Appendix A - S&A Transitions Workstream - research phase findings

Overall, the research showed that the transitions experience of young people moving towards adulthood varies considerably across Central Bedfordshire. Central to this is a lack of consistency in the transitions process.

While there are formal arrangements in place to prepare young people for adult life the cohort described a system that was unreliable and difficult to navigate thereby reducing the choice and control they have.

However during the research phase Prospects were able to identify and evidence many examples of excellent support and interventions by individual workers.

The key findings from the research phase included:

- The need for early advice and guidance around preparing for adulthood and understanding the right care and support options to meet the needs of young people.
- More help for young people and their families to understand the transition of adulthood process, including an awareness of what should happen at each stage.
- More help for young people and their families to better understand the roles and responsibilities of all professionals involved in the transition to adulthood process.
- Better information sharing arrangements across all services involved in child to adulthood transitions to avoid delays in making referrals and providing care and support at the right time.

Figure 1 below outlines each issue identified from the research and pathway pilot activity along with the Council's proposed response.

	Issue identified	What will be different
1	A request for transparency of the transition process, including what should happen/be on offer at what stage. As a result of not being clear, parents/carers are concerned that they do not have sufficient knowledge to support their young person, which in turn is causing stress and worry	The development of the Central Bedfordshire Transitions Strategy and Pathway. This Pathway outlines the transition planning process for all agencies that support young people and their parents/carers (key link to Local Offer). It sets out the expectations of relevant agencies so that all parties are clear about their roles and responsibilities in helping young people and their families to make decisions about the future.
2	Lack of understanding around the roles and responsibilities of individuals involved in the transition process, especially Case Managers.	
3	There is a consistent request from all sides for earlier interventions in preparation for transition, for some elements as early as year 9 (14 years old).	From year 9 (14 years old) Adult Social Care will work to support potentially eligible young people and their family's through transition (14-25). All agencies and other professionals who provide transition support will liaise to support young people and their families.

	Issue identified	What will be different
4	There is a lack of data sharing, which is seen as not helpful from the perspective of either parents or the range of agencies involved. Possibly as a result of this lack of data sharing, there are gaps in provision and delays in referrals.	Data will be captured earlier, maintained and shared with all key stakeholders to ensure provision meets needs and aspirations. The Central Bedfordshire single EHC plan (Education, Health and Care) will be used to plan future care and support needs and reduce repeated requests for the same information.
5	There is a reported lack of effective record keeping, linked to lack of data sharing. As a result there are repeated requests for information, which has already been provided	
6	Turn-over of staff, especially among case managers, means that trust is not built between the parent/carer, young person and agencies. Understanding of the specific issues for a family and the young person at the centre of the transition fails to develop and the parent/carer and young person become frustrated.	Both Children's and Adults Services will continue to have a key focus on recruitment and retention of key workers to minimise turnover. All client information/data will be held in the single EHC plan to minimise the risk of turnover when it does occur.
7	 There is a reported lack of communication from the parent carer perspective:- Between agencies To parents/carers and young people 	The principle of co-production will be integral to the implementation and monitoring of the transitions pathway.

Figure 1: Transitions issue log and Council responses.

The research recognised that families of young people in the SEND group can often themselves have difficulties accessing or understanding the overwhelming amount of information that exists around all aspects of transition. As a result they are confused about what is relevant and appropriate to their specific circumstances.

Many young people and their parent carers expressed the desire during the research for the transition process to become more streamlined, preferably by identifying a single point of contact for families and stakeholders. Improvement in communication, consistency of approach, and clarity, both of referral routes and availability of provision featured prominently in feedback received.

In line with learning from the national SEND reform pathfinders the research also highlight key points in relation to four main outcomes themes:

- **Employment** A change in aspirations and expectations of young people with SEND, their parent carers and professionals is needed to improve access to work and vocational training along with better communication about securing employment opportunities.
- **Independent living** There is a reported lack of clarity about the independent living options among both parents/carers and young people themselves and the Council and its partners need to raise awareness about a range of accommodation options.
- **Community inclusion** There is a need to identify and map community involvement opportunities across Central Bedfordshire for young people with SEND and publicise availability and accessibility directly to young people and their parent carers.

• **Health pathway** - Healthcare professionals should be more actively engaged in the transition process to ensure joint working approaches are effective and improve communication about mainstream adult healthcare services as a young people plan to move away from paediatric healthcare services.