

**Report to:** People Scrutiny Committee

**Date of meeting:** 19 November 2024

**By:** Director of Adult Social Care and Health

**Title:** Preparing for Adulthood Model Update

**Purpose:** To Update the Committee on the implementation of Preparing for Adulthood Model between Children's Services and Adult Social Care.

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**RECOMMENDATIONS:** The People Scrutiny Committee is recommended to note, review and agree the progress of implementation for Preparing for Adulthood.

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## **1. Background Information**

1.1 Preparing for Adulthood (Pfa) is about enabling and empowering children, young people and adults with SEND (Special Educational Needs and Disabilities), as well as their families and/or carers to prepare for a seamless transition from Children's Services (CS) through to Adult Social Care & Health (ASCH). This seamless way of working is instrumental in underpinning the four pillars of the Pfa principles:

- **Opportunities to access further education, employment**  
Children and Adult services are focused on supporting young people/adults with SEND to acquire the skills and knowledge they need to access ongoing education, pursue vocational opportunities and supported employment. Working with education partners, our approach is to develop children and young adults' skills, abilities and confidence that they will need to maximise / promote their independence and wellbeing. This includes independent travel training, life skills, and management of finances, daily living skills and building positive sustaining relationships with friends into adulthood.
- **Independent living including access to supported living**  
A Care Act assessment will consider their future aspirations, and our work will be to support options around supported living where appropriate. Choice and Control and capacity are important factors when considering the next steps in a young person's accommodation needs. ASCH will continue to invest in Capital Development schemes over the next 3 years to provide supported living options for people with complex needs.
- **Full inclusion and active participation in local communities as an equal citizen and being supported to build relationships and friendships.**  
The support through the Pfa for young people with SEND is to become young successful active and participating citizens, involved in local communities like their non-disabled peers.

- **To maintain health and wellbeing with reasonable adjustments in place as appropriate to support the access to mainstream health provision and services.**

Accessing and maintaining good health and wellbeing is achieved through better and timely accessibility to health services by utilising health passports, thereby avoiding unnecessary delays to the correct type of health support and interventions. Key to delivering this will be continuing to foster good working relationships with health colleagues. We will continue to support and advocate eligibility through Continuing Care (CC) for children and Continuing Healthcare (CHC) when they move to ASCH.

1.2 By working in partnership across CS and ASCH, the aim is to ensure that appropriate advice and information is made available in accessible formats for young people and young adults with SEND and their parents/carers (including young carers) regarding these 4 Pfa pillars. Transition planning is about all stakeholders working in partnership with young people/adults with SEND, their families and carers to plan and prepare from an early age to think about what it means to be an adult.

## **2. Preparing for Adulthood Pathway**

2.1 Effective transition planning means getting the right support and plans in place at an early stage. We start the planning process from year 9 (age 14). This is a key stage in a child's life and a milestone in key services being galvanised around them, from their schools, key worker, social worker, Special Educational Needs Coordinator, personal advisor, therapy service worker and any other relevant partners. Successful transition should be an engaging and positive experience that builds confidence, promotes and maximises independence. The development of transition plans for each young person/adult with SEND will differ in line with their needs and aspirations and so a personalised approach is required to ensure that plans, pathways and services are able to meet individual and very specific needs on a consistent and coherent basis.

2.2 The work of the Preparing for Adulthood Operational and Processes Group is in place and under regular review, so that the young person/adult with SEND and their families will know of the expectations from year 9 (age 14), who is involved, and what the expected outcomes should be along that Preparing for Adulthood pathway. The 4 PFA principles are considered when determining the pathways for each young person.

2.3 All elements of the four pillars of PfA continue to be considered in partnership with the young person and their representative during their Care Act Assessment which starts at 17 ½ years old. A parent-carer transition assessment (Carer's Assessment) is also completed at this time where relevant. The Children's Disability Service (CDS)/ASCH liaise with the Designated Social Care Officer (DSCO) regarding parent-carer assessments and collaborative working.

2.4 For many young people/adults with SEND, transition planning will be part of the EHCP (Education, Health and Care Plan) and will combine with other pathway planning where relevant including those open to other social care services and children with Continuing Care/Continuing Healthcare needs.

### **3. Supporting information**

3.1 The transition planning process should fully consider and take into account the following:

- Physical, psychological, emotional and social needs, including how the young person can be best supported through the process
- Communication needs and how these will be accommodated
- Mental Capacity and any decisions that might be needed to be made in an individual's best interest if the young person lacks capacity to make the decision(s) in question
- Advocacy, peer support including coaching and mentoring
- The role of assistive and mobile technology
- Access to the correct information at the right time in the most appropriate format

3.2 Our statutory duties in relation to PfA come under the following legislation:

- Children's Act 1989
- Care Act 2014
- Children and Families Act 2014 and SEND Reforms
- SEND Code of Practice (2015), Chapter 8
- Children and Families Act 2014, Section 19
- Equality Act 2010
- Mental Capacity Act 2005

### **4. Actions and Progress to Date**

4.1 Pathways are in place between CDS and the ASCH Transitions team. Work is underway to provide the young person and their family/carer with information packs on the young person's 14<sup>th</sup> birthday and when they are 17 ½ . This enables the PfA pathway to be clear and informative.

4.2 Each young person is now allocated a PfA Link Worker from the Transitions team to work alongside them and their family as they progress along the pathway towards adulthood. At 17 ½, an ASC case manager is allocated to undertake all relevant assessments and referrals relevant to the young person's assessed needs. These could be:

- Care Act Assessment
- Care and Support Planning
- Mental Capacity Assessment
- Deprivation of Liberty Safeguards
- Carer's/Young Carer's Assessment
- Consideration of Continuing Healthcare (CHC)
- Consideration of accommodation
- Client Financial Assessment referral

4.3 Since Continuum of Need Level 4 became part of the access criteria to receive support from CDS, the Transition Service changed their own access criteria to allow for a similar cohort of young people to transfer across.

4.4 There is a bi-monthly Preparing for Adulthood Panel (formerly known as the Through Care Panel) that includes representation from the Through Care Service, Family & Youth Support, CDS, Adult Principle Occupational Therapist, ASCH Neighbourhood Support teams, Adult Community Mental Health teams and Sussex Partnership Foundation Trust. This allows for early recognition and identification of the correct pathway for young people. The appropriate team will engage with the young person and their family from age 17 ½ years. This meeting is chaired by a representative from ASCH.

4.5 Pathways are also being developed between the Transition team and the SEND Phased Transfer team; it is recognised that these pathways need to be more robust, and plans are ongoing to strengthen, develop and build a joint approach to reviewing each education care package in a timely manner.

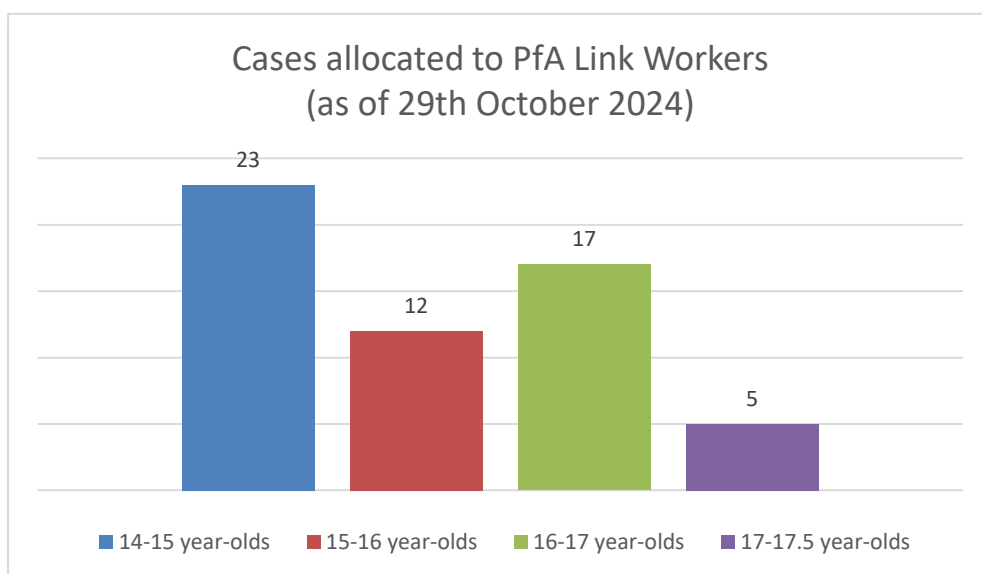
4.6 Staff and partner feedback sessions were carried out in Spring 2023 which highlighted several areas of practice improvement, most of which have been taken forward and implemented, such as Mental Capacity and Deprivation of Liberty training for staff, joint and collaborative approach to working together between CDS and the wider Adult Social Care network. A joint review of the current pathway for 16–18-year-old has now concluded and it has been agreed that these young people will remain with CS until the age of 18.

4.7 Another key element for consideration at 16+ is Mental Capacity and potential Deprivation of Liberty (DOLs). These are undertaken by CDS until the young person is 18 years old. In preparation of moving into adulthood at 18, the transition case manager will complete relevant MCA's (if capacity is in doubt), hold Best Interest Meetings and make a referral to the Court of Protection for a CoP DOLs.

4.8 It is proposed to go out to consultation to rename the Transition Service to the Preparing for Adulthood Team in early 2025.

4.9 The introduction of the Designated Social Care Officer from SEND is strengthening the offer and support to young people and family/carers through the transition period.

## 5. Performance Figures



**Total:** 57 cases between ages 14 and 17.5 yrs old

## **6. Pfa Success Story**

6.1 The case study below shows the positive impact that Pfa can have on a young person and the joint work from both CS and ASCH. To ensure anonymity, the young person will be referred to as Young Person (YP) throughout.

6.2 YP has a severe learning disability, high level autism, anxiety and has presented with aggression to both parents when they were heightened. Both parents had their own medical needs and asked for increased support for YP to ensure their needs were being met and could be supported to remain within the family home. A package of care was put in place by CS including direct payments for a Personal Assistant to support YP and family.

6.3 The Children's Disability Services worked with the Transitions Team to ensure comprehensive future planning with YP and his parents. The care manager, YP and his family formed a positive working relationship built on trust and respect centred around YP's needs, and an assessment was undertaken.

6.4 As a result, several post 18 living options were explored and a smooth transition to supported accommodation was achieved for YP. This accommodation is close to the family home, and they continue to have regular family time with their parents. They are engaged in a range of positive activities within the community and now have a full life with a range of purposeful activities.

6.5 Close liaison and joint planning between CS and ASCH ensured a smooth transition for YP into appropriate adult services. This included developing a comprehensive support plan focused on securing appropriate health provision, Continuing Health Care considerations, alternative living options and education. Parents said they felt listened to throughout their journey and that YP's needs had been fully considered together with their own. YP has settled well into the supported accommodation and is enjoying life to the full.

## **7. Governance**

7.1 Updates are taken through Departmental Management Teams (DMTs) in both CS and ASCH.

7.2 Transitions is also an area of focus in the upcoming Care Quality Commission (CQC) assurance visit for ASCH and in the recently announced SEND Inspection through OFSTED. Both departments are working closely together to ensure that we have a One Council approach to information shared with both CQC and OFSTED.

7.3 A quarterly Strategic Oversight Board for Pfa will commence in January 2025, overseen by both Assistant Directors for CS and ASCH, this will cover performance data, updates on progress and ensure that Pfa is and continues to be a strong partnership across both departments and meets the needs of all young people moving into Adult Services.

7.4 Our SEND Strategy Governance Board (SGB) has members who represent the large number of different groups and services that help and support children and young people with special educational needs and disabilities (SEND). Meeting quarterly, it oversees the SEND Strategy at its implementation.

## **8. Conclusion and reasons for recommendations**

8.1 We recognise that the transition for a young person and their family/carers can be a difficult and uncertain time. The aim is to remove the 'cliff edge' and allow for a seamless transition for the young person and their family / carer as they transition from being supported by Children's Services onto Adult Social Care and Health, with the young person becoming a full independent citizen and to build their confidence and self-esteem.

8.2 The CDS, alongside the Transition Service, have been collaborating on embedding the Preparation for Adulthood Model since April 2023. It continues to provide positive outcomes in partnership working between CDS and Transitions staff. PfA planning now also includes our Adult Social Care Community Mental Health teams and Neighbourhood Support teams. This in turn enables offering a flexible approach to care planning, clearer pathways for young people and their family / carer as the young person moves into adulthood. It can be difficult to make choices about the future without knowing and understanding what it means to be an adult. It is important to start planning early, so the young person has time to make informed choices, and their family are aware of all the upcoming changes.

## **APPENDIX A: Preparing for Adulthood Flowchart**

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