Internal Audit Report

Transitions for Young Adults with a Disability from Children's Services to Adult Social Care

31 August 2023

HSC2201

Overall Assessment	Reasonable Assurance

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Executive Summary

Overall Assessment	Reasonable Assurance

Overall opinion and summary of findings

Our audit work recognises that management are currently undertaking a review to improve the key processes which support transitions for young adults with a disability from Children's Services to Adult Social Care with a number of key actions currently underway. Our audit identified a number of opportunities to support this and improve both the design and operating effectiveness of internal controls:

- following approval of the overarching policy in March 2023, revised procedures and guidance should be developed, approved, communicated and scheduled for frequent review
- operational risks which may impact delivery of service objectives and overall Council objectives should be identified, documented, and managed

- a formal approach to continuous improvement and performance monitoring to identify areas for improvement and good practice should be developed
- processes should be improved to ensure practitioners' and parents' transition planning documents are accurate.

Areas of good practice

Our review identified:

- an enhanced transitions process is currently being developed collaboratively, including input from third parties
- regular meetings and training events are held between both departments
- induction material for both departments is comprehensive.

Audit Assessment

Audit Area	Control Design	Control Operation	Findings	Priority Rating
1. Transitions Framework	🟠	🟠	Finding 1 – Transitions policy and supporting procedure	Medium priority
2. Service Improvements and Oversight	🟠	🟠	Finding 2 – Risk management	Medium Priority
3. Transition Management	🟠	🟠	Finding 3 – Continuous improvement and performance monitoring	Medium Priority
			Finding 4 – Accuracy of cross-departmental planning document	Low Priority

See Appendix 1 for Control Assessment and Assurance Definitions

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Background and scope

Transitions of young people with a disability from Children's Services and Adult Social Care is a complex issue, as the needs of these young people are wide-ranging and require varying levels of support.

There are various legislation, national frameworks, and guidelines related to transitions, including [Getting It Right For Every Child (GIRFEC)](#), which is the Scottish Government's overarching approach to supporting families "by making sure children and young people can receive the right help, at the right time, from the right people". In addition, a [Disabled Children and Young People (Transitions to Adulthood) Bill](#) is currently progressing through the Scottish Parliament which seeks to enhance the transition planning for schools, families, and key stakeholders in these young people's lives.

Requirements to improve the transition process have been recognised by officers. In August 2022, the EIJB Transformation Programme presented a report to the EIJB's Strategic Planning Group which made a number of recommendations to improve the transitions process between children and adult services. The Council also appointed a development officer to support enhancement of the process.

Scope

The objective of this review was to assess the design and operating effectiveness of the key controls established to support the transition between Children affected by Disability Practice Team and the Young Adult Disability Team, and not any other type of transition.

Fieldwork included a review of a sample of two transitions cases out of a total population of five transitions cases which occurred during 2022, in line with our sampling methodology.

Risks

- Strategic Delivery
- Health and Safety (including public safety)
- Service Delivery
- Regulatory and Legislative Compliance
- Reputational Risk.

Limitations of Scope

The following areas were excluded from scope:

- a detailed review of the process for reviewing current policy and procedures, as they were still in draft and subject to consultation and approval at the time of audit fieldwork.

Reporting Date

Testing was undertaken between 8 November 2022 and 4 April 2023.

Our audit work concluded on 4 April 2023, and our findings and opinion are based on the conclusion of our work as at that date.

The report was initially presented to the Governance, Risk and Best Value Committee on 1 August 2023. The Committee requested that management reviewed the management response at recommendation 2.1 to ensure it fully considered the recommendation and requested the report be re-presented to Committee. The updated report was presented to Committee in September 2023 for approval.

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Findings and Management Action Plan

Finding 1 – Transitions policy and supporting procedure

Finding Rating	Medium Priority

Policies and procedures are the foundation of an effective internal control environment. At the time of audit fieldwork, a combined policy and procedure titled 'Transition of Young People from Children's to Adult Services' was in place, however it was noted that it had not been reviewed since August 2015. Management recognised the requirement to update the policy to reflect joint working roles and responsibilities between Children's Services and the Health and Social Care Partnership.

A revised Policy for the Transition from Children to Adult Support was approved at Policy and Sustainability Committee in March 2023. The policy advises that a procedure and supporting guidance for Young People, parents, carers, professionals, and practitioners will be developed soon.

Risks

- **Regulatory and Legislative compliance** – policy and procedures may not reflect the most up-to-date legal requirements

- **Service Delivery** – failure to deliver services in line with the current legislation, national frameworks, guidelines, and best practice.

Recommendations and Management Action Plan: Supporting procedures and guidance

Ref.	Recommendation	Agreed Management Action	Action Owners	Lead Officers	Timeframe
1.1	Operational procedures and supporting guidance to support delivery of the revised Policy for the Transition from Children to Adult Support should be developed, approved, and communicated. A timetable to ensure periodic review of the policy and supporting procedures/guidance should also be developed to ensure that procedures remain relevant, up-to-date and reflective of current operating and legislation requirements.	Operational procedure is currently being reviewed and updated. Short life working group has been established and procedure will be reviewed annually. Will be communicated to all staff and on the ORB when updated and approved by: • CEC Policy and Procedure Group • HSCP Strategic Director • Operational Director for Children's Services.	Amanda Hatton, Executive Director of Children, Education, and Justice Services Mike Massaro-Mallinson, Interim Chief Officer, Edinburgh Health and Social Care Partnership Rose Howley, Interim Chief Social Work Officer Kathy Henwood, Service Director - Children's and Justice Services	Anne-Marie Donaldson, Local Area Coordinator Manager Emma Pemberton, Acting Disability Strategy Manager Leanne McQuade, Development Officer Keith Dyer, Quality Assurance and Compliance Manager	31/10/2023

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Finding 2 – Risk management

Finding Rating	Medium Priority

Risk management is essential to ensure that services identify, understand, and take action to manage the risks that could affect effective service delivery, and achievement of overall Council objectives. Risk registers are used to support identification of risks and to document, track and monitor these risks, internal controls, and to identify any further actions required to mitigate risks to an acceptable level.

The Transitions Service does not currently have an established risk register, and associated risk for the delivery of overall Transitions services is not captured in either of the Directorate risk registers.

Risks

- **Governance and Decision Making –** limited understanding of the risks associated with the delivery of transitions services, the Council's risk appetite and preferred options to manage and support decision making

- **Service Delivery –** failure to identify and mitigate risks impacting the effective delivery of transitions services and overall Council objectives.

Recommendations and Management Action Plan: Development and review of service risk register

Ref.	Recommendation	Agreed Management Action	Action Owners	Lead Officers	Timeframe
2.1	In line with the Council's Risk Management Framework, a risk register for the Transitions service should be developed and maintained on a quarterly basis to ensure that current and emerging risks to achieving service delivery objectives are identified, documented, and assessed, with mitigating actions identified and implemented. The risk register should be reviewed quarterly by senior management, and where risks are outwith agreed risk appetite they should escalated to the Children, Education and Justice Services / Health and Social Care Directorate Risk Committees as required. Support in developing a risk register should be requested from the Council's Corporate Risk Management team as required.	Liaise with Corporate Risk Management team to develop a Transitions risk register. The risk register will be reviewed quarterly by the Transitions Oversight Group, inclusive of Senior Managers and any risks which cannot be mitigated will be escalated within both Directorates Risk Committees.	Amanda Hatton, Executive Director of Children, Education, and Justice Services

Mike Massaro-Mallinson, Interim Chief Officer, Edinburgh Health and Social Care Partnership

Rose Howley, Interim Chief Social Work Officer

Kathy Henwood, Service Director - Children's and Justice Services | Anne-Marie Donaldson, Local Area Coordinator Manager

Emma Pemberton, Acting Disability Strategy Manager

Carol Wilson, Team Leader

Keith Dyer, Quality Assurance and Compliance Manager | 31/10/2023 |

Finding 3 – Continuous improvement and performance monitoring

Finding Rating	Medium Priority

At the time of the audit, an enhanced Transitions process was being developed and rolled out. The auditor did observe and obtain some of the work performed as part of this exercise, which was noted to be well-managed and collaborative in its approach to help deliver improvements to the service.

Audit fieldwork identified the following opportunities to improve the approach to continuous improvement and performance monitoring:

- there is not currently a process in place to follow up with young adults following their transitions to obtain feedback and understand what could have been done better, and to support delivery of transitions services which are creative, flexible, and with the young person at the centre

- Adult Social Care did not create an action plan for recommendations made following the internal Edinburgh Health and Social Care Partnership Transformation Programme review of Transitions in 2022, resulting in progress in this area being difficult to evidence

- The Transitions service does not currently have performance indicators or measures in place to monitor and report on service delivery and performance, and to identify good practice and areas for improvement in line with policy aims.

Risks

- **Service Delivery –** opportunities to improve service delivery are not identified and implemented in a timely basis

- **Governance and Decision Making** - absence of action tracking and performance reporting may lead to uninformed / delayed decision making.

Recommendations and Management Action Plan: Improvement and performance monitoring

Ref.	Recommendation	Agreed Management Action	Action Owners	Lead Officers	Timeframe
3.1	A tracker should be established to track and monitor implementation progress of recommendations from previous and future service / improvement reviews. This should include details of the action to be taken, the responsible officers, and implementation due dates etc. The tracker should be updated and reviewed by senior management on a regular basis, and	Tracker to be drawn up and identify who should lead on this which links with minutes of the bi-monthly meetings. Regular updates will be provided to Operations Managers of both directorates.	Amanda Hatton, Executive Director of Children, Education, and Justice Services Mike Massaro-Mallinson, Interim Chief Officer,	Anne-Marie Donaldson, Local Area Coordinator Manager Keith Dyer, Quality Assurance and Compliance Manager	31/07/2023

			Edinburgh Health and Social Care Partnership		
	reported to relevant governance forums in line with progress reporting requirements.				
3.2	A follow-up process should be put in place with young adults and their family following their transition to adult services to identify if improvements to the Transitions process can be made. Improvements identified should be included in a tracker, which should include the action to be taken, the responsible officers, and implementation dates. The tracker should be updated and reviewed by senior management on a regular basis.	Skills Development Scotland check in with young adults regarding positive destinations. Young Adults with Disability team currently conduct a review after 6-12 weeks following successful transition. As part of this review a question will be asked regarding the transition journey experience. This will be formally captured and discussed with Children affected by Disability team. There are no resources currently within Children's Services to conduct a separate follow-up interview.	Rose Howley, Interim Chief Social Work Officer Kathy Henwood, Service Director - Children's and Justice Services	Anne-Marie Donaldson, Local Area Coordinator Manager Carol Wilson, Team Leader Keith Dyer, Quality Assurance and Compliance Manager	31/08/2023
3.3	A performance management framework to monitor performance across transitions services and achievement of key policy aims and desired outcomes should be developed. The framework should include a range of measurable quantitative measures and qualitative measures. Suggested measures may include, but not be limited to: • % of transition plans completed within target timescales • % of annual reviews of transition plans • % of transition planning meetings held within target timescales • % of leavers passports created • referral information	Joint KPI's to be developed, in addition to a joint file audit process. Utilise information already gathered but also need to be aware of limitations of current client record system and resources. Further discussion with QA Team to discuss how best to progress and record. Also Edinburgh is participating in the Principles into Practice being trialled in 10 local authority areas over 2 years, with support from ARC Scotland's		Anne-Marie Donaldson, Local Area Coordinator Manager Keith Dyer, Quality Assurance and Compliance Manager Carol Wilson, Team Leader Emma Pemberton, Acting Disability Strategy Manager	31/10/2023

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• self-directed support outcomes and key figures • feedback from follow-up reviews with young people in a 'you said – we did' type format. Performance measures should, where possible, be SMART and baseline and targets clearly set out.	Scottish Transitions Forum and the Scottish Government. By the end of the trial there will be a fully developed and tested framework, and evaluation resources, that will be freely available to every local authority area in Scotland. We will be using this when it's developed and this can be included into our performance management. Arrange to contact Information Governance team regarding sharing of data and consider if a Data Impact Assessment is needed. Check SLA with Business Support regarding accessing data from client records system, if possible.			

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Finding 4 – Accuracy of cross-departmental planning document

Finding Rating	Low Priority

A joint planning document is maintained by Children's Services and Adult Social Care which lists all of the children who might transition to adult social care following their time at school and is used to coordinate work by both Children's Services and Adult Social Care. However, audit testing identified an individual who had been incorrectly omitted from this document. Management for the two teams, who are jointly responsible for the maintenance of the document, could not provide an explanation for the absence of this individual, and were not aware of the omission until notified by Audit. In addition, management stated that they did not know the reason for the omission, but also stated that there is regular review of the document on a quarterly basis.

Our testing did, however, evidence that the individual received care as expected.

Risks

- **Service delivery / Workforce** – if the planning document does not capture all individuals that require transitions services then the relevant resources may not be in place to deliver the services required in a timely manner.

Recommendations and Management Action Plan: Accuracy of Cross-Departmental Planning Document

Ref.	Recommendation	Agreed Management Action	Action Owners	Lead Officers	Timeframe
4.1	Management should review the processes in place to ensure that the joint planning document is maintained accurately, with the revised processes being reflected in the updated procedures (see finding 1).	At the moment, the data cannot be extracted from the client index system, so has to be done manually which is time consuming for officers. Workers will link with transitions development officer/senior schools manager to cross reference the planning document with lists from SEEMiS. The procedure as per recommendation 1.1, will be updated to reflect the reconciliation process.	Amanda Hatton, Executive Director of Children, Education, and Justice Services Mike Massaro-Mallinson, Interim Chief Officer, Edinburgh Health and Social Care Partnership Rose Howley, Interim Chief Social Work Officer Kathy Henwood, Service Director - Children's and Justice Services	Anne-Marie Donaldson, Local Area Coordinator Manager Leanne McQuade, Development Officer Keith Dyer, Quality Assurance and Compliance Manager	31/10/2023

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Appendix 1 – Control Assessment and Assurance Definitions

Control Assessment Rating		Control Design Adequacy	Control Operation Effectiveness
Well managed	🟢	Well-structured design efficiently achieves fit-for purpose control objectives	Controls consistently applied and operating at optimum level of effectiveness.
Generally Satisfactory	🟢	Sound design achieves control objectives	Controls consistently applied
Some Improvement Opportunity	🟠	Design is generally sound, with some opportunity to introduce control improvements	Conformance generally sound, with some opportunity to enhance level of conformance
Major Improvement Opportunity	🔴	Design is not optimum and may put control objectives at risk	Non-conformance may put control objectives at risk
Control Not Tested	**N/A**	Not applicable for control design assessments	Control not tested, either due to ineffective design or due to design only audit

Overall Assurance Ratings	
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Finding Priority Ratings	
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.
Low Priority	An issue that results in a small impact to the achievement of objectives in the area audited.
Medium Priority	An issue that results in a moderate impact to the achievement of objectives in the area audited.
High Priority	An issue that results in a severe impact to the achievement of objectives in the area audited.
Critical Priority	An issue that results in a critical impact to the achievement of objectives in the area audited. The issue needs to be resolved as a matter of urgency.

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