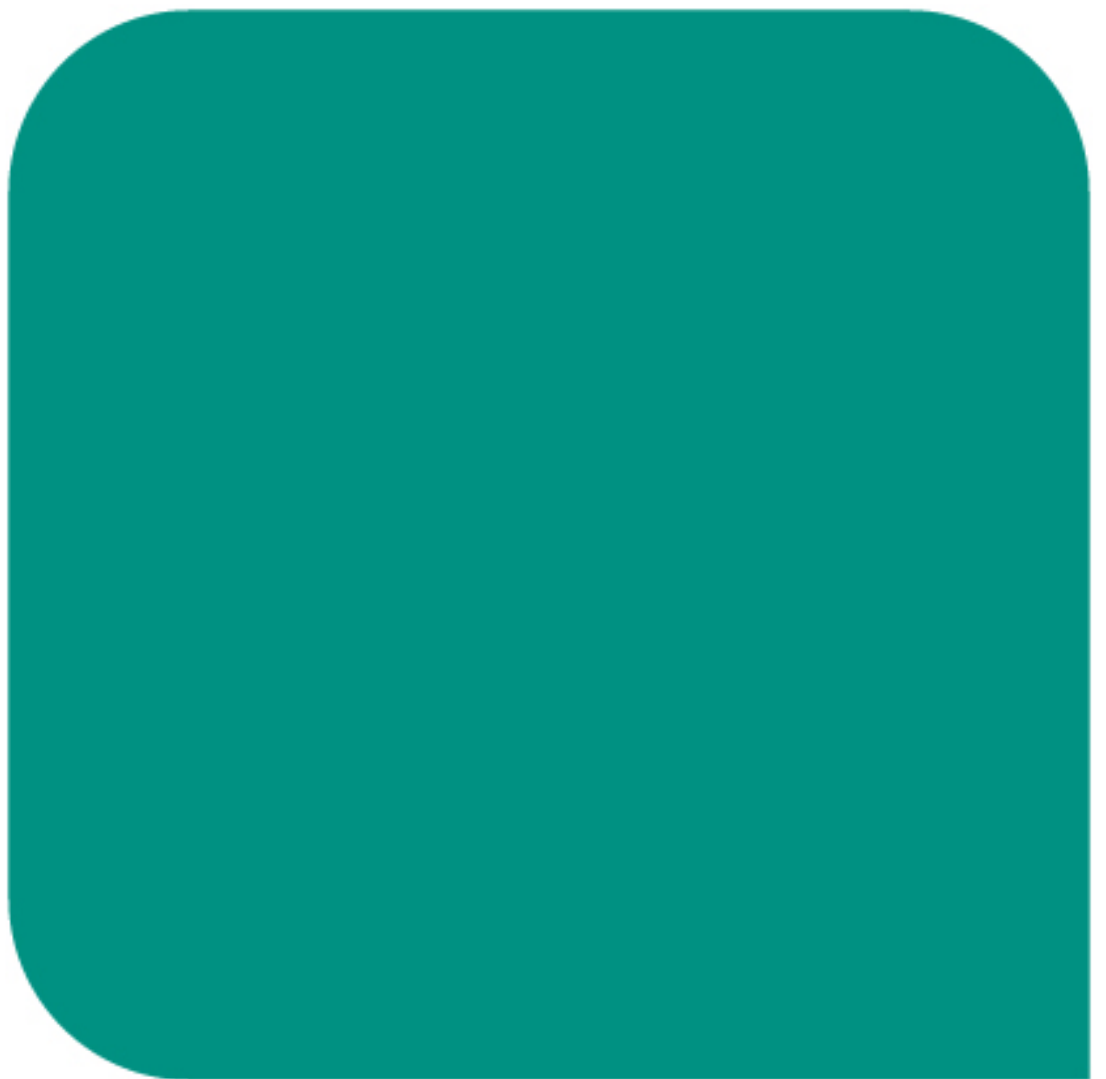




social care  
institute for excellence

# Preparing for adulthood: The role of social workers



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- benefit from huge reach and a vast knowledge/evidence base including e-learning tools and resources alongside topical blogs and articles
- offer a range of flexible and tailored input (training, consultancy, topic expertise, research, evaluation, facilitation, coaching)
- work in highly collaborative ways, including leveraging in others where this might lead to better solutions and outcomes.

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## Foreword

I am very pleased to introduce this guidance to help social workers and others involved in working with young people with learning disabilities.

The challenge for us is to move away from idea of systems – that children supported by children’s social care services just need a process to transition to support and arrangements from adult social care to achieve the best possible adulthood.



Instead we need to focus on relationship and strengths-based practice and facilitating wide-ranging support for children and families to help them achieve independence as adults – a planned progression. I asked SCIE to develop this work because such good practice in helping people to move to adulthood has emerged as a theme in the Named Social Worker programme that has been piloted. I was also aware that some of the existing guidance on transition was not up to date.

I am pleased then that the sector now has a comprehensive and up-to-date guide on supporting children with learning disabilities into adulthood, and that the contribution that excellent social work practice can make in improving people’s lives is getting a much-needed focus.

Lyn Romeo  
Chief Social Worker for Adults  
England

# Introduction

This guide looks at what social workers need to do to help young people with learning disabilities prepare for adulthood (transition). It was commissioned by the Office of the Chief Social Worker for Adults, and builds on work carried out by Innovation Unit and the Social Care Institute for Excellence (SCIE), looking at whether a Named Social Worker (NSW) approach might improve support to people with learning disabilities generally, including those in the transition process. We have developed a practice framework for social workers and their employers to use, when supporting young people to prepare for adulthood.

## Key messages

- Getting the transition to adulthood and adult services right for people with learning disabilities has proved stubbornly problematic for many years, and people with learning disabilities have been disadvantaged as a result.
- Aligning multi-agency systems in both children's and adults' services poses genuine challenges, but these can be worsened by a lack of integration, risk-averse organisations and funding pressures.
- Social workers have an important role to play in making transitions work better: they are well-placed to help young people and their families navigate these systems, and aspire to and achieve a good quality adult life.
- To do this, social workers need:
  - the right support, systems and commissioning
  - an understanding of social care law, social work theories and adolescent development
  - a commitment to human rights, and the confidence to apply this
  - the ability to work effectively in multi-agency settings
  - a focus on each person they support – what they want, what their family wants and what the social worker can do to support them to achieve their goals.
- With this framework of things in place, social workers can play their part in preparing young people for adulthood successfully.

## Context

Becoming an adult is typically an exciting time for any young person, and one which opens up the possibility of new opportunities. Early adulthood often brings changes in a young person's education, work life, love life and friendships, and it can be a time when people leave home and live independently for the first time.

The same excitement, and the same opportunities, exist for young people with learning disabilities as they enter adulthood. For too many of them, however, this period of preparing for adulthood, often known as transition, is characterised not by excitement, but by frustration, as different agencies – social care, health, education and others – seem sometimes unable to support the young person and their family smoothly in the change from children's to adults' services.

This has proved a challenge for services for many years, and there has been no shortage of guidance over that time that has tried to point to better ways of working. Some of that guidance has focused on the whole system of care and support around young people, and certainly, for a good quality transition to happen, the different agencies need to work effectively together.

## About this guidance

This guidance looks more specifically at the role of social workers, and what they need to do to help people with learning disabilities prepare for adulthood well. It has been commissioned by the [Office of the Chief Social Worker for Adults](#), and builds on recent work carried out by the [Innovation Unit](#) and the Social Care Institute for Excellence (SCIE), looking at whether a [Named Social Worker](#)(NSW) approach might improve support to people with learning disabilities generally, including those in the transition process. A series of NSW pilots explored how ongoing relationships between confident, well-informed social workers and the people they support could make life better for people with learning disabilities, as well as increase satisfaction for social workers. It also demonstrated the potential positive effects for everyone involved.

## A practice framework for social workers

In this resource, we have developed a practice framework for social workers and their employers to use, when supporting people to prepare for adulthood. The resource draws on different sources of information:

- the lessons of the NSW approach
- conversations with young people in the transition age group
- feedback from parents of young people with learning disabilities
- the practice experience of principal social workers (PSWs) and other sector experts
- the research and resources already available in the sector.

The framework consists of five elements which together can help social workers in this field to play their part in supporting young people. The elements are:

- Having the right conditions in place.
- Underpinning knowledge.
- The right values, skills and attributes.
- Supporting the person through the system.
- Focus on the young person.

In each section of the framework, we explore the context in which social workers are operating, recognising that the context is often a challenging one. We then look at what can be done to overcome the challenges, with reference to the NSW lessons, and identify pointers towards a better way of doing things. These pointers are then set out in brief as top tips to consider. Where appropriate, each section includes people's stories, and resources for social workers to consider in their practice. Comprehensive lists of resources and tools relevant to this area of work are included in each section of the guidance.

## National policy and improvement checklist

This resource includes two other elements. One is a review of significant national policy and practice guidance relating to preparing for adulthood, which rates it in terms of:

- its relevance to social workers
- its use of evidence
- its involvement of users of services and their families
- whether it is subsequent to the Care Act and the Children and Families Act.

The second is a checklist, based on the guidance, of what a social worker will need to have in place to do their best work, but also what they need to do themselves to support young people effectively. We recommend this checklist as the basis for supervisions and team meeting discussions.

The term 'transition' is often used to describe this period in a young person's life. In this resource, we primarily use the phrase 'preparing for adulthood' for two reasons. Firstly, young people with learning disabilities are readying themselves for being adults; this is much more meaningful than merely the transition from children's services to adults' services, which is just one aspect of a young person's life, and far from the most significant. Preparing for adulthood is a process, not an event; not a transition that just takes place on someone's eighteenth birthday.



## Having the right conditions in place

Social workers need supervision, training, reasonable caseloads, integrated systems and good local commissioning to best support people as they prepare for adulthood.

### Challenges we face

No social worker, however skilled and knowledgeable, and with whatever passion for person-centred practice, can effectively support a young person and their family to prepare for adulthood in isolation, and without the right support themselves. To practise effectively, social workers need to be operating in systems that bolster good practice. Some things in this section will be beyond the power of individual practitioners to put in place. However, it is important that practitioners can call on frameworks such as this, to make a case for working conditions and systems that allow them to work to their best ability, in support of young people and families.

*'In the current operating model, time and resources are often focused on servicing processes and minimising risks, leaving less time to focus on enabling people to live the life they want to live. Social workers, who came into the profession to deploy the best of their humanity, empathy and resourcefulness to help people flourish, can find themselves managing large caseloads and focusing on tasks and protocols to meet service throughput targets.'*

[Putting people at the heart of social work: lessons from the named social worker Programme \(Innovation Unit & SCIE, 2018\)](#)

### Caseload pressure

Social workers frequently wrestle with large caseloads. Alongside this, pressures on services mean that allocations often only take place either when a young person is nearly or already 18, and planning then needs to happen too quickly, or when the young person is experiencing a crisis. Either way, it becomes hard for social workers to plan and practise as they should, for example by taking the time to consider more bespoke, community-based options for people.

Caseload pressure has other effects. It can become custom and practice to operate a model in which cases are closed as soon as any immediate tasks are completed, which leads to a repeated switching of practitioners, and militates against the development of a lasting, trusting relationship, which many of the people we have spoken to say is key to good transition support. Or, even more disruptively, cases are not allocated to a practitioner at all, and young people's future services are managed by duty social workers.

### Lack of support

To help address the challenges of work, and to discuss options for young people – especially where these are to be innovative or creative – good quality, regular supervision is vital for social workers, but too often we have heard from practitioners who do not benefit from this.

## **Lack of services**

For a social worker to be able to support a young person into adulthood effectively, there also has to be a range of good quality things available for young people to do, once their education comes to an end, so that tailored, creative support can be put in place. SCIE heard from young people in college that there are few options for them once their course is finished. The number of people with learning disabilities in paid employment, for example, remains stubbornly low – at roughly 6 per cent – despite years of initiatives to promote work as an option.

In some areas, quality community-based alternatives to employment simply do not exist, or not on a sufficient scale to provide support to substantial numbers of young people with disabilities. In part, this can be because commissioning budgets, stretched as they are, become disproportionately spent on a small number of extremely high-cost care packages.

## **Management systems**

Bureaucracy has long been a bugbear for social workers, sometimes perhaps excessively so; accountability to one's clients and one's employer does require a measure of paperwork. But, the balance needs to be right, and some management systems feel overly burdensome. Furthermore, some such systems are based on the premise that social work consists solely of assessments, care planning and reviews, and do not support the recording of all the additional meetings, phone calls and communication through which a social worker assists and reassures people at a time of significant change.

## **Disjointed networks**

We look in more detail elsewhere at the role of the social worker within a wider network of education, health and social care provision for young people. But it is worth noting here that, where those systems do not work well together, social workers can be hamstrung in their efforts to navigate an effective path to adulthood with and for the young person they support.

## **Making it better**

How best to put in place the structures and systems to support good transition work has been a matter of consideration for many years. In 2008, for example, the then Department of Health produced its 'Transition – moving on well' guidance, which called for joint strategic planning and good links between children's and adults' services; joint funding arrangements; a clear transition pathway; and transition teams with a skilled mix of core professionals delivering a comprehensive service to young people. It also recommended specialist commissioning for young people preparing for adulthood, alongside quality standards to enable performance management, and measurable outcomes to ensure a value-for-money service.

## **Relevant measures**

To take those last points first: quality standards and measures will always be controversial among social workers, with a recurrent strand of thought that as soon as one measures something, then it is the measurable that becomes important, rather than

actual, hard-to-quantify changes in a young person's life, such as more confidence, more independence and so forth. SCIE has some sympathy with this, but outcome measures are important for accountability, and the challenge thus becomes to develop measures that are meaningful for people preparing for adulthood (rather than, as can happen in adult social care, the target focus being predominantly on older people), and which capture genuinely important outcomes, for example work and independent living.

Some desirable outcomes for young people, such as being a part of one's community, with a strong friendship group, will always be hard to measure, but social workers need to be part of the discussion as to what can be monitored that would focus individual and organisational efforts in directions that actually benefit young people.

### **Joint working**

More broadly, organisational settings which promote joint working between professionals will benefit a cohesive effort to support young people to adulthood. There is a wealth of material, much of it from [SCIE](#), on how best to integrate services – the debate has raged even longer than the one on how best to manage transitions – but social workers we spoke to cited joint management arrangements and pooled budgets as the basic necessities for organisational arrangements which do not get in the way of good life outcomes for young people. If these outcomes are hampered because of fragmented service provision, social workers need to use their collective voice to push for local change. This could involve citing organisational Care Act duties to cooperate to promote wellbeing, or raising the issue in consultation and team forums.

The responsibility for addressing integration ultimately rests with senior, strategic leaders, but they need to hear from frontline staff if young people with learning disabilities are being adversely affected by organisational arrangements. Similarly, if disjointed IT systems hamper good transition planning, it may not be for any one social worker to address, but every social worker should raise the concerns they have about the impact on young people.

### **Effective commissioning**

Good commissioning is another key part of the structure that will enable social workers to support young people well. There needs to be a marketplace of appropriate support, with a focus on community engagement, and on services that are suitable for adolescents and young people. One issue that seems to beset many aspects of transition planning is that there is a binary distinction between children and adults, and a lack of provision for adolescents/young adults. We have heard from young people who don't want environments covered in cartoon animals, but also do not want, at 18, to be in settings designed for middle-aged people or older.

Regulation regimes are an issue here, because children's services are overseen by the Office for Standards in Education (Ofsted), and adults' services by the Care Quality Commission (CQC), and it can be problematic for organisations to get registration from both, if they want to cater for an adolescent cohort. Therefore, part of the 'ecosystem' in which a social worker needs to operate is the provision of good quality support options specifically for young adults.

## **Management support**

Support from managers is pivotal. Supervision, and opportunities to learn and to reflect – individually and in teams – all enable better practice, and managers cannot reasonably expect a good performance from social workers without making these opportunities available. But this needs to go beyond the simple provision of supervision and reflective sessions. These forums need to be places in which social workers are given permission to think creatively, to take risks and sometimes to make mistakes.

Evidently, this does not mean that social workers should be encouraged to take extravagant risks with the futures of young people, but it does mean that social workers, alongside the young people and families they are supporting, need to be allowed to work outside the often very risk-averse climates of local authorities.

Talking to professionals from the NSW pilot sites for this guidance, our Innovation Unit partners heard, among many similar messages, that ‘having a supportive manager willing to fight for what’s right ...’ and having managers ‘willing to get behind an ambitious vision’ were two of the main determinants in whether a piece of work succeeded in helping a young person embark on a future they wanted. The message that social workers need to be supported throughout the hierarchy by people who believe in young people in the same way as frontline staff is clear, and needs to be heard.

## **Team support**

A social worker, to work well, needs to be part of a team. Peer learning, mentoring and informal mutual support are all important elements in developing a social work culture in a team that consistently supports young people well. Looking beyond the team, access to the PSW in each local authority is useful too; they provide an expert source of knowledge and experience, without – as can be the case with managers – a parallel focus on target and budgetary considerations. Working in transitions, links with PSWs in both children’s and adults’ departments will be useful.

## **Staff consistency**

A supportive team network feeds into an important issue, raised consistently with young people and their families as perhaps the most determinative factor behind a good transition: consistency in staff support. As we see in our final section, a strong, trusting relationship between a young person and their social worker is at the heart of good transition planning.

But, given that any social worker may leave their job, or take extended time off, part of good transition team management is to have a focus on staff retention, and where possible some contingency/succession planning for when people do leave. Using a departing social worker’s notice period to introduce a new staff member to a family can help, as can joint case working, where newer staff learn alongside more experienced practitioners, and can then step in should the primary social worker leave.

The work the Innovation Unit did with SCIE looking at the role of the NSW approach in transition teams also stressed the importance of small teams that are familiar with each other’s cases, so that if a non-allocated worker does need to get involved, they at least know the young person’s story to some extent.

## Manageable caseloads

If a social worker is to truly focus on each person they support, their caseload has to be of a size that enables this. It is a challenge: budget pressures on local authorities make large caseloads more likely. But, allowing staff the time to work creatively reaps benefits in terms of outcomes and, as we explore in [Focus on the person](#), potential cost savings too. A framework that enables sufficient attention to be paid to everyone on a social worker's caseload is an important building block to a good transition service. Local authorities cannot burden practitioners with more work that they can do well, and still expect creative, community-based social work to take place.

## Team structures

It is worth noting that transition social workers can sit at different points within a local authority structure. This can be:

- within disabilities teams for children aged 0–18
- within disabilities teams for children aged 0–25 – this is becoming more common since the Children and Families Act 2014 expanded special educational needs provision to 25 years of age
- within standalone transition teams in adult social care
- within other adult social care teams, be they based on client need – e.g. learning disabilities – or geography
- within an all-age disability service.

There is no clear evidence as to which model works best for young people. We believe that the structural conditions necessary for good practice to flourish can exist in any of them; similarly, those conditions could be lacking, whatever the location of the social workers concerned. So what becomes important is not where within the structure social workers are located, but how they are supported, to best be enabled in turn to support young people. The National Institute for Health and Care Excellence (NICE) reviewed the available evidence in [Learning disabilities and behaviour that challenges: service design and delivery](#) (NICE, 2018) about which models of service delivery work best, and identified some important components for success:

- person-centred services
- a 'whole life' approach to planning and commissioning
- community learning disability teams to ensure access to specialist support
- a named worker to coordinate care and support
- behavioural support
- support during a crisis.

The call for people with learning disabilities to have access to a specialist service chimes with the messages we heard from social workers themselves, who pointed to the importance of learning disability expertise within teams. We look further at what social workers need to know in the next section, but there is perhaps at least some

indication that generic teams without a learning disability focus may not be the best model to help young people with learning disabilities prepare for adulthood.

### **Knowing your population**

This framework looks at how social workers can best support people with learning disabilities. A well-functioning system needs to include the ability to track, and make provision for, young people who do not straightforwardly progress from children with disabilities teams to adult social care, however that may be configured. These groups would include:

- Children with disabilities who are not known to children with disabilities teams, perhaps because they have been in out-of-area residential schooling from an early age.
- People who are not likely to be eligible for adults' services. The Care Act is clear that people must be offered an assessment for adult social care if they appear to have social care needs, even where it is unlikely they will prove to have eligible needs. But even where assessments are being offered, there is a cohort of people for whom support can drop away dramatically if and when they are found to be ineligible for adult social care.
- Children and young people entering adulthood with life-limiting conditions, who need palliative care alongside sensitive planning for the future.
- Young offenders. Often people in this group go from being seen as child victims to adult perpetrators overnight, a change with which they, and services, can struggle to cope.
- Siblings. The Care Act and the Children and Families Act (see [Underpinning knowledge](#)) have combined to give greater flexibility to how young carers can be supported, but siblings of young people with learning disabilities have specific needs and challenges that a local area will need to be able to address.

Each of these groups merit the close attention of policymakers, local leaders and frontline practitioners, but are outside the scope of this particular framework. We hope, however, that some of the main messages and themes here have an applicability to these groups.

### **Top tips**

1. Create protected time to build trusting relationships with young people and their families.
2. Allow time and opportunity to learn and develop, with an emphasis on reflective practice.
3. Social workers should have permission and opportunities to work in creative, person-centred and risk-aware ways.
4. Staffing should be consistent wherever possible, bolstered by contingency planning should staff leave, and by team awareness of other workers' cases.

5. Links should be in place with PSWs locally, for both adults and children.
6. Decent commissioning is vital: a range of services, shaped by an understanding of adolescents.
7. Collaboration with other services is also important, including co-location and shared management and budgets.
8. Practitioners should work towards measurable outcomes that promote accountability, and measure things of real worth to young people.

## Resources: guidance and tools

### Guidance

- [Developing and sustaining an effective local SEND system: a practical guide for councils and partners](#) (Isos Partnership, 2018)
- [Jointly commissioning palliative care for children and young people aged 0–25 including short breaks](#) (Together for Short Lives, 2015)
- [Learning disabilities and behaviour that challenges: service design and delivery \(NG93\)](#) (NICE, 2018)
- [Transition: moving on well – a good practice guide for professionals and their partners on transition planning for young people with complex health needs or a disability](#) (Department of Health & Department for Children, Schools, and Families 2008)
- [Transitional safeguarding: Adolescence to adulthood, strategic briefing](#) (RiPfA, 2018)
- [Quick guide: commissioning for transition to adult services for young people with special educational needs and disability \(SEND\)](#) (NHS England, 2018)
- [Quick guide: guidance for health services for children and young people with special educational needs and disability \(SEND\)](#) (NHS England, 2018)

### Tools

- [10 Steps Transition](#) (Alder Hey Children's NHS Foundation Trust)
- [In it together: achieving quality outcomes for young people with complex needs](#) (Children's Services Development Group 2009)
- [Named Social Worker site profiles and resources](#) (Innovation Unit, SCIE, 2018)
- [PfA Self-evaluation tool: local authority – adults' social care](#) (Preparing for Adulthood, 2015)
- [PfA Self-evaluation tool: local authority – children's social care](#) (Preparing for Adulthood, 2015)
- [Preparation for and transition to adulthood audit tool](#) (Preparing for Adulthood, 2018)

- [Stepping up: A guide to enabling a good transition to adulthood for young people with life-limiting and life-threatening conditions](#) (Chambers and Kelly, 2015)
- [The preparing for adulthood review: a good practice toolkit](#) (Preparing for Adulthood, 2015)



# Underpinning knowledge

Transition social workers need to understand the theories and techniques any social worker would use, child and adult social care legislation, and that adolescence is a distinct phase of development.

## Challenges we face

### **Understanding adults' and children's social work**

An inescapable challenge for any service supporting young people who are preparing for adulthood is that it involves practitioners knowing about laws and policies relating to both children's social care and adults' social care. The two different branches of social work have separate knowledge and skills statements, and social work training typically encourages a degree of specialisation between children's and adults' services, meaning practitioners can quickly lose familiarity, and therefore confidence, with the laws and policies of the 'other' part of social work.

A good example of this is the Mental Capacity Act. It straddles the transition age bracket, as it kicks in when people turn 16. Nonetheless, children's social workers supporting young people with disabilities report a lack of confidence in using it, not least because many are not trained to do so, on the assumption that it is for adults' services to engage with. This lack of exposure to particular laws feeds into attitudinal differences between children's and adults' services as well, which we shall look at more in [Right values, skills and attributes](#).

### **Understanding education**

Social workers need therefore to understand the legislation which shapes social care throughout the lifespan, but will also need to engage with the structures and policies of the education system, which can feel entirely unfamiliar. As we explore more in [Supporting the person through the system](#), the transition social work role can also involve engaging with the switch from paediatric to adult healthcare, which brings in another area to grapple with. Even if we limit the knowledge a social worker needs just to laws, policies and local systems, there is a lot to absorb.

### **Children one day, adults the next**

Social workers, employed by local authorities that divide services into children's and adults' departments, often view people through the same binary, child/adult lens. This is natural – our laws and systems reinforce it all the time. But the group of people who are preparing for adulthood are adolescents, and that is a distinct developmental phase. Clearly, social workers who support people with learning disabilities will be working with people whose development sometimes follows an atypical course, but it remains important that social workers understand that the people they are serving are not (except in law) simply children one day and adults the next, but are progressing through a period of change.

## Making it better

### Legal framework

Social workers need to understand the laws which shape the support that they offer to both children and young adults with learning disabilities. Four main laws operate here: for children, the Children Act 1989 and the Children and Families Act 2014; for adults (and for those approaching adulthood), the Care Act 2014 and the Mental Capacity Act 2005. Underpinning all of these is the Human Rights Act 1998, and a key message of the NSW work was that good social workers – supporting people of whatever age – have an understanding of the Human Rights Act, and the ability to use it to promote the rights and wellbeing of the people they serve.

To develop an in-depth understanding of these laws, there is of course no substitute for decent training and – more importantly – lived experience of putting the laws into practice. As a starting point, we set out here the main aspects of the laws, in particular those aspects which relate to people who are nearly or newly adults.

#### *Children Act 1989/2004*

- The Children Act 1989 still provides the basic legal foundation for promoting child welfare and protecting children from harm. It establishes the paramountcy principle – that a child's welfare must be the paramount consideration in any decisions about the upbringing of that child.
- The Act creates two main categories of children requiring input: children in need (dealt with under Section 17) and children at risk of significant harm (dealt with under Section 47). All disabled children are automatically categorised as children in need, as are any children whose health or development would be impaired without the provision of additional support.
- Assessing a child's needs requires a systematic approach to gather and analyse information about children and their families, looking at:
  - children's developmental needs
  - the capacity of parents and carers to respond appropriately to these needs
  - the impact of wider family and environmental factors on parenting capacity and children.
- The way that agencies and organisations should work together to carry out their duties and responsibilities under this Act and other laws is set out in the 2018 statutory guidance '[Working together to safeguard children](#)'.
- The Act also sets the rules for the care and accommodation of looked after children – people in care, fostering or adoption placements. Many of these young people will be eligible for transition assessments as they prepare for adulthood.
- Volume 3 of the guidance and regulations underpinning the Children Act clarifies that local authority responsibilities to disabled care leavers are the

same as to any other care leaver, and that the multiple services that may need to be offered to disabled care leavers should be as streamlined as possible.

- The Children Act 2004 created new structures and systems to shape children's social care, and introduced a duty for local authorities, and partner agencies such as health and the criminal justice system, to collaboratively promote children's and young people's wellbeing, and to safeguard them where necessary.

#### *Children and Families Act 2014*

- The Children and Families Act 2014 covers a wide range of issues relating to family life, including fostering and adoption, parental leave and flexible working, free school meals, family justice and smoking near children.
- Part 3 of the Act deals with the reforms to the provision of support to young people with special educational needs and disability (SEND). This is the part of the Act we are most concerned with here.
- The SEND reforms replace statements of special educational needs with education, health and care plans (EHCPs). These are in place until a person leaves education, or turns 25, whichever is sooner.
- Under the Act, local authorities must support the development of children and young people with disabilities, and support them to achieve the best possible educational and life outcomes.
- Local authorities have duties to identify, and then address, the needs of any young person with SEND in their area.
- The local authority must consider conducting an EHC assessment if a child or young person with SEND, or their family, requests one, or if such a person becomes known to the authority.
- An assessment should focus on people's aspirations, and draw on multidisciplinary input. It should determine if educational, health or social care support is to be provided to the child or young person, via an EHCP.
- EHCPs aim to provide a single plan addressing all of the social care, medical and educational needs of a young person with disabilities, and to have the wishes and aspirations of children, young people and families at the heart of these plans.
- Parents and young people have a right to request a particular educational provision, and the local authority has a duty to name this in the plan unless it believes it would not meet the person's needs, would be incompatible with the educational needs of others, or would not be an efficient use of resources.
- Once a child passes the point at which it is compulsory to attend full-time education (the last day of the summer term of the year in which they turn 16),

the Act classifies them as a young person, with rights to decide for themselves – subject to them having mental capacity – what outcomes and plans they wish to pursue.

- The Act creates a presumption in favour of mainstream education for children and young people with SEND.
- The Act promotes joint planning and commissioning between education, health and social care, at a strategic as well as an individual level.
- It creates a duty for a local authority to create a 'local offer' – the provision of information about services and support available in the area to children and young people with SEND and their families. The expectation is that the local offer will be a collaborative endeavour involving partner agencies, and children young people and families themselves.

*The Act is supplemented by a [SEND Code of Practice](#).*

#### *Care Act 2014*

- The Care Act 2014 is the most significant social care law since the establishment of the welfare state. It replaces a patchwork of previous legislation and establishes the promotion of individual wellbeing as the primary duty of local authority social workers.
- This creates a duty to develop personalised support, as everyone will have a different conception of what constitutes their individual wellbeing. One-size-fits-all services are not the best way to meet people's needs.
- The Act focuses on key concepts such as prevention and strengths-based approaches, and meeting needs through personal budgets and direct payments.
- Carers have significant new entitlements under the Act, to help them maintain their caring role while also enjoying things that are important to them.
- Good quality advice and information services, advocacy and commissioning, are all central planks of the Care Act.
- The Act requires local authorities to promote integration with the NHS and other key partners.
- Assessments under the Care Act should be offered whenever a local authority has reason to believe a person has needs. The assessment should be appropriate, proportionate, person-centred and focus on promoting wellbeing.
- The Act establishes a national minimum threshold at which people will be eligible for support. Instead of a council assessing levels of need, it will ask if people can achieve certain outcomes.
- Once an assessment has been made there is a duty on local authorities to produce care and support plans and to offer a personal budget. The Act also

sets out a duty to review care and support plans to ensure that they continue to meet the needs of the person.

- Adult safeguarding is, for the first time, spelt out in the law in the Care Act. Local authorities must make enquiries if they believe an adult is, or is at risk of, being abused or neglected.
- The Act requires assessments of young people in transition to adults' services when it is of 'significant benefit' for the young person to be assessed. There is no set time for this, but it must allow for decent planning to be done.
- An assessment must be done if it appears that a young person is 'likely' to have needs in adulthood; this applies even where those needs do not look like they would be eligible for adult social care support.
- Local authorities must make efforts to identify people who are not already known to children's social care, but who may have needs in adulthood, such as young people with degenerative conditions, who are in out-of-area educational settings, or who are in the youth justice system.
- The Act creates greater flexibility about assessment and support to young carers and adult carers of children with disabilities.
- Under the Act, children's services are required to provide services until adults' services have had a chance to take over any care package (which should be on a person's eighteenth birthday, except where circumstances prevent this). There should, therefore, never be a gap in the provision of necessary social care support
- See the [transition chapter](#) of the Care Act Statutory Guidance.

#### *Care Act and Children & Families Act – how they overlap*

There are important overlaps between the Care Act 2014 and the Children & Families Act 2014. There is recent excellent guidance on this overlap from our partners at [Preparing for Adulthood](#).

#### *Mental Capacity Act 2005*

- The Mental Capacity Act creates a legal framework to support the right of people with impaired cognitive functioning to make their own decisions wherever possible, and where they cannot, to have their best interests at the heart of any decisions made on their behalf. It applies in England and Wales; Scotland and Northern Ireland each have separate mental capacity laws.
- It is based on five principles, which are legally binding on those working with people who may lack mental capacity:
  1. people are presumed to have mental capacity unless and until it is established that they lack it

2. people must be supported to make their own decisions as much as is practically possible, and until that has been done without success, a person cannot be held to lack mental capacity to make that decision
  3. if a person makes an unwise decision, that is not evidence that they lack the capacity to make that decision
  4. if a person does lack the mental capacity to make a decision, then any decision made on their behalf must be made in their best interests
  5. any decision must also be the least restrictive option that addresses the person's best interests.
- These five principles apply to anyone from the age of 16. It is important to note, therefore, that people who are, in law, children, have the right to make their own decisions where they have the mental capacity to do so. This has obvious significance for the transition process.
  - People who may lack the mental capacity to make complex decisions may well have the capacity to make simpler ones. Capacity is not a general term: it relates to the decision in question, at the time it needs to be made. Some people will be better able to make decisions at some times rather than others.
  - For someone to be held to lack the mental capacity to make a decision, they have to be unable to understand, retain, weigh up or communicate the key information relating to that decision. If someone is unable to do any one (or more) of those four things, then they lack the capacity to make the decision. For the Act to apply, that inability to make the decision has to be because of an impairment in their mental functioning (e.g. learning disability, mental ill-health, drunkenness), whether that impairment is permanent, long-term, or temporary.
  - When someone turns 18, they have the right to make a number of advance planning decisions, such as the setting up of Lasting Powers of Attorney, and the drawing up of Advance Decisions to Refuse Treatment advance decisions to refuse treatment.
  - The Deprivation of Liberty Safeguards (DoLS) are part of the Act. DoLS provide mechanisms by which people who lack the capacity to consent to care arrangements which may be depriving them of their liberty can have their rights protected. These mechanisms are to change, under a new scheme called the Liberty Protection Safeguards (LPS), from 2020.

### *Human Rights Act 1998*

- The Human Rights Act 1998 incorporates into UK law the articles of the 1950 European Convention on Human Rights.
- The articles of the Act are:
  - Article 2 Right to life

- Article 3 No torture, inhuman or degrading treatment
- Article 4 No slavery or forced labour
- Article 5 Right to liberty
- Article 6 Right to a fair hearing
- Article 7 No punishment without law
- Article 8 Right to a private and family life
- Article 9 Freedom of religion
- Article 10 Freedom of expression
- Article 11 Right to protest and freedom of association
- Article 12 Right to marry
- Article 14 No discrimination
- Articles 1 and 13 are missing, because by passing the Convention into UK law, those articles – to have your rights respected and to have legal remedy if they are not – are held to have been met.
- All public authorities, and those carrying out work commissioned by public authorities, must uphold these articles, although we have seen in too many scandals (most recently the Whorlton Hall abuses revealed in 2019) that the human rights of people with learning disabilities are not respected as they should be.
- Each and every social worker should have a fundamental respect for the human rights of everyone at the heart of everything they do. Good social work is impossible without it.
- For more details on applying the Act in social care practice, see [Human rights in health and social care](#) (Equalities and Human Rights Commission).

### *Mental health*

This practice framework and guidance is focused on supporting young people with learning disabilities as they prepare for adulthood. Clearly, some of those young people will also experience mental ill-health to the extent that they become subject to the Mental Health Act, but because the Act is, at the time of writing (June 2019) undergoing a major review, and because the transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health (AMH) services is a different pathway to the one addressed here, we are not looking further at the Act. Useful links are however included in the Resources section below.

### *Diagnoses*

As well as the laws that frame what they do, social workers need to know about the issues and challenges facing the young people they are supporting. To a great extent, clearly, these will depend on the individual young person, and we look in more detail at really getting to know the individual in [Focus on the person](#). But sometimes social workers – rightly wary of generalising, and perhaps anxious about medical

terminologies – pay insufficient attention to the likely implications of a diagnosis of, for example, autism, Down’s syndrome, or Rett syndrome.

In particular, social workers in transition services should be prepared to learn about conditions which limit the life expectancy of many children, and which therefore may not often be supported in adults’ services; and about degenerative childhood conditions, where young people may not have had care and support needs in childhood, but have developed them as they enter young adulthood.

### **Understanding adolescence**

In many places, the services supporting people with learning disabilities bluntly divide them into children or adults. This is unsurprising; the law itself categorises everyone as a child or an adult, with the switch from one state to the other occurring on one’s eighteenth birthday. Social workers should understand, however, that this binary focus is often unhelpful. Adolescence is a distinct developmental phase. A 17-year-old is very different from a 7-year-old, whatever their condition or disability, and similarly an 18-year-old is not the mature adult that someone 30 years their senior may be.

Adolescence often brings with it certain behaviours, such as risk-taking. This, as Research in Practice for Adults (RiPFA) has recently demonstrated in its [‘Transitional safeguarding – adolescence to adulthood’](#) briefing, has implications for safeguarding which call for a more nuanced response than is allowed for by a child-one-minute, adult-the-next approach. Even where structures mitigate against it, social workers need to understand that preparing for adulthood is a process, not an event, and support people accordingly.

The changes to SEND provision have prompted many areas to move towards 0–25 teams for social workers, or for multidisciplinary professionals. As we comment elsewhere, there is no clear indication which team model works best for young people, but the 0–25 model would at least seem to mitigate against the stark child/adult changeover. Similarly, teams that include people with experience of children’s social work, and those with experience of working with adults, have the potential for useful sharing of knowledge and skills, and have been commented on favourably when we have spoken with social workers about how they best operate in this territory.

### **Theories**

Of course, any social worker should be familiar with, and able to use, key theories and concepts associated with their work. Expounding on them here is beyond the scope of this resource, but approaches such as person-centred and [strengths-based](#) working; systems theories; ecological approaches; and task-focused work all have a role to play in supporting young people as they prepare for adulthood. Social workers should be aware of them.

### **Top tips**

1. Promote social work understanding of key legislation: the Children Act 1989 (and 2004); the Children and Families Act 2014; the Mental Capacity Act 2005; the Human Rights Act 1998; and the Care Act 2014.



2. Understand the overlaps between the Care Act and the Children and Families Act.
3. Look beyond traditional training: consider shadowing, team discussions and mentoring as ways of building legal knowledge across and between services.
4. Services must create time and opportunities for social workers to understand adolescence.
5. Services must create time and opportunities for social workers to understand the different conditions experienced by the adolescents they support.
6. Services should support a culture in which key social work theories and concepts are actively considered, debated and used.
7. Team structures and systems should be considered which support a range of knowledge and experience, covering children's and adults' social work.

## Legislation, statutory guidance, resources and tools

### Legislation and statutory guidance

- [Care Act 2014](#) (HM Government, 2014)
- [Care and support statutory guidance](#) (Department of Health and Social Care, 2018)
- [Care and support statutory guidance: Chapter 16. Transition to adult care and support](#) (Department of Health & Social Care 2018)
- [Children Act 1989](#) (HM Government, 1989)
- [Children Act 2004](#) (HM Government, 2004)
- [Children and Families Act 2014](#) (HM Government, 2014)
- [Guide to the Care Act 2014 and the implications for providers](#) (Local Government Association, 2015)
- [Human Rights Act 1998](#) (HM Government, 1998)
- [Mental Capacity Act 2005](#) (Department of Health, 1998)
- [Mental Health Act 1983: code of practice](#) (Department of Health, 2015)
- [Special educational needs and disability code of practice: 0 to 25 years: statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities](#) (Department for Education and Department of Health, 2015)
- [Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children](#) (HM Government, 2018)

## Resources

- [A quality- and rights-based framework for professionals involved in education, health and care plans \(EHCPs\) for disabled children and young people \(RIP STARS, 2018\)](#)
- [BASW human rights policy \(BASW, 2015\)](#)
- [Building independence through planning for transition \(NICE and SCIE 2017\)](#)
- [Care and support statutory guidance': Chapter 16. Transition to adult care and support \(Department of Health and Social Care, 2018\)](#)
- [Extending personal adviser support to all care leavers to age 25: statutory guidance for local authorities \(Department for Education, 2018\)](#)
- [Knowledge and skills statement for approved child and family practitioners \(Department for Education, 2014\)](#)
- [Knowledge and skills statement for social workers in adult services \(Department of Health, 2015\)](#)
- [Mental health service transitions for young people \(SCIE, 2011\)](#)
- [The role of social care in implementing the Children and Families Act 2014: A two part guide for strategic leaders, frontline managers, social workers and staff working with children and young people with SEN/Disability age 0–25 \(Council for Disabled Children, 2014\)](#)
- [The young person's guide to the Children and Families Act 2014 \(Department for Education, 2014\)](#)
- [Transition from children's to adults' services: QS140 \(NICE, 2016\)](#)
- [Transitional safeguarding: adolescence to adulthood: strategic briefing \(RiPfA, 2018\)](#)
- [Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children \(HM Government, 2018\)](#)

## Tools

- [Care Act 2014 learning materials \(Skills for Care, 2014\).](#)
- [Guidance on changing organisations \(British Institute of Human Rights\)](#)
- [Human rights in health and social care \(Equality and Human Rights Commission, 2018\)](#)
- [Mental Health Act \(NHS England\)](#)
- [PfA factsheet: The Mental Capacity Act 2005 and supported decision making \(Preparing for Adulthood, 2014\)](#)
- [Safeguarding during adolescence: the relationship between contextual safeguarding, complex safeguarding and transitional safeguarding \(RIP, 2019\)](#)

- Transitions in mental health care: a guide for health and social care professionals on the legal framework for the care, treatment and support of young people with emotional and psychological problems during their transition years (Young Minds, 2011)
- Using the Mental Capacity Act (SCIE, 2016)

# The right values, skills and attributes

Social workers need to be confident in applying their professional value base, in making decisions with young people and families, in being creative, in taking risks and in learning from mistakes.

## Challenges we face

A solid grounding in social care law, practices and theories is central to good social work practice with young people with learning disabilities. More important still is having a set of attributes and values that, combined with the benefits of in-depth knowledge, can help young people work towards their life goals.

### **Bureaucratic social work**

Whatever values social workers bring into the profession, the young people and families we spoke to as part of this project too often fed back that humanity and compassion were absent in their interactions with social workers, to be replaced instead by a bureaucratic, gate-keeping mindset which creates a barrier between professional and client.

While many social workers will recognise the dynamic by which their better selves are chipped away by the demands of their work, what was even more worrying to hear from people engaging with social workers was that there can also be a lack of honesty and transparency.

### **Lack of transparency**

Too many young people and families said that social workers would make promises that they did not then keep. Often, families suspected, this was because the social workers were uncomfortable about sharing unwelcome news: about how long a wait there might be; about how a care package may not cover everything that was hoped for; or about the simple unavailability of a necessary service. No one likes breaking bad news, but the very least young people and their loved ones have the right to expect is a social worker who can be open and honest about what lies ahead.

The notion of there being a transitions cliff-edge, in which services drop off sharply when someone enters adulthood, is a familiar one, and there may be an element of truth to it in many areas. Whatever the options for supporting people at the cliff-edge, pretending it is not there is surely the worst.

### **Lack of confidence**

Any lack of frankness here is perhaps a matter of confidence. Another theme to come through in our sessions with young people and families was that of the unconfident practitioner. Often, this manifested itself as not being able to agree to anything without checking with managers, a habit which inevitably builds delay into a system which many families already experience as frustratingly slow. Where funding decisions need to be made, this check with people higher up the hierarchy is predictable (although many local authorities have made progress in delegating some funding decisions to the front line), but where the checking is for practice decisions, families expressed frustration that social workers did not feel able to act on their own authority.

Clearly, there is a balance to be considered here. Supervision (and other systems whereby staff can test out and debate practice decisions) are important parts of social work, and need to be preserved and encouraged. But there is a sense from the people we have spoken to that some social workers are operating in systems that have become so risk averse that they feel somewhat paralysed, and only able to move forward when they have checked in with a manager.

Because many social workers in the transition area will lack experience of working with either children or adults, people often come to this sector of social work feeling unconfident, for the reasons we have explored in [Underpinning knowledge](#). We spoke, for example, with experienced adult social workers feeling deskilled by having to grapple with local education systems, or needing to get quickly to grips with EHCPs. The NSW project also highlighted the issue of social workers feeling unconfident within multidisciplinary teams, related to perceived disparities in status with health colleagues.

## Making it better

The issue of confidence is clearly closely linked to that of knowledge ([Underpinning knowledge](#)). If a social worker knows their ground in relation to people's legal entitlements, and their legal duties, then they can act with more assurance; a virtuous cycle can develop in which effective interactions breed more confidence for future work.

### Developing confidence

Good quality management support is necessary for confident practitioners to develop. This is especially true when working with newly-qualified workers, including those in their Assessed and Supported Year in Employment (ASYE), but it applies for all staff. As we have seen, even experienced social workers can find transitions working challenging, and it should in any case be non-negotiable that any practitioner is properly buttressed by supervision, appraisal and expedient support.

Work on which Innovation Unit led during the NSW pilots made interesting points about the notion of a confident practitioner. The pilots demonstrated that some social workers, perhaps used to feeling like junior partners in multidisciplinary settings, were empowered by being part of a government-backed initiative, and being given the specific title of NSW. People spoke of the sense of the permission that the role, and the programme, gave them to try things and to speak more assuredly in joint planning meetings. Giving social workers a higher profile led to greater confidence.

*'I feel confident in challenging other professionals, and enjoy this. Saying: Can you explain to me why?, and giving advice like We need to be looking at it like this, from the individual's point of view.'*

Named Social Worker, Bradford

With the NSW pilots behind us, then, how can social work departments, managers and practitioners themselves, ensure that social workers feel able to speak up, and to try different approaches?

## **Social work values**

We have looked at the issue of being well-informed, and the effect this has on confidence. But social workers also need to recognise the unique contribution they bring to any discussion about a young person's life. Social workers have a value base which prioritises human rights, and is reflected in the definition of social work, as published by the International Federation of Social Workers, and brought into UK practice in the Code of Ethics of the British Association of Social Work (BASW):

*'Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.'*

[International Federation of Social Workers, 2014](#)

Understanding that social work is an established academic and practice discipline, with a profoundly important value base that supports and empowers people in times of change, can help practitioners recognise what they do as being much more than gate-keeping scarce local authority resources, and can encourage them, as the NSW work showed, to work in more creative ways. The pilot programme involved surveying social workers, and the effect on the staff was clear:

*The impact of the programme on social workers has been overwhelmingly positive, with people consistently reporting higher levels of knowledge and confidence, feeling more satisfied with their work and feeding back that the NSW label brought greater visibility, authority and respect to their role as a social worker.*

[Innovation Unit and Social Care Institute for Excellence, 2018](#)

## **Creative social work and making mistakes**

But of course, permission to work creatively has nothing inherently to do with any government programme. It should be a fundamental strand running through what social work teams do, particularly teams supporting young people preparing for adulthood. People's whole adult lives can be shaped for the better if social workers are confident enough to try new things. This will require professionals to be confident enough to deal with mistakes as well.

Adolescence is a time in which people experiment and sometimes, inevitably, fail. Good transition social work involves celebrating young people's successes, but not treating any missteps as grounds for closing down further opportunities. A young adult with learning disabilities might well, for example, make ill-judged choices about who to spend their time with; but if safeguarding alerts arise from those choices, it may not be the best

response for that to lead to a lifetime in residential care. People must be given the chance to learn and develop, and social workers have an important role to play in this.

Alongside this, simply supporting young people as they change their minds about the sort of adulthood they want can be useful to young people with learning disabilities, who are perhaps no clearer about their futures at 18 than any other teenager.

### **Promoting wellbeing and independence**

What is evident, therefore, is that it is not enough to know the Care Act and the Mental Capacity Act; social workers need to be imbued with the right attitudes in order to make real the promises of these laws: that people's wellbeing is the paramount concern for social workers, and that people can determine their own choices and outcomes. The social worker's role is to support and enable people. It cannot be to accept quietly an austerity-driven minimisation of support, but nor should it be to over-involve a local authority in people's lives and decisions. It should be about encouraging whatever level of independence and development is right for each person, and providing young people and families with the tailored support they need – be that in the form of services, advice, information or a listening ear.

It is highly skilled work to get this right in any setting; perhaps it is all the more challenging in transitions work, where young people with learning disabilities may not have the experience of decision-making, and where their families are familiar with a framework in which parents get to make decisions on behalf of their children – a framework which ends at 16, with the presumption of capacity to make decisions under the Mental Capacity Act. We looked in [Underpinning knowledge](#) at how social workers in the children's and adults' parts of the social work system work with different laws, and how this can affect the attitudes they bring to their work. To draw it crudely, children's legislation focuses on the protection of the child; laws relating to adults promote independence. A social worker needs to be able to engage and encourage a young person to plan for their future, while supporting families to adjust to their child becoming their adult child.

Again, the ability to understand adolescence as a phase is important; it is too stark to declare, when a young person turns 16, or 18, that they can now make all their own decisions. Legally, this may be the case, but most young people will still want the support and input of their parents – often well into adulthood – and social workers need to be able to support families through what should be a gradual process of maturation, not an overnight either/or switch from dependency to autonomy.

### **Managing anxiety**

Creating an environment in which young people do make their own decisions – and therefore mistakes – brings with it anxiety, for the social worker, their employer, the young person themselves and often for their family as well. Holding, managing and navigating that anxiety is a core skill for social workers in this area.

*'I feel I can trust what she says, she has explained everything in a way that I understand, no empty promises were made. This has not been my previous experience and I wish I had had her years ago.'*

Carer, Stockport

As with any skill, it needs to be practised and nurtured by more experienced colleagues; and social workers need to be allowed to get it wrong sometimes as well, without undue criticism or punishment as a consequence. It takes time to work with young people with learning disabilities to promote their independence, while also building the trust of their family. And so the integrity and transparency of the social worker are key – without them, trust is damaged, and the scope to take risks as a team (of young person, parents, and professionals) is whittled away.

### **Warmth**

If honesty is a core attribute, so too is friendliness. Repeatedly, when we asked young people what they wanted from a social worker, friendliness and politeness were mentioned. Turning up on time, listening, and not being bossy: these are basics, but – we were told – are fundamental to developing a good social work relationship.

*‘Our social worker has excellent communication skills. We were both set at ease and we felt that he had empathy and understanding at a time when I felt that no one else did. My mood has lifted considerably since he became involved.’*

Carer, Stockport

### **Top tips**

1. A well-established system of peer support, expedient and formal supervision, and appraisal is necessary for confident practitioners to develop.
2. Staff with an understanding of the value base of social work, and what it brings to multidisciplinary settings and to work with young people, will be able to operate more assuredly.
3. Services should develop a culture in which it is recognised that young people will make mistakes, and in which they can learn from those mistakes without the rest of their lives being shaped by risk-averse practices.
4. A culture should also be developed in which it is recognised that social workers will make mistakes, and in which they can learn from those mistakes without the rest of their careers being shaped by risk-averse practices.
5. Social workers need to embed human rights into their practice, to ensure that laws based on people’s rights, such as the Mental Capacity Act and the Care Act, are fully implemented.
6. Social workers need the skills to support decision-making and autonomy in the young people they are supporting, while balancing this with the needs of parents and carers.
7. Basic human and professional skills of politeness, empathy and transparency are the foundation stones of good professional practice.



## Resources: guidance and tools

### Guidance

- [Learning disabilities and behaviour that challenges: service design and delivery](#) (NICE, 2018)

### Tools

- [Learning 4 leadership at transition: general advice for planning your own leadership sessions](#) (Foundation for People With Learning Disabilities, 2011)
- [Queen's Nursing Institute transitions from children to adult community services e-learning](#) (Queen's Nursing Institute)
- [Strengths-based approach: practice framework and practice handbook](#)(Department of Health and Social Care, 2019)
- [Strengths-based social care for children, young people and their families](#)(SCIE, 2018)
- [Supporting staff who work with young people preparing for adult life: a guide](#) (Preparing for Adulthood, 2017)
- [Transition to adulthood](#) (Skills for Care)

# Supporting the person through the system

Social workers need to understand local systems and services, and support young people and families to find what they need from those systems.

## Challenges we face

*'We have put the interests of a system that is no longer fit for purpose above the interests of the people it is supposed to serve. The system is fragmented, confusing, sometimes frightening and desperately difficult to navigate.'*

Professor Steve Field, 'From the pond into the sea: children's transition to adult health services', CQC 2014

## Complex systems

Underpinning many of the problems that have beset transitions-working over the years is the sheer number of different agencies involved. In an age in which we are working to education, health and care plans (EHCPs), and young people are moving from children's to adults' services in each of those three areas, then six different systems are in play, and need to align if the transition process is to work smoothly.

Each of these systems may transfer a young person with learning disabilities to adult services at different times. Some may contain a number of different strands: 'health' may be a catch-all term for half a dozen or more separate medical disciplines; and social care departments can incorporate both long-term teams and safeguarding services, for example.

Further complications can occur when different bodies cover slightly different geographical areas; when some services are contracted out; and where different organisations use different eligibility criteria. Very quickly, a young person and their family can find themselves in the midst of a baffling array of different professionals, each with their own set of priorities, organisational cultures and values; each with their own legal duties and limits; and each answerable to some extent to the demands of a different bureaucracy.

Even recent changes, designed to improve the transition process, can complicate things. The move towards 0–25 social work teams, to fit with the EHCP agenda, can unbalance partnership with health colleagues, where transition often remains at 18 (although proposals in the [NHS Long Term Plan](#) to move to a 0–25 model for healthcare provision ought to address this). And more bespoke, personalised care and support can bring in a number of new organisations into a young person's life, creating packages of support which need a lot of active managing.

## Culture clashes

There remains the risk of a culture clash between services: for example, when health services push for options that social workers consider over-medicalised and restrictive, or when the children's social care duty to 'maintain stability' is at odds with adult social care efforts to build independence. To ice the cake, young people and their families may be learning for the first time that some of these new services will have to be paid for.

We have thus created in many places a system that is complicated, and at times simply dysfunctional. At its heart are young people and their families, struggling to work out what needs to happen when, and who can support them. And alongside them, there are social workers who, in some circumstances, are also confused about where to turn.

## Making it better

*'The role of social workers as aspirational and committed champions for young people going through transition is vital in engaging all of those multi-agency professionals involved in an individual's care and support in order to develop joined-up, effective and person-centred plans that lead to positive outcomes.'*

Caroline Bennett, '21st century social work with children and young people with disabilities (Research in Practice, 2018)

## Knowing the system

It is the professional duty of every social worker to use what forums they have within their organisations to push for improvements to how things are done. Nonetheless, remedying the complexities of the health, social care and education systems through the transition period is beyond the scope of any individual practitioner. Each worker will need to develop ways of navigating the system, so that they understand it well enough to be of service to the young people they are supporting. And having understood it, the social worker will need to act as a champion, supporter and advocate to young people, in whatever ways best suit each different individual.

In order to do this well, a social worker needs to get to know three things: the systems and resources of the area in which they work; their colleagues within those systems; and the young people and families they support.

## Knowing your area

Knowing one's local area inevitably takes time. Under both the Children and Families Act requirement to produce a local offer and information and advice duties of the Care Act, a local area will – led by its council – have to provide good quality, accessible information about what services and support may be out there, and these will provide social workers with a starting point from which to map the assets that will benefit the young people they serve. Taking the time to get out and about in communities, to learn what groups are running at the nearest church, to discover when the village hall hosts a dance class, when the local cricket club needs volunteers or when a neighbourhood park is having a clean-up can help develop bespoke, community-based support for people.

We learned of different models of doing this. In some social work teams, each team member looks out for local activities within specified geographical areas. Others have appointed community connectors/navigators with whom social workers can share ideas. Often, such community navigators are located within the voluntary sector, which feels like a natural fit, but which means it is vital that they maintain good links with statutory partners. However it is done, a good social worker – if they are to meet their duties

under the Care Act to promote strengths-based approaches – should be able to understand the assets of the communities in which they work.

### **Colleagues and specialist services**

As well as what is available in the community, it will be necessary to understand the more formal parts of the education, health and social care systems: what specialist provision there is for young people with learning disabilities; what colleges and schools exist; where one's health colleagues are based, and so on.

As well as getting to grips with the system, it helps to get to know one's colleagues within it. Much of the work on integrated care stresses the benefits of developing strong relationships with fellow professionals, and the NSW pilots reinforced the message that nurturing those relationships is important. Putting faces to email addresses, understanding the motivations and pressures of partners in multi-agency teams, attending shared learning events – there are many ways in which social workers can build relationships with colleagues.

Behind these efforts, we again have the duties, under Sections 3, 6 and 7 of the Care Act, to work together with partners for the general wellbeing of people with care and support needs, and in each individual piece of case work. It can be useful to reflect on the fact that working cooperatively is a legal duty, and in extremis, citing the legislation may help in bringing people together in support of a young person when diaries and priorities perhaps clash.

### **Advocating for the young person**

At the heart of the practice framework – in [Focus on the person](#) – is the requirement for social workers to get to know the young people with whom they are working. But doing so is relevant here too, in discussions about advocating for young people, and supporting them to navigate complex systems. One of the key strengths that a social worker can bring to a multi-disciplinary discussion is their value base and training in working holistically with, and alongside, the young person, in a way that empowers them.

For this to be credible and effective, however, the social worker needs to demonstrate that they do indeed know and understand the person well. Why would a doctor listen to a duty social worker who is calling for a person-centred approach with someone, but who has met that person only once? Getting to know the young people one serves is vital to representing them professionally and effectively in multi-agency settings.

Given the holistic approach that characterises the discipline, the role of coordinator and navigator will frequently fall to social workers, and we heard often from young people and their families that this aspect of social work support – of managing handovers and joining up services – is vital.

### **Working with families**

The system with which the young person preparing for adulthood is likely to be most familiar is their own family, and a social worker will often need to support both the young person and the family to navigate the wider landscape. Sometimes, the social worker will need to support the young person to negotiate with their own family, who will, as we have seen, often be anxious about the move to adulthood. Anxious because most

parents of teenagers have a measure of trepidation about their children becoming adults, but anxious too because of the many service and systems changes that involves for young people with learning disabilities.

Working with families to address their concerns, and to mediate between the family and the young person, requires a strong set of skills, which are core to being a good social worker: listening, empathising, negotiating and planning. But social workers can also get involved in forums for families, information days and other projects designed to enable families to seek mutual support and ideas. The workshops that Innovation Unit ran as part of this project stressed repeatedly the importance of working alongside families if any creative work was to be done with young people, highlighting that this is not an area of practice that can or should be short-changed.

### **Supporting other lead professionals**

The NSW pilots demonstrated more generally some of the advantages of allocating a dedicated professional to support a family, and there are specific elements of the social work role that can particularly benefit young people and their families at this time. But that dedicated professional need not be a social worker. The best person for the role will be dictated by the needs and wishes of the young person themselves, supported by their family where appropriate. So in many instances, the role of the social worker will be to liaise with, and support, whoever is the lead professional supporting a particular person as they prepare for adulthood.

### **Top tips**

1. Learn about the community resources that can benefit the people you support.
2. Develop an understanding of local social care, health and education systems, and get to know the organisations providing support in these areas.
3. Work alongside, understand and support colleagues in other disciplines.
4. Recognise that you cannot advocate for and support someone you do not know well. Get to know the people with whom you are working.
5. Get to know the families with whom you are working, addressing their concerns and supporting their aspirations for the young person.
6. Develop the skills to coordinate and lead multi-agency groups, working together to support young people.
7. Develop the skills to be a part of such teams, when other professionals are taking the lead.

### **Resources: guidance and tools**

#### **Guidance**

- [Achieving successful transitions for young people with disabilities: a practical guide](#) (The British Journal of Social Work, 2015)
- [Extending personal adviser support to all care leavers to age 25: statutory guidance for local authorities](#) (Department for Education, 2018)

- [Learning disabilities and behaviour that challenges: service design and delivery](#) (NICE, 2018)
- [Learning disabilities transition pathway competency framework](#)(Health Education England, 2016)
- [Pathways to getting a life: transition planning for full lives](#) (Department of Health, 2011)
- [Transition: moving on well – a good practice guide for professionals and their partners on transition planning for young people with complex health needs or a disability](#) (Department of Health & Department for Children, Schools and Families, 2008)
- [What works: hearing loss and the transition to adulthood](#) (Department for Education and NHS England, 2017)

## **Tools**

- [Citizenship: a guide for providers of support](#) (Centre for Welfare Reform, 2016)
- [Education, health and care plans: examples of good practice](#) (Council for Disabled Children, 2016)
- [Education, health and care plans: examples of good practice from year 9 and beyond](#) (Council for Disabled Children, 2017)
- [Integrated care resources](#) (SCIE)
- [Making ourselves heard network](#) (Council for Disabled Children)
- [My life, my way: a young person's guide to transition](#) (Welsh Assembly Government, 2010)
- [My own place! Transition planning for housing](#) (National Development Team for Inclusion, 2012)
- [No place like home: a housing and support booklet](#) (Preparing for Adulthood, 2017)
- [Preparing for adulthood – video and interactive resource](#) (Halton Borough Council)
- [Strengths-based approach: practice framework and practice handbook](#)(Department of Health and Social Care, 2019)
- [Transition from children's to adults' services – key resources](#) (SCIE, 2014)
- [Young adults \(18–24\) in transition, mental health and criminal justice](#)(Centre for Mental Health, 2014)

## Focus on the person

Transition social workers need to understand the plans, concerns and needs of the young people and the families they support, and work with them to make those plans real.

### Challenges we face

#### **Lack of time and lack of trust**

In our consultation work on this project, we heard from young people and their families about social workers who engaged with them too late in the transition process. This in part explained why the social workers then seemed unable to work with them in a person-centred way, focusing on the young person's strengths and aspirations. Without sufficient time to get to know a young person and their family, and to develop a trusting relationship, and without therefore the time to try things out, or put together really bespoke support for people, social workers too often, we heard, fall back on standardised, unimaginative packages of support.

These packages are often more costly than tailored alternatives. We heard how, without adequate, timely support, families are left to research things for themselves, and devise their own post-school package. If that costs, as some do, £150,000 a year, and at the last minute a duty social worker comes along and suggests something else – something cheaper – it is very hard for the family not to perceive that as inadequate. Without the time to develop trust, and really get to know a family, it is difficult to build in strengths-based work, and to try out various options.

#### **Limited decision-making opportunities**

Trying out options is important. Young people with learning disabilities may not have been given much opportunity to make significant life decisions, and as they start to prepare for adulthood they – like any adolescent – need to be supported to make decisions.

Particularly where people's cognitive impairments may make it more difficult to imagine concepts in the abstract, experimenting with things – actually doing them and seeing if the young person likes them – is a key way of supporting good decision-making. Without this, we risk denying people opportunities, while falling short of our own duties to properly implement the Care Act and the Mental Capacity Act.

#### **Low aspirations**

As well as often having been excluded from decision-making opportunities, young people with learning disabilities still at times grow up in an environment of low aspirations, in which it is assumed they will not get paid work, not have relationships and families, and not live as independently as possible. This unambitious stance can be found in schools and colleges, among professionals and even in families themselves, and all of this can feed a self-perception among young people that ends up limiting their options.

Social workers – the people charged with supporting young people towards the best adulthood they can have – should not feed into a context which limits people’s options, but we know that sometimes they do.

### **Eligibility and financial constraints**

Financial considerations are one of the factors that may limit people. Local authority cuts are significant, and genuinely challenging to manage. They have created an environment in some areas in which budgetary considerations weigh heavily on decision-making, sometimes at the expense of young people’s aspirations, or even Care Act duties to promote an individual’s wellbeing.

Duties under the Care Act point to another challenge. The legal duty under the Act is, for each given eligible need a person has, to address it to the extent that it no longer has a significant impact on a person’s wellbeing, and this contrasts with the language of dreams and aspirations which is widely used in planning tools. Meeting the legal duty – relatively limited and specific as it is – can therefore result in an offer which may contribute to a sense of frustration and disappointment with service provision.

### **Making it better**

No social worker can function at their best in poorly-functioning systems: practitioners need, as we have seen in [Right conditions](#), basic structures in place in order to do their job properly. As professionals, they need to ensure they are aware of the law, policies and theories which shape their work supporting young people as they prepare for adulthood. This knowledge is one of the building blocks towards practising confidently, with a firmly-held set of values dedicated to promoting the rights and independence of young people. Advocating for people at funding panels, in large meetings or in discussions with their family members depends on this confidence, so that people can be supported effectively through occasionally baffling systems.

What young people and families we spoke to said they want in a social worker:

- kind
- understandable
- respectful and polite
- patient
- confident
- friendly
- experienced
- caring
- good listener
- knowledgeable
- calm
- on time



The structures, knowledge and values which feed into a social worker's practice must all support and inform the one-to-one interaction between the social worker and the young person with whom they are working, in what needs to be an open, human, professional interaction between two people. In this, each brings their expertise to the relationship.

We have looked in some detail in other sections at the systems in place to support young people – or sometimes unintentionally to thwart them – and the role social workers have in joining them up, or in helping young people steer a course through them. Each section, and this one in particular, also looks at the social worker getting their own practice right. Without that, a smooth transfer from children's to adults' services means nothing; good quality practice both prior to, and after, any transition is vital. And that depends as much as anything on the quality of the relationship between the social worker and the young person.

### **Developing the relationship**

That relationship, like any other, will need time to develop. This means social workers will need to engage with people early in the process of preparing for adulthood. Guidance suggests adult social care should be present at Year 9 school reviews for people with an EHCP, and yet this target is often missed. There are also implications for social workers having manageable caseloads so that they can spend a decent amount of time with each person with whom they are working, as we saw in [Right conditions](#).

This message was at the heart of the NSW pilots. Speaking to social workers who took part in the pilots, the quality of the relationship was a recurring theme. One, from Halton Council, described working with a young woman engaging in risky behaviours: 'I felt I really knew her. I was privileged to be able to have the connection with her and not just be working through a process. It was a real connection.' They shared how that bond enabled the two of them to address the issues underlying the risks she was taking. But the social worker also recognised that to work well all the time, a smaller caseload would need to be in place.

### **A supportive relationship**

Time will give people the space they need to get to know and trust each other, and from there to try out creative, person-centred approaches. Time will enable social workers to do more than rush through a prescribed series of tasks – to develop, as the NSW work put it – a relational approach to social work, rather than a simply transactional one.

What this means is recognising that social work is about more than completing key forms, such as the assessment and the care plan, creating a support package, closing the case and moving on. It is about allowing a social worker to stick around as a genuine support to a young person and their family as they navigate adolescence, a new set of services, and a new set of hopes and expectations.

This will allow space for the different perspectives in the relationship – of the young person, of the family and of the social worker – to be understood, worked through and where necessary compromised upon. This way, young people and their families can become more involved in planning for adulthood, and be much more in control of the process.

## Planning

However a young person wants to be involved, support will need to be offered. Issues such as choosing a college, any limitations of what is on offer and the respective roles of all the new people in a young person's life – all these and more will need to be explained. How that is done will depend on the wishes and needs of the young person, but all social workers should have the communication skills to engage with people in the ways that suit them best.

Help will be at hand. The person themselves, family members and other professionals can all work with the social worker to devise the best methods to work in a person-centred way with each individual, and there is a wealth of person-centred planning tools available. The message from the NSW pilots, and the engagement work from this project, however, is that any tool can only complement the relationship between worker, young person and family.

## Cost savings

This approach takes time, and time, like money, is a scarce resource. But the NSW pilot work demonstrated genuine potential to save money by engaging in a more meaningful way with people with learning disabilities. A [predictive economic analysis](#) of the pilots, by York Consulting, tentatively suggests that £5.14 could be saved for every £1 invested in an NSW approach. This potential level of financial return on investment (FROI) demonstrates at least that committing resources to better social work relationships can lead to healthier budgets as well as better outcomes.

## Dreams vs duties

In any case, what young people want is typically not an expensive social care service, and it is typically not unrealistic. The messages we heard mirror what everyone hears who asks: young people with learning disabilities want support with friendships and relationships, work, a place to live, leisure and hobbies, and getting around. We do need to consider the tension between what a local authority is actually legally obliged to do, and the whole notion of dreams and aspirations. But often the two are not incompatible: the aspirations are actually for what a local authority by law needs to provide, and in any case a local authority is only ever meant to be one source of support.

A social worker should be able to explain not only what they can do, but also how other people, other agencies and the wider community can help. This may mean sharing success stories, introducing families to people who have been through the process, and other methods to foster ambition.

## Top tips

1. Get to know people early: from the Year 9 school review.
2. Have sufficient time to build trusting relationships.
3. Try creative and person-centred approaches.
4. Focus on the relational, not the transactional, aspects of social work.

5. Develop mechanisms to allow young people and their families to be more involved in planning.
6. Look for opportunities to demonstrate that investing in time can save money.
7. Foster ambition. Share success stories.

## Timeline

Crucially important in getting to know a young person, and supporting them in their plans for adulthood, is getting involved with them early enough for a relationship to develop. The statutory guidance under the Care Act requires adult social care to do certain things at certain key staging posts in a young person's life.

### Year 9 (ages 13–14)

Attend the annual school review: all partners in a child's EHCP should attend at Year 9 to discuss plans for adulthood.

### Years 10 & 11 (ages 14–16)

Adult social care/transition staff should ideally attend subsequent school reviews, so relationships can be developed and changing needs tracked. Regular meetings can help introduce topics like the Mental Capacity Act, which applies from 16 onwards.

### Years 12 & 13 (ages 17–19)

Adult social care must assess any young person where it appears likely that they will have care and support needs in adulthood. Rather than at a specific point in time, this assessment – which can be requested by the young person, their family or any professional – should occur when it is of 'significant benefit' to the young person. This will typically mean in enough time for a decent adult care package to be put in place prior to the person's eighteenth birthday. The Care Act requires that there is no gap in services between children's and adults' provision.

In many cases, the assessment will lead to a care package which will form the care element of an EHCP, so social workers will need to work alongside education and health partners.

### Ages 19–25

If a young person remains in education until they are 25, an EHCP is likely to remain in place throughout that time. Otherwise, the young adult will be supported by social care, in partnership with other agencies, just as they would in other parts of the adult social care system. Local policy will determine which adult social care team people are supported in, and at what age they transfer to that team.

## A personal story

Stuart was almost 18 years old when he was referred from children's to adults' services as part of the transitions process. He had profound complex health and social care needs, and no verbal communication. Stuart lived with his mother and his younger brother, who had no disabilities. Children's services reported concerns of alleged neglect of Stuart, but had not instigated any child protection proceedings. The relationship between the children's services social worker and Stuart's mother had completely broken down, with a lack of trust and confidence on both sides.

The children's services social worker was strongly advocating that adult social care should take immediate action via the Court of Protection to protect Stuart from significant harm. An urgent safeguarding meeting was held, and as part of this process the chair wrote to the health professionals involved in supporting Stuart, to seek evidence of the alleged significant harm and to gather information to manage any risks. Stuart's mother was offered a carer's assessment; this had not been previously offered to her within children's services.

The carer's assessment captured 18 years of emotional distress that Stuart's mother had experienced caring for her son, starting from the point of birth when she found out Stuart was profoundly disabled. Her marriage had ended when Stuart was very young, and she was doing the best she could in raising her two sons on her own, while working in a part-time job. The social worker recorded how Stuart's mother 'shed 18 years of tears', having been properly listened to by social services for the first time.

Stuart was offered person-centred planning sessions, where it was established that he liked racing cars; that the three people who were really important to him were his mother, father and brother; and that he had a really good sense of humour. This was communicated non-verbally via Stuart's preferred communication format. Building on the results of the person-centred planning, and the positive relationship she had formed with Stuart and his family, the adult social worker determined to do everything she could to support the family to stay together while ensuring Stuart's safety and wellbeing.

Stuart's care and support needs were assessed and adaptations to the property were carried out. The needs of Stuart's mother were also assessed, to enable her to continue her caring role, enjoy a better quality of life and sustain her employment. Some of Stuart's many health appointments were amalgamated to reduce the time that his mother needed to take off work, as her inability to manage all of his appointments had led some of the concerns of alleged neglect. The care and support provided to Stuart also assured the local authority that Stuart's needs were being met appropriately and safely.

Because a social worker spent proper time with Stuart and his family as he made the transition to adult services, Stuart was safeguarded both from the neglect at home, but also from the risk of a heavy-handed intervention that may have separated him from those he loved most. Stuart still lives with his mother in the family home, where he continues to thrive.

## Resources: guidance and tools

### Guidance

- [Achieving successful transitions for young people with disabilities: a practical guide](#) (The British Journal of Social Work, 2015)
- [A quality and rights-based framework for professionals involved in EHCPs for disabled children and young people](#) (RIP STARS, 2018)
- [Aiming higher: a good practice guide](#) (Revolving Doors Agency, 2010)
- [Learning disabilities and behaviour that challenges: service design and delivery](#) (NICE, 2018)
- [Person-centred planning: advice for using person-centred thinking, planning and reviews in schools and transition](#) (Department of Health, 2010).
- [Transition from children's to adults' services for young people using health or social care services \(NG43\)](#) (NICE, 2016)

### Tools

- [Big plans: a guide for meaningfully engaging people with learning disabilities in the development of their plans](#) (Humanly, 2018)
- [Circles of support and personalisation](#) (Community Circle, 2012)
- [Decision-making toolkit: a practical guide to supporting young people with special educational needs and disabilities to make their own decisions and to be engaged in the best interests decision-making process](#) (Council for Disabled Children, 2017)
- [Person centred approaches in transition](#) (Sanderson, 2012)
- [Putting people at the heart of social work: lessons from the named social worker Programme](#) (Innovation Unit & SCIE, 2018)
- [The preparing for adulthood review: a good practice toolkit](#) (Preparing for Adulthood, 2015)
- [Transition from child and adolescent to adult mental services: a young person's perspective](#) (SCIE, 2017)

## Guidance quality

We assessed 22 documents that we identified as national guidance about transitions that might be directly relevant to social workers. We assessed each document on four criteria:

1. Was it produced using evidence?
2. Is it directly relevant to social workers?
3. Is it post-2014?
4. Is there evidence of co-production?

Seven out of 22 documents are up to date and we would recommend that social workers use them. A further eight meet three out of four of our quality criteria; four meet two; two meet one and one met none.

We have not listed as resources in this guide any guidance that only met 0–1 criteria.

Title	Was it produced using evidence?	Is it directly relevant to social workers?	Is it post-2014?	Is there evidence of co-production?
A quality- and rights-based framework for professionals involved in education, health and care plans (EHCPs) for disabled children and young people (RIP STARS, 2018)	Yes	Yes	Yes	Yes
Achieving successful transitions for young people with disabilities: a practical guide (The British Journal of Social Work, 2015)	Yes	Yes	Yes	Yes
Building independence through planning for transition (NICE and SCIE 2017)	Yes	Yes	Yes	Yes
Learning disabilities and behaviour that challenges: service design and delivery (NG93) (NICE, 2018)	Yes	Yes	Yes	Yes

Learning disabilities transition pathway competency framework (Health Education England, 2016)	Yes	Yes	Yes	Yes
Transition from children's to adults' services for young people using health or social care services (NG43) (NICE, 2016)	Yes	Yes	Yes	Yes
Transition from children's to adults' services: QS140 (NICE, 2016)	Yes	Yes	Yes	Yes
A transition guide for all services: key information for professionals about the transition process for disabled young people (DfCSF, 2007)	Yes	Yes	No	Yes
Aiming higher: a good practice guide (Revolving Doors Agency, 2010)	Yes	Yes	No	Yes
Developing and sustaining an effective local SEND system: a practical guide for councils and partners (Isos Partnership, 2018)	Yes	No Commissioners and councils	Yes	Yes
Growing up matters: better transition planning for young people with complex needs (CSCI, 2007)	Yes	Yes But they are not the core audience	No	Yes Based on qualitative interviews with young people, their parents and their families in 22 case studies

Pathways to getting a life: transition planning for full lives (DH, 2011)	Yes	Yes	No	Yes
Quick guide: commissioning for transition to adult services for young people with special educational needs and disability (SEND) (NHS England, 2018)	Yes	No Aimed at commissioners and providers	Yes	Yes
What works: hearing loss and the transition to adulthood (Department for Education and NHS England, 2017)	Yes	No Aimed at service providers and commissioners, not directly at social workers, but has information that is relevant to them on how to work with people with hearing loss	Yes	Yes
Extending personal adviser support to all care leavers to age 25: statutory guidance for local authorities (Department for Education, 2018)	No Statutory guidance	Yes	Yes	No
Person centred planning: advice for using person-centred thinking, planning and reviews in schools and transition (DH, 2010)	Yes	Yes	No	No



The role of social care in implementing the Children and Families Act 2014: A two part guide for strategic leaders, frontline managers, social workers and staff working with children and young people with SEN/Disability age 0–25 (Council for Disabled Children, 2014)	No Not clear, was produced by a number of organisations	Yes	Yes	No
Transition: moving on well: a good practice guide for professionals and their partners on transition planning for young people with complex health needs or a disability. (Department of Health, Department for Children, Schools, and Families, 2008)	Yes	Yes	No	No
Good practice in supporting adults with autism: guidance for commissioners and statutory services (National Autism Society, 2009)	Yes	No Aimed at providers and commissioners	No	No
National service framework for children, young people and maternity services: transition: getting it right for young people (DH, 2006)	Yes	No	No	No
How to guide: how to develop a transition protocol (NTST, 2009)	No	No	No	No

# Bibliography

- [From the pond into the sea: children's transition to adult health services](#) (Care Quality Commission, 2014)
- [Knowledge and skills statement for approved child and family practitioners](#) (Department for Education, 2014)
- [Knowledge and skills statement for social workers in adult services](#)(Department of Health, 2015)
- [Transition: moving on well: a good practice guide for professionals and their partners on transition planning for young people with complex health needs or a disability](#) (Department of Health, Department for Children, Schools and Families, 2008)
- [Human rights in health and social care](#) (Equality and Human Rights Commission, 2018)
- [Transitional safeguarding: adolescence to adulthood: strategic briefing](#)(Research in Practice, 2018)
- [Global definition of the social work](#) (International Federation of Social Workers, 2014)
- [Putting people at the heart of social work: lessons from the named social worker programme](#) (Innovation Unit & SCIE, 2018)
- [Task-centered practice](#), in' [Encyclopedia of social work](#) (Oxford Research Encyclopedias, 2013)
- [Learning disabilities and behaviour that challenges: service design and delivery \(NG93\)](#) (NICE, 2018)
- [An ecological approach for social work practice](#) (The Journal of Sociology & Social Welfare, 1988)
- [21st century social work with children and young people with disabilities: Evidence review](#) (Research in Practice, 2018).
- [Named social worker \(NSW\) programme: cost benefit analysis \(CBA\)](#) (York Consulting, 2018)
- [Care Act guidance on strengths-based approaches](#) (SCIE, 2015)
- [Integrated care](#) (SCIE, 2019)
- [What is person-centred care?](#) (SCIE, 2014)
- [Chapter 1: systems theory in effective social work with children, young people and families: putting systems theory into practice](#) (Sage, 2012)

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- Preparing for Adulthood programme at the National Development Team for Inclusion
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- Council for Disabled Children
- National Network of Parent Carer Forums
- Lewisham & Southwark College
- Lambeth & Southwark Contact
- Shooting Star Chase Hospice
- And the following local authorities: Cambridgeshire; Camden; Dudley; Halton; Liverpool; Shropshire; Staffordshire; Stockport; Tower Hamlets



## Preparing for adulthood: The role of social workers

This guide looks at what social workers need to do to help young people with learning disabilities prepare for adulthood (transition). It was commissioned by the Office of the Chief Social Worker for Adults, and builds on work carried out by Innovation Unit and the Social Care Institute for Excellence (SCIE), looking at whether a Named Social Worker (NSW) approach might improve support to people with learning disabilities generally, including those in the transition process. We have developed a practice framework for social workers and their employers to use, when supporting young people to prepare for adulthood.

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