

Transition

Definitions

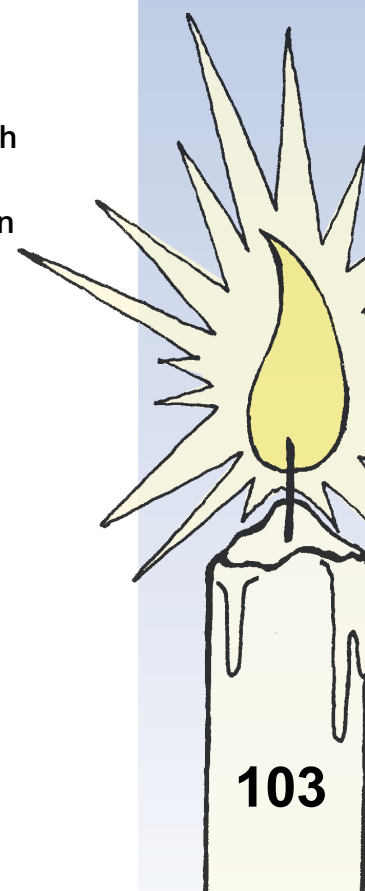
Transitions happen all through our lives and are the changes from one stage of our lives to another. When the word is used in social care setting it refers to a change in where a service is accessed. For children and young people who have learning disabilities and mental health issues there are three main transition periods between services to highlight.

The first period of services would be aimed at babies and children under five. This would include support for families and is usually the result of a referral from a GP. Services might come from children's centres, like Sure Start, where parents can access help with a range of issues. These might be support with housing and employment, as well as parenting skills and activities for their children.

The first transition comes when the child starts school aged five and the focus changes from a medical to an educational base where services are coordinated.

The second transition coincides for many children with the move to secondary school at age eleven. Children and young people, particularly those in specialist schools have their services coordinated from referrals by the school, including their health needs and often, with an educational psychologist, their mental health needs.

The final transition is from children's services into adult services at the age of 18 and this encompasses both learning disability and mental health services. Planning for this time should occur from the age of 14 where a young person and their family should be supported to draw up a transition plan.



**Good Practice Example****Transition Plans should include:**

- future daytime activities after leaving school (further education; supported employment; day services, or a “package” of different activities);
- living arrangements (remaining in the family home; moving to more independent living and the kind of accommodation and support that might be required);
- leisure opportunities during the evenings and at weekends;
- general and possibly specialist healthcare needs;
- entitlement to disability-related and other benefits;
- acknowledgement of a child or young person’s cultural needs.

(Transition Factsheet, 2003, FPLD)

All of these points can be a very difficult time for young people and their families. Not knowing what the future holds can be a time of uncertainty and stress increasing the likelihood of mental health problems both for the young person and their family.

Why can transitions be so difficult?

Young people and their families can feel that they have no control over the changes they experience through the three main transitional periods. Control of your life and environment, coupled with the knowledge of the responsibility that brings, especially during a time of physical and emotional growth and change, can be key to a young person’s mental health and wellbeing. Similarly, for families, involvement in the young person’s transition can help them feel secure that the young person is going to receive support in the areas of life they see to be very important.

All of the transitional periods are considered difficult but it is the transition to adult services when a young person is eighteen and the changes they experience as a result that can be the hardest for the young person and their family to adjust to.

Many services, such as the CAMHS, but also including speech and language therapy, respite support and family social work teams become unavailable to the young person and their families as they move to adult services. Instead they must make new relationships and contacts with adult services, organisations and individuals. They will have a new social worker, they will probably be doing something different during the day, they will need to co-ordinate health care support that was provided automatically by school, they will possibly be no longer eligible for leisure and sport activities such as youth club where they see their friends.

If the young person was receiving mental health support either through the educational psychologist at school or college, or through CAMHS they will find that unless they present mental ill health they will tend not to receive support from adult services. It may be a young person was receiving support from an 'off-shoot' project of CAMHS, perhaps an organisation who would support them with a visit once or twice a week to talk things through or support with a social visit. Removing this support that is an active way of promoting mental wellbeing mean a person experiences increasing difficulties that could result in mental ill health.

Alongside this the young person is experiencing physical and emotional changes as they progress through childhood and adolescence, having new feelings about their peers and themselves. They will possibly not have the avenues to explore these feelings that other adolescents do in terms of privacy, independence and peer support.

Planning for this transition process is essential to ensure a smooth changeover and this planning should start as early as possible. The young person and their families need to be given simple clear advice and information about what will happen before, during and after transition.

Many young people and families feel that planning for transition simply does not happen, this is especially true from those coming from BME communities. Even where a transition meeting and plan has occurred, families feel like they have been left out of the process and do not have a copy of the plan or advice on strategies to support their young person.

Practical Ways to Help

Making sure that a young person has regular transition meetings is crucial. They get the young person, family and staff used to meeting as part of a team and in an environment they feel increasingly comfortable and confident in. This feeling of inclusion and confidence means that issues are more likely to be raised and discussed and solutions considered that are right for the individual.

Think about how a young person may feel intimidated in a room full of adults and ensure they are involved in inviting who they think should be at the meeting. Also think how families may feel intimidated amongst a table full of professionals. They may want a close family friend to come to the meeting, you may need to organise a translator with them.

Families should be involved in choosing where the meeting takes place and the time it takes place – to ensure it is an environment they are able to get to and feel comfortable in. The young person and their family must receive minutes of the meeting in a format they are able to understand. They should also have action points, in the same way professionals do to action by the next meeting. This gives a sense of purpose and promotes involvement and a feeling of active participation.

A 'pupil passport' is often made with a young person at school or college for them to take with them when they move on. It is for them to carry in their bag or keep in a specific place. It explains all about a young person, how they communicate, what they are good at and can do independently and what they may need some support with. It includes important information about their daily routine and should be holistic encompassing all aspects of a young person's life.

Religious and cultural preferences explained in the passport can help new teachers and staff support a young person properly and can allay the individual and family fears about this important aspect being forgotten as a young person moves into a new environment. It should be illustrated in a way that the young person can understand so that they can refer people to the appropriate page and understand fully what is written about them.

'Social Stories' are often used with young people with Autism and can work very well to support a young person with a learning disability who is going through transition. They establish what a young person is used to

and then through use of simple, direct sentences with the young person very central to the story describe what is going to happen to that young person when they go through a change. Told several times they can give a young person a sense of security and knowledge about what is going to happen when they move on. For example:

Example of a social story

“This year I go to Highfield school.

After the summer holidays I will not go to school anymore because I will be too old. I will go to college.

I have been to visit Tower Hamlets college with my teacher.

After the summer holidays I will not go to school anymore because I will be too old. I will go to Tower Hamlets college.

I will go to college in the same taxi with George and Rosa.

Some of my friends will be at the new college and I know Shona who will help me in my new class. There will be some new people and new teachers and it will be fun to meet them and find out about them.

I will have my pupil passport to show my new teachers and explain what is important to me and how they can best help me. Shona will help explain this too.

I will go to college every weekday except for Fridays.

On Fridays I will spend time with my Mum before I go to the Mosque with my Dad.”

As the young person becomes more confident with the story they want to ad-lib and give examples of conversations they might have at college, how they might meet new people, questions they might ask and how they would introduce themselves. You could also include pictures in the story

Candle Resource 2008

where you and the young person illustrate it together as you tell it, perhaps through use of photos, collage, painting or drawing.

Check the websites in the transition help and resources section for ideas about how you can best support young people going through these exciting and difficult changes.



Candle Case Study

Alex is a student at the large local FE College you work in.

He came to England aged 8 from Bosnia. His family left after his father and brother were killed during the civil war which took place in his home country. He is now in his early 20's, living at home with his sister and mother who has little spoken English.

Alex has moderate learning difficulties and Autistic Spectrum Disorder that is not formally diagnosed. He is a Muslim and this is very important to him.

At college Alex has presented a number of behaviours that are deemed inappropriate on campus by college managers. Amongst these is a need to cleanse himself by strip washing several times during the day making use of public toilet cubicles and wash basins, on campus.

Q1. Which aspects of Alex's life need attention?

Q2. Can you think of any aspects of his life that may be effecting his behaviour?

Q3. What support could you give Alex?

Q4. What processes could you put in place to assist with these?

Q5. Who might be able to help you with these?

Continued...

Suggested Answers

Q1. Which aspects of Alex's life need attention?

The lack of appropriate washing facilities in the college and how this is impacting on Alex and the other students.

Number of behaviours being displayed at the college (are these also displayed at home?)

Possible communication difficulties between the college and family.

Q2. Can you think of any aspects of his life that may be effecting his behaviour?

The importance of religion to Alex and the seeming lack of support for his beliefs within the college environment.

Possible traumas from childhood.

Communication problems and learning difficulties and possible Autism

Q3. What support could you give Alex?

Work with communication and daily routine.

Same gender support and same culture and religious support (however, remember not all Muslims share the same culture).

Specialist autistic support.

Privacy, for example, allocate wash facilities.

Discuss with college managers about how to make the environment more culturally sensitive – this will not only benefit Alex but all young people at the college.

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Q4. What processes could you put in place to assist with these?

Clear, accessible information for Alex, his family and teachers and support staff.

Support for behaviours and the times and places these happen
Possible alternative coping strategies .

Systems such as **TEACCH** where a clear routine is worked out with Alex, his family and the college. This will timetable in when he needs to wash and specify where. It will also give him a structure for the day to rely on for support.

Q5. Who might be able to help you with these?

National organisations such as the National Autistic Society.

Other teachers, support workers and family members.

**Candle Case Study**

Ester is an 18 year old with a learning disability from a Afro-Caribbean background. She has recently moved to the Residential College you work in. This is the first time Ester has not lived with her parents and her brothers and sisters since birth. The college is 100 miles from her hometown and she does not know anyone else at the college.

Although she appeared to settle in well and enjoy all the activities that were part of the new school term within the first month she appears to have become increasingly withdrawn and unhappy.

Her parents are keen for her to develop her independence and feel that she needs to 'tough it out' - knowing the first few weeks were going to be a difficult time.

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Recently they have stopped answering the telephone when she tries to ring them on a twice (sometimes three or four times) daily basis. Ensuring they are in control of the amount of verbal contact she has with them.

One of her older brothers has moved out of the family home and lives with his wife in Ester's hometown, her sister is in the first year of a university degree.

They both have contact with Ester but the contact is erratic and Ester does not have an address or telephone number for them so relies on them contacting her.

Ester and her family are active members of a local community church in her hometown, attending services, meetings and social events. The church has a large number of African-Caribbean members but when you supported her to the church local to the college you noticed there were no ethnic community members were in attendance. Ester said she didn't want to go again and has not been since.

Q1. What problems can you identify that need addressing?

Q2. What could you do to help Ester?

Q3. What could you do to help Ester's parents?

Q4. What could you do to help Ester's siblings?

Q5. What support might you get from the local community and the community church in Ester's hometown?

Suggested Ideas

Q1. What problems can you identify that need addressing?

Ester is understandably homesick as anyone leaving home for the first time might be. This may be something that reduces with time.

Continued over

Ester needs to be supported to have regular contact with family members but this does need to be monitored and (possibly) structured. The irregular contact at the moment appears to be helping no-one.

Encouraging Ester to join in with the social activities in the college may help, especially those taking place on an evening or weekend. Ester has moved away from home and is beginning a new part of her life, this needs to be encouraged and positive feedback given for any achievements.

Ester's parents are doing what they think is best for her and this should be respected, they will know her best and may well be right that she will adapt in time.

Q2. What could you do to help Ester?

Ester obviously wants to maintain contact with family members which is understandable however it may be that this needs more structure. If it can be agreed that telephone calls are made at certain times which will then be answered Ester may be encouraged to not make erratic, frequent calls. It may be that calls to other family members brother/sister will help reducing the need to call the family home each time.

Letters, emails that can be answered at a time to suit family members may be better than telephone calls that may not be able to be answered.

Although the initial visit to the local church was unsuccessful another attempt could be made, possibly at a different church. Ester's community church may have contacts that will identify similar churches close to the college.

Ongoing contact with her home church may well also be useful.

Ester should be encouraged to get involved with the activities of the college, especially those outside the school day. Asking Ester's parents about her interests and likes and dislikes may well help.

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Q3. What could you do to help Ester's parents?

Ester's parents may well be feeling upset and concerned about Ester's well-being. They need support and re-assurance that things will be OK. They obviously want the best for Ester and you should highlight that this is what you also want.

It is understandable that they don't want to have to answer telephone calls two or three times a day but agreeing times and days for calls may help. Encouraging other family members to take calls may also help.

Q4. What could you do to help Ester's siblings?

Ester's siblings may need to know how and when they can contact her. If she has a timetable this can be shared with them so they don't 'miss' her when they call. Ester's sister is in a very similar situation to her and it might be a good idea for them to share their thoughts and feelings about being away from home. If Ester's sister has any coping strategies these could be shared, Ester may even be supported to visit her sister to where she is living.

Q5. What support might you get from the local community and the community church in Ester's hometown?

Ester's church life is important to her and her family, the culture and style of the services at the church local to the college are very different. Ester may not have enjoyed her visit (especially if she didn't feel welcomed) attempts should be made to visit other local churches. Ester's hometown church may have contacts across the country and be able to suggest a 'similar' one more local to the college. If contacts have not been made with local churches maybe enquire about any interaction they have had with people who have a learning disability in the past – offering to undertake a presentation (undertaken by the students) at a service or social event may be something the church would be interested in.

The Mental Capacity Act

The Mental Capacity Act is important for anyone over the age of 16. As a worker you need to be aware of the law and what it says.

It lays out the law regarding who can and who cannot make decisions for themselves.

The 5 Key Principles within this Act are:

1. A presumption of capacity (people can make decisions)
2. The right for an individual to be supported to make their own decisions (individuals should be supported to do this)
3. The right to make eccentric or unwise decisions (just because young people make a 'strange' decision it doesn't mean workers should stop them making other decisions)
4. Best Interests - anything done on behalf of a person without capacity must be in their best interests (when making a decision it must be in the best interests of the individual)
5. Someone making these decisions must choose the 'least restrictive' ones. (The people who make the decisions should make sure the young person has as much freedom as possible)

This means that at 16 a young person may start to refuse to take any prescribed medication or stop attending appointments.

Before the age of 16 parents still have a lot of legal duties and rights, however after 16 young people need to be make these decisions for themselves.

A lot of good 'easy read' information is available about the Act on various websites. Some are listed below

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www.publicguardian.gov.uk

www.justice.gov.uk/whatwedo/mentalcapacity.htm

www.scie.org.uk/publications/misc/mca.asp

An individual should be making as many decisions as possible for themselves, however there may be times when this is not possible. Some of the considerations are highlighted below.