Preparing for Adulthood

Transition and Pathways for Children and Young People with Disabilities

April 2020

Contents

Introduction and Background

1. Disabled children, young people and their parent(s)/carer(s) have repeatedly told statutory organisations that transition into adulthood is a period in their lives where good practice between children and adult services is not sufficiently well embedded. The Children and Families Act 2014 has brought about extensive changes to support children and young people including those who have special educational needs and disabilities. The Care Act 2014 places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18 and a transition assessment would be of significant benefit. Both pieces of legislation deliver a clear message that agencies must work together to provide careful preparation, planning and communication to ensure that young people get the support they need so they can move from child, to young person, to adult as seamlessly as possible.

2. Partners across education, health and social care have a key role to play in helping all children and young people with a disability, this includes Learning Disability, Autism and or a Physical Disability), prepare well for the transition to adulthood. This protocol sets out to address the roles, responsibilities and accountability for partners whilst making sure the child, young person and their parent(s)/carer(s) are at the heart of the process.

3. This document acknowledges that this group of children and young people will have a range of needs and may require support from both children's services and of adult services. It is important to understand the different service frameworks covering this group of children and young adults and ensure there is clarity about their entitlements and the responsibilities for both of these. It is acknowledged this protocol does not cover transition arrangements between child and adolescent mental health (CAMHS) and adult mental health services, there should be a separate protocol for children transitioning in mental health services. This protocol describes the transition procedures between children's social care services to adult social care services.

4. We will use this protocol to ensure that a person centred, partnership approach to transition planning is key to its success. The individual outcomes we aim to achieve with children and young people will enable them to take their place as adult citizens where their contribution to their local community is valued.

5. The term child is used in this document to describe individuals prior to their 18th birthday; the term young person is used to describe anyone aged between 18 and 25.

6. This protocol will be reviewed in April 2021.

Section 1

What is this pathway and who is it for?

It is widely accepted that good transition arrangements for children begin at 14 years old and therefore, this pathway is for children and young people aged 14 to 25 years old who have a disability who are receiving a package of support from the Barnsley Children with Disability Team, their families/carer(s) and any professionals involved in transition. It should be read in conjunction with:

- Interface Protocol between Safeguarding Children and Safeguarding Adults
- Children with Disabilities policies and procedures
- Children looked after and leaving care policies and procedures
- Staying put policies and procedures
- Adult services policies and procedures
- SEN Assessment policies and procedures
- SEND priorities

A strategic preparing for adulthood and transition pathway is needed to ensure education, health and social care services are brought together, with a clear and transparent commitment to making the transition process work for disabled children, young people and their families.

A recurring challenge, often leading to lack of continuity in the provision of services across the transition years, can stem from the different criteria between services. This pathway will identify milestones in the process and aims to ensure a seamless transition is achieved for disabled children and young people.

For those children who are looked after, a leaving care assessment must be completed before 16 years of age and agreed once they become an eligible child. Following this assessment a pathway plan must be developed from aged 16, any child who is likely to require ongoing support from adult social care aged 18, should also have a transition assessment to determine their eligibility to receive support under the Care Act 2014.

For children who have an Education, Health and Care Plan, planning for transition from children's to adults social care must be integrated with the assessment and annual review process for EHCPs. Within the Education, Health and Care Planning process, planning for transition begins when the child is 13/14 years old/ in year 9 in secondary school.

In order to receive adult social care services an adult needs assessment will need to be undertaken by age 18 and Care Act 2014 eligibility criteria applied. If a transition assessment has been completed previously, the information in this assessment should inform the adult needs assessment. A Social Worker from Adult Social Care should be allocated to jointly review ongoing care and support arrangements (including EHCP where appropriate) prior to the young person reaching 18 years of age.

If the young person or their family is unhappy with the outcome of the transition assessment they should be advised to contact Barnsley customer services and request and log a formal complaint. In addition, they may seek the support of an independent advocate to act on their behalf.

Section 2

What does good transition look like?

The transition to adulthood should be an exciting time of new opportunities, choices and increasing independence however it is recognised that it can also be a time of uncertainty and worry. For everyone involved it is an important time to think carefully about the child's adult life, what they want now and in the future.

This pathway makes it clear that children and their families must play a central role, with planning starting early from age 14 with the preparing for adulthood review and with all agencies working together. By listening to the child and their parents about what is important to them, a person centred approach to transition planning can make a real difference to the outcomes that are achieved. For children and young people with an EHCP, or where it has been agreed an EHCP will be issued, the SEN Code of Practice requires that the young person and their parent/carer are supported to be actively involved in co-producing the plan, from the earliest stage of planning.

In discussion with families, disabled children and young people it is evident that good transition involves:

- Opportunities to make choices and take risks.
- Good communication between the agencies responsible for services.
- Effective participation by children, young people and their families.
- Adequate choices and opportunities at the point of leaving school, including paid employment and voluntary work.
- Planning to enable and empower independence.
- Good information available at the right time.

Some children and young people with a cognitive disability do not have sufficient understanding and communication skills to make their views known. In this situation it is essential that those working with them have the necessary skills to facilitate the involvement of the child or young person and support them to make decisions. It is essential that workers have a thorough understanding of the Mental Capacity Act 2005 which applies to children aged 16 and above.

Referral for independent support or advocacy may also be appropriate, particularly when there is a conflict between the young person's views and others involved.

Person centred planning takes place with disabled children and young people throughout the transition period and includes;

- What is important to the child or young person now and for the future;
- What are their aspirations?
- What are the child or young person's strengths and qualities?
- What is working and not working?
- What will independence look like?
- How can this be achieved?

Section 3

Transition Milestones

The transition pathway will begin at aged 14 in accordance with the Children and Family Act 2014, the Care Act 2014 or at the point of referral to children's social care if the child is older.

At the first review, which is the responsibility of children's social care, the information collected needs to be consistent across all assessments and plans. These could include:

- Education, Health and Care Plan
- Care Plan
- Personal Education Plan
- Child in Need Assessment
- Health Assessment and Health Plan (Children Looked After)
- Leaving Care Assessment
- Pathway Plan
- Care and Support Plan
- Associated Health Plans, including Continuing Health Care

Age 14

This is the start of the formal preparing for adulthood process. The first review will be held during the six months after the child's 14th birthday. Children will be supported in advance of the review in order for them to fully understand and maximise the potential opportunity of it so they are able to make an informed contribution.

It is also important that the child's parent(s)/carer(s) are supported to prepare for the review; this may be via a phone call, a preparation booklet or a meeting beforehand with an appropriate practitioner.

Children's social care has the lead responsibility at the first review and will maintain case responsibility until the child's 18th birthday when the transition will be completed.

Where a child is looked after and requires a Termly Personal Education Plan (TPEP) this is reflected in the review. It is the responsibility of the Independent Review Officer (IRO) to make sure that all statutory assessments and plans are in place for any child who is looked after.

The child and their parent(s)/carer(s) should be asked who else should be invited to the review and when it should take place.

The meeting should focus upon identifying the child's strength's and qualities and what the people who know them best like and admire about them. What is important to the child now and for the future (their aspirations), what good support looks like and what is working and not working in their life. The transition plan should specific, measurable, achievable, relevant and timed (S.M.A.R.T) actions should be set to identify how outcomes will be met.

The meeting should identify any health needs that the child may have and outcomes to maintain or improve health and wellbeing discussed and agreed including continuing health care checklist to be completed where appropriate.

Adult social care will be informed for information and intelligence purposes of children and young people aged 14 years old who have a package of care as a result of their disability at this stage in order to assist them to prepare to accept the case, where appropriate, in the coming years.

The following areas should be a feature during the assessment/review and should be discussed at all future reviews leading up to their 18th birthday:

- Moving to further education or employment or voluntary work
- Independent living, independence at home or getting your own place
- Being part of a community and having independent friendships and relationships
- Good health and emotional wellbeing
- Moving from children's services to adult services

The preparing for adulthood process should help develop a clear direction of travel and assist the child to discover and create the future they want.

It should lead to fewer people entering traditional day services and should instead support young people in having paid work, learning & training opportunities, having their own personal budget, enjoying full and healthy lives and contributing to the local community. The need to engage positively with the young person, alongside family and carers are crucial in promoting the strengths based social work principles, to create a safe navigation between children and the adult social care systems, and to build independence.

Age 15 to age 16

At this stage of the child's life an annual review will be required. The support plan, outlying the care and support being provided should reflect their child's wishes, feelings and aspirations, it should also reflect as to whether the child has capacity to make decision regarding their own care, support and accommodation requirements.

The child and their parent(s)/carer(s) should be supported to be at the centre of reviewing their plan, making changes and agreeing who will undertake what actions.

If a child is looked after, they will require a Leaving Care Assessment of Need and a Pathway Plan on reaching their 16th birthday.

The Leaving Care Assessment of Need should commence when the child reaches 15 years and 6 months and should be completed immediately after their 16th birthday. The Pathway Plan should be completed by the time the child reaches 16 years and 3 months.

Where the child is planning to leave school in the next academic year, the review should identify whether the child is staying in full time education (e.g. at a College) starting an apprenticeship, supported internship or traineeship, moving into work, or volunteering for 20 hours or more a week while in part time education or training.

A continuing healthcare (CHC) checklist should have been completed by children's social care when the young person turned 16 years old. If the young person triggers a full Decision Support Tool (DST) and assessment and is likely to or is in receipt of full CHC funding, the young person at 18 years old will transfer to CHC Nurses for continued care and support at aged 18. They do not require transition into adult social care.

If it is identified that support from adult social care is likely to be required once the child is aged 18, a transition assessment should be undertaken by children's social care. A transition assessment will use eligibility criteria set out in the Care Act 2014 to identify whether a child is likely to have eligible social care needs once they reach the age of 18, therefore, this assessment may be done with support from adult social care and should form the referral into adult social care.

The transition assessment and the referral into adult social care should be completed by the time the young person is 17 years old.

Where a child is Looked After, the transition assessment should focus on the needs of the child as a care leaver and take into account the move from the children's social care framework to a framework designed for adults.

If a child is Looked-After and the Local Authority has responsibility as the Corporate Parent, a Pathway Plan (see previous section for timescales) must be developed at this stage by the allocated worker from the relevant children's social care team.

Outcomes need to be specific and measurable and clearly reflect what is important to the child and their parent(s)/carer(s).

Outcomes should address what is not working or maintain what is working in their lives and move the child closer to their aspirations. Specific, measurable, achievable, relevant and timed (S.M.A.R.T) actions should be set to identify how outcomes will be met.

Once a child is aged 16, legislation in the Mental Capacity Act 2005 applies. Decisions about independent living, finances, further education and who provides care and support are particularly relevant for a child at this stage as they prepare for adulthood. Any plans being developed need to include how a child will be supported to make decisions about their life, the workers involved in supporting children must have a good understanding of the Mental Capacity Act and how to apply it.

Other changes that may occur at age 16 include changes in a child's entitlements to welfare benefits. Information about benefit entitlement should be shared with the child and their parent(s)/carer(s) and signposting to where additional information can be found.

The transition assessment and referral into adult social care should be completed by the young person's 17th birthday, however, children's' social care will continue to be the lead agency.

Age 17-18 years

As stated, the referral must be made into adult social care by the young person's 17th birthday and an adult needs assessment should be completed before the child has turned 17 and half years old.

If the child has not been known to adult social care before their 18th birthday, this will not be identified as a transition and a plan will be required as to how the young person's needs can be met at 18 years old using the adult social care framework.

If there is an existing package of care and support in place this will be continued to be funded through children's social care until the adult social care teams are able to assess, review and agree future care and support for the young person. This will be done in accordance with the Care Act 2014.

This could lead to the young person suffering from a potential 'cliff edge' in services as opposed to a transition, if this is to be avoided transition and the sharing of information between services in a timely way is crucial.

The annual transition review for children will take place three months before the child's 18th birthday; all key stakeholders (including adult social care) are requested to provide information regarding their involvement and are invited to attend the review.

This review is where children's services and adult services agree the point of transfer.

Any requests for continued funding of care and support and or placements should be agreed and approved by the Adult Social Care Panel no later than one month before the child turns 18 years old.

It is important to be aware that the financial position of the child may have changed depending on their circumstances and they may be eligible to claim Personal Independence Payment (PIP) and access Employment Support Allowance (ESA).

Where a young person has significant health needs, an application for continuing healthcare (CHC) should have been considered when the child was 16 years old, if, however, this has been missed then the checklist must be completed as part of the review.

As part of the review the young person should be supported to access the appropriate information to ensure they are in receipt of all benefits. If a young person lacks capacity to manage their finances, an appointee may need to be appointed to do this on their behalf.

On the young person's 18th birthday the responsibility for their care and support will transfer to adult social care. Where a young person is eligible for leaving care services they will retain a Personal Advisor from Future Directions Leaving Care Services, up to 25 years old in some circumstances. Adult social care services will not be able to perform this duty and therefore, it is imperative that children with disabilities ensure a referral to Future Directions Leaving Care Services is completed in a timely way.

Appendices

Appendix 1 - Legal Framework

1. **The Children Act 1989** remains the general legal framework for young people in and leaving care. Subsequent legislation sought to amend and supplement its provision.

2. **The Children (Leaving Care) Act 2000** and the associated Regulations and Guidance was designed to improve the life chances of young people leaving care and details important entitlements in both support and finance. (This has now been superseded by volume 3 of the Children Act 1989 (see below).

3. **The Children Act 1989** Guidance and Regulations, Volume 3: Planning Transition to Adulthood for Care Leavers (January 2015) includes The Care Leavers (England) Regulations 2010 and stands as the most current guidance. It was implemented in April 2011 and is addressed to local authorities and their staff, lead members and Commissioners of services to ensure care leavers are given the same level of care and support that their peers would expect from a reasonable parent and that they are provided with the opportunities and chances needed to help them move successfully to adulthood.

4. **The Children and Young Person Act 2008** provides a particular focus on young people in care and those making the transition from care to adulthood.

5. **The Children Act 1989 Guidance and Regulations, Volume 2:** Care Planning, Placement and Case Review, Regulations and Guidance 2015) the framework for the provision of services to children looked after and for the development of leaving care assessments, pathway plans and preparation for adulthood.

6. **The Children and Families Act 2014** seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background and sets out the requirement for each local authority to have a Staying Put policy. The Act also introduces the biggest reforms to support for children and young people with special educational needs and disabilities for 30 years. The reforms include an Education, Health and Care Plan (EHCP) that replaces the Statement of special educational needs, Personal budgets for children, a requirement for joint commissioning across education, health and social care and a requirement for each local authority to publish a local offer.

7. **The Care Act 2014** sets out the framework for the provision of services to ‘vulnerable adults’ and sets out a framework that defines each adults ‘Ordinary Resident’.

8. **The Mental Capacity Act 2005** generally only applies to people aged 16 or over and provides a statutory framework to empower and protect people who may lack capacity to make some decisions for themselves, for example, people with dementia, learning disabilities, mental health problems, stroke or head injuries, who may lack capacity to make certain decisions.

9. **Special Educational Needs and Disability Code of Practice 0-25 years**

   Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities

10. There has also been **significant case law** that the Local Authority has to be mindful of in undertaking their statutory duties and obligations to Children In Care and Care Leavers (and those who are 'vulnerable' adults and also become adult service users).

11. **G v Southwark (2009)**

    Considers how local authorities respond and support homeless 16 and 17-year old young people.

12. **J v London Borough of Sutton (2007)**

    J challenged the Borough of Sutton to provide her with leaving care services as a 'relevant child' under the Children (Leaving Care) Act 2000.

13. **J v Caerphilly County Borough Council (2004)**

    J challenged in relation to the local authority's responsibility when assessing care leavers and drawing up Pathway Plans.

14. **P v Cheshire West and Chester Council (2014)**

    Considered the circumstances where a person is deprived of his liberty by virtue of the complete and effective control exercised over his life by those looking after him. The judgement identified that to determine whether a person (without the mental capacity to consent to the arrangements) is being deprived of their liberty, the following 'acid test' should be applied: Is the person subject to continuous supervision and control? All of these factors are necessary. You should seek legal advice if intensive levels of support are being provided to any person as part of a package of care or treatment. Is the person free to leave? The focus is not on the person's ability to express a desire to leave, but on what those with control over their care arrangements would do if they sought to leave.

15. **Mental Capacity (Amendment) Act 2019**

    Mental Capacity (Amendment) **Act 2019** The **Mental Capacity** (**Amendment**) Bill entered parliament in July **2018** and gained royal assent on 16 May **2019**. The **act** follows recommendations made by the **Law Commission** around **mental capacity** and deprivation of liberty and creates a new regime, Liberty Protection Safeguards (LPS).

Appendix 2: Roles and Responsibilities

Children's Social Care – Children with Disability Team

1. The Children's Disability Team work with children from birth up to the age of 18 where the child has one or more of the following:

   - a substantial physical disability
   - a severe communication disability (including autistic spectrum disorder)
   - a severe learning disability

2. The Children with Disability Team provides a range of opportunities and provisions for disabled children and their families.

3. The Children with Disability Team provides the care management and assessment function for disabled children in the transition years up to the age of 18.

4. **Social Worker** – social workers cover a range of roles including child protection and acting as a parent for children in looked after in care, in addition to enabling families to access a range of support services, they will attend the annual transition planning meetings (from age 14) in school and organise provision to meet the care needs of the child and their family. The social workers based within the Children with Disability Team are responsible for providing information from the child's Care Plan, Leaving Care Assessment and Pathway Plan (if they have one) to the social workers in adult services so that a smooth transfer takes place at age 18.

5. **Advocate** – disabled children and adults may have access to an advocate to act on their behalf. Where this need is identified it is arranged by the social worker within services for disabled children or adult social care if the young person is over 18.

Leaving Care Personal Adviser

6. All eligible, relevant and former relevant young people eligible for leaving care services will be appointed a Personal Adviser ("PA") who will fulfil a key role in providing the right support to them as they make the transition to adulthood.

7. The young person's allocated social worker (from 16 – 18) can undertake the role of the child's PA up until the young person attains 18 years of age. From 18 years of age a PA will be allocated to the young person within the Future Directions team. The transfer of support from the social worker to the PA will take place in a planned and managed way.

8. A PA will be allocated up until the age of 21 (or 25 in further education with complex needs).

9. A PA has the following functions in relation to the relevant child or former relevant child for whom they are appointed:

   - to provide advice (including practical advice) and support, where applicable, to participate in the assessment and the preparation of the pathway plan;

   - to participate in reviews of the pathway plan;

- to liaise with the responsible authority in the implementation of the pathway plan;

- to co-ordinate the provision of services, and to take reasonable steps;

- to ensure that the child makes use of such services and that they are

- appropriate to the child's needs;

- to remain informed about the relevant child's or former relevant child's progress and wellbeing;

- to keep a written record of contacts with, and of services provided to, the relevant or former relevant child.

10. In addition, where accommodation is provided to a relevant child or former relevant child by the responsible authority under section 23B or section 24B, the PA must visit the relevant child or former relevant child at that accommodation every two months.

11. The functions of the PA for an eligible child are:

- provide the young person with advice and support (this will include direct practical help to prepare them for the time when they move or cease to be looked after and also emotional support);

- liaise with the responsible authority about the provision of services (this function may be carried out by the personal adviser working as a member of a social work or a specialist leaving care team; it will also involve liaising and negotiating with the full range of services that make up the local authority's services, e.g. education and housing services);

- co-ordinate the provision of services, ensuring that these are responsive to the young person's needs and that s/he is able to access and make constructive use of them;

- remain informed about the young person's progress and keep in touch with him/her – visiting at no less than the statutory intervals; and maintain a record of their involvement with the young person, monitoring the effectiveness of services in preparing the young person for a time when s/he will move to greater independence or when s/he ceases to be looked after.

12. The role of the PA is to ensure that transition planning for disabled young people leaving care is timely, efficient and involves all relevant professionals.

Adult Social Care – Specialist Teams and Locality Teams

13. The two specialist teams are split geographically. One team has responsibility for leading on transitions and the other for transforming care.

14. The team who have responsibility for transitions will support young adults into adult social care, they will continue to support adults who have a learning disability, autism or are vulnerable, those, who are based in the other area team or who have a physical disability will be transferred into those teams once the transition period is over. All adult social care teams include social workers and social care assistant practitioners.

15. The primary functions of the team are those set out under the framework of the Care Act 2014. These involve the main functions of assessment of need; care and support planning; implementation of care and support plans; reviewing and monitoring of adults with at least 2 eligible needs within the age range of 18 onwards, with full participation of their carers as appropriate.

16. A number of questions will be asked by the worker involved and information collected to help establish if the young person is eligible to receive support as an adult.

17. Following an adult needs assessment, if the person is eligible to receive support, a worker from the specialist team will meet with the person and their carers/family. This could happen just once or a number of times. Information is collected and written down. Any information given during an assessment will be held in confidence; this means permission will be asked before the information is discussed

18. The statutory responsibilities, as defined in the Care Act 2014, for people over the age of 18 with physical disabilities and those over the age of 65 years are provided by three locality based teams.

19. The appropriate locality team will be identified by home address and staff allocated following a triage of presenting issues or alternatively sign-posted to other sources of support more suited to their needs.

20. Staff will complete an adult needs assessment to determine ‘eligibility’ for support using the criteria set out in the Care Act 2014 and its respective guidance. The assessment will take place in person and may involve repeated visits and communication dependent upon the complexity of the case. Information gathered will be retained and shared with other agencies, subject to the consent of the relevant person(s), in order to identify the best tailored solutions to the presenting needs. The allocated worker will facilitate the identification of resources most suitable to meet the identified needs and seek the agreement and input of the service user, carers or other relevant parties in finalising an agreed support plan. Support is then put in place and reviewed annually as a minimum.

21. In situations where eligibility has not been established staff will offer advice and guidance to the referrer to access independent support, where appropriate.

Appendix 3 - Glossary of Terms

Advocacy/IMCA	A process in which an independent person (an advocate) helps another person to express their views and wishes. Advocacy for children and young people has been defined as 'speaking up' for them. It aims to empower them and make sure that their views are heard and their rights are respected for example, when planning care. If the young person has reached 16 years of age, and lacks mental capacity, then they are entitled to an Independent Mental Capacity Advocate (IMCA) under Mental Capacity Act 2005, should they have no family or friends to support them.
Adult Needs Assessment	An assessment to determine eligible social care needs for adults under Care Act 2014 legislation. The ANA will determine an indicative personal budget.
Care Plan	A document that sets out the actions to be taken to meet the child's needs and records the person responsible for taking each identified action. The local authority is responsible for ensuring that it is regularly reviewed and that the identified actions happen.
Care and Support Plan	The plan that sets out how an adult with eligible social care needs will use their personal budget to access care and support to meet their assessed needs and what this will cost.
Corporate Parents	A term used to describe the responsibility of any local authority as 'corporate parents' to all the children and young people who are in the care of that local authority (children and young people who are 'looked after' or 'in care'). A 'corporate parent' has a legal responsibility to ensure that the needs of children and young people in their care are prioritised in the same way as any concerned parent would want for their own children. The term covers all the members of the local council and any services provided by the local council.
Health Assessment and Health Plan	An assessment to identify a child's needs in relation to their physical and mental health. A health assessment should be carried out with all children who are looked after so that a health plan can be developed to reflect the child's health needs and be included as part of the child's overall Care Plan.
Independent reviewing officer (IRO)	The person who makes sure that the health and welfare of looked-after children and young people are prioritised, that they have completed and accurate care plans in place (which are regularly reviewed and updated), that any physical, emotional health or wellbeing needs or assessments identified by their care plans are met or completed, and that their views and wishes, and those of their families, are heard.
Leaving care services	Services to prepare and support children/young people when they are planning to leave care and live independently.
Termly Personal Education Plan (TPEP)	A personal education plan (PEP) is a school based meeting to plan for the education of a child who is looked after. The government has made PEPs a statutory requirement for children in care to help track and promote their achievements.

Pathway Plan	The plan that sets out the activities and support for any looked-after young person planning to move to independent living. The pathway plan builds on and replaces the care plan and young people who are leaving care are eligible for one from the age of 16.
Personal Budget	An amount of money allocated to someone who has eligible needs following an assessment. A personal budget can be used in a variety of ways to meet a person's needs providing some choice and control over how those needs are met.
Placement	The foster or residential home where the child or young person is living. A child or young person may also be 'placed' with their family at home if they are in care under a court order.
Review meeting	A meeting or meetings where the relevant plan is considered reconfirmed or changed and such decisions agreed and recorded in consultation with all those who have an interest in the child's life, including the child.
Specialist services or support	Specialist support can include services for disabled children, specialist child and adolescent mental health services, child protection services and support for those with the most severe and complex needs
Targeted services or support	Services or support that aim to support certain people or groups who have needs that can't be met by a universal service; such as school counselling, parenting programmes, supported youth groups and clubs, some short break services.
Transitions	A phase or period of time when a person experiences significant change, some of which may be challenging. Some changes are experienced only by looked-after children or young people, for example, becoming looked after, changing placement, changing social worker or leaving care.
Universal services or support	Services or support that is available to anyone i.e. schools, health visiting, GPs, leisure centres etc.