

HALTON MULTI-AGENCY TRANSITION STRATEGY

FOR

YOUNG PEOPLE AGED 14-25

2010 - 2013



CONTENTS

Section	Title	Page
PREFACE		4
SECTION ONE		
	Transition in Context	5
SECTION TWO		
	Overseeing the transition process	11
SECTION THREE		
Planning & Commissioning	Planning with individuals	13
	Commissioning Services	15
SECTION FOUR		
Support	Support for Families	17
	Support with Accommodation	19
	Support with Day Time Activity	21
	Personalisation and Self Directed Support	23
SECTION FIVE		
Education, Wellbeing & Health	Education and Training	24
	Friendships and Relationships	25
	Staying Healthy	27
	Specialist Health Support	29
SECTION SIX		
	Transport	31
SECTION SEVEN		
	Safeguarding	33
SECTION EIGHT		
	Information	35
SECTION NINE		
	Involving Young People and Families	36
REFERENCES		38

APPENDICES	NUMBER
Action Plan	1
Transition in other workstreams	2
“Planning for Life” Report	3
“Supermarket of Life” Report	4

INFORMATION SHEET

Service area	All service areas
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PREFACE

This Strategy supersedes the Halton Multi Agency Transition Strategy for Young People with Complex Needs (2007-2010).

The Transition that this Strategy refers to is the process of change between being a young person to being an adult. This is a time of great change and opportunity for all young people, but it can also present challenges, particularly for young people who have social and health care needs arising from sensory and physical disabilities, long-term conditions, learning disabilities or mental health problems. These young people are the focus of this strategy.

Young people with social and health care needs are likely to require support from a variety of professional organisations during the transition process, and this strategy looks at how those organisations can work together in the interests of the young people and young adults and their families who need their support. The strategy covers a broad area, and links with a number of other strategies and work streams. Where appropriate these are referenced in the document.

In Halton we recognise that planning for this transition needs to start early, and the planning processes will be geared to this from Year 9 at school (when the young person is about 14). Although young people officially reach adulthood at 18, we recognise that young adulthood continues to be a time of considerable change, and so the transition arrangements will continue until the age of 25. This widens the remit of this strategy over its predecessor.



A handwritten signature in blue ink, appearing to read 'Dwayne Johnson'.

DWAYNE JOHNSON
STRATEGIC DIRECTOR
ADULTS & COMMUNITY
HALTON BOROUGH
COUNCIL



A handwritten signature in blue ink, appearing to read 'Gerald Meehan'.

GERALD MEEHAN
STRATEGIC DIRECTOR
CHILDREN & YOUNG
PEOPLE
HALTON BOROUGH
COUNCIL



A handwritten signature in blue ink, appearing to read 'David Sweeney'.

DAVID SWEENEY
OPERATIONAL DIRECTOR
OF PARTNERSHIP
COMMISSIONING
NHS HALTON & ST HELENS



A handwritten signature in blue ink, appearing to read 'Jane Lunt'.

JANE LUNT
OPERATIONAL DIRECTOR
CHILD & FAMILY HEALTH
COMMISSIONING
NHS HALTON & ST HELENS

SECTION ONE: TRANSITION IN CONTEXT

THE NATIONAL CONTEXT

The Transition Support Programme is a government programme to improve support for disabled young people in their transition to adulthood, and sets out five focus areas for improving support at transition in local areas:

1. **Participation** of disabled young people and their families
2. Effectiveness of **personalised approaches**
3. **Joint assessments** processes within children's trusts and adult services
4. Realistic **post 16 opportunities** for living life
5. Strategic **multi agency working**

It is part of a wider programme called Aiming High for Disabled Children (AHDC), which is transforming local services in England for all disabled children, young people and their families (*National Transition Support Team, February 2010*).

THE LOCAL CONTEXT

The Transition Support Programme exists because although many local areas have improved the way they support disabled young people in their transition to adulthood, there is still significant progress that needs to be made before all disabled young people have positive outcomes and are supported to live the lives that they choose. For Halton, this might mean:

- Effective engagement with and participation from disabled young people and also their families;
- Effectiveness of personalised approaches including person centred planning, use of individual budgets and direct payments;
- Joint assessment processes within Children's Trust services, including schools and with adult social care;
- Realistic post 16 opportunities for living life and to help reduce the numbers of disabled young people who are not in education, employment or training;
- Strategic partnership working including commissioning, to ensure that all agencies are fully engaged in providing transition support. In addition ensuring that other AHDC activity and universal offers, like the youth strategy, take into account the needs of disabled young people at transition.

A VISION for HALTON

Halton will be a thriving and vibrant Borough where people can learn and develop their skills; enjoy a good quality of life with good health; a high quality, modern urban environment; the opportunity for all to fulfil their potential; greater wealth and equality; sustained by a thriving business community; and a safer, stronger and more attractive neighbourhood.'

Halton's Strategic Partnership Board has set out five strategic priorities for the Borough, in its Community Strategy, which will help to build a better future for Halton:

- **A Healthy Halton**
- **Halton Urban Renewal**
- **Employment learning and skills in Halton**
- **Children & Young people in Halton**
- **A Safer Halton**

Our vision in Halton is that young people with social and health care needs should enjoy the same rights to citizenship and inclusion as all young people.

Support services should therefore be directed towards helping young people to develop choices that are right for them, to realise their full potential, and participate fully in the wider community.

In the sections that follow, the vision is broken down into specific Aims. In each section, there is an evaluation of how far these Aims are being met already, and how we can improve further, leading to specific actions, which are summarised in Sections 15 and 16.

POPULATION AND SOCIO ECONOMIC DATA

Halton is a largely urban area of 119,500 people. Its two biggest settlements are Widnes and Runcorn that face each other across the River Mersey, 10 miles upstream from Liverpool. The population of Halton was in decline for over a decade, but has recently started to increase. Between 1991 and 2002 the estimated Borough population decreased by 6,500 people from 124,800 to 118,300.

At present, Halton has a younger population than the national and regional averages. The mid-year population estimates, population projections for under 19's, in Halton shows that there has been an increase in the numbers in the 0-4 year olds, the 5-9 and 15-19 year old populations have remained static over the past few years but the 10-14 year old population has decreased. Population projections show that the 10-14 and 15-19 population is predicted to decrease in the next few years.

However, Halton mirrors the national picture of an ageing population, with projections indicating that the population of the Borough will age at a faster rate than the national average. In 1996 12.9% of the total population were aged 65 and over, by 2006 this had increased to nearly 14% and by 2015 this is projected to have increased to 17%, which could have a significant impact on the need for health and social care.

The population is predominantly white (98.8%) with relatively little variation between wards. However, in recent years, it has seen a small influx of Eastern European (Polish & Slovakian) migrants.

ASSESSMENT OF NEED

The following tables details actual and projected areas of need, based on young people currently receiving or likely to need Adult Social Care, those expected to leave school in 2010 – 2012 and those currently receiving services from connexions for clarity and future service and commissioning development.

Young People receiving or likely to need adult social care (Financial Year):

	2010/11	2011/12
Turning 18 – still in school	6	9
Leaving school (may go on to college)	7	7
Leaving college	8	12

Young People expected to Leave School in 2010 - 2012

School year beginning	ASC (inc Aspergers)	Physical Disability	Learning Disability	Social & Communication Difficulties for Severe Learning Disabilities
Sept 10	27	9	27	1
Sept 11	36	13	28	3
Sept 12	26	9	21	3

Young People 19-25 with Learning Disability & Difficulties currently receiving services from Connexions

ASD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Aspergers Syndrome	6	2	2	1	0	0	11
Autism	1	1	0	5	1	0	8
Total	7	3	2	6	1	0	19

PHYSICAL	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Cerebral Palsy	1	0	1	1	0	1	4
Cystic Fibrosis	1	0	0	0	0	0	1
Head Injuries	0	1	0	0	0	0	1
Hydrocephalus	1	0	0	0	0	0	1
Other Mobility Problems	1	1	0	1	0	0	3
Restricted Growth (Achondraplasia)	0	1	0	0	0	0	1
Spina Bifida	2	0	0	0	0	1	3
Wheelchair User	0	2	0	1	2	1	6
Total	6	5	1	3	2	3	20

SLD	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24	Total
Severe Learning Difficulties	10	8	2	5	2	1	28
Total	10	8	2	5	2	1	28

DEPRIVATION

Deprivation is a major determinant of health. Lower income levels often lead to poor levels of nutrition, poor housing conditions, and inequitable access to healthcare and other services.

Deprivation, measured using the English Index of Multiple Deprivation (IMD) 2007, ranks Halton as the 30th most deprived authority in England (a ranking of 1 indicates that an area is the most deprived). This is 3rd highest in Merseyside, behind Knowsley and

Liverpool, and 10th highest in the North West: St Helens (47th), Wirral (60th) and Sefton (83rd) are way down the table compared to Halton.

The 2007 IMD shows that deprivation in Halton is widespread with 57,958 people (48% of the population) in Halton living in 'Super Output Areas' (SOA's) that are ranked within the most deprived 20% of areas in England.

In terms of Health and Disability, the IMD identifies 53 SOA's (Super Output Areas) that fall within the top 20% most health deprived nationally and that approximately 40,000 people (33% of the population) live in the top 4% most health deprived areas in England. At ward level, Windmill Hill is the most deprived area in terms of health. However, health deprivation is highest in an SOA (Super Output Areas) within Castlefields, ranked 32nd most deprived nationally.

HEALTH

Health is also key determinant of a good quality of life and the first priority of Halton's Community Strategy states that 'statistics show that health standards in Halton are amongst the worst in the country and single it out as the aspect of life in the Borough in most urgent need of improvement'.

The Joint Strategic Needs Assessment (JSNA) published in 2008 summarizes the needs of Halton's residents. The key findings relevant specific populations and specific conditions to this strategy are highlighted below:

Children

- Population estimates indicate that Halton has a younger population than the regional and national average. However, overall the 0-19 population is decreasing.
- Windmill Hill is ranked the most deprived ward in the borough across all domains and is ranked the most deprived ward in terms of health.
- Over 50% of Halton's children live in the 20% most deprived areas nationally and a further 15.5% live in the 40% most deprived areas nationally, with only 8% of children living in the 20% least deprived areas nationally.
- A number of major health issues relevant to children and young people in Halton have been identified through the JSNA and the Children and Young Peoples Plan. Key issues include, higher rates of infant mortality and low birth weight, high rates of teenage pregnancy, high rates of obesity for both reception and year 6 children. In Halton, 24% of reception age children are overweight and 11.6% are obese, and 36.3% of Year 6 children are overweight and 22.3% are obese. All of these levels are above the England average

Pregnant Women & Newborns

- Incidence of teenage pregnancy remains an issue in Halton, despite falling for several years; rates are now above the 1998 baseline level. There is also a correlation between deprivation and incidence of teenage pregnancy with the most deprived areas in Halton experiencing the highest levels of teenage conception rates.

Conditions

- **Mental Health and Emotional Well-being** – it is estimated that 2000 children and young people in Halton have moderately severe problems requiring attention from professionals trained in mental health, and approximately 500 children and young people with severe and complex health problems requiring a multi-disciplinary approach.

- **Obesity in Adults** – nationally the levels of overweight and obesity are increasing and this pattern is reflected in Halton. Between 20% to 25% of adults in Halton are obese and these figures have increased in recent years. Considered alongside the increased levels of obesity in children this is a key priority
- **Diabetes** – If the current rates of obesity continue, by 2010 4.4% of the adult population will have type 2 diabetes which will rise to an estimated 6.16%, or 6,700, GP registered patients by 2020.
- **Substance Misuse** – Whilst the rates of Substance Misuse have remained stable from 2008 to 2009 in England and the Northwest, Halton has seen an increase of 2.9% to 12.3%, placing Halton higher than the average for Northwest (11%) and England (9.8%). The adult needs assessment is seeing changing patterns in drug use amongst those aged up to 25. This group of young adults are presenting to services using a combination of alcohol, cocaine & cannabis, or are injecting steroids. The number of individuals injecting steroids far out weighs the number of heroin and crack cocaine injectors in the Borough. There are also indications that there is a rise in the use of 'legal highs' by young adults, however, there is currently no local data available with regards to this particular issue.
- **Alcohol** - Halton has been identified as the eighth worst local authority area in England for alcohol related harm¹ and estimates are that 1 in 4 adults would benefit from reducing their alcohol intake to within safe recommended levels; this estimate does not include dependent drinkers. Halton is the second worst local authority in England for alcohol specific hospital admissions for under 18s, i.e. 325th out of 326 Local Authorities and this does not include hospital attendances. 51% of pupils indicated that they had had an alcoholic drink at some point. In relation to consumption in the previous 4 weeks however 64% had not had an alcoholic drink although 18% indicated they had been drunk at least once.
- **Smoking** – The results of a Halton survey of 15-16 year olds highlighted that the smoking rates of 15-16 year olds match that of adults, although there is a significant difference in smoking take up rates -18% male and 29% female.
- **Food and Nutrition** – males in the 18-34 age group have the poorest diet, with lower intake of fruit and vegetables, and more poor diet habits
- **Sexually Transmitted Infections** – in addition, the number of young people diagnosed with sexually transmitted infections is increasing.

The updated position of Halton's Joint Strategic Needs Assessment (JSNA), published in Autumn 2009, highlights:

- improved Chlamydia screening coverage in under 25s, with rate of positive infections decreased
- increased number of under 18 conceptions, but decreased number of under 16 conceptions
- child obesity levels continue to be a challenge and a priority

The overall aim for health as detailed in the Community Strategy is: To create a healthier community and work to promote well being and a positive experience of life with good

¹ LAPE 2010

health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

To achieve this aim NHS Halton and St Helens produced two key documents, 'Ambition for Health' and the 'Commissioning Strategic Plan' in 2008.

Ambition for Health is a key document for NHS Halton and St Helens in terms of improving the health of the local population. The document set out key 'ambitions' that are based on understanding the needs of the local populations. These are as follows:

- To support a healthy start to life
- To reduce poor health that results from preventable causes
- To ensure that when people do fall ill from some of the major disease, they get the best care and support
- To provide services which meet the needs of vulnerable people
- To make sure people have excellent access to services and facilitates
- To play our part in strengthening disadvantaged communities

The Ambition most relevant to this strategy is 'To provide services which meet the needs of vulnerable people'; which will be measured via the below outcomes:

- Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life
- Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them

Following on from this NHS Halton and St. Helens then produced the *Commissioning Strategic Plan*. This document turns the Ambition for Health goals into action by delivering transformational change in a number of key areas that support the strategic priorities.

The six priority areas identified in the Commissioning Strategic Plan are:

- Alcohol
- Obesity
- Early detection: Diabetes, respiratory, heart disease, cancer
- Early Detection: Depression
- Prevention: Tobacco Control
- Safety, Equality and Efficiency: Planned and Urgent Care

SECTION TWO: OVERSEEING THE TRANSITION PROCESS

AIMS

- Relevant agencies are engaged fully in supporting young people through the transition process, and work together in the interests of the young people.
- Professionals working with young people in transition are clear about their roles and responsibilities and discharge them fully and in a timely manner.
- At Year 9, there is a process to identify all young people who are likely to require support in the future.
- These young people are monitored between the ages of 14 and 25, to ensure that agencies that can help are involved in a timely way.

WHAT ARE WE DOING ALREADY?

A Transition Protocol agreed by key agencies identifies professional roles at each stage in the transition process.

Connexions have a key role in providing a personal advisor service to all young people with a Statement of Special Educational Needs

A transition coordinator was appointed by Halton Borough Council in 2007 to support transition, working closely with Adult and Children and Young People's Services. This has been effective in identifying any problems, and helping people to understand what is expected. The transition coordinator can help answer people's queries, and help to collate information, and chase up things that need to happen. The transition coordinator has a remit to work across all adult service areas, including learning disability and mental health services, and services for people with physical disabilities or sensory impairments.

A termly tracking meeting considers young people from Year 9 who are the subject of a Special Educational Needs Statement, identifying young people who are likely to require future support from Adult Services, and coordinating processes such as reviews and referrals. Operational Managers attend monthly meetings to monitor the progress of young people known to the Children and Young People Directorate who will require Adult Services. Young people can be added to these systems at any time after Year 9 if it becomes clear they will need support in the future.

Looked After Children are included in these arrangements, and discussions include a consideration of the respective roles in each case of the Leaving Care service, which has statutory responsibilities to support Looked After Children into early adulthood, and Adult Services which have responsibilities to undertake Community care Assessments on eligible adults.

The system has worked well - different agencies have worked well together - and this has largely avoided the situation where planning has to take place at the last minute for young people who have not been identified early enough.

One recent exception to this was a young person who developed mental health problems and needed specialist placement at age 17, but Adult Services were not involved.

A Children & Adults Transition Strategy Group attended by senior managers meets every 4 months to look at broader issues around the transition process, representatives include:

- Operational Director – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council (Chair)
- Operational Director – Children & Families Services, Children & Young Peoples Directorate, Halton Borough Council
- Divisional Manager – Assessment, Adult & Community Directorate, Halton Borough Council
- Divisional Manager – Adult Learning Disabilities, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Prevention & Commissioning, Adults & Community Directorate, Halton Borough Council
- Divisional Manager – Child Protection & Children in Need Services, Children & Young Peoples Directorate
- Divisional Manager – Inclusion 0-25, Children & Young Peoples Directorate, Halton Borough Council
- Assistant Director of Child & Family Health Services, NHS Halton & St Helens
- Assistant Director (Halton) – Greater Merseyside Connexions Partnership Ltd
- Head of Student Services – Riverside College Halton
- Senior Commissioning Manager – Partnership Commissioning, NHS Halton & St Helens
- SEN Inclusive Advisor – Greater Merseyside Connexions Partnership Ltd
- North West Regional Advisor, National Transition Support Team

HOW CAN WE IMPROVE?

- Special Schools and local Colleges are key partners in improving transition for young people and young adults. Their increased participation in strategic planning for transition will be sought.
- The tracking of young people through transition has been an important part of the transition arrangements agreed between the relevant agencies. It has become clear that this needs to formally include young people and young adults from 14 – 25.
- It is in everyone's interests that meetings to develop and oversee the transition process are efficient and their purpose is clear.

WHAT ARE WE GOING TO DO?

- Review all meetings to develop and oversee the transition process for efficiency and purpose
- Update Transition Protocol

SECTION THREE: PLANNING WITH INDIVIDUALS

AIMS

- Year 9 and subsequent annual reviews involve the young person meaningfully, as well as their families and relevant professionals, and look at broad issues around each young person.
- Arising from the Year 9 Review, a person centred transition plan is prepared that touches on every area of future life, and this informs the support the young person receives
- There is a smooth hand over between professionals who work with children and professionals who work with adults, with adults' professionals involved early enough to ensure this happens

WHAT ARE WE DOING ALREADY?

During 2009/10, staff responsible for arranging Special Educational Needs (SEN) reviews in both mainstream and special schools are being given training in making reviews more participative and focussed on broad issues, not just education. Health practitioners are typically involved in reviews, including education-led reviews, of young people with complex health needs.

During 2009/10, Halton Borough Council worked with Helen Sanderson Associates to develop skills around supporting individual plans in relation to developing Individual Budgets.

Halton Speak Out was commissioned to support young people from Year 9 to develop their own person centred transition plans.

Improved tracking of individuals going through the transition process has facilitated allocation of social workers from adult teams when young people are 17.

Halton are in the process of introducing individual budgets for people. This gives people greater opportunities for people to arrange their own services and customise them to their own requirements. Individual budgets for children are being piloted in Halton.

HOW CAN WE IMPROVE?

- Although individual planning has undoubtedly improved, we need to develop a system for checking the quality of individual planning on an ongoing basis, so that we can be sure that progress is sustained
- For young people with more complex needs who clearly meet eligibility requirements for adult services, the arrangements are working well, but there are concerns that some young people who do not meet the eligibility requirements for social care services remain potentially vulnerable. We need to improve the safety net for young people aged 18-25 in this position by strengthening preventative services.

- Individual planning is likely to be inspired by positive role models, and this gives a responsibility to promote and celebrate the successes of young disabled people, and where possible use peer encouragement to help motivate others.
- The introduction of individual budgets provides a good opportunity for newcomers to adult services to arrange services on that basis - also for any children already receiving direct payments or individual budgets to continue to receive them into adulthood, where eligibility continues.
- It has become clear that for some young people with more complex needs allocation of a social worker from an adult team needs to be arranged before the young person's 17th birthday to allow sufficient time to plan and arrange the services required as an adult.

WHAT ARE WE GOING TO DO?

- Extend the scheme to support person centred Transition Plans, building on the work from Halton Speak Out, to capture the new cohort of Year 9s and ensure that annual reviews continue to embrace person centred principles, with Year 10 reviews building on ideas of citizenship.
- Develop a system to quality check SEN Reviews and Transition Plans.
- Extend the existing Prevention & Early Intervention Strategy 2010-2015 to include special consideration of 18 - 25 year olds, and within this develop additional preventative services for this age group in conjunction with other stakeholders, e.g. Leaving Care service and Halton Youth Service.
- Continue to roll out individualised budgets, and within this prioritise young people, who are new entrants to adult services.
- Ensure direct payments from Children and Young People's Services continue smoothly where eligibility continues into adulthood
- Develop rule of thumb criteria for allocation of social workers from adult services earlier than a young person's 17th birthday. This will include young people likely to need specially commissioned services.

SECTION THREE: COMMISSIONING SERVICES

AIMS

- A mechanism to aggregate individual plans into commissioning plans as part of a proactive approach to anticipating future needs.
- Robust local services, reducing the need for young people to move away from their local communities to receive the services they need.

WHAT ARE WE DOING ALREADY?

The tracking of young people from age 14 – 25 who are likely to need support into the future provides useful information to help plan future services. It also gives potential early warning of future gaps in services that need to be addressed in commissioning plans.

The Transition Coordinator produces an annual report for the Transition Strategy Group, which includes summary data of young people in the transition tracking process.

When children and young people move out of the local area to receive special schooling or college placements, this has long-term implications for future care and support, as well as diverting resources away from local provision. Commissioners of such placements therefore look first at utilising local options to meet identified needs.

Although there are good practice examples of creatively developing local services in response to local need, there is room for improvement and development in the future.

HOW CAN WE IMPROVE?

Commissioning partners for health and social care services are the NHS Primary Care Trust, and the Local Authority. The Education Funding Agency (EFA) / Skills Funding Agency (SFA) commissions education and training provision. In April 2010 Halton Borough Council took over responsibility for the planning and commissioning of training and education for 16-19 year old learners, and up to 25 years old for learners with learning difficulties and disabilities (LLDD), from the EFA / SFA. The Coalition Government has confirmed that local authorities have a strategic commissioning and influencing role that should include maintaining the strategic overview of provision and needs in their area by identifying gaps, enabling new provision and developing the market and work closely with the EFA / SFA in order to maintain control of the available budget.

- The local authority will then be responsible for Strategic Commissioning and the Education Funding Agency will be responsible for the funding post 16 provision.. All partners need to develop a proactive and collaborative approach to commissioning services as part of their overall strategy for young people and adults, in partnership with local providers.
- Within the strategy, particular attention will need to be paid to promoting local options, reducing the need to commission out of area provision, which has the effect of depleting local resources.

WHAT ARE WE GOING TO DO?

- Strengthen local commissioning partnerships to support the development of local resources for disabled young people and young adults.
- Ensure young people and young adults with health and social care needs are positively represented in emerging local strategies.
- Look at innovative ways of combining education and social care funds within individual budgets, so that flexible person centred programmes of learning and support can be tailored to individual needs.

SECTION FOUR: SUPPORT FOR FAMILIES

AIMS

- Support to enable young people to continue to live with their families, where they choose to do so.
- Ensure there is recognition and practical support for family and other informal carers.

WHAT ARE WE DOING ALREADY?

Halton's Joint Commissioning Strategy for Carers, produced with wide carer participation, provides a comprehensive analysis of needs, summarises the range of current services available for carers, and sets out plans for developing services further. The key present and future role of family carers is highlighted in the strategy, which underlines the local commitment to offer carers recognition and support. The particular needs of young carers are included, some of whom are involved in the care of siblings with complex needs.

Currently there are specific assessors attached to Children and Adult teams providing assessments for carers.

The whole range of services referred to in this strategy is important for supporting family life. However short break services are particularly important for many families.

Increasingly, families are able to exercise choice and flexibility over short break services. The Aiming High for Disabled Children programme has delivered an increased range of provision, and capital funding has been used to improve access to a range of community facilities, benefiting children, young people and their families, benefits that continue into adult life.

Choice is further enhanced by the opportunity to access direct payments, which may be part of an individualised budget (self directed support), or as an alternative to a service identified following traditional assessment. Where services are received in this way by a young person, provided there is continuing eligibility for adult services, services can continue in the same way when the young person becomes an adult.

Despite the growth of respite provision and direct payments, some young people still access more traditional short break facilities at a residential unit. These have been targeted on children and young people with the greatest need. Corresponding services are available to adults, but in some cases the number of nights available per year to adults will reduce.

In April 2010 a joint commissioning unit was established with members from the local authority, health and the voluntary sector. The joint commissioning unit will explore the emerging health, education and social care agenda for children and young people.

HOW CAN WE IMPROVE?

- Where families of young people are receiving a high level of short break support, this is a likely indicator of the need for early intervention from adult services (i.e. before 17th birthday) to allow sufficient time for planning.
- Although an increasing number of carers have received assessments, this needs to be a systematic part of the transition process.
- We need to build on good practice to increase access to direct payments and self directed support.

WHAT ARE WE GOING TO DO?

- Where young people living with family carers are being assessed for adult services, a separate assessment of carers' needs will be undertaken (unless declined). To confirm this is happening, the Transition Coordinator's annual report will summarise details of carer assessments carried out relating to young people in transition.
- Halton will continue to promote the increasing take up of direct payments and self directed support.
- The receipt of high levels of short break services as a young person will be one of the criteria for early allocation of a social worker from an adult team.

SECTION FOUR: SUPPORT WITH ACCOMMODATION

AIMS

- When young people want to leave home and live independently, there is a range of signposted accommodation options available

WHAT ARE WE DOING ALREADY?

The Halton Learning Disabilities Partnership Housing and Support Strategy provides a detailed analysis of housing options for people with learning disabilities available locally. Over the years, Halton has worked with a range of housing providers and support providers to provide a high level of supported accommodation for adults with disabilities.

Further work has taken place to create a register of local adapted properties, suitable for people with mobility and other related needs. Floating support schemes funded by Supporting People are available for people who need a few hours support a week

There is little local reliance on residential care, reflecting a local commitment to helping people to access community housing. This has been strengthened further by the publication of information about how people can access a range of housing options (“Six Ways to get a Home”).

Improved tracking of young people through transition, supported by the work of the Transition Coordinator, has enabled housing needs to be picked up at an early stage. As a result, some young people with complex needs have been supported to find local accommodation, accessing vacancies within supported houses, or working with local providers to create new shared schemes.

PERSONAL STORY

The transition planning process started for Rose as she got closer to her 17th birthday. Rose has complex needs so to support her making the transition in adulthood multi agency meetings were arranged in order to provide the necessary foundations to work with Rose and develop her own transition plan, using the Person Centred Planning Framework.

By using this approach it allowed Rose and her family to work with the range of professionals to explore the options and empower the family to make positive choices and maintain those positive relationships which had been built up over Rose’s childhood. Due to the extensive planning and preparation Rose was able to move into her own supported tenancy where she was supported by staff and where her family were confident in the care and support she would receive.

HOW CAN WE IMPROVE?

- Although there are good examples of work in individual cases, there is a lack of an overarching process involving all the key stakeholders to support the planning and allocation of resources in response to accommodation needs of adults with

disabilities. This means that accommodation needs identified during the transition period have been dealt with in an ad hoc, rather than a systematic, way.

- Despite the signposting of options within “Six Ways to get a Home”, there is little evidence that these options are being actively pursued (for example, there has been no take up of Shared Ownership). An overarching steering group would help give further impetus to this. It would also help identify gaps in provision.
- There is anecdotal evidence that the range of schemes offering low-level support needs to be developed (e.g. the development of “key-ring” services”). Such schemes would need to be competent to support people with Higher Functioning Autism (Aspergers Syndrome).
- Appropriate housing is also the key to offering local alternatives to young people who due to their complex needs have required placement out of area, or who for similar reasons have been placed in out of area colleges in young adulthood.

WHAT ARE WE GOING TO DO?

- Partners to review the overarching mechanisms to carry out a sustained audit of current provision and future need for accommodation, including young people in transition, and implement a more robust system.
- Within this, review the need for all kinds of accommodation, including low level support schemes, and adapted or specialised properties.
- Also within this, provide more detailed guidelines for professional staff who will be instrumental in signposting people towards housing options.

SECTION FOUR: SUPPORT WITH DAY TIME ACTIVITY

AIMS

- Support for people to live fulfilling lives, with well signposted choices
- Support routes into employment for those who are able

WHAT ARE WE DOING ALREADY?

Over the last few years, day services for disabled adults and adults with mental health problems have been transformed, with a move away from using large segregated bases, towards a greater variety of activities based in ordinary community settings, including small community businesses, and the service is looking to expand this further with new ideas and opportunities.

This has been given greater momentum by the development of direct payments and self-directed support, increasing the choice and flexibility open to people.

The Community Bridge Building Service now provides the gateway to activities, by working with people to identify their needs and wishes, and helping them to arrange individual programmes of activity, using all the resources the community has to offer. Young people are able to access the Community Bridge Building Service as part of their transition plan.

The Community Bridge Building Service has carried out successful pilots working with young people at College to help plan next steps in advance of their college leaving dates, and also to arrange supplementary activities where young adults are looking for a five-day programme, and college provision is only available on limited days.

PERSONAL STORY

When Community Bridge Builders received a referral to help Barry, he had recently been admitted to a local psychiatric hospital, and things were not going well. Barry's person centred plan had explained he was a long time supporter of Widnes Vikings and had been doing a photography course at a local college.

When Community Bridge Builders told Barry there was a possibility he might be able to help on the turnstiles at the Stobart Stadium on match days, it certainly hastened his recovery! Barry has been working on the turnstiles for several months, now. During that time he has been able to pursue his interest in photography by joining the official photographers on match day. Barry says these new experiences are helping him to gain fulfilment and confidence and stay well.

Various local organisations offer schemes to support people into work, including Halton into Jobs, the Shaw Trust and the Richmond Fellowship. A certain level of "readiness for work" has to be demonstrated before these schemes are likely to be able to help, but they are seeking to extend their eligibility criteria to support a wider group, e.g. by seeking funding to offer schemes to people accessing work for a few hours per week, which would offer a helpful stepping stone for some.

HOW CAN WE IMPROVE?

- Build on the pilot work carried out by the Community Bridge Building Service, to reach into students with disabilities attending local colleges.
- Extend eligibility for Bridge Building Services to vulnerable young adults between 16 and 25 as part of a preventative service to people who are on the borderline of meeting the eligibility criteria for social care services, creating extra capacity within the Bridge Building Service to meet this demand.
- Halton is in the process of drawing up an Employment Strategy, which will provide more details of routes into employment, and will look in more detail at the needs of 16 – 25 year olds.
- Where young people are indicating that they would like to consider employment options, we need a concerted person centred approach to support that aim from an early stage, so that preparation and training, work experience, and links with potential employers can be prioritised and coordinated, backed up by positive support from professionals. To facilitate this, there needs to be access to advocacy and brokerage for individuals, helping them to break down barriers, including lack of expectations.

WHAT ARE WE GOING TO DO?

- Allocate development funding to target advocacy and brokerage to develop and implement a supported Employment Pathway for young people who want to choose employment.

SECTION FOUR: PERSONALISATION AND SELF DIRECTED SUPPORT

In January 2008, the Department of Health issued a Local Authority Circular entitled “Transforming Social Care”. The Circular sets out information to support the transformation of social care signalled in ... *Independence, Well-being and Choice* and re-enforced in ... *Our Health, our care, our say: a new direction for community services*.

The Government approach to personalisation can be summarised as “**the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive**”. This approach is one element of a wider cross-government strategy on independent living, due for publication in 2009.

The Government is clear that everyone who receives social care support in any setting, regardless of their level of need, will have **choice and control** over how this support is delivered. The intention is that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.

Halton is in the process of developing the Personalisation agenda; through Self Directed Support and Personal Budgets. A Self Directed Support Group has been established (which reports to the Transforming Adults Social Care Group) whom aim it is to establish effective arrangements across the whole of adult social care to deliver self-directed support and personal budgets.

SECTION FIVE: EDUCATION AND TRAINING

AIMS

- A range of flexible local Education and Training options accessible to disabled young adults, designed to maximise individual potential.
- Minimise the number of young disabled adults who due to lack of suitable local provision are forced to move away from home to obtain education and training.

WHAT ARE WE DOING ALREADY?

In 2009/10, the Education / Skills Funding Agency supported a local Transition Brokerage Project. This was designed to ensure that young people wanting to pursue college options were able to consider a local offer, tailored to the particular individual requirements of the student.

Government plans to disband the Learning and Skills Council (which funds post-14 education and training) from April 2010. Its functions will be split between Local Authorities (for 14-19 provision) supported by the Education Funding Agency, and the Skills Funding Agency for Adult (19+) training provision. This is likely to begin to affect provision from the 2010/11 academic year. The Government has pledged that the changes will be effected smoothly. It is too early to predict the likely affect of this, and it may take a time for changes in provision to occur.

HOW CAN WE IMPROVE?

- We need to ensure that education and training provision is tailored to individual learning needs, linked with plans for the future. We need to explore more imaginative and flexible ways of doing this to improve outcomes for individuals, and use available funding and resources more efficiently.

WHAT ARE WE GOING TO DO?

- The development of an Employment Pathway (see Section 7) will involve education and training providers, and will help model good practice for the future.

SECTION FIVE: FRIENDSHIPS AND RELATIONSHIPS

AIMS

- Opportunities and support for vulnerable and disabled young people to make and sustain safe friendships and relationships.

WHAT ARE WE DOING ALREADY?

Connexions offer a Teenage Pregnancy and Sexual Health support service.

Many young people find that the transition from comparatively sheltered special school environments into college life and beyond presents particular social difficulties, and local agencies including Connexions, local Colleges, the PCT, Brook, Terence Higgins Trust and the Local Authority have been looking at ways to develop specific targeted advice and guidance services, under the banner “Ready, Steady, College”.

Person centred planning addresses all areas of life, and making and sustaining friendships and relationships is an important area. For some this will mean taking care that there are opportunities for friendships created during long years at school to continue.

People with more complex needs can easily find that when opportunities at school and college are no longer available, their only “friends” are the staff who support them. The development of person centred approaches means that these issues are increasingly addressed in a way that is right for the person, and with the person at the centre of decision-making about their future.

HOW CAN WE IMPROVE?

- There is a need to continue to develop and embed the ethos of person centred planning and person centred services, backed up by staff training and the development of appropriate policies.
- Social isolation can be a problem for vulnerable young adults with less intensive support needs who have often been on the margins of social care services. Among this group are young people with Asperger Syndrome and ADHD. Failure to recognise their support needs can contribute to mental health breakdown, drug and alcohol problems, and other social problems in the future. Development of low-level support schemes, which include social networking, is required to help address these problems.

WHAT ARE WE GOING TO DO?

- Multi agency “Ready Steady College” Project to continue, supporting the social transition from school, developing opportunities for vulnerable young people to develop awareness and skills. Innovation Funding bid to support the programme, developing multi-media curriculum materials for use with young people and others.

- Refresh guidelines for staff on supporting relationships and maintaining appropriate professional boundaries.
- Plan the development of low-level support schemes for vulnerable young adults

SECTION FIVE: STAYING HEALTHY

AIMS

- Young people and young adults with disabilities have equal access to general health advice and health care
- In recognition of the particular health challenges faced by disabled people, all disabled young adults are introduced to appropriate health screening programmes.
- All young people in transition are encouraged to complete a Health Action Plan as part of their person centred Transition Plan.

WHAT ARE WE DOING ALREADY?

Work is currently underway to ensure all adults with learning disabilities known to social care services are identified by their General Practitioners, and receive the offer of an annual health check. This has been promoted by the designation by the NHS of annual health checks for people with learning disabilities as a Directed Enhanced Service. The scheme has required General Practitioners to receive special training. Over 80% of local General Practitioners have signed up for the scheme, and the Community Learning Disability Team is completing work to ensure that appropriate registers are updated.

A variety of Health Promotion programmes are accessible to all children and young people, including universal healthy school programmes, Mend, Fit for Life, Family Cook and Taste, and schemes for education about smoking and the Stop Smoking support service.

HOW CAN WE IMPROVE?

- A systematic approach to developing Health Action Plans for young people in transition needs to be developed to ensure that everyone has support to develop a Health Action Plan as part of their planning from Year 9.
- As the system for offering adult health checks for adults with learning disabilities is being newly introduced, this will be monitored and supported closely in the initial stages by the community Learning Disability Team, with support and encouragement to eligible people to take up their offer. This will particularly apply to young adults, some of which will have received most of their healthcare as children from specialist paediatric services and within school.

WHAT ARE WE GOING TO DO?

- Record and monitor statistics of take up of both Health Action Plans for young people in transition (aged 14 – 25) and Health Checks of young adults (aged 18 – 25).

- Develop a Care Pathway for young disabled people in transition, clearly identifying the roles of each professional, including the School Nursing Service and community nurses to ensure that Health Action Plans are included as part of transition planning from Year 9, and transition to adult health services is smooth, and appropriate information is shared.
- A community nurse within the Community Learning Disability Team will be given oversight of young people in transition to support relevant processes, including ensuring that each young person is supported to receive a Health Action Plan.

SECTION FIVE: SPECIALIST HEALTH SUPPORT

AIMS

- Young people with complex health needs receive the specialist services they need, with smooth transition between specialist children and specialist adult services

WHAT ARE WE DOING ALREADY?

The Adult Complex Needs Panel looks at social care funding proposals for individuals and approves on a case-by-case basis. This enables plans to be agreed in advance. Separate applications for Continuing Healthcare funding are submitted to the PCT. However there is now a single combined Panel to explore ways in which Health and Social Care needs can be met in a coordinated way, and funding agreed.

Pathways for transfer from CAMHS into both adult Learning Disability services and adult Mental Health services have been developed within the 5 Boroughs Partnership NHS Trust.

HOW CAN WE IMPROVE?

- We need to ensure there is early planning for transition of young people with complex health needs, with identification of key health worker to manage the transition process.
- Previous difficulties in coordinating health and social care funding have led to recent improvements, but it is necessary to keep these arrangements under review to ensure effective mechanisms for assessing and allocating appropriate funding for people with complex needs.
- Access to Acute Hospital settings when required can be a particularly difficult experience for people with disabilities. Although there is currently some support from community teams, the approach needs to be further developed.
- We would like to offer individualised Health Budgets, and support their development locally.

WHAT ARE WE GOING TO DO?

- Review the pathway for managing the transition of young people with complex health needs into adult services, including use of key workers. The pathway must ensure that plans are founded on comprehensive needs assessment, including specialist assessments, and that timely mechanisms for completing these are in place.
- Review of palliative care services and development of equipment and wheelchair services are expected to lead to increased availability of appropriate support to young people.

- Review the arrangements for supporting young people who need to access Hospital settings, including consideration of introducing a “Health Passport”.
- Community learning disability services will continue to be modernised to deliver care, support and treatment closer to home.
- Funding for a Specialist Community Positive Behaviour Service has been agreed, and this will be developed from 2010. This is designed to support people of all ages, from children to adults, and part of the rationale for this was to support planning for people with complex needs by a single team through the transition process. The service will target people with severe learning disabilities who present the most challenges.
- Be ready to offer individualised Health Budgets when mechanisms are agreed nationally, and assist the development process.

SECTION SIX: TRANSPORT

AIMS

- Local public transport is affordable, accessible and convenient to allow young disabled people access the community facilities of their choice.
- Young people are given support to access a range of transport options that meet their individual needs and develop opportunities for independence and choice.

WHAT ARE WE DOING ALREADY?

Across the Borough, work to implement the Local Transport Plan (2006-11) has included upgrading all bus stops to allow disabled access. This work has been progressing well. A good proportion of local taxis are accessible to people with mobility difficulties.

Halton has two posts created to deliver the Travel Training scheme. A DVD is available to publicise and explain the scheme, and help raise expectations about using public transport independently. This is used widely in schools and with other groups. Further travel training is carried out by the Community Bridge Building service, as part of introducing people to community activities of their choice.

The national Concessionary Fare scheme is available locally to eligible disabled people, giving free off-peak travel by bus. Halton has used its discretion to extend this scheme to the use of Dial-a-Ride, a service operated by Halton Community Transport with financial support from the Borough Council, allowing flexible door to door access to community facilities for eligible people.

Halton Community Transport also runs an Accessible Learner Service, liaising with Riverside College to transport disabled students to and from college to accommodate their individual timetables. It also arranges transport to and from the Independent Living Centre in Runcorn.

The Neighbourhood Travel Team is able to offer subsidised taxi travel to work in individual cases, where other public transport is unavailable, and are about to introduce a Scooter Commuter Scheme to assist young people.

An annual "Wheels for All" event showcases the range of bikes suitable for use by disabled people, and Halton has encouraged the use of bicycles as part of School Travel Plans, with financial incentives to cycle where there is eligibility for assisted transport.

HOW CAN WE IMPROVE?

- Halton still operates a fleet of fully accessible vehicles providing transport to specific Centres across the Borough. This is supplemented by individual taxi contracts where these are cost-effective. Discussions are underway with the PCT to consider whether non-emergency patient transport can be managed as part of an integrated service.

- Provision of transport is operating in a fast changing environment where services may be expected to become more personalised. Halton recognises that provision of transport needs to keep pace with this changing agenda.

WHAT ARE WE GOING TO DO?

- In 2010, Halton will complete an Accessible Transport Study, to take account of the developing personalisation agenda, and future demographic changes. This will include consideration of the needs of young disabled people.
- Findings of the above will inform the development of the next Local Transport Plan.

SECTION SEVEN: SAFEGUARDING

AIMS

- Ensure that there is continuity of protection for young people as they move into adulthood

WHAT ARE WE DOING ALREADY?

Halton has established procedures for both Child Protection and Adult Safeguarding, with agreements in place between relevant agencies, and programmes of staff training. Although arrangements for children and adults are necessarily different due in part to different legislation affecting children and adults, they are nevertheless underpinned by similar principles, and safeguarding strategies have much in common.

Strategic continuity is aided by the appointment of the Operational Director for Adults and Community Directorate (Prevention & Commissioning) as the chair of the Halton Safeguarding Children Board, which will be taken over by Children and Young People's Services in April 2011.

A key priority in ensuring continuity is the sharing of information when key roles are transferred during the transition period. Where young people approaching adulthood have been subject to child protection concerns, and where those young people are being considered for adult services:

- It is the responsibility of Children and Young Persons' Services to alert Adult services to those concerns as part of the handover arrangements.
- It is the responsibility of Adult Services to consider how Safeguarding Adults procedures will need to be applied in each individual case.

The introduction of clear arrangements for transfer of responsibility from Children and Young Persons' Services to Adults' services means that this handover is managed systematically. Training of staff from Adult Services in Child safeguarding procedures is helpful in ensuring that they are aware of how safeguarding issues would have been previously addressed.

In adults' services, in each case a community care needs assessment is undertaken and considered carefully against Fair Access to Care Services (FACS) criteria, taking account of any safeguarding issues.

Needs assessed as critical, substantial or in some cases moderate meet the criteria for service provision through the care and support planning process.

Where young people are not eligible for adult services (for example, due to their having been assessed as having no disability or mental health issues resulting in eligibility for services), there is no basis for the involvement of adult services, although young people who fit the relevant criteria are eligible to receive continuing support from Children and Young Persons' Services under leaving care arrangements.

Where young people are on the borderline of eligibility for adult services, Adult teams work cooperatively in situations where there may be doubt about which team should

assume responsibility for supporting vulnerable young adults, and there are written protocols setting out these arrangements.

We are proud of our social care services in Halton, and judged "excellent" in the 2010 Safeguarding Adults Inspection and 2009-10 Annual Assessment conducted by the Care Quality Commission.

HOW CAN WE IMPROVE?

- The arrangements for safeguarding in transition appear to be working well, but this will be subject to scrutiny in 2010 as safeguarding adults arrangements will be one of the focal points of an inspection of adults' services to be carried out in Halton by the Care Quality Commission. This will look at not only adult social care, but how agencies work together to the benefit of services users.
- Safeguarding children, young people and vulnerable adults (i.e. those whose circumstances render them vulnerable to abuse) is everyone's responsibility. We should ensure that all employees, including both paid staff and unpaid volunteers, are able to recognise possible indicators of abuse and know how to report concerns. This includes staff predominantly working with adults knowing what to do if they have a concern about a child or young person. Also, children and young people, parents/carers and the general public should be clear that safeguarding is their responsibility too, and be aware of how to report any concerns and where to seek support. Awareness raising is key to achieving this and should be co-ordinated by Halton Safeguarding Children Board and Halton Safeguarding Adults Board.
- Halton Safeguarding Children Board will continue to ensure that training and development opportunities are available to staff, ensuring that workers from both children's and adults' services train alongside one another. Training courses will also be evaluated to ensure that the additional vulnerabilities of children with complex needs are highlighted.
- Children and young people with complex needs may be additionally vulnerable for reasons such as receiving intimate personal care, having special communication needs or having a high number of workers or agencies involved in providing services to them.
- We need to be confident that the workforce, including volunteers, is as safe as possible by ensuring that safer recruitment practices are in place and that organisations operate a "safe culture" which deters individuals who pose a risk of harm to vulnerable groups entering the workforce.

WHAT ARE WE GOING TO DO?

- Safeguarding children, young people and vulnerable adults is everyone's responsibility. Raising awareness of this key message will be undertaken by the Halton Safeguarding Adults Board and Halton Safeguarding Children Board and will involve some joint work.
- Halton Safeguarding Children Board Training Sub group to evaluate single and multi-agency training programmes.

- A joint Safer Recruitment Sub group will report to both Safeguarding Boards, overseeing Safer Recruitment practices in organisations.
- Implement any changes to “Working Together” guidance following the Monroe review.

SECTION EIGHT: INFORMATION

AIMS

- Helpful information packs for parents and young people to explain the support and services available in clear and appropriate formats

WHAT ARE WE DOING ALREADY?

In 2007, a “Guide to Transition for Parents and carers” was written, with a simplified, easy read version available for young people with learning disabilities. These documents are available at Halton Direct Link, and are given to families as part of the planning process when young people are in Year 9.

At the same time a Transition Protocol was written, designed to clarify roles and responsibilities of professionals at different stages of transition.

HOW CAN WE IMPROVE?

- Information contained within the Guide and the Transition Protocol now needs to be updated to reflect current policy and practice, including the move towards personalisation.

WHAT ARE WE GOING TO DO?

- “Guide to Transition for Parents and Carers” to be updated, and revised accessible version.
- Transition Protocol to be updated.

SECTION NINE: INVOLVING YOUNG PEOPLE & FAMILIES

AIMS

- Developments in policy and services affecting young people going through transition are made with the involvement of young people and their families.
- Young people are empowered to speak out about their own wishes and feelings, and are listened to.

WHAT ARE WE DOING ALREADY?

The involvement of Halton Speak Out to help young people in Year 9 to develop Person Centred Plans (see Section 2, above) has been positive in helping young people to think about choices and articulate their thoughts. Appendix 1 is a report on this.

Halton Speak Out arranged an event - the “Supermarket of Life” - for young people approaching school leaving age, where young adults who have recently faced similar issues were invited to give the benefit of their experience. Appendix 2 provides a report on this event.

The Learning Disability Partnership Board has a cabinet of people including a portfolio holder for Transition.

Parent partnerships arising from the Aiming High for Disabled Children initiative have provided opportunities for involvement in shaping services. Families have been involved in local Parent Partnership conferences, and local parents have been active participants and contributors to regional events set up as part of the Transition Support Programme. A focus group of parents has contributed to this Strategy.

HOW CAN WE IMPROVE?

- Empowering young people to speak out is a major contributor to improving opportunities for themselves, improving the ways in which services are delivered, and raising the awareness and expectations of professional staff, and sometimes families. These expectations may relate to aspiring to living independently, using public transport, obtaining paid employment, and many other areas. Existing programmes such as “Planning for Life” that had been agreed on a time-limited basis need to be established into the future and built upon.
- It is important that voices of families of young people with complex needs are heard, and that they are encouraged to participate in relevant forums.

WHAT ARE WE GOING TO DO?

- Continue the “Planning for Life” programme, building in additional preparatory workshops in Year 9, and extending the programme to include reviews. Annual report from programme informs service development.

- Arrange workshops along the lines of “the Supermarket of Life” each year for young people approaching school leaving age.
- Support the Learning Disability Partnership Board portfolio holder for Transition to contribute to service development and planning.

REFERENCES

National Transition Support Team (2010), *“Transition Support Programme Year 2: Initial Report from the Self Assessment Questionnaire Analysis – February 2010”*, National Transition Support Team [online]. Available from:

<http://www.transitionsupportprogramme.org.uk/pdf/Initial%20Report%20from%20the%20SAQ2%20Analysis%20February%202010.pdf>

ACTION PLAN

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Overseeing the transition process/ Information	Update Transition Protocol, and arrange staff training for professional groups affected	Transition Coordinator	Feb / Mar 11	Update and revise protocol in accordance with legislation changes
Planning with individuals/ Involving young people and families	Extend "Planning for Life" programme to next cohort of Year 9s, and Reviews of existing Plans	Halton Speak Out, in conjunction with CYPD / PCT Commissioners	Ongoing	All Year 9s should have an up to date & accurate health action plan completed prior to transferred to Adult Services
Planning with individuals	Develop system to quality check SEN Reviews and Transition Plans from Year 9	Special Needs Division	Oct 10	A stage 1 and stage 2 audit process is already established but is open to further refinement & is on-going. The SEN Assessment Team has established key targets in the Team Plan for 2010-2011 to monitor that all review documents are returned in time, to gather views on annual review process from schools and parents, to amend the Statements if necessary, as an outcome of Annual Review & transition, to continue to record participation/contribution to Annual reviews by parents & pupils and to continue with the case file monitoring.
Planning with individuals	Extend the existing Prevention & Early Intervention Strategy 2010-15 to include specialist consideration of 18-25 yr olds	Older People's Commissioning Manager in conjunction with Transition Coordinator, Leaving Care Service & Halton Youth Service	Feb 12	As part of the review process, extend the Prevention & Early Intervention Strategy 2010-15 to include transition.
Planning with individuals	Develop Criteria for early allocation of Adult Workers	Operational Management Group	Mar 11	Adult allocation is timely.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Commissioning	Coordinated commissioning mechanisms between Education Funding Agency / Skills Funding Agency, LA and NHS	Divisional Manager for Inclusion	Mar 11	Clear evidence of co-ordinated commissioning being undertaken.
Commissioning	Devise mechanisms to combine education and social care funds within individual plans for young people and adults unable to access traditional college routes.	Connexions	From Sept 10	Funding qualified at an early stage.
Support for families	Carer assessments undertaken (unless declined) alongside community care assessments for young people in transition.	Care Management Teams	Ongoing	Assessments are collated and monitored by the Transition Co-ordinator.
Support for families	Transition Coordinator's Annual Report details carer assessments	Transition Coordinator	Mar 11	Maintain accurate & timely carers assessment data within the Annual Report.
Support with accommodation	Review of mechanisms for auditing future needs for accommodation, including options for young adults	Adults Commissioning Manager	Jan 11	Clear information for professionals, young adults and families on options for accommodation.
Support with day time activity	Improve advocacy and brokerage to implement a supported Employment Pathway for young people interested in this option	Transition Coordinator	Mar 11	Increasing employment opportunities for young people to gain paid employment based on their aspirations.
Specialist health support	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Halton Speak Out to develop accessible materials based on existing consultation, information & statistics following the school/college's scheme of work. Ambition 19 – by 2013 more people with learning disabilities will be able to achieve their aspiration and have more choice and control over their lives, better health and improved quality of life.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Specialist health support – cont'd	Review transition arrangements for young people with complex healthcare needs, including key working and Continuing Healthcare	Senior Commissioning Manager PCT / Healthcare for All Group	Mar 11	Ambition 21 – by 2013 people with physical and sensory disabilities will experience a greater quality of life, barriers to health and health care that are experienced by people with physical and sensory disabilities will have been identified and actions taken to remove them.
Staying healthy/ Specialist health support	Develop Care Pathway, identifying roles of each professional, for developing HAPs and smooth transition to adult health services.	PCT via Healthcare for All	Jan 11	Increase the numbers of HAPs.
Staying healthy	Record and monitor statistics for Health Action Plans (14-25 year olds) and Health Checks (18-25 year olds).	Senior Commissioning Manager - PCT	Ongoing	Refer to Ambition 19 & 21 above.
Staying healthy	Community Nurse within Adults with Learning Disability Team to oversee transition work	Divisional Manager for Assessment	Mar 11	Refer to Ambition 19 above.
Staying Healthy	Review arrangements for supporting young people who need to access hospital settings, including consideration of introducing a “Health Passport”	PCT	March 11	Refer to Ambition 19 & 21 above.
Transport	Carry out an Accessible Transport Study to take account of the needs of young disabled people, the developing personalisation agenda & future demographic changes	Lead Transport Co-ordinator	Mar 11	Undertake Accessible Transport Study and link findings into the development of the next Local Transport Plan.
Information	Update “Guide to Transition for Parents and Carers”, with accessible version	Transition Coordinator / Principal Manager for Disabled Children's Services	Jan / Feb 11	Use of DVD or other media formats to be adopted to improve accessibility and understanding of information for young people and their families.

AREA	WHAT WE ARE GOING TO DO	LEAD	BY WHEN	OUTCOME
Involving young people and families	Annual report from Planning for Life programme used to inform developments in services	Transition Coordinator	Ongoing	Transition Coordinator has to consult with parents / carers and provide evidence of
Involving young people and families/ Planning with individuals	Workshops for young people approaching school leaving age	Connexions in conjunction with Halton Speak Out	Apr 11	Halton Speak Out / Connexions to plan one-off workshop to consult with young people approaching school leaving age.
Involving young people and families	Support LDPB portfolio holder for transition to contribute to service development and planning	Halton Speak Out	Ongoing	Halton Speak Out to consult with young people and families to inform service planning and development.

TRANSITION IN OTHER WORKSTREAMS

AREA	WORKSTREAM	WHAT TRANSITION ISSUES ARE RELEVANT	LEAD	BY WHEN
Planning with individuals	Adult Preventative Strategy	<ul style="list-style-type: none"> 18-25 year olds to be considered 	Commissioning Team	Ongoing
Planning with individuals	Individualised Budgets	<ul style="list-style-type: none"> Young people in transition prioritised for individual budgets. Continuity of Direct Payments from C&YP to Adults Services 	Care Management Teams	Ongoing
Commissioning	Commissioning Strategies	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Commissioning Team	Ongoing
Support for families	Carers' Strategy	<ul style="list-style-type: none"> Ensure needs of carers of young people in transition are addressed 	Carers' Lead	Ongoing
Support with accommodation	Housing Strategies	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Commissioning Team	Ongoing
Support with accommodation	Guidelines for professional staff on routes into housing	<ul style="list-style-type: none"> Staff able to signpost young adults appropriately 	Divisional Manager for Assessment	Jan 11
Friendships and relationships	Guidelines for staff on supporting relationships and maintaining appropriate professional boundaries	<ul style="list-style-type: none"> Affects all young people and young adults in supported settings 	TBA	Jun 11
Specialist Health Support	Palliative Care Review; Equipment/Wheelchair service development	<ul style="list-style-type: none"> Increased availability of appropriate support for young people 	PCT	Ongoing
Specialist Health Support	Reconfiguration of Intensive Learning Disability Community Health Team	<ul style="list-style-type: none"> Increased availability of therapeutic support for young adults 	PCT with NHS Providers	Sept 11
Specialist Health Support	Development of Specialist Positive Behaviour Team	<ul style="list-style-type: none"> Support planning for young people with behaviour that challenges 	Complex Care Division	From Sept 10
Specialist Health Support	Individualised Health Budgets (when available)	<ul style="list-style-type: none"> Opportunity for qualifying young people and young adults 	NHS leads	TBA
Transport	Accessible Transport Study & Local Transport Plan	<ul style="list-style-type: none"> Ensure needs of young people and young adults are considered 	Transport Leads	Sept 10
Safeguarding	Action Plans arising from 2010 Inspection	<ul style="list-style-type: none"> Any suggested improvements in adult safeguarding arrangements 	Prevention and Commissioning	Jan 11

Halton Speak Out

Planning For Life
Report

2009/2010

1. Purpose of this report

This report has been requested to evaluate the effectiveness of the Planning for Life Project and its impact on services locally during April 2009 to March 2010

2. What is the Planning for Life Project?

The 'Planning for Life' project in Halton is centred around Person Centred Facilitation and Person Centred Planning. The latter is the planning approach for determining planning and working towards the preferred future of a young person with a learning disability.

The purpose of the Project is

- To learn from young people what is important to them,
- To engage with families to obtain their views and reflect on current service provision and to clarify desired future service requirements.
- Helping professionals involved to ensure adequate resource are made available and to use resources efficiently

3. Targets for the Planning for Life Project

- To review the 16 plans that were facilitated in 08/09
- To facilitate a PATH for each young person for each young person who meets the eligibility criteria for adult services
- To facilitate all 'looked after' children in a person centred manner
- To facilitate 5 new plans for young people with complex needs
- To facilitate 10 x ½ day awareness sessions for staff and teams working with young people with complex needs

4. How have the above targets been met?

The project has:

- Facilitated 46 child in need person centred reviews (24 more than previous year)
- Facilitated and reviewed 24 person centred plans
- Facilitated 8 plans for children with complex needs
- 2 plans for young children with complex need still to be facilitated. One is delayed due to obtaining parental permission; another is waiting date to be agreed with professional involved.
- 8 x ½ day training sessions for staff arranged (2 were cancelled due to family bereavement).

In addition:

- 3 'team around the child' reviews have taken place, facilitated using person centred thinking tools
- Both Cavendish and Chestnut Lodge Schools have incorporated the education review in with the child in need review. This incorporation of meetings is beneficial to the young person, family and professionals and ensures efficient and productive outcomes.
- Both Cavendish and Chestnut Lodge Schools have asked that the year 9 students not open to social care have their reviews facilitated in a similar style and both schools have agreed to fund this out of their own budgets

5. An evaluation outlining how the project has achieved the desired outcomes

i. Be healthy

Halton Speak Out, young people, their families and partner agencies have worked together to build good local systems for supporting both social care and health within the transition process. This can be evidenced within the plans of review documents and person centred plans that have been facilitated

By using a person centred approach this has addressed important health issues that have needed to be considered. Where there have been issues of health that have been of a sensitive and/or very personal nature, a judgment has been made about who needs to know the information and in what detail.

ii. Stay Safe

The following description indicates the process for one of the meetings. The meeting differed from a usual review or meeting in both tone and content. Everyone contributed to the meeting and Hatty (name changed to maintain confidentiality) was clearly at the centre. Hatty chose the music to play as people arrived, and the meeting began with everyone introducing themselves in relation to how they knew Hatty and something that they liked or admired about her. The meeting was in two parts, one to collect information, the second to review the information and agree actions. For Hatty's meeting lots of flip chart paper was put on the walls:

- What we like and admire about Hatty
- What is important to Hatty now
- What is important to Hatty for the future
- What support and help Hatty needs
- Questions to answer/issues we are struggling with
- What is working and not working (four sheets – what is working and not working from Hatty's perspective, from the families from the school's perspective and others' perspective,

By using these approaches within the transition planning process staff employed by Halton Speak Out and other professionals were able to:

- Help young people and their families build an increasingly clear idea of how they want to live their lives as adults, what specific actions are needed to progress their aspirations and who can help
- Become clearer about how the services and supports that young people are eligible for can support their aspirations during the final years at school – and take action flowing from this
- Build towards a plan that can be used to shape adult services and supports at school leaving

iii. Enjoy and Achieve

Through the work that has been undertaken we are finding out what people want that they are not currently able to get and are using this aggregated information plan to make changes.

iv. Make a Positive Contribution

By using person centred approaches with young people, their families **and** others, there is evidence beginning to emerge that indicates:

- People see their family member differently:
- Families gain confidence and are beginning to take initiative
- Hope for the future
- Strengthening families

v. Achieving Economic Wellbeing

Halton Speak Out, through using person centred processes, have worked with other key professionals and agencies to support their work with young people and their parents to help them understand, access and maintain new opportunities.

By raising awareness of person centred thinking and approaches for professionals working with young people, the workforce are better equipped to understand how young people need to be supported if they are to achieve their ambitions.

6. Feedback from the Plans

i) Supporting building and maintaining friendships

- I don't see my friends anymore
- I want to see my friends but I don't know how
- Mum doesn't like me to have a girl friend
- Its boring going to the same places
- I don't want a baby sitter I want someone my age
- I don't like going for days out that's for babies
- There are bullies where I live so I don't go out

Questions to Answer

How can we support young people to stay in contact with their friends when they go to college out of Borough?

How can we offer direct payment/individual budgets to more young people so they can choose who supports them?

What activities are there for young people to access in school holidays? How do we get this information to them and their families?

ii) College

- It's too noisy and I don't like it
- I don't like some of the things we do there
- I know people really well in school and they know me. I am worried about leaving my school
- I want a job, I don't want to go to college
- I want to go to college because my friends will be there
- I don't know how to get a job
- A special bus picks me up I don't like that

Questions to Answer

How can we ensure that young people access the college course that has a progression to employment?

How can we ensure young people have more choice in the college they go to?

How can we ensure that information on colleges and courses are presented in a way that allows the young person to be involved in the decision making process?

How can we ensure that young people are supported to look at the choices they have college or employment?
How can young people be supported to find information about accessing the right link courses at college?
How can we ensure feedback is given to young people and professionals following taster days at college?
How can young people be supported and preparation work be undertaken to ensure that any move from one educational base to another works for the young person?

iii) Employment

- I want a real job
- I want money
- I don't know what I want to do, can you tell me?

Questions to Answer

How can professionals be supported to recognise the gifts and skill of young people and then build on these when looking at employment opportunities?
How can others match the person with the job?
How can education and training support the pathway to employment?
How can people be offered the opportunity to increase 'taster sessions'?

iv) Relationships

- I want to have a girlfriend/boyfriend
- I only see my boyfriend in school
- Me and my girlfriend went out for a meal my Mum came and her Mum - it cost me £80 - I cant afford to go again

Questions to Answer

What support do young people receive around relationships?
What support do young people get around sexual health?
How can relationships be supported?
How can young people be supported to understand all the different emotions they feel?

v) Families

- Mum gets tired I worry about her
- My brother goes out - he is younger than me but I have to stay in
- My sister looks after me when Mum goes out but I don't want to go there - it is boring

Questions to answer

How can we ensure that respite/short breaks are provided in a way that works for the young person and meet the family needs?

vi) Choice, Control and Independence

- I want to do more on my own
- I want to choose what happens when I leave school
- My Mum and Dad want me to go to college but I don't want to go
- I need help to make choices
- I don't know what a direct payment is.
- I want someone to help me think about my future....not my teacher
- I want to move to my own house, but mum says no
- I want my own money

- I always have to rely on other people to help me get around and sometimes they are busy
- I want to travel on the bus but mum says no

Questions to Answer

How can we support young people and their families to look at independence and support them to take safe risks?

How can we develop decision-making agreements for young people of all ages?

How can we support young people and their families to understand direct payments and individual budgets?

How can young people be supported to look at having their own home once college has ended (residential college)?

How can we provide a greater choice of housing for young people?

How do ensure young people and their families have the right information when looking at independent living that will support the decision making process?

How can young people and their families be supported to look at different ways they can travel around and be more independent?

Mobility cars.....who chooses and uses them

vii) Building and supporting communication

- I have a dynovox, it is too slow and not cool
- People don't listen to me
- It's hard for people to understand me

Questions to Answer

How can we ensure all professional are listening to the young person?

How can we support professionals and families to use communication charts and learning logs?

viii) Health

- I find personal care 'difficult'.
- People don't always get my health care right
- I get fed up when people stop me doing things they say are bad for me

Questions to Answer

How can we incorporate health action plans into person centred plans?

How can we support health professional to address health issues in a person centred manner?

How do we get the right balance between what is important *to* the young person and what is important *for* the young person?

ix) Support

- Different people help me - I don't like that
- I don't get to choose what I do
- I don't like going out in a group
- I need people to read things to me and they don't
- Why do people treat me like a baby and not an adult
- We do things that little kids do
- In school they treat me like a child
- I do the same boring things
- Sometimes I don't want to go out but I have to

- I want to go out on different days but I can't
- I told people I don't like going there but we still do
- We go the same boring places and do the same boring things

Questions to Answer

How can current commissioned services respond to the individual needs of young people?

How can we support a more creative workforce?

How can we monitor the age appropriateness of services?

How can support agencies be encouraged to use techniques that support ongoing learning (learning logs) - how will information be aggregated from this new learning?

x) Leisure and Social Opportunities

- When I leave Brookfield's, where will I go swimming?
- I want to try new things - I am bored
- I do things at school but there is nothing to do afterwards
- I want to play football but I don't know where to go or who will help me
- I go out with Barnardo's but I get bored doing the same things
- I go to clubs but I am not interested in the things they do there
- I don't like going to Crossroads it's boring
- Baby sitting is for babies not for me

Questions to Answer

How do we build on the current social activities young people participate in?

How do we build new and inclusive social and leisure opportunities for young people?

How can we offer more young people or direct payments rather than purchasing block contracts?

7. Key messages

- Young people really valued their friendships and wanted to develop more friendships and relationships
- Young people wanted the choice to go to college and to have a job that was paid
- Young people valued the role their family had in their lives but want greater independence
- Young people said having the right support was very important and this included health, but they wanted staff to have the right qualities, accessibility, understanding communication etc
- Young people wanted more opportunities to have control over the decisions that were being made about their futures

8. Additional Issues

- How do we support and engage with families? This would help them understand the process and their role.
- Meetings still have to be arranged at times that suit professionals and not the young person
- Who will pick the person centred plans up in adult services?

- Young people and their families are becoming increasingly familiar with the person centred processes. How can we ensure this work continues in adult services?
- How can we begin to work and engage with young people and their families at an earlier age?
- How can we engage the different agencies to document their learning to aid the gathering of information prior to a person centered plan or review
- Parents' low expectations
- Limited college courses/ job opportunities
- Lack of work experiences matching what the young people are interested in
- Parents' concentrating on what is safe rather than what the young people actually want
- Limited activities from current providersneeds wider variation
- Current services been delivered in ways that young people do not want e.g. 'babysitting services'
- Lack of younger personal assistants - being offered befriending services

Halton Speak Out

**Supermarket of Life
Project Report**

March 2010

1. Introduction

In March 2010, Halton Speak Out worked with a number of young people due to leave school in 2010 or 2011. They were helped by a number of young adults who have left school in recent years. The aim of the day was to support young people to think about leaving school. A “Supermarket of Life” theme was used to make the day interesting. The recent school leavers shared what had been important for them, and they gave their advice about leaving school, and also what would make this transition better.

2. What Young People Said:

- May need help to learn how to get out and about on my own – travel training
- Not residential
- I leave school in 2011 and would like to go to Pettypool with my friends (I have already been for a visit and I liked it) I would like to do an animals course
- May need help to meet up with my friends when I have left school
- To take my girlfriend for a meal
- Future work maybe on the computer / talking on the phone (maybe work experience in an office to see if I would like it)
- Enjoys drama at school and would like to continue this after leaving
- Help with looking at all the different jobs I could do
- College- I like computers- possible computer course.
- Would like to have a paid job in the future but not sure what doing yet.- possibly photography as I am really interested in fashion
- To stay living with my family
- When I leave school I would like to go to a college near where I live, I want to do a course like drama/ anything to do with the theatre or film
- I also wouldn't mind doing a cookery course to help me cook for myself but this is not to work in café.
- I have my back up plan
- I would like to have a boyfriend but it has to be the right boy
- I would like to spend time with my friends outside of school and have sleep-overs.
- I want to have fun and people have to help me to do this
- I would like to live with a few of my friends-may be in my 20's. I would like a house that was near to my family
- I would like to do a basic cookery course (for pleasure & home)
- I would like someone to talk to about relationships and boys- would like to get married

- Help with choosing a course, help in choosing a college- to visit the college first to see if I likes it- to meet the staff at the college
- I want a job, don't think I want to go to college, don't think I would like it
- What qualifications will I need to work at a zoo/ safari park with big wild animals, do you have to go to college to do them?
- I want to find out how to get a mortgage and choose a house- if it hasn't got a lift –how can i get one?
- To meet a girlfriend in the future- to mix with other young people of his age and meet new friends.
- I need someone to help me they have to have a good sense of humour/ funny

3. Thoughts of young people who have left school:

What worried you about leaving school?

- It is a big world and scary
- I was frightened about meeting new people, leaving my friends (they all signed my jumper)
- Worried that I wouldn't be able to look after myself
- I wasn't given a choices were I went other people choose for me
- Would I fit in, would people like me
- We were 'top dog' in school, now we would be bottom of the ladder
- Scared...everything was going to change
- In school I had a routine and friends and teachers I knew. I was bullied at school and I was worried I would get bullied at college
- Not being able to go to the discos anymore
- Leaving the people on the transport
- Friends going to different colleges and I will never see them again
- I loved my school, they had a sports hall, and computer room

What excited you about leaving school?

- College links with Warrington helped and taster days
- People told me the college I was going to was really good
- I just wanted to get out and go to college. I was nervous but I go use to it
- I wanted the best out of my life and the best future
- I wanted to follow in my Auntie's footsteps
- I was going to be treated like an grown up that was good
- I was getting away from the bullies they picked on me because I wore glasses.
- I was really happy to leave school
- Getting a new teacher

4. What would make transition better?

- To have more help to think about the future
- To have better advice.....to guide us where to go
- To have a chance to work before we leave school
- Having more easy to read information to help us decide

- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don't want to
- To have people who understand me to work with me
- To have a chance to work before we leave school
- Having more easy to read information to help us decide
- Talk to people who are at college who can tell us what it is like
- To go to college and to have a job
- People should listen to us not other people
- More college courses to choose from
- Not to have to go to college if you don't want to
- To have people who understand me to work with me
- To have fun days like today to talk about me

5. Our message to people who make the rules:

- Make sure we get the right help and support to make decisions
- Make sure it is what we want to do not what other people want for us
- Give us time to work with our friendswe can help each other
- Help us listen to other people's stories...people who have already left college. They may be able to give us some ideas about what to do
- Make sure we get help to think about the jobs we want to do, so we go on the right course when we go to college....don't waste our lives
- Help us to meet the people who could give us a job, they could tell us what sort of people they would want working for them
- We should be able to try more work experience.
- If we find work experience we like...we should not have to leave
- We should spend more time talking and thinking about the future
- We should be able to talk about the future with people we like
- Thinking about the future in a fun way (like today) makes it easier

6. Our most important messages...post transition students

“Help and support young people to stay in touch with their friends when they leave school or college”

“Young people need help when they have a boyfriend to girlfriends. They need help to think about their feelings and problems”

“We want a job, to try different work experiences. It can be hard trying to decide when we have not tried things before”.

“Help young people to understand money, how much they have and how to spend it”

“Help them to think about where they will live when they are older, maybe buy a house”

“Sometimes we change our minds about what we want to do, people need to listen”

“Tell more young people about direct payments, and individual budgets”

“Start working with people when they are a lot younger...help them to think about their future”

“People should have more choices about the courses they do at college”

“Courses we do at college, don't help us get the jobs we want to do, this needs to change”

This is a text-only version of the “Supermarket of Life” Report. To see the full version, please contact Halton Speak Out.