

# **Transitions: The move to adulthood for young people receiving care from their local authority**

## **Draft Report to CCN Council, March 2008**

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## Background

CCN members from both the Adult Social Care and the Children and Young People Task Groups have raised the issue of the transition process provided for young people moving from children's to adult social services, and undertaking the wider transition to adulthood. Growing up can be confusing, challenging and complicated for all children, and is especially so for those who rely on significant support from health and social care services. The number of young people undergoing this transition is rising, and expected to increase further in the future<sup>1</sup>, and at the same time the expectation of provision levels for them is rising.

This report aims to look at some of these issues, what existing good practice can be shared more widely, the outcomes of any research, and the policy questions raised. It is the outcome of work by the CCN Task Groups, with valued contributions from staff and councillors from member authorities, as well as partners in the civil service and voluntary sector.

The report will address this issue primarily from the perspective of County Councils, but the full service offer includes other services commissioned or delivered in partnership by local authorities – in particular the contribution made by schools and voluntary sector care providers, as well as the work of other public agencies, including the NHS, the Learning and Skills Council, and Connexions (some of whose responsibilities in this regard return to local authorities, or those commissioned by local authorities, from April 2008). The most important perspective for judging success is, of course, that of the individual young person and their family.

It has been suggested that some service users might be 'falling through the gap' in service provision and that adult services might not have developed at the same pace as children's services, resulting in service users being offered a lower level of support than they had previously received. Some with relatively mild disabilities may receive no support as adults, having previously received significant help in schools, or for a short period of time in early adulthood in line with the Children (Leaving Care) Act. The Government has described transition services as "often unsatisfactory", citing a lack of co-ordination between agencies, and a decline in services provided after transition<sup>2</sup>, and some service users have described the transition process as 'hurtling into the void'<sup>3</sup>.

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<sup>1</sup> Pressures on learning disability services: The case for review by Government of current funding – ADSS (October 2005)

<sup>2</sup> Disabled Children and Young People and those with Complex Health Needs: National Service Framework for Children, Young People and Maternity Services – Department of Health (September 2004)

<sup>3</sup> National Children's Bureau (June 2005)

The Task Groups are keen to discover the extent to which the problems raised can best be addressed by active needs assessment, planning and joint working, or whether it is a consequence of different service expectations (both in local government and in the wider public service arena), or funding pressures (identified as the most important factor in improving services by 61% of parents and 74% of professionals<sup>4</sup>), or some combination of the above. The task groups are committed to a focus on discussing and sharing solutions, as well as challenges.

While there is limited quantitative research on this issue, a great deal of qualitative analysis and service user feedback supports the view that services currently often fail to meet expectations, and that outcomes can be improved if services are configured in a more effective way. One quantitative study looking at the issue from the healthcare perspective did compare outcomes for young people with physical disabilities at transition to adult health services<sup>5</sup>.

In the study, one group of young people were receiving uncoordinated, ad hoc health services. Another group were receiving a more coordinated YAT (young adult team) approach. YAT services involve multi-disciplinary specialist teams developed specifically to facilitate transition from childhood to adulthood services, and typically include a consultant, psychologist, therapists and a social worker.

This study found that young disabled people who had access to YAT services were more likely than those who used ad hoc services to participate in society. Significantly, it also found that both types of service cost the same amount to provide.

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<sup>4</sup> Parliamentary Hearings on Services for Disabled Children – Full Report (October 2006)

<sup>5</sup> 'Team approach versus ad hoc health services for young people with physical disabilities: a retrospective cohort study' - Bent et al, *The Lancet*, 360 (2002)

## National Policy Context

The transition from children's to adult care services takes place at different ages depending on the services used. It is usually sixteen for health services, between sixteen and eighteen for mental health services, eighteen for social care and up to nineteen for the move from school to college education, with Connexions services provided potentially up to the age of 25. The process is not simply an organisationally driven one, but is also a response to the changing needs of young people as they grow up;

*"This is not simply a case of moving from one set of organizations targeted at children to a parallel entity concerned with adults. The reality is that the two sets of services tend to be organized in very different ways and to have very different cultures."*<sup>6</sup>

### Counties Deliver: Lancashire's Transition Co-ordinators

Lancashire has been working for the last five years on transition, particularly in relation to young people with a learning disability. Six Transition Co-ordinators are in place across the County. Their role is to ensure that transition is well planned, meaningful for the young person and the family and provides adult services with the information and capacity to forward plan their services and commitments.

These twin tasks are critical to making progress. But the Transition Co-ordinators are also heavily involved in promoting the national person-centred transition planning programme, which aims to provide a person-centred approach at the statutory transition reviews of young people with learning disabilities. This meets the Valuing People requirement to improve transition planning and to make young people in transition a priority for person-centred planning.

Lancashire has also produced an accessible and interactive brochure for parents, families and young people to help them engage with transition planning. There is also a joint agency transition protocol across schools, SENCOs, Connexions, adult social care, and children and young people's services.

Lancashire recognises that transition arrangements for young people with complex needs still require more work. In line with *Growing Up Matters*, a joint appraisal by the Director of Children's Services and the Director of Adult Services will be commissioned to consider and propose improvements to transition planning arrangements for young people with complex needs, including those without a statement of special educational needs.

For this reason, it has been described as "a stage, not an age"<sup>7</sup>, in order that young people can undertake transition at the right time for them, rather than when organisational bureaucracy suggests they should be ready. Despite this, a great deal of legislation and organizational structures still militate against achieving an overall stage-based, rather than age-based, approach.

The transition to adulthood, if not handled well, can negatively impact upon young people's

development and progress and place further strain on local authority care

<sup>6</sup> The Road Ahead – SCIE (November 2004)

<sup>7</sup> Growing up Ready for Emerging Adulthood – Department of Health (July 2006)

services in the longer term. Furthermore, inadequate transition arrangements could undermine the proposed shift to a more preventative approach to care services, which has been promoted by the Government in recent White Papers and legislation.

The requirements to plan properly for transitions are reflected in legislation and statutory guidance; the Disabled Person's Act 1986 (young disabled people approaching adulthood are entitled to an assessment of their needs so that services can be in place for them); the Children Act 1989 (a duty on local authorities to provide support and services for children in need; the level of support and services varies from area to area based on locally agreed eligibility criteria); and the Care Leavers Act 2001 (which placed a duty on the local authority to support a 'Looked After' young person in education, training or employment, to stay in contact and to support financially – if appropriate – until the age of 25.).

There is an expectation on social services to arrange multi-disciplinary assessments and to plan together for young people in transition so there is a clear understanding of how the joint approach to services will work in practice. The Children Act 1989 and NHS and Community Care Act 1990 require Social Services to co-ordinate multi-agency assessments and plans for children in need (which includes disabled children). There is also a requirement for a Social Worker to attend the annual review of the Statement for a young person in year 9 (i.e. at age 14) at school so that they can contribute to the transition plan. The Special Educational Needs and Disability Act 2001 and associated SEN Code of Practice provide further statutory guidance regarding assessment and provision of services for young people with special educational needs.

It is important to note that the challenge of transition is not a new problem caused by the organisational separation of social services into children's services and adult social care, as demonstrated by the existence of research dating back ten years in both social care and health contexts. Research by the Commission for Social Care Inspection<sup>8</sup> has noted, nonetheless, that the split into adult and children's care has created a challenge in terms of addressing the needs of families holistically, and in particular recognising that particular needs on the part of a child may imply a requirement to provide for the parents and carers;

*" The creation of separate children's services and adult social services presents a significant challenge for ensuring that the needs of children and their families are effectively addressed. There is evidence that young people and their families are experiencing considerable difficulties when responsibility for their support and care transfers to adult services. At the same time, there are real challenges for ensuring that the needs of children in families are recognised by adult social*

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<sup>8</sup> Children's Services – CSCI Findings 2004-7 (March 2007)

*services when working with parents with complex problems. In particular, the need for eligibility criteria for adult services to recognise the need to protect a child as a trigger for service provision to parents"*

The converse problem has also been raised, of ensuring that adult care services fully recognise the needs of children who have vulnerable parents in receipt of care services, and indeed of children who are themselves carers<sup>9</sup>, particularly as in some areas it is felt that healthcare services initially saw the new adult social care directorates as their natural partners, with children's services as a purer local government function.

Despite this, the Children's Trust model of working has delivered significant progress in many counties, to the extent that CSCI have stated that *"The adult agenda still has not developed the coherent approach that is beginning to be established for children's services"*<sup>10</sup>. This may reflect the unwinding of joint financial arrangement between health and adult social care due to the NHS budget crisis of 2005-6. Some of these worries may underlie Harriet Harman's proposal for a "Lead Member for Families"<sup>11</sup>. The importance of joint working is underlined by findings that transition presents similar challenges in the healthcare context<sup>12</sup>;

*" These young people frequently have to negotiate many more hurdles and obstacles than their peers when making plans and decisions about further education, employment opportunities, mobility, independence and relationships. Their task is frequently made more difficult than it needs to be, because health professionals do not adequately plan and manage the one aspect of transition which is within their control, the process of handover from services designed for children to adult oriented systems. All too often, there is an abrupt transfer from one service to another or, worse still, no arrangements are made at all. Some young people, particularly those with neurological disability, have difficulty in finding an interested and competent service which is able and willing to provide continuity of medical care."*

There is particular concern amongst CCN members that some young people come to the attention of Adult Social Care services without having previously been in receipt of Children and Young People's services, and sometimes without having been visible to them at all. This may be caused by intensive family and school support breaking down as care needs become more complex, the end of a placement at an LSC residential education centre, or due to an out of authority care placement undertaken by a different authority but not notified to the 'receiving authority', or the identification of a mental health problem overlaying an existing disability.

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<sup>9</sup> *Who cares for the children?* - Local Government Chronicle (17 May 2007)

<sup>10</sup> Growing Up Matters – CSCI (January 2007)

<sup>11</sup> Speech to New Local Government Network (April 2007)

<sup>12</sup> Transition: Getting it right for young people – Department of Health (March 2006)

This a particular challenge for counties with small unitaries within or around their boundaries, such as a number of the coastal counties and those bordering London. This was one of the issues highlighted in the CCN's response to the *Care Matters* Green Paper, and a number of counties have been working on establishing protocols to meet this challenge.

This may also be addressed by ContactPoint, which is a national database, (formerly known as the Children's Information Sharing Index (ISI), which by the end of 2008 will hold information about all children, including any services being provided. Local Authorities will decide who sees any information on the database and disclosure of 'sensitive' data will require additional consent from the individual. Some organisations will be *required* to supply information to the database and others can *choose* to. Every LA can decide who has access (for example in social care, education, health, Connexions, school) and anyone who has access is

required to have training and to have undergone a Criminal Records Bureau check.

This function will fall to a member of an integrated 'team around the child' and the person chosen will be a point of contact for the family of a child or young person requiring support from a range of services. The Lead Professional would be the person with the best overview of the needs of the child and could

be from the voluntary sector if this was where the most appropriate support came from. This, and the move towards the Common Assessment Framework, should help to avoid the necessity for parents to constantly

#### **Counties Deliver: Transitions in Hampshire**

Hampshire County Council have developed a comprehensive multi-agency guide for professionals and a handbook for families, which covers what happens at age 14-16, 17-19 and 19-25 years. It specifies roles and responsibilities, how to prepare for meetings, what is discussed and what happens afterwards. It covers care planning; charging policy for services; the complaints procedure; carers' assessments; access to equipment and housing adaptations. It describes options such as where to live, work, leisure, travel, money and relationships.

The area-based transition workers form a virtual team, and work with young people of 14-25 with learning disabilities, physical disabilities, mental health issues or who are otherwise 'vulnerable adults' and eligible to receive a service. The transition worker has a specific role (as additional worker) and attends transition reviews, contributes to assessments, identifies service needs and liaises with other professionals, as well as contributing to monitoring and service development.

Young people with learning disabilities need the most support. Hampshire County Council uses the Disability Register to ensure that young people are offered an assessment, which may be carried out either by Children's or Adult Social Services. Young people not qualifying for services are signposted to other sources of help.

Transition Panels facilitate the transfer from Children's to Adult Social Services of young people with severe and complex needs who require multi-agency input. Panels consider young people when they reach 16-16½ to ensure a smooth transfer at 18. The panel process has been seen as 'a leap forward'.



update a series of professionals with the same information. The function would facilitate more successful transitions throughout life since a snapshot of current support would be available at any given time to facilitate effective planning and service provision.

A major driver of the Government's choice agenda is the move to Individual Budgets, and it is important to examine how a joint approach to these can be co-ordinated between social care services and other partners. This was identified as a key driver in improving transition by the Prime Minister's Strategy Unit<sup>13</sup>, though it is unclear what happens if the cash entitlement falls significantly on reaching adulthood.

As the LSC move towards providing individual budgets<sup>14</sup> it will be useful to ensure that wider 'life skills' learning is accessible using this money. The absence of basic skills learning by a significant minority was something identified by the care population more widely in a recent publication by the Children's Rights Director<sup>15</sup>, and for some young people with very severe disabilities this may extend as far as teaching them how to eat independently.

**Counties Deliver  
Somerset Service Modernisation**

Somerset County Council put its Learning Disability Development Fund into transitions to modernise the service. People were offered the opportunity to consider all options open to them, including Direct Payments, housing and leisure. This was done using the Connexions service as a more inclusive means of offering transition planning to all young people.

The county now has an SLA with Connexions, which employs 4.5 Transitions Workers/Transition Personal Advisers, covering specific geographic areas. The .5 worker caters for the needs of physically disabled young people. Connexions is a catalyst for young people to access information and break down organisational barriers.

At the same time, concern has been expressed that young people with less severe disabilities, or with only physical disabilities, should not be discouraged from pursuing academic qualifications if they choose<sup>16</sup>, nor from taking up employment.

One of a small number of studies which asked young people with learning difficulties what transition meant to them (though generally a phrase such as "growing up" is rightly preferred in direct communication with

young people) found that 'getting money you have earned yourself' was a key marker for many<sup>17</sup>, but that only 4 of 109 young people studied had found independent paid employment. Key 'employability skills' identified in a Europe-wide study for young people with learning disabilities aiming to access

<sup>13</sup> Improving the Life Chances of Disabled People (January 2005)

<sup>14</sup> Learning for Living and Work – LSC (October 2006)

<sup>15</sup> Young People's Views on Leaving Care – Report of the Children's Rights Director (February 2006)

<sup>16</sup> Improving the Life Chances of Disabled People – PMSU (January 2005)

<sup>17</sup> Bridging the Divide at Transition. What Happens for Young People with Learning Difficulties and their Families - British Institute of Learning Disabilities (2002)

paid employment were punctuality, reliability, flexibility and a capacity to work in a team<sup>18</sup>.

While the notion of choice remains a prime driver of government policy in this area, there is some research to suggest that the importance of social networks and family relationships is undervalued<sup>19</sup>, particularly in the case of young people with learning disabilities. This would militate in favour of a transition plan which gives weight to issues of location and continuity of friendship groups, and potentially for group supported employment where appropriate, rather than seeing integration into the mainstream workplace as a good in itself. From the perspective of County Councils it is also important to note that the Government increasingly appears to be coming to accept that the policy of 'choice' comes up against practical limitations in some rural areas<sup>20</sup>.

### **Counties Deliver: Mapping the road to Adulthood in Cumbria**

Cumbria County Council has produced a new guide for young people with disabilities who are about to leave school.

Called 'rough guide to transition' the 11-page pamphlet is packed full of useful information on the changes young Cumbrians can expect when they reach 18 or 19 and responsibility for the support they receive transfers from Children's Services to Adult Social Care.

Produced with young people and their families, the guide sets out how Cumbria Adult Social Care works with disabled school leavers to produce an individual budget which they can use to purchase care and support services specific to their needs. It also explains how the county council helps young people with disabilities to live an active life and have all the chances that society offers through person centred planning.

Here, they are given help to draw up a person centred plan which sets out what is important in their lives, what they would like to happen in the future and anything that needs to change to make this a reality.

The user friendly guide is designed to help young people who are about to leave school to achieve their aspirations, particularly to take up a place at college, enter a training course, or begin work. It also provides information for those planning longer-term changes, such as moving out of the family home into a place of their own.

A copy of the 'rough guide to transition' is available to download from the Cumbria Adult Social Care website [www.cumbria.gov.uk/adultsocialcare](http://www.cumbria.gov.uk/adultsocialcare)

Copies can also be obtained by telephoning Cumbria County Council on 01228-607105.

<sup>18</sup> 'Vocational education and training to support the transition of young people with learning difficulties to paid employment', Skill Journal Research Supplement 66 (March 2000)

<sup>19</sup> "Choice Biography' and the importance of the social' – Small, Pawson & Raghavan, British Journal of Learning Disabilities, 31 (2003)

<sup>20</sup> e.g. Jim Knight, Schools Minister, in evidence to the Children, Schools and Families Committee on 16 January 2008.

## Government Action

The Government have recognised the importance of transitions to the overall service provided to people with disabilities, and examined measures they could take in the May 2007 joint DfES / HM Treasury document "*Aiming high for disabled children: better support for families*", published as part of the Policy Review of Children and Young People in the Comprehensive Spending Review round. In this paper they echoed the point made in an earlier report by the Social Care Institute for Excellence<sup>21</sup>, that transition involves both a change in the actual services used, but also the wider conceptual process of 'becoming an adult', and recommended that;

*"Transition planning and transition services need to be seen as a way to enable and support disabled young people to move towards and onto a new stage of life rather than from one service to another."*

The headline proposal from this report was the provision of £19 million over the CSR period for a Transition Support Programme to "*help disabled young people and their families benefit from intensive, coordinated support and person centred planning*". This programme will include a young person's information pack, access to an advisor or key worker, advocacy and support, consolidation of the process from age 14, with more timely and co-ordinated assessments, and joint team working across the agencies, with increased choice and control for young people.

DCSF have consulted with a number of interested parties and formed a Transition Support Programme Steering Group, which Andrew Webster, from Surrey County Council, sits on - linking with his role as a member of the Ministerial Implementation Group for Aiming High.

In December 2007 the Government announced £53 million of funding for improvements in the short breaks available to help disabled children and their families. In January 2008 21 Pathfinder areas were identified to pilot a planned £370 million transformation of short breaks. These included the counties of Derbyshire, Gloucestershire, Kent, North Yorkshire, Nottinghamshire, Norfolk, and Dorset (with the unitary authorities of Bournemouth and Poole).

Children and young people with disabilities are disproportionately prevalent in the care population. In January 2007, the CCN engaged with the Government on the proposals in the Green Paper, *Care Matters: Transforming the Lives of Children and Young People in Care*. The key points of the submission were to welcome a model whereby a single individual leads for, and relates with, each

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<sup>21</sup> Transition of young people with physical disabilities or chronic illnesses from children's to adult services – SCIE (April 2004), though Ferguson et al, cited in the above, break transitions down into three categories – status, family, and bureaucratic.

young person. We also advocated introducing more flexibility into the care leaving age, and providing more help for young people beyond this age.

In particular, the CCN has sought to emphasise the implications of delivering the proposals in the Green Paper in two-tier areas (i.e. the need for District

#### **Counties Deliver: Worcestershire's DY10 Nightclub Project**

Some four years ago, Worcestershire Adult Learning Disability Service, through piloting Transition Pathway tools in one District, identified that young people aged 16 – 25 with learning disabilities perceived a lack social and leisure opportunities; Worcestershire's Council for Voluntary Youth Services researched this and, with the help of various local agencies, two new youth groups were set up, led by young people and their parents. Community facilities were visited by young people to discuss provision.

There was demand for a nightclub and an initial visit was arranged at DY10 nightclub in Dixon Street so that the venue could be "checked out" by young people.

*"We went to see if it was suitable like a good place for people to go with learning disabilities because there wasn't really anything in Kidderminster for our kind of people to benefit from.."*\*

A series of 4 taster nights were organised and run by Social Services, Wyre Forest Self Advocacy, Connexions and the new youth groups; Wyre Forest LAFS and New Horizons. It became apparent that some young people were keen to be involved in the organising and the Adult LD Service provided support to them to secure funding from the Princes Trust Big Boost scheme.

Meantime the young people also identified their need for alcohol awareness training and guidance around relationships – this took place thanks to funding from Worcestershire Teenage Pregnancy and Parenting.

Three young women have been running the club nights, on a six weekly basis, for just over a year and raised further funding themselves from Youth Opportunities Fund and Kidderminster and District Youth Trust. Some of the funding purchases support and resources from the local self advocacy service as it was important that they chose who they wanted to assist them. They manage the finances, ticket production etc and one young man has learned DJ skills and has his own "slot" during the evenings.

Their aim is to sell enough tickets to cover all costs but they have found that transport is a problem for some people who would like to attend. They are taking part in Worcestershire's Independent Travel Training Project in the hope it can help people travel to and from the club.

The nights are promoted as being for people with learning difficulties and their friends so open and inclusive of non-disabled people and the organisers were anxious to ensure anyone with a disability would feel welcome and arrange for ramps to access the dance floor.

*"You are mixing with your kind of people really and there is no judging like there are at other night clubs"*\*

The Club management, bar staff and doormen had not met people with learning disabilities before and have reported that they actually found it easier than other club nights as people were much more polite and well behaved, for example,

*"No hassle...and enjoyable...if only other people could be like that"*\*

*\*Independent Evaluation of Worcestershire Council for Voluntary Youth Services US2 project February 2006*

Councils to co-operate fully if Looked After Children are going to be offered free access to leisure facilities, improved provision in local authority and social housing, and perhaps integration into the labour market through local authority apprenticeships.) This will be even more pertinent in the case of young people with disabilities, whose housing needs are more specific, and who will need greater support into employment. A significant role is likely to be played in delivering this by the Supporting People programme.

The *Time for Change* White Paper takes forward the proposals of the Green Paper around the theme of transitions, including personalisation, housing for those leaving local authority accommodation, personal preparation for adulthood, access to further education, and the continuing relationship with foster parents.

The CCN regards the *Time for Change* proposals and other support outlined above as likely to be positive overall for children in the care of local authorities. However, unless the improvements are used as a catalyst for better transition for the children leaving this sort of care, it could potentially increase the gap between children's and adult care, rather than reduce it, since the service young people are moving from will have provided more, while the service they are moving to remains underfunded.

The government's New Deal for Carers, announced on 21st February 2007, recognised the vital role of carers in society and pledges a new package of support and services. Local Authorities will receive £33 million broken down into £25 million for emergency support, £3 million on national advice and information and £5 million on training.

Carers have the right to an assessment of their own needs under the Carers Recognition and Services Act 1995 and the Carers & Disabled Children's Act 2000; The Assessment & Carers (Equal Opportunities) Act 2004 placed a duty on councils to inform carers of the right to an assessment.

This type of assessment enables a carer to discuss with Social Services the help they might need in caring, maintaining their own health, work-life balance and coping with family commitments. It can either be carried out separately or combined with assessment and review of the young person's needs. Importantly, many parents do not consider themselves to be 'carers', so need to be encouraged to seek help when required.

## **Existing Research Work in County Areas**

### ***Overall Messages***

Improving transitional care arrangements has been identified as a priority by a number of CCN member authorities, and a significant number of policy reviews have taken place, often led by scrutiny committees. A number of common conclusions have emerged from this work. In particular the reports seek to encourage;

- Holistic work across council departments and with external partners (including Health, Connexions and LSCs);
- Clear accountability – for example through the use of Transitions Workers, and recognition of transition as a key issue by senior management and lead members, potentially through the identification of a single lead member.
- Effective information and data exchange;
- Longer term planning (with a longer lead in time to transitions);
- Use of Person Centred Planning from age 14;
- Provision of clear choices and options;
- Effective engagement with parents and young people; and
- Work to address funding criteria and financial pressures.

### ***Selected Information from Specific Reviews***

#### **Kent County Council**

Kent County Council's select committee review<sup>22</sup> found anecdotal evidence to suggest that statutory transition planning was not always very effective. Attendance at transition reviews was not being sufficiently prioritised by agencies and professionals who should be involved, as they did not see transition planning as a joint task.

As a result, agencies often failed to send reports, attend meetings, or both. Concern was expressed that the transfer of cases from Children's to Adult Social Services was "seen by some professionals to be a process unrelated to the statutory transition planning which takes place in school from year 9 onwards".

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<sup>22</sup> Transition to a positive future Select Committee Report - Kent County Council (April 2007)

While many CCN members note a challenge relating to young people from outside the authority placed within it, Kent also found that there were particular challenges to effective planning for young people in “out of county” residential placements.

Adult Social Services’ involvement was considered important where there needed to be a planned return to the KCC area. Unresolved issues were noted about which Local Authority takes responsibility for ongoing services where young people intend to remain in their out-of-county placements post 18, and these will have an impact in both cases.

The Select Committee’s recommendations included;

- That KCC work with all providers to increase the availability and choice of leisure facilities for young disabled people and promote and publicise ‘taster sessions’ to encourage participation;
- That KCC and schools promote a variety of initiatives to raise disability awareness among peers of young disabled people in mainstream schools and the wider community;
- That KCC should evaluate the capacity of current data systems to enable strategic monitoring of transition plans;
- That KCC should identify the source and type of advocacy available for parents and young people to facilitate better transition planning and make provisions to meet any gaps in service;
- To ensure that Children, Families and Education and Adult Social Services’ commissioning strategies are co-ordinated, including the use of jointly-resourced budgets where appropriate, to provide a more graduated and consistent approach to service provision for young disabled people in transition from childhood to adulthood – with such strategies incorporating Transition Worker roles or demonstrate clearly alternative means of providing similar support ;
- That individuals identified as Lead Professional for young people in transition to adulthood have the capacity to undertake the function and are provided by KCC and partners with training and support;
- That KCC, schools and other partners promote the use of Direct Payments by young people whose social care needs will extend into adulthood, by raising awareness and understanding of Direct Payments among CFE staff and ensuring that Direct Payments are discussed (with the involvement of a peer-mentor or Direct Payment Support Worker/Adviser where possible) as part of transition planning from Year 9 onwards;
- That KCC, through Kent Supported Employment and its partners, explore the potential of a programme whereby disabled young adults are employed as peer-mentors to assist with transition planning in schools and elsewhere.

### Counties Deliver: Purchase Cards in Kent – Managing Choice

Kent County Council set out to radically change the way its care services were commissioned using purchase care technology. The council is achieving cost and time savings with the help of the Royal Bank of Scotland's Transaction Data Matching system (TDM).

The initial project worked with over 70 suppliers providing 2.5 million hours of domiciliary care to 36,000 adults, to implement a genuine end to end enabled solution to make significant transactional savings.

TDM is an outsourced, automated payment and data matching solution to manage invoices from care providers for the services they provide to individual clients. TDM works by electronically matching data from the care providers' systems and paying the suppliers through the virtual Government Purchasing Card Visa solution, and is being used to;

- Enhance the quality of life for individuals in the area.
- Streamline administrative processes.
- Ensure that everything is managed in the most cost effective manner.
- Enable resources and money saved to be re-deployed into more critical work.

Kent County Council worked closely with RBS, PCCL the outsourced provider, care managers and care providers to produce a practical e-solution to replace the 25,000 paper invoices which were previously processed. The solution is based upon the electronic matching of data from Kent CC and care provider systems by PCCL to include all the variables that apply specifically to domiciliary care.

The process built reflects how Kent CC contracts for care and can be customised for other councils. Flexibility was built into the system to allow for specified tolerances where there were small inconsistencies between Kent CC and the care provider data. In response to any slight inconsistency, the TDM system will still complete the payment but produces a 'variance' report which is e-mailed to care managers.

More than £700,000 a year has been saved in the administration of social care packages from a budget of £1.1 million.

*"The TDM system removes the need for the time consuming activity of manually checking invoices, matching them with the numbers in order books and data inputting, thereby leaving administration staff free to concentrate on more crucial frontline care work."* - Jeremy Blackman, Head of Contracting, Planning and Resources, Kent County Council

- The system guarantees payment for suppliers within four days through a Visa badged government purchasing card, as opposed to the thirty day payment terms when invoices were manually processed on a monthly basis.
- Improved cash flow for suppliers while at the same time not impacting on the council's cash flow.
- Crucial administration time savings.
- Less bureaucracy.
- Eliminates costly and time consuming manual procedures and eliminates potentially costly human error or fraud.

*"By significantly reducing the council's financial administration costs, more money will be freed up to help provide more and better care. And naturally, the improved cash-flow for providers will help us run our businesses ever more effectively and recruit more front line staff."* - Norman Temple, Director, Pro-Care

*"It is initiatives such as TDM that will help us to achieve huge efficiency savings across local authorities in the region. Our aim is to roll this system out regionally, creating an easily measured and managed service which will succeed in achieving long-term improvement of public services to the benefit of local people."* - Andrew Larner, Regional Director, South East Centre of Excellence



## **Buckinghamshire County Council**

Buckinghamshire's Overview and Scrutiny Committee on Personal Care undertook a review of the transition from children's to adult services, and produced a report in January 2004. The Review focussed on 4 areas of transition:

- Transition of children with physical disabilities from children's to adult services;
- Transition of children with learning disabilities from children's to adult services;
- Transition into adulthood of Looked After Children who are leaving the council's care;
- Transition into adulthood of those children with mental health needs or emotional / behavioural difficulties.

The Review recognised there was room for improvement but identified that communication with parents was underway via a Parent Partnership Leaflet. However, it also found out that young people with disabilities do not feel supported through transition and that there is limited choice available to them.

Members noted plans for the appointment of two Transition Workers in ASC and two in Children's Services and felt that this would work best if it were done in a way which supported holistic service planning, rather than simply to fit in with the organizational structure.

The report's key recommendations included;

- That a Transition Worker should be the key point of contact and sit outside the age-critical service boundaries in the organisation;
- The development of a local performance indicator to ensure all service areas are engaged;
- The provision of better signposting of different services available and ages of transfer between services;
- That Direct Payments should be actively promoted.

## **Cambridgeshire County Council**

Cambridgeshire County Council's Children and Young People's Services Scrutiny Committee undertook a Member Led Review into "Life After School – Transition to Further Education/Training/Employment/Social Care for Young People with Special Needs", which reported in September 2006.

The Review recognised the range of opportunities available within the county but members felt that provision needed to be more diverse and flexible. It also found that services had improved over the past two years especially with the establishment of a transitions protocol.

Key recommendations included;

- That all partners should engage in planning for the future at an earlier stage, involving the young people as far as possible;
- That better liaison should take place between education, social care and health, for example that collaboration should be enhanced to produce a single portfolio of transitions information to go to young people on their 14<sup>th</sup> birthday.
- That a greater range of Further Education provision is needed and providers need better training;
- That the county should explore how it could improve the stability of funding for Social Training Enterprises and encourage local employers to include these young people in placements;

### **Devon County Council**

The transition between Children's and Adult services at age 18 was examined in Devon by a Member Task Group.

- Focus on protocols and establishing whether there is a clear Pathway Plan for each care leavers;
- Seeking to establish whether there are gaps in existing provision and the resource implications of meeting the unfilled need;
- Clarifying what measures are in place to provide a range of opportunities to enable young people access to education, employment and training;
- Establishing whether there are any innovative methods in use elsewhere to bridge the gap between the services.

The report examined the issue from a number of perspectives, including case studies of individual young people and their carers' experiences of the transitions process.

The main difficulties in the way of consistently high quality transition planning were considered to be the lack of a consistent approach, late funding decisions, a lack of clarity as to who would be providing the care, and delays between assessments and actual case involvement.

Some key recommendations from the Task Group included;

- That a dedicated Transition Officer should operate jointly between Children and Young People's and Adult Care Services to oversee the transition process in Devon;
- That a key worker from CPYS or ACS should work with each young person through the transition process and for a year thereafter;
- That at the first Transition Arrangements Review meeting (when the child is in Year 9), information should be provided to families on the differences in provision between children's and adult services. Clarity and expectation management were considered the key benefits of this;
- That a Member be appointed as Transition Champion;
- That an integrated review should be used to minimise duplication of assessment and planning activity;
- That the Council work with local authorities across the county to increase work opportunities for looked after children and young people with physical and / or learning disabilities.

## **West Sussex County Council**

Transitional arrangements for young people as they move from children's to adult services were examined by a joint task force of the children and young people's and adult services select committees, which reported in April of 2007. The Task Force focused on young people with a statement of Special Educational Needs, including those who attend special schools in West Sussex, and looked after children with a statement of SEN.

West Sussex has a multi-agency Transition Planning Group which has developed and implemented the multi-agency West Sussex protocol, with a planning model to improve transitions and prepared guidance on developing accessible information for young people and their families.

The Task Force also acknowledged that multi-agency working and effective information sharing are vital, that Connexions works well in some areas of the county but not all, and that limited resources are available in adult services to fulfil aspects of the protocol (for example allocating an Adult Services social worker to a young person prior to their 18th birthday to aid transition).

The Task Force Recommended that;

- Senior managers ensure that the good practice exemplified by the West Sussex Protocol is put into practice by all those professionals who work with young people and their parents/carers during the transition process. This includes young people with special needs and disabilities leaving care.
- All professionals who work with young people in transition should receive appropriate training to ensure that they are equipped to put into practice the West Sussex Protocol.

- WSCC creates a more seamless approach to transition for young people and their parents / carers to eliminate anxiety and also works to find ways of removing any barriers between Children & Young People's Services and Adults' Services.

This might be achieved by:

- Better sharing of information between services and organisations with the aim of streamlining assessment processes and reducing duplication;
- Children & Young People's Services and Adults' Services jointly funding a permanent appointment to manage and keep under review the transition strategy and ways of measuring performance.
- implementation and roll out of the Western Area pilot and to contribute to its review and development. This should ensure timely decisions, provide a single point of contact to help young people and their families through the transition process, Involve the right professionals and make the best use of their time, and inform the commissioning of learning and support for adults
- WSCC should employ a Welfare Benefits Advisor to assist young people

#### **Counties Deliver – West Sussex Multi-agency Transition Planning Model**

West Sussex's multi-agency Transition Planning Group has been overseeing the development of a planning model which aims to ensure:

- Timely decisions are made, resulting in good outcomes for young people;
- Young people and families have a single point of contact to help them through transition;
- The right professionals are involved and best use is made of their time;
- The needs of young people from age 14, inform the commissioning of support for adults.

The model was piloted in one area in 2006-7 and is now being rolled out across the county. It covers young people currently attending special schools or units, or being educated out of county.

Starting with the information from the year 9 review of each young person's statement of special educational needs, the model checks annually whether the young person wishes to explore post-16 learning options and/or is likely to need additional support as an adult.

The model includes a yearly meeting of representatives from different agencies which will:

- For young people in year 10, agree who should be in the team of people from different agencies (including services for adults) working with each young person at various stages during transition. It will also suggest one agency to take on the role of lead professional and ensure that everyone in the team is doing what they need to do.
- For young people in year 11 upwards, check that everything is going smoothly and agree what should happen if that is not the case. For this purpose, feedback is obtained from parents and lead professionals.

It will not be the task of the yearly meeting to discuss individual cases in detail. That will remain the role of the team of professionals working with that young person. The model should also produce the information needed to inform commissioning for learning and support for adults.

and their parents/carers identify entitlement to state benefits and assist them with the completion of complicated claim forms. The service provided by this advisor should be available as soon as a need, whether care or benefits, has been identified. This should ensure a more seamless approach to transition, reduce time delays and alleviate some of the anxieties of young people and their parents/carers.

- WSCC should consider ways of providing sufficient and appropriate respite care for young people entering adulthood so that they can continue to live in the community.
- WSCC should continue to work with young people and parents/carers to ensure that the support and information we provide meets their requirements.
- WSCC should takes steps, with partners, to develop support for young people moving into adulthood with autism and Aspergers' Syndrome.

## Further Existing Research

### CSCI

The Commission for Social Care Inspection (CSCI) has acknowledged that the area of transition planning presents a particular challenge to local authorities. In the report 'Growing Up Matters' (January 2007), CSCI's chairman, Dame Denise Platt stated that

*'councils need to start planning early to ensure children with disabilities have chance to lead as independent a life as possible. Young people should expect to maintain their quality of life. It is a waste of resources if support given as children is not continued into adulthood.'*

CSCI suggests that, rather than exacerbating an existing problem, the new arrangements for children's and adult care services are a chance to get transition planning and implementation right. They suggest that Local Authorities and PCTs should work together to develop and commission seamless services, offering choice and independence to service users.

The CCN's Adult Social Care Task Group has engaged with the Department of Health on its consultation *A Commissioning Framework for Health and Well-Being*, calling for clear links between Joint Strategic Needs Assessments, the Children's agenda and the wider strategic partnership framework, and a commissioning framework which emphasises learning and shared capacity building across PCTs, Practice Based Commissioners and local authorities. The outcomes of this will also be significant here for the transitions agenda.

A key issue identified by CSCI is that Local Authorities do not all provide the same level of support for adults that they do for children. In particular, levels of services are often reduced as young people reach adulthood. This is primarily due to different eligibility criteria for access to services, which may be as a result of a different sort of service requirement for adults, but is often primarily the result of different levels of funding.

CSCI identified the reasons for failures in transition management as:

- inadequate commissioning, poor co-ordination of services, failure to plan properly with young people and their families (exacerbated because agencies have responsibilities for children and young people at different ages).

CSCI proposed addressing this through action at national level (on policy and resource issues) and local level (commissioning and practice by NHS, council and education services). The recommended changes are:

- Longer term financial planning;

- Tackling the difference in eligibility criteria and different levels of funding;
- A clear commitment from political and managerial leadership to transition planning;
- Young people should be able to transfer their direct payments from children's to adults' services;
- there should be joint appraisals of local arrangements and commissioning strategies by Directors of Adult Social Care and Directors of Children's services;
- Issues should be addressed through scrutiny arrangements in local authorities;
- Service users and their families and carers should receive information about the full range of choices available;
- There should be co-ordinated and multi-agency assessments;
- Funding issues should be resolved through better co-ordination and forward planning; and
- More attention should be given to the needs of parents.

It is acknowledged that these changes need to be achieved in the challenging national context of NHS continuing care criteria which is not consistent across children's & adult services; the loss of funding for Supporting People; and a lack of further education and training opportunities for young adults who are severely disabled. CSCI have established six 'prerequisites for successful transition planning'.

1. Commitment – children and young people with complex needs are given explicit priority by senior managers and council members, PCTs, housing, education prioritise their involvement in transition planning;
2. Young People and families are fully involved in the process – in transition planning and strategic planning for transition;
3. There is effective strategic planning and commissioning – informed by an analysis of transition needs of young people from age 14 onwards receiving support and who will require adult services; strategies are underpinned by good financial planning; and the range and quality of services commissioned are systematically monitored;
4. There is a multi-agency approach with good protocols, systems and processes – active engagement and support from age 14 onwards, a proactive approach in partnership with children's services; a lead professional responsible for ensuring all agencies are properly engaged;
5. There is a co-ordinated person-centred planning process – person-centred planning methods and processes are used to create integrated transition plans; direct payments are promoted; the focus is on achieving outcomes, improving and supporting independence and providing normal life opportunities; and

**Counties Deliver:  
Learning, Achieving, Having Fun and Socialising in Worcestershire**

L.A.F.S (Learn, Achieve, Fun and Socialise) @ Witley Court is an exciting project, set in the grounds of a ruined palace, that aims to help young adults with learning difficulties develop knowledge, skills and attitudes to equip them for work and life.

Project members were thrilled and delighted to win the Care Services Improvement Partnership (CSIP) Positive Practice "Innovative Partnerships" award at a ceremony in December at the Royal Lancaster Hotel in Hyde Park London.

The project has been running for a year and involves 35 young adults aged between 16-25 enrolled as Millennium Volunteers who have worked alongside experts on an English Heritage site to design and create a new garden area, wildlife habitat and sculpture. They are now designing interpretation leaflets and boards for the 50000 people who visit the site each year.

The project's origins go back four years when Worcestershire's Adult Learning Disability Service began some research into what young people with learning disabilities want to do with their time.

The young people's over-riding wishes were for something to do and to meet up with friends. At the same time English Heritage was looking at improving access for different groups of visitors to Witley Court.

For the past year young people from Wyre Forest LAFS, a voluntary youth group and Worcester Lifelinks, a neighbouring voluntary group that works to increase access to social opportunity for adults with learning disabilities, have designed, built and maintained their own garden, maintained and improved paths and walks, made willow sculptures, learnt how to take photographs and to write the 'easy read' information for visitors that will accompany their work.

As well as English Heritage, the project has worked in partnership with Worcestershire Countryside Service, garden specialists and even a willow sculptor. The project received Heritage Lottery Funding for a year but a scaled down version will continue into next year with the help of the £2000 prize money from the Positive Practice Award.

This project has highlighted the abilities of the young people and what they can offer rather than just what they need.

**Photo provided**





6. Monitoring – regular follow-up to see that the plan remains appropriate and is delivering the outcomes the person sought.

## **SCIE**

The Social Care Institute for Excellence identified the key difficulties in the process of planning and implementing transition as

- Fear and stress resulting from the transition process, for both young people and parents / carers
- Social isolation
- Lack of daily-living skills
- Problems finding work
- Family relationship change and over-protectiveness

They also noted from a healthcare perspective that there can be an absence of treatment expertise for certain illnesses amongst adult healthcare providers, where there may previously have been fewer survivors into adulthood. This is of course not a problem unique to the UK. They also argued against a pure conceptual split solely between physical problems and learning difficulties / disabilities, and in favour of ensuring recognition that there can be very different needs depending on the specific illness – juvenile arthritis, cerebral palsy, cystic fibrosis, Down's syndrome or epilepsy.

The SCIE report supports centring the transition process on the aspirations of the young person, though does also cite a contrasting counter-example where a parent felt it was futile for transition workers to be trying to engage unaided with ascertaining the wishes of a child with 'a mental age of three'.

The report, in common with many others, criticises vacancy-led purchasing choices, as these are the opposite of a needs-led assessment. It does not, however, address the likely impact on costs or local provision of a pure 'needs-led' process.

Components of good practice suggested include

- Specific, multidisciplinary, holistic service provision, planned ahead and offering continuity
- Involvement of the affected young person, with support, information, confidentiality (where appropriate) and choices
- Training for staff, ensuring motivation and knowledge of transition planning and (other?) services
- Involving carers sensitively and providing support which acknowledges their changing roles
- A process designed to maximise education, training, employment and social opportunities.

## **Norah Fry Research Centre (University of Bristol)**

The 2002 report "Bridging the Divide at Transition" suggest that there was a disconnect between the priorities of professionals and the priorities of families, that transition planning was patchy and in any case did not appear to have a significant impact on actual outcomes. Half of families did not believe transition to adult health care had been covered as part of their transition planning, and anecdotally the lack of continuity was keenly felt.

The main unmet needs identified by young people and family / carers were around money, who argued that benefits advice needs to be more thorough, including information at an earlier stage about how benefits and other payments will change at particular ages – especially at 16, but potentially 18+ for foster carers) personal safety and risk (bullying, sexual assault, road safety – where parents are likely to be much more protective, whereas young people are more likely to want to take on responsibility for themselves), and transport availability / reliability.

A transition plan should touch on every relevant aspect of the young person's future life, but there was a significant discrepancy between issues that families wanted to be addressed (information on leisure and social opportunities, benefits, future housing options and further education opportunities were the topics most wanted) and those which were regularly covered in transition planning (only further education, of the above four).

Young people themselves valued

- having someone independent who they could talk things over with and who would listen to them
- having consistent support to enhance their self-confidence and self-esteem
- being treated as an individual
- others encouraging them to having higher (but not overwhelming) expectations of themselves
- being given more responsibility and privacy.

Parents described positive and negative aspects of transition planning and suggested changes to the process which they would like to see.

Positive aspects included:

- Work experience or link placements to adult services and opportunities for the young person which provided new experiences, time to adjust to new places and helped them exercise choices
- The young person being able to make informed choices
- Allowing time for the young person to 'emotionally prepare' for change
- Staff in school or adult services who were supportive, encouraging and acted in the young person's best interests

- Being actively involved themselves in the planning process

Suggestions for improvement included:

- Initiating transition planning reviews at the prescribed time
- Regular review meetings to revisit and update the plan
- Advice and guidance on preparing for meetings
- Ensuring that all key professionals attend review meetings
- A transparent transition process with clear accountability
- Provision of accurate, up-to-date information in a range of formats
- A named coordinator for each family

The report identifies 'five Cs' which form a core of good practice as; communication; co-ordination; comprehensiveness; continuity; choice.

## **King's College London**

King's College London conducted research<sup>23</sup> aimed at identifying effective practice in promoting 'continuity' in the transition from child to adult care.

Four models of transition were identified during the analysis.

- 1 Direct transition – focusing on good communication and interagency collaboration.
- 2 Sequential transition – developing special services for young people to help them adjust to adult care.
- 3 Developmental transition – providing specific support to help young people develop physically, psychologically and socially in adapting to their new care role and in maximising their potential.
- 4 Professional transition – flexibility in moving expertise between child and adult services.

They began to analyse this using the 'six dimensions of continuity' identified by the *National Co-ordinating Centre for NHS Service Delivery and Organisation Research and Development's* scoping exercises

- *Experienced continuity* – the experience of a co-ordinated and smooth progression of care from the service user's point of view.
- *Continuity of information* – excellent information transfer following the service user.
- *Cross-boundary and team continuity* – effective communication between professionals and services and with service users.

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<sup>23</sup> A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability – King's College London (2001)

- *Flexible continuity* – flexibility and adjustment to the needs of the individual over time.
- *Longitudinal continuity* – care from as few professionals as possible, consistent with other needs.
- *Relational or personal continuity* – one or more named individual professionals with whom the service user can establish and maintain a therapeutic relationship.

However, it became clear to the researchers that a simpler framework could be adopted which would more accurately enable them to look at the dynamic relationships which are factors in the transition process. This framework was based on three overlapping domains;

*1 the service* – practices relating to the structure and process of care delivery, including the relationships between different services, agencies and professionals

*2 the young person* – practices aimed at the development of the young person

*3 the family* – practices aimed at supporting families in adjusting to new roles and care arrangements.

The researchers felt that it was difficult to look at material from health and social care in the same light, given the ‘fundamental difference between the medical and social models of disability’ – both because it may not be possible to look at data arising from those two sources in the same light, but also because any analysis synthesised from them both may be less meaningful when taken back for use in each context than a piece of stand-alone research conducted specifically for health, or specifically for social care.

The researchers therefore maintained a distinction between health and social care in the information they reviewed. They found that the social care items tended to be very multidimensional and policy-oriented with a strong focus on developing the young person (developmental transition), whereas health items tended to be service-oriented, describing services tailored to young people with particular health needs (transitional and sequential transition) – although certain groups, most notably occupational therapists, seemed to straddle both camps.

Health service items were considered to be generally more rigorously evaluated than social care items, which tended to be more descriptive. They felt this may reflect the greater amount of funding available for healthcare analysis, as well as the stronger policy base in social care. They felt that, while these were to an extent different cultures, an analysis based on both of them may result in cross-fertilisation rather than confusion.

The research examined different models of transition, the service provision made for these, and how these might be critically appraised, and recommended structures which promoted

- preparation for transition
- active management of transition
- case management
- accountability for the process
- strong therapeutic relationships
- advocacy
- joint management of care
- flexibility regarding point of transfer
- specific communication systems
- regular audit of service provision.

Service structures which enabled these to be delivered effectively tended to include some or all of the following

- transitional workers
- transitional teams
- professional continuing education
- information for professionals
- use of existing continuous services
- inter- and intra-organisation liaison and agreements
- organisational planning
- frameworks and fostering equity and accessibility.

The researchers recognized the perspective of the young people as being crucial, and suggested that components of good practice regarding young people included:

- specific service provision
- development of skills of self- management and self-determination
- supported psychosocial development
- involvement of young people
- peer involvement
- support for changed relationships with parents/carers
- provision of choice
- provision of information
- focus upon young person's strengths for future development.

The researchers found that at the time there was little literature regarding good practice with parents and carers but considered this to be an important aspect. They found that good practice included;

- support for adjustment to changed relationships with young people,
- parental involvement in service planning
- a family-centred approach
- provision of information.

Finally, a number of more specific recommendations were made;

- Continuity in the care transition must be examined in parallel with the young person's physical, social and psychological growth and development.
- Continuity in this transition is multidimensional and researchers and practitioners should try to account for all these dimensions even when focusing on only one or two.
- Practitioners and researchers need to be specific about the dimensions of continuity they aim to address, and employ the most appropriate methods for responding to or examining those dimensions.
- The components for practice, framework and models of continuity promotion developed through this review need to be further refined and explored through primary research in practice settings.
- Continuity in this transition needs to consider the perspectives of the services, the young person and the family. At present there is a strong emphasis upon services and more work is needed to examine the perspectives of young people and their families and their role in continuity.
- In reporting or evaluating an intervention or practice aimed at addressing continuity through the transition, the following factors should be considered and addressed in an evaluation report:
  - the nature of the user population
  - the dimensions of continuity being addressed
  - a careful description of the structure and process of the intervention, with linkage to the dimensions of continuity
  - if multiple interventions or whole programmes are being implemented, the usefulness of trying to examine both the individual and aggregate impact of the major elements within the programme – or at least providing sufficient description of each element
  - use of outcome measures which are appropriate to the dimensions of continuity being examined
  - following the young person through the transition and, where feasible, long-term follow-up.

## **The Next Steps**

### ***Some Specific Issues for Counties***

The specific situation of English counties impacts in a number of ways on the provision for transitions. These are likely to include;

- The impact of rurality on access to services. This will include the availability of public transport, leisure facilities and appropriate housing, but also the cost of provision and 'lost time' taken up by staff travel. This is a particular issue for young people wanting to find work or training – for supported work and specialist education or training most opportunities are in larger towns.
- The provision of services across tiers of local government and partner agencies, in particular on issues relating to the provision of housing for service users and access to leisure services, but also supported employment and the changing relationship with schools and health services.
- The situation of large authorities with small neighbouring or sub-county unitary authorities, or London boroughs, using them for out of authority placements.

## ***Further Questions Addressed***

In taking forward this project, the CCN has identified particular issues which have been raised by a range of members and partners, and some thoughts on these. These include;

- Aside from the simple fact of a young person becoming an adult, what is the primary driver of the differing service received on the transition to adulthood – cost, or different need and expectations of needs? It is thought that the key further difference is that spending on children's services focuses on their care and education, which they receive as of right, and with a major financial and time contribution from carers, whereas for adults the funding necessarily goes into housing (where the high-cost residential placements which have been provided for some children cannot be sustained, and are generally not appropriate) and healthcare. Individual budgets may help with planning outcome-focused services, and managing expectations.
- Are there times when the service being provided is more appropriate for the young person, but this is not recognised by their parents or carers? If so, how might we alleviate the fear of change? In some areas this anxiety can lead to demands for high cost out-of-county placements, when more local arrangements would potentially be more suitable. Enabling parents to meet others who have been through the process is seen as a useful model of working – enabling young people to meet young adults who have been through the process may also be beneficial.
- Would harmonisation of DH and DCLG commissioning practices enable better joint commissioning locally, and can we offer specific examples of where improvements could be made? Can we move towards more pooled budgeting for example with health for children with learning disabilities, and / or towards a “disabled children's trust” model of working? Outright joint commissioning locally is widely supported, and most members would wish for minimal central guidelines, to enable the most appropriate local solutions to be found. There is also strong support for working to ensure complementary outcome expectations across Whitehall.
- There is no widespread support for a “Cabinet Member for Families”, and this proposal appears to have been shelved in any case.
- Has organisational turbulence made it harder to deliver joint working with the NHS? Will the converse problem occur in any areas which move to sub-county unitaries where the NHS structures were coterminous with the county, but are no longer? Members and partners feel that disaggregation means a focus on change management rather than service development, whereas coterminosity of health and social care is generally seen as



having been helpful, once organizational turbulence was successfully resolved. Individual personal relationships are seen as key to making the best of this process.

- Do all partners fully understand what one another's offer to the service user actually is? If not, how can this information best be shared locally, and co-ordinated nationally? Many members feel that this is best handled through the use of specialist workers in co-located teams.
- How do we currently feel about the merits of integration as against special provision in education and employment? If the answer is 'it depends on the individual', are we currently respecting the wishes of service users and parents / carers? Members feel that this is an area where choice is a good model, and are concerned that national policy has historically moved from believing one model is better to the other, rather than finding what is right for each individual.

## ***Provisional Policy Recommendations***

It is anticipated that this report will be revised in the light of comments received at and following the March 2008 meeting of CCN Council, and will be presented in a final form for approval by the CCN Executive in May 2008, and then go forward to publication as a "County Background". These are campaigning as well as policy and good practice documents, and the following have been identified as campaigning issues by CCN Member authorities, on which the CCN may wish to take a view.

The CCN;

- Remains committed to ensuring that Counties are fully represented amongst pilots. We welcome the fact that this appears to be happening more frequently than in the past, but feel it is still not a systematic part of policy development.
- Supports a transparent distribution formula for any additional funding – we would generally support the minimum possible use of 'ring-fencing', though recognise that in 'floor' authorities, extra formula funding would not get through to service users.
- Would be keen to see the costs of providing choice in particular areas quantified, and our members have been working to find ways of managing this to produce the best overall outcomes.
- Values, and would be keen to extend, the work done in bringing together parents of young people who are about to embark on the transition journey with parents of adults who have recently completed it, to provide advice, support and reassurance.
- Supports moves to bring healthcare spending into the realm of individual budgets and self-directed support where appropriate.
- Reaffirms our commitment to seeking ways to enhance the ability of local authorities to work together with schools to deliver the best outcomes for young people across a range of policy areas. In particular we value the role of schools as key communicators of choices for young people in transition planning, key providers of a support network for parents of those young people, and providers of educational opportunity and assessment.

## **Additional Sources of Information on Transition Planning**

The Transition Information Network (TIN) is an alliance of organisations and individuals who come together with the aim of improving the experience of disabled young people's transition to adulthood. TIN is a source of information and good practice for disabled young people, families and professionals, with information disseminated through a website (<http://www.transitioninfonetwork.org.uk/>) magazine, e-newsletter and seminars.

ACT, The Association for Children's Palliative Care, launched a Transition Care Pathway on 17 April 2007. This pathway focuses on empowering young people to take control of their lives and calls for early collaboration of services. ACT's concerns are that there are few specialist services for children with life limiting conditions, as they live longer. Their work mentions the wide variation in the availability of services across the country, particularly regarding access to short break care and 24-hour home cover. ACT recommends a new key worker role within adult services to gradually take over the key worker role as well as multi-disciplinary and inter-disciplinary approaches at different points in the pathway.

Many of the issues addressed in this report are examined in the 2007 DoH / DCSF publication "A transition guide for all services: Key information for professionals about the transition process for disabled young people", as well as examples of good practice and solutions.

### ***Further good practice for possible inclusion in the final report***

The following have been highlighted as projects for inclusion.

- In Suffolk and Cambridgeshire County Councils there is a transition planning panel in each area of the county, capturing data about young people and monitoring the quality of transition plans.
- Essex Transition Area Coordination Teams
- Kent Carers Network
- Somerset Learning Disability and Hospitality Service
- Hampshire housing
- Norfolk Transition Strategy Group