



Direct Dial/Ext: 03000414043
e-mail: Georgina.little@kent.gov.uk
Ask for: Georgina Little
Date: 29 January 2025

Dear Member

CABINET - THURSDAY, 30 JANUARY 2025

I am now able to enclose, for consideration at Thursday, 30 January 2025 meeting of the Cabinet, the following reports.

The report originally published in the Cabinet agenda has been subsequently updated to reflect the changes made to the Equality Impact Assessment and replaces the version available in the original agenda pack. The Equality Impact Assessment which unavailable at the time of publication however, is now enclosed for consideration.

Agenda Item No

7

24/00109 - Transfer the 18-25 section of the Strengthening Independence Service from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate (Pages 1 - 20)

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint, larger version of the same signature.

Benjamin Watts
General Counsel

This page is intentionally left blank

From: Sue Chandler, Cabinet Member for Integrated Children's Services
Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Sarah Hammond, Corporate Director, Children, Young People and Education
Richard Smith, Corporate Director, Adult Social Care and Health

To: Cabinet - 30 January 2025

Subject: Transfer the 18-25 section of the Strengthening Independence Service from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate

Decision no: 24/00109

Key Decision: Yes - It affects more than 2 Electoral Divisions

Classification: Unrestricted

Past Pathway of report: Adult Social Care Cabinet Committee – 15 January 2025
Children's, Young People and Education Cabinet Committee – 16 January 2025

Future Pathway of report: Cabinet decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: Transitions involve facilitating young people's move from children's services to adult services and typically occur between ages 18 and 25. The Strengthening Independence Service sits within the Children, Young People and Education Directorate and oversees transitions between 0-25 for those with learning and physical disabilities.

The Director of Adult Social Services at Kent County Council is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

The Director of Children's Services at Kent County Council has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the

delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

Under the current arrangements the Corporate Director Children, Young People, and Education is overseeing a group falling outside their statutory role.

To address this, the proposal is to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children, Young People and Education Directorate, to the Adult Social Care and Health Directorate meaning young adults will receive support from adult social care to better support them for independence.

Recommendation(s):

Cabinet is asked to:

- A. Agree to **TRANSFER** the statutory functions delivered by the 18-25 section of the Strengthening Independence Service, including the transfer of workforce in services, from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate from 1 April 2025; and
- B. **DELEGATE** authority to the Corporate Director of Adult Social Care and Health in consultation with the Corporate Director Children, Young People and Education to take the relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision.

1. Introduction

1.1 Transitions is the process of a minor or young person moving into legal adulthood. For individuals with additional needs this can often include multiple services such as social care, health and education. There are at present four pathways for young people with additional needs or vulnerabilities to transition into adulthood whilst still receiving services from KCC:

- The Strengthening Independence Service (SIS) oversees transitions between 18-25 for those with learning and physical disabilities which have been identified as children.
 - Multi-Agency Collaboration
 - Include a Sensory and Young People's Team
- Young adults requiring an adult service are assessed by ASCH Adults Operations who manage 18-65 services.
- Young adults previously looked after within the Care Leaving Service (CLS) (18+ services).
- Young adults (aged 18-25) within the Special Educational Needs (SEND) who have an Education, Health and Care (EHC) Plan and who require more time in education or training to achieve their outcomes.

1.2 The Strengthening Independence Service (SIS) currently oversees Transitions between 18-25 for those with learning and physical disabilities which have been identified when they are children. However, this means the DCS has responsibility for a cohort of people beyond their legal scope. As of January

2025, the 18-25 section of the Strengthening Independence Service were working with 925 young adults.

- 1.3 It is proposed to transfer the statutory functions delivered by the 18-25 section of the SIS from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate from 1 April 2025. This means the young adult's social care needs will be assessed and supported by ASCH and overseen by the DASS. However, it is important to note there are some statutory duties for this cohort, beyond their social care needs, which will remain within the remit of the DCS and be retained within CYPE which will require close collaborative working with ASCH.
- 1.4 The Care Leavers Service will continue to support young adults, who are also known to the 18-25 SIS, up to age 25, particularly those aged 18 – 21, to transition from being previously looked after to independence. The service will continue to provide a Personal Assistant, from age 18 up until the young adult's 22nd birthday, and who will work with the young adult to provide advice, support and information to make sure the care leaver is ready to leave care and live independently if their disability doesn't preclude this.
- 1.5 The Special Educational Needs and Disabilities (SEND) service will continue to maintain Education, Health, and Care Plans (EHCP) for young adults, aged 18 – 25, who require longer to consolidate their education and training, are making measurable progress and to achieve their outcomes and transition into adulthood. The SEND service will maintain the EHCP's for this cohort, as appropriate, and will review the plan and needs of the young person via the Annual Review process. In most cases this will also require close collaboration with ASCH.
- 1.6 The changes will align with the Making A Difference Everyday Adult Social Care vision in Kent which sets KCC's direction of travel to support people to live as full and safe a life as possible and make informed choices. This reflects the core purpose of supporting people to lead the lives they want to live, and in a place they call home, by putting people at the heart of everything we do.
- 1.7 In addition, this change ensures alignment with the DASS' statutory obligations, providing greater oversight and promotes a more holistic approach to young adult well-being as they transition from children's to adult social care better preparing them for adulthood.
- 1.8 The proposals will result in greater consistency in adult experiences across KCC against all aspects of intervention. The transfer of service will ensure the DASS has greater oversight of all adult experiences supporting enhanced equality, inclusion, equity and application of social value. Furthermore, the transfer of service will align our practices with the updated Care Quality Commission (CQC) regulations which place a significant emphasis on the quality statement concerning safe systems, pathways and transitions. The function of safety and continuity of care is now a priority throughout people's care journey and it is essential practices are aligned with the updated regulations to ensure the highest quality of care is provided to those we serve.

1.9 Staff moving between directorates are engaged and, although this won't materially change the service, external partners will be engaged to make them aware. People who draw on care and support will be engaged and/or consulted with, should there be any proposals to make changes to the service in the future.

2. Key Considerations

2.1 There are a number of issues these proposals will address including:

2.2 **Shifting the balance of responsibility for decision making from parents to the young adult:** When a child in Kent becomes an adult, the relationship with the council changes significantly. Parents previously made decisions, but at 16, young people gain legal rights and can make their own choices about social care and their future. At 18 individuals became legal adults which materially changes the balance of responsibility.

2.3 **Transition Gap:** Young adults in Kent with a learning disability or physical disability identified in childhood currently transition into adult social care at the age of 26, because between the ages of 18-25 years these young adults are currently supported by the Strengthening Independence Team.

2.4 However, this is not the case for all other young adults requiring assessment and/or support from adult services. Examples of this include Children in Care, without an identified learning or physical disability who experience mental ill-health or children with autism who, upon turning 18 may be eligible for a Care Act assessment and support to meet any eligible social care needs. For some care leavers their needs may develop as a result of childhood trauma, young adult life experiences or progressive conditions materialising within early adult life. There are currently 2000+ care leavers in Kent.

2.5 There are approximately 21,000 children and young people with an EHCP, but with only around 600 of those being open to children's services. The remaining 20,000 plus EHCPs are monitored and reviewed by universal services and community resources and who may also make referrals to either CYPE or ASCH for a child and young adult aged 0-25 (strengthening independence service and leaving care), where 18-25 year old individuals would be picked up by ASCH.

2.6 There are also those young adults who may not have been in receipt of an EHCP and present at the age of 18 having previously been supported by other health services such as Child and Adolescent Mental Health Teams.

2.7 The differing routes and ages of transition can create a disparity of experience for young people, particularly in the identification of those young adults, the timely planning for that transition and the development of the appropriate community resources to meet their needs in alignment with the co-produced strategy 'Making a Difference Every Day'. The move of the Strengthening Independence 18-25 team to ASCH allows for further work on the streamlining our transition offer to address these disparities for this particular cohort.

- 2.8 **Improved Oversight:** The DASS will have oversight and assurance on the impact of social care on people’s lives through the lens of equity of access, experience and outcomes for adults who draw on care and support and unpaid carers, and alignment to key legal and policy drivers.
- 2.9 Implementation plans have been developed to transfer the personnel and systems across the directorates and will ensure the transfer seamlessly integrates with the strategic objectives of the council and both CYPE and ASCH. Young adults who draw on care and support will not see or feel a difference and service continuity will be maintained with plans developed to minimise disruption to service delivery.

3. Background

- 3.1 The proposed decision supports priority 4 within [Framing Kent's Future - Our Council Strategy 2022-2026](#), with the commitment to ‘*support the most vulnerable children and families in our county, ensuring social work practice supports manageable caseloads, reflective learning, joined up safeguarding and effective corporate parenting arrangements*’, and explicitly to: “*Act as a good Corporate Parent for those children in the care of KCC and improve support for young people as they transition into adulthood, whilst also improving support for those who transition into the adult social care system.*”
- 3.2 Transitions is part of [Securing Kents Future - Budget Recovery Strategy](#) and this proposal supports the objectives for:

Preparing for adulthood/transition: Working across both ASCH and CYPE to optimise support for people between the ages of 14-25 as they transition from children to adult services, promoting independence in adult life. Working age people with learning disabilities are now living longer through better long-term management of medical needs, but this increases the need to promote independence earlier so long-term needs can continue to be met at reasonable cost to the council. Joint working with NHS partners will be critical given costs of support are incurred by both the NHS and social care.

- 3.3 Concurrently with this proposed change, the council is developing a wider vision for the Kent wide transition system including:
- We are committed to delivering a seamless transition for all young people with an identified need, regardless of their location or need.
 - Our shared transitions framework will support us to work together with parents, carers and young people across teams and directorates. It will also foster collaborative work with external partners including Health, Education, Voluntary Sector Community Organisations, Housing providers, District and Borough councils.
 - We will create a culture of accountability, integrity, and purpose in KCC, and encourage professionals to strive for continuous improvement.
 - We will work with young people to understand their ambitions for the future and shape their transition to support their aspirations. Planning conversations will begin at 14 years old for all young people where a potential need in adulthood may be identified.

- We will give parents and carers information, advice and support to understand what transition may mean for the future, in time to adapt to these changes.
- We will support young people, parents and carers to connect with their communities, to ensure they are linked with the support and services it delivers.
- We will support staff to work in a cohesive approach, enabling them through technology and systems to work efficiently and with compassion.

4. Options considered and dismissed, and associated risk

- 4.1 There is the option to maintain the 18-25 SIS service within CYPE; however, this will continue to mean the DCS oversees a group falling outside their statutory role and the DASS will not have streamlined oversight of a cohort of people who will draw on KCC's care and support.
- 4.2 Alternatively, the possibility of a matrix management approach was considered which would enable CYPE to retain the 18-25 SIS service and introduce additional reporting lines into ASCH. This option was not taken forward as it would require additional roles to be created to make a matrix-management approach feasible, which would not add financial value or create efficiencies to the same or greater extent than the proposal to transfer the 18-25 SIS service from CYPE to ASCH.

5. Financial Implications

- 5.1 The budget for the statutory functions delivered by the 18-25 section of the Strengthening Independence Service will transfer from the CYPE Directorate to the ASCH Directorate. The budget to be transferred will include the 25-26 budget for 18-25 services, agreed as part of the Budget at County Council in February 2025, including budgets for both placement/support costs and related staffing budgets. The indicative total budget to be transferred, at the time of writing this report, will be approximately £59m, comprising £56m for package costs and £3m for staffing (based on indicative budgets for 25-26).

6. Legal implications

- 6.1 The Director of Adult Social Services (DASS) at Kent County Council (KCC) is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.
- 6.2 The Director of Children's Services (DCS) at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.
- 6.3 Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role.

6.4 If these changes are not implemented, the Corporate Director for Children, Young People, and Education (DCS) will continue to oversee a group falling outside their statutory role, and the DASS will continue to face a gap in oversight regarding the assessed needs and well-being of young adults aged 18-25 falling under their remit.

7. Equalities implications

7.1 An Equality Impact Assessment (EqIA) has been undertaken and is appended to this report.

7.2 The EqIA has been updated in January 2025, further to feedback from Adult Social Care Cabinet Committee and Children's, Young People and Education Cabinet Committee. This focuses on the available data, potential impacts and importantly mitigating actions, which mean any impact on the cohort of young people who draw on KCC's care and support will be managed and minimised.

7.3 The EqIA will continue to be reviewed as the project continues.

8. Data Protection Implications

8.1 An initial Data Protection Impact Assessment (DPIA) screening has been carried out and submitted which determined, in line with KCC's DPIA policy and the requirements of the UK GDPR, a DPIA is required. A full DPIA will be taken forward as part of the ongoing programme of work as the transfer progresses.

9. Governance

9.1 If the proposals are agreed, the Corporate Director Adult Social Care and Health and the Corporate Director Children, Young People and Education will have delegated authority to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service between the CYPE and the ASCH Directorates.

9.2 The Corporate Director Adult Social Care and Health will inherit delegated authority for oversight of these statutory functions from 1 April 2025.

10. Conclusions

10.1 The Director of Adult Social Services (DASS) at Kent County Council (KCC) is accountable for assessing local needs and delivering a full range of adult social services. These services support individuals under the provisions of Local Authority Social Services Act 1970 and the law defines an adult as someone aged 18 or over.

10.2 The Director of Children's Services (DCS) at KCC has statutory duties outlined in Section 18 of the Children Act 2004. These duties involve ensuring the delivery of local authority social care functions for children and young people. This includes, but is not limited to, providing services that meet the needs of all children, youth, including the most vulnerable, and their families.

10.3 Under the current arrangements the Corporate Director Children, Young People, and Education (DCS) is overseeing a group falling outside their statutory role. To address this and provide the DASS with better oversight of the needs of people who draw on our care and support, along with preparing people for adulthood, it is proposed to transfer the statutory functions delivered by the 18-25 section of the Strengthening Independence Service from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate.

Recommendation(s):

Cabinet is asked to:

- A. Agree to **TRANSFER** the statutory functions delivered by the 18-25 section of the Strengthening Independence Service, including the transfer of workforce in services, from the Children Young People and Education Directorate to the Adult Social Care and Health Directorate from 1 April 2025; and
 - B. **DELEGATE** authority to the Corporate Director of Adult Social Care and Health in consultation with the Corporate Director Children, Young People and Education to take the relevant actions, including but not limited to, awarding, finalising the terms of and entering into the relevant contracts or other legal agreements, as necessary, to implement the decision;
-

11. Background Documents

[The Care Act 2014](#) and related adult social care legislation
[ADASS Roadmap](#)
[Mental Capacity Act 2005: DoLS Safeguards](#)
[Think Local Act Personal strategic priorities](#)
[House of Lords report "A Gloriously Ordinary Life"](#)
 Kent County Council's strategic priorities "[Securing Kent's Future](#)" and "[Framing Kent's Future](#)"
 Adult Social Care's co-produced strategy "[Making a Difference Every Day](#)"

12. Appendices

- Appendix A – Proposed Record Of Decision
- Appendix B – EqIA
- Appendix C – DPIA Screening Tool Outcome

13. Contact details

<p>Report Authors: Sharon Howard Assistant Director Strengthening Independence Service – For Disabled Children and Young People 0-25 +443000412070 sharon.howard@kent.gov.uk</p>	<p>Lead Directors Kevin Kasaven, Director of Children's Countywide Services +443000416334 kevin.kasaven@kent.gov.uk Mark Albiston, Director of Adult Social Care</p>
--	--

<p>Alyson Wagget Assistant Director Thanet South Kent Coastal +443000412483 alyson.wagget@kent.gov.uk</p>	<p>and Health +443000417578 mark.albiston@kent.gov.uk</p> <p>Corporate Directors Richard Smith Corporate Director Adult Social Care and Health 03000 416838 Richard.smith3@kent.gov.uk</p> <p>Sarah Hammond Corporate Director Children, Young People and Education 03000 411488 Sarah.hammong@kent.gov.uk</p>
--	---

This page is intentionally left blank

EQIA Submission – ID Number

Section A

EQIA Title

Proposed transfer of the Strengthening Independence Service for 18-25 year old disabled adults to ASCH from CYPE

Responsible Officer

Brett Appleton - DCED SRP & Yasmin Thornton – DCED SRP

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Alyson Wagget - AH EK & Sharon Howard - CY LDCYP

Type of Activity

Service Change

No

Service Redesign

No

Project/Programme

No

Commissioning/Procurement

No

Strategy/Policy

YES

Details of other Service Activity

No

Accountability and Responsibility

Directorate

Children Young People and Education

Responsible Service

CYPE

Responsible Head of Service

Sharon Howard - CY LDCYP

Responsible Director

Kevin Kasaven - CY SCS

Aims and Objectives

The aim of this proposal is movement of the statutory social care functions currently delivered by the Strengthening Independence Service (SIS) from the Children, Young People and Education Directorate to the Adult Social Care and Health Directorate. This affects the 925 individual service users currently receiving a social care package of support from CYPE who are aged between 18-25 years of age. This includes a wholesale transfer of the relevant workforce which is made up of circa. 70 FTE between the two Directorates.

The statutory duties of the Director of Adult Social Services (DASS) at KCC include the accountability for assessing local needs and delivering the full range of adult social services. These services support individuals under the provisions of local authority social services act 1970.

Care Quality Commission (CQC) 2023 framework assesses local authority assurance against statutory duties. Director of Adult Social Care (DASS) is accountable for all adults receiving Care Act 2014 support and provision under the Inspection Framework. The latest CQC Inspection of KCC took place in October 2024. We are currently awaiting the outcome.

The objective of this transfer of workforce and service delivery is to ensure that the Corporate Director with statutory responsibility for all adults in Kent who are eligible for social care support are within their direct management oversight. This includes both the quality and parity of service and for the costs.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

Affected staff have been engaged.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Yes

Staff

Staff/Volunteers

Residents/Communities/Citizens

No

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The Service will receive oversight from the Director of Adult Social Care (DASS) who will be able to exercise their statutory duties in a way which they cannot do at this time. This will ensure that over time, the services will be more closely aligned to the adult provision and governance within ASCH. This will ensure that all 18-25 disabled adults receive equity of opportunity and access to the right services at the right time.

The increased oversight from the Director of Adult Social Care will provide opportunities to robustly plan and commission services, including co-production, to meet the needs of all young adults in need of support in Kent, including those services that prevent, reduce and delay need.

ASCH will be in a strong position to implement strategies and the practice framework for all disabled adults which supports ASCH strategy – Making A Difference Every Day. This will include a consistent approach to adult safeguarding throughout the authority and a consistent audit and quality assurance process.

The current 18-25 SIS team will be able to access more services commissioned by ASCH e.g. Kent Enablement Service (KES) providing a greater range of support that will become available to all adults aged 18-25.

As of 21/01/2025 there are currently 925 Young People accessing support from the 18-25 SIS.

Negative impacts and Mitigating Actions

19.Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

No

Details of negative impacts for Age

The proposal under consideration is one to change line management responsibility only.

Of the 925 individual service users currently receiving their Care Act services from CYPE, the spread of their age between 18-25 is evenly distributed. No one age group would be more negatively impacted than any other. It is recognised that the service has 0.5% more 24-year-olds than the next highest % age group, but this is not significant under this proposal.

11.9% are 18 years old

11.1% are 19 years old

13.4% are 20 years old

12.9% are 21 years old

11.6% are 22 years old

13.2% are 23 years old

13.9% are 24 years old

12.0% are 25 years old

It is recognised that there is potential for minor service disruption for all age groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that age as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

Mitigating Actions for Age

- 1) It is proposed that a bespoke decision-making panel is established to ensure timely decision making during and immediately after the transfer of the service from CYPE to ASCH. This will be reviewed at 6 months post transfer.
- 2) Staff training on processes and pathways will be provided prior to transfer in preparation for the move to the ASCH Directorate. This will ensure that staff feel confident and understand the ASCH key priorities and performance framework.
- 3) An outline working group has been formed in anticipation of the decision; to proactively coordinate and prepare for the transfer of staff, these groups include representation from CYPE and ASCH. A mobilisation plan is in place to support the transfer.
- 4) To ensure that the transfer of service and decisions made will align with ASCH practices and are in line Care Quality Commission (CQC) regulations. These place a significant emphasis on the quality elements of an adult pathway including safeguarding systems, the Care Act 2014 and all other protocols, laws and legislation.
- 5) To ensure a smooth transition, communication with Young People aged 18-25 will take place before the service changes. This will inform them about the proposed changes and confirm that the service and those that deliver it will not change at the point of transfer.

Responsible Officer for Mitigating Actions – Age

Alyson Waggett ASCH & Sharon Howard CYPE

20. Negative impacts and Mitigating actions for Disability**Are there negative impacts for Disability?**

Yes

Details of Negative Impacts for Disability

All the 925 adult service users concerned with this proposal have complex needs and disabilities. Their pathway to being eligible for services from the current 18-25 SIS service is one where their disability has been identified or has manifested itself during childhood, and post 18 they continue to be eligible for a service under the Care Act 2014.

It is recognised that the majority of Care Act 2014 support is provided for individuals in this group who have a learning disability, with significantly fewer individuals receiving support for other types of disability. See details below:

- 85.7% receive Learning Disability Support
- 3.0% receive Physical Support - Personal Care Support
- 2.9% receive Physical Support - Access and Mobility Only
- 1.9% receive Sensory Support - Support for Hearing Impairment
- 1.8% type of support received has not been recorded on LAS
- 1.6% receive Sensory Support - Support for Visual Impairment
- 1.6% receive Mental Health Support

However, it is the services for those receiving sensory support, and which are currently delivered from the sensory teams who will join the ASCH sensory service and potentially experience a difference. Young adults with learning and/or physical disabilities (91.2%) will remain as they currently receive a service from a combined disability team which will remain the same.

Of the 925 young adults concerned, 35.7 % have an ongoing EHCP which reflects the nature of their disabilities, and their full transition to adulthood once they are over the age of 19. The majority of young people with EHC plans complete further education with their peers by age 19, and the Governments' expectation is that this will continue. In line with preparing young people for adulthood, a local authority must not cease an EHC plan simply because a young person is aged 19 or over. Young people with EHC plans may need longer in education or training to achieve their outcomes and make an effective transition into adulthood. However, this position does not mean that there is an automatic entitlement to continued support at age 19 or an expectation that those with an EHC plan should all remain in education until age 25. A local authority may cease a plan for a 19- to 25-year-old if it decides that it is no longer necessary for the EHC plan to be maintained. The distribution of EHCPs across the 18-25 SIS group is one of an even set of numbers, with a moderate percentage decrease at age 25.

Age	Count	%
18	40	12.12%
19	47	14.24%
20	49	14.85%
21	40	12.12%
22	40	12.12%
23	42	12.73%
24	40	12.12%
25	32	9.70%
Total	330	

There are 330 young adults in this service who have a current EHCP, and the service they receive from the

SEND service in CYPE will remain the same and will be in line with the 2854 young adults with an EHP who are not the SIS 18-25 service.

<https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans/send-19-to-25-year-olds-entitlement-to-ehc-plans>

The majority of Care Act support provided by the current 18-25 Strengthening Independence Service is for young adults with learning disabilities, with significantly fewer individuals with non-learning disability needs receiving other types of support. Therefore, young adults with learning disabilities may have been more negatively affected by the proposed transfer if the service was being changed at the same time. However, this is not the substance of this proposal and therefore it is anticipated that there will be minimal impact as there will be no changes to the support that the young adults receive.

Young adults with a visual impairment affected by this proposal are currently supported by the SIS Countywide Sensory team. ASCH does not have a separate service who support people with a visual impairment in relation to their eligible social care needs and people are supported in community teams which could lead to a disparity of support for those young adults who would have received SIS sensory team support until the age of 26. There are currently 13 young people supported by the SIS sensory team.

Occupational therapy support will transfer from a countywide service in CYPE to a countywide service in ASCH which is linked to the Locality Teams. Support for young people requiring occupational therapy assessment and intervention will move from a service which only supports young people into a wider service which supports all adults.

It is recognised that there is potential for minor service disruption for all disability groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that disability as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

Mitigating actions for Disability

- 1) Ensure that all communication is available in a range of formats that are accessible and plain English and jargon free e.g. BSL video, easy-read and contact details of their social care worker so they can discuss any concerns or raise questions.
- 2) The Special Educational Needs and Disabilities (SEND) service will continue to maintain and complete Education, Health, and Care Plans (EHCP) for young adults aged 18-25 who need more time to complete their education and training. These plans will be reviewed annually, and close collaboration with Adult Social Care and Health (ASCH) will be necessary as per the SEND Code of Practice.
- 3) Any young adults from the 18-25 SIS who also have Care Leaver status will continue to receive the services of a personal adviser and associated support for their care leaver needs from CYPE in collaboration with ASCH. These services will not cease to be involved following the SIS 18-25 service's move to ASCH.
- 4) For support for young adults with visual impairment currently in the 18-25 SIS sensory service to be provided support from the ASCH sensory services team until their 26th birthday alongside other young people with sensory loss but not currently open to the 18-25 SIS.
- 5) The Occupational Therapy service in ASCH is led by the Principal Occupational Therapist and will continue to provide strong and professional appropriate supervision and support to all Occupational Therapists working with young adults within ASCH mitigating the impact of the transfer of service.

Responsible Officer for Disability

Alyson Waggett & Sharon Howard

21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
No
Details of negative impacts for Sex
<p>There are currently 606 males (65.5%) and 319 females (34.5%) accessing support from the 18-25 Strengthening Independence Service. It is recognised that a greater number of males will now receive a Care Act 2014 service from ASCH than from CYPE, compared to females. However, as the service does not deliver packages of care or arrange itself in male/female teams there is no negative impact anticipated based on sex. Under this proposal there will be no changes to the support that the young adults receive, or which staff group or team provide it.</p> <p>It is recognised that there is potential for minor service disruption for both male and females whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.</p> <p>There is no expectation that sex as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.</p>
Mitigating actions for Sex
Not applicable
Responsible Officer for Sex
Not Applicable
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
No
Negative impacts for Gender identity/transgender
Not Applicable
Mitigating actions for Gender identity/transgender
Not Applicable
Responsible Officer for mitigating actions for Gender identity/transgender
Not Applicable
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
No
Negative impacts for Race
<p>Most service users in the SIS 18-25 group (80.5%) identify as White British, with the remaining categories having significantly smaller percentages. Therefore, minimal negative impact based on 'Race/Ethnicity,' is expected even though White British young adults aged 18-25 make up the largest group.</p> <p>80.5% identify as White British 4.1% identify as Any other White Background 2.9% identify as Black African 1.9% identify as Any other mixed background 1.4% identify as Any other Asian background 1.2% identify as Any other ethnic group 1.2% identify as White and Black Caribbean</p>

Please note that there are other groups that have not been listed above as they account for less than 1%, for example Indian, White European, Any other black background, White and Black African, Gipsy/Roma, White and Asian, Bangladeshi, Not Known, Pakistani, Black Caribbean, Chinese, Traveller of Irish Heritage

Please note that there are other groups that have not been listed above as they individually account for less than 0.5%, for example Bangladeshi, Cypriot, Nepalese, Other Nationality, Afghan, Brazilian, Bulgarian, Hungarian, Indian, Irish, Ivorian, New Zealander, Pakistani, Pole, Romanian, Slovene, South African, Sri Lankan, Sudanese, Thai and Turkish, Ukrainian.

It is recognised that there is potential for minor service disruption for all race groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that race as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

Mitigating actions for Race

1) Any written or other mediums used to communicate will be translated into an appropriate language format.

Responsible Officer for mitigating actions for Race

Alyson Waggett & Sharon Howard

24. Negative impacts and Mitigating actions for Religion and belief

Are there negative impacts for Religion and belief

No

Negative impacts for Religion and belief

The data below shows that the largest proportion of the 18-25 SIS group (40.6%) do not have a recorded religion or belief in their case records. The second largest group 25.3%, identify as Christian. The other categories have smaller percentages. Therefore, while we do not anticipate a negative impact from this proposal based on 'Religion and Belief,' It is recognised that those who do not have a recorded religion or belief are the largest group and might be affected if they were to receive a different level of service.

40.6% have no recorded religion or belief.

25.3% identify as Christian

24.8% identify as 'Not having a Religion'

2.5% identify as Church of England

1.7% identify as Muslim

1.3% identify as Catholic

1.1% identify as Roman Catholic

Please note that there are other groups that have not been listed above as they account for less than 1%, for example Hindu, Other, Anglican, Agnostic, Sikh and Atheist.

It is recognised that there is potential for minor service disruption for all religious or belief groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that religion or belief as a protected characteristic amongst this group of young

adults would be adversely affected by this proposed change.

Mitigating actions for Religion and belief

Not applicable

Responsible Officer for mitigating actions for Religion and Belief

Alyson Waggett & Sharon Howard

25. Negative impacts and Mitigating actions for Sexual Orientation

Are there negative impacts for Sexual Orientation

No

Negative impacts for Sexual Orientation

Of the 925 current individuals between the ages of 18–25-year-old receiving Care Act support within the SIS, the case records hold the following information.

- 67.1% Not Known
- 20.2% Heterosexual
- 7.8% Not Disclosed
- 2.2% Not Certain
- 1.1% Bisexual
- 0.4% Gay Man
- 0.4% Other
- 0.3% Lesbian
- 0.1% Not recorded

The SIS teams deliver a person-centred approach to their services taking into account the sexual orientation of their clients if appropriate. This approach will not change under this proposal. It is recognised that there is potential for minor service disruption for all sexual orientation groups whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.

There is no expectation that sexual orientation as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.

Mitigating actions for Sexual Orientation

Not applicable

Responsible Officer for mitigating actions for Sexual Orientation

Alyson Waggett & Sharon Howard

26. Negative impacts and Mitigating actions for Pregnancy and Maternity

Are there negative impacts for Pregnancy and Maternity

No

Negative impacts for Pregnancy and Maternity

Not Applicable

Mitigating actions for Pregnancy and Maternity

Not Applicable

Responsible Officer for mitigating actions for Pregnancy and Maternity

Not Applicable

27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships

Are there negative impacts for Marriage and Civil Partnerships

No
Negative impacts for Marriage and Civil Partnerships
Not Applicable
Mitigating actions for Marriage and Civil Partnerships
Not Applicable
Responsible Officer for Marriage and Civil Partnerships
Not Applicable
28. Negative impacts and Mitigating actions for Carer's responsibilities
Are there negative impacts for Carer's responsibilities
No
Negative impacts for Carer's responsibilities
<p>It is recognised that there is potential for minor service disruption for all groups in the SIS and therefore their carer where they have one, whilst ex-CYPE staff settle into ASCH and familiarise themselves with new processes. This may include a change from the CYPE audit and assurance framework to the ASCH assurance pathway. However, this is anticipated to be minimal as there will be no changes to the support that the young adults receive because of this proposal.</p> <p>There is no expectation that carer's responsibilities as a protected characteristic amongst this group of young adults would be adversely affected by this proposed change.</p>
Mitigating actions for Carer's responsibilities
<p>1) It is proposed that a bespoke decision-making panel is established to ensure timely decision making during and immediately after the transfer of the service from CYPE to ASCH. This will be reviewed at 6 months post transfer.</p> <p>2) Staff training on processes and pathways will be provided prior to transfer in preparation for the move to the ASCH Directorate. This will ensure that staff feel confident and understand the ASCH key priorities and performance framework.</p> <p>3) Outline working group has been formed in anticipation of the decision; to proactively coordinate and prepare for the transfer of staff, these groups include representation from CYPE and ASCH. A mobilisation plan is in place to support the transfer.</p> <p>4) To ensure that the transfer of service and decisions made will align with ASCH practices, are in line Care Quality Commission (CQC) regulations. These place a significant emphasis on the quality elements of an adult pathway including safeguarding systems, the Care Act 2014 and all other protocols, laws and legislation.</p> <p>5) To ensure a smooth transition, communication with Young People aged 18-25 will take place before the service changes. This will inform them about the proposed changes and confirm that the service and those that deliver it will not change at the point of transfer.</p>
Responsible Officer for Carer's responsibilities
Alyson Waggett & Sharon Howard

This page is intentionally left blank