



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Adult Social Care Preparing for Adulthood

Adult Social Care
Stockport



Ambitious Stockport, creating opportunities *for everyone*

Title	Preparing for Adulthood
Purpose/scope	For all young people, the transition from childhood to adulthood is an all-encompassing process all services to support in achieving a young person's independence.
Council Priority	• Protect and support our vulnerable children and adults • Improve the health and wellbeing of our communities • To promote independence and develop skills throughout a young person's journey • Support young people with disabilities into work, education and training
Lead author & contact details	Emma Gardiner – Senior Service Manager Learning Disability, Early Adulthood and Autism.
Date Established	June 2024
Date of Next Review	June 2025
Legal Sign Off	June 2024
This Policy has been drafted in conjunction with the council's Adult Social Care Legal team and approved by that team on behalf of the Council Solicitor. The relevant legislation and its impact has been explained further below within the document itself.	
Approver(s)	A Grewal Senior Management Team

Preparing for Adulthood Policy

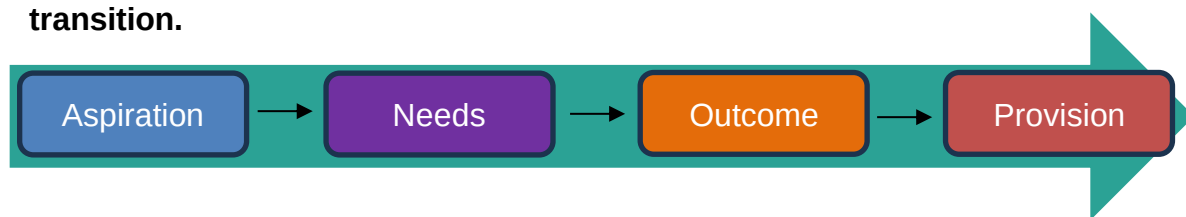
Preparing for Adulthood – *why is it important?*

We know the importance of a young person's journey when they move from Children's Services, Education into Adulthood. Our **Preparing for Adulthood** policy is designed to support the young person their family, carers and the people important to them at a crucial time in their lives. The policy is designed to be shared in order to provide the information needed to understand how different services and professionals support the young person to stay in control of their journey.

Support will be co-ordinated across a range of agencies including health and social care, education, housing, employment, information, advice and guidance providers, benefits, youth and leisure services.

For all young people, the journey from childhood to adulthood should put them at the heart of conversations and arrangements. Conversations with young people, their families, their friends, their carers and the people important to them should be aspirational and support the young person on their journey to adulthood, while complimenting existing relationships and networks.

Consideration of the 'Golden Thread' that links the young person's aspirations, needs and outcomes to the support they receive is vital to support a good transition.



Moving from one service to another can be a daunting and challenging time for a young person and their family and/or carers. Knowing which way to turn and who will provide the support and guidance is essential in getting the best for the young person.

All the agencies and organisations involved in Preparing for Adulthood planning are committed towards a person-centred approach. This means ensuring that everything professionals and services do is based upon what is important to a person from their own perspective. Person-centred planning discovers and acts on what is important to a person.

This policy seeks to ensure that services are brought together, with an open and transparent commitment to work effectively for young people and their families by establishing a clear process for how local services will work together.

Transition should not be seen as the core responsibility of one agency. It is essential that all agencies work closely together and that professionals, young people and their families and carers are all clear about the specific responsibilities of each agency at each stage of the process.

It is important to remember that Preparing for Adulthood is not about planning services, it is about planning a person's life and drawing together all the things that are important to them and supporting their place in their community with relationships that are important to them.

Preparing for Adulthood – *How do we deliver?*

In order for us to understand young people's ambitions and support needed to achieve these, social care have monthly meetings across Childrens Social Care and Adult Social Care. This meeting is designed to ensure effective communication between agencies. Our ambition is to at termly intervals, widen the membership of this meeting to include education and health services.

We are committed to ensuring our practice is:

- Holistic, inclusive and person-centred
- Always improving outcomes for young people
- Helping young people to stay healthy
- Helping young people have the best possible quality of life
- Supporting young people into employment
- Supporting and enabling young people to be aspirational
- Preparing young people for greater independence as valued members of the community
- To enable young people to participate as active and equal citizens both economically and socially
- Supporting the young person to make choices about their life

These assessment principles will mean that young people have access to positive experiences.

Our underlying principles are:

- Comprehensive multi-agency engagement
- The full participation of young people, their families, their carers and the people important to them
- The provision of high quality information
- Effective Preparing for Adulthood planning
- A life with aspirations, including Employment opportunities

Preparing for Adulthood has 4 focuses



Preparing for Adulthood – Who do we support?

The policy supports young people who:

- Are supported by the Children's with Disability Service.
- Have Special Education Needs (SEN), or who are identified as requiring additional support with Preparing for Adulthood
- Meet or may meet Care Act criteria for Adult Social Care
- Are a looked-after child who have an EHCP

The decision on eligibility under The Care Act 2014 support should be person-centred and made following an assessment of a young person's presenting needs. The assessment should be proportionate to the young person's presenting need(s) and circumstances.

There may be some young people who do not meet the criteria from the Care Act but who may need some support in planning for and adapting to adult life because of their additional needs.

These young people may need referring to other agencies and organisations within the community to ensure that they are connected with appropriate resources.

Assistive Technology

It is vital that these key areas support each other and the outcomes for the young person on becoming independent and a part of their local community in a meaningful way. Assistive Technology will play a key role in these 4 areas and consideration should be given at every step to how technology can enhance the young person's independence and experience in life. This may be bespoke technology or what is readily available.

Stockport's assistive technology offer is currently being reviewed and increased; it is essential that as this offer is developed professionals supporting young people with preparing for adulthood are linked in at all opportunities.

Employment

We are committed to providing opportunities to young people to further their education or work towards paid employment. We will work with education providers to ensure a young person's Education, Health, Care Plan (EHCP) reflects their ability to develop skills in this area.

Pure Employment have two offers for adults with Learning Disabilities, Autism or Mental Health conditions to support them into employment. One is provided through the Greater Manchester framework and the second offer is through SMBC. We are committed to removing barriers to accessing these opportunities, SMBC operational teams and commissioning are work closely with Pure Employment to ensure that we are supporting people toward employment wherever possible.

We have regular monitoring meetings to discuss referrals, barriers that Pure Employment are facing and actively problem solve collaboratively.

Pure Employment will:

- Supporting to develop skills through education and training
- Writing a CV
- Assistance with job applications
- Job interview support
- Work trials
- Job coaching
- Access to work applications
- Travel training
- Advice and guidance
- Vocational training support
- Talking to employer

Independent Living

Good quality housing options should be available for young people in their local communities. Educational provisions should include independent living as part of the young person's curriculum - this should also be in the EHCP supporting the social care needs. Programmes of Independence should be integrated and identified in individual support plans with a focus on what is important to the young person, or what area of independence should be at the time. This can change as the young person's independence develops – support planning with a young person should be fluid and ensure it changes and develops as the young person does.

A young person should be supported with exploring what housing and care and support options are available to them in their local area. Where a young person resides outside the local area discussions should be held to determine if they wish to return to Stockport or to settle in their chosen area.

Independent living will mean different things to different people, working with individuals to consider what is important to their independence and how we can support to achieve this.

Commissioners, housing builders and providers should be working together to develop housing schemes and options that are future proof and affordable for young people.

SMBC received specialist funding from the Department of Levelling Up to increase the quality of the support housing market. The Supported Housing Improvement Programme (SHIP) is currently in place with funding until June 2025. The SHIP programme works with landlords, housing providers and care providers to ensure that the quality of supported housing in Stockport will increase. This includes housing options for young people as they become adults.

Community Inclusion

Having meaningful relationships in life is something we all aspire to. This is no different for a person with Special Educational Needs and Disabilities. There may be additional support needed to maintain or develop further relationships. This should be considered as much as a priority for a young person as any other need.

A focus on Strengths based ethos and **Community Led Support** will ensure that we consider the local community and try to identify services and support that can enhance a young person's quality of life. We may need to support the development of community led groups and peer groups where there is an identified need.

This development should be led by the young person, their peer group, their friends and carers/families. They will be able to consider what is important to them and how this can be met within their communities. This holistic approach will ensure that emotional needs are considered as much as physical needs.

Programmes of Independence will be developed on an individual or group basis to ensure young people are included in their local communities and are able to contribute in a meaningful way. There should be a focus on how the young person wishes to be included and where links can be made for them.

Taking positive risks should be a key part of this area, exploring ways to stay connected and safe in their local community with the use of technology should be key.

Health

Supporting a young person with keeping them healthy and well, extends to physical and emotional well-being. This is supported through the EHCP process, ensuring relevant clinical professionals are involved in a young person's journey into adulthood. The transitions from paediatric services into adult services can be daunting and challenging not only for the young person but for their families and/or carers.

There should be a seamless approach which provides no gaps in service from children's services to adult services through every intervention for the young person. Services should be working together to ensure effective communication and information sharing.

Where young people are eligible for a Learning Disability Annual Health Check from the age of 14, as part of the EHCP review we will check that a young person has the information they need to access this.

Admissions into acute hospital settings are different for children and young people under 18 and those over 18, we know that this change is a daunting and worrying time for young people and their families especially those who have had open access

to Treetops Ward at Stepping Hill Hospital. We will work with our health colleagues to improve the experience for young people and their families.

Community Learning Disability Health support.

Children's Community Learning Disability Team (CCLDT) and Healthy Young Minds Learning Disability Team (HYM-LD). **CCLDT and HYM-LD are two services working integrally as one team to support children and young people aged 3 to 18 years who have a moderate to severe learning disability with complex additional needs such as, but not limited to:**

- Behaviour that challenges e.g. aggression to others, self-injurious, destructive behaviours
- Mental health difficulties/ distress e.g. anxiety, low mood
- Low self-esteem
- Complex continence difficulties including faecal smearing
- Sleep difficulties
- Severe difficulties adapting to puberty and adolescence

As a young person approaches adulthood the CCLDT team work alongside professionals within the Adult Learning Disability Health team. There is a local Standard Operating Procedure that should be followed.

Dynamic Support Register

Following Winterbourne View and the Building the Right support guidance in 2015 the dynamic support register was set up. In Stockport our focus on Transforming Care is focused around homes not hospitals and enabling children, young people and adults who are autistic or have a learning disability to live in their communities. We have a joint protocol with ICB colleagues and meet regularly to review individuals.

As part of a social work intervention both for children's and adults' social workers should consider whether the individual meets the criteria for the Dynamic Support Register (DSR).

[NHS England » Homes not hospitals](#)

Agreed Local Process.

Preparing for Adulthood is everyone's business and priority when working with a child of any age or young person, regardless of their professional background. It is vital that all support provided to children and young people has preparing for adulthood at its heart.

LeDeR

Young people over the age of 18 will be supported by the specialist, Early Adulthood, Autism and Learning Disability Teams when an individual is known to Adult Social

Care. The Learning Disability Mortality Reviews (now including autistic adults), locally and nationally, have highlighted the importance of ensuring a consistent and robust approach for individuals with a Learning Disability when leaving hospital. The team will ensure joint working with the young person, families and/or carers, support providers, hospital and community clinical staff to ensure a safe discharge from hospital.

What happens when a young person is placed outside Stockport?

There may be circumstances when a young person is in a foster placement, children's placement, residential college or acute/private Hospital setting outside Stockport prior to their 18th birthday. There can be for a number of reasons why children and young people have been supported by Children's Services, the Preparation for Adulthood duty remains the responsibility of Stockport Council for these young people. The Care and Support Statutory Guidance (2020) ([click here](#)) Chapter 19 provides guidance on this.

Once a young person turns 18, if they choose to stay in the area outside Stockport and they're living not in "Specified provision", for example they are "staying put" or in their own tenancy their Ordinary Residence will change to the local authority where they are living.

The significant difference at this time will be any health or clinical support will be provided from the local area where the young person resides. Any support of this nature during the time the person is home will be transferred to the local area clinical team. A referral will be supported by the allocated worker to ensure a smooth transition of all services when the young person returns home.

If a young person is in a secure hospital informally or detained under the Mental Health Act, they will be supported by a Social Worker from Children's Services and introduced to Adult Social Care in the same way.

An Introduction to Stockport Family (Education and Childrens Social Care)

Stockport Family is an integrated service for children, young people and families. Strong relationships and the development of an integrated 'team around the school' are at the heart of Stockport Family.

The **Children with Disabilities** (CWD) team support children and young people who have substantial and long-term disabilities or complex health needs that are severe or profound. The needs arising from the disability mean that they need specialist support:

- in the home.
- to attend an education setting.
- to take part in social activities.
- take an equal part in the life of the community.

A person may be born with a disability or may acquire it at some stage in their life.

The following are indicators that the provision of specialist services through the CWD team may be appropriate:

- physical disability and or complex health needs that require daily specialist medical or nursing care in the home and to enable the child or young person to participate in social and educational activities.
- diagnosed profound learning disability that requires attendance at special educational provision. This is different to a 'learning difficulty'
- behaviours arising from the disability that:
 - challenge the parent carer
 - impact on all aspects of the child or young person's functioning
 - pose a severe risk to the child, parent carer or others
- being fully dependant on others, or requiring very high levels of support for all aspects of personal care
- disability needs require the need for constant care and or supervision throughout the day and night, without which they or others would be at significant risk of harm
- the parent carer suffers sleep deprivation on a regular basis due to meeting the disability needs through the night
- the level of care required to meet the disabled child's needs indicates there is a risk of the parent carer not being able to continue to care
- without specialist support the child is likely to need a specialist residential or educational placement
- Other factors may also be considered.

The CWD team leader will decide if this is the right team to support the child and their family. Where a child or young person may not require a social worker from the children with disabilities team, a locality team social worker can, where assessed as needed, provide support under s17 of the Children Act 1989. The CWD team offers consultation to all Stockport social work teams supporting families.

Children with Disabilities Team work with young people under The Children Act 1989

An Introduction to Adult Social Care

If a young person requires support into adulthood their social worker in Children's or EHCP Co-Ordinator in SEND Education services will refer the young person to Adult Social Care through EHM or LCS on LiquidLogic using the "Transitions Summary" form. This contact should be made as close to the young person 16th Birthday as possible .

The **Early Adulthood Team** will support all young people who are transitioning into adulthood as long as the referral is made prior to their 18th birthday. After the initial assessment and support planning for those young adults who do not have a

Learning Disability or Autistic will be referred to the most appropriate team in Adult Social Care.

Young adults who have a Learning Disability or Autism will continue to be supported by the Early Adulthood Team up to 25 whilst they are in education and/or their EHCP has ceased whichever is sooner.

Adult Social Care provide support to people through key pieces of legislation, including:

- The Care Act
- The Mental Capacity Act
- The Mental Health Act
- Human Rights Act
- Deprivation of Liberty Safeguards
- Community Deprivation of Liberty Safeguards
- Equalities Act

The initial assessment from Adult Social Care will be under the Care Act.

*The **Care Act: Transition** from childhood to adulthood.*

The **Care Act** states, *that if a child, young carer or an adult caring for a child is likely to have needs when they, or the child they **care** for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so.*

(SCIE definition)

The Care Act Assessment will identify the strengths and aspirations that a young person has and provide support to them in achieving their outcomes.

This support can be provided in a number of ways dependent on the level of need identified and the impact of need on the young person.

Once allocated the social worker will link in with professionals working with the young person from education, health and social care to ensure an MDT approach to Preparing for Adulthood assessment ensuring it is a holistic reflection of the current circumstances. All relevant and important information will be included in the assessment.

This should be at the time which would be of most benefit to the young person.

The Law

Both Childrens Social Care and Adult Social Care work within legal frameworks that are set out below. The majority of interventions are underpinned by legislation which places a statutory on the local authority to support children in need or young people with care and support needs.

The Children Act 1989

Stockport Family under The Children Act 1989 has a duty under Section 17 to safeguarding and promote the wellbeing of “children in need”. Stockport Family referrers to this as “Team Around The Child” and “Team Around The Family”.

[Children Act 1989 \(legislation.gov.uk\)](https://legislation.gov.uk)

Chronically Sick and Disabled Act 1970

The Chronically Sick and Disabled Act section 2 places a duty on local authorities to provide “necessary” services to children. The decision as to whether a service is necessary needs a Section 17 assessment by a Childrens Social Worker. In Stockport Family this would usually be the Children with Disabilities Team.

[Chronically Sick and Disabled Persons Act 1970 \(legislation.gov.uk\)](#)

Children and Families Act 2014

Stockport Family and Adult Social Care under part 3 of the Children and Families Act must work together if this achieves better outcomes for children and young people. Section 3 of The Children and Families Act says that the Local Authority must detail the provision for preparation for adulthood on the “Local Offer”. The SEND Code of Practice provides further detail.

[Children and Families Act 2014 \(legislation.gov.uk\)](#)

[SEND Code of Practice January 2015.pdf \(publishing.service.gov.uk\)](#)

Care Act 2014

The Care Act and supporting guidance places duty of care on a local authority to meet care and support needs of individuals over the age of 18 who meet the criteria set out under law.

An integral part of the Care Act is the early help offer and the “prevent, reduce and delay” duties. The early help offer is the golden thread through any assessment and support planning under The Care Act ensuring that people are supported to be as independent as possible.

The Care Act places a duty on the local authority not only Adult Social Care specifically in relation to the wellbeing principle and the Early Help offers.

The criteria set’s out all 3 conditions that must be met. There is no hierarchy to the eligibility outcomes – all are equally important.

Condition 1

The adult’s needs for care and support arise from or are related to a physical or mental impairment or illness and are not caused by other circumstantial factors.

This includes if the adult has a condition as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. There does not need to be a formal diagnosis of the condition.

Condition 2

As a result of the adult’s needs, the adult is unable to achieve two or more of the outcomes specified in the regulations.

Local authorities must also be aware that 'being unable' to achieve an outcome includes any circumstances where the adult is:

- Unable to achieve the outcome without assistance. This includes where an adult would be unable to do so even when assistance is provided. It also includes where the adult may need prompting. For example, some adults may be physically able to wash but need reminding of the importance of personal hygiene.
- Able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety. For example, an older individual with severe arthritis may be able to prepare a meal, but doing so will leave them in severe pain and unable to eat the meal.
- Able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others. This would include, for example, cases where the health or safety of another member of the family, including a child, could be endangered when an adult attempts to complete a task or an activity without relevant support;
- Able to achieve the outcome without assistance but takes significantly longer than would normally be expected. For example, a physically disabled adult is able to dress themselves in the morning, but it takes them a long time to do this, leaving them exhausted and prevents them from achieving other outcomes.

Local authorities must consider whether the adult is unable to achieve the whole range of outcomes contained in the criteria when making the eligibility determination.

Condition 3

As a consequence of being unable to achieve these outcomes, there is, or there is likely to be, a significant impact on the adult's wellbeing (please see Care Act section 1 for definition of wellbeing ([wellbeing principle link](#)), determining whether:

- The adult's needs impact on at least one of the areas of wellbeing in a significant way or;
- The cumulative effect of the impact on a number of the areas of wellbeing means that they have a significant impact on the adult's overall wellbeing.

How support can be delivered?

Following the Care Act Assessment, if a young person requires a support plan they will receive their **Personal Budget**.

The personal budget can be used in a variety of ways to meet the young person's needs identified from their assessment. Care and support can be arranged on behalf of the young person by SMBC.

The Personal Budget can also be provided through a **Direct Payment**.

The young person, an authorised person or nominated person can choose their own carers by employing **Personal Assistants**.

Direct Payments can provide opportunity to be creative in the way support is delivered. Direct Payments can offer young people and their families the opportunity to pool Personal Budgets with peers and create bespoke, person centred services.

[Care Act 2014 \(legislation.gov.uk\)](http://legislation.gov.uk)
[Care and support statutory guidance - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
[Direct Payments policy 2023 \(ctfassets.net\)](http://ctfassets.net)

Paying for your Care

Children's social Care and Health are free at the point of access however Adult Social Care is means tested and a financial assessment is completed in order to establish if someone is able to make a contribution towards their care.

The financial assessment takes into consideration the finances of the person with eligible needs, this means that it does not take into consideration income of family members such as mums, dads, sisters, brothers etc who live in the family home.

[Paying for care - Stockport Council](#)

Legislation that covers both Children's Social Care and Adult Social Care

Mental Capacity Act 2005

The Mental Capacity Act (MCA) protects people, from age 16, who cannot make decisions for themselves. It provides clear guidelines for carers and professionals about who can take decisions in which situations. This applies whether decisions are life changing events or day to day matters.

The underlying philosophy of the MCA is to ensure that those who lack capacity are supported in making decisions for themselves. If they are unable to, the act ensures any decisions made or any actions taken on their behalf are made in their **Best Interests**.

[Mental Capacity Act 2005 \(legislation.gov.uk\)](http://legislation.gov.uk)

Deprivation of Liberty Safeguards (DoLS)

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

A DoLS assessment will need to be considered if the young person will be moving to a residential setting, for both long term and short term periods. DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and in the person's best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

A Supreme Court judgement in March 2014 made reference to the '*acid test*' to see whether a person is being deprived of their liberty, which consisted of two questions

-
- Is the person subject to continuous supervision and control? *And*
 - Is the person free to leave? – with the focus, being not on whether a person seems to be wanting to leave, but on how those who support them would react if they did want to leave.

If someone is subject to that level of supervision, and is not free to leave, then it is almost certain that they are being deprived of their liberty. But even with the 'acid test' it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merit.

If a young person is:

- 18 or over;
- lacks capacity to decide where they live and what care they receive;
- The care plan meets the “*acid test*,”
- and resides in a residential care home or hospital

The deprivation of their liberty must be authorised under Schedule A1 of the MCA known as the Deprivation of Liberty Safeguards. This process is carried out by the Dols and safeguarding team in the council which is known as the supervisory body.

If the young person objects to where they are living or to the care arrangements they can be assisted to apply to the Court of Protection on a number of grounds to challenge.

If the young person is:

- 18 or over,
- lacks capacity to decide where they live or what care they receive;
- The care plan meets the “*acid test*,”
- living in a community setting (including with family);

The deprivation of liberty must be authorised by the Court of Protection. If the young person objects to where they are living or to the care arrangements either in what they say or the way they behave a hearing to decide whether the restrictions are in the young person's best interest will be made by the Court of Protection.

If the young person does not object to where they are living or the care arrangements *the streamlined procedure (COPDOL11)* in which an application is made to the court on the papers should be used.

If the young person is:

- 16/17 years old
- Lacks capacity to decide where they live or what care they receive;
- The care plan meets the “*acid test*,”
- living in a community setting (including with family);

The deprivation of liberty *must be* authorised by the Court of Protection by way of an oral **whether the young person objects to where they are living or to the care arrangements or not**. The decision as to whether the restrictions are in the young person's best interest or not will be made by the Court of Protection.

if a person is in hospital they should not be subject to the Deprivation of Liberty Safeguards if they meet the criteria for detention under the Mental Health Act.

Other circumstances where you need to apply to the Court of Protection

The overwhelming majority of decisions involving an individual who lacks capacity do not go to court but are day to day decisions or agreed between family's and professionals through best interest meetings and negotiation.

The Deprivation of Liberty Safeguards should not be used if the main reason is to restrict contact with individuals who may cause the person harm. If it is believed to be in a person's best interests to limit contact an application should be made to the Court of Protection.

An application should be made to the Court of Protection if there is concern that an individual engaging in sexual relations is likely to lack capacity to engage in sexual relations or marry.

Mental Health Act 2007

The Mental Health Act (MHA) is designed to give professionals the power, in some circumstances to detain an individual, assess and treat people with mental disorders in the interests of their health and safety or for public safety. The MHA contains sections which are used in each circumstance if a person is to be detained using the MHA.

The person will have a Mental Health Act Assessment under the MHA by an Approved Mental Health Practitioner, usually a Social Worker, and two Doctors. They will determine if the person needs to be **detained** under the Mental Health Act. Once detained the person will be supported into a specialised hospital.

[Mental Health Act 2007 \(legislation.gov.uk\)](http://legislation.gov.uk)

The transition period can be an anxious and stressful time for many young people, their families and/or carers.

Services should not underestimate the role they play in supporting this period and ensuring the journey through the Preparing for Adulthood process is as seamless as possible.