Service. They will complete a benefits check to look at any changes in income that may occur as the Young Person reaches 18 and a Fairer Charging Assessment to determine the level of financial contribution that the Young Person must make to services received once they become 18.

Year 14 (Age 18/19)

- 6.19 The final School Health Review (Health Action Plan) will be available to the Principal Managers of the Adult Learning Disability Team, the Physical and Sensory Disability Team and the Community Mental Health Team, to inform future Health needs.
- 6.20 For young people with a learning disability, the Adult Community Learning Disability Nurse will liaise with child health and paediatric therapy services to establish if there are ongoing interventions that are likely to need to be transferred to adult health services nursing and therapists. Where necessary, referrals will be made to the appropriate

adult health service provider, so that any joint working and phased transfer of ongoing intervention required can be facilitated.

- 6.21 Connexions staff will complete a Section 139A Assessment for Young People who are remaining in education.
- 6.22 College link courses will continue but where applicable other Young People will link to other resources e.g. day services, and/or referrals to the Community Bridge Building Team and Health Trainers to identify opportunities to build independence, maintain and improve health and access employment opportunities if possible.

Age 18 – 25

- 6.23 Some Young People with special educational needs remain at School until they are 19. College link courses will continue but where applicable other Young People will link to other resources e.g. day services and/or referrals to the Community Bridge Building Team and Health Trainers to identify opportunities to build independence, maintain and improve health and access employment opportunities if possible
- 6.24 Adults aged over 18 are entitled to assessment of need following the Fair Access to Care Services Eligibility Criteria. Following assessment, application may be made to fund services.
- 6.25 All adults in receipt of a service from an Adult Social Care Team will have a minimum of an annual review to determine continued eligibility for a service.
- 6.26 Connexions can provide advice and guidance to Young People up to the age of 25 years. A small number of Children who were “Children in Care” are entitled to ongoing support under the **Children Leaving Care Act (2000)**. This support will include the provision of a Personal Advisor to offer advice and guidance and will be provided by the Young People’s Team
- 6.27 If young people aged 18 or over have not been included in the transition process as described above for any reason and professionals/parents/young people feel they may meet the criteria for adults’ services, they can refer them for an assessment through Halton Council’s Contact Centre on 0151 907 8306. If the outcome of the assessment is that someone is eligible for services from Adult Social Care they will be met by either the Adult Learning Disabilities Team (ALD), the Physical and Sensory Disabilities Team (PSD) or the Community Mental Health Team (CMHT). For Young People with Learning Disabilities who may require services from ALD Health Team, including LD nurse, Occupational Therapist, Physiotherapist, Speech & Language Therapist, Psychologist, these are also accessed through Halton Council’s Contact Centre on 0151 907 8306.

7.0 REQUESTS FOR INDEPENDENT SPECIALIST PROVIDERS

- 7.1 Where a Young Person's Learning Difficulty Assessment identifies that there is no suitable local provision available, the referring agency will complete a Placement Request Form on behalf of the young person and supply supporting evidence to the nominated Local Authority Placement Officer within the 14-19 Team. A Placement Panel Meeting will be held to consider all available evidence against the criteria set out in the Placement Information from the Young Persons Learning Agency. The nominated Local Authority Placement Officer will write to all interested parties confirming the decision.
- 7.2 Where the cost of specialist provision is likely to involve a contribution from Children's Social Care or Health Services, representatives from the relevant teams will be fully involved in the decision making and referral process.

8.0 NEW AND UNEXPECTED ENTRIES TO THE SYSTEM

- 8.1 These may occur, for example as a result of people moving home, or as a result of a Young Person acquiring an enduring injury during the transition phase. New entries to the system will be highlighted in the Termly Tracking Meetings, and the Transition Operational Managers Group.

9.0 OUT OF BOROUGH SCHOOLS

- 9.1 A small number of pupils are educated in out of borough Schools. The above procedure will still apply, including the link course to Riverside College where appropriate. These young people are reviewed and monitored by the Specialist teacher for Transition, within the SEN Service.
- 9.2 Connexions advisors in Halton (Home authority) will liaise with Connexions advisors in the host authority to ensure that the APIR process and S139A assessments and Skills Funding Agency applications are completed.

APPENDIX 1

GROUPS AND DOCUMENTATION

1.0 HALTON TRANSITION SUB GROUP

1.1 This group meets every two months. Membership consists of:

- Communities Directorate,
- Children and Enterprise Directorate
- Adult and Paediatric Health Services
- Connexions- SEN inclusion Adviser
- Special Schools
- Riverside College
- Halton Speak Out
- Carers
- 14-19 team (co-chair)
- SEN Team (Inclusion 0-25) (co-chair)

1.2 The terms of reference of the group are:

Aims

- The overall aim of the Transition Sub Group is to build local capacity to enable Halton learners with a learning difficulty or disability (LDD) to access provision that meets their needs. There will be a focus on equipping young adults to enter the workplace and/or to become as independent as possible in adult life
- The group will act as a forum for all partners involved in the transition of young people with LDD from the age of 14 until they leave full time education or training up to the age of 25. The LDD cohort will include young people with a learning difficulty, physical or sensory difficulty, ASD, communication difficulty and emotional, social and behavioural difficulties.

Main Objectives

- Roles and responsibilities – the group will clarify the roles and responsibilities of each organisation involved in transition and provide a forum for monitoring protocols, policies, timelines and information sharing agreements.
- Identifying needs and planning – the group will use data gathered by the tracking panel, SEN reports from Year 9 and Connexions LDD NEET to make recommendations regarding provision and services. The group will also identify local training needs arising from the data to support providers and highlight any gaps in provision.
- Quality Framework– the group will provide a forum to discuss recommendations following quality checks on assessments including Section 139a Reports/Learning for Living and Work Documentation.
- Communication – the group will provide feedback to Partnership Boards and the 14 – 19 Partnership Group on recommendations made

by the Sub Group and monitor any work relating to transition undertaken by these Boards.

- Information – the group will produce and monitor information for parents/carers, young people and agencies on the transition process and support available.

Actions

- Produce clear information on the roles and responsibilities of each organisation involved in transition. This will be linked to guidance set out in transition policy documents.
- Produce a clear transition timeline based on these roles and responsibilities to aid local college assessments.
- Carry out an audit of information and policies and procedures relating to transition. This will highlight any gaps and provide details on information that needs updating.
- Provide LDD NEET analysis to help inform provision
- Provide Quality Reports on Section 139a Assessments

2.0 HALTON TRANSITION TRACKING PANEL

2.1 This group meets once every School term. The membership consists of:

- SEN representative (Chair)
- Transition Co-ordinator
- Communities Directorate
- Children and Enterprise Directorate,
- Adult and Paediatric Health Services
- Connexions
- Special Schools
- Riverside College.

2.2 The terms of reference of the group are:

- To co-ordinate reviewing processes and where possible, to incorporate transition and post transition reviews with Children's Social Care reviews or planning meetings. Ref: [SEN Code of Practice 2001 section 9.6](#)
- To identify any new or unexpected entries to transition.
- To discuss progress of individuals, possibly to facilitate further referrals or allocate tasks to individual School, Children's Social Worker or Health staff.
- To highlight examples of good practice or complaints issues which can be fed back as learning to the Transition Sub-Group.
- To improve clarity of expectations and communication to families from Children's and Adult's Services.
- To feed back any relevant information to Operational Managers Group

3.0 TRANSITION OPERATIONAL MANAGERS GROUP

3.1 This group meets every Month. The membership consists of:

- Transition Co-ordinator (Chair)
- Adult Health Manager
- Connexions
- SEN service (Inclusion 0-25)
- Manager of 14-19 service
- Manager of Child and Adolescent Mental Health Service (CAMHS)
- Team Leader of Children's Community Nursing service
- Principal and/or Practice Managers of:
 - Adult Learning Disability Team (ALD)
 - Physical and Sensory Disability Team (PSD)
 - Adult Community Mental Health Teams (CMHT)
 - Young People's Team (YPT)
 - Permanence Team
 - Disabled Children's Service (DCS)
 - Child in Need Teams (1 representative from 3 Childcare Teams)
 - Positive Behaviour Support Service (PBSS)

3.2 **The terms of reference for this group are:**

- To identify and plan for the needs of Young People who are likely to meet eligibility criteria for Adults' social care and/or Health services
- Track the Young People through Transition and inform the commissioning Strategy of services received.
- Early identification of Young People who may be assessed for Adult Social Care
- Forum for sharing information and fostering good working relationships.
- Forum to discuss relevant issues which can be fed up to Strategic Management Group if/when required

4.0 STRATEGIC TRANSITION MANAGEMENT GROUP

4.1 **This group meets bi-monthly. The membership consists of:**

- Operational Director – Children & Families Services, Children and Enterprise Directorate, HBC – Chair
- Divisional Manager – Team Around the Family, Children and Enterprise Directorate, HBC
- Divisional Manager – Assessment Services, Communities Directorate, HBC
- Divisional Manager – Inclusive Learning, Children & Young People Directorate, HBC
- Divisional Manager – Independent Living Services, HBC
- Transition Co-ordinator – HBC
- Specialist teacher for Transitions - HBC
- Head of Children, Family and Maternity Services Commissioning, Halton & St Helens PCT

- Senior Commissioning Manager, Halton and St Helens Primary Care Trust
- 5Boroughs Partnership – Assistant Director, Children Therapy Services
- Area Connexions Manager

4.2 **The terms of reference for this group are:**

- To develop and implement a multi-agency transition strategy for young people with complex needs.
- Ensure robust multi-agency planning for transition for young people with complex needs that includes the involvement of young people and their families and influences relevant commissioning strategies.
- To monitor and review the implementation of the action plan of the multi agency strategy for transition and relevant protocols.
- To develop impact and outcome measures that demonstrate continuous improvement.
- Ensure that there is a strategic link with the EHMWB strategy for children and young people.
- To monitor transition arrangements.

APPENDIX 2

TRANSITION CONTACT LIST

MEMBER	LOCATION	CONTACT NUMBER
Principal Manager Disabled Children Service	Peelhouse Family Centre	0151 420 8130
Principal Manager ALD	John Briggs House	0151 907 8306
Practice Manager ALD	John Briggs House	0151 907 8306
Principal Manager PSD	John Briggs House	01928 704496
Practice Manager PSD	John Briggs House	01928 704447
Transition Co-ordinator	John Briggs House / Peelhouse Family Centre	0151 907 8306/ 0151 420 7767
Head of Learning Disability Service	The Bridges Learning Centre	0151 495 5302
Principal/Practice Manager YPT	Midwood House	0151 471 7396
Principal/Practice Manager PLC	Midwood House	01928 704313
Principal/Practice Manager CMHT	St Johns Unit	0151 422 6800
Adult Health Service Worker	The Bridges Learning Centre	0151 495 5302
Manager 14-19 Team HBC	Grosvenor House	01928 704416
Director of Student Services	Riverside College	0151 257 2077
Young Person's Project Worker	Halton Speak Out	01928 588526
SEN Assessment Team (Inclusion 0-25)	Grosvenor House	01928 704350
Teacher & School Nurse	Chesnut Lodge School	0151 424 0679
Teacher & School Nurse	Ashley School	0151 424 4892
Teacher & School Nurse	Cavendish School	01928 561706
Child Health Service Worker	Woodview Child Development Centre	0151 495 5400
Divisional Manager Assessment Services	John Briggs House	0151 471 7640
Operational Manager Specialist Services C&YPD	Grosvenor House	0151 906 4846
Divisional Manager Inclusive Learning C&ED	Grosvenor House	0151 906 4850
Divisional Manager Independent Living Services	John Briggs House	0151 906 4847
Assistant Director Children & Learning Disability Service (5BP)	Hollins Park	01925 664829
Assistant Director, Child & Family Health, Bridgewater Community Healthcare Trust		0151 495 5022
Connexions Area Manager	Connexions Office, Runcorn	01928 706000
Head of Child and Family Health Commissioning Halton & St Helens PCT	Victoria House	01928 593701
Commissioning Manager (Adults' services) Halton & St Helens PCT	Victoria House	01928 593635

APPENDIX 3

TRANSITION PROCESS FLOW CHART

Stage 1	<p style="text-align: center;">Year 9 (Age 13/14)</p> <ul style="list-style-type: none">• The Transition Information Pack is provided to Parents and Carers• The Transition Plan is completed• The Young Person and family are offered a Person Centred Plan• Connexions Review process started• Referrals made for therapeutic involvement.
Stage 2	<p style="text-align: center;">Year 10 (Age 14/15)</p> <ul style="list-style-type: none">• Transition Plan is reviewed• Transition Co-ordinator will ensure Adult Services are notified of Y.P with Complex Needs
Stage 3	<p style="text-align: center;">Year 11 (Age 15/16)</p> <ul style="list-style-type: none">• Transition Plan reviewed• Section 139A completed (If applicable)• Final School Health Review (Health Action Plan) completed and made available (if applicable)
Stage 4	<p style="text-align: center;">Year 12 (Age 16/17)</p> <ul style="list-style-type: none">• Appropriate timing of Adult Services' involvement in individual cases discussed at Transition Operational Managers group• Referral for financial matters (where appropriate)
Stage 5	<p style="text-align: center;">Year 13 (Age 17/18)</p> <ul style="list-style-type: none">• Transition Co-ordinator to give referral to appropriate Adult Team• Allocated Adult worker to complete assessment• Introductions and information from Children's Social Work Team/Disabled Children's Service• Adult worker to attend the final Child in Need or Child in Care review for handover• Transfer of funding and case management begins on Young Person's 18th birthday• Welfare Rights Service referral made• Application to specialist college made (where appropriate)• Health Action Plan received
Stage 6	<p style="text-align: center;">Year 14 (Age 18/19)</p> <ul style="list-style-type: none">• Final School Health Review (Health Action Plan) completed and made available• S139A completed (If applicable)