



Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

## **Appendix 1 - Transition Overview Report**

**Prepared by**

**Victoria Smith Principal Officer Childrens Services**

**Lisa Morris Principal Officer Adult Services**

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### **Background**

This paper seeks to provide an overview of the current transition process from children to adult services. We will look at what works well, areas of development and how we determine the most appropriate service for young people as they transition into adulthood. We will also outline the future plans that are currently being developed in respect of transition.

The transition period, from children's to adults' services, usually between the ages of 14-25 years, can involve a wide range of professionals working across a number of different agencies. This includes, social services, education and health. Ensuring a seamless transition from children's to adults' services has been a challenge but one that we are committed to working towards achieving. We work in a person centred, strengths based way to support children, young people and young adults and their families/carers to achieve their personal outcomes.

At the start of 2020, we commenced a review of transition arrangements in Neath Port Talbot Social Services. Following the COVID-19 pandemic it was apparent that there was an increase in vulnerability, there was an impact on emotional wellbeing, lack of social opportunities and increased social isolation.

As part of this work, it became clear that there was no standard pathway for transition between children and adult services with varied approaches to transition within different adult services teams/geographical areas. This was especially evident for young people who do not have a diagnosed learning disability. We found that there is an existing pathway for cases from the Children with Disability Team to transfer to the Complex Disability Team. However, it was noted that there is an increase of young people where there are concerns in respect of vulnerability and safeguarding that need to be considered for support into adulthood.

Therefore, to support a successful transition to adult services, a decision was made for transition to be managed within the Complex Disability Team, with designated transition Social Workers. The shift was in consideration of how we improve and deliver a consistent

service in order to enable a young person to make a successful transition to adulthood. Also at this time we improved our data to ensure that young people were identified at the age of 14 if they were likely to need support from adult services in the future. This has enabled us to look at the resources that are available and required to meet this need. We have also recognised that there is further work to do in respect of prevention early intervention and the support that Local Area Coordinators can provide in the community outside of statutory involvement.

### **Our Vision Statement**

We want to ensure that young people experience a smooth transition to adulthood which enables them to reach their potential and to live a valued and dignified life as independently as possible.

In particular, this means that young people:

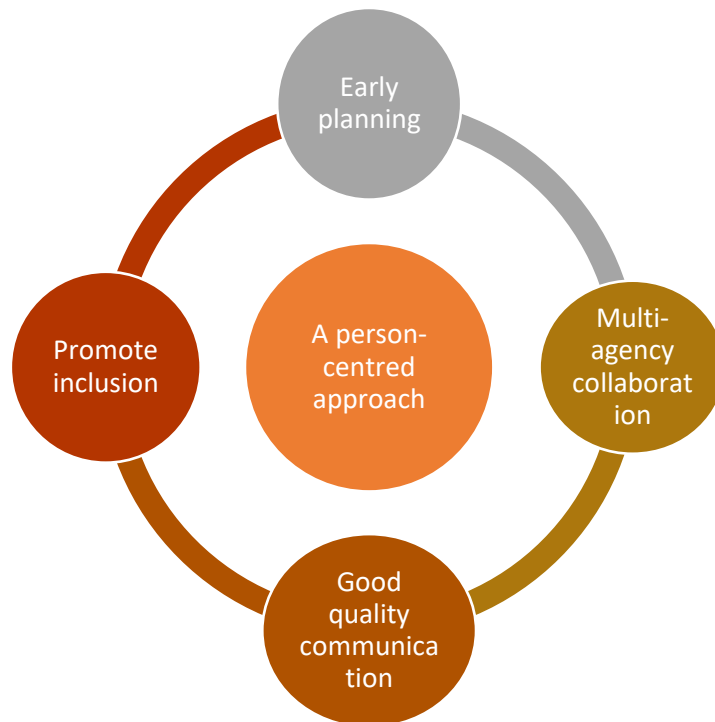
- are able to pursue their own goals;
- feel embraced and respected by their community;
- have their independence recognised and are able to make choices about decisions which impact on their lives;
- receive support in a timely, compassionate manner and that is effective at promoting their personal wellbeing; and are able to maximise education, training and employment opportunities.

*(Draft Regional Multi-Agency Transition Policy for Children and Young People with Complex Care Needs 2024)*

### **Our Key Principles**

Neath Port Talbot Council has a critical role in promoting the rights and well-being of young people to help them to reach their full potential. Our aim is to ensure a smoother transition between services, and to develop a clear process and understanding for the families and children and young people. We aim to have a no wrong door approach and remove any barriers to achieve better outcomes.

We are committed to working in a manner aligned with the Principles and Standards outlined below.



### **What works well and how we plan on delivering on the principles**

There is a dedicated Principal Officer in both children and adults services to support transition. There are monthly meetings whereby the current process and future developments are discussed. As a result of the review, we have made changes to the teams in adult services to support with transition and we also now have improved data to allow us to map and track cases.

We now have a designated officer for Neurodiversity who sits across both children and adults services to provide information advice and assistance.

As well as the work being undertaken locally, there is a regional group sitting under the West Glamorgan Partnership to develop a regional multi-agency transition document.

### **Regional Working**

The Neath Port Talbot Principal Officer for transition in Adult services is the Chair of the Regional Transitional Working Group. The scope of this working group is to deliver a Regional Multi-Agency Transition Policy for Children and Young People with Complex Care Needs. This group is made up of representation from social services, health, education and the 3<sup>rd</sup> sector, along with citizens. This working group is currently producing a Transition Policy

### **Strengthening of the process**

We have looked to strengthen the transition resource in the Complex Disability team by; having a designated Deputy Team Manager with oversight and operational management of transition pathways. We have identified specific training needs for those workers involved in transition

There is now additional Social Work capacity to support with early planning to ensure the full involvement of the young person and their family or carers to ensure they are involved in the decision making and what is important to them. This can lead to better experiences and outcomes for young people.

### **Mapping and Tracking**

We have worked to identify and map the accommodation and care needs of young people transitioning to inform the future commissioning of services. This will enable us to work towards solutions and to identify gaps in provisions and pathways. This has provided us with a far better understanding of those children and young people transitioning.

We have been able to undertake joint capacity assessments at an earlier point to inform care planning.

There is early planning, sharing of information via existing well established pathways. There are monthly transition meetings between children and adult services for information sharing. There is an interface meeting with education in respect of young people in transition particularly from Ysgol Maes-yr-Coed. We have been working with education in respect of the Additional Learning Need (ALN) development and are in attendance at the 16 plus education group to develop services.

Work is being undertaken in respect of developing children and young people's independent living skills.

Systems are in place to identify young people who will move from children's to adult's services (aged 14) and to start involving them and their families or carers in planning their transition by the age of 16. The current pathway planning is also to inform commissioning priorities.

### **What does this look like?**

#### **Referrals for support / managed care plan**

There are currently 40 referrals open to the Complex Disability for young people under 18 and there are 86 young people between the ages of 18-21 who are being supported (most but not all of whom will have been referred through a transition pathway).

There are 32 young people aged between 18-21 who are known and supported by the Clinical Learning Disability Team.

#### **Referrals for accommodation:**

There are currently 5 children and young people placed in residential care aged 16 plus. Out of those cases 3 have been identified as requiring accommodation and care due to their complex disability needs. Out of those 3 needing accommodation; 2 are likely to require a residential placement and 1 could be supported in a shared lives arrangement or in supported accommodation when he reaches adulthood.

There are currently 15 children under the age of 16 in residential care. At this time it has been identified that 1 is likely to require a residential placement given his complex disability when he reaches adulthood. The other young people could be supported by other accommodation arrangements, such as step down foster care or supported accommodation.

### **Pathway Planning:**

The Principal Officer for children's services chairs a monthly Complex Needs Panel. This is a multi-agency panel whereby young people with complex circumstances are discussed. Children and young people who are placed in residential provisions and have high packages of care are discussed and their plans are reviewed. Multi-agency commissioning and funding of placements is explored at this meeting along with ensuring that cases have been referred for transition in a timely way.

Quarterly residential workshops are held to review the care plans of children and young people in residential care. The members of the workshop consider the longer term care planning for children and young people and ensure that the identified placement continues to meet that young person's identified needs.

For some young people who leave residential care, moving to a foster family is not the right care plan for them. Some young people's needs are better suited to a supported housing provision. We have been developing young people's independent living skills in readiness for this. We have seen some young people successfully step down to these arrangements. We are currently undertaking a placement sufficiency exercise and considering the in-house and external commissioned market options to provide this accommodation for young people aged 16 plus.

We have also developed our foster plus scheme to include Tier 4 Step Down from residential care. We will be looking for foster carers who are able to care for our older more complex young people to enable them to step down from residential care arrangements.

### **Next steps**

We are reviewing current pathways and will develop a clear and defined pathway for children and young people who are transitioning to adult services.

We have clear information in respect of future accommodation needs, therefore our next steps will be to review high cost packages of care provided to young people at home including short breaks/respite and day opportunities.

We will be working closely with our colleagues in commissioning to strengthen the accommodation and care market by commissioning models of care/support to meet current need and demand. This will be informed by mapping and early identification given that there is currently an overreliance of high cost residential care market in the absence of alternative models of accommodation and care.

We will be develop and strengthen the offer of Adult Placement / Shared Lives provision to include young people transitioning to adult services with the focus of progression, promoting

independence, empowering young people. This is in line with adult services transformation agenda of bringing Adult Placement / Shared Lives in-house.

We are in the process of establishing of a Transition Panel which will be jointly chaired by the Principal Officers in children and adult services. The Principal Officer for Prevention Early Intervention along with the Principal Officer for Leaving Care will also sit as members of the panel. This panel will consider care plans for those young people aged 14-25 but with a particular focus on those aged 16 to 19 initially. This panel will consider the long term care plan and be a decision making forum to consider the plans. This panel will ensure consistency across the service and will also ensure that all options are considered and that the young person's needs are identified and met appropriately.

The panel will also consider risk management plans and also look at accommodation needs. The aim is to strengthen the systems and mechanisms involved in multi-agency working across professional boundaries and services. The panel will also promoting appropriate access to services, including prevention early intervention services. The aim is to foster closer more joined up working, shared values and pooled thinking.