

# **Annex 1:**

## **Oxfordshire County Council Moving into Adulthood Protocol**

**Approved: Sam Harper**

**Next Review: June 2026**

## **Introduction**

The years of adolescence and early adulthood are a time of change, uncertainty, and often anxiety for many young people and their families. This is even more the case for young people who require support due to their experiences of disability, long term condition or illness, or as children in need and the barriers they often face to create the same opportunities as their peers.

The need for improved support for young people transitioning to adulthood, supported by social care was identified through feedback from young people and their families, staff in children's and adult services, and through Ofsted inspections and good practice guidance, which highlighted issues and potential improvements. The feedback highlighted that young people's experiences of support through transition into adulthood were variable, and too often people experience delays, and problems with communication and co-ordination.

The consequences of poorly co-ordinated transition arrangements can lead to safeguarding risks and costly or unnecessarily restrictive placements, as well as complaints, anxiety and distress for families who already have exceptional responsibilities in their caring roles.

This protocol sets out Oxfordshire County Council's approach to supporting young people and their families through transition from children's services to adult social care services.

## **National Context**

The Care Act 2014 places a statutory duty on all Local Authorities to ensure a smooth transition for the most vulnerable young people who are eligible for support.

The National Institute for Health and Care Excellence (NICE) have produced quality standards for transitions between children's and adult's service that can be accessed here <https://www.nice.org.uk/guidance/qs140>

## **The Oxfordshire Context**

Oxfordshire County Council fully recognises the need to ensure positive transitions for all of our young people with disabilities. In 2018 we created a project group with all of our key partners including Children's Social Care, Health and young people and their families. The project group made some key recommendations such as the need for a named worker and regular involvement from Adult Social Care during a young person's journey to adulthood. It was also acknowledged that there are various stages or key points in a young person's journey and it is not just about ensuring the right support is in place when someone turns 18.

The Moving into Adulthood service (MiA) was established in June 2021. The service transformed Oxfordshire County Council's approach to supporting young people and their families through transition from children's services to adult social care services.

The service delivers a model of support that works with young people aged 18 up to 25 years and their families as well as in-reach into children's services, schools, and

colleges from the age of 16 to build positive relationships early in preparation for a successful move into adulthood.

The social care team, comprised of social workers and co-ordinators, work to achieve successful outcomes in a strengths-based way that prevents the need for statutory support and promotes opportunities for people to live as independently as possible in their own community.

## **The process**

Since the creation of the MiA Team in 2021, we accept referrals for young people likely to have Care Act eligible needs from the age of 16. It is important to note that anyone is able to refer into the team if they feel that a young person is going to need formal support from the age of 18. This includes professionals from statutory social care teams, health, schools and colleges and families.

The team will then endeavour to allocate a Social Worker or Coordinator as soon as possible. There should then be a Care Act Assessment and support plan in place by a young person's 18<sup>th</sup> birthday so that there is a seamless process. The only barrier to achieving these targets would be if a referral is received later.

## **Referral and Case Tracking**

The Moving into Adulthood Team hold monthly multi-agency meetings with key partners from health, children's social care and education to discuss referrals and track young people that are most likely to need adult social care support when they transition to adulthood. A patch-based approach is taken with meetings being divided into the North, Central and South areas of the county.

## **On-going involvement from the Moving into Adulthood Team and Adult Social Care**

As above upon receipt of a referral, the MiA Team will allocate a Social Worker or a Coordinator to complete a Care Act Assessment to establish eligible needs. The worker will then work with the young person and their family to establish what outcomes they want to achieve.

This will then be formulated into a support plan and can include a range of options such as outreach, direct payments, supported employment, voluntary sector opportunities and supported accommodation. The named worker will endeavour to work closely with other professionals and stakeholders involved with the young person so that there is a holistic approach to support that encompasses all aspects of the person's life.

The named worker will then stay involved throughout a young person's journey into adulthood. If the support plan is working effectively then the named worker's involvement can be fairly minimal. However, they are always available should any advice or guidance be needed.

## **Ending of involvement from the Moving into Adulthood Team**

Involvement from the MiA Team usually aligns with the EHCP process. Once a young person has finished their education and has been supported into the next

stage of their life **AND** are settled, the named worker would usually end their involvement. This is a flexible timescale depending on the individual person's needs.

There is also flexibility afforded to our Care Leaver population who have eligible needs. It is recognised that Care Leavers on occasion are not engaging with education and may no longer have an active EHCP. The MiA Team would not automatically close our involvement at that point. We would work closely with the young person and their Leaving Care Personal Advisor to agree a suitable point for involvement to be ended.

### **Future Involvement from Adult Social Care**

Once the MiA Team have ended their involvement, support plans of those young adults that have formal services will be reviewed by our Review Team on an annual basis. If there is a change in need outside of the annual review cycle, then the relevant locality team will complete a reassessment of needs.

Young people that do not have paid services at the point that the MiA Team end their involvement are able to request a reassessment at a later stage if they or someone else in their life feels that they would benefit from one.

### **Safeguarding**

If a young person is open to the MiA Team then they will be responsible for addressing any safeguarding concerns that may arise during the course of working with a young person. If a safeguarding alert and enquiry is raised due to the concerns identified, then a Practice Supervisor from the MiA Team will oversee this.

If a young person is not open to the MiA Team then any safeguarding would be managed either by the Safeguarding Team or the relevant locality team. This is detailed in OCC's Transitions Safeguarding protocol, available at

<https://www.osab.co.uk/other-resources/>