

Overview, Scrutiny and Policy Development Committee

# The Transition Process for Young People with SEND from Children to Adult Services in North Tyneside



February 2018



North Tyneside Council

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## 1. Background to the study

- 1.1. On 23 January 2017, the Children, Education and Skills Sub-committee agreed to establish a Sub Group to examine the process undertaken by both Adult Services and Children Services when a child with special educational needs and/or a disability (SEND) transfers to Adult Services at age 18; more commonly referred to as “transition”.
- 1.2. Councillors Joanne Cassidy, John O’Shea, Matthew Thirlaway and Judith Wallace and a church representative, Rev. Michael Vine, volunteered to be members of the Sub Group.
- 1.3. Services at transition should be aimed at moving a person into work/adult life in such a way as to promote their independence and so reduce their long term needs for care and support. The transition process for disabled children had not been closely examined by the Sub-committee recently and due to the implementation of new legislation in 2014 (the Children and Families Act and the Care Act and the implementation of the SEND Code of Practice, statutory guidance for organisations that work with and support children and young people with special educational needs and disabilities) it was an appropriate time to consider whether the processes:
  - a) were fit for purpose;
  - b) enabled the Authority to demonstrate the progress of its disabled young people; and to
  - c) examine the work being undertaken by the Authority on the whole life disability agenda.

A Sub Group would provide Members the opportunity to contribute to new policies and strategies in the area and improve the service available to residents; it would also require community involvement.

- 1.4. In September 2014 the Children and Families Act came into force, this was a wide-ranging Act tackling subjects from school meals to smoking in cars, changes to how adoption worked and major reforms to improve the lives of looked-after children. One of the core ambitions of the Act was to improve the way education, health and social care services worked together to improve the outcomes for disabled children and young people and those with special educational needs and their families; specifically:
  - A new Education, Health and Care (EHC) Plan based on a single assessment process replaced special education statements. EHC plans will support children, young people and their families from birth to 25.
  - The commissioning and planning of services for children, young people and families are to be run jointly by health services and local authorities.
  - Extends the rights to a personal budget for the support to children, young people and families.
  - Local services available to children and families must be made available in a clear, easy to read manner – the ‘Local Offer’.
  - Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services.

- 1.5. The Care Act 2014 states that if a child, young carer or an adult caring for a child (a 'child's carer') is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is 'significant benefit' to the individual in doing so.
- 1.6. When a local authority assesses a child (including a young carer) who is receiving support under legislation relating to children's services, the Act requires them to continue providing him or her with that support through the assessment process. This will continue until adult care and support is in place to take over – or until it is clear after the assessment that adult care and support does not need to be provided. These changes will mean there is no 'cliff-edge' where someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult. A successful transition to adult care and support needs the young person, their families and professionals to work together. The Act gives local authorities a legal responsibility to cooperate, and to ensure that all the correct people work together to get the transition right.
- 1.7. As in all assessments, local authorities need to consider the needs of the person, what needs they are likely to have when they (or the child they care for) turn 18, and the outcomes they want to achieve in life. They should consider what types of adult care and support might be of benefit at that point, and also consider whether other options beyond formal services might help the individual achieve their desired outcomes.
- 1.8. The Care Act makes clear that the local authority can combine any of these 'transition' assessments with any other assessment being carried out for some other person (provided all parties agree). If an external organisation (such as a hospital) is carrying out an assessment of the individual or a relevant person, for example, the individual's carer or someone the individual cares for, around the same time as the local authority's assessment, the local authority can carry out that assessment jointly with the other organisation or on behalf of the other organisation.

## **2. Methodology**

- 2.1. The remit of the Sub Group was to find any gaps in provision or knowledge or processes which could disrupt a smooth transition and cause the experience for the young person and their families to be an unhappy one and then make recommendations to improve the experience.
- 2.2. Key questions to be answered included:
  - What is the current process?
  - If, after statutory duties are met, are there any gaps in provision?
  - Is the current process fit for purpose?
- 2.3. The Sub Group met on a number of occasions to receive information from Officers and discuss their findings and also:
  - a) Met parents whose children had been through the transition process;

- b) Met representatives for the North Tyneside Clinical Commissioning Group (CCG);
- c) Met officers from the Health, Education, Care and Safeguarding Services; and
- d) Asked young people who had gone through the transition process for their thoughts and opinions.

2.4. For the purposes of this report 'children' will be used to describe people between the ages of 0-16 and 'young people' will be used to describe people between the ages of 16-25.

### **3. Findings**

The report will look at the key questions in turn and will make recommendations relating to each question at the end of the respective section. All of the recommendations are also listed in appendix 5 of the report.

### **4. What is the current process and is it fit for purpose?**

- 4.1. One of the first meetings of the Sub Group was with the senior management team responsible for the Whole Life Disability agenda and the Sub Group was given an introduction to the complexities surround transition because of the different statutory frameworks for children and adults, what the process had been and what it had changed to in the preceding twelve months. As well as the change from Children's Continuing Care (CCC) to CHC (Continuing Healthcare) at 18, and from children's health services to adult health services at 18, there were also transitions for young people with Education, Health and Care Plans (EHCP) for Special Educational Need and/or Disability between 18 and 25.
- 4.2. In 2016 in response to the introduction of the Care Act and the demands of the Authority's new way of working, a SEND and Whole Life Disability (WLD) Board had been established to ensure a single strategic group would have oversight of all elements of the SEN and Disability agenda; this included moving those working with children with disabilities under the umbrella of Adult Services to ensure the senior manager had a long term oversight of the needs of the users of the service. Transition was one of the major drivers for this change as previously the split between the services had contributed to the feeling of age 18 being a 'cliff edge' for the young people and their families. The Whole Life Disability Board was in year one of a five year plan.
- 4.3. The Whole Life Disability Board was a sub group of the Local Authority's SEND Strategic Board which came under the Children and Young People Partnership Board (diagram of governance structure at appendix 1). Its remit was to establish a multi-disciplinary approach to assessment with an emphasis on seamless transitions; supporting integration with Education and Health partners; and ensuring person centred practice in assessment, planning and support.
- 4.4. The SEND Strategic Board includes representation from the Authority, the Clinical Commissioning Group (CCG), Northumbria Healthcare NHS Foundation Trust, schools, and the Parent/Carer Forum and is chaired by John Thompson, SEND Senior Manager.

- 4.5. There is also a North Tyneside Post 16 Panel to ensure that children and young people with SEND achieve the best possible outcomes. It does this by supporting the Authority to make decisions on requests for statutory assessments and the placement and provision for young people with SEND post 16; raising awareness of service roles with SEND and the EHCP process; and a monitoring function, monitoring the quality of EHCP advice across Education, Health and Care. The membership is the Senior Manager for SEND, an educational psychologist, the service manager for Whole Life Disability; a Designated Clinical Officer and the Programme Manager, Education to Employment. The Panel meets every two weeks during school term.
- 4.6. The Board also had oversight of the Self-Evaluation Framework (SEF) and its associated Action Plan which was a requirement of the SEND Local Area Inspection under the Children and Families Act 2014. North Tyneside's SEF has been prepared by the Local Authority, the CCG and key partners and was structured around the key themes of inspection which were:
- a) Leadership and governance of SEND across the local area.
  - b) Capacity and resources.
  - c) The identification of children and young people who have special educational need and /or disabilities.
  - d) Assessing and meeting the needs of children and young people who have special educational needs and/or disabilities.
  - e) Improving outcomes for children and young people who have special educational needs and/or disabilities.
- 4.7. Key strengths identified in the SEF included:
- a) 94% of children and young people attend a school in North Tyneside which has been graded good or outstanding.
  - b) Early Help Assessments (EHA) are embedded across agencies.
  - c) Clear pathways and processes are in place.
  - d) Schools and providers follow a graduated response in line with the Code of Practice regarding the identification and meeting special educational needs, supported by SEN Support Plans.
  - e) Regular monitoring of attainment and progress data is used by schools.
  - f) The Local Offer was co-produced with parent/ carers.
  - g) A Person Centred approach is embedded.
  - h) An Inclusion Strategy has been developed through consultation with a variety of stakeholders.
  - i) There is a transparent approach to decision making within assessments and parents/carers, schools and colleges have increased confidence in the Education, Health and Care Plan (EHCP) decision making process.
  - j) There is a clear pathway into the Disability Team.
- 4.8. Key priorities for the Action Plan included:
- a) Embedding new ways of locality working.
  - b) Further work with parents/carers and work with children and young people, including those who don't want to engage.
  - c) Further development of the Local Offer.

- d) Embedding Quality Assurance of Education, Health and Care Plans.
  - e) Joint Commissioning.
  - f) Preparation for Adulthood.
- 4.9. As part of the Children and Families Act 2014, the Authority was also required to develop and publish a 'Local Offer' setting out the support available across education, health and social care for children and young people with special educational needs or disabilities (SEND) up to age 25.
- 4.10. The Local Offer was essentially a website which listed the services comprising the Local Offer. The services in North Tyneside fell under six broad headings: early years; education; health; social care; leisure; and information, advice and support. A key role of the local offer was to provide up-to-date, accessible information about provision and how parents, carers and young people with SEND could access it. Having an accurate and comprehensive directory of services was therefore an important element of the Local Offer.
- 4.11. On the Local Offer website it states that planning for transition to adulthood for young people with an EHCP will start at aged 14. The Summary of Offer states that a Transition Officer will support young people to navigate the transition planning process from the age of 14 years onwards and describes what can be expected to have happened by key stages in the transition process (see Appendix 2).
- 4.12. Alongside social work support during transition a referral from the SEND team is required as a number of young people who transition to adult services require a health assessment. This assessment is an assessment to see whether a person is eligible for Continuing Health Care and is undertaken by nurse assessors. Very few people present to Adult Social Care as an adult as the vast majority have been known to the Local Authority since they were children. Approximately 1000 children with SEND do not require social care as children but may when they become adults and move into more independent living settings.
- 4.13. A part of the creation of the Whole Life Disability team across adults and children services, the two social worker teams from each service had co-located to the same office within the locality model. The health team were also based in the Oxford Centre which assisted the children's disability team. This enabled conversations to take place to assist learning and awareness. The teams were still separate as the knowledge required for a children social worker and an adult social worker was specialist; to change from one to the other would require a further qualification and the statutory assessments under each were also very different.
- 4.14. It was acknowledged that good transition management was key and the service was aware of some poor examples but there had also been good ones. The service had also been made aware by young people it had worked with that an arbitrary age for transition did not work as some were ready at aged 16. It was also acknowledged that age 16/17 could be too late to enable resources to be available for the young person at aged 18 because of the partnership working required with education and health colleagues. It was anticipated that the 'new' transition process would be flexible enough, keeping within the legislation, to enable each pathway to be unique.

- 4.15. The [SIGN](#) North Tyneside Directory brings together information about activities, support and services to help people with care and support needs living within North Tyneside. Residents can find out about support and equipment for their home, activities within the community, and services to meet their care and support needs through this website.
- 4.16. The [Disabled Children's Register](#) is used to collect information about children who have a disability and/or learning disability and who live in North Tyneside. Completion of the register by parents and carers is entirely voluntary. The register was launched during summer 2017. As the number of registrations increases over the next 12 months and other sources of feedback are strengthened, e.g. via the Parent Carer Forum and through the Local Offer website, the volume and quality of intelligence available to inform commissioning is expected to increase.
- 4.17. A child's EHCP would be used as a passport through the transition process as it had been agreed by all partners that age 14, Year 9 at school, was the ideal time to begin and was the age recommended in the Code of Practice.
- 4.18. In the meeting with the CCG it was acknowledged that historically the focus had mainly been more adult based but within the last two years it had been recognised that they did not have an all age process and have tried to be more fluid in their approach.
- 4.19. A key challenge was the different approaches for working with children to working with adults and the impact that these differences had on individuals and their carers/parents' expectations. Getting the right package and access to care was always the focus and whilst the financial implications and which organisation would pay and be responsible for the care needed to be determined, every effort is made to ensure that this did not dictate the process for the young person in question.
- 4.20. The CCG worked in partnership with the Local Authority to ensure that an individual's health and care needs are assessed appropriately and subsequently met. These needs are factored into future plans; some plans are fully social care and are funded by the Local Authority and some are joint funded. It entirely depends on the level of need. An initial assessment is required to establish whether support above and beyond that offered by core services would be required and there is a check list for continuing healthcare (CHC) and then the multi-disciplinary team assess whether the person is eligible or not.
- 4.21. If yes, then the additional support is funded by the CCG. If it is to be shared then a Shared Funding Panel meeting is required which determines which body will pay for which part of the support package. The cost of a package does not influence what is included in the package; if it has been identified as necessary then it is.
- 4.22. There is no national definition of what a health need and what a social need is so the partners try and understand each child and young person's requirement by need rather than whether it is a social or a health need.
- 4.23. The representatives from the CCG concurred that transition should begin at 14 with an assessment by 16 and the assessment and plan in place by the time the young person is 17 ½. The whole process was prescribed in the statutory

framework. Each young person would be allocated an assessment co-ordinator and this relationship is key to ensure the appropriate level of engagement with a parent/carer at the point of assessment to mitigate the risk of the relationship (between the young person and the parent/carer and the services) breaking down.

- 4.24. The level of service available in children's services is much higher and specific than what is available for those aged 18 or over, for example there is no equivalent of a paediatrician in adult healthcare and the different statutory frameworks can cause confusion and frustration for parent/carers.
- 4.25. Members met with three parents who had experienced the transition process with their own children and, whilst each had their own particular experience, some common issues were identified. These were:
- a) That the staff involved in the transition process didn't know enough about the individual child's particular needs and so failed to understand what support was required and why it might be different from what was 'usual'.
  - b) They felt that many forms had to be completed which asked questions already answered on another form. This also meant that many times the parent/carer was saying 'no' multiple times to questions which became demoralising.
  - c) Transition processes should begin much earlier; a firm plan should be in place by 16 to allow a two year transition, their children had all been known to the Local Authority since a young age, there was no surprise about what their additional needs would be.
  - d) Lack of communication regarding changes to key support workers.
- 4.26. Jack and Candy, two adults who had been through the transition process with the Authority and were part of a service user reference group under the Whole Life Disability Board, were asked to complete a set of questions from the Sub Group.
- 4.27. From their answers the Sub Group could see that there had been some personalisation of the process as they had each begun their transition at different ages; although one was happy with the age their transition began with the other thinking it should have begun earlier.
- 4.28. There was also overlap in Jack and Candy's answers and the points raised by the parents, including:
- a) The whole process should be smoother.
  - b) Actual physical moves should only be done when they have to be.
  - c) A lack of communication between the children services team and adult services team.
  - d) A lack of information about what options were available for independent living.
- 4.29. In response to the points raised, the Sub Group was informed that two years ago the service did not know the SEND cohort which would be transitioning from children to adult services. Now, the service did know all the children (currently) who would be coming through to adult social care as adults and what support would be required and what plans/services needed to be in place and by when to

ensure a smooth transition. An effective transition was everyone's responsibility and the familiarity of the young person and their parents with buildings and staff helped a connectivity to enable the service to begin their work in a personal way. Parents were always involved in any decision about the location and type of accommodation for a young person because their intelligence was invaluable and they know their child best, they are expert assessors.

- 4.30. The time taken from initial assessment and agreement of support to be provided and the young person moving into their new supported living accommodation can vary and attention is required when beginning the process to ensure that when options are discussed it is not treated as an offer by the parents; for example suitable accommodation might have been identified but the support staff required are unavailable and therefore was described as 'available' which could be interpreted as 'ready'. It was acknowledged that it could be seen as a protracted process by parents but sometimes it was difficult to find resources to support high dependency needs in the community.
- 4.31. The officers maintained that improvements had been made, for example they were much better now at working with Housing Services to project a very clear picture of what facilities and accommodation might be required in two years time.
- 4.32. The relationship with the CCG was also essential and a close working relationship had been developed and allowed for open discussion and both organisations faced financial challenges and were working hard to maximise resources. The funding decisions, requirements and differences between health care and social care were very complicated and quite hard for parents/carers to understand as it was so different from children's assessments. A repeated assessment might look similar to one already completed but it would have a different focus; they can also be outside of the Authority's domain.
- 4.33. It was noted by the Sub Group that communication with ward councillors and local residents when accommodation was being adapted or built for a particular young person could be improved. Whilst keeping the private information relating to the individual private, it would be helpful if information about what works were being undertaken, the type of support to be provided to the young person(s) and whether it was or was not an out-of-borough placement could be provided to ward councillors and residents. This might help reduce the circulation of false information and the concerns of the neighbourhood which then allows the young person to move into an area without any misconceptions from their new neighbours, which can only assist them in feeling settled in their new home.
- 4.34. A challenge faced by the teams was some parents/carers' reluctance to accept their child was maturing and had their own rights, for example it can come as a surprise when the doctor will not allow the parent to attend a consultation. The concept of an independent adulthood will be introduced across services from aged 7 with an independence plan and conversations to prepare parents/carers which will also include raising an awareness of what an individual child's development point might be, regardless of what age they are so when the point is reached it is not a shock to the parents/carers. The development of a trusting relationship between adult service partners and the families is key to making this work.

- 4.35. The child or young person was at the centre of all planning and it was essential that their voice was heard, if the parents/carers are still resistant to plans which the child/young person would like an advocate is introduced. To encourage the parents/carers to change their view, whilst still offering empathy, challenge and difficult conversations are undertaken by the teams to show how it might work and show the child/young person's skills and capacity to the parent to build their confidence it can be done.
- 4.36. Independent assurance of this is found in the June 2017 Ofsted Inspection report of Children's Services in North Tyneside which states:
- "The voice of children and young people is woven into the fabric of the local authority. Despite times of austerity, a highly effective and dedicated team has been developed, providing participation, advocacy and engagement and focusing specifically on ensuring that the voice of children is heard and taken seriously in the local authority"<sup>1</sup>.
- 4.37. The Parent Carers Forum was a well attended forum which was co-chaired by parents and attended by the Assistant Director for Disability and Mental Health as it was an important opportunity to speak to parents and carers outside of the office environment. Representatives from the Forum were also on the Whole Life Disability Board. It was considered that there were sufficient support organisations outside of the Authority for children and young people with learning disabilities but not necessarily for those with physical or sensory issues.
- 4.38. It was acknowledged that there would always be complaints, but these were dealt with by face to face meetings rather than correspondence as a more efficient and effective method of resolving the issues. The service wanted to be seen as a responsive, caring service which was willing to listen and learn but not always there to agree with parents/carers.
- 4.39. Taking all of the above into account, the Sub Group makes the following recommendations in relation to the current process for transition:

**Recommendation 1**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communications with parents and young people. For example, create a Fact Sheet which could take different forms to accommodate the needs of the family and young person to inform all involved of the different processes which need to be undertaken for transition and their likely timeframe and which organisation is responsible for which aspect of the care and support. Ensure when delays are anticipated or occur the reason and length of the delay is fully explained.

**Recommendation 2**

Cabinet requests the Head of Health, Education, Care and Safeguarding applies the 'Tell us once' principle to Transition where possible.

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<sup>1</sup> [Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in North Tyneside 2017](#)

**Recommendation 3**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to increase the promotion of and improve the format and content of the Local Offer website and Disabled Children's Register.

**Recommendation 4**

Cabinet requests the Head of Health, Education, Care and Safeguarding produces different assessment forms for young people transitioning to adult services to those used for adults entering adult services at an older age and creates different forms for different additional needs; for example one form for young people with SEN, another for young people with disabilities and another for those with SEND and Disabilities.

**Recommendation 5**

Cabinet requests the Head of Health, Education, Care and Safeguarding introduces procedures to ensure officers are prepared for meetings with the family/carers by being aware of the individual requirements of the family and are pro-active in keeping parents up to date with progress of work on adaptations, applications and assessments.

**Recommendation 6**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve/ensure sufficient communication/co-ordination between adult social workers and children social workers to ensure the particular needs of each young person and their family/carers are understood by those managing the transition process to ensure transition begins at the time appropriate for each young person and is seamless and personalised.

**Recommendation 7**

Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures parent/carers are continually involved in the commissioning of services/accommodation for a young person to make certain that the young person's particular needs are understood/reflected in the specifications for the procurement exercise.

**Recommendation 8**

Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures that when construction work is required and/or decisions on housing are being made that parents/carers and the young person are involved from the beginning. The procedures to also require that parents and carers are regularly kept informed in writing of what will be provided and when and the process to achieve the plan to ensure all have shared expectations.

**Recommendation 9**

Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communication with ward councillors regarding the building of or conversion of existing housing to specialist housing and/or the re-location of young people to properties in their ward.

## **5. What went well?**

- 5.1. When speaking to the parents about their experiences of transition the Sub Group also enquired whether anything had gone particularly well. Whilst keeping the examples broad so as not to identify any individuals, the Sub Group was pleased to hear the majority of the parents had had good, recent experiences with their schools/further education establishments and had found them a support.
- 5.2. The representatives from the CCG reported that the Children's Continuing Care (CCC) Nurse Assessment team confirmed that arrangements are in place for flagging children likely to transition from CCC to Continuing Healthcare (CHC) at 14, and then doing CHC assessments in preparation for the transfer from CCC to CHC at 18. They also advised that there were good transition pathways in a range of services including diabetes and nephrology, and that the LIFE Muscle Team was an all age service so no transition was necessary for patients under that service. A joint Children's Complex Cases Panel between the CCG and the Authority was also being established which would also cover transition issues.

## **6. Are there any gaps in provision?**

- 6.1. When speaking to the parents about their experiences of transition the Sub Group also enquired whether anything additional was required. Among the comments made were that the following was missing:
  - a) An adult equivalent of Heatherfield.
  - b) An adult equivalent of Addison Street for young people with a physical rather than a learning disability.
  - c) Post 19 provision for autism.
  - d) Parity of care from when the young person was under the care of children services to under adult services.
- 6.2. One of the units at Heatherfield Care Home in Annitsford was for young people with disabilities which the parents considered was well conceived for those it was designed for and offered respite and residential services; for the first time children requiring this level of support were now cared for in-borough whereas previously they had been placed out of borough in Thornhill in Sunderland.
- 6.3. Addison Street offered short break respite for up to 5 children and young people aged 8-17 years with disabilities. The service, based in a specially adapted property, provided short breaks for up to 16 nights and offered a maximum of 74 nights per year. Generally, short breaks are offered as a stay every 4-6 weeks and at least 45 children and young people with a learning and/or physical disability accessed this service.
- 6.4. These services were missed by parents and the young person once their child was no longer eligible.
- 6.5. The Sub Group was informed there had been a post -19 education provision for children with autism which had been run by Beacon Hill School for a year but had folded and the young people moved to Percy Hedley.

- 6.6. The Sub Group while sympathetic to the reasons behind these suggestions was conscious of the need for the service area to meet its statutory requirements and the resource constraints it was already operating under to make any formal recommendations to the above but has included them in this report to illustrate where parents feel there are gaps in the provision in case any grant or funding opportunities for this type of investment becomes available.
- 6.7. The Sub Group asked the representatives from the Whole Life Disability Service whether there was anything it could do to assist them in their work. The officers commented that they needed more opportunities to be able to inform and help the parents/carers and the young person to understand how and why children services and adult services were so different, complex and difficult. The difficulty in understanding why it is so different is also reflected in paragraph 6.1 point d) above where parents want to have parity of care from when the young person was under the care of children services to under adult services.
- 6.8. When considering this question, officers also commented that changes in responsibilities and management structures for SEND services and some changes to the Cabinet responsibilities meant that changes had to be made to their reporting procedures as instead of only having responsibility to one Cabinet Member there were now three: the Cabinet Member for Children, Young People and Learning; the Cabinet Member for Adult Social Care; and the Cabinet Member for Public Health and Wellbeing. It was suggested that a review of reporting procedures across the whole authority might be expedient. Comments were also made regarding whether the support provided to senior managers, either new to the organisation or newly promoted, on how the decision making structure and processes of the Authority worked was currently fit for purpose.
- 6.9. Also a key part of a successful transition was having the young person participate in society and being prepared for employment; the service really struggled to get young people into employment because of the lack of opportunities for them. The Local Authority's apprenticeship programme continued to encourage applications from those in less advantaged groups including those who were NEET (not in education, employment or training), looked after, leaving care or who had additional support needs. The table below illustrates how the percentage of posts taken up by these targeted groups had increased<sup>2</sup>.

<b>Year</b>	<b>Total number of applicants</b>	<b>Applicants who meet target audience</b>	<b>Target group shortlisted</b>	<b>Target group employed</b>	<b>%of posts filled by target group</b>
2014	255	83	26	9	32%
2015	83	54	39	10	58%
2016	79	46	25	9	53%

- 6.10. The Authority had recruited a higher number of apprentices with disabilities: 3.8% compared to 1% last year. However, proportionally, fewer disabled applicants were shortlisted for interview due to relatively weaker applications. The Authority had made a commitment to encourage applications from these young people

<sup>2</sup> Data taken from *Apprenticeship Programme 2014-17 Update Report*, presented to Children, Education and Skills Sub-committee on 20 February 2017.

which required careful preparation and investigation if it was to offer these young people a positive experience, be realistic about their potential for employment and minimise the risk of drop out and termination. In this year's recruitment, the Authority had:

- a) been more creative about selection processes;
- b) given greater consideration to matching the young person to the most appropriate team environment, mentor and manager; and
- c) trialled a pathway from traineeship to apprenticeship via a pilot scheme in sport and leisure.

- 6.11. The officers acknowledged that it was important that the Authority took the lead on this, and its health partners too, but more needed to be done to encourage businesses in the borough to be more inclusive and aware of the benefits of employing young people with additional needs. The businesses needed to accept they supported the young person and valued them as an employee not as a concession to the Authority or to expect the Authority to provide the support. The employment of people with SEND needed to be everyone's daily business; a more inclusive model in the business sector would also help alleviate pressures on other services.
- 6.12. The Sub Group also asked the representatives from the CCG whether there was anything it could do to assist them in their work and was informed that sometimes the Decision Support Tool was provided to the Shared Funding Panel without the Support Plan which showed how the support will be delivered; a decision cannot be made without both documents which could cause unnecessary delays. In response the WLD team acknowledged that it would happen occasionally but there was a strong administration system in place to ensure the right documentation was sent to right person/organisation at the right time so a decision could be made the first time everyone met together. The importance of this was not underestimated by the team.
- 6.13. Taking all of the above into account, the Sub Group makes the following recommendations in relation to gaps in provision:

#### **Recommendation 10**

In light of the changes to the organisation and management structures across Children's Services and other service areas across the whole Authority, Cabinet requests the Senior Leadership Team to review the information and support provided to both internal and external newly appointed senior managers across the Authority to ensure that they are aware of the decision making processes and their implications.

#### **Recommendation 11**

Cabinet requests the Head of Health, Education, Care and Safeguarding and the Head of Finance create a programme to promote and encourage borough employers to employ people with SEND; for example a networking session with the Business Forum to enable businesses to talk to each other about the implications and benefits to employers recruiting employees with SEND.

## **7. Conclusion**

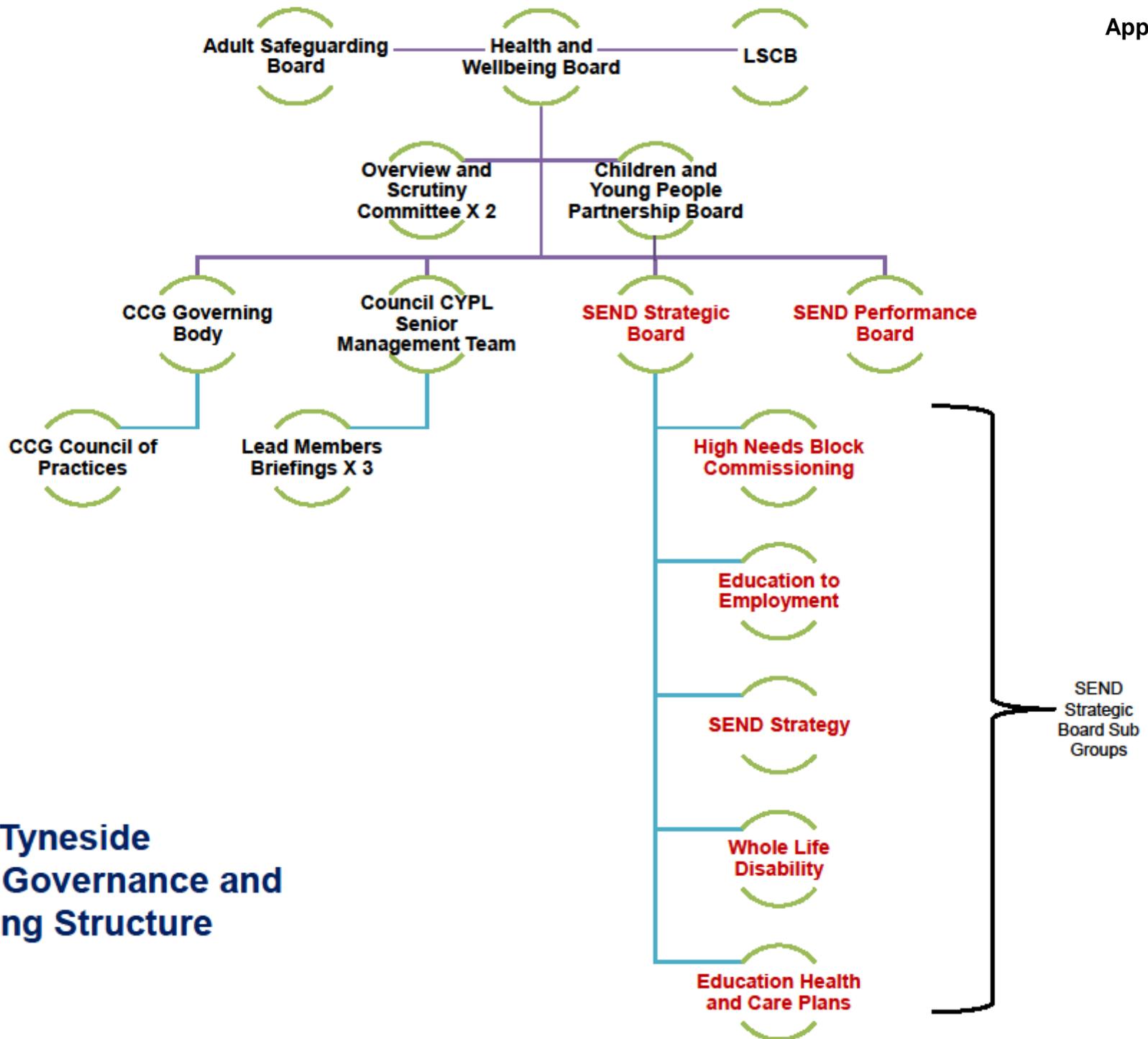
- 7.1. The Sub Group considered that the theory behind the current process was sufficient and met the requirements of the Children's and Families Act and the Care Act 2014 but that the implementation of the process had been found wanting in a number of cases. The Sub Group acknowledged that there had been significant reorganisation of the service both in personnel and management responsibilities which would have impacted on its ability to monitor the transition process effectively at this time and that the service had accepted that things had not gone as well as they should have for a number of families.
- 7.2. The Sub Group was pleased to note that the service was "determined to improve" and believed that the steps already established by the service (for example the co-produced Local Offer and the self-evaluation framework action plan) and the eleven recommendations of the Sub Group would facilitate this and ensure that all future transitions would begin in a timely manner and would ensure there were no surprises either for the Authority, the young person themselves or their parents/carers.
- 7.3. The Sub Group also acknowledged that additional funding is not always the best solution to a difficulty and also that there were finite resources available for all services. The recommendations have not been prescriptive in how they should be implemented to allow the service a wide as scope as possible in developing the best way to implement them.
- 7.4. Moving towards adulthood is an exciting time of new opportunities, new choices and increasing independence for all young people, whether they have additional support needs, or not and the Sub Group endorses the service's message that "We want all young people with special educational needs and disabilities in North Tyneside to have the opportunities to live the life to which they aspire" and believe that these recommendations will go towards making this goal a reality.

## **8. Acknowledgements**

The Sub Group would like to place on record its thanks and appreciation to those officers, parents and external organisations for their assistance providing the evidence on which this report is based. A full list of all those individuals who helped the Sub Group with its work is set out in Appendix 3.

## **9. Background Information**

The background papers and research reports listed in Appendix 4 have been used in the compilation of this report and copies of these documents are available from the Democratic Support Officer.



# North Tyneside SEND Governance and Planning Structure

Extract from *Summary of our Offer* from 'Preparing to be an adult' section of the Local Offer webpage

<b>A Quick Guide to the Transition Process</b>	
<b>School Year / Age</b>	<b>What to expect</b>
<b>School Years 8 to 9 (age 12 to 14)</b>	<p>Young person starts to think about what they want to do when they leave school.</p> <p>The young person should talk to their careers advisor as well as their social worker or health worker if they have one.</p>
<b>Year 9 School review (age 13 to 14)</b>	<p>Reports produced by those working with the young person, which feed into the review.</p> <p>The young person is invited to contribute to the review and attend the meeting.</p> <p>Transition Plan is written up by ..... and sent to the young person, their family and relevant organisations.</p>
<b>Year 10 to 14 School review (age 11 to 19)</b>	<p>Reports produced by those working with the young person, which feed into the review.</p> <p>The views of the young person and parent are at the centre of decision-making.</p> <p>School staff will then write the Transition Plan with the young person and parent and send it out to everyone.</p>
<b>Annual Review of the Transition Plan</b>	<p>Once a plan has been produced it is updated every year by ..... Any changes are made at this time.</p>
<b>Final Year Review School years 11 to 14 (age 15 to 19)</b>	<p>In the last year at school the Transition Plan needs to be updated.</p> <p>Discuss options that are available after Year 11.</p> <p>If extra support is needed on leaving school then the people providing this should be invited to the review of the plan.</p>
<b>Consult with education, training or employment provider</b>	<p>Agree how they will support the young person to make the transition.</p>
<b>Age over 18 and under 25</b>	<p>If the young person is still in education or training or in an apprenticeship the plan will need updating.</p>

## Acknowledgements

The working group would like to place on record its thanks and appreciation to the following individuals for their assistance to the Sub Group:

### **North Tyneside Council:**

Jodie Henderson, Senior Manager Looked After Children's Services  
Haley Hudson, Assistant Director, Strategy and Transformation  
Elizabeth Kerr, Democratic Services Officer  
Toni McMullan, Participation and Advocacy Advisor  
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Jack Skeldon  
Candy Carpenter  
Nicki Hartley, parent  
Judith Oliver, parent  
Jacqui Rodgers, parent

## List of Background Papers

The following background papers have been used in the compilation of this report and copies of these documents are available from Elizabeth Kerr, Democratic Services, e-mail: [elizabeth.kerr@northtyneside.gov.uk](mailto:elizabeth.kerr@northtyneside.gov.uk) Tel: 0191 643 5322

- [The Children and Families Act 2014](#)
- [The Care Act 2014](#)
- *Summary of our Offer* from 'Preparing to be an adult' section of the Local Offer webpage, [available at <http://my.northtyneside.gov.uk/category/569/preparing-be-adult>] (accessed 8 December 2017)
- [Apprenticeship Programme 2014-17 Update Report](#) to Children, Education and Skills Sub-committee on 20 February 2017.
- [Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers in North Tyneside 2017](#)

## Useful Websites

- <http://my.northtyneside.gov.uk/category/492/special-educational-needs-and-disabilities>  
North Tyneside Council's SEND webpage.
- <http://www.getyourrights.org/>  
A helpful website with a focus on advising young people about their rights in relation to health care, by the Council for Disabled Children (CDC) and the National Children's Bureau (NCB).
- <http://www.peoplefirstinfo.org.uk/money-and-legal/care-act-2014/requesting-an-assessment-changes-under-the-care-act.aspx>  
The Care Act 2014 meant that from April 2015 the way in which an assessment was completed with an adult (over age 18) member of the public when deciding whether that person would be eligible for care and support from the council changed. Produced by People First, this accessible page outlines the assessment process, what has changed, and includes links to useful information.
- <https://www.sendirect.org.uk/>  
SEND Direct has worked in partnership with other organisations to bring together and create information to help support children, young people, parents, families and professionals. It includes a wealth of information, from rights under existing laws to managing a personal budget and how to choose the right service.
- <https://www.rixwiki.org/gbr/home/north-east-send-regional-network/>  
SEND Direct North East hub with links to local support and resources.
- <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>  
Fact sheets produced by Government on the Care Act

### Summary of recommendations

1. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communications with parents and young people. For example, create a Fact Sheet which could take different forms to accommodate the needs of the family and young person to inform all involved of the different processes which need to be undertaken for transition and their likely timeframe and which organisation is responsible for which aspect of the care and support. Ensure when delays are anticipated or occur the reason and length of the delay is fully explained.
2. Cabinet requests the Head of Health, Education, Care and Safeguarding applies the 'Tell us once' principle to Transition where possible.
3. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to increase the promotion of and improve the format and content of the Local Offer website and Disabled Children's Register.
4. Cabinet requests the Head of Health, Education, Care and Safeguarding produces different assessment forms for young people transitioning to adult services to those used for adults entering adult services at an older age and creates different forms for different additional needs; for example one form for young people with SEN, another for young people with disabilities and another for those with SEND and Disabilities.
5. Cabinet requests the Head of Health, Education, Care and Safeguarding introduces procedures to ensure officers are prepared for meetings with the family/carers by being aware of the individual requirements of the family and are pro-active in keeping parents up to date with progress of work on adaptations, applications and assessments.
6. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve/ensure sufficient communication/co-ordination between adult social workers and children social workers to ensure the particular needs of each young person and their family/carers are understood by those managing the transition process to ensure transition begins at the time appropriate for each young person and is seamless and personalised.
7. Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures parent/carers are continually involved in the commissioning of services/accommodation for a young person to make certain that the young person's particular needs are understood/reflected in the specifications for the procurement exercise.
8. Cabinet requests the Head of Health, Education, Care and Safeguarding establishes procedures which ensures that when construction work is required and/or decisions on housing are being made that parents/carers and the young person are involved from the beginning. The procedures to also require that parents and carers are regularly kept informed in writing of what will be provided and when and the process to achieve the plan to ensure all have shared expectations.

9. Cabinet requests the Head of Health, Education, Care and Safeguarding takes measures to improve communication with ward councillors regarding the building of or conversion of existing housing to specialist housing and/or the re-location of young people to properties in their ward.
10. In light of the changes to the organisation and management structures across Children's Services and other service areas across the whole Authority, Cabinet requests the Senior Leadership Team to review the information and support provided to both internal and external newly appointed senior managers across the Authority to ensure that they are aware of the decision making processes and their implications.
11. Cabinet requests the Head of Health, Education, Care and Safeguarding and the Head of Finance create a programme to promote and encourage borough employers to employ people with SEND; for example a networking session with the Business Forum to enable businesses to talk to each other about the implications and benefits to employers recruiting employees with SEND.