

APPENDIX 1 - Improving Transitions

Task Group Final Report

Chair's foreword

The need for the work of the Transitions Working Group stretches back several years.

Disabled young people and their parents have for too long found themselves at the mercy of events rather than shaping them when it comes to the transition from childhood to adulthood.

This was all too apparent in conversations we have had with parents facing that 'cliff edge'. At a time where their children were soon to become adults, there had been no planning, work or joined-up thinking to enable them to move into adulthood without losing access to their current services. And seemingly little vision of what was on offer for them.

This can be extremely stressful for young people and their parents. Changing that is the ambition of this report.

Our recommendations are designed to ensure that professionals work with families from an early stage in identifying the needs of disabled young people and planning for their transition to adulthood. The work needs to involve professionals from a range of disciplines in assessing children's needs, discussing and agreeing the way forward with children and their families, and then reviewing plans on a regular, most likely annual basis.

There are three crucial aspects to this approach.

- The first is interdisciplinary working. The discussions we had in producing this report highlighted that transition involves a wide range of different disciplines (education, children's social care, adult social care, health and housing). But for each of them transition perhaps seems only a small part of their work, so its vital importance can get lost. That's why the establishment of a dedicated team with pooled resources is so crucial – to ensure regular joined-up working, day-in and day-out.
- Communication with young people and their parents is also key. Many of our meetings highlighted the frustration of parents who felt remote and pushed away from decisions being made about their children, and of young people who were not involved in the decisions that affected them. Professionals recognised this problem and are, I believe, committed to finding a way to ensure that young people and their parents have a real voice in transition.
- Regular reviews will also be hugely important. Dialogue with young people about transition and their aims and ambitions should happen regularly. As their ambitions for adulthood change over time, the services and support they

want, whether around work or further education or in other areas, will need to respond.

Ultimately, the success of these recommendations will come if, in time, young people and their families tell us that they have a clear idea about their path for adulthood. One where professionals are assisting them in bringing together their paperwork and reports, discussing their ambitions, brokering opportunities in work and education where appropriate, and regularly reviewing their progress.

Such a vision won't take away all of the difficulties of becoming an adult – there will be all the usual emotional challenges; parents may still have much to do; professionals, parents and young people may on occasion disagree; and this will all take time.

But if put into practice, the recommendations in this report should give disabled young people one of the things they need and deserve – greater and more certain support as they transition to adulthood.

Thanks

This report is the culmination of a number of months of work by the Transition Working Group.

I would particularly like to thank Patrick McVeigh, Sarah Markson and Peter Harden for agreeing to become members of the Group. Their input as parents of children who have been or will be going through transition was invaluable.

I should also like to thank the many dedicated professionals from across children's social care, education, adult social care, health and housing who contributed to our meetings. They gave generously of their time and have helped us to shape some clear recommendations. They are listed in Appendix 1.

The expert guests who attended our meetings also helped to shape the way forward. Their contribution was also invaluable and I should like to thank them sincerely for their time.

I would also like to thank my fellow councillor members of the group, Cllr Caroline Needham and Cllr Marcus Ginn, as well as my colleague Cllr Ben Coleman, for their invaluable contributions.

Finally, this report would not have been possible without the dedication of David Abbott from the Council's Scrutiny Team, who brought the meetings together and drafted the final report. I thank him wholeheartedly for his skilful work.

- Councillor Rory Vaughan, Chair of the Task Group and Chair of the Adult Social Care, Health and Social Inclusion Policy and Accountability Committee

Executive Summary

The Health, Adult Social Care & Social Inclusion Policy and Accountability Committee formed this task group to consider how the council can improve the experience for young disabled people transitioning from social care services for children to social care services for adults.

After considering the shortcomings and challenges of the current arrangements and looking at what parents and professionals thought a good transition experience would be, the task group made the recommendations in the following key areas:

- The creation of a new 'Preparing for Adulthood' team that was co-designed with parents and young disabled people – and was accountable to them.
- Ensuring there was greater transparency and improved communication.
- Empowering professionals to do their jobs effectively and efficiently.
- Improving the housing pipeline so young disabled adults had suitable housing available when they needed it.

The full list of recommendations can be found on page 18 of this report.

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1. Introduction

What we mean by 'transition'

“Transition is an essential part of human life and experience. Here the term is used to refer to the process of change for young people, and those around them, as they progress from childhood to adulthood. This movement can be a time of celebration, change and also challenge for all young people. It is a time when young people are considering and making decisions about their continuing education, work and careers, their social life and where and how they will live.”

- Social Care Institute for Excellence (2014)

As young disabled people grow older there comes a point when they have to 'transition' from children's social care services to adult social care services. This transition covers a period before the move, where options are discussed and arrangements are planned, the transfer itself, and then a period of support afterwards. This process has to be carefully planned so young disabled people and their families feel prepared - and to make sure there are no gaps in the vital care and support services that they receive.

2. Objectives of the task group

Why we started the task group

For a variety of reasons, the experiences of young disabled people and their families going through the transitions process is still very variable. For many it is a time of anxiety and uncertainty.

The Health, Adult Social Care & Social Inclusion Policy and Accountability Committee formed this task group of councillors and parents to consider how the council can improve the transition experience and outcomes for young people and their families. During the course of the inquiry the task group met with parental advocacy groups, council officers in children's services, adult social care, health, and housing, education and medical professionals, and representatives from the third sector.

Goals

The task group set itself the following three objectives; to understand the current model and its shortcomings and challenges, to consider what a 'good' transition experience would be, and to make recommendations for improvements.

3. The current offer

Teams and services

Hammersmith & Fulham provides a 'Transition Service' for young people with learning disabilities. This service is made up of the following components:

- Two social workers (one permanently funded by Adult Social Services and one funded by the Clinical Commissioning Group)
- Virtual Team (this has ad-hoc membership supplied by Adult Learning Disability practitioners from Psychology, Psychiatry, Speech and Language Therapy, Nursing, Physiotherapy and Occupational Therapy)
- Key workers for children with Special Educational Needs
- Disabled Children's Team (Children's Social Care)
- Children's Educational Psychology Service

There are additional links with other services, including Looked After Children, the Leaving Care service and the Youth Offending Team, as well as the Child and Adolescent Mental Health Service and the Children's Community Nursing Service.

There are a number of commissioned services for this group of young people including special schools, employment services, further education, short breaks, evening clubs, day opportunities, and young carers' support groups.

Current practice

The current practice is outlined as follows:

Publication of the Local Offer

All local authorities are required to publish a 'Local Offer' outlining the provision that is available for all young people with SEN and disabilities, and are required to offer families the option of a 'personal budget' with which to purchase services. H&F's Local Offer can be viewed online at: www.lbhf.gov.uk/localoffer

Social Care

In H&F the transition team only work with young people with learning disabilities. Children are assessed for eligibility for adult learning disability services as they approach the age of 18, which is generally considered to be too late to enable a well-managed transition to adult services.

Education

The Special Educational Needs Service has recently employed key-workers who have a specific focus on young people aged 16-19 and an Assistant Head of Service who is responsible to development of the Local Offer of education provision for children aged 16-25.

The key-workers are responsible for ensuring that the transition from school into post-16/19 provision is managed for a young person once they exceed statutory

school age and, where appropriate, will liaise with colleagues in Social Care and Health. The key-workers are also trained in providing advice and guidance for preparing for adulthood.

Health

From the age of 0-18 the most significant period of coordinated Health input takes place in the first 4-5 years of a child's life and is managed by the multi-disciplinary Child Development Teams. Young people with enduring needs will continue to receive specialised paediatric support from the service up until their 18th birthday. This can include Occupational Health input, Speech and Language and Physiotherapy, Psychology and Music therapy, in some cases specified in an Education Health and Care Plan. All other young people receive various inputs as and when they are required, and these are usually coordinated by their parents/carers via their local GP surgery.

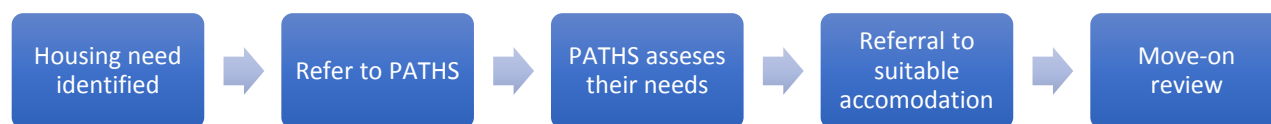
When they turn 18, those young people without complex or enduring needs will continue to access support from their local GP surgery as and when it is needed. Young people with complex needs will also transfer from their specific paediatric support to their local GP. The quality of support that these young people receive from their local GP can vary.

Housing

The Housing Options team manages all aspects of housing advice, assessment, and allocations. Within this section is a specialist team, the Placement and Assessment Team for Homeless Singles (PATHS), who manage referrals to supported housing, including access to the Learning Disability supported accommodation.

PATHS is primarily responsible for trying to prevent homelessness and assess support needs and housing circumstances so that appropriate support can be provided. If appropriate, they will refer individuals moving from residential accommodation, or from their family home, into supported accommodation that will meet their needs.

The process map below shows the route to supported accommodation through PATHS. The PATHS team works closely with ASC to allocate units appropriately.



There are two main providers of supported housing in the borough, Yarrow, and Metropolitan Housing. In addition, there is a quota within the scheme of allocations for 5 general needs homes that are allocated to residents with learning disabilities. There is also up to 40 units available for move on from supported accommodation.

These are separate to the long term residential accommodation, where need is identified and placements matched via social work teams.

Feedback from disabled young people and their families on the current offer

Parents and carers can provide feedback about services through a number of different forums and surveys, including the Children and Families Act Parents Reference Group. In addition the 'customer journey' work undertaken last year by Adult Social Care highlights the frustrations expressed by some parents and outlines challenges for the future.

Most disabled young people and their families are generally satisfied with the local offer, however it is clear that significant frustration is created by overly bureaucratic or unresponsive provision. This feeling is intensified when services fail to coordinate their activities.

The local authority has gathered feedback from parents regarding transition. Below is a summary of the key points from:

- It is essential to have good communication, transparency and clarity from all involved in transition.
- The parents commented that the experience in Hammersmith and Fulham was 'variable'. Those young people already known to Children's services moving to Adult Services had better planning.
- Parents found it hard moving from very child focussed services to adult services which had to cater for the broad spectrum of younger adults to old age.
- A number of parents still felt they had to lead and organise the future plans for their son or daughter but often did not know what was fully available.
- Parents wanted to be empowered but needed to know where to go and what was possible. An effective key worker / coordinator role, having a wide knowledge of transition was needed, guiding parents appropriately on all aspects that affect transition not just placements.
- Parents reported that there was often significant amount of time taken to resolve disputes about future funding of services and this had delayed some young people in receiving the service they needed. 'Parents should not be caught up in this wrangle'.
- Lack of suitable provision of college placements meant that some young people needed to be placed out of borough and that local colleges were only offering four days per week and this was an added pressure to cover for working parents, as well as those at home.
- Parents felt the new EHC process bringing all the agencies together was a positive development.

Young people and parents provided the following feedback on the housing offer:

- They wanted suitable local accommodation that will offer good quality care and support in a safe environment.
- They wanted more options and flexibility to meet their individual needs. For example, some tenancies do not allow hard flooring which might make the accommodation unsuitable - or changes to the environment / eligibility for housing that might enable the family to live together longer (e.g. soundproofing, property size, layout of the property etc.)

- They wanted community supported living, such as a cluster of flats with shared care that enabling living in and being support by the community.
- Families with children have identified the lack of suitable adapted accommodation and challenges with accessing the housing allocations process.
- There is no provision for autism in the borough, such as specialist housing and support services.

Additionally, young people have said that they wanted better opportunities for employment.

Some parents commented on the timing of the involvement of the Transition Team and pointed out that this often occurred too close to the point of transition, creating anxiety about the future.

Young people have also been provided with workshops to enable them to provide views on what they may need or wish for in the design for future commissioned services. A workshop took place last year to which every young disabled person going through transition was invited. The outputs of that workshop are much the same as the issues above - the full report 'Children and Families Act SEN changes' is available on the Hammersmith and Fulham Website.

4. The challenges for transition services

Supporting disabled young people in their transition to adulthood is challenging for service providers the following key reasons:

1. Individual needs

The process is individual to the needs and aspirations of each young person.

2. Changing needs over time

Transition is a fluid process, spread out over a number of years.

3. Multiple transitions

Young people move from one service to another at different ages. For example, a disabled young person may move from paediatric to adult health services at 16, then at 18 move from children's to adult social care. Each of these transitions is likely to occur independently of each other, which means that young people and their families may repeatedly have to deal with new agencies and professionals, re-telling their story each time.

4. Greater demand and more complex needs

Medical advances mean that more young people with a range of different disabilities and complex medical conditions are living into adulthood than ever before.

5. Insufficient planning and reduced support

The point at which young disabled people move from children's to adult services needs to be planned for years in advance, yet planning is often poor. The reduced support which they then get from adult services compared with children's services comes as a shock to many young people and their families, who often compare this to falling off a cliff.

6. Shared responsibility and accountability

Transition is too often seen as something which need to be addressed individually by children's services or adult services, instead of both addressing it equally.

7. Lack of resources

Young disabled people often find the adult services they need inadequate. They want services which enable them to lead ordinary lives, including a social life. They want a feeling of freedom and not being overwhelmed within adult environments and at the same time as being offered appropriate support.

This will only be exacerbated by the extension of some Education Health and Care Plans to the age of 25. The requirement created the following two specific challenges for local authorities:

- The offer of high quality specialist provision for post 16 and post 19 education is currently underdeveloped. Local authorities need to quantify the number of young people who are approaching transition at 16 and at 19 years of age and will qualify for an Education Health and Care Plan and, on the basis of this demand, will need to develop their local offer to support the transition to adulthood, including planning for young people's employment and independence in or near their local community.
- There is no extra funding in the system to deliver this specialist provision; therefore this extension of the age range represents a financial risk to the High Needs Block within the Dedicated Schools Grant if it is not closely managed and delivered economically in partnership with Adult Social Care and Adult Health Services.

To be effective, pathways to employment for Young People with SEND must be personalised. By having an individualised approach, the educational programme will build on existing strengths, and support the young person to learn the skills they need for their next step.

The local offer of FE and third sector provision is intended to provide a continuum of employment opportunities. This continuum can include 'job carving' where a learner may carry out a specific element of a job, voluntary opportunities, paid work, part time work, involvement in a social enterprise or supported employment.

8. Differing eligibility criteria

Young people with autism and those who are considered vulnerable, as well as looked after children, are often seen as falling through gaps when transferring to adult services because the eligibility criteria for access to support is often different to that for children's services.

Furthermore, should a child have a Statement of special educational needs or an Education, Health and Care Plan, the joint assessment and planning process between social care and education at age 14 needs to be coordinated in a more efficient way. There is a need to ensure that eligibility criteria for services are aligned between Children's Social Care and Adult Social Care and that a shared language is used between the services.

9. Sufficiency of the local offer and out of borough placements

The Children and Families Act, enacted in September 2014, extended the age range of eligibility to a formal assessment and support plan for Education, Health and Care needs from 0-16 to 0-25. This means that there is a requirement for local authorities to provide a seamless transition between children's services, adult's services, and health services - and ensure that there is a high quality offer of specific courses and support for young people aged 16-25 with SEN and disabilities.

When there is a lack of specialist local provision that meets the needs of a child of statutory school age, the local authority often has to seek a placement with an independent provider outside of the borough. There are four overarching issues with placing a young person at such a provider:

- The young person will generally need to travel long distances away from home each day (or in the case of residential placements, live away from home), which causes disruption to family life and does not allow for inclusion in the local community.
- The local authority has less influence over the quality of the provider and less powers of intervention to ensure standards are consistently high.
- Health transitions can become more complicated, as providers from other authorities become responsible for the delivery of health support.
- Subsequent transitions to local services are challenging when a young person returns to the borough as he or she will have built up an existing network of support in a location that is a significant distance away from home.

10. Housing

Some of the current supported housing buildings are not fit for purpose. In LD supported housing there are voids because some of the buildings are not accessible for the customer's needs.

There are residents in supported housing with high and complex needs in shared accommodation, where it is difficult to find a suitable match to the void room.

Supported accommodation accessed through the PATHS team is intended as short term, and not designed to give long-term tenancy solutions. Individuals are supported to learn independent living skills to enable them to move-on, although some residents' needs may be best matched to the current environment and may never be able to live independently. There is the provision to support individuals to move on to their own long term tenancies

Insufficient local provision to meet the current customer needs. Largely this is due to the suitability of the buildings, and in some circumstances, the level of care that is available is not sufficient to meet needs.

Low levels of turnover of suitable properties within general needs, and specifically of properties with adaptations or that are suitable for adaptations.

A general lack of affordable housing supply in the borough, due to high land values and restricted delivery generally.

11. Employment - Providing pathways into employment

Employment for adults with a learning disability is nationally monitored and remains at a very low level in Hammersmith & Fulham compared to the rest of London and the UK as a whole. Work needs to be done to improve the opportunities for education leading to meaningful work experience and employment for young people with complex needs.

12. Health

There is often a significant difference between health services for children and those for adults, and the level of support provided to a young person and their family can be seen to reduce once a young person turns 18. Communication between children's health practitioners and, for example, General Practitioners is of paramount importance to ensure a smooth transition between these services.

Furthermore, the recently produced Child and Adolescent Mental Health Service Task & Finish Group Report recommended introducing Transition Champions into Adult Mental Health services to strengthen the pathway for young adults requiring support. This suggestion has been endorsed by Hammersmith & Fulham's Health & Well Being Boards and the Executive Director of Adult Social Care.

13. Projections - Data sharing and projecting the needs of young people approaching transition

Within the Adult Social Care client database, a new area for data collection has recently been set up to capture information on young people aged 14 and above who are in transition. This is being populated manually by transition staff from Adult Social Care based on information provided by Children's Services. This will enable Adult Social Care to plan services for young people and captures information relevant to:

- health condition / disability
- housing need
- if the young person has needs resulting from challenging behaviour

While this new dataset is useful, it doesn't address the new requirements for the Children and Families Act in projecting demand across health and SEN needs and therefore facilitating the development of a medium-to-long-term commissioning strategy.

Active, collaboration between Public Health, CCGs, Adult and Children's Social Care is urgently required to strengthen data capture and analysis to improve planning for transitions and projected need.

5. What good looks like

H&F's vision and options for improving transitions in Hammersmith and Fulham

Our vision is for a Hammersmith and Fulham transition service that is for all children and young people with a physical or learning disability and/or complex medical needs, and their families. We fully endorse the National Institute for Health and Care Excellence's recommendations and principles from their guideline publication, 'Transition from children's to adults' services for young people using health or social care services'.

Our transition services will be based on listening to what young disabled people and their families want and by starting to plan well in advance, we will;

- ensure a smooth transfer for young disabled people from children's to existing adult social care, health and education services and;
- develop new adult services which respond to young disabled people's additional needs.

Once a young disabled person reaches the age of 14, a range of children and adult services will come together to agree a transition plan, encompassing all relevant local agencies. This plan will ideally taper services as needed to make transition less of a 'cliff edge' for families.

Options for improvement

Improving the transition team model in Hammersmith and Fulham

Other models of provision exist and commonly feature shared staff members between Children's and Adult Social Care teams and assessment processes initiated at an earlier stage. A similar model could be implemented in Hammersmith and Fulham, along with changes in practice that would make the coordination of client groups and activity more straightforward, for example undertaking the psychological learning difficulty assessments at the age of 16 rather than at 17 years 9 months as is current practice.

Developing the post-18 local offer for social care services

Support services and respite functions within Adult Social Care provide support for people until old-age - this leads to young people having to spend time in settings which are not age-appropriate. Children's and Adult Social Care should work together to understand how current provision could be used differently to better support this cohort of young people.

There is a risk that this work could essentially move the 'cliff edge' from 18 to 25. However, it is considered that there is much more potential and capability for a 25-year-old to transfer into adult orientated services than an 18 year old.

Improving the quality of the adult health offer

At 18 years old, young people with complex needs will transfer from their specific paediatric support to their local GP. The CCG have recently undertaken an audit of young people aged 16-25 with complex needs in Kensington and Chelsea and have established that there are 24 young people using the adult GP Service. It is estimated that there are roughly 100 young people across Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

The overarching issue for Health is the need to increase the provision of specialist services currently on offer for young people once they become adults (for instance, Speech and Language Therapy). A coordinated approach to the strategic commissioning of such services is of paramount importance.

Officers in Adult Social Care have also highlighted the needs for greater engagement of Adult Mental Health Services in assessment and planning for young people in transition.

Improving the further education offer and pathways into employment

In order to address the need for more local specialist provision that helps promote independence and provides pathways into employment for young people aged 19 and above, the SEN Service have been actively working with Special Schools and Further Education Colleges in Hammersmith and Fulham, Kensington and Chelsea and Westminster. Examples of activities that are currently underway include:

- Providing virtual local authority support teams to train FE providers as well as offering outreach support and guidance in supporting young people with SEND
- Development of post-19 provision at Queensmill Special School specifically for young adults on the autistic spectrum, which will follow the four key pathways in the Preparing for Adulthood Framework: Employment; Independent living; Community inclusion; Health
- Implementation of 'Project Search', which will support young people with special educational needs and disabilities into meaningful supported employment opportunities

The Queensmill offer has been running from September 2015, delivered in partnership with Adult Social Care, using some of their respite facilities, to help ease the transition from Children's Services and a school environment into a more adult orientated setting that promotes independence and employment.

A working group, led by Queensmill Governors, worked in partnership with officers from Children's Services and Adult Social Care to develop a permanent model based on the creation of a charitable incorporated organisation. This was implemented late in 2016. Discussions are also taking place with Jack Tizard to develop a similar model for young people with profound and multiple learning disabilities.

Expanding the supported internships programme

Supported Internships is a study programme specifically aimed at young people aged 16-25 with an EHC plan who want to move to employment but need extra support to do so. The internships are structured study programmes, based primarily at an employer, where most of their time is spent on a work placement (4 days a week, working around 10am until 3.30pm) coupled with a personalised study programme that gives them the opportunity to study for relevant qualifications.

In the first year of delivery the programme took on eight young people and the 2017/18 cohort expanded that to 13. Officers said the increase in interest was due to the Supported Internship Fair held at West London College on 26 January 2017 - where existing interns had a stall and promoted the opportunities across H&F Council and L'Oréal.

Officers reported that all of the interns had developed confidence and employability skills thanks to the support from their job coaches and tutors. Four young people have moved into jobs and Action on Disability are working with the remaining learners to progress them into paid work.

The Council is keen to develop this programme further and are planning to develop more roles in areas such as: a children's centre nursery, ICT, the post room, AMEY, human resources, libraries, parks, and a local leisure centre. L'Oréal are also looking to expand their roles to include their academy, restaurant, post room, and HR. Officers are also in discussions with other businesses to bring them into the programme.

Improving the planning for transition and links between health services for children and adults

An option to improve the quality of support that young people with special educational needs and disabilities receive from their local GP when they turn 18 is to provide specific training for GPs. However, it is not considered that this will offer good value for money as most GPs have either only one or two young people to support, or in some cases they have no young people with enduring or complex needs within their caseload.

The Clinical Commissioning Group is currently undertaking a review of the templates to be used for an annual health check for young people with learning difficulties. Once the templates are finalised, it is envisaged that they will be used by health professionals each year from when the child turns 14, and will ultimately inform transition needs at an early stage, enabling planning processes to be completed in good time. The CCG still need to understand how this will be planned for and implemented in the medium to long term.

The CCG are also developing local coordinating roles for young people with complex needs, based on the existing Primary Care Plus / Care Coordinators Roles. An option is to consider whether there is a need to increase the number of these roles for children and young adults to support effective transition. Furthermore, the 'Connecting Care for Children' initiative is aiming to provide GPs with wider support

when involved in transition work. The programme is at an early stage, but its progress is being monitored.

Improving the supported housing offer for young people aged 18 plus

Service users and advocates want the following:

- To have an option of moving into shared accommodation with their peers.
- To be close to family and friends.
- A supportive housing application process and transparency on banding decisions and reviews.

To make that a reality the council has made housing for disabled people an important element of the draft Housing Strategy 'Delivering the Change We Need in Housing'. Section two of the draft strategy 'Meeting Housing Needs and Aspirations' includes proposed actions for meeting the housing needs of disabled people, including those with Learning Disability'.

The actions are:

- Continue to implement the Learning Disability accommodation and support strategy and work with key stakeholder to deliver this
- Undertake a review and reconfigure learning disabled supported housing provision
- Map the system for updating and maintaining the accessible housing register and make recommendations for improvements
- Review and improve the system for void notification and allocation of adapted properties
- Review affordability of social housing and options for those on disability benefits and who are unlikely to be able to work
- Work with stakeholders to improve access for vulnerable groups and ensure that council staff have appropriate training to enable them to identify and respond to needs
- Explore with Adult Social Care and Health initiatives to provide innovative preventative services
- Improve access to the social housing system e.g. staff training and changes to the registration process

6. Recommendations

We want a transition service that is for all children and young people with a physical or learning disability and/or complex medical needs, and their families. Transition services will be based on listening to what young disabled people and their families want and, by starting to plan well in advance, it will ensure a smooth transfer from children's services to adult social care, health and education services. To make this vision a reality we recommend the following:

1. A new 'Preparing for Adulthood' team

The key to achieving our vision for a better transition service is the creation of a new 'Preparing for Adulthood' team. Rather than having separate groups in Children's Services and Adult Social Care there should be a single team that brings together professionals from both departments. This team would work with young disabled people throughout their transitions journey - from the age of 14 to 25 - ensuring they have the support and guidance they need to achieve the best possible outcomes.

- 1.1 **Funding** - The team will be funded from pooled budgets from both Children's Services and Adult Social Care but will have the autonomy necessary, through delegated powers, for agile decision making.
- 1.2 **Staffing** - The team would be multi-disciplinary - including staff currently working within Children's Services, Adult Social Care, and SEN key working in Health roles.
- 1.3 **New ways of working** - On creation, this new team would lead a review of the protocols, procedures, and ways of working around transition to improve their clarity, efficiency, and responsiveness.
- 1.4 **Advocacy** - There should be a shared understanding of cases to take the burden off parents. The new team should have an advocacy and understanding role to guide parents through the options and pathways open to them.
- 1.5 **Co-design and accountability** - The new service should be co-designed with parents and young disabled people and once it is up and running they should be able to feed into its management and development. This could be achieved through a 'shadow board', similar in concept to a board of non-executive directors.

2. Greater transparency and improved communication

- 2.1 Communication with young disabled people and parents should be improved. They need to understand how decisions are made and why. The young person's pathway and the options available to them should be clear and transparent to everyone involved and it should be reviewed on a regular basis.

The end goal should always be in sight and parents and professionals should have a shared view.

- 2.2 The new Preparing for Adulthood team should create a new set of forms and documentation that are accessible, clear, and transparent to users.
- 2.3 The transitions information on the LBHF website should be updated to reflect the Preparing for Adulthood team's new ways of working and to bring it in line with best practice examples from around the country.
- 2.4 The council should encourage partners to sign-up to a 'duty to communicate' - an agreement that they will be meaningfully involved in discussions at panels and annual reviews. If professionals aren't able to attend meetings they should provide written evidence to ensure important decisions are not delayed.

3. Empowering professionals

- 3.1 To ensure panel meetings and annual reviews are meaningful and efficient, the council should empower professionals by devolving decision-making down wherever possible. Team managers should be trusted to make the right decisions.

4. Improve the housing pipeline

- 4.1 The council's Housing department should work closely with the new Preparation for Adulthood team and be involved in the annual assessment process. There should be a clear pipeline, using data from the Preparation for Adulthood team, to accurately predict the numbers of young disabled people coming through the system and their likely housing needs. This would allow for clearer communication with parents about their housing options.

Task Group Contributors

Members of the task group

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Nandini Ganesh, Parentsactive
Ranjit Kang, Social Care Lead for Adults in H&F at WLMHT
Suky Macpherson, Senior Clinician, Child & Adolescent Mental Health Services at WLMHT
Zöe Bloomfield, Clinical Business Unit Manager for 0-19 H&F
Steve Buckerfield, Head of Joint Health Commissioning, Children's Joint Commissioning

Supported by

Councillor Ben Coleman, Cabinet Member for Health and Adult Social Care
Councillor Lisa Homan, Cabinet Member for Housing
Steve Miley, Director for Family Services
Ian Heggs, Director for Education
Lisa Redfern, Assistant Director of Integrated Care, Adult Social Care
Mandy Lawson, Assistant Director, SEND and Vulnerable Children's Service
Jo Baty, Programme Manager, Children's Services
Mary Dalton, Head of Complex Needs, Adult Social Care Commissioning
Viv Whittingham, Head of Care and Assessment Service
Becky Powell, Commissioning, Transformation and Contracts Lead
David Burns, Head of Housing Strategy, Housing Growth & Strategy Management
Lucy Baker, PATHS Manager, Housing Advice and Assessment
David Abbott, Scrutiny Manager

References

- A Transition Guide for all Services – Department of Health 2007
- Transition from children's to adults' services for young people using health or social care services - NICE guideline (24 February 2016)
- From the pond into the sea - Children's transition to adult health services - Care Quality Commission (2014)

Task Group Work Programme

Meeting 1 – 21 January – Terms of Reference

The initial meeting of the task group was used to agree the terms of reference. The group was given an initial briefing from officers in Children's Services and Adult Social Care. They then planned a series of meetings on Education, Health, Housing, and a final meeting to agree recommendations.

Meeting 2 – 17 March – Schools and Education

The second meeting looked at the effect of the Children and Families Act and the Care Act on transitions, and the role of schools.

Cathy Welsh (Headteacher at Jack Tizard School), Freddie Adu (Headteacher at Queensmill School), and Nandini Ganesh (Parentsactive) were invited to share their experiences of transitions services from the perspective of schools and parents.

Meeting 3 – 28 June - Health and Mental Health

The third meeting looked at Health and Mental Health services.

Ranjit Kang (Social Care Lead at Hammersmith & Fulham/West London Mental Health Trust), Zoe Bloomfield (CLCH Clinical Business Unit Manager), and Steve Buckerfield (Head of Children's Joint Commissioning - Inner London CCGs and Shared Services) attended to provide insight the perspective of local health service practitioners and commissioners.

Meeting 4 – 28 November – Housing

Officers from H&F's Housing Department outlined the current service, the issues identified by families of disabled young people, the barriers facing the service, and planned improvement projects.

Meeting 4 – 28 March 2017 – Preparation for adulthood team proposal

The final meeting was focused on looking at options for a new 'preparation for adulthood' team – bringing together resources from Children's and Adult's services into a single team. The group also agreed their final recommendations.