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Research and analysis

Preparation for adulthood arrangements in local areas: a thematic review

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Introduction

The journey from childhood to adulthood is an important time for all children and

young people, particularly for those with special educational needs and/or disabilities (SEND). It is vital that children receive the right support and guidance at the earliest opportunity to prepare them for becoming an adult, and to help them reach their full potential and lead a fulfilling life.

Over the past decade, parents and carers have consistently told us of their frustration at the lack of planning to help their child transition to adult life. They told us they were promised support for their children up to the age of 25, where there is an education, health and care (EHC) plan in place. However, there was an abrupt end to some of the support their children relied on, such as child and adolescent mental health services, when they turned 18.

Throughout this time, Ofsted and CQC have also highlighted the challenges children and young people with SEND face when preparing for adult life. Reports such as 'From the pond into the sea', 'Local area SEND inspections: one year on' and 'SEND: old issues, new issues, next steps' raise many of the issues that are highlighted in this report.^[footnote 1] There remain issues around access to health services or suitable SEND provision, and joint commissioning of services and transition planning not happening early enough. Despite these challenges, during our visits we also saw local systems that are moving in the right direction. They are more joined up and are finding innovative solutions to systemic issues.

The [SEND code of practice](#) states that professionals who work with children and young people with SEND should have high aspirations for them and design support centred on their interests and needs. In our area SEND inspections, we see countless examples of professionals who are dedicated to enabling children and young people to achieve their ambitions. However, systems do not always join up in the way that they should. This contributes to some children and young people with SEND facing a lack of support once they turn 18.

We acknowledge that some issues are beyond the control of any single agency or provider. Children and young people with SEND often face greater difficulty in securing employment or training opportunities. In a recent report on special educational needs, the National Audit Office found that 'in 2021/22, 69% of those with SEN at key stage 4 were in sustained education, employment or training after leaving 16 to 18 study, compared to 85% for those without.'^[footnote 2] We know that local partners, schools and colleges often engage proactively with employers to create the right processes and conditions to enable people with SEND to find and sustain employment. However, this does not always happen.

Our inspections of local areas' arrangements for children and young people with SEND have highlighted a number of strengths and weaknesses regarding

preparation for adulthood. Where the offer of support is strongest, partners work closely together, with a strategic approach to sharing information about children and young people when they transition between phases of their life. We have identified preparation for adulthood and transitions as areas for improvement in around a third of the area SEND inspections completed since January 2023. This is our second annual thematic review of a particular aspect of the SEND system.

We have included some real stories about children and young people. To protect their anonymity, we have changed all names and some of the details in the stories.

The focus of this report

We carried out visits to 6 local area partnerships, with the aim of exploring:

- how effectively local area partners are working together to develop and implement strategies to prepare children and young people with SEND for adulthood
- whether the needs of children and young people with SEND are met when they transition to adult services
- how children and young people with SEND are supported to participate meaningfully in society
- how children and young people with SEND are supported to be as healthy as possible in adulthood
- the enablers and barriers to preparing children and young people with SEND for adulthood

Executive summary

This report highlights several familiar issues experienced by children and young people, parents and carers and local area partnerships. We found that the barriers to helping children and young people with SEND to prepare for adulthood are often beyond the immediate control of local area partnerships. Instead, they are systemic and long-standing. Nonetheless, we identified partnerships that were addressing some of the issues that are in their gift, such as joint commissioning arrangements, information-sharing, and initiating transitions early. We spoke to leaders who are aware of the gaps in services and of where local partnership working is weak. They are committed to working with partners to address these issues and make

improvements. We saw some areas trying to find innovative solutions to improve services.

In our visits, we have identified vital learning from the sector. We have seen what works well to enable strong practice and what acts as a barrier to children and young people with SEND receiving the right support, at the right time, to prepare them for adulthood.

Where local area partnerships were stronger, we found that they typically:

- made sure that preparation for adulthood started in the early years and was a consistent part of a child or young person's EHC plan
- worked collaboratively to share expertise and enhance provision in a way that is informed by the views and wishes of children and young people
- developed services that are 'all age' and support children and young people with SEND through to the age of 25
- had staff that were dedicated to helping children and young people to prepare for adulthood. This was particularly strong for children in care or care leavers who had consistent workers beyond the age of 18

Where local area partnerships were weaker, we found that they typically:

- did not jointly commission or coordinate services effectively to make sure that professionals across the partnership were brought together
- did not communicate effectively with parents and carers or inform them of local services that were available
- did not always share information and data across the partnership to inform service development and enhance provision
- were slow to initiate transition from children's to adult health services

This report makes a number of recommendations to relevant government departments and organisations. We would like to see greater joint working across children's and adult health services at both national and local levels. We highlight barriers that are systemic and lie beyond the control of any single local area partnership. However, we also found several positive examples of partnerships delivering services that meet children and young people's needs as they transition to adult life. National government should use these examples of good practice to inform relevant guidance and to understand where issues should be addressed at the earliest opportunity.

Section summaries

Each section in this report focuses on one of the themes that we explored in the visits. They are:

Employment: the timeliness and quality of careers education, information, advice and guidance (CEIAG), and employment and training options available to children and young people with SEND as they reach adulthood, and how local area partners are supporting young people with SEND to transition to adulthood.

Independent living: the support available for children and young people with SEND to develop independence and life skills, and how local partners are working together to enable this.

Community inclusion: how local area partners are encouraging children and young people with SEND to be visible and actively take part in the community, and what opportunities are available to them to make friends and build strong relationships.

Health: how effective the commissioning arrangements are for transitions to adulthood, whether young people with SEND who do not meet the threshold for adult health services have their needs met, and whether primary health services are making reasonable adjustments to help children and young people with SEND to prepare for adulthood.

Summary of findings

Employment

Local areas are grappling with a shortage of training providers and employers that can meet the needs of children and young people with SEND or match their aspirations. We also saw examples of areas using innovative approaches to boost opportunities locally. They were engaging directly with employers to create work experience opportunities.

Children and young people with SEND typically access a range of services to receive CEIAG. We found that support was strongest in specialist settings. Those in mainstream settings experienced inconsistent access to personalised CEIAG that

met their needs and aspirations.

We heard that supported internships offer positive experiences for young people with an EHC plan. However, take-up from young people was often hampered because the EHC plan would end when they entered employment after the supported internship. We also heard of frustration from practitioners and parents and carers because those without an EHC plan were not able to get a supported internship.

Independent living

Local area partnerships are committed to helping young people with SEND to live more independently. Despite this, we consistently heard that not having enough specialist residential and supported living accommodation is a challenge.

We found that when local area partnerships focus on ensuring that children have opportunities to develop their independence skills from the early years, this has a positive impact on them later in life. However, we heard that communication with partners and early relationship-building with children, young people and their families are not always securely in place at the earliest opportunity.

We found that children and young people with SEND who are in care or are care experienced are more likely to benefit from strong relationships formed with dedicated practitioners.

Community inclusion

Across our visits to local areas, we found a range of offers for families to support their children with SEND in the community. More opportunities are needed due to increasing numbers of children and young people with SEND. We found gaps in provision across local areas, particularly in more rural areas.

Parents and carers were not always aware of what was available because the local area partnership had not communicated with them well. In examples of stronger practice, we found partnerships positively engaging with children, young people and their families to shape individual services and improve processes.

Health

We found that children's health services often waited too long to initiate transition to adult health services. This was particularly the case for mental health services. Young people receive limited support during this transition, either because no equivalent service is available or because of capacity issues in adult mental health services.

There is a requirement to support children and young people with an EHC plan up to the age of 25. However, some of the support that they rely on, such as mental health services, ends abruptly before that. The goodwill of clinicians means that some young people do receive ongoing care. However, the majority wait for longer than they should before being seen by adult services if they are eligible for support, and therefore do not receive a seamless transition.

Recommendations

We have set out recommendations for a range of government departments and local area partners because we know that these issues will not be solved by any one part of the system in isolation. We hope these recommendations will lead to improved collaborative working, both locally and nationally.

Department for Education (DfE) should:

- include preparation for adulthood in a national EHC plan template so that it is considered at all stages; this will ensure that earlier planning and support is consistent nationally
- develop national guidance to make sure that when an EHC plan ends, there is a transitional period of support. This should reduce the abrupt end in support that a young person with an EHC plan experiences once the plan ceases, for example when starting employment
- continue to increase the number of, and expand access to, supported internships for young people with SEND who would benefit from them
- work with relevant government departments to launch a national campaign to encourage more employers to employ and train young people with SEND

Department for Health and Social Care (DHSC) should:

- make sure that national guidance on transition from children's to adult health

services is strengthened. The national guidance should be clear about the adjustments that adult health services should make to support children and young people with SEND. This should also inform adult social care commissioning

DfE and DHSC should:

- work together to address conflicting responsibilities and gaps across social care, education and health provision to aid transitions and preparation for adulthood
- create a national set of standards that outlines clear roles and responsibilities across education, health and social care regarding transitions to adulthood

DfE, DHSC and Ministry of Housing, Communities and Local Government should:

- address the national shortage of high-quality specialist residential and supported living accommodation

NHS England should:

- make sure that all children and young people can receive a timely formal diagnosis for neurodevelopmental or mental health conditions when they are referred to health services before the age of 16. This would mean that transition planning can begin as early as possible and that they can receive the correct care and support as they reach adulthood

NHS England, integrated care boards and primary care networks should:

- take a whole-system approach to make sure that children and young people with SEND are supported in their transition to adulthood

Local area partnerships should:

- improve the joint commissioning of services, including mental health services and community activities to support children and young people's independence, so that they receive consistently good support
- make sure that all EHC plans consistently specify the type of health support that should be available at different stages of a child's life, particularly beyond the age of 14, as they reach adulthood

Local authorities should:

- make sure that preparation for adulthood is reviewed as part of a child's EHC plan at every available opportunity so that transition planning is timely and effective

Integrated care systems (ICSs) should:

- review the approaches and assurance of all transition processes across local area partnerships to make sure that multi-agency approaches support young people as they move into adult services across education, health and care

Integrated care boards should:

- review commissioning arrangements for services that support children and young people with SEND as they transition to adulthood to avoid a 'cliff edge' in support

Schools and colleges should:

- adapt their approaches so that children and young people with SEND receive high-quality individualised CEIAG to support their transitions, aspirations and next steps in education, employment or training

Employment

We explored at what point children and young people with SEND start receiving CEIAG, what options are available to them and how local area partners make sure that they receive timely and considered support to plan for transitions.

Access to CEIAG

CEIAG was typically better matched to children and young people's needs in specialist settings. We often found that these settings gave them more information about their options once they leave school or college and what opportunities are available to them. We also heard about a special school that has transition workers who are qualified to provide CEIAG. They are able to capture the aspirations and interests of children and young people and help them find options based on these.

Children and young people with an EHC plan generally received better support to transition to further education than those without. For example, a local partnership ran its own Connexions service that provided bespoke CEIAG for children and young people with an EHC plan. This allowed them to consider their future employment, education or training options from Year 9 onwards. However, we also found that EHC

plans did not always capture children and young people's ambitions. This was a barrier to identifying subsequent provision that best meets their needs.

Access to careers education was inconsistent for children and young people receiving SEN support in a mainstream setting. There was a lack of bespoke CEIAG and transition planning for them in most areas that we visited. This means that they do not receive the advice and guidance they need early enough. Mainstream schools reported that staff shortages were a barrier to meeting children and young people's aspirations for the future.

One local partnership we visited commissions a range of projects and services to support preparation for adulthood. For example, it arranges residential stays at a local college and works with a charity that offers targeted support for those not in employment, education or training (NEET). Sadly, we found that funding for these projects was often short term.

In the best examples that we saw, services worked closely together to identify children and young people who are at risk of becoming NEET, particularly those who are the most vulnerable. Partnerships found opportunities that met their specific needs. For example, one local area worked closely with a local education business partnership to find suitable work experience placements for children and young people with SEND that met their needs and aspirations well.

Employment and training opportunities

We found that many local area partners have trouble finding suitable post-16 and post-19 employment and education opportunities for children and young people with SEND, particularly for those with the most complex needs. Leaders told us there are not enough local providers or employers that can meet their individual needs or match their aspirations. They explained the significant barriers that this creates. The situation has been worsened by the impact of the COVID-19 pandemic on the economy, alongside an increase in the number of children and young people with SEND. Despite these challenges, we saw both mainstream and specialist settings using innovative ways to create a range of employment opportunities. One setting, for example, had opened a café on site that employs young people with SEND.

We heard that supported internships offer positive experiences for children and young people with an EHC plan. We saw examples of local area partners working closely with local colleges, special schools and multi-academy trusts to create appropriate work opportunities. A highly successful supported internship programme

initiated in a special school, for example, has been creating work opportunities leading to sustained employment. However, we also heard from practitioners about barriers children and young people face in trying to access and sustain employment. These include young people not being able to use travel cards (provided by the local authority) at peak times or experiencing wheelchair access issues. Families were also concerned about no longer being able to receive benefits once their child's employment starts.

Job coaches working in colleges, schools and local authorities were useful in aiding transitions into employment. However, most local areas that we visited experienced systemic barriers to helping young people find employment or training opportunities. For example, they may only have a limited number of employers that can provide appropriate support during a work placement. We also heard about barriers to young people with SEND accessing supported internships, such as the requirement for an EHC plan. Also, parents were concerned that the EHC plan would stop when their child entered employment at the end of the supported internship.

Some partnerships have a collaborative approach to sharing expertise and enhancing provision, while placing each child or young person at the heart of their work. For example, in one local area the partnership has set up a SEND employment forum involving local internship providers. This encourages close working relationships between employers and education providers to improve information-sharing and access to these opportunities.

We saw several examples where partnerships developed positive relationships with local employers to create a broad range of work experience opportunities. This was particularly effective where the local area created a single point of contact for employers to engage with local leaders. Employers could then get a better understanding of the level of support required when working with young people and adults with SEND. However, parents and carers responding to our survey highlighted some issues with work experience opportunities. Many of them described a 'one size fits all' approach. Fifty-two per cent of respondents either 'strongly disagreed' or 'disagreed' with the statement: 'children and young people with SEND are given opportunities to fulfil their potential in adulthood, such as through higher education, training, supported internships or employment'.

We heard that specialist providers were meeting the individual needs of children and young people by providing a tailored curriculum focused on their aspirations, strengths and needs. Conversely, we heard that mainstream schools are far less likely to offer similar opportunities. This is often due to a curriculum that is unable to cater for a wide variety of skills and interests. Some mainstream school leaders focused more on meeting school accountability measures when developing their

curriculum offer for children and young people with SEND. For example, they looked at providing a broad curriculum, including the EBacc subjects, with a limited number of vocational qualifications available.^[footnote 3] These factors combined resulted in less flexibility for children and young people with SEND. Leaders told us that the limited range of appropriate qualifications available created barriers to preparing them for employment. Children and young people responding to our survey also highlighted this theme. Many reported how they struggle with an overly academic curriculum that does not suit their strengths and, in some cases, acts as a barrier to moving on to their preferred post-16 options.

Some colleges were able to provide bespoke support for young people with SEND. However, leaders told us that there were not enough post-16 curriculum pathways that enable young people to participate in meaningful local employment or training opportunities. In one local area, practitioners said that the range and quality of provision at the local college are poor, and that young people with SEND regress in both learning and independence. The local authority is working with the college to improve curriculum pathways.

How local areas are supporting children and young people with SEND to aid transitions

We found that children and young people in special schools benefit from a range of services and joined-up working focused on transitioning to adulthood. For example, some schools use transition workers, who are qualified to provide CEIAG. Annual review meetings allow the local authority and school to consider transitions to the next stage in education, employment or training. They also give an opportunity to focus on hopes and aspirations, although this was not always captured well. We found that multi-agency involvement in these meetings could be lacking. Social care professionals faced barriers to joining meetings, often due to high caseloads and a lack of capacity.

Children and young people with SEND in mainstream schools do not typically benefit from the same services to aid transition, even when they require considerable support. Leaders in mainstream schools often value their relationship with the local partnership, but we heard that they felt their experience differs from that of special schools. They often battle to access services and assessments and to secure funding to support children and young people with SEND, with and without EHC plans.

Many local areas said that virtual schools have a positive impact on supporting children in care or care leavers with SEND to prepare for adulthood. We saw good examples of personal education plans that support the transition to adulthood. These focused on children and young people's strengths, and were informed by their views and aspirations. We also saw examples of strong multi-agency approaches with SEND teams, children's social care and health to support children in care and care leavers.

Jack's story

Jack, a young person with SEND, described to inspectors his positive experience at a local independent training centre. Jack lacks confidence and struggles to go out alone. He said that staff at the centre understood his needs well. Jack hopes to secure a job in admin locally and he has benefited from a bespoke curriculum that focuses closely on his aspirations. This has allowed him to develop skills in financial management and independent travel, and maths and English functional skills. As a result, Jack feels well prepared for the future.

Jessica's story

Jessica is currently in Year 11. She has attention deficit hyperactivity disorder (ADHD) and dyspraxia, and receives SEN support in a mainstream school. Jessica struggles with mental health issues and can be quite withdrawn at school. However, she is keen to finish Year 11 and pursue a qualification in tourism. Despite knowing what she would like to do, she does not know what her next steps in education, employment or training could be. She told us that her school provides opportunities such as a careers fair, but that she is still uncertain about post-16 options. Jessica explained that she finds the careers fair and the careers sessions during tutor time quite overwhelming. She reported that they do not tell her about possible next steps in tourism. Consequently, Jessica is uncertain about her future.

Independent living

We looked at how children and young people with SEND are supported to develop independence and life skills that enable them to make choices in, and have control over, their lives. We also explored how local partners are working together to help children and young people to be ready to, where appropriate, live independently or move into supported living or alternative care arrangements.

Joint working with other agencies, including adult social care, for transition planning

Some local area partnerships focus on giving children opportunities to develop their independence skills from the early years, which has a positive impact later in life. For example, we were told that early years practitioners focus on independence skills for children with SEND by helping them learn to dress themselves or prepare their own snacks. Strong transition planning and preparation between adult and children's social care also helps children and young people with SEND to become independent. It helps them to make progress in all areas of their life, such as creating friendships, having work experience opportunities or learning life skills.

We heard that a 'multi-agency equipment panel', which helps children and young people to access aids to assist daily living, was a positive resource. Practitioners noted that getting these aids quickly helped to improve children and young people's independence. In a different local area, we saw a life skills hub. Dedicated learning mentors worked closely with children and young people with SEND, focusing on preparation for adulthood and independence skills. The hub taught them about preparing meals and managing money, for example.

When teams and services work well together, it reduces the burden on families to prepare for their child's future and allows for seamless transition to adulthood. It can enable consistent approaches across services. It should also mean that families do not need to repeat their story to different professionals. We saw a good example of an adult services transition team in one area working closely with the shared lives service to enable young people to remain in foster care beyond 18 years old.

We heard that where transition plans are co-produced with young people and their families, this ensures smoother, more carefully managed moves to supported living. Children, young people and their families also benefit where there is effective communication with professionals about their options for independent living. This

allows transition to take place at the child or young person's pace. More than half of the children and young people with SEND who responded to our survey either 'agreed' or 'strongly agreed' that they get the support to make their own decisions and to live on their own, where appropriate.

We heard that communication with partners and early relationship building with children, young people and their families are not always securely in place at the earliest opportunity. Some parents told us that accessing specialist teams in children's and adult services is difficult without a diagnosis. It is even more difficult when professionals have large caseloads, as this leads to reduced capacity. Once they got access to these services, however, most families reported receiving good support.

Safeguarding arrangements

In one local area, we heard about young people living in semi-independent provision accessing community activities that suit their interests. The communal living spaces also helped them develop friendships. We found that where there are safeguarding concerns, adult safeguarding meetings take place with all necessary actions or interventions being discussed. In another local area, we heard from semi-independent living providers that were helping young people to learn how to stay safe in the community, budget responsibly and develop their life skills.

We visited a supported accommodation provider where some children and young people with SEND did not experience early planning or preparation for adulthood. The provider told us this was because they did not always receive social care information early enough, and because those moving into the service did not always receive phased support. For example, mental capacity assessments and deprivation of liberty safeguards were not always timely. Local authority leaders told us that they are transforming and redesigning services to address these gaps and improve transitions into adulthood.

Children in care and care leavers with SEND

During our visits, we found that children and young people with SEND who are in care or care leavers are more likely to benefit from strong relationships formed with practitioners such as social workers and personal advisers (PAs). These

relationships help them to either live independently or transition into supported care arrangements. For example, we heard about PAs and care leavers doing activities together, such as cooking, to help build confidence and develop life skills. We heard about the passion that social workers have when supporting disabled children. They advocate on their behalf for appropriate education placements and support them to access and understand their rights and entitlements.

In one local area, we were told that children in care with SEND were each allocated a social worker and PA together. This meant that they were well supported to move towards leaving care and into adulthood before the point of transition. We found that PAs establish supportive and lasting relationships with young people, which helps them to progress towards living independently. We found that children and young people benefit from services supporting them earlier, as this reduces anxiety about living independently and allows for improved planning for when they reach adulthood.

We saw local area partnerships that were creating opportunities to meet the individual needs of children and young people with SEND and enable them to live more independently. They could, for example, live at home, 'stay put' in foster care or go into supported living or a shared-lives arrangement where a young person or adult has their care needs met by an approved carer. To make sure that there is enough accommodation available, there needs to be appropriate commissioning that includes capital spend on new accommodation and residential provision. However, we consistently heard that there is not enough specialist residential and supported living accommodation. Across the local areas we visited, we heard that there are fewer suitable options for young people with a physical disability. As a result, they wait longer to live independently.

We found examples of care leavers with SEND benefiting from joined-up support. In one local area we visited, the leaving-care service is proactive in chasing referrals for children and young people at the earliest opportunity to support them to live more independently. We also heard that the transitions team makes sure that necessary support is put in place at the right time. Furthermore, they prioritise those young people who have additional needs that may make them more vulnerable.

We visited areas where their local council had decided to recognise being a child in care or a care leaver as a protected characteristic in recognition of the challenges they face. This gives local authorities extra ways to support care leavers, such as when accessing and sustaining employment opportunities. We also heard that a rise in the number of older children coming into care with a wider range of needs, including social, emotional and mental health needs, is stretching capacity across some areas.

Faye's story

Our inspectors met Faye, who attends college and has an EHC plan. Faye was not able to do her preferred course in design at the college because she did not meet the entry requirements. She has since declined offers of support, such as life skills opportunities. College staff are providing some key independence skills through the curriculum. For example, they are helping Faye to learn employability skills and the importance of good personal hygiene. The speech and language therapy team have also kept in touch with Faye and her family, even though they have declined offers of support. The team hopes that this will keep lines of communication open.

We found that the support that Faye receives focused too heavily on employment at the expense of other areas that she would benefit from, such as independence, health and promoting social interactions. She has declined support from the college, but we also found that there was only limited engagement with Faye and her family from the partnership. Faye's EHC plan did not reflect her aspirations as well as it should have. As a result, Faye and her family did not get the support they needed to make informed decisions about their future.

Community inclusion

We explored how local area partners are supporting children and young people with SEND to be visible and valued and to actively participate in the community. This is part of being well prepared for adult life. We also explored whether they have opportunities to make friends, build supportive relationships and live happy and enjoyable lives.

Sufficiency of community-based provision and resources

Across our visits, we saw a range of offers designed to empower families to support their children with SEND in the community. We found good examples such as an

early years hub for children with additional needs. Some youth clubs were universal and others provided targeted support to meet different needs and interests. These help children and young people with SEND to feel valued and visible. However, we also heard that they need more opportunities due an increase in the number of children and young people with SEND requiring support. Furthermore, a lack of sustainable funding is making it increasingly difficult to maintain provision.

We often heard that the local offer was 'not where it should be' and that there were gaps in provision, especially for 14- to 18-year-olds. Not all parents and carers were aware which activities were most appropriate for their child. We heard from GPs who did not have access to enough information about what was available in the community that would help children and young people with SEND to feel included. The GPs were therefore unable to signpost them to relevant services. We heard from leaders across partnerships that they are trying to fill these gaps. For example, we visited an area that is expanding children's access to short breaks. They intend to provide a much wider offer to support all children and young people with SEND who would benefit.

We heard that education settings, including early years, schools and colleges, help children and young people with SEND to get involved in their local community. Settings help them to form friendships, for example by arranging activities that bring together students with the same interests. In the strongest practice, local areas provide a range of planned and organised options such as sporting activities, volunteering, army cadets or community trips and events. This allows children and young people to gain social skills and participate well in their communities.

However, some children and young people face significant barriers to taking part in community activities. Those in more rural areas and wheelchair users often miss out due to travel restrictions. Children and young people, their families and professionals told us they would like to see the more of these opportunities available closer to home. We also heard how recruitment and retention challenges can cause delays in preparation for adulthood. This is particularly the case for professionals who work with children and young people with the most complex needs. This includes staff working in disabled children and young people's services, PAs and teaching assistants in schools.

We found that children's centres and family hubs make a strong contribution to supporting children and young people with SEND and their families. When children's centres operate as a 'one-stop shop', this helps to signpost families to support and guidance in the early years. Leaders and practitioners told us that this helps them to identify SEND earlier and provide a smooth transition to primary education. In other examples of strong practice, enhanced supported living schemes help young

people with SEND to form friendship groups. This helps them to transition to independent living, where appropriate.

However, we heard that some children and young people's SEND are identified late, for example following school exclusion or contact with the criminal justice system. We found that these children and young people are typically well supported through a range of specialist services in the youth justice system. However, because their needs are identified so late, support is delayed and this makes them more vulnerable as they approach adulthood.

Parent/family engagement

We heard from partnership leaders who recognise that experiences for children and young people with SEND and their families are variable. In our survey, we asked parents and carers whether children and young people with SEND have opportunities to participate in the community, make friends and build supportive relationships. They gave a mixed response: 23% 'strongly disagreed', and 15% 'agreed' with the statement.

However, most leaders are positively engaging with parents and carers to shape individual services and improve processes. These include initiatives such as:

- annual engagement events
- a range of forums, such as youth parliaments and children in care councils
- SEND celebration events to showcase achievements, such as a young person getting a job locally

These organised approaches help children, young people and their families to establish strong and stable relationships with professionals.

We visited more than one local area that worked with partners, children, young people and families to co-produce an EHC plan template that has preparation for adulthood as a core theme running throughout. Practitioners told us that this new format helps them to focus on what is important for the child or young person in the future, from the earliest years.

We found that children and young people with SEND benefit from services that act on their wishes and views to better meet their needs. For example, one local area placed youth workers in hospital A&E departments. We also heard about children and young people who had moved into supported accommodation sharing their

experiences with other children, young people and families at information-sharing events. These were planned well and had a positive impact. However, we found that engagement opportunities are not sufficiently or consistently coordinated across all local area partnerships. This can lead to families having less positive experiences, particularly at points of transition.

Practitioners told us that some families are reluctant to say that they have been involved with social care at times of transition for fear of the stigma attached to this. However, social workers reported that they understand the importance of working with families and other professionals to enable parents and carers to embrace their children's needs and increasing independence. We were also told that systems do not automatically alert settings to significant social care and/or health involvement if parents and carers do not consent to share this. We found that some children who had experienced trauma earlier in their lives and had subsequently been adopted did not always receive the right support. This was because their setting did not know about their history.

Support for children in care

Across the areas we visited, we found that children in care and care leavers with SEND typically receive a high level of support from professionals. We saw that this was enhanced by effective commissioning and coordinated partnership working. Many local area partnerships use carefully considered approaches to bring professionals together. Providers work together to enable young people in care to access activities such as going to the zoo and going out for meals or bowling with peers.

We visited a local area partnership that is trying to mitigate capacity issues in child and adult mental health services. The partnership is working closely together to introduce a new service to provide emotional health and well-being support for care leavers with SEND. The service is provided by the leaving care team. It is building expertise among care leaving staff and providing drop-in sessions that many young people access.

Ash's story

Ash attends a mainstream secondary school. He has ADHD and other social, emotional and mental health needs. He has limited opportunities to

participate in the community and his parents were unaware of the local offer when we spoke to them. They told us that, as a result, Ash has a limited social life. They worry that he is becoming increasingly isolated as he gets older.

Aisha's story

Our inspectors met Aisha, who attends a college and goes to a local children's centre that allows her to pursue a range of interests such as sports, cooking and singing. Aisha's mother has forged strong links with other parents and carers, who arrange activities together. This has helped to develop their children's social skills. Despite this supportive network, Aisha's family felt that there was not enough available locally to help children and young people with SEND to feel included in the community. They reported, for example, limited accessible work experience opportunities.

Health

We explored how well health commissioning arrangements support transition to adulthood. Some children and young people have SEND and are known to children's health services but do not meet the threshold for adult health services. We looked at whether their needs are met. Finally, we explored whether children, young people and their families understand how their health and care needs will be met when reaching adulthood.

Commissioning arrangements and service design

We found that where health pathways are 'all age' or are designed as a 'lifespan service', young people with SEND do not experience any change to their provision and typically have a smooth transition. For example, we heard about a learning disability team that will accept referrals for both children and adults. We also heard about a children with disabilities team that is flexible in its approach so that staff can

remain involved and continue to support young people once they turn 18. This helps make the transition to adulthood more effective and allows them to feel more comfortable.

We found positive examples of initiatives and services to support clinical transfer from children's to adult health services. However, the effectiveness of these arrangements varied across local areas. One example of a positive initiative was an adult learning disability service that has a nurse lead for transition. Young people who meet the criteria can be referred to the service from 17-and-a-half years old. The transition nurse will complete a core assessment to enable the young person to receive a service offer as soon as they turn 18 years old. We also saw good practice in working early with parents, carers and young people. For example, we saw coffee mornings being arranged to help them to understand the next stage in their care.

However, we found that children's health services often waited too long to initiate transition to adult health services. This was particularly the case with mental health services. Young people can face a gap in this provision either due to there being no equivalent service available or because of capacity issues in adult mental health services. Many children, young people, parents, carers and professionals described this as a 'cliff edge'.

Children and young people need to receive the right support at the right time. We saw how waiting lists for children's health services could affect this. Those who are transitioning to adulthood can end up joining an even longer waiting list, such as for assessments for autism or ADHD. This issue was even worse for a number of young people, particularly those with profound or multiple learning disabilities who needed to access therapy provision. This was because there was no appropriate service in adult health that could meet their needs.

Where joint commissioning of health services was effective, we saw partners using existing resources imaginatively to develop or refresh service provision. We saw new commissioning arrangements that were informed by the views of children and young people, and by data and providers. This had come about because the partners had recognised that services had to change to better meet the needs of an increasing number of children and young people with SEND. For example, we saw a new neurodevelopmental pathway being rolled out. This enabled children and young people to access support with targeted assessments and reduced waiting times.

We heard that guidelines relating to preparing for adulthood and transitions can be very different in different areas. For example, we visited areas where some services continued to 19 but children's social care services ended at 18. Other areas did

things differently. Professionals also told us that the legislation for health transitions to adult services and the National Institute for Health and Care Excellence guidance are open to interpretation. For example, the guidance states that adult health services should make 'reasonable adjustments' for young people transferring to adult services, but leaders and practitioners told us it is not clear what this means. Furthermore, services are not necessarily always able to offer support to all those who would benefit from them. This is either because there is no specific plan in place or because there are insufficient resources to accommodate a flexible approach.

In response to our survey, parents and carers of children with SEND told us they were promised support for their child up to the age of 25 (where there is an EHC plan in place). However, some of the support they relied on, such as child and adolescent mental health services, ended abruptly. This was frustrating for them. They described the years between 16 and 18 as 'like a no man's land' and said that the local area partnership 'virtually abandons them'.

These concerns matched the challenges that we saw around young people having access to the right services when they were between 16 and 18 years old and under acute care in local hospitals. We found that the goodwill of clinicians does mean some young people will receive ongoing care. However, the majority will typically wait a while before being seen by adult services. They therefore do not receive a seamless transition.

Children and young people who have SEND and are known to children's health services but do not meet the threshold for adult health services

We found that children and young people are more likely to face a 'cliff edge' in support when they do not meet thresholds for adult health services. For example, in one area we visited, there was no service to support young people who do not have a diagnosis of a learning disability or a mental health condition once they reach adulthood. Overall, we found that transition planning for those with complex needs who have an EHC plan was often much stronger than for those receiving SEN support without an EHC plan.

We saw an example of a children's occupational therapy (OT) team making sure that most children and young people with SEND were prepared for transitions to adult health services before turning 18. We heard that the adult social care OT team

prioritises a small number of young people with the most urgent need. Young people who do not meet the threshold are added to a new waiting list. A new complete referral is required due to the different IT systems used by children's social care and adult services. However, we found that the number of young people who require adult social care OT urgently is very small, largely thanks to the positive work of the children's OT team.

Some children and young people with SEND are not known to specialist nursing, therapeutic or learning disability services. From our visits, we found that it was not usually clear how their medical needs were being reviewed or met. While GPs can play a key role in trying to bridge this gap, we heard that they are limited in what they can offer. For example, if a GP prescribes medication for ADHD for a child or young person and feels that a review is needed, they must refer this to a psychiatrist. This may involve another wait, during which time some young people's needs may escalate.

Whether children and young people with SEND and their parents and carers understand how their health and care needs will be met when reaching adulthood

We found a mixed picture across local areas in the way they help children, young people and their families understand how their health needs will be met when reaching adulthood. From our visits, we saw that GPs did not consistently carry out annual learning disability checks and that not all parents and carers were aware that their child had received the check or understood its purpose. This only added to the anxiety about what to expect from adult health services. Many parents and carers describe the lack of information as a 'minefield'.

However, in one area we visited, we heard about the positive impact of the transition key worker service that supports young people up to the age of 25. Key workers were seen to be an essential part of the preparation for adulthood process and are involved in offering practical support. For example, they organise GP appointments, develop strategies for coping in adulthood and ways of living well, and make sure children, young people and their families understand how things may change once reaching adulthood.

Patrick's story

Patrick has speech and language difficulties but does not have a diagnosis of a learning disability or a mental health condition. As a result, he is not eligible for OT or to receive annual health checks from the GP once he reaches 18. Patrick receives strong support from education providers to prepare him for adulthood. However, too much of this is focused on gaining qualifications at the expense of other areas, including health, independence and social interactions.

Meera's story

Our inspectors spoke to Meera who is awaiting a diagnosis of autism but also has mental health difficulties and is misusing substances. Agencies were working together and holding regular multi-agency meetings to review the support offered by school and children's social care. Despite this, we found that health services are absent from discussions about her. Meera and her family have been waiting almost a year for an autism assessment, but without a formal diagnosis they are unable to access vital additional support and services. This means that, at times, Meera's needs escalate.

Conclusion

Overall, we found that local area partnerships are trying to address gaps in services and to improve provision for children and young people with SEND as they prepare for adulthood and transition to independence. We saw examples of local areas improving information-sharing and joining up services better. On the other hand, we also found some local areas that lacked a coherent strategy to meet children and young people's needs from birth to 25.

We saw a stark disparity in the amount of support available for those who had an EHC plan and those who did not. One example was that only those with an EHC plan could access supported internships. We also heard that EHC plans do not always fully capture children and young people's aspirations or the social and emotional challenges they face. It was encouraging to see the good support for children in care and care leavers with SEND transitioning to adulthood. Where possible, local areas should build on the factors that enable these positive experiences so that all

children and young people with SEND can benefit.

Local areas face several systemic issues that can limit their ability to provide the best possible support and enable seamless transitions. We found that national recruitment and retention challenges for key parts of the workforce have a significant negative impact on services. There is not enough specialist residential or supported living accommodation. Local areas therefore struggle to give young people with SEND the opportunity to live independently when this is in their best interests. At the same time, the number of children and young people who receive SEN support or have an EHC plan is increasing year on year. In our visits, we saw partnerships grappling with these issues in innovative ways to meet children and young people's specific needs.

Different governments have committed to addressing some of the common issues that we found throughout our visits, such as access to employment or training opportunities, timeliness of transition arrangements, and recruitment and retention challenges across the workforce. Research from the Children's Commissioner found that in community health services, children can wait, on average, over 2 years for a diagnosis of a neurodevelopmental condition. Many of these children can wait as long as 4 years or more.^{[\[footnote 4\]](#)} As this report highlights, these issues are reducing partnership leaders' ability to put in place the right support at the earliest stages of a child or young person's journey into adulthood.

We found that too many young people face a 'cliff edge' in health support as they reach adulthood. There needs to be better joined-up working across local area partnerships to enable smooth transitions from children's to adult services for children and young people with SEND. There should also be an improved offer for young people who do not meet thresholds once they reach adulthood. Although we found positive examples of pathways that were 'all age', we also found services that were inflexible in their approaches and therefore unable to meet a young person's specific needs once they turned 18.

It was concerning to see that health services were often not involved enough in transition planning. In some cases, they were entirely absent. Local area partnerships should cooperate to improve joint commissioning of services, in line with the SEND code of practice, to make transitions to adulthood smoother. We found that children's services support can end abruptly when young people with SEND turn 18 and enter adult health services. There can then be a delay before they receive more support. This was highlighted as an area of particular concern for young people who require continued access to mental health services.

We will continue to work with the DfE, DHSC, NHS England and the sector to share

our insights and address the issues highlighted in this report.

Methodology

Inspectors from Ofsted and CQC visited 6 local areas:

- Wolverhampton
- Wandsworth
- Thurrock
- Newcastle upon Tyne
- Bath and North East Somerset
- Wigan

We selected areas based on several factors, such as data, intelligence and contextual variety.

We did not make judgements about individual areas during these visits. Our intention was not to check compliance against statutory responsibilities. Rather, we explored how a range of partners in local areas work together to help children and young people with SEND to prepare for adulthood.

Each visit consisted of up to 4 days of off-site activity and up to 4 days of on-site activity. Inspectors held meetings with education, health and care partners, as well as with children and young people and their families. We also gathered information through surveys, documents and visits to providers. For more detail, see [the guidance for the visits](#).

We considered over 2,400 survey responses from children, young people, parents and practitioners.

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1. [‘From the pond into the sea’](#), CQC, June 2024;
[‘Local area SEND inspections: one year on’](#), CQC and Ofsted, October 2017;
[‘SEND: old issues, new issues, next steps’](#), Ofsted, June 2021. ↩
 2. [‘Support for children and young people with special educational needs’](#), National Audit Office, October 2024. ↩

3. The EBacc subjects are: English language and literature, maths, the sciences, geography or history, and a language. [↩](#)
4. [‘Waiting times for assessment and support for autism, ADHD and other neurodevelopmental conditions’](#), Children’s Commissioner, October 2024. [↩](#)

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