In Control

Transitions from children's to adults' services: NICE guideline

Beth Anderson, Head of Research & Information
Social Care Institute for Excellence (SCIE)

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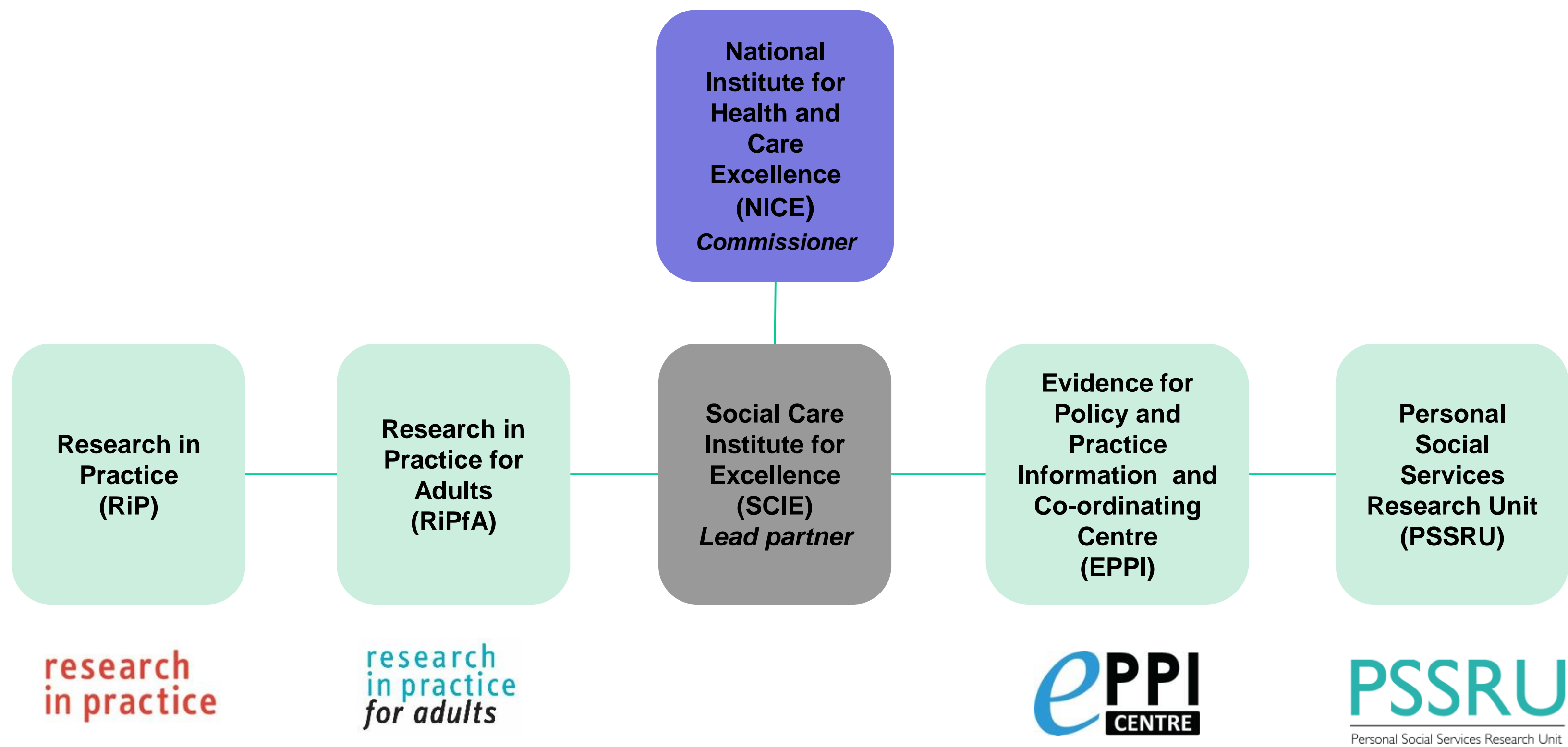
NICE Collaborating Centre for Social Care



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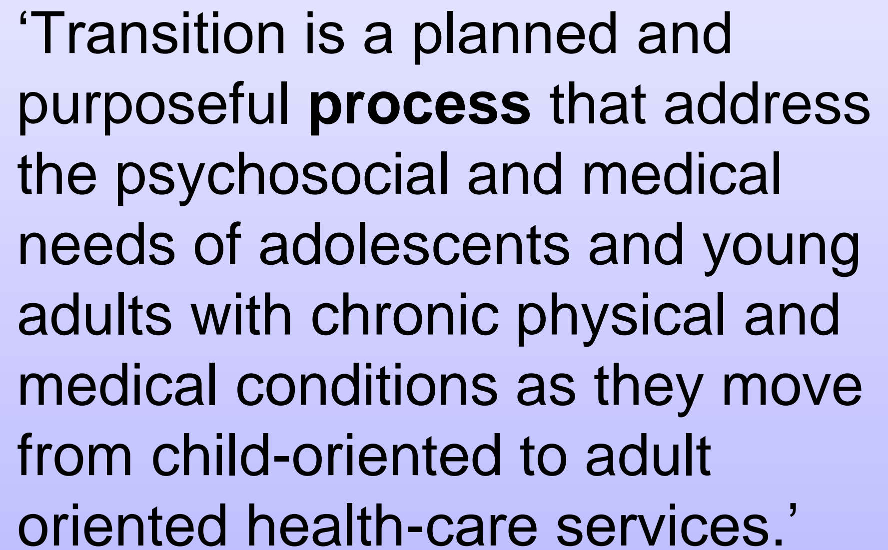
http://www.scie.org.uk/nccsc/



‘Transition is a planned and purposeful **process** that address the psychosocial and medical needs of adolescents and young adults with chronic physical and medical conditions as they move from child-oriented to adult oriented health-care services.’

Department of Health, 2006

Need for the Guideline

- Lots of guidance and agreed principles already, but transition still patchy, inadequate or inconsistent[1]
- Transitions between care settings and services are key points at which people are especially vulnerable to loss of continuity in care[2]
- Young people have had poor experiences of transition
- Legislative requirements: Children and Families Act 2014; Care Act 2014

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1. Beresford & Cavet 2009; Clarke et al 2011; Singh 2010
2. Kings Fund 2010

Guideline remit

- Addresses the period before, during and after a young person moves from children's to adults' services.
- Covers both health and social care
- Aims to improve experience of transition for young people and their carers by improving the way it’s planned and carried out.
- Published 2016

https://www.nice.org.uk/guidance/ng43

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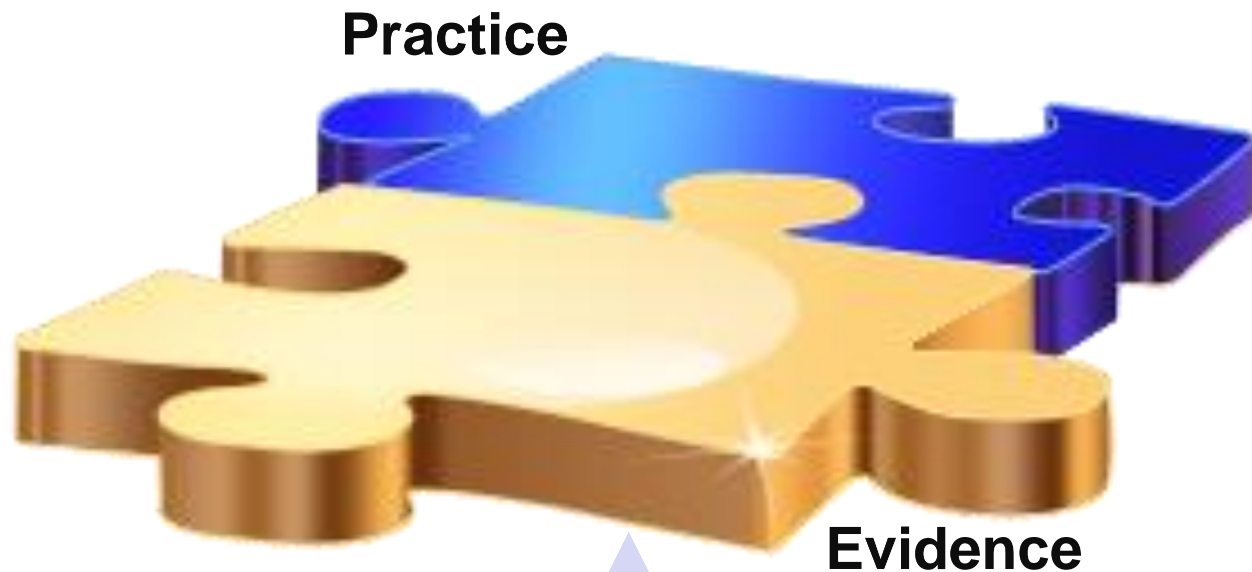
Understanding what works



Views and experiences

People who use services ***Frontline practitioners***

Principles underpinning our methods

Recognises the complexity of health and social care services

- Focus on choice, control and independence
- Draw on different types of knowledge
- Recognise importance of both process and outcome

Uses pragmatic, fit-for-purpose methods

- Draw on different types of knowledge
- Complement review evidence with expert opinion (guideline committee and expert witnesses)

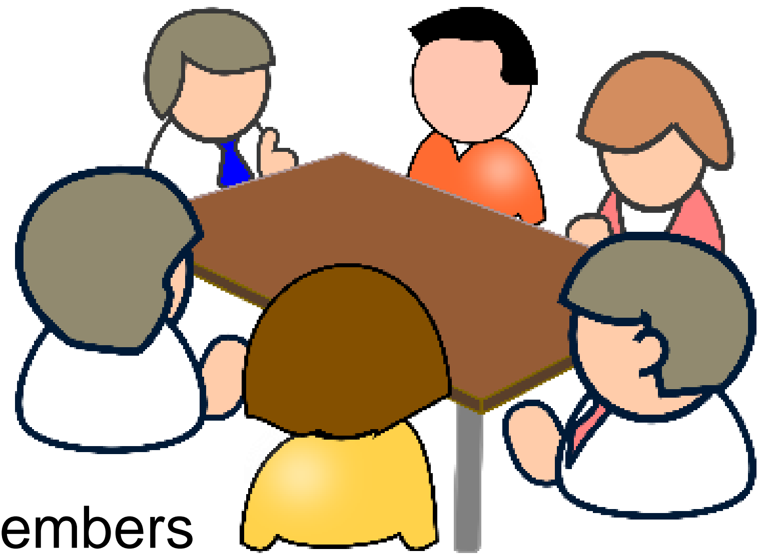
Reflects the wider context

- Consider relationships between services and professionals
- Recognise diverse workforce
- Make links with wider policy and practice context

Involving young people

Considerations

- Need for perspective & experience, but distance from the issues
- Potential sensitivity of topic
- Breadth of topic
- Time commitment
- Accessibility



Approach

- Young people as full committee members
- Explicit searching for views and experiences data
- Triangulation of views data with effectiveness evidence

Recommendations in the guideline

Transition planning

Support before transfer

Support after transfer

Over-arching principles

Supporting infrastructure

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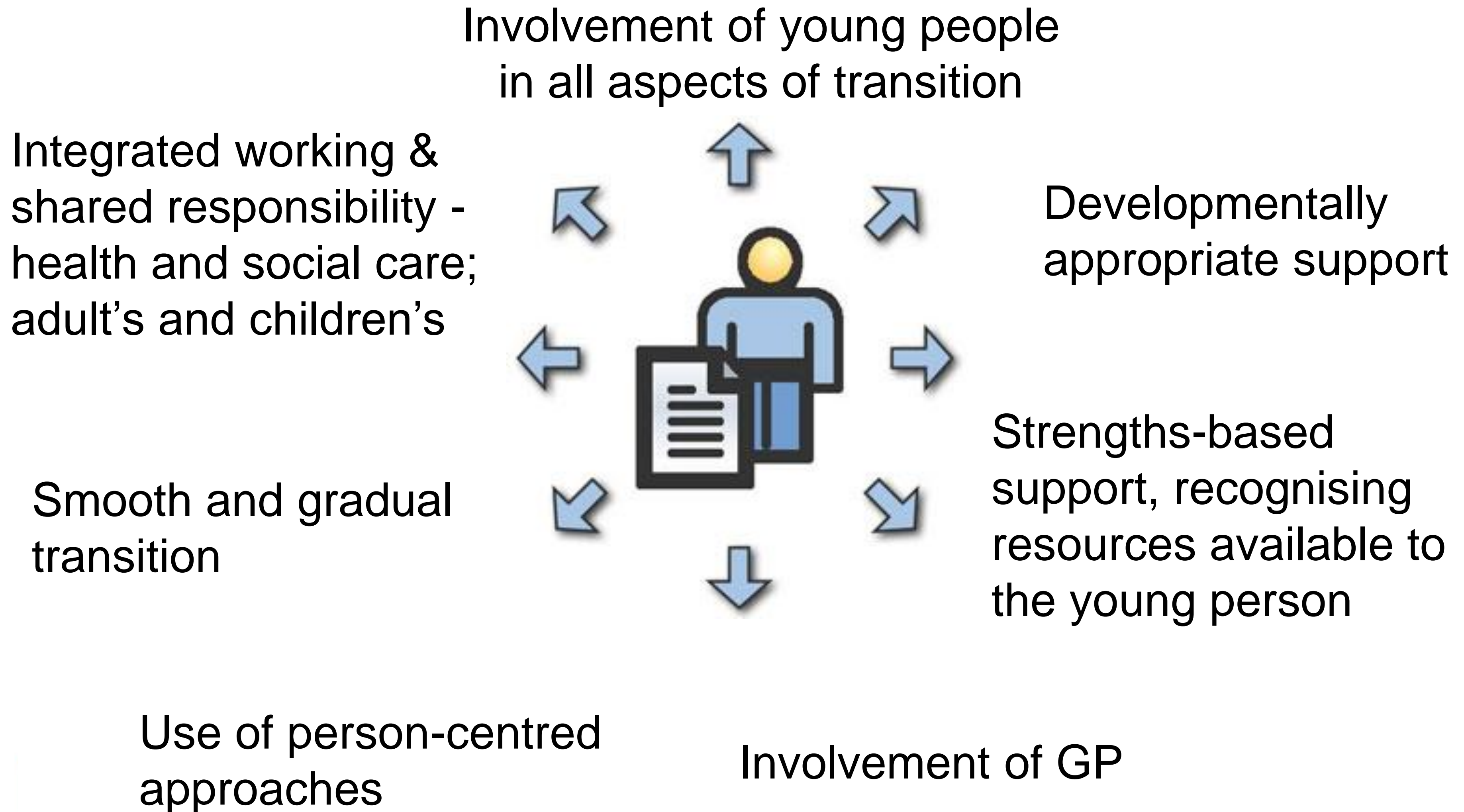
https://www.nice.org.uk/guidance/indevelopment/gid-scwave0714

1. Over-arching principles



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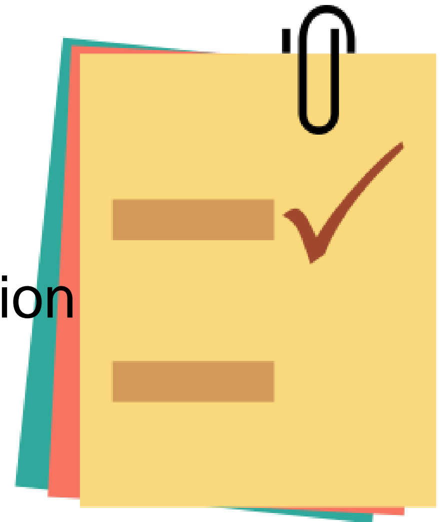
2. Transition planning

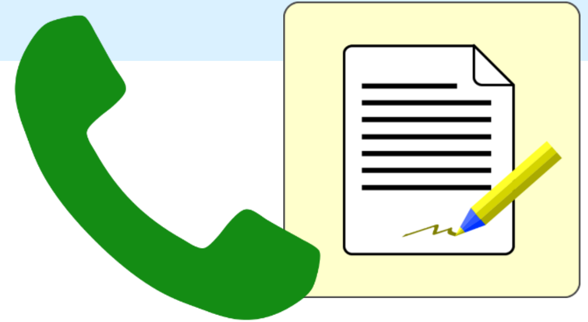
- Transfer not based on a rigid age threshold
- Early planning
- Annual review meeting (or more frequent)
- Named worker
- Support for a minimum of 6 months before & after transfer
- Focus on building independence
- Involvement of parents/carers

3. Support before transfer

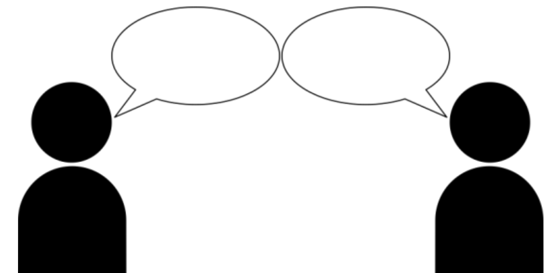
- Involvement of adults' services practitioners
- Contingency plan for **consistent** transition
- Personal folder for the young person (e.g. one-page profile; health, social care and education needs; preferences; emergency plans; strengths and hopes for the future)
- Information about service availability
- Opportunity to find out about adults' services
- If ineligible for statutory adult services, information about alternatives and involvement of GP



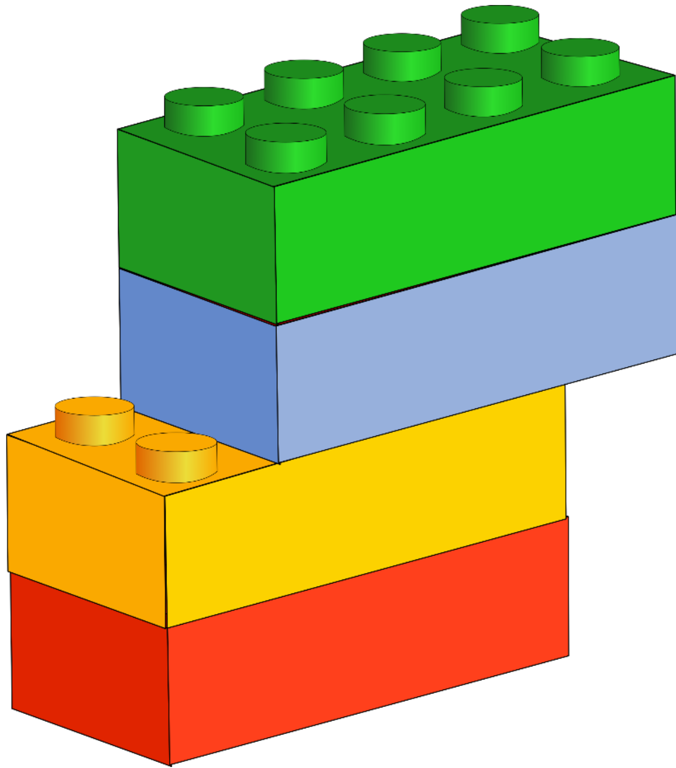
4. Support after transfer



- Non-engagement
  - Proactive follow-up
  - Re-referral to named worker if post-assessment
  - Review of care and support plan with young person
- Engagement
  - Same healthcare practitioner for two appointments post-transfer
  - Same social worker until first review of care and support plan complete



6. Supporting infrastructure



- Executive and manager ownership
- Use of education, health and care plan data
- Gap analysis - young people not eligible for support; those with neurodevelopmental disorders, cerebral palsy, challenging behavior, palliative care
- Particular focus on young people involved with multiple medical specialties
- Developmentally-appropriate services

Beth Anderson
Head of Research & Information, SCIE
+44(0)20 7766 7355
beth.anderson@scie.org.uk