

# national transition support team

working together to improve transition  
for disabled young people

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## Case Study: East Sussex

### Introduction

This case study is about establishing a dedicated 16 to 25 transition service in East Sussex.

### Overview

East Sussex has been working towards a dedicated transition service for disabled young people from 16 to 25 years. This case study looks at how they achieved this and the issues they faced along the way.

### Main transferable learning points

- Senior sign up from both Children's and Adult services is essential when developing a dedicated team
- Involving young people and parents/carers from the outset will support the development and make sure you get it right for young people
- Having a dedicated project manager to manage change can keep the momentum going

### A description of East Sussex

The population of East Sussex is approximately 510,000 and we have approximately 115,914 children and young people aged 0 to 19. 2374 children and young people aged between 2 to 19 have statements and a further 11,000 are on School Action or School Action Plus. 945 young people who are aged between 14 and 19 (NCY 9 to 14) have statements.

Over the next seven years an estimated 600 to 800 children and young people aged 16 to 25 will require additional support from one or more agencies after full time education. An average of 70 young people per year 'move' from Children's Services into Adult Social Care (this number is increasing each year)

About 360 people aged 20 to 25 receive a service provided by Adult Social Care. An average of 70 young people per year 'move' from Children's Services into Adult Social Care (this number is increasing each year). A number of these young people will need services/support from the Health service.

### Introduction to the case study

This case study focuses on how East Sussex has addressed a number of issues in relation to the transition process that were impacting on our ability to ensure positive outcomes for young people, and the pathway that we followed to establish a 16 to 25 Transition Service.

The case study details;

- why we implemented a multi-agency Transition Framework based on the nationally recognised key elements for good transition planning (strategy, protocols and pathways, training, planning tool),
- why we established a dedicated 16 to 25 Transition,
- the problems and issues that we have encountered along the way and how we have address them, and
- the challenges that we still face.

## Background

### *What were the issues?*

In East Sussex we were aware that transition for young people with a disability and/or special needs had evolved into a complex process involving a number of agencies, duties, processes and assessments/plans. Young people and their parents/carers were receiving copious amounts of information from a range of agencies, (sometimes differing information) on which to base decisions about choices and options for the future. The number of young people with complex needs requiring support both during and after transition was increasing, as were costs. In addition the national agenda was changing to a person centred focus in the context of Putting People First and the personalisation agenda. We knew that we had to make changes to ensure we were “fit for purpose” in the future.

### *What were the drivers for change?*

We knew that we had a number of strengths including multi agency protocols and planning and were committed to ensuring that transition was a seamless and positive experience for young people and their families with good outcomes. But through consultation, parents expressed their dissatisfaction with the inconsistent approach to transition, the lack of good quality information to help them make informed choices and, that the whole process *was “not centred on the young person and their wishes/aspirations but on the needs of the service.”* We knew that we wanted to:

- ensure that transition was meaningful for the young person and the family,
- enable each young person to achieve their maximum potential,
- provide continuity at a time of major change in a young person’s (& their family’s) life,
- provide a single service focus for the young person, family/carers and other services,
- forward plan for future commitments in a cost effective way,
- remove divisions across all agencies in East Sussex at a key point in the young persons life.

But like every other local authority, East Sussex was faced with a rising number of young people with complex needs and reducing budgets. Change was essential if we were to ensure sustainability for the future.

### *Getting started?*

Before we could make the necessary changes we needed to know in detail what the issues and barriers were from an internal perspective, so in September 2007 we commissioned an independent Consultant to project manage a three month review that reviewed;

- the current transition process and transition panels,
- agency roles, responsibilities and inter-agency working,
- person centred approaches and partnership working with young people, parents and carers and
- made recommendations for the development of an effective Transition Service.

A Project Board was established chaired by the Director of Adult Social Care and the Assistant Director of Children’s Services, and included representation of key officers from both Children’s

Services and Adult Social Care. The Project Board’s role was to oversee the Project and

make decisions about identified necessary changes.

A Project Team was also established (CS, ASC, SEN & Disability, Commissioning, MH Services). Their role was to oversee the day to day running of the Project and work together to find solutions to identified issues and barriers.

The outcome of the review made several recommendations that focussed on establishing and embedding a multi agency transition framework that was sustainable and not subject to breaking

down if any one person left. The review also considered a number of options for a Transition Service in East Sussex.

The multi-agency Framework agreed was:

- **Steering Group** to ensure partnership working to achieve consistency in planning, service commissioning and operational management of Transition services in East Sussex. SG members from all the key agencies have the power and authority to make decisions and take them forward and sign up to the multi agency process.
- **Strategy** set within a Policy framework to ensure a multi-agency process that facilitated joint planning and where necessary commissioning and promote the personalised care agenda.
- **Protocols and Care Pathways** for all disabled and vulnerable young people in transition who meet the Disability Discrimination Act 1995 (DDA) definition of a disabled person
- **Planning Tool** to inform effective commissioning and support robust procurement processes across all agencies.
- **Information & Communication Strategy** that ensures a robust and sustainable programme of information sharing with young people, parents/carers and professionals that enables both the young persona and family to make informed choices about the future.

- **Staff training programme** to support staff in a consistent approach to person centred transition planning and the development of a shared understanding of the roles and responsibilities of the different agencies.

Once the Steering Group was established and a Transition strategy agreed we moved forward with scoping and developing a **Transition Service**. We considered a number of examples across the country and although we did not find any one model that met the needs of ES, we took the best practice from each and finally agreed to undertake a scoping exercise that focused on developing a Transition Service that would:

- Work with 14-25 year olds with a range of needs across all care groups leading to:
  - improved outcomes for young people that enable them to achieve maximum potential; and
  - ensured continuity at a time of major change in the lives of a young person and their family.
- Develop a service with the expertise, skills and knowledge to support young people.
- Establish processes that were cost effective and sustainable.
- Embed processes that reduced reliance on residential care.

## **Aims and Objectives**

### ***What were we trying to achieve?***

- a seamless, integrated, consistent and equitable multi agency approach to Transition that was meaningful for the young person and the family and enabled each young person to achieve their maximum potential,
- provide continuity at a time of major change in a young persons (& family's) life.
- provide for a single key worker for the young person, their family/carer,
- provide a single service focus for the young person, family/carers and other services,

- forward plan for future commitments in a cost effective way,
- remove divisions across all agencies in ES at a key point in the young persons life
- change to a more personalised agenda and
- ensure sustainability for the future

### **What benefits were/are we hoping for?**

- improve outcomes for young people with realistic options post 19
- increase young people's and parents participation in the process and outcomes
- ensure that decisions made at a young age are consistent with expectations for later life and complement ES strategic direction
- a process that is jointly owned with all partners, including accountability and responsibility at a senior level
- sustainability for a changing population
- financial sustainability for the future
- a dedicated Transition Service that will make the necessary changes and drive good person centred practice in a sustainable setting
- a Transition Service that will offer young people, parents and professionals one point of access during the transition period

### **What are our long term goals?**

- extend the Service to 14 to 25 and embrace a wider group of young people with a range of needs
- bring a wider range of partners into the new Service
- ensure that the Planning Tool is sufficiently robust to inform commissioning and ensure that we are

offering a range of services and choices that young people want

- reduce the reliance on residential care by offering a range of options
- work with providers to develop a range of alternative options to residential care
- ensure young people and families are more involved in shaping the future
- introduce the personalised agenda at a much earlier stage, i.e. person centred transition planning for young people that will focus on IBs and DPs
- ensure sustainability for the future

### **Approach**

We appointed an independent consultant to review;

- our transition process and transition panels including policies, protocols, pathways
- agency roles and inter agency working
- person centred approaches and partnership working with young people, parents & carers
- identify the issues, gaps and barriers that were preventing a smooth transition (this included internal barriers and perceptions) and offer recommendations to make necessary changes and
- make recommendations in relation to the development of an effective Transition Service across Children's and Adult services, including consideration of the role of key workers or lead professionals.

### **Timescales and milestones**

**Pre September 2007** – consultation young people, parents & carers, partners; established a Project Board (that met every 6 to 8 weeks during the review) chaired by the Director of Adult Social Care and Deputy Director of Children's Services and agree an action plan to review transition.

**September to December 2007** – appointed independent consultant to undertake review; established Project Team of senior officers to work with the consultant and oversee the review. (Project team met monthly throughout the review). Consultant interviewed a range of professionals in

both the Children's Service (education and social care) and Adult Service, schools, Connexions, LSC, health partners, parents and voluntary services.

**January 2008 to March 2008** – review report and recommendations considered. Action plan agreed to take recommendations forward.

**April 2008 to March 2009** – independent consultant retained to project manage the change including establishing/facilitating a multi agency Steering Group, drafting a Transition Strategy, establishing the transition framework, information events for staff and partners, preparing for the appointment of a Transition Service Manager, drafting proposal for a planning tool, developing existing young people's participation groups and parent's participation groups to be actively involved with making change happen.

**April 2009 to December 2009** – independent consultant retained to continue to project manage the change with ESCC officers, this included embedding the framework, developing a training strategy and an information and communication strategy, appointing to the Transition Manager post and scoping the new Transition Service.

**January 2010 to December 2010** – independent consultant retained to continue to project manage the changes. Proposal for new Transition Service agreed, project manager and ESCC

officers undertook intense work on resolving identified "risks" that included governance, safeguarding, ownership and accountability. Profiling the 16 to 19 years olds who will transfer into the new Service in 2011.

**January 2011 to March 2011** – new Transition Service Manager appointed, consultation events with staff, unions, partners and parents. Finalizing protocols & pathways including safeguarding. Revising all existing information and producing new communication leaflets/information documents. Establishing Transition Planning Tool. Establishing Training Strategy for new Service and partners. Establishing person centred planning strategy. Recruiting to the new Service.

**April 2011 and March 2012** – Transition Service operational on 1 May 2011, young people transferred into the Service, embedding principals of new Service, developing joint assessments, independent evaluation of the new Service and its outcomes during the first 12 months.

### ***Who were the key people involved on both a strategic and operational level?***

Project Board – Directors of CS and ASC – crucial to make change happen.

Project Team – senior officers from all services (including operational and commissioning) in CS and ASC.

Steering Group – that included parents and young people as well as partners from operational and commissioning areas.

### ***How the project was financed?***

Funding for the consultant, workshops, information events, young people and parents participation, parental attendance at the Steering Group were jointly funded by Children's Services and Adult Social Care.

### ***How the project was managed?***

- Project Board – chaired by Director of Adult Social Care and Deputy Director of Children's Services, meeting regularly to make decision and resolve issues.
- Project Team – senior officers from CS and ASC meeting regularly to oversee the project and work with the Consultant to identify, address and resolve issues.
- Consultant – to project manage and facilitate the process from the original review to the inception of the new Transition Service.
- Steering group – to work with the Project Team to implement a multi agency strategy and framework that supported the new Transition Service.

### **Challenges**

#### ***What problems did we encounter?***

We knew that we had a number of strengths in relation to transition that included a commitment

to continually improve transition to ensure that young people and their families achieved the best possible outcome. Transition was a high priority for both Children's and Adult services at a strategic and operational level and had been identified as a strength in a recent JAR. Multi-agency protocols and process existed but we were still not delivering what young people and parents wanted and we were spending vast sums of money on expensive placements because of the timing of adult services involvement.

The review identified that the absence of ownership, accountability, investment and a robust Transition Framework were partly to blame for our performance. We were confident that a dedicated Transition Service would help us achieve our goals but had not expected how complex it would become to put our proposals into action or how long it would take – three years after the original review.

Some of the issues were:

- Governance - barriers created by the different statutory and legislative duties for Children's Service and Adult Social Care, i.e. child protection, looked after children, safeguarding adults, Director's responsibilities.
- Internal financial/budget processes, different IT systems, different ways of working.
- Cultural differences, proposed new ways of working, impact on staff and morale.
- Ensuring ownership, accountability and responsibility across all agencies.
- Increasing expectations from a range of duties and guidance in both CS and ASC.
- Cost pressures due to increased numbers, user and carer choices.
- The delays that were created by not being able to appoint to the Transition Service Manager post.

### ***How did we overcome/deal with them?***

We had to compromise to ensure that we could move forward with our proposal to establish a Service, i.e. move from a 14 to 25 Service to a 16 to 25 Service.

We stuck at it and, although we came across many challenges, we worked closely together to achieve our goals. A major success in driving the service forward was the successful appointment of a manager for the new service.

There are still issues to be faced but we are confident that our shared vision will support us in overcoming them. Many challenges are in relation to processes and structures within the County Council for instance budgetary arrangements and pressures. However, the joint resolve of two large departments should ensure that we find ways to achieve our goals.

Changes to the NHS will lead to some uncertainty about the future in relation to multi-agency approaches but there are also a number of positives arising and we will seek to maximise these and ensure that we do not suffer from further 'planning blight'.

### **Successes**

- Multi-agency accountability and responsibility for transition in East Sussex.
- A shared understanding of the roles and responsibilities of partners and a process (Steering Group) to address issues and barriers.
- A dedicated 16 to 25 Transition Service, jointly owned/financed/and managed by both Children's Service and Adult Social Care that will remove barriers across all agencies at a key point in the young persons life.
- A single service focus for the young person, family/carers and partners that will enable a consistent person centred approach to transition.

### ***What were the biggest contributors to these successes?***

- Commitment from Directors of CS and ASC.

- Commitment and willingness of officers to make change and overcome cultural and legislative differences.
- Commitment from partner agencies.
- Vision to see how things needed to change and do things differently
- Parents' willingness to work with ESCC to make change.

### **Lessons learned?**

- The complexity of trying to establish a unified Transition Service.
- The importance of involving parents and young people.
- The significance of good communication with young people, parents/carers, staff and partners.
- The importance of appointing a project manager to oversee the development and implementation of such a major change programme.
- The need to be flexible, tolerant, open to change and ready to compromise.

### **Conclusion**

#### **What was achieved?**

- A multi agency approach to Transition in East Sussex.
- Ownership, accountability and responsibility across all agencies at a senior level.
- A Transition Framework to implement change and govern for the future.
- A dedicated 16 to 25 Service
- Commitment to move to 14 to 25 Service in 2 years.
- Progress over the past 3 years has seen East Sussex become one of seventeen LAs in Development Stage 4 of the NTST programme.

### **Feedback from parents about the proposed new Transition Service.**

#### **What do you think about the new Transition Service?**

*"...looking forward to the proposed streamlining of assessments....."*

*"...encouraging to know that with the introduction of a dedicated case work for those aged 16+, there will be the opportunity to collate the assessments and hopefully reduce the amount of duplication and repetition....."*

*"....encouraged to hear about the new pcp's.....which can be updated to reflect the changing needs/aspirations of the young person..."*

*"...delighted that a specific Transition Information Pack will be given to all young people as they enter the Transition Service...."*

#### **What do you want the Transition Service to achieve?**

*".....clear, coherent information at regular intervals throughout the process, so that we know what will/is likely to happen and when....."*

*".....I hope that the new service will deliver on its aim to streamline assessments.....to avoid the intensely frustrating task of repeating information over and over to different professionals....."*

*"Would really like to see a young person's transition worker staying with them right through the transition process to maintain consistency and knowledge of the young person....and that their family are working with someone who really knows the needs/aspirations of the young person....."*

#### **Future plans**

- Independent evaluation in March 2012.
- Move to a 14 to 25 Transition Service within 2 years.
- Bring partners into the Transition Service.

- Develop person centred joint assessment.

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### How to...?

#### Key issues and principles

- The complexity of trying to establish a unified Transition Service when there is such differing legislative duties and guidance.
- The importance of involving parents and young people.
- The significance of good communication with young people, parents/carers, staff and partners.
- The importance of appointing a project manager to oversee the development and implementation of such a major change programme.
- The need to be flexible, tolerant, open to change and ready to compromise.

#### Barriers

- Governance - barriers created by the different statutory and legislative duties for Children's Service and Adult Social Care, i.e. child protection, looked after children, safeguarding adults, Director's responsibilities.
- Internal financial/budget processes, different IT systems, different ways of working.
- Cultural differences, proposed new ways of working, impact on staff and morale.
- Ensuring ownership, accountability and responsibility across all agencies.
- Increasing expectations from a range of

duties and guidance in both CS and ASC.

- Cost pressures due to increased numbers, user and carer choices.
- The delays that were created by not being able to appoint to the Transition Service Manager post.

#### How to turn it into good practice

- Commitment from Directors of CS and ASC.
- Commitment and willingness of officers to make change and overcome cultural and legislative differences.
- Commitment from partner agencies.
- Vision to see how things needed to change and do things differently
- Parents willingness to work and make change happen.

## Key policy and legislation

DfES	2001	Special Educational Needs Code of Practice
DfES	2003	Every Child Matters
DfES	2004	Every Child Matters: Change for Children
DCSF & DH	2008	Aiming High for Disabled Children: Draft Core Offer Standards Paper
DH & DCSF	2007	A Transition Guide for all Services
DH	1986	Disabled Persons (Services, Consultation and Representation) Act
DH	1989	The Children Act
DH	1990	The NHS and Community Care Act
DH	2000	Carers and Disabled Children Act
DH	2001	Valuing People: A new strategy for learning disability for the 21 <sup>st</sup> century
DH	2002	Fair Access to Care Services
DH and DfES	2004	National Service Framework for children, young people and maternity services
DH	2005	Independence, Well-being and Choice.
DH	2006	Our health, our care, our say: a new direction for community services, Health White Paper
DH	2006	Our health, our care, our say: Making it happen
DH	2006	National Service Framework for children, young people and maternity services. Transition: Getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services
DH & DCSF	2007	A Transition Guide for all Services
DH	2007	Valuing People Now: From Progress to Transformation
DH & DCSF	2008	Moving on well; a good practice guide for health professionals and their partners
DH	2008	Putting People First: A shared vision and commitment to the transformation of Adult Social Care.
HM Treasury	2007	Aiming High for Disabled Children
Prime Minister's Strategy Unit	2005	Improving the Life Chances of Disabled People
CSCI	2007	Growing up matters

## **Acknowledgements**

The National Transition Support Team would like to thank the staff at East Sussex County Council for their assistance with this case study.

### **National Transition Support Team (NTST)**

NTST is working alongside the National Strategies and the Child Health and Maternity Partnership to coordinate the delivery of the Transition Support Programme.

NTST is based at the Council for Disabled Children (CDC), the umbrella body for the disabled children's sector in England. CDC is hosted by NCB. [www.ncb.org.uk/cdc](http://www.ncb.org.uk/cdc)

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