Written Evidence submitted by Department of Health and Social Care (TRN0067)

Dear Layla and Jane,

Thank you for inviting the Department of Health and Social Care (DHSC) to provide a written response to your call for evidence on the transition from child to adult health and social care services, which you've grouped according to six broad focus areas.

The Government's vision for adult social care is to establish a National Care Service that enables people of all ages to live healthy, independent and fulfilling lives, rooted in improving the quality of care, strengthening join-up between health and social care services, and enabling people to have more choice and control.

In our 10 Year Health Plan, the government has also set out three core shifts: moving from hospital to community, from sickness to prevention, and from analogue to digital, with social care central to all three.

Across all three shifts, we are placing a strong focus on early intervention, personalised support and joined-up services across health, social care and education. High-quality health and care transitions from childhood to adulthood are critical to helping prevent crisis, reduce inequalities and support developmentally appropriate independence. Improving transitions is a key test of system integration, continuity of care and effective reform.

My letter of 7 April set out the government's current expectations for the level and standard of services that should be provided in England for transitioning from child to adult health and social care. This response to the call for evidence builds on that response.

As set out in my previous letter, DHSC launched a project in March 2026, with the Department for Education (DfE), Social Care Institute for Excellence (SCIE) and Skills for Care (SfC) to improve transitions into adult social care. The project will run for 11 months

and will develop national best practice guidance and training that we are aiming to launch in early 2027.

DHSC has policy responsibility for health and adult social care services. In preparing this response, the department and NHS England have also worked closely with DfE (as the lead department for children's social care) and the Ministry of Housing, Communities and Local Government (MHCLG).

We have considered the six focus areas in full and collated responses against the four broad themes of:

1. Timeliness and effectiveness of the transition process outcomes (focus areas 1 and 2)
2. Workforce and training (focus area 4)
3. Enabling developmentally appropriate independence (focus area 5)
4. Meaningful involvement of children, young people and their carers, and promoting equity (focus areas 3 and 6).

On 8 April, NHS England published transition guidance for use across England. This guidance is designed to support transition both for children and young people in general and more specifically for children and young people's continuing care (CYPCC), aiming to streamline and clarify the process for all involved. The guidance is available at: NHS England » Supporting young people to transition into adolescent and adult services

Yours sincerely,

STEPHEN KINNOCK

MINISTER OF STATE FOR CARE

Introduction

The government is committed to ensuring high quality, accessible and sustainable care as young people move between children's and adult services.

We provided a response to the committee on 7 April with information on the government's current expectations for the level and standard of services that should be provided in England, including relevant legislation, regulations, guidance, frameworks and policy documents that set out standards for care during this transition period. This response builds on that response in relation to the specific areas the committee has called for evidence on.

In March we launched a project with the Department for Education (DfE), Social Care Institute for Excellence (SCIE) and Skills for Care to improve transitions into adult social care. The project, which will run until March 2027, will deliver national best practice guidance and training to help ensure staff have the knowledge and tools they need to provide high-quality support to young people as they transition into adulthood.

NHS England (NHSE) published updated guidance on 8 April on supporting young people to transition into adolescent and adult services [1] which has been widely welcomed by integrated care boards (ICBs) and people working in the sector.

DfE has also launched a number of programmes to deliver on children's social care and SEND reform, including through the families first partnership programme, with full national implementation expected by March 2027; the Children's Wellbeing and Schools Bill, which received royal assent on 29 April; the Schools White Paper, 'Every child achieving and thriving'; and the SEND consultation, *Putting Children and Young People First*[2], which runs until 18 May 2026. The proposals aim to improve consistency, strengthen accountability, and ensure that children and families receive the support they need to achieve their ambitions.

Focus area 1 and 2: Timeliness and effectiveness of the transition

Transition into adult social care (ASC) includes a wide number of cohorts of individuals and associated systems, including individuals already identified with care and support needs, along with identifying newcomers to services who are likely to need care and support into adulthood.

The Care Act (sections 58 and 66)[3] sets out clear statutory duties for local authorities in England to ensure continuity of care and support, primarily to protect vulnerable individuals from gaps in service, particularly during transitions or provider failures. Local authorities are best placed to understand and plan for the needs of their population. Under section 5 of the Care Act 2014, they are tasked with the duty to shape their care market and to commission a range of high-quality, sustainable, and person-centred care and support services to meet the diverse needs of all local people. In performing that duty, a local authority must have regard to current and likely future demand for services (section 5(2)(b)) – including those transitioning into ASC – and consider how providers might meet that demand to prevent delays and ensure no gap in care and support is experienced (section 5(8)).

---

[1] NHS England » Supporting young people to transition into adolescent and adult services
[2] SEND reform: putting children and young people first - GOV.UK
[3] Care Act 2014

Effective commissioning to improve transitions requires strong shared leadership across ICBs and local authorities, with agreement on shared outcomes and potentially supported by joint commissioning arrangements and pooled budgets. However, approaches to planning and commissioning services vary across local areas – and our recently launched project on transitions is designed to produce practical guidance and training to help embed more consistent good practice.

MHCLG's programme of local government reform will replace two-tier authorities of district and county councils with single-tier, unitary authorities. One of the intended benefits is to improve integration between adult and children's social care and housing services and simplify partnership working arrangements, including with the NHS. Where the transition to new unitary authorities involves aggregating or disaggregating services, MHCLG has put robust safeguards in place to identify and, where necessary, escalate any risks early. We also recognise that effective cross-government working is essential, and MHCLG are working very closely with DfE and DHSC on these issues and will continue to ensure the approach to local government reform is grounded in feedback from sector experts.

Joined-up approaches create a clearer and more reliable transition journey. While some transition pathways work well and deliver seamless care, we know this is currently not the experience for all young people with care needs. When this happens, young people may experience:

- Cliff edges at 18
- Poor health outcomes
- Disengagement from services
- Increased escalation of needs and unplanned admissions
- Reduced access to wider support services
- Adverse impacts on education, employment and independence

This can have a particularly detrimental impact for children and young people in complex situations with multiple needs and care leavers[4],[5].

Drawing on clinical insight, young people's voices and the recently published guidance, NHSE has set out what "good" healthcare transition looks like:

Outcomes for young people:

- Feel prepared, confident and supported throughout transition
- Understand who is responsible for their care at each stage
- Experience continuity rather than abrupt change

Outcomes for families and carers

- Understand changes in roles and responsibilities

[4] Improving the outcomes of looked after children and young people in complex situations with multiple needs, at risk or subject to a Deprivation of Liberty

[5] SSAB-SAR-Eddie-Executive-Summary-Report-August-2024.pdf

- Receive appropriate support preventing disengagement

Outcomes for services and system

- Understand their role and their responsibility within the transition process
- Improved engagement and retention in care
- Better outcomes for young people
- Reduced crisis escalation and unplanned admissions

In a health context, a young person's transition journey varies depending on local hospital policy. These policies are often based on age cut offs at 16 and 18, rather than necessarily reflecting individual needs. Where there are capacity constraints in adult health services, this can result in delayed access to care and disruptions in continuity of care. NHSE's updated guidance is designed to help drive more consistent good practice in planning these transitions.

Examples of current service models that are delivering positive outcomes for young people include:

- Birmingham Children's Hospital has introduced a Standard Operating Procedure to support the care of 16–17-year-olds admitted to hospital, providing clarity on care arrangements and oversight of where young people are treated, to ensure age-appropriate care and effective safeguarding.
- Leeds Teaching Hospitals NHS Trust operates a Youth Service providing specialist and advocacy support for young people aged 13–25, with youth workers embedded across a range of specialties and emergency care. As part of multidisciplinary teams, youth workers support inpatient and outpatient care and play a key role in transition planning, helping young people and families prepare for adult services and manage risk safely.

The recently launched project to improve transitions into ASC will explore how far similar challenges arise in relation to social care and what good practice looks like, working closely with those who deliver and receive care.

The data picture in transitions is limited and there is a lack of quality data to draw on. This can make it hard for us to understand at the national level the experiences of people moving through the system.

Within social care, this is because of issues with data collection caused by:

- Variation in how LAs capture and record transitions information
- Inconsistent recording on local case management systems (CMS) (for example where there is joint responsibility between children's and adults' teams)
- The difficulty of linking individual records in the absence of standardised person identifiers in children's data collections
- the lack of specific national data collections on transitional services

Within health, there is no formal dataset available to facilitate national or regional reporting of integrated care board (ICB) activities in relation to CYPCC transition planning. While some

ICBs do monitor and track their involvement in the transition process, these instances are rare.

Across the health and care system we are working to improve care data for children and young people transitioning into adult services, by:

- Introducing a single unique identifier for every child, including children on education, health and care plans (EHCPs), children with special educational needs support and those known to children's social care. Piloting is already underway, with joint working between DfE, DHSC and NHSE.
- Promoting interoperability of local systems through our case management systems (CMS) data standards programme (joint with DfE's programme) which aims to promote data standardisation and interoperability across local authority digital systems.
- Improving national reporting via our client level data (CLD) collection for ASC. CLD records every ASC event that takes place in local authorities. In January 2025, CLD guidance was updated to better capture "planned transition from children's services" as part of the mandatory collection, including requests from young people with learning disabilities who had completed courses at residential colleges.
- Exploring the feasibility of linking adults' and children's records at the national level, including those held by DfE and DHSC
- Specifying required improvements to recording and reporting as part of best practice guidance and training materials for local authorities

Inspection and assurance of transitions guidance operates across multiple systems.

Ofsted oversees transitions primarily through the children's system, focusing on how effectively children's services and local partnerships prepare and support young people as they approach adulthood through the Inspecting Local Authority Children's Services (ILACS) inspection framework[6] and joint Area SEND inspections. Its scrutiny is rooted in children's legislation and statutory guidance, including the Children Act 1989[7], Children (Leaving Care) Act 2000[8], Working Together to Safeguard Children statutory guidance[9], Children's Social Care National Framework[10] and SEND Code of Practice (0–25)[11], rather than the quality of adult services once a transition has occurred. Through Area SEND inspections, Ofsted examines transition activity across education, health and social care, with children's social care judgements giving particular attention to the experiences and progress of care leavers, including the small cohort moving into adult social care.

The Care Quality Commission (CQC) provides assurance from the adult social care perspective, assessing how well local authorities are meeting their duties under Part 1 of the Care Act 2014[12]. These assessments identify strengths and areas for improvement,

[6] Inspecting local authority children's services - GOV.UK
[7] Children Act 1989
[8] Children (Leaving Care) Act 2000
[9] Working together to safeguard children - GOV.UK
[10] Children's social care national framework - GOV.UK
[11] SEND code of practice: 0 to 25 years - GOV.UK
[12] Care Act 2014

support sector-led improvement and enable government to target support. If CQC identifies a local authority has failed or is failing to discharge its duties under the Care Act to an acceptable standard, the Secretary of State has powers to intervene. Transitions between children's and adult social care are considered within the CQC framework under the theme "How the local authority ensures safety within the system", through the quality statement "Safe pathways, systems, and transitions". CQC focuses on how effectively local authorities identify, plan and manage transition pathways into adult social care, drawing on lived experience, transition planning evidence and joint working with health partners, informed by Care Act statutory guidance (chapters 15–16)[13], NICE NG43[14] and Preparing for Adulthood resources[15].

Oversight of health-related transition guidance is primarily delivered through NHS England, which sets out national expectations for good transitions and relies on regional teams and Integrated Care Boards to assure local implementation and address variation. This is reinforced by inspection and assessment activity, including CQC local authority assessments and provider-level inspections, helping to ensure transition pathways across health and care are safe, coordinated and centred on the needs of young people.

Focus area 4: Workforce and training

Roles and responsibilities for transitions are defined most clearly in NICE NG43[16] (Transition from Children's to Adults' Services)[17] and NICE Quality Standard QS140[17] (Transition from Children's to Adults' Services, updated December 2023), and reinforced through NHSE transition guidance[18] and SEND statutory guidance[19]. This guidance sets expectations for early planning, but resourcing decisions sit locally.

Local systems require sufficient workforce capacity across children's and adults' services, including social workers, health professionals and SEND teams, alongside clear local transition pathways, shared data systems, and protected time for early, joint planning.

The transitions into ASC project we recently launched will deliver a set of best practice principles for good transitions, together with bespoke training materials for social workers and social care leaders to help ensure they have the knowledge and tools to provide high-quality support to young people as they transition into adulthood.

National NHSE guidance identifies the use of a named key worker as an important factor in improving the experience of healthcare transition. Having a consistent point of contact provides familiarity for the young person, supports coordination across services, and helps maintain continuity throughout the transition journey. In addition, clear clinical and executive leadership supports effective oversight, ensuring that once local transition policies are developed and implemented, services are consistently monitored, reviewed, and improved.

---

[13] Care and support statutory guidance - GOV.UK
[14] Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE
[15] Preparing for Adulthood | NDTi
[16] Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE
[17] Overview | Transition from children's to adults' services | Quality standards | NICE
[18] NHS England » Supporting young people to transition into adolescent and adult services
[19] SEND code of practice: 0 to 25 years - GOV.UK

Specialist children's hospitals and some specialist paediatric centres demonstrate effective approaches to healthcare transition. In these settings, young people and their families are engaged from an early stage, with planned involvement from adult services. Joint clinics are used to support continuity, and progress is reviewed regularly to assess how well the young person is managing and whether additional support is required. Transition planning is also adjusted to take account of key life events, such as examinations or changes in education settings, to support continuity and minimise disruption.

While transition training in health exists, uptake and coverage across the workforce are unclear.

Transition-related training for the social care workforce exists, but uptake is uneven. The transitions into ASC project will explore how to address this challenge.

Focus area 5: Enabling developmentally appropriate independence

Existing national guidance, standards and frameworks provide a foundation and are appropriate for adoption within locally tailored services for children and young people. However, government recognises that not all services consistently meet expectations and we continue to work across government to identify opportunities to better support people who are transitioning.

Health and social care services are increasingly recognising the importance of providing tailored care to individuals with additional needs, particularly during the transition into adolescent and adult services. Through systematic information gathering, professionals can develop personalised support plans that address healthcare, educational, and social requirements more effectively, ensuring that the specific needs of individuals with additional needs are met.

A key challenge in health is ensuring all services achieve a consistent baseline level of transition practice, particularly those at an early stage of development. Updated NHSE guidance is designed to help improve the effectiveness of services in addressing the individual needs of young people during transition, with an emphasis on person-centred approaches and tailored support. The NHS approach recognises that independence in adulthood does not always mean being entirely self-sufficient; instead, it is adapted to reflect the reality that some young people will continue to require substantial support. This adaptation ensures that care packages are tailored to promote autonomy as far as possible, while still providing the necessary assistance for daily living and complex health needs.

Within the context of continuing healthcare, services make concerted efforts to adapt support for independence to the diverse needs and circumstances of different groups of young people. This includes tailoring care plans to reflect individual abilities, aspirations and cultural backgrounds. For example, young people transitioning from paediatric to adult services may receive bespoke support that takes into account their social environment, family dynamics, and educational or employment goals.

Additionally, services recognise that young people with complex health needs, learning disabilities, or mental health challenges may require distinct approaches to promote independence. This can involve multi-disciplinary teams working collaboratively to provide personalised interventions, assistive technologies, and advocacy, ensuring that each young person's pathway is both flexible and responsive. However, the extent of adaptation can

vary depending on local resources, staff training, and inter-agency coordination, meaning that while many receive tailored support, there may still be gaps for some groups.

For children and young people's continuing care (CYPCC), several methods have been effective in delivering person-centred transition support and improving outcomes across the areas referenced in focus area 5. A notable approach has been the involvement of the young person through section C of the CYPCC decision support tool, which specifically seeks their views and links these to EHCP aspirations. This process ensures that reviews are tailored to include education where appropriate, aligning support with the individual's goals and needs. Outcome-based commissioning and personalised care and support planning have proven beneficial, as they focus on achieving specific, meaningful outcomes for the individual. Mentorship schemes and peer support programmes have also proven beneficial, enabling young people to learn from others who have successfully transitioned.

Children's social care reform is already being delivered through the families first partnership programme, with full national implementation expected by March 2027. The Children's Wellbeing and Schools Bill, introduced in December 2024, is progressing through Parliament with Royal Assent expected later in 2026, and commencement of most measures likely in 2026–27. Proposals to establish a national child protection authority were consulted on between December 2025 and March 2026; the government response is pending, with any new body expected to come into effect no earlier than 2026–27, subject to legislative decisions.

The Government has also set out our ambitions to transform outcomes for children, young people and their families through The Schools White Paper, 'Every child achieving and thriving'. Alongside this, DfE launched a formal SEND consultation, *Putting Children and Young People First* [20] , which runs until 18 May 2026. The proposals aim to improve consistency, strengthen accountability, and ensure that children and families receive the support set out in the statutory framework.

Early investment in programmes such as Experts at Hand (£1.8 billion over three years, from April 2026) are supporting local systems to strengthen delivery by improving access to specialist expertise (including health professionals such as speech and language therapists, occupational therapy) and building capacity and capability within local area partnerships.

The government is also investing over £200 million over three years to strengthen the SEND offer in Best Start Family Hubs, including funding a family-facing practitioner in every hub to support children with additional needs and families from the earliest stages.

Focus area 3 and 6: Meaningful involvement of children, young people and their carers, and promoting equity

Equality duties apply across health and social care through the Equality Act 2010, including the Public Sector Equality Duty (PSED)[21], which requires public bodies and those exercising public functions to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between people with and without protected characteristics.

Data collection allows organisations to identify gaps in service provision and patterns of inequality, which is essential for ensuring inclusive practices. For individuals with protected

[20] SEND reform: putting children and young people first - GOV.UK
[21] Equality Act 2010

characteristics, such as disability, ethnicity, or gender identity, accurate data helps safeguard people's rights and avoid discriminatory practices. While progress has been made, the effectiveness of tailored care provision can vary between regions and service providers. Continuous monitoring and improvement, guided by comprehensive data, are vital for achieving greater continuity of care, enhanced independence, and improved wellbeing for those with additional needs.

NHSE's recently published national guidance[22] applies to all children and young people transitioning to adult health services, including those who are underserved, vulnerable or have additional or complex needs. Clinical insight indicates that these groups often require additional support, reinforcing the need for sustained transition planning to ensure continuity and prevent widening healthcare inequalities.

This new guidance was developed collaboratively with individuals who have lived experience, alongside input from professionals across health, social care, and education sectors. It advocates for personalised support plans which consider the specific challenges faced by these groups, such as those with learning disabilities, mental health concerns, or complex medical requirements. Collaboration between health, social care and education professionals is encouraged to identify barriers and tailor interventions, ensuring equitable access and continuity of care throughout the transition to adult services.

The guidance highlights the importance of engaging directly with young people and their families or carers to better understand individual circumstances and preferences. This inclusive approach helps to promote positive outcomes and reduces the risk of service users falling through the gaps during periods of change.

NHSE provides public information[23] focused on the transition of young people to adult continuing healthcare (CHC) services. These materials are designed to be accessible to everyone, including those with or without disabilities, and are often available in different languages to ensure inclusiveness. The information is youth-friendly, using age-appropriate language and images tailored to the age and ability of the young person, supporting a smooth and informed transition to adult services. Ongoing evaluation and adaptation of these resources are central to NHSE's mission to provide a supportive, empowering, and seamless experience for all children and young people transitioning to adult CHC.

Regular feedback, monitoring and evaluation improve service quality and ensure young people's views are reflected in ongoing improvements. Along with ongoing investment in staff training and service capacity, this supports effective collaboration, resulting in more inclusive and successful transitions for young people.

Local authorities should involve individuals in adult social care assessment, planning and review, and work with the person wherever possible. This is a key principle of the Care Act 2014 and the Care and Support Statutory Guidance. In developing policy, DHSC and DfE also engage people with lived experience, including people with care needs and their carers. This has informed the design of our recent transitions work.

Engagement with individuals with lived experience, ensuring accessible and inclusive practice, is key to the development of the government's work on transitions. Co-producing transition policies with children and young people ensures that services are tailored to their needs and promotes person-centred care. Involving young people in co-design gives them

[22] NHS England » Supporting young people to transition into adolescent and adult services
[23] NHS England » NHS Continuing Healthcare

greater agency and ownership, while supporting mechanisms like peer mentoring and digital tools foster meaningful participation.

The Transition from Child to Adult Health and Social Care Services

FOCUS AREA 1: TIMELINESS AND PACE OF THE TRANSITION TO ADULT SERVICES
Statement of intent 1: "Young people who will move from children's to adults' services start planning their transition with health and social care practitioners by school year 9 (aged 13 to 14 years), or immediately if they enter children's services after school year 9". NICE QS140 (1, 2016) **Statement of intent 2:** Duty for local authorities to assess a child's needs for care and support, where it appears to a local authority that the child is likely to have needs for care and support after turning 18. Care Act 2014 (Section 58) Where the child has previously been receiving services, the local authority must continue to provide those services until [adult care and support is in place]. This is to ensure no gap in provision during the transition to adult care and support. Care Act 2014 (Section 66)
FOCUS AREA 2: EFFECTIVENESS OF THE TRANSITION PROCESS AND CROSS-SERVICE COORDINATION
Statement of intent 1: Jointly plan services for all young people making a transition from children's to adults' services. For young people with education, health and care plans, local authorities and health commissioners must jointly commission services, as per the Children and Families Act 2014. NICE NG43 (1.5.9, 2016) **Statement of intent 2:** Carry out a gap analysis to identify and respond to the needs of young people who have been receiving support from children's services, including child and adolescent mental health services, but who are not able to get support from adult services. The gap analysis should inform local planning and commissioning of services. When carrying out the gap analysis: take into account resources already available in primary care practices; include young people who don't meet eligibility criteria for support from adults' services and those for whom services are not available for another reason; pay particular attention to young people: with neurodevelopmental disorders, with cerebral palsy, with challenging behaviour, or who are being supported with palliative care. NICE NG43 (1.5.7-8, 2016)
FOCUS AREA 3: MEANINGFUL INVOLVEMENT OF CHILDREN, YOUNG PEOPLE AND THEIR CARERS
Statement of intent 1: Adults' services should take into account the individual needs and wishes of the young person when involving parents or carers in assessment, planning and support. For young people with an education, health and care plan or a care and support plan this must happen, as set out in the Children and Families Act 2014 and the Care Act 2014. NICE NG43 (1.2.22, 2016) **Statement of intent 2:** Offer young people help to become involved in their transition planning. This may be through: peer support, coaching and mentoring, advocacy, the use of mobile technology. NICE NG43 (1.2.11, 2016) **Statement of intent 3:** Involve young people and their carers in service design, delivery and evaluation related to transition by: coproducing transition policies and strategies with them; planning, coproducing and piloting materials and tools; asking them if the services helped them achieve agreed outcomes; feeding back to them about the effect their involvement has had. NICE NG43 (1.1.1, 2016)
FOCUS AREA 4: WORKFORCE AND TRAINING
Statement of intent 1: Staff receive training in adolescent development, managing long-term conditions and transitional care, such as the Adolescent Health Programme e-learning, as a context for understanding the impact of complex and long-term health needs. OHID You're Welcome (4, 2023) **Statement of intent 2**: Young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after

FOCUS AREA 5: ENABLING DEVELOPMENTALLY APPROPRIATE INDEPENDENCE
Statement of intent 1: Service managers should ensure there are developmentally appropriate services for children, young people and adults to support transition, for example, age banded clinics. NICE NG43 (1.5.11, 2016) **Statement of intent 2:** Use person-centred approaches to ensure that transition support addresses all relevant outcomes, including those related to education and employment, community inclusion, health and wellbeing, including emotional health, independent living and housing options. NICE NG43 (1.1.4) **Statement of intent 3**: Local authorities are required to maintain a Pathway Plan for every eligible care leaver, setting out how the young person's health needs- including mental health- will be met. Children Act 1989 as amended by the Children (Leaving Care) Act 2000.
FOCUS AREA 6: PROMOTING EQUITY ACROSS THE TRANSITION
Statement of intent 1: The service provides publicity material specifically on transition to adult services that is accessible for everyone such as in different languages or for young people with or without disabilities. This is youth-friendly, and uses age-appropriate language and images for the age and ability of the young person. OHID You're Welcome (8, 2023) **Statement of intent 2:** Service managers should ensure a range of tools is available, and used, to help young people communicate effectively with practitioners. These may include, for example: ways to produce a written record of how a young person communicates, for example, communication passports or 1-page profiles; ways to help the young person communicate, for example, communication boards and digital communication tools. NICE NG43 (1.2.12, 2016)

May 2026