

Response from RCPsych Members – Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill

1. Do you agree with the overall aims of the Bill and do you think it can meet these?

Support for the overall ambition

The College's members agree with the overall ambition of the Bill, to create a statutory underpinning nationally for delivering transitions support for our most vulnerable children and young people to improve their life chances. , This includes in a mental health setting, in which our members play a crucial role providing essential care and support to our most vulnerable young people, enabling them as far as possible to be engaged in their care.

Transitioning between child and adult care and support is a critical juncture for a young person. Our members reported that those receiving a good transition process, supported and enabled by a multi-disciplinary team, are felt to adapt far better and see their chances of recovery and/or maximised living increase.

What they also reported, though, was that many young people do suffer as a result of a poor transition process. This can come down to, among other reasons:

- The complexity of the young person's needs
- The lack of adaptiveness by their local area and service/care providers to said needs
- The lack of expertise and/or knowledge in delivering transitions
- The lack of joined up thinking and co-working across multi disciplinary teams
- The instability and variation in available local third sector and community provision
- Resourcing provision within services, and the inability for resource to transfer gradually over the transition period rather than the cliff edge that currently exists once young person turns 18.

Underpinning all this is

- a lack of a clear understanding of what should be available as a baseline in transitions support and planning regardless of where a young person lives in Scotland.

We recognise that there are certain areas progressing well on transitions and that work is underway by ARC Scotland to deliver pilots for more coordinated approaches.

Nonetheless, the principle of establishing a national baseline approach from which local guidance and implementation can be developed, underpinned by statutory duties, would create the space and the impetus to make a meaningful and transformative change to the provision of transition support.

Defining who the Bill would provide statutory support to

On whether the legislation will meet its aims, the immediate question that arose was around its limiting definition of disability. While the definition used in the Bill made sense by using what was in existing law (mental illness that is both severe and enduring), the reality is that it limits the Bill's scope and fails to recognise those with mild to moderate mental ill health, those going through a mental health crisis and those with fluctuating support needs.

By setting only those with "enduring" conditions to have statutory access to care and to transitions support, it was also feared this would create a perverse incentive for young people to feel they have to demonstrate they need support. This already happens, with members citing instances of young people being disappointed at recovery from a mental health crisis due to a fear of losing support and care.

While recognising this Bill may have initially been proposed to look at children and young people with more 'severe' mental ill health, including complex learning disabilities, it was also said to not be helpful to describe young people needing transition support by their disability. If a person-centred approach was to be taken, considering the complexities that young people faces was said to be a more appropriate frame for considering their needs and how to maximise their life chances.

Achieving a baseline of support

It was also recognised that, to meet its aims for all relevant young people, the Bill would need to clearly think through the demands of a transition process for each of them. This could include establishing an initial minimum provision, that could then be expanded on depending on the complexity of that young person's needs.

Adopting a person-centred ethos

To achieve the person-centred approach this Bill seeks, there also needed to be an ethos that the multi-disciplinary teams involved that goes beyond legislation. While statutory duties encourage everyone involved to adopt a person-centred approach, there would still be required a cultural change in many localities.

2. Is changing the law the only way to do what the Bill is trying to do? Would the Bill (as it is currently written) have any unexpected or unforeseen effects?

Breaking the impasse

While it is probably not the only means of achieving this, creating a statutory duty is felt to be a clear and effective means of breaking impasses between different service/care providers in delivering effective transition support.

An overriding duty is felt to cut across local hesitancy. Previous discussions in many areas on better transition approaches had fallen flat due to concerns over one part of the system having to put resources into a person when they got no additional resources themselves to do so.

A national approach and subsequent guidance for local areas to act on this is seen as a means of underpinning good work in this area and addressing where gaps in provision currently exist.

Expanding whose business transitions were

It was felt one of the purposes of a statutory duty, of expanding the number of bodies responsible for transitions, would also be a positive step. By ensuring it was “everyone’s business” to work to deliver the aims of a transitional strategy, it would create the drive needed to bring the multidisciplinary voices required for successful transitions planning together. Too often, it was suggested different parts of the system felt the transitions process was ‘someone else’s problem.

Making transitions a key responsibility for relevant bodies was seen as a means of addressing a lack of willingness in some services to play their part, though this needed to come alongside additional steps such as more flexible resourcing.

3. The Bill would require the Scottish Government to introduce a National Transitions Strategy (sections 1 to 6 of the Bill). Do you agree with introducing a strategy, and a Scottish minister to be in charge of it?

Potential for a baseline of what should be delivered to be established

Many of the difficulties in delivering transitions in a mental health setting were felt to stem from a lack of understanding as to what constitutes best or even baseline practice in localities, leading to significant variations and resulting geographic inequalities.

A national strategy has the potential to house a clear understanding of what should, as a minimum, be expected by young people and their families /carers that local health boards, IJBs, and local authorities can be held accountable to.

This can also include metrics to judge the success of these processes by, in order to build in performance improvement and outcomes-focused metrics. This currently only exists in some localities.

A national approach to what metrics should be in place, their measurement and procedures to tackle underperformance should be prioritised as part of any strategy.

In this regard, ministerial responsibility for overall national performance should also drive performance improvement and ensure the government of the day is held accountable for the transitions our most vulnerable young people have in mental health settings. This ideally could be accompanied by regularly updated performance metrics with breakdowns by locality.

Pooling together the best practice already available

It was also stressed by many members that a number of best practice guidelines had been developed around transitions in a mental health setting that could be utilised for the purposes of this strategy. This included:

- The [Care Programme Approach](#) – designed for those with severe mental ill health in general, it offers a clear framework for designing clear arrangements for care, a care plan that enables and empowers the individual for whom it is designed and the appointment of a clear lead person for the plan's delivery
- The [RCPsych's approach to eating disorder transitions](#) – the College itself has spent time develop best practice for the transition process within eating disorder services, set out in the linked-to report. It includes a set of principles for delivery, as well as recommendations for addressing practical difficulties.

There are numerous other approaches being used right now locally across different disciplines, including in education settings.

Bringing these approaches and other guidance together was felt to be a primary purpose of this strategy and would make it a worthwhile endeavour.

- 4. The Bill places a duty on local councils to prepare and implement transition plans for each disabled child and young person within their local authority area (sections 7 to 13 of the Bill). They would also have to explain: how plans were going to be prepared and managed; what would happen if there was a disagreement about what was in a plan or how it was working. Do you agree with these proposals?**

Amending the Bill to apply this duty to IJBs and/or H&S Partnerships

We would suggest that local authorities taking the lead on this ignores the new landscape of health and social care. IJBs and Health & Social Care Partnerships are bodies focused on the multi-disciplinary work required to fulfil transition plans in a mental health setting, and ideally these bodies should lead on developing these plans with local authority input.

We would suggest the Bill be amended to better reflect the current health and social care landscape, and for this duty to be placed on IJBs and/or Health & Social Care Partnerships.

Shifting the burden of proposing transitions plans

It was felt that shifting the burden of proposing a transition plan from the families to an authority, whether it be IJBs or local authorities, was a significantly better approach. The current approach in many cases, of families/carers having to navigate the system to be able to identify what is available only for those plans to be rejected, was said to be inadequate.

A greater understanding of what 'should' be available

Increasing the role of local authorities/ IJBs to lead on these processes was also felt to need to be accompanied by a clear understanding of what options should be available. Without a sufficient variety of options, there will always be real failings in meeting the need of a young person.

A greater understanding of the baseline for delivering transitions support could be delivered through the process of establishing what should be provided through transition plans within the national strategy.

5. What financial impact do you think the Bill may have, either on the Scottish Government, local councils, or other bodies?

Not just about how much resource, but where it goes

In considering this Bill, there needs to be a recognition that how resources are distributed to deliver transitions needs to change.

One of the major barriers identified by our members was that adult services were expected in many cases to use already stretched resources to support young people without receiving additional funding and/or staffing to deliver this. As a result, overworked staff were expected to go above and beyond or there was hesitancy by the adult service as a whole to get involved until the young person reached the age at which the resource for their care would transfer to them.

There is a clear need for resourcing for transitions to be more flexible and not tied to just one service.

The need to look beyond the immediate transition

In looking at the financial impact of the Bill, there also needs to be recognition that many of the difficulties young people face with the transitions process happen over time once they are in adult services, after the immediate transition.

Targeting funding at children's services alone therefore exacerbates a cliff edge for young people and the level of support they can expect in adult settings.

Adaptiveness of resource

To avoid these impasses, the funding of care was felt to need to be much more adaptive, switching gradually over time between children's and adult services and 'going with the patient', rather than the current overnight switchover that can take place. This would require a greater level of planning and adaptiveness across the services involved in delivery.

A gradual move of resource between children and adult mental health services was seen as a potential means to address this.

Accounting for additional training

It was also felt any expansion of transitions planning needed to be accompanied by additional training for staff, with the resulting impact on resources needing to be considered. The training could ensure everyone involved understood the expectations for this process and how they can contribute. By delivering it jointly for different professions, it would also build in cross-disciplinary working.

Transitions champions

An additional staffing resource was also felt to be a necessity. This, it was proposed, could take the form of transitions champions, either as a new role or through setting time aside for current staff members. Relying on already stretched services to be able to produce individuals who can find the time to take a lead on these wasn't felt to be conducive to consistently delivering positive transitions for young people in mental health settings.

While it may not be the place of legislation, a duty to fund the creation of transitions champions could be essential to ensuring the ambitions of any strategy were achieved.

6. Is there anything else you'd like the Committee to know about the Bill? Do you have any comments on how the Bill will affect (for better or worse) the rights and quality of life of the people covered by the Bill?

Inequalities due to the ability of a parent/carer to advocate for their child

Currently, many families are forced to advocate for their child to receive the right transitions support for them. This disenfranchises some families/carers who do not have the resource (including time and knowledge) to be able to advocate as strongly, particularly single parents. Transitions champions are needed to ensure, no matter how able a parent/ carer is to advocate, every child is able to get the transitions plan they need.

Support for parents/carers

It is essential going forward that the needs and rights of parents and carers are also recognised in transition planning. While the plans should be centred around the young person, their parents/carers are also critical and, in the case of a young person with complex mental ill health, may be providing 24/7 care with little to no respite. Making sure their needs are catered to and that they are enabled to create as positive an environment as possible for the young person is therefore critical.

Age range

The application of the Bill up to the age of 26 was felt to be appropriate and reflect the long ranging needs of young people transitioning in a mental health context. It was highlighted that, for some conditions, people would begin certain transitions as early as 15, while others would need to until 26 to fully adapt.

A holistic approach

It was also suggested there needed to be a much clearer understanding of the entire young person, their ambitions and capacity, and the wide-ranging aspects that come with transitioning to adult care and support. This means plans need to recognise a number of non-clinical/care-related issues, including educational opportunities, living situation and opportunities for social interactions. Taking such an approach would maximise the chances of a successful transition that fully enables the young person's participation in their own life choices.

This is particularly important for those with complex mental health needs, such as those with a diagnosis of Asperger's. These conditions can involve comorbid mental ill health extending to potentially deliberate self-harm or an eating disorder.

The care these young people need extends across social and educational areas, as well as mental health, and Community Mental Health Teams are not well set up for this. The young person is also expected to form a rapport with new staff members quickly, which isn't possible for people with such complex conditions.

This therefore requires an approach that seeks to maximise engagement and does not presume a young person can or will achieve a certain level of engagement. This would include multi-agency involvement outwith health settings.

Pandemic's impact on transitions

The pandemic has had a particular impact on young people. A denial of their ability to normally access education, an inability to properly socialise, resulting uncertainties over their future, these are all facets that have come through.

We are already seeing evidence this is manifesting itself in the form of mental ill health. A [NHS study conducted during lockdown](#) estimated rates of probable mental ill health increased during the pandemic from one in nine children and young people to one in six.

There are [transition care plans](#) in place for young people transferring to adult mental health services. These were introduced in 2018. They also include a responsibility for services to deliver this, with a checklist of steps to take. The reality, though, has been that these are not yet being followed. This is largely due to disconnects between CAMHS and adult mental health services, the latter of which are unable to devote resources to transitions until the person specifically qualifies for adult services at 18. Considering CAMHS is [only receiving 0.56%](#) of NHS funding, and this has only increased by 0.1% in the past 8 years, there is a need to radically upscale CAMHS funding to ensure these transitions can be delivered.

it is also worth highlighting a report from the [Scottish Transition Forum](#) during the height of the pandemic, which surveyed carers and parents and of young people with additional support needs. It found that 70% hadn't had a transitions meeting and nearly nine in ten families didn't have or know about a transition plan.

The above demonstrates that the pandemic and its subsequent impacts have fallen hard on children and young people transitioning in their care. Therefore, the importance of a national strategy and accompanying statutory duties has only grown.