

PEOPLE OVERVIEW & SCRUTINY ADDENDUM

4.00PM, WEDNESDAY, 9 OCTOBER 2024

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ADDENDUM

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Brighton & Hove City Council

Overview & Scrutiny

Agenda Item 14

Subject: Transition to Adulthood Strategy

Date of meeting: 9th October 2024

Report of: Corporate Director, Health, Care & Wellbeing

Contact Officer: Name: Natalie Sacks-Hammond
Email: natalie.sacks-hammond@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

1.1 People Overview & Scrutiny Committee has identified transition from children and young people to adulthood as a key area of interest and has requested an update on work ongoing to develop a Council Transition Strategy.

1.2 The Transitions Strategy is a work in progress and sets the current state of Transitions to adulthood in the city. Young people with a range of additional needs and challenges in the city are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships. This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.

1.2 This strategy is a co-produced plan to deliver coordinated support to children and young people with a range of additional and specialist needs transitioning to adulthood. It recognises that a poorly managed transition period leads to poor outcomes for young people and expensive interventions further down the line. It aims to provide an effective and appropriate local offer of combined services to help parents and carers prepare their children and young people into adulthood.

1.3 The strategy aligns with the Council's Plan outcomes of:

- "A city to be proud of"; aiming to build a stronger and unified city where everyone feels included. This will be achieved through working with partners in the community to support young people with additional needs to thrive and prosper in the city.
- "A fair and inclusive city"; aiming to promote inclusivity, addressing the inequality that many children and young people with additional needs experience. This will be achieved through

working collaboratively with young people, their parent carers and a wide community of voluntary and community groups, public and private sector organisations to drive change for the benefit of everyone in the city.

- “A healthy city where people thrive”; aiming to create a ‘better future for children and young people’ who are ‘starting and living well’.
- “A responsive Council with well-run services”; ensuring a whole Council approach to providing support and meeting the needs of young people by working with all relevant Council services and other partners such as the NHS.

- 1.4 The report includes the methodology of benchmarking that was used to determine the gaps in good transition, the results of the benchmarking and recommendations for the delivery plan. Further information on the development of the Transition Strategy is included as Appendix 1 to this report.

2. Recommendations

- 2.1 People Overview & Scrutiny Committee notes the draft strategy for Transition to Adulthood and comments on aspects of the draft strategy.

3. Context and background information

Local Context

- 3.1 In Brighton and Hove, until the age of 18 and/or 24, services for children and young people with additional educational and social needs are commissioned and provided by the Family Children and Learning directorate (FCL). At age post-18, some of these services transfer to the Housing, Wellbeing and Care Directorate under Adult Social Care (ASC). However, eligibility criteria may vary between children and adult services, which generally have a higher threshold for being eligible for support. Children’s social care and education support is free at the point of consumption, whereas Adult Social Care services are subject to a means tested financial assessment and all adult have to pay something towards the cost of their social care support. Some NHS services continue but many post-18 do not receive any support at all. The plans and processes for children and young people transferring to different forms of adult support are complicated and varied.
- 3.2 The initial self-assessment of provision available to children and young people by the Council’s care services and NHS health services in the city showed that there is a lack of consistency and gaps in planning and providing support. This makes it hard for children and young people and their families to understand the process. This strategy is designed to fill the gaps in provision identified.
- 3.3 Stakeholders agree that the current start period to plan for children and

young people transitioning to adulthood is often far too late and allows too short a period to prepare young people for proper transitioning to adulthood. Stakeholders agree that planning for this transition should take place when a child is 14 years old at the latest.

Method

- 3.4 A Transitions Steering Group was set up, working with a wide of range of stakeholders to develop an understanding of what is needed in the city to meet the needs of children and young people transitioning to adulthood and independence. This included members and partners from Amaze, Parents and Carers Council (PaCC), Autism Support Communities (mASCot) and leading practitioners from both Adult and Children's Directorates, and local NHS leaders.
- 3.5 Five key care pathways identified for inclusion in this strategy are:
- Learning Disabilities
 - Physical Disabilities & Complex Health Needs
 - Mental Health needs
 - Neurodiversity & people who may also be autistic (with and without disabilities)
 - Looked after children (LAC) approaching Leaving Care
- 3.6 The group used the Preparing for Adulthood (PfA) nationally recognised self-assessment tool to identify the gaps in provision through completing the benchmarking tool, collating feedback, consulting with stakeholders and other local authorities, carrying out a gap analysis and facilitating workshops.
- 3.7 Consultations were held with parents and carers of children and young people including those with physical disabilities and complex needs, neurodiverse children and young people, and those with social, emotional or mental health needs. Further details can be found in the slides in Appendix 1.

Transition Strategy Standards

- 3.8 The principles of good transition to adulthood planning are based on on the Preparing for Adulthood standards as identified and produced by the National Development Team for Inclusion (NDTi), the National Network of Parent Carer Forums (NNPCF) and Genuine Partnerships - a Community Interest Company co-created by the children and young people, families and practitioners of Rotherham.
- 3.9 The Preparing for adulthood Standards set out what good outcomes look like for children and young people. These standards are in the areas of:
- **Co-production – where children and young people, their parents and carers are involved in producing the transition plan.** 67% of standards not met. Plans to address the gaps include improving the quality of the contact and involvement made with children and young

people before services are commissioned and improving the local offer in terms of the website and information on health.

- **Information and communication.** 60% of standards not met. Plans to address the gaps include adult social care (ASC) and FCL Services to provide some guidance and support to parents and carers and children and young people to navigate the information available and to make better use of the available resources about mental health.
- **Systems and processes to support good outcomes.** 33% of standards not met. Plans to address the gaps include establishing a good quality assurance framework with physical disability and developing other vocational options for young people post-18 to avoid keeping them in education till 25 years as the only option.
- **Education.** 62.5% of standards not met. Plans to address the gaps include offering children and young people GCSE post-16 core subject tuition and supporting children and young people leaving care with mental health needs to identify the right educational provision.
- **Employment.** 50% of standards not met. Plans to address the gaps include ASC and FCL services to link with Youth Employability Service to establish a clearer planned pathway for children and young people seeking employment.
- **Friends and community inclusion.** 50% of standards not met. Plans to address the gaps include maintaining the good knowledge and support for children and young people through the community and voluntary sector.
- **Health.** 44% of standards not met. Plans to address the gaps include continued dedicated provision of mental health support for children and young people.
- **Independent living.** 80% of standards not met. Plans to address the gaps include supporting parents and carers in their preparation of children and young people for living independently.
- **Transitional safeguarding** 25% of standards not met. Plans to address the gaps include developing a local framework to meet the local need and reflect the work of commissioners who work with care markets to commission services which are flexible and can respond to children and young people's changing needs and reduce the risks of harm.

NB: The scores within these standards are not a reflection of the day to day quality of services provided to the young people and/or young adults, but specifically in relation to how those services between pre- and post-18 plan for an effective transition pathway.

Delivery Plan

- 3.10 The Delivery Plan will set up ASC and FCL services to collaborate to coordinate all transition provision and activity in the city. The collaboration will include links with community groups and NHS partners. In collaboration ASC and FCL will ensure early referral from all pathways when children and young people reach 14 years (year 9), so that ASC and other partners have a clear understanding of who the young person is before they are 18. The Plan will be delivered in collaboration with existing teams and delivery groups. ASC and FCL will measure and monitor the improvement in

services' provision annually through the Delivery Plan and services' self-assessment against the PfA standards.

4. Analysis and consideration of alternative options

4.1 None directly for this report

5. Community engagement and consultation

5.1 Members of the community including young people and their families have been widely consulted as part of the development of this strategy as set out in the slides in Appendix 1. The delivery of this strategy will be in collaboration with Council services and existing delivery teams/groups.

6. Financial implications

6.1 This report indicates Transition to adulthood Strategy, which outline the approach and action needed to support young people with needs as they move into adulthood. This report focused on planning, assessing needs, identifying resources and setting goal rather than budgeting or financial forecast.

Name of finance officer consulted: Jamiu Ibraheem

Date consulted (dd/mm/yy): 30/09/24

7. Legal implications

7.1 There is considerable legislation and guidance that governs transition arrangements, planning and joint working involving internal and external partners. This is referred to in the appended presentation to this report.

Name of lawyer consulted: Sandra O'Brien Date consulted 02/10/24

8. Equalities implications

8.1 The strategy aims to advance equality of opportunity for young people who have a range of additional needs and challenges and who are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships. This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.

8.2 As part of the development of this strategy, those with specific needs and challenges have been consulted to ensure that all groups have been considered such as LGBTQ+, those who are neurodivergent, have learning difficulties, physical disabilities and/or mental health needs, and those who are leaving care. Feedback from these groups have been used to form actions to resolve the issues they face.

- 8.3 By co-producing this strategy with children and young people, their parent carers and a wide community of voluntary and community groups, public and private sector organisations, the strategy aims to promote inclusivity, addressing the inequality that many children and young people with additional needs experience. The collaborative approach will promote community cohesion through building social and support networks across the city and provide further support to those with caring responsibilities.

9. Sustainability implications

- 9.1 None directly for this report

10. Health and Wellbeing Implications:

- 10.1 The strategy is focused on ensuring that the Council contributes to a 'better future for children and young people' who are 'starting and living well'. It will support children and young people to access the health and wellbeing services and information that they need without the feelings of anxiety, stress and uncertainty that the current system has left them with through a lack of clarity on accessing services and interventions. This will benefit children and young people who need extra support when transitioning into adulthood and will have a positive experience on their lives and those of their carers/parents.

11. Conclusion

- 11.1 The Committee is asked to note the draft Strategy for Transition to Adulthood and to comment on any aspects of the draft Strategy.

Supporting Documentation

1. Appendices

1. Transition to Adulthood Strategy slides – Appendix 1

Transition to Adulthood Strategy:(DRAFT)

2024-2027



Brighton & Hove
City Council

Reason for strategy – local context

We know our communities of young people with a range of additional needs and challenges in the city are significantly disadvantaged from attaining fulfilling adult lives in respect of their ability to gain suitable accommodation, employment, access to healthcare and support to build meaningful relationships.

This strategy is to support the successful transition of these groups of young people with additional needs to adulthood and independence.



Reason for strategy – local context

In Brighton and Hove, until the age of 18 and/or 24, services for Children and Young People (CYP) with additional educational and social needs are commissioned and provided by the Family Children and Learning directorate (FCL). Some also have their care provided by the NHS.

From 18 and 25, some of these support services transfer to Brighton & Hove City Council's Housing, Care and Wellbeing Directorate delivering Adult Social Care (ASC) support. If they meet the eligibility criteria for care and support, they have to pay towards the cost of their care. Some young adults receive their adult support via the NHS, such as Continuing Healthcare and Mental Health Services. Others do not receive any support via the council post-18.

Reason for strategy – local context

The plans and processes for CYP transferring to different forms of adult support is complicated and varied. Some services have a plan from 14, others from 16 or 17 and 17.5 years.

The initial self-assessment of provisions available to CYP by our care and health services in the city showed that there is a lack of consistency and gaps in planning and providing support. This makes it hard for CYP and their families to understand the process.

This strategy is designed to fill the gaps in provision identified.

Reason for strategy – local context

Stakeholders agree that the current start period to plan for CYP transitioning to adulthood is often far too late and allows too short a period to prepare a YP for proper transitioning to adulthood.

Stakeholders agree that planning for this transition should begin when a child is in Year 9 at school (14 years old) at the latest.

Stakeholders agree to coproduce these plans with CYP and their parents/carers.



Reason for strategy – local context

This strategy is a coproduced plan to deliver coordinated support to CYP leaving care and transitioning to adulthood. It recognises that a poorly managed transition period leads to poor outcomes for YP and expensive interventions further down the line.

It will provide an effective and appropriate local offer of combined services to help parents and carers prepare their CYP into adulthood.

In Brighton and Hove, CYP, their parents and practitioners aim to work together and understand transition as an ongoing process and not a single event.



A better Brighton & Hove for all

Our transition strategy sits within the Brighton & Hove City Council Plan:

Outcome 1

A City to be proud of:

We want to build 'a stronger and more unified city, where everyone feels included, working together for a thriving and prosperous city'.

Outcome 2

A fair and inclusive City:

By coproducing this strategy with CYP, their parent carers and a wide community of voluntary and community groups, public and private sector organisations, the Strategy aims to promote inclusivity, addressing the inequality that many CYP with additional needs experience. We Will collaborate across the city, building partnerships to drive change for the benefit of everyone in the city.



A better Brighton & Hove for all

Outcome 3

A healthy City where people thrive:

The strategy will ensure that we contribute to a 'better future for CYP' who are 'starting and living well'.

Outcome 4

A responsive council with well-run services:

Meeting the needs of our young adult residents with additional needs requires a whole council approach to the way we provide support, but not necessarily just via Adult Social Care. This strategy will mean that Children's Services, Adult Services, Housing and other council service work together with other partners such as the NHS to achieve this.

Method

We set up a Transitions Steering Group, working with a wide of range of stakeholders to develop an understanding of what is needed in the city to meet the needs of CYP transitioning to adulthood and independence.

Chaired by:

- Interim Director - Housing, Care and Wellbeing (HCW)

Including partners & members from Community groups:

- Amaze
- Parents and Carers Council (PaCC)
- Autism Support Communities (mASCot)

Working together with leading practitioners from both Adult and Children's Directorates, and local NHS Leaders including:

- Senior Leaders in Brighton & Hove Integrated Care Board (ICB)
- Senior Leaders in Sussex Partnership NHS Foundation Trust (SPFT)
- AD - Children's Safeguarding & Care (FCL)
- AD - Education and Skills (FCL)
- AD - Health SEN & Disabilities (FCL)
- AD - Commissioning & Partnerships (HCW)
- Interim AD - Operations (HCW)

Method

We appointed workstream leads around five key care pathways identified for inclusion in this strategy. The pathways are:

- Learning Disabilities
- Physical Disabilities & Complex Health Needs
- Mental Health needs
- Neurodiversity & who may also be autistic (with and without disabilities)
- Looked after children (LAC) approaching Leaving Care

Using the Preparing for Adulthood (PfA) nationally recognised self-assessment tool based on 8 key standards, plus an additional standard on Transitional Safeguarding, we identified gaps in the provision by:

- Completing the benchmarking tool
- Receiving and collating feedback
- Consulting with stakeholders and researching other LAs and organisations' provisions
- Carrying out a gap analysis
- Facilitating workshops to develop the strategy and decide on the lifetime of the Strategy

Transition pathway

Current Transitions pathways:

- For CYP supported by FCL, FCL lead on their transition plan with ASC
- CYP with mental health needs and/or who are leaving care need help and support with their journey to adulthood, but aren't always supported by ASC
- CYP with learning disability who are also neuro divergent, and CYP with physical disability and complex needs are supported by FCL and ASC, via the Specialist Community Disability Service.
- This means that many CYP who are Care Leavers, who have mental health needs and who are neurodivergent without a learning disability do not have a clear transition pathway to adulthood.



Consultation

What CYP tell us.

The CYP at
Amazing
futures
said:

- They experience stress and uncertainty as they approach 18.
- They experience difficulties transferring from child to adult services.
- Changes in eligibility for services, and support arrangements left them confused about what they qualify for and what they don't.
- A sharp drop in support from adult services post 18 left them feeling vulnerable.
- There is inadequate transitions planning and a lack of clear information about the transitions process.
- They face a lack of joined-up working (such as communication and collaboration) between services and other partners.
- Services take an inadequate account of their capabilities, views, needs and aspirations.
- There is some support available once they enter higher education

Consultation

What
Parent
Carers of
CYP tell us
generally

Parents
in PaCC
said:

- The stress and difficulties faced by family members relating to their young person's transition, and often being confused by what is on offer.
- Requiring a level of handholding through the transition process that is no longer available (particularly through the community groups that previously provided the service).
- Transition planning needs to start earlier to avoid the dangerous "cliff edge" at 18.
- Mental health support for young people with a Learning Disability is too hard to access, or is unsuitable, leading to high concern around accessing health interventions.



Consultation

Parent
Carers of
CYP with
Physical
Disabilities
and
Complex
Needs

Parents
in PaCC
said:

Health:

- Provide comprehensive health assessments around age 16-18 to facilitate handover to adult services.
- Improve clarity and consistency in managing the specific health needs of adults with learning disabilities.

Community Inclusion and Relationships:

- Advocate for LGBTQ+ inclusion and peer support within the LD community.

Housing and Independent Living:

- Provide clearer information on housing options, eligibility criteria, and support services.

Employment, Education, and Training:

- Ensure a continuum of support beyond age 21, provide tailored pathways to employment, and expand supported internship opportunities.

Parent Carer Concerns:

- Provide clearer information on legal processes, parental responsibilities, and crisis support pathways.

Consultation

Parent
Carers of
Neurodivergent
CYP
(with and
without
Learning
Disabilities)

Parents
in PaCC
said:

Health:

- Shorten waiting lists for neurodivergent assessments to reduce stress and system navigation.
- Improve clarity and establish clearer pathways for transitioning to adult services,

Community Inclusion and Relationships:

- Provide more mentoring and buddy systems for young people.
- Address the lack of opportunities for forming and maintaining friendships, especially for those who are homebound.

Housing and Independent Living:

- Prepare young people for independent living, address shortages in suitable housing, and provide support for conflicts within households.

Employment, Education, and Training:

- Offer diverse options for employment, education, and training that accommodate neurodivergent strengths and interests.
- Strengthen transitions to higher education and address inconsistencies in university support for neurodivergent students.

Consultation

Parent
Carers of
CYP with
Social
Emotional
Mental
Health
(SEMH)
Needs:

Parents
in PaCC
said:

Health:

- Ensure clear pathways for assessments, waiting lists, and medication transitions. Ensure better communication between child and adult mental health services
- Address gaps in talking therapies

Community Inclusion and Relationships:

- Acknowledge and appreciate existing supportive services like Family Hubs and community projects.
- Utilize online platforms for accessing services and interventions.

Housing and Independent Living:

- Provide continuity of staff and services, avoid reliance on charities, and ensure appropriate housing options.

Employment, Education, and Training:

- Value existing employment support services and ensure awareness of legal frameworks.
- Address gaps in post-16 work experience, tailored support, and career advice for young people with SEMH needs.

Consultation

Parent Carers of Neurodivergent Young People with SEMH Needs:

Community Inclusion, Friends, and Relationships:

- Siblings can be impacted by a lack of relationships among young people with SEMH needs, leading to isolation.
- Transparency around decision-making processes and panels.

Housing and Independent Living:

- Insufficient support available in youth advice centres for young people with additional needs.
- Families experiencing cramped accommodation and inadequate support in shared housing situations.

Employment, Education, and Training:

- Parents need a single point of contact for planning, placements, and transport.
- Lack of access to life skills development opportunities for young people not attending college.
- Limited opportunities for work experience tailored to young people's interests.
- High threshold for supported internships and inadequate specialist careers advice for young people with SEMH needs.

Parents in PaCC said:

Principles of good transition to adulthood planning

These principles are based on the Preparing for Adulthood standards as identified and produced by the National Development Team for Inclusion (NDTi), the National Network of Parent Carer Forums (NNPCF) and Genuine Partnerships - a Community Interest Company co-created by the CYP, families and practitioners of Rotherham.

They set out 5 cornerstones of good transition to adulthood planning.

With good planning CYP will have access to:

- Paid employment and higher education
- Housing options and independent living
- Good health
- Strong friends, relationships, community inclusion
- Choice and control over their lives and support



Principles of good transition to adulthood planning

The preparing for adulthood standards sets out what good outcomes looks like for CYP. These are in the areas of:

- Co-production - where CYP, their parents and carers are involved in producing the transition plan.

- Information and communication.

- Systems and processes to support good outcomes.

- Education.
- Employment.
- Health.

- Friends and community inclusion.

- Independent living.

- Transitional safeguarding.



Principles of good transition to adulthood planning

There should be:

- A readily available service based on person-centred planning and decision-making, supported by accurate information held about CYP and their parents and carers.
- Ease of access of that information about CYP and where that information sits (not in multiple places).
- Support for CYP, parent carers to have access to the information they need when they need it.
- Co-ordinated support across all services, removing duplication of provision, and supporting participation.
- Levels of engagement with CYP and their parent carers around service planning and commissioning.

Principles of good transition to adulthood planning

There should be:

- Early pathway planning (14 years) and continued up to age 25. If the young person and their parents/carers know at the age of 14/15 that their child is not going to meet the threshold for adult social care support, they can put plans in place for accessing other pathways (e.g., supported internships/apprenticeships or work) - meeting clearer expectations from an early stage.

- Support for all CYP Families and carers to navigate access to provision when they need it.

- A continual focus on transition to adulthood outcomes for CYP in all service areas

Transition strategy standards

The plan in Brighton & Hove:

- Is based on benchmarking all care, health and support services currently in scope against the self-assessed gaps in provision required by the preparing for adulthood standards.

Identifies five pathways for CYP with:

- Learning Disabilities
- Physical Disabilities & Complex Health Needs
- Mental Health needs
- Who are neurodivergent & who may also be autistic (with and without disabilities)
- Looked after children (LAC) approaching Leaving Care

- Includes providing safeguards against risks of harm for CYP while they are undergoing transition to adulthood.

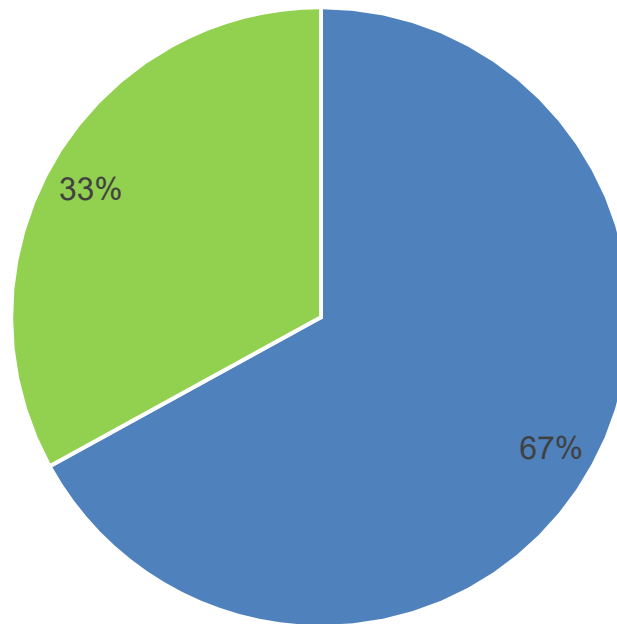
- Coordinates all current provision by providers; sets out how gaps in provision are filled; and monitors how BHCC and partners continually work to achieve good transition arrangements for our CYP.

Transition strategy standard

Standard 1 - Co production - current position

- 67% of Co-production standards not met. 33% of Co-production standards partially met. 0% of Co-production standards fully met

Co-production



■ Std not met ■ Std partially met

Transition strategy standard

Standard 1 - Co production - plan to address gaps in provision

- Improve the local offer website - and improve information on health

- Improve the quality of the contact and involvement made with CYP before services are commissioned

- conversations started with CAMHS with CYP with mental health
- availability of communications and resources about mental health
- service feedback mechanism not widely known amongst parents and carers community
- evidence in PFA self-assessment tool to show how good work with care leavers is carried out by the Leaving Care Team

ASC and
FCL
Services
map

Transition strategy standard

Standard 1 - Co production - plan to address gaps in provision

- Improve the quality of contact with community groups working in this area Amaze, PaCC and mASCot

ASC and
FCL
Services to
work with
community
groups to:

- Provide a suite of support offers around advocacy through the transition process
- Address key findings as captured in PaCConnect consultation Transition to Adulthood Report November 2023

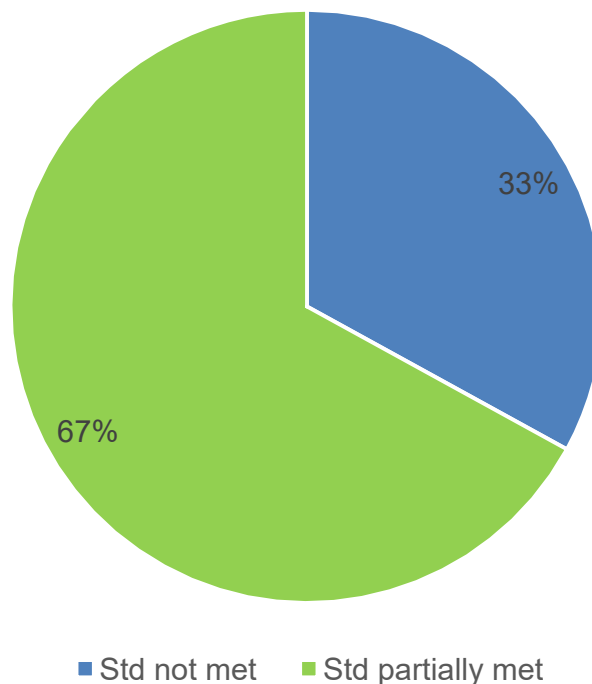


Transition strategy standard

Standard 2 - Information and communication - current position

- 60% of information and communications standards not met. 40% of Information and communications standards partially met. 0% of Information and communications standards fully met

Systems and processes to support good outcomes



Transition strategy standard

Standard 2 - Information and communication - plan to address gaps in provision

- ASC and FCL Services provide some guidance and support to parents and carers and CYP to navigate the information available

- Ensure that Parents and carers know where to go for the right information

- Make better use of the available resources about mental health and the feedback mechanism. Ensure that conversations started through CAMHS with CYP about mental health continue

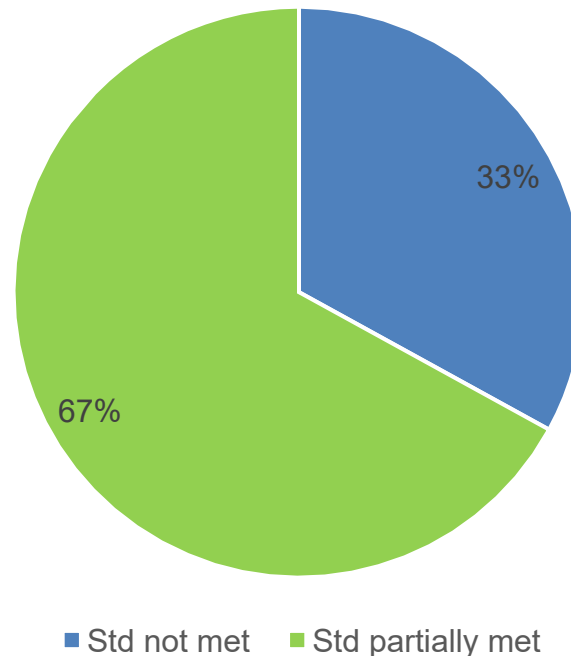
- Badge Schools' information for SEND learners through digital youth hub and local offer website around preparing for adulthood.

Transition strategy standard

Standard 3 - Systems and processes to support good outcomes - current position

- 33% of Systems & Processes standards not met. 67% of Systems & Processes standards partially met. 0% of Systems & Processes standards fully met

Systems and processes to support good outcomes



Transition strategy standard

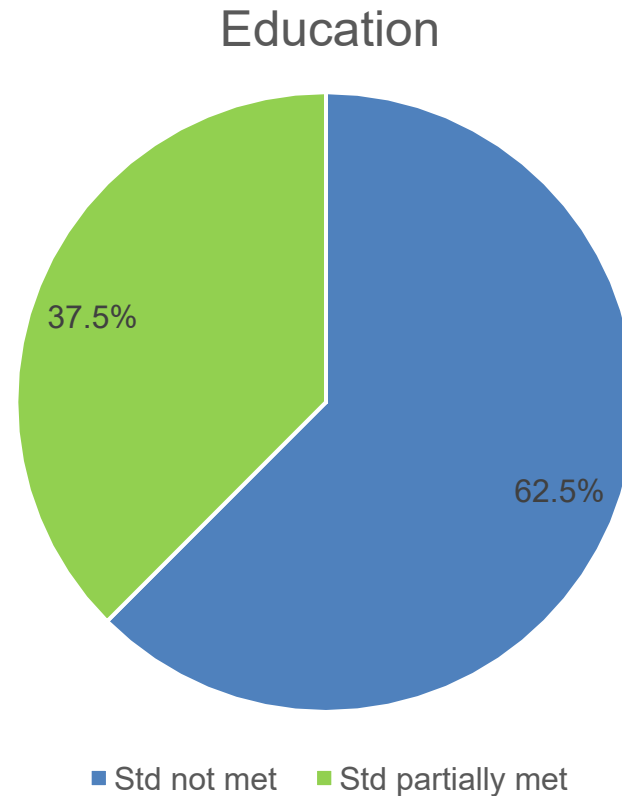
Standard 3 - Systems and processes to support good outcomes - plan to address gaps in provision

- ASC and FCL Services to work with practitioners to establish good quality assurance framework with physical disability (replicate SEND quality assurance framework)
- Develop other vocational options for YP post-18 to avoid keeping CYP in education till 25 years as the only option
- Establish clear system for evidencing good outcomes for CYP leaving care and CYP that are neurodiverse.
- Continue with support for mental health advocacy services in the community

Transition strategy standard

Standard 4 - Education - current position

- 62.5% of Education standards not met. 37.5% of Education standards partially met. 0% of Education standards fully met



Transition strategy standard

Standard 4 - Education - plan to address gaps in provision

- FCL and ASC Services to coordinate the establishment of options so that CYP do not fall into education as an only option.

- Support CYP leaving care with mental health needs to identify the right educational provision

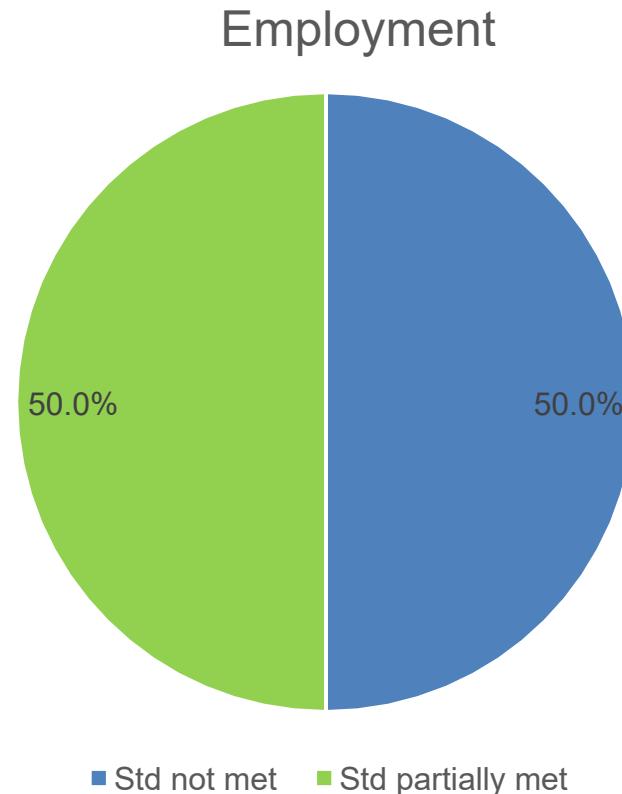
- Offer CYP GCSE post 16 core subject tuition.

- ASC and FCL Services coordinate attendance of relevant practitioners at CYP review conducted by schools' reviews

Transition strategy standard 2

Standard 5 - Employment - current position

- 50% of Employment standards not met. 50% of Employment standards partially met. 0% of Employment standards fully met



Transition strategy standard

Standard 5 - Employment - plan to address gaps in provision

- *ASC and FCL Services to link with Youth Employability Service to establish a clearer planned pathway for CYP seeking employment*
- *ASC and CSC Services to coordinate with wider stakeholders so that what is available is better channelled into support*

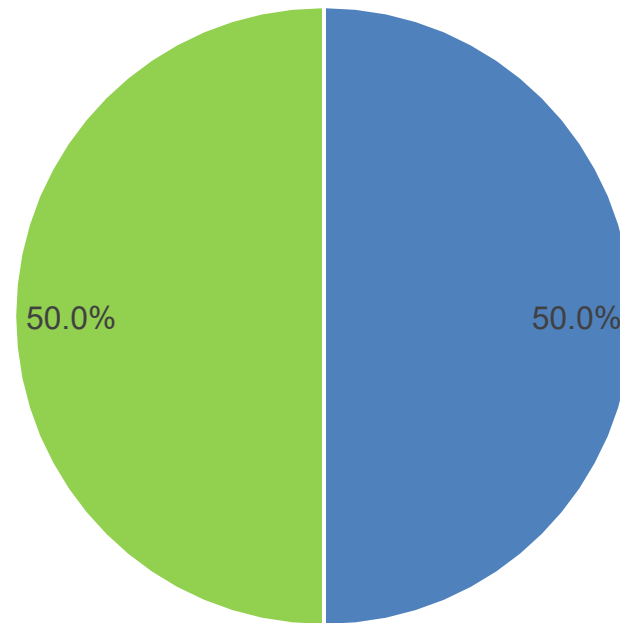


Transition strategy standard

Standard 6 - Friends and community inclusion - current position

- 50 % of Friends and community inclusion standards not met. 50% of Friends and community inclusion standards partially met. 0% of Friends and inclusion standards fully met

Friends and community inclusion



■ Std not met ■ Std partially met

Transition strategy standard

Standard 6 - Friends and community inclusion - plan to address gaps in provision

- Maintain the good knowledge and support for CYP through the community and voluntary sector

ASC and FCL Services to map

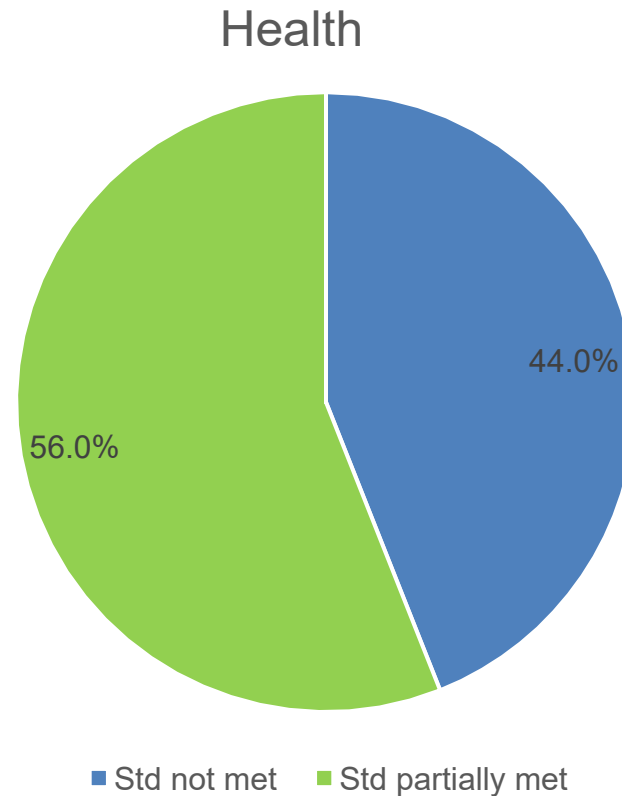
- the good understanding in the Leaving Care Team encouraging care leavers to build good relationships and networks
- The good feedback by the neuro diverse community through Amazing futures about opportunities for activities



Transition strategy standard

Standard 7 - Health - current position

- 44% of Health standards not met. 56% of Health standards partially met. 0% of Health standards fully met



Transition strategy standard

Standard 7 - Health - plan to address gaps in provision

- Continue coordination and support for

- Healthy child programme offer with specialist nursing.
- Complex case panel.
- Adults Dynamic Support Register (DSR).

- Continue dedicated provision of mental health support for CYP with mental health.

- Continue enhanced services through primary care for CYP in ND community if they are disabled.

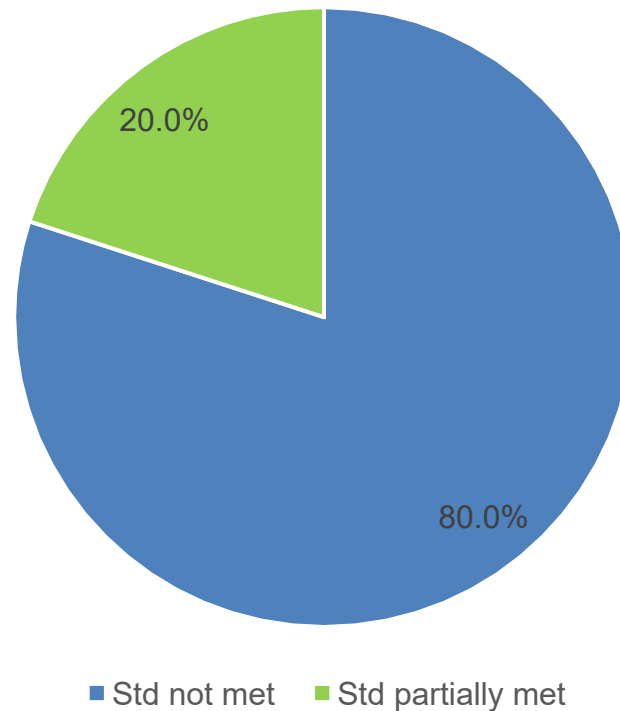


Transition strategy standard

Standard 8 - Independent living - current position

- 80% of Independent living standards not met. 20% of Independent living standards partially met. 0% of Independent living standards fully met

Independent living



Transition strategy standard

Standard 8 - Independent living - plan to address gaps in provision

- ASC and FCL Services to coordinate how CAMHS works more closely with ASC Accommodation Commissioners

- Housing Services to work with the leaving care team more closely to map the progress of CYP when they are assessed as ready to get their own council tenancy.

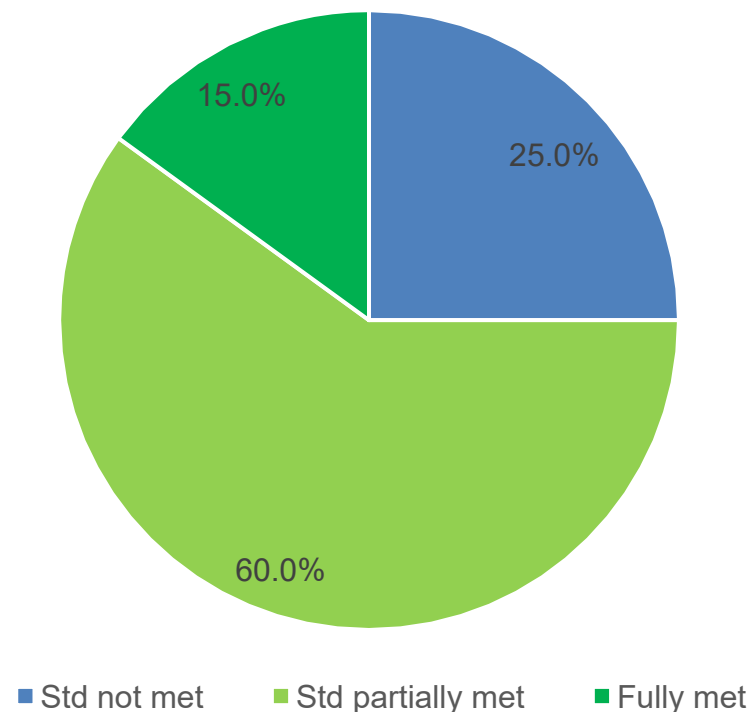
- ASC and FCL Services to support parents and carers in their preparation of CYP for living independently. Skills, routines and strategies taught by parents and carers to CYP at 14 years and possibly younger.

Transition strategy standard

Standard 9 - Transitional Safeguarding - developed locally - current position

- 25% of Transitional safeguarding standards not met. 60% of Transitional safeguarding standards partially met. 15% of Transitional safeguarding standards fully met

Transitional safeguarding



Transition strategy standard

Standard 9 - Transitional Safeguarding - plan to address gaps in provision

- Definition of transitional safeguarding: "An approach to safeguarding adolescents and young adults fluidly across developmental stages which builds on the best available evidence, learns from both children's and adult safeguarding practice and which prepares young people for their adult lives". (Holmes and Smale 2018)

Key principles

- Transition a process not an event.
- Improve legal literacy from children services to adult services and vice versa. Learn from each other's legislation and approaches.
- Don't confuse YP's capacity with consent (particularly with the fear of YP approaching 18)

- *ASC and CSC Services will facilitate connectivity between children's and adult partnership to improve cooperation. Key is a culture shift of key stakeholders working across the partnerships together.*

Transition strategy standard

Standard 9 - Transitional safeguarding - continued

- ASC and FCL Services to develop a local framework (based on NIHCE guidelines) to meet the local need. The framework is based on a fluidity of approach to support and encourage professionals working in children's and adult's services to understand each other's roles.
- Local framework will reflect the work of commissioners who work with care markets to commission services which are flexible and can respond to CYP's changing needs and reduce the risks of harm (meeting the needs of CYP who don't quite fit care requirements).
- ASC and FCL Services to work with Commissioners to develop a commissioning action plan that sets out how the marketplace will be influenced to provide the services required (education, employment, social care and accommodation markets).
- ASC and FCL Services to involve Housing professionals in this discussion.

Transition strategy standard

Standard 9 - Transitional safeguarding - continued

- ASC and FCL Services to work with existing Adolescent Vulnerability Risk Meeting (AVRM). The AVRM will continue monitoring the risk of CYP remaining vulnerable to exploitation after they turn 18.
- ASC and FCL Services will work with the developed Multi-Agency Risk Meeting (MARM) in adult services and link with the AVRM. As CYP become care leavers and there continues to be risk around their support and welfare, there will be continuity from the work of the AVRM to the MARM and a wrap-around multi agency support continues.



Transition strategy standard

Standard 9 - Transitional safeguarding - continued

- *ASC and CSC Services to encourage agencies in the system to develop person centred and asset-based support of the CYP around the management of risk.*
- *ASC and CSC Services to work on gaining information, views and perspective from young care leavers, about the type of service that will meet their needs. The team will engage with young care leavers to make sure that services that come out of an AVRМ or MARM are appropriate and that CYP have a stake in what the services look like.*
- *ASC and CSC Services to attend the corporate parenting board meetings. Attendance will capture the views of CYP at risk on what is working and what is workable.*

Transition strategy standards – Delivery Plan 1

The plan:

- Sets up ASC and FCL Services to collaborate to co-ordinate all transition provision and activity in the city. The collaboration will include links with community groups and NHS partners
- In collaboration, FCL and ASC will ensure early referral from all pathways when CYP reach 14 years, so that ASC and other partners have a clear understanding of who the CYP is before they are 18.
- Links with existing protocols and assessment teams to ensure relevant parts of this plan are delivered through existing structures and providers.
- Links with implementation plans for existing
 - Adult Learning Disability Strategy - "The Big Plan" 2021-26 - priority 5
 - SEND Strategy 2021-26 - priority 5
 - Autism Strategy 2023
 - Housing Strategy 2023-27 - priority 4

Transition strategy standards – Delivery Plan 2

To be delivered through the collaboration of ASC and FCL Services working with:

ASC practitioners & Commissioners

FCL practitioners & Commissioners

And coordinated through other existing delivery groups/teams:

NHS Clinicians & Commissioners

Reps from Parentcommunity groups

Sussex Integrated Care protocols for transition planning for CYP

CAMHS Services

Schools transition review sessions

BHCC Leaving Care Team

LD strategy delivery group

Autism strategy delivery group

SEND strategy delivery group

Housing strategy delivery group

ASC and CSC will measure and monitor the improvement in services' provision annually through the Delivery Plan and services self-assessment against the PfA standards.

Transition strategy standards – Delivery Plan 3

Will be based on four key domains:

- Getting The Numbers Right:
The Steering Group Members will need to map the demand of YP requiring a Transition Plan across the five care pathways in the care and health system in the City.

- Information Advice & Guidance:
A Key element of the delivery plan will be to have a consistent IAG offer across the five care pathways, using existing resources and developing a clear to plan for monitoring and updating the information.

- Assessment, Planning & Commissioning:
The annual review process is led by schools and colleges and all services need to engage in the reviews. FCL & ASC Services to lead on the coordination of this and the commissioning priorities that emerge from the review process.

- Engagement, Consultation & Coproduction:
Ensure the models of good practice in place with SEND Services are adopted across all five care pathways.

Appendices:



Brighton & Hove
City Council

Appendix 1: Legislative framework

- The Care Leaver Covenant (CLC) 2018 supports YP leaving care to become independent. It allows public, private and voluntary sector organisations to pledge support on apprenticeships and work experience. Every care leaver is entitled to a personal adviser.
- The Children and Social Work Act 2017 provides for most care leavers to receive support from Children's Services up to the age of 25.
- The Children & Families Act 2014 brought together different areas of law that affect children, especially vulnerable children, and codifies how they are protected in law.
- The Children (Leaving Care) Act 2014 places a responsibility on local authorities to assess and meet the care and support needs of young people aged 16 and 17 who are in care or who have been in care. Applies to all CYP who were looked after at age 16-18.
- The Care Act 2014 aims to ensure the well-being of people over 18 in need of care and support services. It entitles any person over 18 or carer to request an assessment of their needs.

Legislative framework

- The Care Leavers (England) Regulations 2010 aims to ensure that care leavers are provided with comprehensive personal support, so they achieve their potential as they make their transition to adulthood.
- The Autism Act 2009 makes provision about the needs of adults who have autistic spectrum disorders, including autism and Asperger syndrome¹ ensuring they receive appropriate services that recognise and meet their specific needs
- The Children and Young Person's Act 2008 makes provision to enable local authorities to delegate functions in relation to looked after children to providers of social work services; makes provision for the accommodation and maintenance of children and requires local authorities to take steps to secure sufficient accommodation for the children they look after; extends the duty on local authorities to appoint a personal advisers.

Legislative framework

- The National Health Service Act 2006 governs the provision of healthcare for both adults and children delivered via the NHS offering ongoing health and social care if the person has primary health needs and meets the eligibility criteria.
- The Mental Capacity Act 2005 provides a framework for decision making for those who lack capacity and are over 16.
- The Children Act 2004 focuses on the wellbeing of children (the maltreatment of a child and to make this known to the relevant authorities); ensuring and providing the best levels of care and protection where the interests of children are paramount in their welfare and safeguarding.
- The Children (Leaving Care) Act 2000 simplifies the arrangements for financial support of young people leaving care.



Legislative framework

- The Housing Act 1996 provides duties to house people with a learning disability if they are homeless in "ordinary accommodation" (and only require such, rather than the more specialist accommodation available under the CA 2014).
- The Children Act 1989 purpose is to ensure that the welfare and developmental needs of every child are met. The Act provides the basis in law for most of children's services' duties and responsibilities towards children and their families. It also provides the legal framework for the child protection system.
- The Mental Health Act 1983 tells people with a mental health disorder what their rights are and how they can be treated. It covers the assessment, treatment and rights of people with a mental health disorder. The 2007 amendments to the 1983 Act introduced the possibility of compulsory treatment outside hospital (community treatment orders). "Mental health disorder" is used to describe people who have: a mental illness; a learning disability; and/or a personality disorder.

Legislative framework: Statutory Guidance

- *Care Act Guidance: Transition to adult care and support:*
- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#Chapter16>

- *Children Act 1989 Guidance and Regulations - Planning Transition to Adulthood for Care Leavers:*
- https://assets.publishing.service.gov.uk/media/61f81624d3bf7f78df30b359/CA1989_Transitions_Guidance.pdf



Appendix 2:

Steering group members

Case work Officer – Health, SEND and Disability Services (FCL)
Assistant Director - Commissioning & Partnerships (HCW)
Assistant Director - Children's Safeguarding & Care (FCL)
Children's Continuing Care – Operations Manager (NHS SICB) also represents Adults
Commissioning & Performance Manager (HCW)
Chair of parents and carers council (PaCC)
Head of Service - Disability Services (25+) (HCW)
NHS SICB (Transitions)
Improvement and Development Manager – SPFT
Deputy Head of Children's Community Commissioning and Transformation (Community and Urgent Care- SICB)
Professional Lead for Allied Health Professions in CAMHS & Specialist Services. Sussex Partnership NHS Foundation Trust (SPFT)
PaCC rep
Commissioning & Performance Manager (HCW)
Sussex Community NHS Foundation Trust
Assistant Director - Health SEN & Disabilities (FCL)
Head of Service - Children's Safeguarding & Care (FCL)

Steering group members

Commissioning Officer (HCW)

Specialist Nurse – Safeguarding Team (Sussex Community NHS Trust)

Sussex NHS commissioners

Head of Safeguarding & Performance (Children’s services)

SPFT / Occupational therapist - SCDS

Lead Practitioner – children’s safeguarding and care (autistic young people without a learning disability) (FCL)

Head of Adult Safeguarding: Resources, Safeguarding and Performance (HCW)

Deputy Head of Children’s Commissioning (NHS ICB)

General Manager operations – communities and localities (HCW)

Head of Service (Children’s Safeguarding and Care) (FCL)

Head of Service SCDS (FCL)

Commissioning & Performance Manager (HCW)

mASCot

Head of mental health (SPFT)

CYP MH commissioner (responsibility for Brighton & Hove).

Steering group members

Supported employment for young people

SPFT / Consultant Clinical Psychologist – SCDS (learning disabilities team)

mASCot rep

Programme Manager

(SPFT)

mASCot rep

Sussex Integrated Care Board

Supported employment for young people

Head of SEN Statutory Service (FCL)

Interim Assistant Director of Operations (HCW)

CEO Amaze

Deputy Designated Safeguarding Transition Nurse. Sussex Integrated Care Board (SICB)

Interim Director (HCW)

Head of Service (Adolescents and Youth Offending Service) – Children’s safeguarding and care (FCL)

Transforming Care Manager (FCL)

Exploitation Coordinator – Safer Communities



Appendix 3: Good Practice Examples:

At the national level there are some good examples of transition to adulthood planning:

- Nottinghamshire County Council - start their referral from 14 years. Someone from the dedicated Transitions Team (social workers and community care officers) provide planning, assessment, advice and support to CYP their family and anyone else involved in supporting them. They work with people who have an EHCP whether they have received services from children's social care or not.

Good Practice Examples:

Birmingham City Council - has a Preparation for Adulthood team, working with Birmingham Children's Trust. It has 3 elements:

- Integrated Transitions Team (ITT) working with young people aged 14 to 30 years whose needs require continuing support from statutory adult services.
- Transitions Hub which provides essential services for young people who have endured Adverse Childhood Experiences (ACE) and trauma.
- The BRIDGE (building resilience independence direction guidance empowerment) Team. The team works with young people who, as a result of trauma, may be vulnerable as adults due to child exploitation, domestic abuse, offending behaviours, drugs and alcohol.