Children's Services

Procedure for Leaving Care

1. Background & Context

1.1 Dorset Council recognises transitions into adulthood can be a challenging time for young people depending on their lived experiences, often taking place during a time when young people are experiencing many changes e.g., physical, emotional, psychological, and physiological developments. These changes go alongside preparing to "leave care" with changes to roles and relationships with family, friends, community, and professionals, moving into new accommodation and becoming "independent" where the young person must take responsibility for all the key areas of their life.

1.2 In order to promote a successful transition into independence, reduce homelessness and rough sleeping, we need to understand the young person's individual needs and how these needs can be met during the transition period. To this end it is important that all services who are supporting young people within this process work together, making sure that plans are robust, and needs led, ensure our young people make successful transitions into adulthood/independence and give them the opportunity to look to the future with confidence.

1.3 Recent research: Ready or Not Report, Ofsted January 2022, Social Care Review Recommendations, May 2022, and the New Belongings programme informs us that smooth transitions from Children's Care to Leaving Care are critical for young people to achieve good outcomes and avoid the "care cliff".

1.4 We want to ensure that all Dorset care leavers have the best outcomes in all areas of their life at the point of transition and beyond, based on a model of interdependence and collaborative working to ensure young people feel supported and ready to transition from Children in Care.

2. Independence Readiness Planning

2.1 From 14 years old, young people should be engaged in transition planning to develop the skills and emotional resilience they will need as adults living in more independent settings. Social workers will ensure that carers (foster carers, residential care providers and semi-independent care providers) have the tools in place to support young people to holistically explore and develop the support and skills they will need. The Leaving Care Service /Youth Voice has co-produced with young people a suite of independence toolkits which can be used and adapted. Social workers will be responsible for oversight of delivery and progress, this should be evidenced in recording from statutory visits, care plans and child in care reviews.

2.2 From 16 years Personal Advisors will work with young people (and those that care for them) to oversee the progression of independence readiness via relationship building, reviewing independence toolkits and offering expertise to carers, residential and semi-independent care keyworkers alongside delivering practical support; all information/evidence on progress (or where there is not the anticipated progress) is fed back to the social worker, to record in the pathway plan and feed into the Child in Care review.

2.3 All young people will be given a **Welcome pack,** which will be issued to the young person by the Personal Advisor at the initial introduction and recorded on Mosaic.

3. Co-Allocation of the Personal Advisor at 16 years old

3.1 The Personal Advisor will be co-allocated at 16 years old and will begin “actively” working with young person, they will remain their Personal Advisor until the young person exits the service at either age 21 or up to 25 years old if the young person chooses to continue working with the service. This process will be the same for eligible children within the Children Who Are Disabled Team (CWAD).

3.2 This approach aims to support and build secure, trusting relationships, reduce feelings of grief, loss, and isolation at the point of transition when endings/change can trigger trauma and attachment, we aim to ensure young people feel secure and supported, based on a model of inter-dependence as they transition to Leaving Care.

3.3 If the young person states they do not want to work with a Personal Advisor at 16 years old, allocation will go ahead, with a clear management oversight detailing why active work is not taking place, this should be highlighted in the Transitions Panel Meeting and recorded on the young person’s record and revisited via the Child in Care Review until age 17.6 years when all young people will be expected to engage and actively work with their Personal Advisor.

3.4 For young people within the CWAD team, the understanding is that young people will be allocated at 16 years old, if this is not in the young person’s best interest this will be reviewed in the Transitions Panel Meeting, with clear management oversight and revisited via the Child in Care review.

4. Procedure for Co-Allocation at 16 years old

4.1 Leaving Care Team Managers will review all "eligible/relevant" young people and ensure they are allocated a Personal Advisor on or close to their 16th birthday.

4.2 Social work case supervision will be the mechanism to agree if the Personal Advisor will begin actively working with the young person at 16. If for any reason the young person has refused to work with a Personal Advisor or there is a clear rationale for active work to NOT begin, this should be recorded in case supervision and the Leaving Care Team manager informed and discussed in the Transitions Panel Meeting.

4.3 The Leaving Care Team Manager will organise/chair a joint planning meeting (this could be a Permanency Planning Meeting) with the Social Worker, Social Work Team Manager and Personal Advisor within one month of co-allocation to ensure clear oversight of risk/needs/transition plan, introduction visit and agreed role/responsibilities.

4.4 The introduction visit should take place within one month of the joint planning meeting. The Personal Advisor should issue the welcome pack (this should be explicitly recorded on the case record) to the young person and explain role/responsibility and agree visiting frequency which is expected to be 8-weekly unless the young person specifically asks for less, which should be recorded as a management oversight on the case record.

4.5 The Social Worker and Personal Adviser will have separate supervisions within their own line management structure, unless there are emerging issues where it would be beneficial to hold a joint supervision, this should be agreed by both the Leaving Care Team Manager and the Social Care Team Manager, with an agreed Chair (this can also be agreed via the Transitions Panel -see below).

4.6 There is an expectation that the Social Worker and Personal Adviser are routinely sharing information, this should be evident in the pathway plan, transitions meeting and the Child in Care Review. There is an expectation that the QARO will escalate to social care and leaving care team managers, where it is clear that this is not occurring, and a joint supervision will be held.

4.7 By 17.6 years old, all young people should be actively working with their Personal Advisor (including those who may have previously declined this offer at 16 years old).

4.8 1 month prior to the young person's 18th birthday a final joint meeting (or final permanency planning meeting will be held (linked to the final child in care review) to ensure a robust handover between the Social Worker and Personal Advisor.

4.9 Prior to 18 birthday the transfer checklist should be completed and if all outstanding work is completed the young person will fully transfer to the Leaving Care Service.

5. Role and responsibilities

5.1 Social Worker

- The social worker retains all statutory responsibilities for the young person; they continue to lead the preparation of the pathway plan, ensuring information from the Personal Advisor e.g., independence readiness/skills, relationship building, and transition planning is reflected in the pathway plan.
- Attend joint planning meetings/permanency planning meetings at the point of co-allocation with the Personal Advisor and Leaving Care Team Manager
- Facilitate a joint introduction between Personal Advisor and young person.
- Ensure Personal Advisor is invited to key meetings e.g., Child in Care Review/PEP Review meeting
- Inform the Personal Advisor of any significant changes e.g., change in placement or education provision.
- Ensure independence toolkits are moved with the young person if they experience a move from their current home.
- The social worker will apply for ID documents (birth certificate/passport) and National Insurance Number, which should be applied for prior to 16th birthday.
- Complete Housing register application as soon possible after 16th birthday
- Complete Housing Duty to Refer
- Attend final handover meeting (permanency planning meeting) one month prior to young person's 18 birthday
- Ensure all outstanding work is completed prior to transfer on 18th birthday

5.2 Personal Advisor:

- To carry out 8 weekly visits to build and develop a trusting relationship with young person, oversee the development of independence readiness/skills by reviewing the independence toolkits and supporting the young person to develop the support and skills needed offering expertise to carers/keyworkers.
- The expertise of the Personal Adviser will be in assessing the young person's readiness for independence; knowledge and skills of post 18 accommodation options and feeding into transitions planning via the pathway plan and Child in Care review.
- Build a relationship with the young person and provide some practical support to young person to develop independence skills.
- Work with the people caring for the young person (e.g., foster carers and residential/key work staff) to ensure they are supporting the young person to develop independence skills as identified within the pathway plan and that the carer s using an appropriate toolkit to progress the young person's life skills and escalate to the social worker /social care team manager if there are blocks from carers/providers.
- Personal Advisor will attend all Child in Care Reviews from the point co-allocation, offering expertise on independence readiness and how this will impact on post 18 accommodation options, that have been agreed with the young person.

6. Children Who Are Disabled

6.1 For most young people, the role of the Personal Advisor from 16 and beyond will be the same as for all other eligible young people. For some young people who are disabled, it may not be in the young person's best interest to have a Personal Advisor actively working with them, due to their level and complexity of need. This should be reviewed within the Child in Care review with an agreement on the role of the Personal Advisor and what this will look like in practice as the young person transitions from Children's services.

6.2 Where it is agreed not to be in the young person's best interest, the Personal Advisor will remain allocated in a secondary role. The Personal Advisor will remain in 8 weekly contact with the care provider and continue to complete a pathway plan based on the adult care plan, ensuring the young person has all of their entitlements. The role of the Personal Advisor should be reviewed in the Pathway Plan review and be based on the young person's/those acting on behalf of the young person current needs/wishes/feelings. The Service Manager for CWAD will clarify the arrangements in the Transitions Panel Meeting.

7. Children with an Education Health and Care Plan (EHC Plan)

7.1 All young people with an EHC Plan will have a SEND Provision Lead who co-ordinates the young person's educational provision. The SEND Provision Lead is allocated according to the locality of the young person's main address. The Personal Advisor should inform the SEND Provision Lead of their involvement with the young person.

7.2 The EHC plan is an overarching plan that ensures young people receive the support they need to help them achieve agreed *educational* outcomes. The statutory adult care and support plan should form the 'care' element of the young person's EHC plan.

7.3 Young people with EHC plans may need longer in education or training to achieve their outcomes and make an effective transition into adulthood. However, this does not mean that there is an automatic entitlement to continued support at age 19 or an expectation that those with an EHC plan should all remain in education until age 25.

7.3 Decisions about whether a young person's EHC plan should be maintained after age 19 will depend on whether they'll need special educational provision to meet the outcomes set out in their EHC plan. If a young person has achieved the outcomes in their EHC plan by age 19, then no further special educational provision should be required after that age.

7.4 When a 19- to 25-year-old continues with an EHC plan, the local authority must review it at least annually. The SEND Provision Lead will lead on this process and the Personal Advisor will be asked to either attend the meeting or provide a report with social care advice in relation to the young person's SEN or disabilities.

7.5 The Personal Advisor will ensure arrangements for assessing and meeting the needs of the young person, across education, health, and social care, are co-ordinated effectively within the process of care and pathway planning, in order to avoid duplication and delay.

7.6 For young people with more complex needs who are likely to continue to need specialist support in adult life, the Personal Advisor and SEND Provision Lead will need to work together to plan and fund a smooth transition.

7.7 From the age of 16 a young person is responsible for making decisions. The assumption is that the young person has the capacity to make their own decisions regarding education and future employment.

SEND_Code_of_Practice_January_2015.pdf (publishing.service.gov.uk)

8. Multi-Agency Transitions Panel Meeting

8.1 The Transitions Panel is chaired by the Head of Service for Care Leavers. The purpose of the Transitions Panel is to:

- Review the transitions plans for all young people, starting with young people aged 17+ and working back to all young people aged 14 years.
- Progression & development of "readiness" to leave care including the development of independence skills/emotional resilience;
- Review post 18 accommodation plans including application to the Housing Register
- Review EET plan
- Identify and review the progression of young people who have been referred for a Care Act Assessment and who may receive an adult service
- Identify young people and discuss/agree if co-allocation of a Personal Advisor is not in the young person's best interest (from age 16)
- Identify young people who will benefit from a Staying Close provision
- Agree additional financial support or assistance with specific housing needs as relevant
- Interface with other key meetings

8.2 The agenda of young people to be discussed is sent in advance of the meeting with Social Workers and Personal Advisor attendance to provide updates on the progress of transitions plans.

8.3 When the young person reaches 18 years old, the social worker ensures Mosaic is up to date and any outstanding work is completed. The Permanence Team Manager will complete the Transfer Checklist and forward to the Leaving Care Team Manager.

8.4 The Leaving Care Team Manager receiving the file will check paperwork is complete and close the associated workflow on Mosaic. The Personal Advisor is the new Lead Professional, and the Child in Care Social Worker withdraws.

8.5 The flow chart below gives a visual summary of this procedure.

Transitions Procedure Flowchart