



each

East Anglia's
Children's Hospices



Stepping Stones

A guide to adult transition

General Transitions Stepping Stones



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Transition the process of moving a young persons (YP) needs to adult services.

It is not a single event, but a gradual process that starts from 13/14 years old, until the YP reaches 18 years old and beyond.

Starting early gives parents and young people time to adjust and prepare for the move into adult services.

Families should be supported in the process by all service areas involved in everyday needs of the young person, to help them adjust to changes.

This guide can help you see what to expect. Depending on many factors, such as where you live, your health conditions, what services you are accessing and your personal preference, the timescale will vary.

Please use the navigation bar to take you to the section you need, or click though to read the whole document.



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Many young people with long term conditions may not have seen their GP if their care is usually provided and led by a consultant paediatrician, or specialist paediatric team.

It is important for the young person to get to know their GP as they approach transition. Their GP will provide support to link with other adult services and ensure the right care is being provided.

GP practices provide a range of different services and will be involved in long term condition management.

From the age of 16 a YP can collect their own prescriptions. If this isn't suitable, guardians should take steps to allow this to be done by an appropriate adult.

From the age of 14, YP with complex needs can have annual checks with their GP. Most GP websites will provide information on services available, and how to make an appointment.

Children's Community Nursing Team

Young people could be supported by a local children's community team. As they reach adulthood this will move to adult services.

Adult community nursing teams work in a different way as they usually provide care to adults who are housebound due to ill health. Adult nursing teams work with GP's to support hospital discharges, adult social care, and are a link to voluntary services.

Normally the children's nursing team will be in close contact with adult services to help plan and hand over important information.

Hospital Care

The YP is cared for by a consultant paediatrician as a child. Once they reach adulthood, they will be seen under specialist consultants for any conditions they may have.

The YP will be cared for on an adult ward from age 16 onwards, depending on the area you live. It is important, if possible, to arrange a visit to this area, and if available, link in with the hospital Transition nurse. The hospital also may have a learning disability Nurse or advisor that you could contact.

You may be used to attending a department such as a paediatric assessment unit when acutely unwell. This care will now transfer to A&E. Again, it may be helpful to visit this area before transition, as well as having a health passport or emergency care plan in place.

You may want to discuss things such as if guardians can stay on adult wards, and decision making rights prior to transition.

Education

Your Education, Health and Care Plan (EHCP) should include future plans and wishes, and start planning for transition from year nine.

After 16 years of age you may want to explore full time education in a school or college, work-based learning or part-time training.

Young people who have an EHCP might remain in education or training, free of charge, until they are aged 25, if it's agreed it would be beneficial for them and necessary to meet their identified special educational needs.

Try and start to explore the options early so you're aware of what's available, what the next steps may be, and securing a place at your chosen provision.

Legal Aspects/Finance

If it is felt the YP may lack mental capacity, this will be assessed at 16 years old. It could be done in different areas where the YP has contact with professionals, as capacity can change depending on the situation. At 18 years old, the YP is now considered an adult, therefore has all the rights of any adult. If the YP has capacity you may want a Lasting Power of Attorney in place in case their capacity ever changes. If deemed to lack capacity under the Mental Capacity Act, guardians may apply for a Deputyship Order to the Court of Protection. Being Next of Kin sadly holds no legal decision making rights.

When the YP becomes 16 years of age certain benefits may need to be transferred. DLA will swap over to PIP, and these are managed by the YP themselves. At this age child benefit can stop if the YP is no longer in full time education.

If the YP is unable to manage their own finances due to lacking mental capacity, an 'appointee' may need to be in place to help manage financial issues.

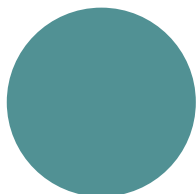
Hospice & Palliative Care

Hospice care for the YP will transfer to the adult hospice linked to the area you live from age 18, if eligibility is met and deemed appropriate. This may look different to what you are used to from EACH, it's a good idea to explore the service they offer and plan a visit if possible.

It may be helpful to talk to the team about what services you received from EACH, to help investigate what may be available from the age of 18.

If you are part of the SMT service, you should discuss with them how your Advanced Care Plan and ReSPECT document transfer into adult care. If appropriate the YP can be part of their own care planning. This creates personalised recommendations for clinical care and treatment if there's an emergency in the future that would leave them unable to discuss what's important to them.

Through conversations between a person, their family or legal representative, and their healthcare professionals, we can create recommendations for emergency care and treatment based on what really matters to that person, and what is realistic about the care available.



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Once the YP becomes an adult they will no longer have the same social worker. Depending on the area and need, this may transfer to an adult team. Every area will have a slightly different working system so it may help to look into this early.

A care act assessment or needs assessment may be completed if it is felt the YP is going to need care and support as an adult, to ensure this is in place by the time they reach 18 years of age.

If the YP has a primary healthcare need they may need to be looked at under the NHS, or continuing healthcare. This could mean any care needs they have sit under NHS funded support, not social care funded support.

Parents should request a carers assessment when the YP reaches 18 years of age.

Continuing Health Care (CHC)

A referral maybe needed for adult continuing care to assess what is needed as the YP reaches age 18.

This includes identifying the young person's needs, potential eligibility for adult CHC, and the most appropriate pathway for their care. If the YP has a primary healthcare need, it may be supported through a continuing care funded package, rather than funded by the local authority.

This would be assessed annually to review the YPs needs and the care package offered.

The main difference between being eligible for social care and NHS funded support is the NHS isn't entitled to charge for any contribution towards the care and services it provides, so any care plans funded under continuing healthcare come at no additional charge.

Specialist services such as Physiotherapy/Occupational Therapy

After 18 years of age you may be able to get physiotherapy and/or occupational therapy support through a GP referral if and when needed. This could be through social care or an acute trust if you are an inpatient.

Depending on the area you live this could mean you are not held under a caseload for these services, but instead referred as and when required.

Equipment needs for the YP will be covered under Mediquip – community equipment suppliers.



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Overall	Transition phase begins.	<p>Discuss and liaise with each service to see if they have started the process.</p> <p>Transition to adult services: A guide for parents - Together for Short Lives</p> <p>Homepage - My Care Transfer - Together for Short Lives</p>
Education	EHCP – start discussing, include future wishes and needs ready for transition plans.	<p>Think and start to have goals and ideas around future plans for education, work and health. You could start to research/ask other families what may be available in your area.</p> <p>Moving to a new phase of education with an EHC plan (IPSEA) Independent Provider of Special Education Advice</p>
Acute/Hospital Setting	<p>Introduction to new professionals and starting plans for adult services within the hospital setting.</p> <p>If the hospital has a transition lead they will become key in this process.</p>	<p>Make a list of all new professionals and areas involved.</p> <p>Link in with a transition nurse to understand the plan.</p>
Advanced Care/SMT	If appropriate, the YP can be part of their own advanced care planning alongside parents.	<p>This may not be appropriate for you, but if you feel it is, begin discussing with the SMT/lead professional how this may look.</p> <p>Symptom management nursing service - East Anglia's Children's Hospices</p> <p>Parents and families – CYPACP</p>

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Hospice	<p>You may start to get invited for any transition events linked to the hospice, or even at the adult hospices.</p> <p>In certain areas EACH will start exploring eligibility and discuss with you which adult hospice you could be referred to and gain consent for referral. A referral may be done early on so this is in place, however you will remain under EACH until 18. In other areas depending on the service, the young person may not meet the criteria for the adult hospice.</p>	<p>Look at 'The Den' section of our website to see any events/information.</p> <p>Try to attend transition events if you are able to. The more information you have on transition the more prepared you will feel.</p> <p>The Den - East Anglia's Children's Hospices</p>
GP	<p>The YP should start attending their GP for annual check-ups – this is important so they start to get to know each other. Your GP will be a key role into adulthood.</p>	<p>Start to ensure these health checks are booked and attend at your GP surgery.</p> <p>Learning disabilities - Annual health checks - NHS</p>
Continuing Care	<p>Children who are likely to need continued packages of care into adulthood because they have a primary health need are highlighted to the ICB (local NHS body).</p>	<p>This is just for you to be aware of – you will be contacted by the team when required.</p> <p>See useful links for teams that cover the area you live in.</p>
Social Care/Local Authority	<p>Still remain under children's social care, and again social care should identify YP who are likely to need support into adulthood.</p>	<p>You can ask your social worker what plans they will be making for transition, they should play a key role in this process.</p> <p>See useful links for teams that cover the area you live in.</p>

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Overall	<p>Health information should be developmentally appropriate for the YP where possible.</p> <p>The YP should receive copies of their letter.</p>	<p>Where possible and appropriate you should start involving your YP in health discussions/decisions and encourage them to take an active lead.</p> <p>Transition to adult services: A guide for parents - Together for Short Lives</p> <p>Homepage - My Care Transfer - Together for Short Lives</p>
Education	<p>EHCP starts exploring post-16 education.</p>	<p>Work with education to look at options for future plans.</p> <p>You could start to research/ask professionals, or even other families, what may be available in your area.</p> <p>Moving to a new phase of education with an EHC plan (IPSEA) Independent Provider of Special Education Advice</p>
Acute/Hospital Setting	<p>Transition from paediatric to acute adult services will continue to develop/move over to the adult team. This may start with things such as joint clinics. If the hospital has a transition lead they will help support with this.</p>	<p>You can start to ask for joint clinics with adult services. It can be key to have clinic with both paediatrics and adult leads together to have firm plans.</p> <p>You may want to plan and visit adult areas in the hospitals such as wards/A&E over the next year.</p> <p>You could ask if the hospital has a learning disability nurse, they could be key when in adult services.</p> <p>Continue making a list of how the services transfer over. In general, paediatrics over-see all care, in adult services you may have a consultant for each speciality.</p> <p>Learning disabilities - Support if you are going into hospital - NHS</p>

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Advanced Care/SMT	These will continue to be reviewed as required.	Continue to support and encourage the YP to be involved in decision making where appropriate. Symptom management nursing service - East Anglia's Children's Hospices Parents and families – CYPACP
Hospice	The hospice may contact you to see how transition is progressing and offer support as required.	Look at 'The Den' section of our website to see any events/information. Try and attend transition events if you are able to, the more information you gain on transition the more prepared you will feel. Talk to EACH about what the move to an adult hospice would look like/mean. The Den - East Anglia's Children's Hospices
GP	From 16 prescriptions may change over to being collected by the YP.	Make an advance plan with the pharmacy/GP on how prescriptions will be issued and collected. Accessing GP services for someone else, with proxy access - NHS
Social Care/Local Authority	If you have a social worker this support should continue, alongside making plans for moving into adult services.	Continue to ask your social worker what plans they are making for transition, they should play a key role in this process. Moving from children's social care to adults' social care - Social care and support guide - NHS See useful links for teams that cover the area you live in.



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Continuing Care	If the YP receives continuing care this will carry on alongside parallel planning for adulthood.	Ensure you have annual reviews. See useful links for teams that cover the area you live in.
Finance	The YP should receive an invitation to apply for PIP at 16 years of age, DLA will swap over to this.	Start to explore the government website for how to complete this process. Personal Independence Payment (PIP): What PIP is for - GOV.UK

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Speciality	What to expect at 16 years old	What the young person and family need to do/could do:
Overall	<p>Mental capacity should be assessed and discussed from 16 years of age. At 16 the law assumes the YP can make decisions themselves (with support if needed) unless they have been assessed as lacking capacity. If the YP is assessed as lacking capacity to make certain decisions themselves, a 'best interests' decision will need to be taken once they turn 18 years of age.</p> <p>An overview of all the extra needs of the YP will be looked at by individual services and plans made.</p>	<p>It may be appropriate to start to look into Lasting Power of Attorney or Deputyship, for once the YP turns 18 years old.</p> <p>If the YP has capacity, they need to be aware more discussions and decisions will be addressed to them.</p> <p>It's a good idea to list all the things you have involved the YP in, such as consumable, dietitian etc. Start to note who this will sit under in adult care.</p> <p>Homepage - My Care Transfer - Together for Short Lives</p> <p>MASMC – MASMC</p> <p>Make, register or end a lasting power of attorney: Overview - GOV.UK</p> <p>Deputies: make decisions for someone who lacks capacity: Overview - GOV.UK</p>
Education	<p>The YP should be reviewing the various choices for post 16+ education. Young people who have an Education, Health and Care Plan (EHCP), might remain in education or training, free of charge, until they are 25 years old, if it's agreed it would be beneficial for them, and necessary in order to meet their identified special educational needs.</p>	<p>Plans should now be forming for future education/employment – keep researching and reviewing services available and discuss these with the school.</p> <p>Moving to a new phase of education with an EHC plan (IPSEA) Independent Provider of Special Education Advice</p>

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Acute/Hospital Setting	<p>Health services transitioning into adult care continues – some areas will now be under adult care.</p> <p>If appropriate the YP will be seen for some appointments without parents.</p> <p>The YP should have a health passport and/or emergency care plan completed if it is required.</p>	<p>If the YP has capacity, they need to be aware more discussions and decisions will be addressed to them.</p> <p>It's a good idea to have discussed with the YP and transition lead how appointments will work in advance.</p> <p>From this age any acute admission will probably be on an adult ward, look into things such as parents staying etc and try to pre-plan.</p> <p>It may be good to link in with the learning disability nurse at the acute trust to see what support is offered in case of an admission.</p> <p>Some hospitals may use their own templates, but if not, the following can be used so you can start a health passport. It is important to be actively involved in this as you have the best knowledge on your YP's condition.</p> <p>Learning disabilities - Support if you are going into hospital - NHS</p> <p>Editable Hospital Passport Template - Together for Short Lives</p>
Advanced Care/SMT	<p>ACP will continue to be reviewed as required, more input will be expected by the YP if appropriate, and they have mental capacity.</p>	<p>Working together, with the YP taking an active lead, can help everyone understand decisions and choices around their advanced care plan.</p> <p>Symptom management nursing service - East Anglia's Children's Hospices</p> <p>Parents and families – CYPACP</p>

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Hospice	Mental capacity will be assessed if required and a plan around what this means for the YP.	<p>Parents and the YP should have discussions with the hospice around consent and mental capacity.</p> <p>Continue to attend any transition events you feel would be beneficial.</p> <p>Remember you can talk to EACH about any concerns/support required around transition.</p> <p>MASMC – MASMC</p>
GP	<p>If appropriate the YP can attend these appointments alone.</p> <p>The YP can collect their own prescriptions from 16 years of age. If they are unable to its important a guardian makes plans with the pharmacy for this.</p>	<p>If the YP has capacity, they need to be aware more discussions and decisions will be addressed to them.</p> <p>It's a good idea to have discussed with the YP and GP how appointments will work in advance.</p> <p>Accessing GP services for someone else, with proxy access - NHS</p>
Health/Continuing Care	<p>With children, social care and health have a multi-agency approach, which often is dual funded. When the YP moves into adult services, care needs are split into just health or social care funded, depending on the need.</p> <p>If the YP has very complex needs they may be deemed to have a "primary health care need" which could trigger an assessment under continuing healthcare. This means the NHS would be responsible for funding their care package.</p> <p>It is important to remember, just because they received this as a child, it does not automatically mean they will as an adult.</p>	<p>Around this time a screening tool may be completed to see if a full assessment is needed. If this indicates a full assessment is required a DST (Decision Support Tool) meeting will take place. You should be informed this is happening and asked for input, as well as input from professionals involved with the YP's care needs.</p> <p>See useful links for teams that cover the area you live in.</p>

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Social Care/Local Authority	<p>Health and social care should be liaising around who will be responsible for future funded care needs.</p> <p>If the child is not deemed to have a primary health need, a care act assessment may take place by social care when the YP is between 16 and 18 years of age, to look and plan future care needs, which would be funded by them.</p>	<p>Ask your social worker around this, and what input you need to have with this process.</p> <p>Moving from children's social care to adults' social care - Social care and support guide - NHS</p> <p>See useful links for teams that cover the area you live in.</p>
Finance	<p>Child benefit can stop after the YP's 16th birthday unless they are in approved education or training.</p> <p>DLA stops at 16 years of age, but can be replaced by PIPs. This does not automatically transfer so an application would need to be made. The YP can be responsible for their own personal budgets and direct payments. If the YP lacks mental capacity, a guardian can apply to be an 'appointee' to manage the YP's finances.</p> <p>Travel costs may be able to be claimed for hospital appointments etc by the YP.</p>	<p>Ensure that PIP has been applied for and an appointee is in place if required.</p> <p>Personal Independence Payment (PIP): What PIP is for - GOV.UK</p>



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Overall	<p>A Lasting Power of Attorney (LPA) may be needed. This is where a YP with capacity will sign for an adult to make decisions on their behalf on financial, health and welfare matters, in the event they lose capacity to make such decisions for themselves. The LPA needs to be registered with the Office of the Public Guardian in order to be valid. The YP must have the capacity to understand the document when signed.</p> <p>If the YP lacks capacity the parent can apply to the Court of Protection to be the YPs deputy. This is called Deputyship. The deputy can manage somebody's property and affairs, or health and welfare, or both.</p>	<p>Although these can not come into effect until the YP is 18 years of age, they can take a while to complete. It is good to plan early for this. It's important to note the phrase 'next of kin' confers no decision-making rights, and is legally meaningless unless they have been given relevant powers under an LPA or Deputyship.</p> <p>Homepage - My Care Transfer - Together for Short Lives</p> <p>MASMC – MASMC</p> <p>Make, register or end a lasting power of attorney: Overview - GOV.UK</p> <p>Deputies: make decisions for someone who lacks capacity: Overview - GOV.UK</p>
Education	<p>The YP should be starting a new phase of education/ employment, plans should continue into adulthood.</p>	<p>Continue to work closely with education, and understand who key professionals are for support with this.</p> <p>Moving to a new phase of education with an EHC plan (IPSEA) Independent Provider of Special Education Advice</p>
Acute/Hospital Setting	<p>The YP will probably be transferred completely to adult services in the acute setting by this point.</p>	<p>It would be good to link in with the learning disability nurse at the acute trust to see what support they can offer in case of an admission.</p> <p>Ensure your health passport is up to date and any emergency admission plans in place.</p> <p>Continue to make note of all professionals important to the YP's care, and contact details.</p> <p>Learning disabilities - Support if you are going into hospital - NHS</p> <p>Editable Hospital Passport Template - Together for Short Lives</p>

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Advanced Care/SMT	Advanced care planning should reflect the move to adult services, and have been planned with the YP if appropriate.	<p>It's important you understand these plans, but also, in adult care, decisions are often based on what is in the YP's best interest.</p> <p>Health professionals must ensure they consult with guardians appropriately, and explain how best interests decision-making works under the mental capacity act.</p> <p>It's important for parents and guardians to identify themselves as someone who is important to the YP and interested in their welfare.</p> <p>Symptom management nursing service - East Anglia's Children's Hospices</p> <p>Parents and families - CYPACP</p>
Hospice	It will have been identified which hospice you will be referred to, if criteria is met. Ideally it will be offered for you to visit this area, and understand what services they offer.	Talk to EACH about what the move to an adult hospice would look like/mean.
GP	Your GP should be actively involved in the YP's care – they will start taking a lead role from age 18.	<p>Ensure the GP is updated and invited to as many professional meetings as possible.</p> <p>GP services - NHS</p>

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Speciality	What to expect at 17/18 years old	What the young person and family need to do/could do:
Continuing Care	If eligible under Continuing Healthcare, from 17 years of age the ICB should be looking at ways of commissioning/ establishing a suitable package of care.	You should now have an understanding of who future care will be funded by and making plans as to how this will look. The idea is, if needed, a package of care is ready for when the young person reaches age 18. See useful links for teams that cover the area you live in.
Social Care/Local Authority	The care assessment process by social care to ensure any needs are in place for when the YP turns 18 should start. This is funded by the local authority. Guardians should request a carers assessment if they are partaking in caring responsibilities for the YP. If required a referral to adult social care/transition team should have been completed.	You should now have an understanding of who future care will be funded by and making plans as to how this will look. Make sure you are aware of who you are now under within social care and their contact details. Moving from children's social care to adults' social care - Social care and support guide - NHS See useful links for teams that cover the area you live in.

Please read on for expected next steps:

18
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Expected steps according to age



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Speciality	What to expect at 18 years old	What the young person and family need to do/could do:
Overall	<p>The YP is now considered an adult. The phrase 'next of kin' confers no decision-making rights, and is legally meaningless unless a guardian has been given relevant powers under a lasting power of attorney or deputyship. Parents and guardians should identify themselves as someone important to the YP, and interested in their welfare when it comes to decision making.</p> <p>With a YP who lacks capacity, care decisions will be based on what is in the YP's best interest.</p> <p>If a YP or adult lacks capacity to consent to their care and support arrangements, they might be "deprived of their liberty". This applies if they are under constant supervision and control, and are not free to leave within a hospital or social care setting. These arrangements must be necessary, proportionate and in the person's best interests. Deprivation of liberty safeguards ensure that people who cannot consent to their care arrangements are protected if they're deprived of their liberty.</p>	<p>If not already done so, guardians may want to get powers in place to support the YP with decisions.</p> <p>A lasting power of attorney may need to be put in place. This is where a YP with capacity will sign for an adult to make decisions on their behalf on financial matters, or health and welfare matters, in the event they lose capacity to make such decisions for themselves. The LPA needs to be registered with the Office of the Public Guardian in order to be valid. The YP must have the capacity to understand the document when signed.</p> <p>If the YP lacks capacity then the parent can apply to the Court of Protection to be the YPs deputy. This is called Deputyship. The deputy can manage somebody's property and affairs, or health and welfare, or both.</p> <p>Homepage - My Care Transfer - Together for Short Lives</p> <p>MASMC – MASMC</p> <p>Make, register or end a lasting power of attorney: Overview - GOV.UK</p> <p>Deputies: make decisions for someone who lacks capacity: Overview - GOV.UK</p>
Education	<p>The YP should be settling into next steps in education or employment and the EHCP should have been reviewed. An EHCP can continue until they are 25 years old.</p>	<p>Continue to work closely with education, and understand who key professionals are for support with this.</p> <p>Moving to a new phase of education with an EHC plan (IPSEA) Independent Provider of Special Education Advice</p>

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Speciality	What to expect at 18 years old	What the young person and family need to do/could do:
Acute/Hospital Setting	All needs should now be under the adult teams.	You can gain support from the learning disability nurse if required. If you have any concerns, PALS may be able to signpost for support. Learning disabilities - Support if you are going into hospital - NHS What is PALS (Patient Advice and Liaison Service)? - NHS
Advanced Care/SMT	If a palliative care service is required, the correct service should be in place and aware of the YP.	Ensure you have the number for palliative care support if needed, including an out hours contact.
Hospice	The YP will have had their final stay at EACH and should be referred to an adult hospice if deemed appropriate.	Link in with EACH to get details as required.
GP	The GP takes a lead role in healthcare.	Continue to have regular reviews with the GP so they can act as a lead professional for the YP. GP services - NHS
Continuing Care	Funded care agreements should be in place by age 18 if eligible, and who is taking responsibility. If they are in receipt of continuing healthcare care, this should have been transferred over from children's to adult services. This is health or NHS funded support. Alternatively if the YP is not deemed to have a primary healthcare need, packages of support maybe funded by the local authority/ social care.	Find out from your local team who is your contact for any support needed with a care package. See useful links for teams that cover the area you live in.

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Speciality	What to expect at 18 years old	What the young person and family need to do/could do:
Social Care/Local Authority	<p>If the local authority are overseeing the YP's care needs this should be in place.</p> <p>Personal income for the YP may be assessed if a package of care is funded through social care.</p> <p>Carers assessment should take place.</p>	<p>Find out who your local support/contact is for social care.</p> <p>See useful links for teams that cover the area you live in.</p>
Finance	<p>The YP may be eligible for universal credits and other benefits. The parent/carer can apply to become an appointee if the YP lacks capacity.</p>	<p>The website below may be able to help; Universal Credit: What Universal Credit is - GOV.UK</p>

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General Transition Resources

Service	Website
Transition Guide	Transition to adult services: A guide for parents - Together for Short Lives
Transition Planning Tool	Homepage - My Care Transfer - Together for Short Lives
Family Support Hub	Get Support - Together for Short Lives
My Adult, Still my child Website	MASMC – MASMC
NICE Guidelines on Transition	nice-guideline-transition-from-children-s-to-adults-services-for-young-people-using-health-or-social-care-services.pdf
Bridging the Gap Toolkit	bridging-the-gap-toolkit.pdf
PIP Payments	Personal Independence Payment (PIP): What PIP is for - GOV.UK
Universal Credit	Universal Credit: What Universal Credit is - GOV.UK
Citizens Advice	Citizens Advice
Car/Motability Scheme	Motability Scheme Lease a car, WAV, scooter or wheelchair
Consent/Mental Capacity	Consent to treatment - Children and young people - NHS
Council for Disabled Children – Transition Information	Transition Information Network
Understanding Mental Capacity and what that means	mental capacity act resource pack 1.pdf
Power of Attorney	Make, register or end a lasting power of attorney: Overview - GOV.UK
Deputyship	Deputies: make decisions for someone who lacks capacity: Overview - GOV.UK
Court of Protection	Court of Protection - GOV.UK

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Useful links (cont.)



Continuing Healthcare Links

Service	Website	Area
Support and advice with CHC	Beacon CHC Free advice & expert representation - Beacon CHC	England
Continuing Healthcare - Suffolk and North East Essex ICB	Continuing Healthcare - NHS Suffolk and North East Essex ICB	Suffolk/North Essex
Continuing Healthcare - Norfolk and Waveney ICB	NHS Continuing Healthcare	Norfolk and Waveney
Continuing Healthcare - Cambridgeshire and Peterborough ICB	NHS Continuing Healthcare (CHC) CPICS Website	Cambridgeshire and Peterborough



Social Care Links

Service	Website	Area
Social Care - Suffolk	Home - Suffolk County Council	Suffolk
Social Care – Essex	Adult social care and health Essex County Council	Essex
Social Care – Norfolk	Care, support and health - Norfolk County Council	Norfolk
Social Care – Cambridgeshire	Adult social care needs assessment Cambridgeshire County Council	Cambridgeshire
Social Care – Peterborough	Adult Social Care Peterborough City Council	Peterborough



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Lorraine Rodwell, Transition Lead
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The Treehouse
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Milton
Phone: 01223 815100 Email: EACHMiltonAdmin@each.org.uk

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Royal Patron: HRH The Princess of Wales
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