

Principles For Transition

Guidance materials to improve transition into adult life for young people with additional needs Based upon a Young People's Charter





A Young People's Charter for Transition

The guidance provided within this handbook is shaped by the following charter that expresses the views of many young people with additional needs from across the region.



Take time to **listen to** what **young people** are saying

Young people should have support to find their correct services e.g. key worker, lead professional, buddy, peer support.

All organisations that provide services for young people should include someone in their teams with experience or genuine interest in young people and their needs.

Make sure young people know what services are around in their area. Use popular media outlets or schools to communicate about services more effectively, using role models that young people respect.

Make services easy to get to for all young people.

Young people should be involved in deciding how services work and what is provided.

Provide support for young people to reach independence from family and carers

Staff should read notes rather than asking young people to explain things over and over again.

Learn from things that some universities and colleges do well with young adults.

Young people could keep some of their own information and this should be agreed with young people.

Learning about the transition into adult life should be provided for all young people.

Young People's Plea

Many young people with additional needs repeatedly experience frustrations as they move between different services.

"If everybody who tries to help us met the expectations in our charter (overleaf), then things could be so much better for us. Please use these materials well."

Introduction

The East Midlands Development Centre is pleased to present this guidance and the important contribution it can make to improve the experience for young people with additional needs as they approach adult life. It has been compiled as a joint project between colleagues in the NHS, children's and adults' service departments within the region's councils and the third sector.

While we recognise that much of the practice within the region's organisations and partnerships often displays aspects of good practice, continuous improvement to secure a consistently high transitional experience remains one of this region's priorities.

It is our ambition that all young people with additional needs across the region are consistently supported through the transitional stage by practice underpinned by the principles contained within this guidance booklet and by organisations that aspire to the high standard expected by young people as expressed within the charter.

We consequently recommend the guidance within this booklet to all those working to support and improve transition strategies within the East Midlands. The Young People's Charter, the Recommended Principles and Practical Examples provide a range of opportunities to evaluate service quality and to prioritise areas for improvement. We thank all those who have contributed in any way to this work and now encourage colleagues to use them effectively to improve young people's experience.

Heather Sahman - East Midlands Development Centre

Helping to fulfil the charter: 12 themes for consideration

The following 12 themes are provided to help any organisation or partnership that is seeking to implement the charter. Within each theme there are a number of **recommended principles** that are presented against which to evaluate current transition arrangements. Linked to these principles are a number of **practical examples** of work underway within the East Midlands region that is found to be effective.

Themes

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Provide personal support Recommended Principles



That every young person should have access to an identified person who can serve as their personal buddy, keyworker, or lead professional as they require.



That each service should be able to supply appropriately skilled workers and there should be agreed processes for identifying the young person's preferred lead support person.



That all partners involved in transition, including young people and their families, should develop a 'shared ownership' of the transition process.

	Rarely Evident	Often Evident	Always Evident
A1			
A2			
A3			



- A specification for this co-ordinating role that can be applied whatever service the person is from, even if they are a family member. The specification to be skill-based rather than qualification-based and including a clear set of responsibilities agreed and committed to by all agencies. Many examples of these personal support workers exist across different services within the region, some incorporating the concept of a transition broker
- Support based on person-centred planning. Some areas are starting Person Centred Plans (PCPs) in school and others extend Person Centred Learning Reviews through into the adult education service with multidisciplinary teams
- Regular reviews, co-ordinated through a Team Around the Child/Family approach, that also provides group support, maybe a 'circle of friends'
- There are several initiatives being developed in Adult Services and some Children's Services that include various degrees of direct payments, individual budgets and self-directed support
- Work with parents that enables them to support the growing autonomy and independence of their young people
- Support provided through schemes or arrangements such as the National Transition Policy, 'Moving On', the Transition Information Network, NICE guidelines for diabetes.

Be alert to young people's needs, including their access needs

Recommended Principles

B1

That all commissioning organisations ensure that services are accessible to young people with additional needs, both in terms of physical access and 'emotional' accessibility, and are alert to young service users' experience.



That all young people with additional needs can easily access a comprehensive range of services, including universal services, within their local area.

	Rarely Evident	Often Evident	Always Evident
B1			
B2			



- The creation of a dedicated Transition Service Team
- Routines for regular consultation with young people about location and service development, maybe using local transition groups
- Agreed standards for universal services to include knowledge and support and a commitment to achieve quality marks such as described in 'You're Welcome'
- Developing the role of keyworkers as trouble shooters with specialist knowledge and systems for buddying and peer support to help young people to find their way through the system
- Getting the right information to places where young people are, eg schools, clubs, social settings and using a range of delivery mechanisms appropriate to the locality. People who work at these venues to have transition awareness training
- Transition services embedded within co-located service centres where staff from social care, health and adult's services work together
- Strategic commitment to practice such as Joint Service Needs Assessment including data on additional needs, commissioning awaydays which include both children's and adults' services with a clear needs assessment and checklists for commissioners
- Whole family learning (joint funded) to introduce developments such as Person Centred Planning.

Provide high quality transition information

Recommended Principles



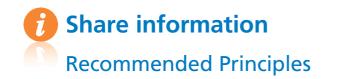
That organisations supporting young people in transition provide information that is timely, relevant, regularly audited, jargon free, and in an appropriate format. This information should be co-ordinated and introduced to the young person by a key-worker who understands their needs.



	Rarely Evident	Often Evident	Always Evident
C1			

Items that a good information resource could/should include:

- The young person's own person-centred plan
- Connexions information (website, magazine)
- Local Connexions names and contacts
- Further Education and training
- Leisure activities:
 - Arts
 - Sports
 - Holidays
 - Social networks
 - Support groups
- Managing personal finance
- Benefits access and criteria
- Individual budgets
- Advocacy, buddies, keyworkers
- Specific service information:
 - Contacts
 - Availability
- Transport including driving and public transport
- Voluntary organisations
- Relationships and sexual health
- Short breaks
- Lists of useful local and national websites and resources
- Housing and independent living
- Employment
- Apprenticeships and work-based learning
- Accessing health services
- Health and wellbeing promoting good health
- Legal advice, CAB advice



That transition plans containing joint assessments of young people's needs are shared within and across relevant services and 'owned' by the young people themselves.



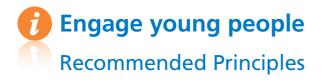
That this information is used to notify young people and their families in suitable ways about appropriate opportunities and services available and how to access them.

That clear lines of communication and liaison should be established between transition service co-ordinators and processes within children's and adults' services.

	Rarely Evident	Often Evident	Always Evident
D1			
D2			
D3			



- Services use appropriate outlets/channels to publicise services/opportunities for young people in ways they respect and which are appropriate to their communication needs
- Available key workers and lead professionals who are skilled and knowledgeable in signposting to relevant opportunities/services
- Sign-up by organisations that they will keep information up-dated and quality assured and Transition Leads in Children's and Adults Departments dedicated to share information and update plans
- Information to be available and accessible from a wide range of venues within local communities and promoted by those venues. Target the places where young people spend time
- Use of communication channels that young people use to get information eg radio, TV, youth groups, theatre, mobile phones, iphones, twitter, facebook, pod casts, posters, local young people's events
- Awareness raising and training available for all involved in supporting transition processes
- Production of separate sets of information (in appropriate formats) for young people and their parents, using multi-lingual communication (user friendly) as required
- Ensuring young people with additional needs also receive the generic information that all young people need, eg drugs, alcohol, sexual relationships
- Developing processes such as passports: Communication passports, Health Action Plans, One Page Profiles or Transition Tracking Meetings from age 14 including Connexions, Adult Services, SEN.





That a 'person-centred thinking' process is always adopted.



That young people with additional needs should always have access to a key-worker (or equivalent) to support communication relating to their services.

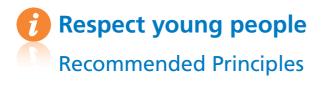


That young people should be offered appropriate choices and that the choices they make are respected.

	Rarely Evident	Often Evident	Always Evident
E1			
E2			
E3			



- Processes that enable young people to explain their needs just once. All agencies taking a consistent approach, for example Youth Services decide to do something but Health and Safety say it can't be done! Innovations such as Person Centred Planning being included in PSHE lessons in schools
- Young people talking to young people about transitions to explain the process, peer to peer consultation to promote more effective buddying, eg the ACT (Association for children with life-threatening conditions) DVD 'Talk about change', Derby's peer mentoring scheme
- Using the correct media contemporary media, including downloadable bite-size information, eg a Wikipedia type of resource that young people themselves can access and update or texting/websites. Creating Young People's Passports on memory sticks
- Training to increase skills and knowledge around working with this age group - especially for those with limited experience, eg social care staff supporting transition planning in schools. Ensure services meet 'You're Welcome' standards
- Clear information for young people about Direct Payments, Individual Budgets and Self-Directed Support
- All young people, especially children in need and looked-after children, to be involved in their reviews, with all parents and carers informed of the important reasons for this
- Tailored services meeting the needs identified by young people and links to adults services - joint working, eg Patient Advice and Liaison Services/Patient and Public Involvement
- The consistent use of Person Centred planning tools.



F1

That all young people, regardless of disability or illness, should have an equal opportunity to participate in the decision making process. Participation is a right and not an 'add on' and should be embedded within service design.



That service staff should always prepare properly for their appointments with young people.

	Rarely Evident	Often Evident	Always Evident
F1			
F2			



- Involvement of young people at all levels design and delivery, recruitment and selection, audits, questionnaires, policy. Advocacy services should be available to support young people
- Getting young people involved:
 - Writing participation strategies
 - Being involved in selection, recruitment & induction training
 - Taking part in governance arrangements (eg Leics Connexions Boards or Lincolnshire's Shadow Transition Board, part of service governance, made up of young people 14-18)
 - As mystery shoppers to experience services (Notts/Derby/Lincs)
- Getting corporate communications teams working with young people. Develop a young people's strategy through a participation team
- Adopting an approach that balances young people rights vs parents' wishes, eg attendance at clinics and consultations and in sensitive discussions, eg sexual activity
- Links to websites and Local Authority/regional services, national participation groups eg Participation Works
- Common transition pathways agreed by education, social care and health services. Transition Pathway template, see page 33
- Shared values and process, for example Hear by Right.

Promote the independence of young people

Recommended Principles

G1

That the transition process, starting early, supports young people to achieve the appropriate level of independence in adulthood.



That individual review meetings for all young people with additional needs link directly to well-co-ordinated and supported transition plans.



That the regular review of services within the transition phase should include feedback from young people and adults who have recently used them.

	Rarely Evident	Often Evident	Always Evident
G1			
G2			
G3			



- All young people at school between the ages of 14-16 being offered a transition interview. Person Centred Planning and advocacy to support transition process should be available
- All young people with additional needs receiving the support of an acceptable link person through the transition phase to co-ordinate services and troubleshoot problems. This person may come from a range of service backgrounds. These 'link people' should be supported to work as a team to develop skills and knowledge, eg Personal Advisers (Connexions), Lead Professionals (especially budget-holding). They may also come from charitable or third sector services eg drug and alcohol abuse, palliative care, Cystic Fibrosis Trust, mental health, cancer support charities, education support services
- A 'flag system' for young people not engaging that also notifies area of need, eg drug/alcohol abuse, crime, mental health issues
- General transition pathway covering all services adopted
- Some form of data-sharing intelligence on a regional basis about transition/performance data/outcomes. Transition Passports for young people
- Feedback from young people who have been through transition into adult services. Find out what works well and spread this good practice. Groups of young people who can contribute views and ideas
- Preparing young people for the possibility that entry criteria and service levels will change over time.

Learn from what works Recommended Principles

H1

H1 That commissioners and providers learn from best practice locally and ationally, especially services and settings that have a successful approach with young people and young adults (eg some HE and FE institutions) so that knowledge is exchanged across the region to support service improvement.



	Rarely Evident	Often Evident	Always Evident
H1			



- Some schools introduce the concept of transition into the curriculum for all pupils within the secondary years, often within keystage 3 with 11-14 year olds as well as at the 'more obvious' points at 14+
- Many HE and FE institutions are cited by young people as good examples of organisations that 'understand' and cater well for their needs, including additional needs. This is explained in terms of their 'specialism' being the very transition phase into adulthood and that they are accustomed and well experienced in supporting this process
- There are also specialist Individual Transition Plans, eg from Paediatric to Adult Services for young people with chronic illness, the 'My Way' project (Derbyshire) and Transition Liaison Team (Northamptonshire - Aspergers, ADHD, Tourettes)
- Ownership of the transition process at a strategic level, eg Common Agreed Protocol (Derbyshire) and Multi-Agency Protocol (Lincs). Departments (children's and adults') that dedicate pooled resources to provide specific focus on transition, integrating commissioning across services and providing commissioners' checklists
- The development of good practice websites, frameworks and networks and audits of what works
- Social networking opportunities for young people, including those with additional needs
- The Aim Higher Strategic Plans often provide good practice examples, one example of this being well co-ordinated is in Leicester & Leicestershire where the LAs, universities are supported by VESA Vocational Education Support Agency.

Adopt a common commissioning approach

Recommended Principles

11

That common understandings of the commissioning process should be understood and applied by all partners within the region.



That service provision should be based upon an accurate understanding of the current and future needs of local populations.



That joint commissioning arrangements should be adopted wherever they can be shown to better meet young people's needs.

	Rarely Evident	Often Evident	Always Evident
11			
12			
13			



- Complementary commissioning strategies, ie they might not be 'joint' but they need to inform each other. Common approaches to needs assessment across the region to inform commissioning. Examples include the East Midlands Regional Framework to Support Commissioning at www. regionalcommissioning.com, away-days with adults' and children's commissioners to develop a 'wish-list' (Lincolnshire), World Class Commissioning and Aiming High for Disabled Children practice
- Innovative, creative contracts to address needs more effectively. Commissioning in age-relevant areas, eg 17-35, 35-55, 55+ and outcomes of Person Centred Planning and reviews being used, through a robust system, to inform the commissioning process
- Joint commissioning of initiatives and services including those from the third sector. Examples include when partners apply services as per developmental age not simply chronological age, eg should an 18 year old with the kind of needs normally associated with a 9 year old be provided for by children's or adults' services? It is also found to help when organisations produce clear guidance on 'age' criteria for all services
- Single, multi-agency needs assessments transferring between service providers (eg health, social care) and between Children's and Adult Services. Transition partnership working through regional and national networks and clear care pathways for young people (Leicestershire).

Improve communication between Children's and Adults' Services

Recommended Principles

JI

That joint working through transition should become the expectation, through real or virtual transition teams with agreed pathways for these services.



That children's service staff should learn about adults' service provision.



	Rarely Evident	Often Evident	Always Evident
J1			
J2			



- Early identification of an individual needs and the volume of demand 'coming through' can be 'flagged' with Adult Services to improve transition planning. That statements of need include a continuity into adult services that is regularly reviewed. Examples include Lincolnshire's multi-agency transition team and joint transfer protocol, 'Taking Control' pilots, Budget Holding Lead Professional/personal budgets and the regional transition network's data sharing
- Getting adult commissioners to work alongside children's commissioners for adolescent services to prevent unsustainable service provision. Northamptonshire's multi-agency continuing care pathway for young people with complex health conditions or disabilities moving from children's to adults' service
- Joint service reviews, eg twin tracking with adult workers being involved from age 14/16, eg Y9 interviews leading to the generation of a person-centred plan (updated annually) that highlights transition issues - and are passed on to all. Getting adults service colleagues in on all reviews from 16+ and Joint clinics in some specialities in acute health (Leicester)
- Innovative service provision, eg age-appropriate services eg Young Adult Care Homes - not placing young adults in homes for the elderly as sometimes occurs and alternative services to provide families with young adults with the same kind of day care function that schools provide for under 18s
- The use of the voluntary sector to create the bridge between Children's and Adult Services and the engagement with Housing - to plan and meet local need after transition into adulthood and full independence. Getting a local building society to support young people with their personal budgets.

Take a longer term approach to transition

Recommended Principles

K1

That transition should be supported as a multi-agency process centred around individual needs, well co-ordinated for those with long-term conditions to minimise the risks of service disruption as they pass between lead organisations.



	Rarely Evident	Often Evident	Always Evident
K1			



- Person-centred planning as a seamless process that runs through from Children's into Adults' Services and listening to young people and let them lead the process with their advocates
- Joint working with CAMHS for extended time periods (Northants) and multi-agency transition network meetings at which individual transition plans are discussed (Derby)
- Specialist Resource Panels a multi agency commissioning group
- Appropriate lead professional to co-ordinate and advocate for young people and family linking to a dedicated lead in adult social care, like lead professional role
- For some young people with long term health conditions the process of annual reviews allows information exchange in children's clinics (up to 16), teenage clinics (16-19) young adult clinics (19-25) and standard adult clinics (25+)
- Transition tracking meetings involving Children's and Adult Services and education partners taking place in geographical areas (Notts Connexions)
- Schools and other partners introducing transition early with young people, well in advance of critical decision making.

i Harmonise processes between transition partners

Recommended Principles

L1

That young people with additional needs going through the transition phase should experience one consistent approach regardless of the range of service providers who might work to meet their needs.



That children's service staff should learn about adults' service provision.

	Rarely Evident	Often Evident	Always Evident
L1			
L2			



- Having a 'joined up' vision at the top and any examples of work where professionals resist the control/power/fear of working in the way they've always done!
- Common regional transition pathways being adopted by all services, emulating existing practice in Early Support Pathways, the ACT (Association for children with lifethreatening conditions) Transition Pathway and not letting families experience the arguments between services that diminish the perception of good partnership working
- All services feeding any review meetings into one common plan (eg Common Assessment Framework - CAF) and concerted effort to reduce the number of repetitive reviews. Lincolnshire is investigating the use of the adult self assessment/personalisation tool (SAQ) into children's services, there is pilot work in Leicester to align CAF and the special needs statementing process and significant learning from the Budget Holding Lead Professional and other pro-active keyworker schemes
- Joint commissioning/pooled budgets between children's and adult services around transition services. Interesting examples of joint strategies in Leicester Aiming High and for Autistic Spectrum Disorders (Lincolnshire) and Derby and Lincolnshire jointly-employ transition teams. Northamptonshire have a 'Successful Transitions Group' a multiagency work team to explore common transition pathways

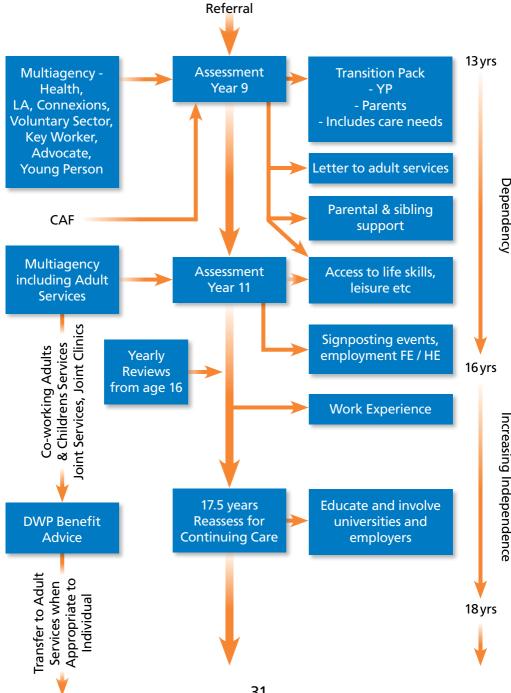


- Services commissioned from cross-sector services with expertise across transition
- Clear, consistent information about thresholds
- Continued link to Every Child Matters outcomes framework and the 7 outcomes of Every Adult Matters. Transitions Learning Programme (Adults service training jointly funded by education and social care).

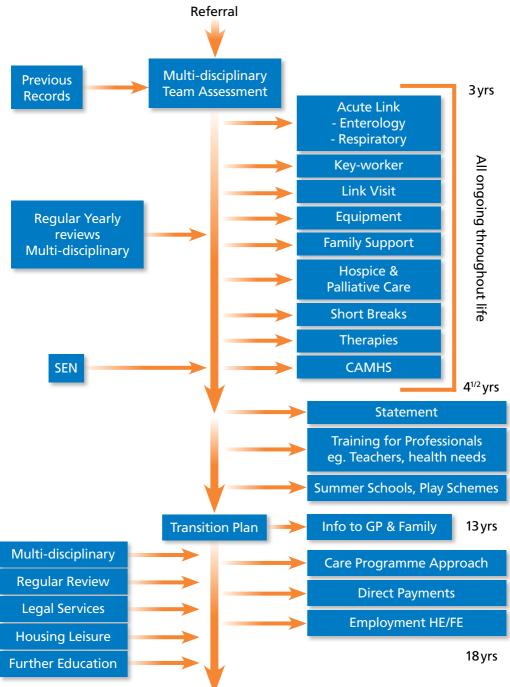


The following three pages contain examples of transition pathways that have been developed within the East Midlands region. They are provided here as aids to support the local development of pathways.

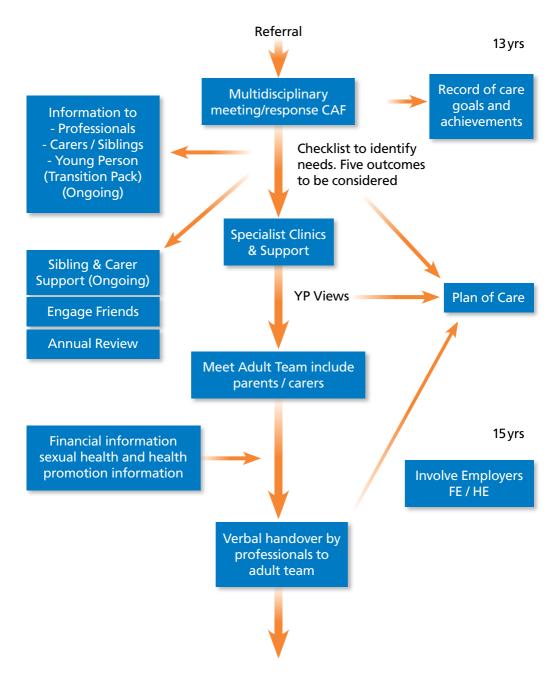
Example Transition Pathway 1 : An Educational Pathway



Example Transition Pathway 2 : A Medical Pathway



Example Transition Pathway 3 : A Multi-Agency Pathway



Websites from which to find out more about transition strategies within the East Midlands region

Derby City

Children & Young People's Services - www.derby.gov.uk/ChilldrenSchoolsFamilies Adults' Services - www.derby.gov.uk/HealthSocialCare Primary Care Trust - www.derbycitypct.nhs.uk

Derbyshire

Children & Young People's Services - www.derbyshire.gov.uk/education Adults' Services - www.derbyshire.gov.uk/Social_health Primary Care Trust - www.derbyshirecountypct.nhs.uk

Leicester City

Children & Young People's Services - www.leicester.gov.uk/learning Adults' Services - www.leicester.gov.uk/socialcare Primary Care Trust - www.leicestercity.nhs.uk

Leicestershire

Children & Young People's Services - www.leics.gov.uk/children_families Adults' Services - www.leics.gov.uk/social_services Primary Care Trust - www.lcr.nhs.uk

Lincolnshire

Children & Young People's Services - www.c4yp.co.uk Adults' Services - www.lincolnshire.gov.uk/adultsocialcare Primary Care Trust - www.lincolnshire.nhs.uk

Websites continued...

Northamptonshire

Children & Young People's Services - www.northamptonshire.gov.uk/en/councilservices/cyp Adults' Services www.northamptonshire.gov.uk/en/councilservices/asc Primary Care Trust - www.northamptonshire.nhs.uk

Nottingham City

Children & Young People's Services - www.nottinghamcity.gov.uk/index.aspx?article=90 Adults' Services - www.nottinghamcity.gov.uk/index.aspx?articleid=88 Primary Care Trust - www.nottinghamcity-pct.nhs.uk

Nottinghamshire

Children & Young People's Services

- www.nottinghamshire.gov.uk/learningandwork Adults' Services - www.nottinghamshire.gov.uk/social_care Primary Care Trusts

- www.nottspct.nhs.uk
- www.bassetlaw-pct.nhs.uk

Rutland

Children & Young People's Services

- www.rutland.gov.uk/pp/gold/viewgold.asp?id=5295 Adults' Services

- www.rutland.gov.uk/pp/gold/viewgold.asp?id=4878 Primary Care Trust - www.lcr.nhs.uk



