



Health and Social Care Transitions Strategy for Calderdale

Supporting Young People Transferring from Specialist Childrens Services to Adults Services

2026 - 2030



Foreword from Robin Tuddenham

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Every child has the right to hope, dream, achieve their best and live a larger life.

Hope and opportunity are central to the 10-year Vision 34 for Calderdale. When we are hopeful and can reach our potential, we are more likely to thrive and get through testing times.

Supporting children and young people as they move into adulthood is one of the most important responsibilities we share across our organisations and communities.

Those early steps into independence - whether that's through education, training, employment, activities they enjoy, or simply learning to navigate the world with confidence - shape a young person's future opportunities, stability, wellbeing and sense of belonging.

Transition into adulthood stays with us for the rest of our lives. It can be emotionally and practically difficult, and if it doesn't go well, the impact can last for many years, especially for children and young people with additional or complex needs.

Good transitions don't happen by accident. They happen when the services around a young person come together with a shared purpose and genuine care. We are in a strong position, through Calderdale's health and care services working together, to help change people's lives for the better.

The Calderdale Health and Social Care Transitions Strategy (2026-2030) is about creating strong, dependable foundations for the children and young people who need our support the most. It is for young people who are receiving specialist health and / or social care services in childhood who will continue to need support as they grow older.

And importantly, it's about listening to young people, responding to what they tell us they need to feel ready for adulthood, and involving them wholeheartedly in the transition process.

The strategy focuses on person-centred and trauma-informed planning, joined-up support, early and ongoing planning (ideally from age 14 / Year 9), the right support at the right time, clear information and support for families and carers.

Calderdale is an ambitious place, and we want children and young people to share that ambition and move confidently into the next stage of their lives - feeling prepared, supported, valued and never alone.

We want these transitions to be joined-up, fair and focused on what young people want for their future. Whether that's work, health, friendships, housing or independence, we are committed to investing time, compassion and partnership into these transitions, to help build the best possible future for our children, young people and communities.



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Section 1: Introduction

What is transition?

In this strategy, **transition** refers to the period when a **young person moves from children's services to adult services**. This can include:

- Health care
- Social care
- Both health and social care

Becoming an adult is a big change for any young person. For those with additional needs, this change can bring extra challenges and worries, especially if they need ongoing specialist support. It's important that this process is **planned and managed well**, so that young people and their families feel supported and confident.

Why do we need this strategy?

The aim of this strategy is to make sure:

- **Young people, families, and professionals** understand what good transition support looks like.
- Everyone knows **what needs to happen** to achieve this.

When transitions are not well planned, young people can feel confused and unsupported, which can lead to problems in education, health, and social life. This strategy will help make transitions:

- **Smoother**
- **More joined-up**
- **Person-centred**

This Transitions Strategy covers **2026–2030**, so that we can:

- Ensure we keep focussed on improving transitions in Calderdale for several years
- Align with the **Calderdale SEND and Alternative Provision Strategy (2025–2030)**.

Section 2: National documents that support our transition work

Several national policies and frameworks shape how we support young people during their transition from children's to adult services:

- **Children and Families Act 2014**
Sets out duties around Education, Health and Care (EHC) Plans and transition planning.
- **Care Act 2014**
Requires local authorities to carry out transition assessments for young people moving to adult social care.
- **SEND Code of Practice 2015**
Emphasises the need for coordinated planning across education, health, and care.
- **NHS Long Term Plan (now replaced by Fit for the Future: 10 year health plan for England)**
Highlights the importance of joined-up care across health and social care, especially for people with learning disabilities or autism.
- **NICE Guidance (NG43 and QS140)**
Provides quality standards for health and social care services around transitions for children and young people.
- **Preparing for Adulthood (PfA) Outcomes Framework (NDTi)**
Focuses on four key areas:
 - Employment
 - Independent living
 - Good health
 - Community inclusion

These national documents underline the importance of a **smooth, planned, and person-centred transition** for young people with additional needs.

We know this is not everyone's experience in Calderdale. Transition between services can be complex:

- Some young people need to move into **both adult health and social care services**.
- Those with very high needs may qualify for fully funded **Continuing Health Care**, where health services meet all of the person's needs.
- Some young people may get support as children but **not meet adult social care eligibility**.
- Health transitions often involve moving from one paediatric team to several adult services for different conditions.
- Adult health care may also be provided through **GPs or universal services**, not specialist teams.

There is growing concern across the country about the risks some young people face when they become adults. They can be vulnerable to exploitation and abuse. This is especially true for those who are not protected by The Care Act. In Calderdale, this issue—called transitional safeguarding—is a priority. The Calderdale Safeguarding Children Partnership is leading work on this.

To help professionals support young people and their families better, we have developed a **Transitions Framework** alongside this strategy. It brings together key requirements and guidance from national policies in one place.

Section 3: Strategic context in Calderdale

Calderdale is dedicated to helping young people live their best lives. This promise is shown in important local plans:

- The Calderdale Health and Wellbeing Strategy – “Living a Larger Life” (2022–2027)
- The Calderdale SEND and Alternative Provision Strategy (2025–2030)

These plans work together to make sure every child and young person can:

- Start healthy and stay healthy
- Feel safe at home, in school, and in the community
- Enjoy learning and do their best
- Make friends and join in activities
- Stay in education and find a job when they’re older

By working together, we aim to help young people feel supported and ready for adult life.

How our local strategies help with transition

Both of these strategies include goals that help young people move from children’s to adult services:

- **The “Living a Larger Life” plan aims to make sure every 15-year-old has hope and aspiration for the future.**
- **The SEND and Alternative Provision Strategy** promises to:
 - Improving results for young people and adults with SEND, both in and out of school.
 - Make sure we check how well young people are doing as they move through different stages.
 - Further improve transition processes from children’s to adult services

This transitions strategy also supports local and national priorities by:

1. **Promoting early intervention** and planning for smooth transitions between children’s and adult services for young people with ongoing support needs
2. Working closely with health, social care, and education partners to join up services

We have listened to young people, families, and professionals to understand what is working well and what could be better. You can find these findings in Section 5.

Section 4: Local context and data in Calderdale

In Calderdale, different organisations use different ways to collect information about how young people move from children's to adult services. We want to find better ways to collect and use information about transitions, to us plan for the future.

There are a few places where we already get information about young people with additional needs. A summary of key information is provided in **Appendix A**, which includes:

- Education, Health and Care Plans (EHCPs)
- Children's therapy services (Speech and Language Therapy, Occupational Therapy, Physiotherapy)
- Child and Adolescent Mental Health Services (CAMHS)
- Ravenscliffe High School – Calderdale's secondary specialist school
- Calderdale Adult Social Care

Difficulties with the information (data)

The information we have doesn't always give us the full picture. For example:

- Many young people have EHCPs but may not need specialist services in adulthood. This could be because:
 - They have developed coping strategies
 - Their support was mainly for educational needs
 - Their needs can be met through universal or targeted services as adults

It is also hard to know from therapy and mental health data which young people will still need help when they are adults. But, if we look at the data over time, we can start to see patterns and plan better for the future.

What the data shows

Data from Ravenscliffe High School shows **increasing numbers of young people with moderate to complex needs**. Calderdale Council's Education Department has also seen more young people needing specialist school places.

Ravenscliffe has tracked what happens to their students after they leave school:

- Many move on to Calderdale College or other colleges, but we don't always know if they need adult social care support at this stage.
- Many move into adult social care for meaningful day activities.

This information can help us to plan transitions more effectively, especially in Adult Social Care.

What needs to happen next

The data we have provides a starting point for planning services and identifying improvements. There is a clear need to regularly collect information about young people who are likely to need specialist services as adults. This will help us plan transitions well and ensure the right support is ready.

As more young people need extra help, it is very important that the move from children's to adult services works well for everyone—young people, their families, and the people who support them.

Section 5: What works well and what needs to change – capturing views and experiences.

This strategy draws on national legislation, best practice, and research to make transitions in Calderdale **smoother, more joined-up, and more person-centred**. In section 2, we shared documents which tell us how good transitions should work. We know that this is not always the case. We have looked at some reports from across the country which tell us about people's experiences to find out what the issues are and what works well. These reports help us understand what we need to think about in Calderdale to make sure everyone has a good experience of transition:

- **From the Pond into the Sea** (CQC, 2014) – children's transition to adult health services
- **The Inbetweeners Report** (NCEPOD, 2023) – transition of children and young people with complex chronic health conditions
- **Preparation for Adulthood Arrangements in Local Areas: A Thematic Review** (CQC and Ofsted, 2024)
- **On the Cliff Edge: Disabled Young People and Their Journey to Adulthood** (Kids, 2025)

Challenges Highlighted Nationally

These reports show that young people and families often face challenges during transition, such as:

- Feeling unprepared for the move to adult services
- Gaps in support when children's services end and adult services have not started
- Lack of clear information about adult services
- Families and young people feeling excluded from planning.

These issues can lead to poor outcomes, including:

- Increased anxiety, loss of confidence, and difficulty accessing education or employment
- Poor health outcomes and uncontrolled conditions
- Reduced adherence to care and medication
- More emergency hospital visits and admissions
- Higher risk of multiple health problems and, in some cases, death
- Pressure on families and carers
- Strain on health systems (paediatrics, adult services, GPs, ambulance services)
- Emotional stress for families who describe feeling "on a cliff edge"
- Negative impact on education, employment, and life chances.

Listening to Local Voices

To understand what works well and what needs to change in Calderdale, we engaged with young people, families, and professionals. This included:

- Findings from previous consultation work from 2022
- **Help Shape Our Transitions Strategy** event (June 2025) – feedback included in Appendix 1
- Engagement at the **Local Offer Live** event (June 2025)
- A survey sent through Ravenscliffe School to families of young people approaching transition

What people told us about when things work well

- Transitions work best when services collaborate. Families praised multi-agency working, such as the **Adult Transitions Panel (16–18+)**, which brings together health, adult social care, and children’s services.
- Roles like the **CHFT Transition Lead** and **Young Lives Partnership meetings** help keep professionals connected.
- Families value services like **Gateway (13–25)**, **SEND Youth Reps**, and youth groups that give young people a voice.
- **Invictus Transitions Support Service** was praised for wraparound support and direct referrals into adult services.
- **Shared Lives** works well when referrals are timely and matching is right.
- Families highlighted **Unique Ways courses** and **Preparing for Adulthood programs** as helpful.
- Supported internships, vocational profiling, and employability events (e.g., **Project Search**, **SEND Employment Forum**) create positive routes into work.
- Having an Education Health and Care Plan (**EHCP**), especially if it is done well, provides a legal framework that helps secure support.
- Digital tools like **QR codes**, **Brain in Hand app**, and resources such as **Family Support booklets** (used in other areas) were seen as useful.
- Professionals said co-production with **SEND Youth Reps** and family navigators is a strength, and there is a culture of wanting to improve transitions.
- An Individual Health Care Plan (IHCP) is seen as helpful to support children and young people with medical needs in schools.

What people told us about where things need to improve

- Families and professionals said the system feels **confusing and fragmented**.
- Transitions have “gone backwards over the last 10 years” due to funding constraints, lack of social workers, and unclear responsibilities.
- Parents often **don’t get information** through schools and don’t know who to contact.
- **Delays, long waiting lists, and gaps in support**—especially for young people who don’t meet adult service criteria—were common concerns.
- Families are frustrated by **having to repeat their story** because systems don’t share information.
- People called for:
 - **Earlier planning** (ideally starting at Year 9)
 - Better communication between professionals
 - Clearer, more accessible information

- A named key worker for families
- More consistent support regardless of diagnosis
- More local education and housing options
- Better staff training, including disability and domestic abuse awareness
- Shortages of Personal Assistants (PAs), low pay, and inadequate training make it hard to get the right support.
- Families and young people worry about losing trusted professionals during transition, which affects mental health and wellbeing.

Summary of feedback

People want transitions to be **joined-up, fair, and focused on what young people want for their future**—whether that’s work, health, friendships, housing, or independence. While there are good examples of collaboration and innovation, gaps in the system, delays, and lack of clarity continue to cause stress and missed opportunities.

Section 6: Key areas for improvement

Improving transitions in Calderdale

Improving the experience of moving from children's to adult services is a shared priority across Calderdale. Based on feedback from young people, families, and professionals—and in line with national and local priorities—we have identified key areas for improvement. These changes aim to make transitions **smoother, more predictable, and more supportive** for everyone involved.

1. Improve early planning

What's the issue?

Planning often starts too late, leading to rushed decisions and gaps in support.

What needs to happen?

- All services will start preparing for transition by age 14 (Year 9), in line with the SEND Code of Practice.
- Planning will include regular reviews with the young person and their family to explore options, build aspirations, and coordinate support across education, health, and social care.
- A Transitions Framework will support professionals to embed early planning into routine practice.
- Services will review and update Transition Pathways to ensure consistency and positive experiences.
- Work with the SEND Team will strengthen the Year 9 EHCP review as a key point for preparing for adulthood.
- Where a child has a medical need and does not have a EHCP, transition plans should link in with or prompt a review of a child's Individual Healthcare Plan (IHCP).

2. Increase participation in transition planning

What's the issue?

Transition should be done **with** young people, not **to** them.

What needs to happen?

- Strengthen co-production by involving young people and families in designing services, guidance, and tools to help professionals fully involve the young person.
- Use person-centred planning tools to help young people express their hopes, needs, and goals in ways that work for them.

3. Support for families and carers

What's the issue?

Families are vital partners but often feel overlooked.

What needs to happen?

- Provide high-quality, clear information and advice that is available to everyone.
- Find new ways to work with organisations like Family Voice and Unique Ways to make sure families are involved in transition planning.

4. Clear roles and responsibilities

What's the issue?

Young people, families and workers are not clear about the roles and responsibilities of professionals. This can lead to missed opportunities and poor coordination.

What needs to happen?

- Develop a clear Transitions Framework to guide all organisations.
- Ensure each young person has a named worker or team overseeing their transition.
- Improve information on the Local Offer, including eligibility criteria and referral advice for adult services.

5. Better communication and information

What's the issue?

Young people and families need clear, accessible information to make informed choices.

What needs to happen?

- Improve information on the Local Offer and Families Together websites.
- Co-produce a family-friendly transitions guide explaining what to expect at each stage.
- Hold regular transition events for families and professionals to build confidence and knowledge.

6. Enhance workforce confidence and knowledge

What's the issue?

Transitions involve multiple services, and professionals often feel unsure how to navigate them.

What needs to happen?

- Use the new Transitions Framework to build shared understanding and provide legal and best practice guidance.

- Promote training for staff in schools, health, and care settings on disabilities, young people's rights, and transition pathways.

7. Improve data quality and sharing

What's the issue?

Information sharing between children's and adult services is inconsistent, causing delays and frustration.

What needs to happen?

- Ensure protocols support safe, legal, and timely sharing of information.
- Review consent processes so that young people and families are informed and empowered.
- Improve recording of transition pathways to follow young people moving into adult services, including where they transition to.
- Use data to plan future services and monitor outcomes through audits and feedback.

By focusing on these areas, Calderdale will create a **more effective, person-centred, and joined-up approach to transition**, helping young people's experience of moving into adulthood become the best it can be.

Section 7: Calderdale's transition standards

To help make sure transitions work well, we want all services in Calderdale to follow these six standards when supporting young people through transitions. These standards are based on what we learnt while creating this transitions strategy. They describe the things that we believe everyone should do to ensure good experiences during transition.

1. **Person-centred and trauma-informed planning:** Planning should focus on what matters to the young person and be sensitive to their life experiences.
2. **Joined-up support:** All services should work together to make sure support is connected and clear.
3. **Early and ongoing planning:** Planning should begin early (ideally by the age of 14 i.e. Year 9) and continue until the transition is complete.
4. **Right support at the right time:** Young people should get support that meets their needs and helps them reach their goals.
5. **Clear information:** Young people and their families should easily get the information they need to understand their options.
6. **Support for families and carers:** Families and carers also need advice, guidance, and emotional support during transitions.

Section 8: Making change happen

How will we make change happen and monitor progress?

The areas for improvement in Section 6 will be developed into a Transitions Strategy Action Plan. This plan will clearly list the actions needed to make change happen, who is responsible for leading on these and when they need to be done by. Calderdale Transition working group will have responsibility for making sure the improvements happen. This group will report to the SEND Delivery Group and the Calderdale Partnership Board for SEND.

We will know we have achieved our improvements when;

Young people tell us they...

- Feel prepared, confident, and supported when moving to adult services.
- They feel listened to, respected, and involved in all decisions.
- Know what to expect from adult services and who will help them.
- Experienced a smooth transition without gaps in care or support.
- Are able to take part in education, training, work, or activities they enjoy.
- Feel positive and hopeful about their future as an adult.

Families tell us they...

- Understand the transition process and know what to expect.
- Feel reassured that their young person is supported and safe.
- Are confident that their young person's needs and aspirations are understood and met.
- Have clear, regular communication from services.
- Know who to contact for help or information during and after transition.
- Feel their role in the young person's life is respected and valued by professionals.

Professionals and organisations will tell us...

- They work together seamlessly across children's and adult services.
- Barriers caused by strict criteria or structural issues are removed.
- Information and plans are shared so young people don't have to repeat their story.
- They feel they have the skills, training, and resources they need to support young people the best they can.
- They feel confident that transitions are timely, coordinated, and person-centred.
- They use consistent processes and tools all partners understand.
- Long-term outcomes for young people after transition are improved.

By monitoring these outcomes and listening to feedback from young people, families, and professionals, we will ensure that this strategy delivers real improvements and helps young people thrive as they move into adulthood.

Appendix A: Data available on transitions in Calderdale

1. Education, Health and Care Plans (EHCPs)

As of 15 August 2025:

- Total EHCPs in Calderdale: 2,791
- Under assessment: 281
- Age breakdown:
 - Aged 14–17: 660 (24% of all EHCPs)
 - Aged 18–25: 621 (22% of all EHCPs)

It should be noted that only a small proportion of these young people who have an EHCP receive specialist health or social care services which need to continue in adulthood.

2. Children’s therapies caseload (Ages 14–20+)

Childrens Therapies hold data on the numbers of Calderdale young people on caseload for each profession in the following age ranges:

Age	Speech and Language Therapy (SLT)	Occupational Therapy (OT)	Physiotherapy (PT)
14	46	28	35
15	41	13	22
16	30	15	24
17	30	9	16
18	25	6	15
19	5	0	6
20+	7	2	10

This is raw data and could change significantly over the next few years as more referrals are received or the young people’s therapeutic needs change. Additionally, not all young people aging out of the service may meet the threshold for specialist support at the point of discharge, although they may potentially need adult specialist services in the future if their needs increase and meet the Adults’ service criteria.

3. CAMHS Data: Young people turning 18

Child and Adolescent Mental Health Services (CAMHS) holds information on the numbers of young people accessing Core Mental Health, Learning Disabilities and ADHD teams who will turn 18 over the period of this strategy. This data presents some issues in interpretation, as it is not clear when predicting future adult demand who is likely to remain within the service over several years and also who will require specialist services on reaching adulthood. There are however trends which would be tracked in the future, in order to more accurately predict the level of transition support which may be need by young people.

Year	Total	Core Mental Health	Learning Disabilities	ADHD
2025*	56	35	Not Available	21
2026	91	43	6	42
2027	93	33	10	50
2028	89	24	5	60
2029	84	22	7	55
2030*	29	6	4	19

Note:

- 2025 data includes young people turning 18 from 10 June 2025 onward.
- 2030 data includes young people turning 18 up to 1 June 2030.

4. Ravenscliffe High School – Year group totals

Ravenscliffe High School is Calderdale’s secondary specialist school. Information from the current numbers in each year group show a significant and sustained increase in numbers of young people with high additional needs approaching transitions into adulthood over the next few years.

Year Group	Number of Pupils
7	38
8	33
9	35
10	35
11	37
12	21
13	28
14	26

Ravenscliffe High School has also tracked destination outcomes for young people. It is useful to note that not all young people who attend Ravenscliffe are local to Calderdale, however the data is captured in such a way that these can be excluded. Data from 2022 -2025 shows that a small number of young people each year become fully funded under Continuing Health Care with Health (the Integrated Commissioning Board or ICB) taking responsibility for meeting both their health and social care needs. Significant numbers of young people continue onto Calderdale College, or other colleges, and it is unclear whether they need support from adult social care at this point in their transition into adulthood. The other large cohort of young people transition into various adult social care support arrangements to provide meaningful day activity. This data could be very usefully used in planning current and future transitions.

5. Future specialist education and alternative provision needs

Calderdale Council's Education department has also analysed data available about future need for specialist education and alternative provision for children and young people over the next few years. Based on current evidence of need, they have identified that additional places are required.

6. Adult Social Care

The table below shows the total number of young people in each year, who started to receive new adult social care services.

All young people were referred at, or before, 18 years of age. However not all services started immediately as some needs were initially appropriately met (eg by education provision, or by the continuation of direct payments originally arranged as children.)

Year	Age 18	Age 19	Age 20	Age 21	Total
2020	4	7	8	7	26
2021	9	6	2	3	20
2022	16	8	9	6	39
2023	10	6	2	2	20
2024	16	16	1	2	35
2025*	12	9	2	2	25

*Data for 2025 is up to 15 August.