

Preparing for Adulthood

Mind the gap: Reflections on preparing
for adulthood from the East Midlands

IMPOWER

Developed in collaboration with the
Regional Improvement and Innovation
Alliance (RIIA) East Midlands.

Contributors

Kirsty Jordan

Senior Manager,
IMPOWER Consulting Ltd

Karen Burrows

Head of Service, Kettering, Corby Adult Social Care
Teams, Moving into Adulthood and Complex CHC,
North Northamptonshire Council

Karen King

Head of West Community Wellbeing Teams,
Adult Care and Community Wellbeing,
Lincolnshire County Council

Ben Pearson

Assistant Director of Education,
West Northamptonshire Council

Sandrina Mapletoft

Head of Service, Countywide Community
Teams, Adult Social Care and Health,
Nottinghamshire County Council

Anne Tebbs

Senior Commissioning Officer, Living Well,
Nottinghamshire County Council

Sue Wilson

East Midlands Regional Improvement
Programme Manager,
ADASS

Sheridan Dodsworth

SEND Strategic Lead,
East Midlands RIIA

Contents

Forewords	04
Executive summary	08
Introduction	13
Key findings	16
Good practice	23
• Nottinghamshire County Council	24
• Derby City Council	25
Whole place commitment to young people	26
Appendices	30
Contact	32



Forewords

Preparing for adulthood is something we have been talking about for a long time. We know what good looks like. We know what we are trying to achieve. And yet, for too many young people and families, the experience of moving into adulthood still feels disjointed, reactive and, at times, difficult to navigate. This report does not tell us that we have a new problem to solve. Indeed, reading it you may feel you know the challenge well.

What it does is give us a much clearer picture of why progress has been harder than we might have hoped. Across the East Midlands, the number of young people entering adult social care has remained relatively stable. However, the cost and complexity of support have increased significantly, with a small number of young people requiring highly intensive, and often restrictive, packages of care. These are not unknown individuals. They are young people we have worked with for many years, often with complex experiences of SEND, care, trauma and mental health. That should give us pause for thought.

If the young people with the highest levels of need in adulthood are already known to us, then the opportunity to make a difference sits much earlier in their journey. Too often, we are still seeing transitions that are reactive rather than planned, with support stepping up in response to crisis rather than building independence over time.

The report also highlights how the nature of need is changing. Increasingly, young people present with multiple, overlapping needs: neurodiversity, mental health, trauma and behavioural risk. Our systems, however, are still largely designed around single service pathways. It is therefore not surprising that young people with the most complex needs experience the most fragmented journeys.

There is much to be positive about. Across the region, we have seen strong examples of practice, committed practitioners and a clear ambition to improve outcomes. Strengths-based approaches are becoming more embedded, and there is growing recognition of the importance of supporting independence, not just managing need.

But we also need to be honest about where we are not yet going far enough. Too often, strengths-based practice focuses on identifying what a young person can do today, rather than actively building what they could do tomorrow. For some young people - particularly those with higher levels of need - our collective aspirations are not always as ambitious as they should be.

Perhaps the most important message in this report is that preparing for adulthood is not the responsibility of any single service. It sits across children's services, adult social care, health, education, housing and the voluntary and community sector.

When these parts of the system are not aligned, young people experience the consequences. From what we are seeing in terms of the cost of supporting people where systems have failed, those costs are large and enduring. We know we do not have the resources to sustain this. We know the outcomes for these young people can be poor. This report is intended to lay the path for us to resolve this paradox and consider the steps we need to take to enable us to move past staring at the problem. There is good practice to learn from in East Midlands and beyond, so I have hope that whole system change is possible.



MELANIE WILLIAMS

Executive Director of People Services.
West Northamptonshire Council

Across children's services, much of what this report describes will feel very familiar. Many of the young people who go on to need the most intensive support in adulthood have long histories of involvement with children's services. They are young people with complex experiences of SEND, care, trauma and mental health, who we have often supported over many years.

For those young adults, the greatest opportunity to change trajectories lies in how we support children and young people much earlier - and in how we make that planning feel much more coherent, purposeful and hopeful. Too often, we are still planning for adulthood too late, when patterns are already established and options are more limited. Preparing for adulthood should be embedded throughout children's services, education and SEND pathways, with a clear focus on building independence, confidence and life skills over time.

We also need to reflect on how we respond to increasing complexity. While needs are becoming more varied and overlapping, this should not lead to reduced expectations. Every young person should have the opportunity to develop independence, build relationships and move towards a meaningful adult life within their community.



MELANIE BARNETT

Director Children's Services,
West Northamptonshire Council

This calls for a different approach in how we work together. Preparing for adulthood must be a shared responsibility between services that requires joint ownership from the outset. That means closer working across education, health, social care and the voluntary sector, with a consistent focus on long-term outcomes.

Across the region, we see committed practitioners and examples of strong practice. The challenge now is to bring greater consistency, act earlier and ensure that our systems are aligned around what matters most for young people and their families.

If we can do that, we have a real opportunity to improve both outcomes and life chances; and to ensure that preparing for adulthood is something we do with young people, not something that happens to them.

At IMPOWER, we have had the privilege of working alongside local authorities and partners across the East Midlands to explore how we better support young people as they prepare for adulthood. On behalf of IMPOWER I would like to thank all of the people that participated in this work from across the region.

What stands out from this work is that whilst the challenge is now well understood, there remains a gap between ambition and delivery. Local areas are clear on what they are trying to achieve, and we heard about good practice in a number of areas. Too often though this doesn't translate into consistent experiences for young people and families.

A consistent theme throughout has been that many of the solutions are already within reach. Earlier, more coordinated action, stronger system alignment, and a clearer focus on

building independence over time can all make a significant difference to both outcomes and sustainability.

Our role in this work has been to support local systems to reflect, challenge and identify practical steps forward. We hope this report provides a useful framework for taking that next step from shared understanding to sustained change.

We look forward to continuing to work with partners across the region, and across the country to turn this ambition into reality.



GEOFF HINKINS

Delivery Director and Lead for All-Age Inclusion,
IMPOWER

Executive summary

In 2024, IMPOWER and Association of Directors of Adult Social Services (ADASS) published a joint report on Preparing for Adulthood (PfA), setting out a clear call to action for system and culture change to improve outcomes for young people as they transition into adulthood. In response, ADASS and Association of Directors of Children's Services (ADCS) in the East Midlands region identified Preparing for Adulthood as a shared priority, alongside wider work on Learning Disability and Autism.

This report builds on that national call to action through a regional lens. While the number of 18–24-year-olds supported by Adult Social Care (ASC) has remained broadly stable, cost pressures have increased significantly. Regional analysis shows budgets overspending by 21%, with average weekly package costs rising by £123 between 2022/23 and 2023/24. These pressures are not driven by volume, but by a small number of young people with high support costs and increasing complexity of need.

This creates an urgent imperative to rethink how systems identify risk, plan earlier, and support independence more effectively.

East Midlands ADASS, ADCS and IMPOWER have worked together to deepen understanding of cost, volumes and young people's journeys across the region, and to identify practical opportunities for change. Taking a regional approach has enabled the development of a clearer end-to-end narrative of young people's journeys, greater insight into current processes and variation, and identification of examples of best practice that can be expanded and accelerated.

What the evidence tells us

- **There is a strong foundation to build upon, with clear examples of effective practice across the region.**
However, there is inconsistency in the extent to which young adults are supported live as independently as they would like.
- **Rising costs are driven by complexity of support packages, not by diagnoses.**
A small number of high-cost packages drive a disproportionate share of spend, which creates an opportunity to focus collective effort on prevention, stability and creative support planning for those most at risk of escalation.
- **A consistent pattern across the analysis is that the young people who require the highest levels of adult support are already known to children's services, often with significant SEND or care experience.**
This means that the greatest opportunity to improve outcomes and reduce long-term cost lies in earlier, coordinated action across children's services, adult social care and partners.
- **Need profiles are changing faster than systems are adapting.**
While people with Learning Disabilities remain the largest group, young people having co-existing needs is increasingly the norm. Many young people present with overlapping neurodiversity, mental health needs, trauma and behavioural risk factors.

These young people are more likely to experience poor transitions, reactive planning and missed opportunities to prevent, reduce or delay long-term support.

- **Strengths-based practice is increasingly embedded.**
Practitioners report confidence in applying strengths-based approaches and are often effective at identifying and recording current strengths. To go further, practitioners need to use strengths-based practice more consistently to build future independence, actively developing skills, connections and confidence over time, including for young people with higher levels of need.
- **Leadership, accountability and data are the key enablers.**
Significant work has been done to develop PfA visions within individual organisations, but this has not translated into consistent, systemwide ownership or accountability. Partners outside local authorities are less clear on the vision and priorities. Data exists to understand demand and need, but systems and ways of working do not enable it to be joined up across children's and adults' services, limiting the ability to plan, commission and track impact effectively.

What needs to change?

The evidence points to a clear conclusion: improving outcomes and sustainability for young people requires a whole-place commitment to shared ambition, shared accountability and joined-up delivery, moving beyond joining up adults and children's services, joint working with a wider range of partners such as housing, health and the voluntary and community sector is required.

Consistently the work has suggested that the issues identified are not about individual services, but about how the system operates together. Where these parts of the system are not well aligned, transitions can become reactive and opportunities to build independence earlier can easily be missed.

For Councils, this means treating preparing for adulthood as part of a corporate approach to early support and prevention. For their partners, it means moving beyond organisationally led approaches towards system leadership that:

- Acts earlier on emerging risk and complexity
- Redefines strengths-based practice as building future independence for all
- Joins up data and translates this into insight to understand pathways, risk factors and future demand
- Invests strategically in community, voluntary and preventative support, recognising it as an important mechanism for reducing reliance on high-cost care
- Holds itself and partners collectively accountable for outcomes, not activity

This report sets out the current situation across the East Midlands, supported by data from four local authorities, outlines what 'good' looks like and provides a clear framework for translating shared ambition into tangible system change. Finally, the report outlines a set of practical steps for local systems looking to support this shift.

Practical steps for local systems

STEP 1

Co-produce and communicate a shared ambition and ways of working with all system partners, young people and families, with guiding principles.

STEP 2

Set out the process for accountability, ownership and decision making.

STEP 3

Co-create consistent and uniform datasets and ways for agencies to share data with each other and develop an agreed set of joint metrics which include demand, cost and user experience measures.

STEP 4

Use the insights created from this analysis to identify groups for which there are suitable improvement opportunities, such as newly identified needs for potential new interventions, services or approaches.

STEP 5

Co-produce a clear framework for strengths-based practice. When applied, this re-defines strengths-based working as a consistent way of building future strengths across all domains, tracking this over time, as well as identifying current strengths and presenting needs.

STEP 6

Establish regular multi-agency reflection and learning sessions and an ongoing programme of joint / peer training on each other's roles/frameworks.

STEP 7

Prioritised development of the Voluntary, Community and Faith Sector (VCFS) as a core part of the local support system, aligned to the identified needs of young people.

STEP 8

Use data to inform needs and risk analysis and develop specific 'preparing for adulthood' needs assessments and commissioning plans, which meet future identified needs.

Introduction

60% Of young people reviewed had co-present support reasons, with neurodiversity present in 40% of these.

76% Of staff said gaps in provision meant they have put in place support that is not proportionate to need.

32% Of audits found opportunities to prevent reduce or delay need.

45% Of non-local authority professionals said they were clear on the vision for PfA in their area.



In 2024, IMPOWER and ADASS published a joint report on Preparing for Adulthood, outlining the challenges and opportunities in supporting young people as they move into adulthood. The report highlighted a call to action for system and culture change.

Following this, the East Midlands region have made preparing for adulthood one of their priorities, alongside wider work on learning disability and autism. Work carried out by Alder Advice consultancy shows that whilst the number of people aged 18-24 supported by ASC has not increased, budgets were

overspending by 21% across the region and the average package cost has increased by £123 per week between 22/23 and 23/24. Co-production work carried out by Nude Health found that young people and families frequently described 'cliff edges' and lack of join up across professionals resulting in gaps in support and having to 'tell their story' multiple times. Topics highlighted by participants included lack of continuity in mental health support, leading to crisis and lack of focus on meaningful occupation and inclusion in communities.

Nationally, policy changes are also driving an increased focus on preparing for adulthood. The government's Special Educational Needs and Disabilities (SEND) reforms propose a tiered national support model, earlier identification and a stronger focus on inclusion. Meanwhile, the NHS is undergoing substantial restructuring, with Integrated Care Boards (ICBs) shifting towards strategic commissioning and local systems being expected to operate with greater integration, prevention focus and population health capabilities. Alongside this, local government reorganisation will bring new opportunities for social care and increased join up across services such as ASC, children's and housing.

East Midlands ADASS, ADCS and IMPOWER have worked together to further explore the opportunities in the region, as well as further crystallise the national messages and opportunities for action.

Taking this regional lens has enabled us to gather detailed qualitative and quantitative data about cost, demand and people's journeys to support the development of:

- A clearer end-to-end narrative.
- An understanding of the current processes across the region.
- Examples of good practice across the East Midlands.

Methodology

IMPOWER worked closely with four local authorities in the region (Nottinghamshire County Council, Lincolnshire County Council, North Northamptonshire Council and West Northamptonshire Council) to collate detailed data, analyse outputs and test key findings and recommendations with key stakeholders. Alongside this, wider calls for good practice examples were sent out to all local authorities in the region. The completed work by Alder Advice and Nude Health was also cross-referenced to draw out key themes.

Four methods were used to collate and analyse information:

ACTIVITY	METHODOLOGY	OUTPUTS
Cost and volume data analysis	Collation of data on cost and volumes across ASC and children's services.	Aggregated quantitative information on costs and volumes.
Case reviews	Reviews of 65 young people aged 18-25, currently open to ASC, carried out by a cross section of professionals to identify opportunities to improve journeys and prevent, reduce or delay need.	65 pen portraits and young people's journeys, analysed into key findings and recommendations.
Professional survey	Survey of professionals across the region (125 respondents) to gather input on current ways of working, challenges and opportunities.	Analysis of professionals' views on current ways of working, challenges and opportunities.
Good practice review	Gathering examples of good practice across the region and identifying opportunities to expand and accelerate these.	Collated pack of good practice from across the region, with key examples outlined in this report.

Key findings

Cost pressures are being driven by high-cost support for a small number of young people with more complex needs.

Cost pressure in support for 18–25-year-olds is predominantly driven by a small number of restrictive, high-cost packages, predominantly for young adults who have been known to other services prior to adulthood. This is highlighted by the cost difference between the mean average package cost (£4,894 per week) and the median average package cost (£1,320 per week).

In the case review sample, higher cost was most associated with:

- **Learning disability combined with behavioural complexity.**
- **ADHD with escalation.**
- **Neurodiversity + trauma.**
- **Safeguarding or instability factors.**

In the sample reviewed, young people who had children’s services involvement had average costs almost twice that of young people with no children’s services involvement (a weekly cost of £5,442 compared to £2,247). These young people had experience of children’s services and/or had significant SEND involvement. Case reviewers were more likely to identify a lack of proactive response to needs and risks when reviewing those young people’s journeys.

Reviews of young people with the highest costs frequently referenced:

- **Placement breakdown risk.**
- **High staffing ratios.**
- **Specialist residential provision.**
- **Reactive commissioning.**
- **Market fragility.**

This suggests that cost is being driven by complexity of support rather than any specific diagnosis or need. There is a perception that the complexity of the support needed is increasing but evidence for this is largely seen in the increasing complexity of support packages and their reliance on high levels of one-to-one, or more than one-to-one, support. It is not always clear whether this reflects genuine complexity of support needs, missed opportunities for creative support planning to maximise independence, or risk-averse attitudes amongst social workers, health professionals or providers. Unpacking the distinctions between these very different scenarios is key to creating real change.

While the financial impact is most visible in adult social care, the evidence suggests that many of the drivers of high-cost adult support are rooted earlier in childhood experiences.

This highlights the need for stronger joint leadership and earlier intervention across children’s services, education and health. As those with the highest costs are more likely to have been open to children’s services, there is a shared responsibility to work with young people and their families to build strengths and independence and ensure proactive support for preparing for adulthood from a younger age. Building towards independence earlier would also support children’s services by reducing the intensity of support to young people who have some of the highest support needs.

Whilst Individuals with learning disabilities are still the biggest cohort and account for the highest average package costs (average weekly cost of £4,963), across the 18–25 cohort reviewed, there was a wide range of needs and support reasons, with complexity increasingly the norm rather than the exception.

- **60% of young people reviewed had more than one support reason.**
- **There was a particularly high prevalence of the co-presence of neurodiversity, mental health needs, trauma, and behavioural dysregulation.**

Need profiles are changing, and systems are not adapting quickly enough to meet this change.

SECONDARY SUPPORT REASON	PROPORTION OF YOUNG PEOPLE
Neurodiversity (ADHD, ASD, Autism)	40%
Mental health	29%
Physical disability	10%

Whilst support for people with learning disabilities are on average the highest cost packages, they tended to have smoother customer journeys and more proactive transitions than young people for which there were multiple co-existing support reasons.

Young people with multiple support reasons in the sample were more likely to experience:

- Safeguarding concerns.
- Crisis escalation.
- Reactive, rather than proactive, transition planning.
- Specific risks, including offending behaviour, violence and online safety.

For young people with multiple support reasons, practitioners were more likely to identify that there could have been opportunities to prevent, reduce or delay support (37% of reviews, compared to 32% in the whole sample). Whilst this represents only a small numerical difference, the difference in the narrative provided by practitioners

Qualitative evidence from case discussions by multi-agency practitioners reinforced this pattern:

“When entering Adult Social Care, she was not prepared. Her anxiety led her to become chaotic and dangerous. If we had had a clear action plan in place the level of support could have lowered”

for these young people was stark. They felt opportunities to prevent, reduce and delay needs were heavily present, often requiring a range of professionals across the system to work together and often available interventions and services did not adequately address needs, risks and behaviours.

“Significant disagreements between children’s and adult services caused considerable delays in outcomes for this young person. As a result, valuable time was lost that could have been used to consider better options, such as care support, enablement services, or a solo placement. Ultimately, he was placed in residential care as a rushed decision, which later proved unsuccessful and is now in prison.”

Currently, services and support are not set up to meet these changing need profiles or work in a strengths-based way to support young people with dual risk factors. Survey analysis found that only 40% of respondents had confidence in the ability of commissioned support to meet the needs of most young people in their area and 76% of respondents said that gaps in services have meant they have put in place support that is not proportionate to need.

Specific gaps in the current service offer were identified through case reviews as practitioners were asked ‘what type of interventions might have prevented, reduced or delayed the need for long term support?’. The top identified interventions were:

INTERVENTION	NUMBER OF TIMES THE INTERVENTION WAS IDENTIFIED
Employment support, training and skills, volunteering, and adult education	42 (64%)
Enablement services	13 (20%)
Mental health support	12 (18%)
Housing and homelessness	11 (18%)
Behaviour support	10 (15%)

Strengths-based practice is increasingly embedded, however aspirations for young people are still low. Prevention and opportunities for increased independence are rarely seen as realistic once complexity or high needs have been identified.

Practitioners across all four authorities report feeling confident in applying a strengths-based approach when working with young people, 80% of survey respondents said they were confident in the application of the strengths-based approach.

There was evidence across case reviews that strengths-based questions were asked in assessments and reviews and that practitioners were identifying and documenting current strengths successfully. However, there was also evidence of lack of aspiration for some young people, particularly those with high needs or challenging behaviours. Proactive interventions to

develop future strengths, and creative thinking around options and approaches to do so, were limited.

Opportunities to prevent, reduce or delay need were only identified in 32% of reviews. Many practitioners referenced ‘complex needs’ and ‘eligible needs that will always require support’ when asked if there could be opportunities to increase independence.

Furthermore, practitioners from a non-local authority background were significantly less likely to say they were confident in the application of a strengths-based approach (50% of respondents agreed or strongly agreed).

A key aspect of successful strengths-based practice is looking more broadly at the community and wider support options, as well as developing strong relationships to support people to navigate systems. Professionals from wider organisations being less confident suggests that strengths-based approaches are not fully embedded across systems or having maximum impact.

Alternative models of support are inconsistently embedded.

Across the case review sample, there were some strong examples of utilising alternative support options. However, the extent to which these were embedded was inconsistent, across the sample and authorities.

Technology Enabled Care (TEC) was considered for 47% of young people reviewed and was used in 32%. However, this varied across authorities, with rates in one authority as high as 75% and another as low as 14%.

A wide range of TEC was utilised to support the young people reviewed, including communication aids, sensors and door alarms, specialist apps such as Brain in Hand and everyday technology such as iPads, gaming devices and Alexa.

Feedback during the session suggested that TEC may be more consistently considered by

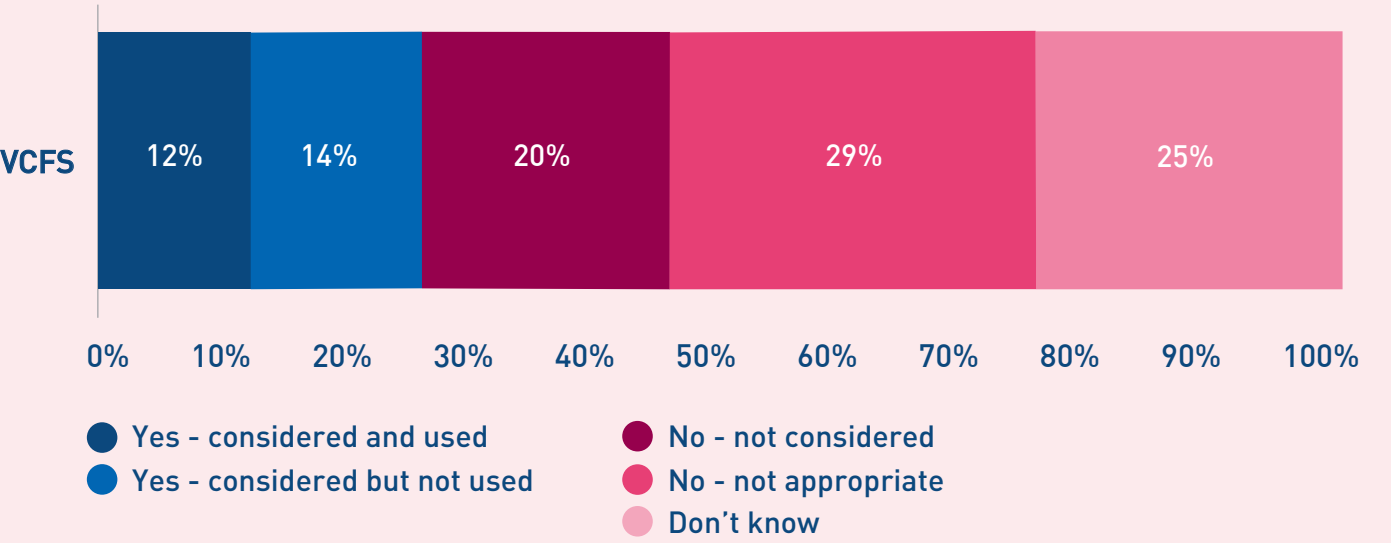
ASC than children’s services and there could be opportunity to consider use of TEC to support independence earlier.

Few of the young people reviewed across the region were supported to access the VCFS. In only 12% of reviews the voluntary sector was considered and used. Furthermore, the range of VCFS organisations utilised was limited.

Despite this, many of the interventions that were identified by participants when asked what could have prevented, reduced or delayed the need for support, included opportunities for collaboration with the VCFS, for example volunteering and training, parent/carer support and more accessible transport options and formal travel support to access meaningful day opportunities.

This suggests that systems have previously had a transactional approach to the voluntary sector and been reliant on a small number of organisations or developed piecemeal projects to address specific needs without considering need at a population level. There is an opportunity to look at investment across the VCFS as a core part of the local support infrastructure required to build independence and prevent escalation into more intensive support.

Voluntary, Community and Faith Sector engagement

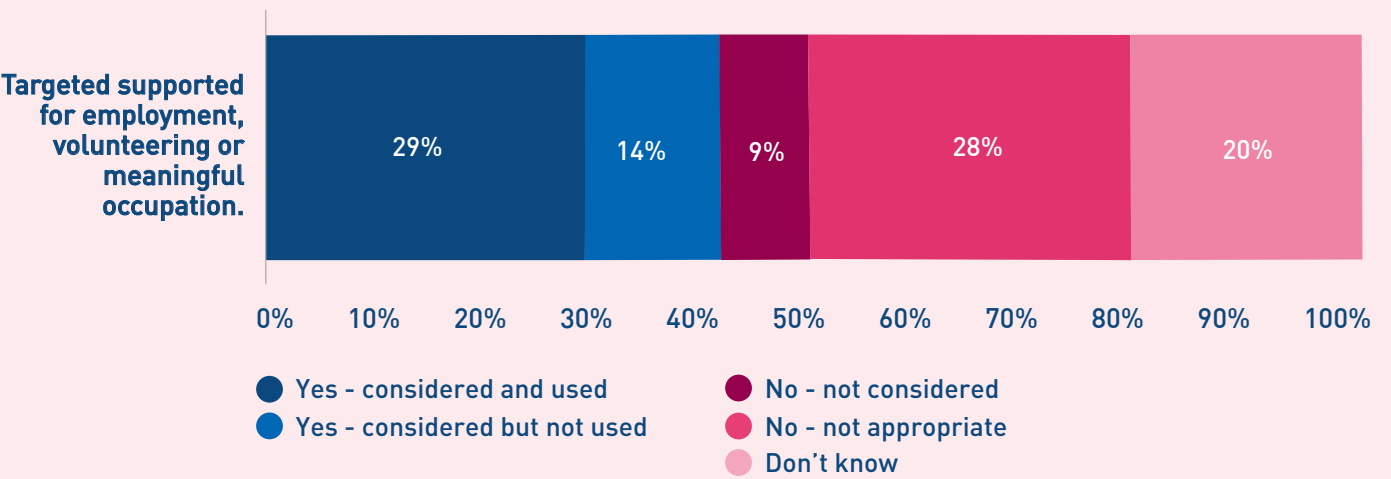


Aspirations are low for employment, volunteering and meaningful occupation.

Targeted support for employment, education and training was being accessed by 29% of young people reviewed. In 40% of these reviews, the support outlined was a formal education setting, and for many, this was a continuation of support that had been in place for many years.

Again, the use of targeted support was variable across the region, with rates being 40% in one authority and 14% in another. Support related to employment, education and training was the most identified intervention when reviewers were asked what support may have prevented, reduced or delayed need.

Targeted support engagement.



There are visions in place but there is limited system alignment and a gap between ambition and accountability.

Significant work has been undertaken regionally and within individual authorities to raise the profile and priority level of PfA and create clear vision and ambitions. This is recognised by frontline practitioners, as 66% of survey respondents said they were clear on the vision for PfA in their area.

However, in most cases this has been done from an individual organisation perspective rather than at system level. This risks creating a lack of clear ownership, particularly for those young people with the most complex needs, where coordinated action is most critical. Whilst organisations may agree with the vision and ambition, they are not always on the same page around key priorities and the resources and commitments needed to deliver them. Respondents from a non-local authority background were much less likely to say they were clear on the vision for PfA in their area (45% of respondents agreed, and none strongly agreed).

Authorities hold the data to understand demand and need, but systems don't enable this to be joined up effectively to shape service demand.

Only one of the four authorities was able to provide demand and cost data across both children's and adults services. Whilst data exists within the services, current systems, reporting structures, governance and ways of working do not facilitate join up. In addition, a lack of shared priorities and agreed accountability often limits information sharing, with two authorities reporting that resource could not be allocated by

Respondents were also less likely to agree that system leadership was strong in relation to PfA in their area (56% of respondents agreed or strongly agreed). Feedback from practitioners across the survey, case reviews and stakeholder engagement referenced lack of join up of ambition, lack of joint governance and accountability structures and limited impact tracking or sharing of success across organisations. In most systems, accountability for preparing for adulthood is split across several departments and services, to support young people successfully, strong leadership is needed across systems, with clear accountability within all departments.

“We need more join up, PfA is everyone's responsibility, which makes it no-one's responsibility”

some services to collate and share the data requested.

Insights shared throughout this report were largely shaped by the professional survey and case reviews, rather than quantitative data. To build on the analysis in the report, authorities will need to prioritise gathering the quantitative data to further validate these insights and build the full picture of demand, need and spend.

Good practice



Nottinghamshire County Council

Community networks

Our work across the East Midlands has highlighted that there are a number of young people who require some ongoing support need help with everyday skills and social confidence, but do not necessarily require intensive, one-to-one support in their own homes.

Nottinghamshire developed a community network model which provides practical support and peer connections in a community setting. Support workers provide guidance with everyday tasks such as budgeting, meal planning, managing mail and emotional wellbeing. Alongside this, peer-to-peer support encourages shared problem solving, social activities and the development of independence.

A key feature of the model is the level of ownership held by participants. People attending the network help shape how sessions run, contribute to planning activities, facilitate sessions themselves and help select venues. This creates a more collaborative environment and strengthens confidence and independence.

Participants have achieved outcomes such as starting volunteering roles, enrolling in education, running peer-led activities and developing confidence using public transport.

Many people attending the networks have seen a reduction in formal support, with the hub acting as a resource where people can build practical life skills and social connections in a shared community space.

The development of the community networks sits alongside wider work in Nottinghamshire to strengthen the PfA offer. For example, the council has developed a preparing for adulthood needs assessment which brings together data from children's services, adult social care and local demographic information to understand need at a population level. This has helped commissioners identify gaps in the current support offer and inform future commissioning intentions.

Together, these initiatives demonstrate how community-based support and stronger system insight can help people build independence while reducing reliance on more intensive services.



Derby City Council

Preparing for adulthood, multi-agency forum

One of the challenges highlighted across the region is that PfA sits across multiple services and organisations, which can make it difficult to maintain clear oversight of young people's journeys as they approach adulthood.

In Derby, partners have addressed this by establishing a **joint Preparing for Adulthood Forum** that brings together colleagues from children's services, adult social care, SEND, health and commissioning. The forum is jointly chaired by senior leaders from both children's and adult services, ensuring shared ownership across the transition boundary.

The forum reviews young people approaching adulthood and focuses on ensuring that key steps in the transition process are happening early enough — including referrals to adult services, allocation of workers and the start of assessments. The aim is to identify risks early and prevent a “cliff-edge” transition at age 18.

A shared **transition tracker** is used to monitor each young person's journey against the four pillars of Preparing for Adulthood:

- Suitable accommodation with independence where possible.
- Community inclusion.
- Health and wellbeing.
- Education, employment and training.

This approach provides a practical way for partners to maintain oversight of transition journeys, identify where additional action is needed and ensure that planning remains focused on long-term independence outcomes.



Whole place commitment to young people

Turning shared vision and shared accountability into system change

Throughout this work, we have found a clear, shared ambition to improve support for young people as they move into adulthood, across the East Midlands. This work has underlined the scale of the challenge, but also highlighted real opportunities that already exist within local systems.

Consistently the work has suggested that the issues identified are not about individual services, but about how the system operates together. Preparing for adulthood cuts across children's services, adult social care, health, education, housing and the voluntary sector. Where these parts of the system are not well aligned, transitions can become reactive and opportunities to build independence earlier can easily be missed. In practice, for councils this means shifting Preparing for Adulthood from a service-led transition process to a core part of a wider, corporate prevention strategy.

Where we saw positive outcomes – through case reviews and good practice examples shared by partners – these demonstrated that different ways of working are possible. Where partners develop shared oversight of young people's journeys, use data to understand

need and invest in community-based opportunities for independence, outcomes are improved and reliance on intensive support is reduced.

Therefore, improving outcomes for young people requires a whole-place approach, with a shared ambition, shared accountability and action that is coordinated system-wide. The steps outlined below describe a set of practical building blocks that can help local areas translate this ambition into sustained system change.



A shared, system-wide vision and ambition coproduced with young people and their families.

STEP 1

Building on work done to date on vision development, coproduce and communicate a shared ambition and ways of working with system partners, young people and families, with guiding principles. Include council, VCFS, health, housing and education, employment/skills. Create a shared language and narrative.

This guides ongoing whole-place leadership to create shared accountability and joint delivery plans.

STEP 2

Set out your process for accountability, ownership and decision making. This should include:

- A multi-agency leadership group to set and deliver a joint delivery plan, make decisions and track impact and hold each other to account. This should be jointly owned by all partners, with a rotating chair to ensure shared leadership.
- A multi-agency practice group that undertakes regular reviews of young people's journeys, shares best practice and information across services and organisations.
- Mechanisms for ongoing two-way engagement, communication and information sharing with partners, young people and families.

STEP 3

Create shared datasets and ways for agencies to share data with each other and develop an agreed set of joint metrics which include demand, cost and user experience metrics. This should facilitate authorities to identify needs and strengths at a population level and understand future demand and should include routine analysis of pathways and risk factors in existing packages. Use this insight to identify groups for which there are opportunities for new approaches; including young people with high ongoing support needs; young people / families where early action / prevention is most needed; groups experiencing the most service gaps.

STEP 4

Identify the need for any new interventions, services or approaches. As identified by the analysis in this report, this is likely to include practical support for skills and independence building, therapies and mental health support, transport, enablement and employment, volunteering and meaningful day activity.

This enables joined up systems and practice.

STEP 5

Co-produce a clear framework for strengths-based practice that re-defines strengths-based working as a way of building future strengths across all domains and tracking this over time, as well as identifying current strengths and presenting needs. This should put development of skills and independence at the core for all individuals, regardless of need and complexity. Progress will look different for each individual and this should be recognised. This work needs to involve all partners and focus on building confidence in strengths-based approaches across all organisations working with young people.

STEP 6

Establish regular multi-agency reflection and learning sessions and ongoing programme of joint / peer training on each other's roles / frameworks.

STEP 7

Prioritised development of the VCFS as a core part of the local support system, aligned to the identified needs of young people. This should be driven by a long-term approach to building capacity and embedding rather than a short-term transactional approach. Focus initially on key gaps as identified in this report such as transport, respite, mental health support and support to prevent carer breakdown.

STEP 8

Use data to inform needs and risk analysis and develop specific preparing for adulthood needs assessments and commissioning plans which meet future identified needs.

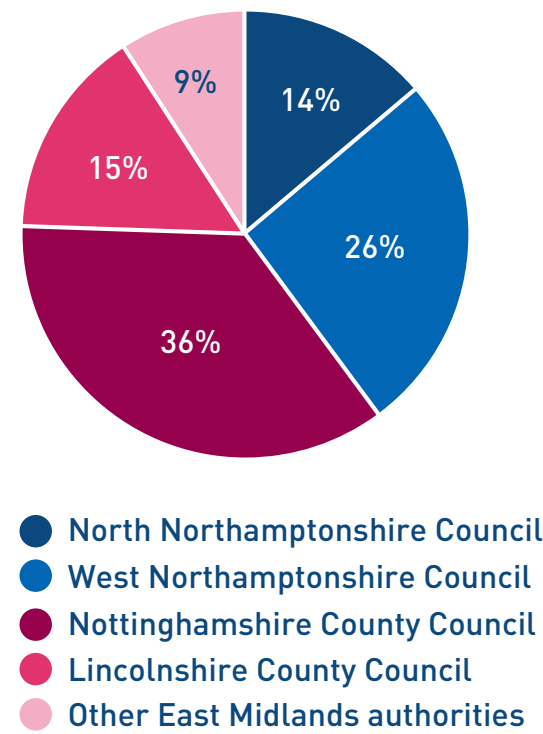
Appendix 1

Survey methodology

A survey was sent to professionals across the region to gain their views and insights. It contained 15 questions relating to; professional practice, process and pathways, service provision and system leadership.

125 professionals responded to the survey from across the East Midlands, predominantly from the four local authority areas that had taken part in the work. The chart below shows the breakdown by local authority area:

Where did respondents come from?



The roles of those responding were:

Social Worker - Adults'	41
Social Worker - Children's	11
Adult support / enablement officer, manager or assessor	8
Social Worker - Children's	7
Personal Advisor	5
Community Care Officer	5
Occupational Therapist	4
Leaving Care Advisor	4
SEND / EHC Officer	4
Young Carer Worker	3
Young Adult Disability Team (Transitions)	3
Team Leader/ manager	3
Administrative Officer	3
AMHP	3
Nurse/ Nurse Manager/ PT	3
Teacher	3

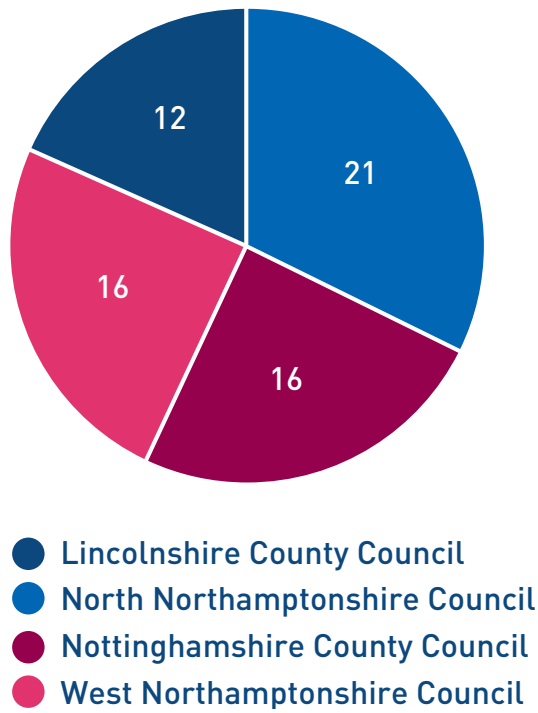
Appendix 2

Case review methodology

A workshop was held in each local authority area across January (4 workshops in total), in which multi-agency professionals from across ASC, Children's Services, Education and Health worked together to undertake reviews of cases in their area (85 professionals attended across the four sessions). Prior to the sessions, each authority was asked to select up to 20 cases of young people aged 18-25 and produce pen portraits outlining their journeys into adulthood. During the session, in small groups, attendees were asked to identify any opportunities that there could have been to improve young people's journeys, as well as highlight innovative or good practice.

This chart shows the breakdown of cases across the local authority areas.

Case reviews completed by local authority





in IMPOWER Consulting
🦋 @impower.bsky.social
T: +44 (0)20 7017 8030
E: enquiries@impower.co.uk
W: impower.co.uk

✂ @adass
in Association of Directors of Adult Social Services
E: team@adass.org.uk
W: adass.org.uk

Design: TP Creative
W: tpcreative.co.uk

Correct at time of publishing:
April 2026. All rights reserved.
Sources available on request.

IMPOWER