**Draft podcast on transition between child and adult services**

**“So my name is Carrie Wilson and I work at the Care Leavers’ Association. I am a care leaver, grew up in the care system, and I kinship cared my younger brother. And I was part of the guideline for transitions to child to adult services.”**

**Q1: “So the move from children’s to adults’ health and social care services can be an anxious time for young people and their carers. What would you say are some of the issues that young people might face in these kind of situations?”**

“So I’ve got a few that are kind of recurrent for the majority of young people, and that’s across the different areas, as well, that the guideline covers. I think the main one is knowledge of their rights and entitlements. It’s not openly available information and actually when they do know what their rights and entitlements are, it’s knowledge of how to actually get them and where to get that service from.

“There’s been a big issue if somebody disconnects from the service. Say, for instance, at that time it’s not a priority for them, for them to be able to reconnect with that service it is harder and harder for young people. So a lot of young people that come to me, as a service we have young people coming to us, it’s about them actually wanting to get back in touch with their local authority and get the service that maybe they didn’t have because they had a broken down relationship with their social worker at 16/17. And it’s really difficult. Us, as professionals, are finding it really difficult to actually find the right people. I’ve spent two weeks trying to get the contact details for a leaving care service for one local authority. And I’ve rung them twice and my colleague rang them, because he’s doing a database for them, and we’re still not getting anywhere. So for us as professionals, if we can’t access that information you can only imagine how difficult it is for a young person and their parents to get that data as well.

“Consistency of a service is also really important. And it really is a barrier because it is different in every single local authority. There is post code lotteries everywhere. So it really depends on what the council have decided in their budget is going to be their budget. Some have ring-fenced, some haven’t. Which isn’t great because you can be next door to someone and still fall into a completely different service.

“The next one is an issue that’s come up recently around use of certain accommodations. So it’s the feeling of the young person, whether they’re feeling safe and secure. So if a service decides something is safe and secure, and it may be safe and secure, but if that young person does not feel that way then it doesn’t matter. Because they’re still going to have those same issues. So they’re not going to be able to deal with situations when they don’t work out because they’re not having that really basic need of safety. And that kind of links on to having someone that they can speak to that they can trust and that they know is there for them genuinely and not just, right okay, you’re my case so I’m going to give you five minutes of my day and that’s all you’re going to get.

“And I think the final one, which is most important, especially for young people in the care service, is being able to make mistakes. So having second, third, fourth chances. Because if you’re bringing a child up in a normal 2.4 family your child makes mistakes and they learn from their mistakes but you don’t cast them out because they’ve made a mistake and say, right, that’s it we’re putting you off. Sorry, you didn’t succeed at that one point so that’s it. We’re done with you. Which is happening for a lot of young people as they leave the care service, especially when they’re moving into independent living.”

**Q2: “So I believe that you were a user of the services growing up. Could you tell me about your own experience of care?”**

“Okay, so my experience. I went into care when I was 11. So I was very lucky because I was only ever in one placement, which is very rare sadly. Because actually that placement provided me with consistency and a framework that I was actually able to grow up around and not kind of be all over the place. New house, new rules, etc., etc. And there was a flexibility within my local authority as well. So at 16 they introduced my after-care worker. At that time my social worker kept changing so that was an inconsistency. So I was like I don’t want another inconsistency, thank you. I’m quite all right. But it wasn’t until I was about 17 and a half I was like, well, actually I do need to have my leaving care worker and preparing to leaving care. And I was able to just ring up and form a relationship which was really positive. And I kept the same worker throughout that time. It would have been five years I had that worker, and she’s only just left the service now so that’s almost 10 years ago now. And she was there for a good while before me as well. So that kind of consistency of service is great, especially when you’re wanting to have someone that you can speak to and trust and that they know what your needs are and when you might need a bit more support, and all those kind of things that someone that knows you will help with.

“In terms of my other kind of experience, which is why I was brought on to the board really, was around my kinship caring of my brother. So he had a lot of mental health issues and trying to find our way round those services was really hard. So he was transitioning from CAMS to adult services. And even though in my own experience, and also with the work that I do have a good knowledge of how the frameworks work, it was exceedingly hard and actually I had to really, really fight to get a service. So he went from inpatient for three months in CAMS to getting to his 18th birthday and in the last months he went in a day less every week until he was out. He’d only just started opening up to people. He’d been there for quite a while and he was not able to communicate with anyone. He’d only just started to open up to people and then he was out. He wasn’t ready and he ended up back there for a night because he just wasn’t ready. He didn’t trust himself and he wasn’t safe. And we had a discussion with them and they were like, no sorry, we’re not taking him back. There’s no flexibility. He’s 16 now. So from one week when he went into A & E, before his 16th birthday, he went to the children’s hospital. The next week he was after 16 and he got taken to the adults’ hospital. So for him, he was still a child and he was really traumatised by that experience. Because it’s a completely different environment from a children’s hospital to an adults’ hospital. And then the services from adult services, we didn’t meet his worker before he moved out of children’s services and when they did meet they wanted to see him once a month. And it would have taken them a month to see him as well, from exiting the CAMS service. I was like, no way, no way. He needs 24/7 service right now. I’m having to work from home every single day because he’s not safe on his own. So then they were like, okay, we’ll agree to once a week. And even then it took them I think probably three months for him to see an actual psychotherapist and then it took them another three months to see him again. So there was no real service for him. He was 16, he was highly vulnerable and there was just nothing there for him.

“Apparently they’ve changed that service now so it’s now up to 18. But that was just after the window that we were using that service. And there was just no flexibility there.”

**Q3: “So in hindsight, how would you have liked things to have been done differently for your brother?”**

**“I think there was a lack of communication to me, as his parental guardian, and also to him about what he wanted. So he was saying I don’t feel safe. I want more service. I need more service. I was saying he needs more service, please, please. And they just said no. So there was no flexibility on it. So there should have been and that’s what should have been changed. They didn’t listen to his needs. It was the age. He’s 16, that’s it, sorry, end of service. So there was no flexibility about actually, well, maybe he needs to be in a bit longer or maybe he needs a CAMS worker out of the service. So outpatient, which they just refused, straight refused, to offer at all. They weren’t having any of it.**

**“So just listening to actually what the young person wanted and also me as a person that’s known him all of his life as well.”**

**Q4: “So one of the new guideline recommendations is for a person sensitive approach to care. Why do you think this is important?”**

“If you go and purchase something like, for instance, an iPhone they’re always asking for feedback. They always want to make sure that that service is the best for you. But it seems to be when it’s to do with the Health Service, Social Care Service it’s not about that. And for my brother it needed to be about that. It needed to be about his needs and his voice. Because he didn’t feel like he had a voice. And even when he was trying to give his voice through me, because of his anxieties he wasn’t able to communicate in even the meetings. So the meetings were like a room of professionals and he was just sat there given a toy to cuddle for security. But he didn’t feel like he could speak because it wasn’t an environment for him to communicate what he wanted. It was an environment for them to communicate what they wanted and for him to be in the room while they did it, which that isn’t person-centred. That isn’t talking to him beforehand and saying, hey, what do you want from this meeting? What would you like the outcomes to be? Let’s make sure that that’s put across and let’s listen to those. That’s not what happened. Because he said over and over again that he wasn’t ready and he just wasn’t listened to.

“And I think from my perspective, being a young person that was in care, those services, again, so the leaving care age, it’s been made more flexible with the staying put but this isn’t available for young people in residential care. So, again, it’s age based rather than needs based. So these young people were saying, look, I’m not ready. I don’t want to go. But it’s not being listened to. There was a young person in foster care that I’ve been advocating for recently and three days before his 18th birthday they had his last review meeting. His social worker was not able to attend so they sent a different social worker who wasn’t able to make any commitments or anything in the meeting. His pathway plan was incomplete. It wasn’t up to any kind of standard of support. So, for instance, around budgeting, which is obviously a really important part of independent living, it said he did not have budgeting skills. And then the outcome was he will learn these when living independently, which, for me, that’s the scary aspect. Because that young person, they’re expecting him to move into council accommodation with no support. So going from living in a one placement since he was 11 with a good mother/child relationship with his foster parent to moving in on his own, not knowing anything about bills, with no support. And he didn’t want that. He was saying, actually, I want this other service where there is people around. It’s like semi-independent. And they were like, sorry no, there’s no funding for that. But there was but they hadn’t worked out his criteria for that, even though he fitted into it. So he was due to leave two days after and none of this had been done because they hadn’t spoken to him and hadn’t listened to what he wanted. And then his review meeting, from that meeting, was meant to be last week and it was cancelled and no reason was given. So this young person is still left. They sorted out a staying put for six weeks but there’s nothing else has been arranged since then.”

**Q5: “So another area of recommendation in the guideline is on transition planning. How do you think this might prevent some of the issues that you’ve talked about?”**

“I think in the guideline we’ve been really clear that is needs to start at an early age, and it might not be that that age means that they’ve got to start planning right there and then. But it’s just to be actually aware of their choices and having their choices voiced and written down and a record made of them. So if something does happen, that worker does leave, actually we knew from 14 that this young person wasn’t very good with money and hasn’t been for a very long time so we know that they need more support when they’re going to move into independent living.

“And it’s about a need as well rather than age. Because everybody ages at different stages. And especially when you’re dealing with young people who have had a lot of traumas in their life, it affects their brains on a cognitive level, on a subconscious level where actually they age differently. So, yes, they may be more mature but actually their other ages are way down here. Their social skills are way down here and lower. So they’re not ready. They’re not functionally ready to be living independently. So to say, okay 18, brilliant, okay, transitioning to adult services, let’s go.

“And the same goes for the health services as well. These are young people who may have learning difficulties so actually those ages don’t fit at all. They may never get to that transition age. So it’s really going back to the person-centre, what is best for this young person and how can we best support them not let’s all race to this 18, 16 whatever age it is that they’re going to be transitioning up. Because that’s the deadline that we’ve got because that’s the age that they’re going to be ready. That isn’t the case. Someone doesn’t wake up the next day on their birthday going, hey, I know the world now. Because if it was that easy then I think we’d have a lot less issues around.”

**Q6: “So you mentioned briefly before that you had a good experience of one of the workers that was working with you. The guideline recommends having a single practitioner, a named worker, to support”**

“We expect young people transitioning and using these services to open up and tell their story to someone generally that they don’t know at all. That could be their first meeting and they’re expected to say, hey, this is my experience, help me deal with it. And actually that’s not going to happen. You need someone that you know and that you trust and that you are able to communicate with and their able to communicate with you on a level that’s right for you. And you can’t get that if the worker keeps changing. So it’s like, say for instance, every single week you get given a new boss. How are you going to communicate where you are, even know what you’re expected to do, and move forward? Because each boss is different. They’re going to have different expectations. They’re going to judge you in different ways. They’re going to say, hey, I want this deadline done right now. Or the next one might say, hey, I want you to set your own deadlines. The next one might be, hey, let’s just be more flexible. You don’t know what you’re going to get. And that’s the same with a worker. Because they’re there to support that young person and that young person needs to know how that professional works and how they’re going to help them into independent living or to the other service. And they can’t do that with ever-changing workers. It’s impossible. And it’s tiring, emotionally tiring, for those young people to keep pulling up all of the reasons why they have to use this service in the first place. We don’t expect a young person in a normal family to say, hey, nice to meet you, tell me about your life story. Because that’s not a conversation that we have, is it, but we expect these young people to just say, hey, I’m just going to talk about all the pains and all the hurt that I had to get through to get to where I am today. It’s not great. It kind of adds to re-traumatising. It’s not positive at all.”

**Q7**: **“Another aspect of the guideline is about involving parents and carers. Could you tell me a bit more about this please.”**

“So this is an area which is always highly debated around how much we do or don’t involve parents and carers and how we assess how a young person is vulnerable and if they’re not vulnerable. From personal experience, I know that I was locked out of a lot of decisions, key decisions, that actually led to worse situations with my brother. Because I was the acting parent and for some reason they did not want to take my opinion on the situation. Which was extremely painful and also in terms of our relationship, it broke it down. So we had external services involved and he had a worker with them. We had a review meeting where both me and his mental health worker went along to this meeting and they came along thinking that I’d been telling lies about something and they’d actually got like a police report about it. They said actually we’ve just read the report before this meeting and actually the things we’re going to discuss it seems that actually they weren’t true. And then it was like, right okay, so what are we discussing? And then it was discussing him moving out. Both me, as the acting parent, and knowledge of his skills, like he’s not ready. He does not know how to use a washing machine. He does not have all of these skills that he needs for independent living. His mental health worker was like, no, he’s not ready mental health wise to be on his own. Because he is barely succeeding at all right now. And they totally ignored that. It came to a situation where I was at work and I got a phone call from his worker saying Oscar is moving out. I went home and he’d moved out. And that was like, what? What has even happened? Like how has this even happened? Because I hadn’t been involved in any of that conversation and both me as the parent and the professional who knew his mental health needs were completely ignored in that.

“So in that point, it’s very important to involve them and it has to be a case by case situation as to who the parents are, what the situation is and really communicating with the whole family at what stage that young person is. Because each person will have a different perception of it. And a young person may perceive themselves as being ready. A lot of young people do, especially when leaving care. They perceive themselves as, yes, I’m 16, see you later. I’m ready. Yes, the professional has got to help that young person but they’ve also got to communicate with the people around them to get the full picture about where they actually are. And it doesn’t have to be that everything is controlled by the parents, which is generally isn’t anyway. But it is really important.

“So going back to the young person I was speaking about before, his foster parent was saying to his local authority for a long time, look, he needs more support. We need to be able to plan all this stuff. And she was being ignored. She wasn’t included in his pathway plan. They didn’t speak to her about how he was with budgeting. They didn’t speak to her about any of the aspects about his education, his home environment. And all of that she knew because she’s been with him for seven years. She knows him. But they didn’t involve her in that. And it actually says in the guidance from the government you need to involve the professionals and the carers in the pathway plan. But even at the basic level it’s not being carried out, which is really worrying.”

**Q8: “And the guideline also talks about support before and after transfer of services. Could you talk a bit about this please.”**

“So I think we found that a lot of the services were kind of the child services pushing up to adult services saying, hey, you need to take this young person, come on, rather than a joint approach. And it’s difficult to try and change the mindsets of those two services because they work in different environments. But to be able to provide the good service before, during and after they need to have that partnership. And if that means they need to develop a transitions group together then that’s what needs to happen. But it’s about getting them round a table and discussing actually what are the needs of these young people coming up and what do we offer them at this end and having that open and honest communication about where the gaps are. Because each area will have different gaps, mostly around the same kind of themes but they will know, okay, we know at 16 that going from medical stuff that actually this young person has been coming to this one hospital but adult services, we don’t have that. They’ve got to go all the way across to a different city. So how can we resolve that issue? And having those conversations with each other.

“So this kind of leads on to joint funding bids as well and pools of money, which in the current environment it’s essential to do that. because pools from each areas are being cut. So actually the only way to be able to support these transition services is by them both working together and developing something that works for them as a service.”

**Q9: “So before publication of this guideline what would you like to see happen in terms of a change of services?”**

“I would hope that we actually listen to the young people that are using these services and think about their journey as a lifelong journey rather than just where they are at that moment. Because I think that’s where a lot of the issues happen. Because they think, okay, what do we need to pay for right now? How does that work out for the next April payment? And instead of looking at actually what are the long term effects of this decision on this young person going to be. Because if we look at it in that way then actually, yes, giving that young person a little bit extra support when they’re moving into independent living probably means that they’re not going to have failed accommodation two, three times. Or they may not get involved in criminal activity which means they get involved in the criminal justice activities, which again is a cost. It’s a different cost but it’s still a cost for that young person as a life journey. And then if you think around the medical side, okay, if this young person is moving from child to adult services are we effectively transitioning them? Well, we’ve got to pay a little bit extra money to get them to that adult service so they have better quality of life but if we don’t do that because we want to cut some corners and save money this young person is then going to end up in A & E and actually end up needing more care because they haven’t got that transition service to get them the care. So it’s thinking about, okay, what’s the lifelong journey? What’s the lifelong cost? Because once you join them all up it makes sense to make those extra additional supports to stop the extra additional costs further in their life.”

**Q10: “And so how is your brother getting along now?”**

“He’s doing a lot better. I’ve given him consistency. I’ve learnt a lot round trauma response and how his behaviour is actually affected by that. So all of the different aspects of what has happened since he was 13 have all been in response to that. And he’s actually starting a course to get him into educational training. So he’s attempted quite a few times to get into education but he hasn’t had the support around him. So, again, it’s sad but if I’m not there to give him that support, the services still aren’t there for him. So he still needs to re-attach to the adult mental health service but he is scared of that service now. He doesn’t want to be involved in it. He doesn’t want anything to do with CAMS because of his past experience. So it’s not a priority in that term. But every time it hasn’t gone right I’ve been there to say, hey okay, it’s fine, let’s try again. Let’s arrange a new meeting. And he’s improved loads because of that. Because the fear of failing has lowered. So the negative outcomes of failing has lowered. He’s actually failed less. So he’s gone from refusing to speak to any professional about anything to going, okay, I’ve got a spare half an hour and I need to go and do this form so I’m going to go and do that. He’s keeping me updated all of the time but he’s actually taking his own initiative to do that. Because we’ve taken time to build his trust. I know what I’m talking about and I’ve got a colleague that’s able to provide him with a service to be able to take him places. And he doesn’t exactly fit into the criteria of that service but they’ve worked around his needs and gone, actually, he does need that so we’ll work with him. We’ll make time for him and we’ll support him even though he doesn’t fit into our criteria. So I think if that was happening two or three years ago it would have been a lot more beneficial for him now. Because he’s coming up to 19 in June and he still needs to go back and do his GCSEs. Because he was inpatient in CAMS during that period so he wasn’t able to do that. There was no flexibility within his education to do that either.”

**Q11: “So finally, how do you expect that the guideline will help change young people’s experience of transition in care?”**

“I hope that it provides young people with more confidence and with that confidence they access the services better and are able to have better communication with the services. And the other way round, I’m hoping that the services will think a little bit more about how they interact with their young people and transition services and how accessible they are. One thing I’ve found with the work that I do is that if a young person isn’t communicating with me it isn’t their fault it’s because I’ve not shown them and given them the correct way to communicate their needs. So it’s about the services looking inwards and saying, hey, is this room accessible? Hey, do we have a phone number on the website for them to contact us? Do they know that they can text us? Do they know that they can email us? And all of that information to make sure that it’s easy for a young person. Because they’re going through enough already. They’re transitioning, they’re going through a really important part of their life and they don’t need that extra stress of trying to run round and find those contact details and find out if they’re eligible for this or that. It should be readily accessible for them. And I hope that the guideline will enable that process to happen, especially around some of the mentoring. So being able to provide people that have already gone through that, to provide that guidance. Because that isn’t something that costs a lot to do either.

**“Carry, thank you very much.”**

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