Adolescent development and transition of care: The training experiences of health and social work practitioners

Report for Cheshire and Merseyside Social Work Teaching Partnership

Julie Feather and Helen Jones

October 2022

CHESHIRE & MERSEYSIDE
Social Work Teaching Partnership

Edge Hill University | EPA
Unit for Evaluation & Policy Analysis

WARRINGTON
Borough Council

Adolescent development and transition of care: The training experiences of health and social work practitioners

Research Report for Cheshire and Merseyside Social Work Teaching Partnership (CMSWTP)

October 2022

Julie Feather[1]

Helen Jones[2]

[1]Unit for Evaluation and Policy Analysis, Edge Hill University

[2]Warrington Borough Council

About the authors

Dr Julie Feather[1] is a Postdoctoral Research Fellow in the Unit for Evaluation and Policy Analysis at Edge Hill University. She is a qualified social worker with substantial experience in adult social work practice and delivery of social work education.

Helen Jones is a Registered Social Work, working as a Best Interest assessor. She has substantial experience of working in Adult Mental Health. She is the Lead Research Practitioner for the Cheshire and Merseyside Social Work Teaching Partnership.

Acknowledgements

---

[1] Dr Julie Feather is the corresponding author and can be contacted by email: featherj@edgehill.ac.uk

Contents

Executive Summary

This research report describes the training experiences of health and social work practitioners in relation to adolescent development and transition of care. To do this, it draws on primary data from two studies that were undertaken separately by the research team. Both studies focused on the area of transition within health and social work and collected qualitative data from a range of practitioners' working across children's and adult health and social work services.

Our analysis of data identified significant gaps in the training of health and social work practitioners relating to their knowledge of adolescent development. Health and social work practitioners reported receiving little formal training on adolescent development and transition of care in both their pre-qualifying education and as part of their continuing professional development (CPD). In situations where training was offered as part of CPD, this was not mandatory and due to high workload demands practitioners were not always able to prioritise attendance. Developmentally appropriate communication and interprofessional education and training on transitional care were highlighted by participants as important training needs.

Based on these findings we make the following recommendations for health and social work education and practice:

1. Ensure that pre-qualifying health and social work degree programmes offer students opportunities to develop their understanding and knowledge of adolescent development and how to effectively support young people with transition of care.
2. Consider incorporating aspects from the model for transitional safeguarding (figure 2) into course content on adolescent development and transition of care.
3. Provide opportunities for students and qualified practitioners studying CPD modules to partake in interprofessional learning and the importance of interprofessional collaboration and communication.
4. Ensure that health and social work practitioners receive specific training on adolescent development and transition of care as part of their CPD.
5. Where possible make training on transition of care mandatory for all health and social work practitioners who support young people.
6. Facilitate opportunities for health, social work, and educational professionals to come together to share learning and knowledge about adolescent development and transition of care.
7. Ensure that health and social work practitioners are aware of transition policies and practices and how these inform transition of care for young people.

1. Introduction

1.1 Transition to adult services

Transitioning from adolescence into adulthood can be a challenging time for all young people. However, for those young people who have physical, intellectual, or mental health conditions the journey can be even more problematic due to changes in the delivery of their care[2,3,4]. Research suggests that young people who experience poor transitions between children's and adult health and social care services suffer physically, emotionally, socially, and educationally in the long term[5,6]. Whilst effective and planned transitions can lead to improved experiences and long-term outcomes[7].

1.2 Developmentally appropriate transition planning

Transition occurs during the years of adolescence, which is a "developmental stage, rather than something defined strictly by age"[2]. However, the structure of child and adult health and social care systems are frequently age driven[2] which conflicts with the developmental approach to transition recommended in national transition policy and guidance[8]. Good practice guidance suggests that transition support should be developmentally appropriate, considering the changing biopsychosocial developmental needs of young people[6]. Developmental readiness and flexibility of timing transition are thus at the heart of transition policy and guidance[5,8]. More recently, the NHS Long Term Plan[9] emphasised the importance of transition to adult services being driven by need rather than age and discussed a move to a '0-25 years' service.

There are many examples of health and social care services which have developed specialist, multi-disciplinary transition teams to ensure continuity and better meet the needs of young adults. Examples of local services include Halton Borough Council and Cheshire West and Chester. However, the split between children's and adult

---

[2] Singh, S. P., Paul, M., Islam, Z., Weaver, T., Kramer, T., McLaren, S. et al. (2010). *Transition from CAMHS to Adult Mental Health Services (TRACK): A study of service organisation, policies, processes and user and carer perspectives.* Retrieved from https://fundingawards.nihr.ac.uk/award/08/1613/117

[3] Care Quality Commission. (2014). *From the pond into the sea: Children's transition to adult health services.* Retrieved from http://www.cqc.org.uk/sites/default/files/CQC_Transition%20Report.pdf

[4] Campbell, F., Biggs, K., Aldiss, S. K., O'Neill, P. M., Clowes, M., McDonagh, J., While, A. and Gibson, F. (2016). Transition of care for adolescents from paediatric services to adult health services (Review). *Cochrane database of systematic review*, *29*(4).

[5] Department of Health and Department for Education and Skills. (2006). *Transition: getting it right for young people: Improving the transition of young people with long term conditions from children's to adult health services.* Retrieved from http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4132149.pdf

[6] Colver, A., Rapley, T., Parr, J. R., McConachie, H., Dovey-Pearce, G., Le Couteur, A. et al. (2019). Facilitating the transition of young people with long-term conditions through health services from childhood to adulthood: The Transition research programme. *Programme Grants Applied Research*, *7*(4).

[7] Wheatley, M. D., Long, C. G. L. & Dolley, O. (2013). Transitions of females from adolescent secure to adult secure services: A qualitative pilot project. *Journal of Mental Health,* 22(3), 207-217.

[8] National Institute of Health Research. (2016). *Transition from children's to adult's services for young people using health or social care services.* Retrieved from: https://www.nice.org.uk/guidance/ng43

[9] National Health Service. (2019). *NHS Long Term Plan.* Retrieved from: https://www.longtermplan.nhs.uk/

services and different approaches towards care continue to create barriers to transition[10]. There is a long-standing argument within transition policy, guidance and research on the importance of professionals in both children's and adult sectors having access to specific training on adolescent development[3,5,9]. Yet despite this there continue to be reports of inadequate education and training on adolescent development particularly for adult professionals in mental health services[2]. Inadequate access to training provision on adolescent development thus impacts on health and social work practitioners knowledge and understanding of adolescent development and their ability to appropriately support young people during transition.

Practitioners working across children's and adult health and social work services must be equipped with the necessary knowledge and skills to best support adolescents' during their transition. Health and social work organisations are responsible for providing their staff with adequate training on adolescent development and what developmentally appropriate transition should involve.

This research report draws on primary data from two studies[11] that were undertaken separately by the research team. Both studies focused on the area of transition within health and social work and collected qualitative data from a range of practitioners' working across children's and adult health and social work services. This report describes the training experiences of health and social work practitioners in relation to adolescent development and transition of care.

1.3 Research aim and objectives

The aim of the research was to:

- Identify the training needs of health and social work practitioners in relation to adolescent development and transition of care

The research had three objectives:

- To analyse and integrate qualitative data from two existing studies which explored transition from the perspectives of health and social work practitioners
- To make recommendations for health and social work education and practice
- To present the findings and recommendations in a brief report to be disseminated to health and social work practitioners and academics through the CMSWTP

---

[10] Brown, M., Chouliara, Z., MacArthur, J., Truesdale, M and Higgins, A. (2020). *Transition from child to adult health services for young people with complex learning disabilities: Learning from families and nurses*. Retrieved from: https://www.btfn.org.uk/transition-from-child-to-adult-health-services-for-people-with-complex-learning-disabilities/

[11] Details of studies are provided in section 2.1 of the report

2. Research Methods

The research used existing qualitative data that had been collected through semi-structured interviews with health and social work practitioners as part of two separate studies. The first study, referred to in this report as Study One, was undertaken by Helen Jones as part of a MEd Professional Education Course between 2014 - 2019. The second study, referred to in this report as Study Two[12], was undertaken by Julie Feather as part of a PhD between 2017 – 2021. Further details of the data collected in both studies are provided below.

2.1 Data collection

Study One

Data collected in Study One included semi-structured, face to face interviews *(N=4)* with health and social work practitioners working within an Adult Mental Health service (AMHS) in the Northwest of England. Interviews were undertaken between March and July of 2017.

Study Two

In Study Two semi-structured, face to face and telephone interviews *(N=26)* were undertaken with health and social care professionals working within one paediatric organisation in the Northwest of England. Interviews were conducted between July of 2017 and January of 2019.

A breakdown of participant demographic information for both studies is provided in table 1 below.

Table 1. **Number of participants by type of participant**

Participant group	Number of participants
Consultant Pediatrician	6
Specialist Nurse	16
Dietician	2
Social Worker (including dual qualified Social Worker/Nurse)	4
Physiotherapist	2
Total	**30**

All of the interviews were audio recorded with the consent of the interviewee, transcribed and anonymised.

2.2 Data Analysis

Our analysis was guided by our research aim which was to identify the training needs of health and social work practitioners in relation to adolescent development and

---

[12] https://research.edgehill.ac.uk/files/47874315/clean_version_of_final_thesis_pdf.pdf

transition of care. Braun and Clarke's[13] thematic analysis framework was used to analyse interview transcripts from both studies. For the analysis, two researchers read through the transcripts independently and identified initial codes. These codes were then discussed, combined and re-coded. Final codes were refined into a number of themes. Disagreements were resolved through discussion and consensus.

[13] Braun, V. & Clarke, V. (2022). *Thematic Analysis: A Practical Guide*. Sage Publishing.

3. Findings

Our analysis of interviews with health and social work practitioners supporting young people with their transition of care revealed three overarching themes which relate to the research aim. These are: 1) the organisation of children's and adult health and social care services, 2) factors that support health and social work practitioners in their role, and 3) challenges to the delivery of effective transition. Themes are illustrated in figure 1 and supported through the use of unattributed verbatim quotes which protect the confidentiality of our participants.
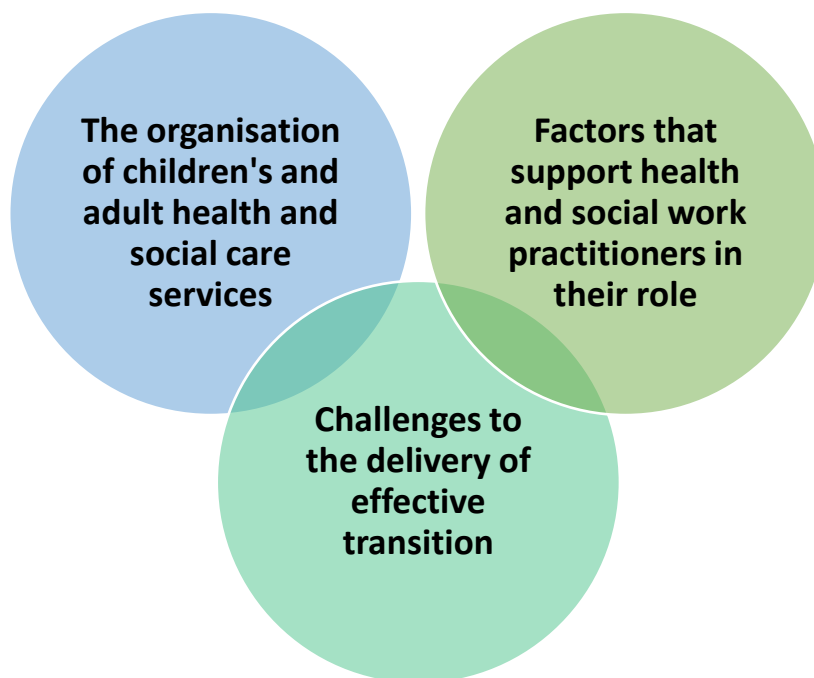
The organisation of children's and adult health and social care services

Factors that support health and social work practitioners in their role

Challenges to the delivery of effective transition

Figure 1. *Summary of themes*

3.1 The organisation of children's and adult health and social care services

The first theme provides important contextual information relating to organisational and professional differences between children's and adult health and social care services. The evidence presented in this theme is important in helping us to understand how external factors affect health and social work practitioners ability to effectively support young people during their transition process.

Differences between the organisation of children's and adult health and social care services were frequently reported by participants as a barrier to effective transition. Participants from across a range of disciplines commented on the reduction in services available to young people accessing adult health and social care services as compared to children's services.

> *"... what I found was, with Children's Services they were offered so much and then when they came to Adult Services, all those Children's Services started*

pulling away, so there was a total difference in support from Children's to Adult's" (P1).

"On an Adolescent Unit there had been a lot of input on that, and she was there for quite a long time. On an Adult Unit she was discharged after four days and it just left her feeling hopeless" (P4).

"We just knew certainly from a physiotherapy point of view that there's no real physiotherapy services available in adult's" (P9).

Participants working in a children's health care setting further commented on differences relating to the setup of services and the culture of children's organisations as compared to adult organisations.

"They don't like it because… they move from everything being under one roof to having to go to three different hospitals maybe" (P7.)

"So, we're sort of really protecting them aren't we and then we pass them over to adult services and they go into this massive hospital where there are thousands of patients, and they feel all of a sudden very vulnerable" (P19).

"And I think that children's hospitals are sort of seen as you know… more family friendly as such" (P25).

Several participants suggested that there is often a lack of professional knowledge and understanding about the developmental stage of adolescence which can result in young adults being treated the same as older adults when they move to adult services.

"I have seen when I have worked with 16/17 year olds how they are dealt with in Adult Services where they have been admitted onto adult wards and I am not saying there was necessarily deficits in the care but I think they were communicated with as adults with no recognition of any of the communication needs, it was exactly the same as the adults, there was no difference in the way that they were treated" (P4).

"One of the things they feedback, the kids, when they've gone to adult services, they don't like the communication styles that adult services use and I guess they just speak to them like an adult, as it is and talk about the condition, get the job done and move them on to get the next patient in" (P8).

"… adult medics and adult nurses are notorious for seeing young people, seeing children as just being mini adult's and they're not" (P16).

The negative impact that this can have on young people is substantial as reflected by one participant working in an adult mental health service.

"I think on an Adolescent Unit, she would have been detained and as an adult, she wasn't because she was treated as an adult and I don't think, especially things like her development and her personality is still developing and how she was coping with it, I don't think they were considered. I think she was viewed as an adult maybe with a personality disorder in the same way as somebody who was 30 would have been and it had massive consequences" (P4).

Participants highlighted how differences between children's and adult health and social care services resulted in a lack of consistency for young people moving between services. Transition was reported to at times be disjointed and uncoordinated.

> *"I have had experience where it is a bit disjointed between Children's Services and Adult's Services. Not everybody knows what everybody is doing across the two streams" (P3).*

> *"… it's difficult because the service I worked with, as soon as we picked them up, CAMHS pull off them immediately. There was no handover period. There was no crossover, so as soon as they came to our service, CAMHS closed. So there was no transition between the teams" (P4).*

However, it is important to point out the considerable quality improvement work being undertaken by one of the NHS trusts that a large proportion of participants from this study were employed by. This organisation had developed and implemented a transition pathway aimed at improving the process of transition for young people through more joined up, coordinated working between children's and adult health services.

> *"What we're trying to do is join it all together and provide that framework and that structure so that were all as a trust trying to sing from the same hymn sheet" (P11).*

3.1.1 Summary

> - Participants perceived structural and cultural differences between children's and adult health and social care services to be a barrier to effective transition
> - There was a shared concern that young adults were treated similar to older adults in adult services with a lack of consideration given to their developmental stage
> - A lack of planning and consistency across services was perceived by participants to result in poor transition of care
> - To improve the process of transition for young people one NHS trust had developed a transition pathway which was being actively implemented by participants

3.2 Factors that support health and social work practitioners in their role

Evidence discussed as part of the second theme is divided into two categories which are a) training needs and b) relationships.

Training needs

There was strong agreement amongst participants that training on transition and adolescent development was fundamental to their role in supporting young people during their transition journey. However, a lack of opportunity for training in this vital area was reported by several participants from both health and social work backgrounds.

> *"I think because I have worked in a team with 14 years, from 14+ there was maybe more awareness, but I think it was more just going by experience rather than any specific training on working with a young person, any sort of skills gained would be experience rather than a structured training or even informally. It wasn't really spoken about very much" (P4).*

> *"… But yeah, ultimately no I've never had any training on transition" (P14).*

Participants indicated that they had received some training on child development as part of their professional education courses. However, it was reported that little attention was given to adolescent development and its relationship with transition of care.

> *"I think it's quite difficult because when I was at University, we did about communication with children and the development of children and all of the things on there but there was kind of a missing gap at University, we never, we never really did that age between Children's and Adult's Services" (P3).*

The division of children's and adult services and lack of consideration on where adolescents fit within these structures was further reported as a barrier by some participants working in a children's healthcare setting.

> *"Clinicians that work with children work for children's services and they don't know a lot about adults. Adult clinicians don't know a lot about children's so there's this gap in the middle that's already been highlighted in numerous government documents in the past but were still there" (P6).*

> *"… we now have a Rheumatologist appropriately saying that in many cases we don't have the training, the expertise, the resources and yet sometimes the local paediatricians won't take them. So, they feel like nobody wants them and the parents are getting the run around and it's a really big issue actually. That whole inflexibility of care that teens get" (P15).*

One participant working in a mental health team further suggested that the move from specialist to generic care teams had resulted in a loss of professional knowledge regarding young people and transition of care.

"There used to be transitional workers, so then they would work with the child social workers and pass the case over but now we are all becoming generic, so we all have to know everything" (P2).

Recent transition training offered as part of continuing professional development (CPD) was valued by participants. However, it was not always possible for them to access this due to high workload demands. There appeared to be a need to make transition training mandatory rather than optional.

"… And I know it was meant to be on the mandatory training, perhaps going on there. You know, I think that is good if everyone just at least has access to it you know once just to plant a seed you know that it's something we should all be looking at and supporting" (P9).

Providing interprofessional training and education on adolescent development and transition of care was further identified as a training need by participants.

"I suppose more training, but it is kind of open to all services that are working within transitional, be that the Adult social worker, the Children social workers, anybody that has contact with this young person, even from Health you know, get everybody together in a room and go through all the issues and find out how it can work better and what training needs to be done" (P3).

Relationships

Establishing good relationships with young people was commonly reported by participants as fundamental to their work. Becoming involved in supporting young people at an early stage in their transition journey helped practitioners to establish early relationships with young people.

"I think I was able to build up quite a good relationship with her and I think that's important" (P1).

"Yes, it would do because it would allow me to establish a relationship with them a lot sooner, especially if they have got mental health issues and you need to try and get in there and make that relationship quickly, build it quickly to try and get them the support and help that they need" (P3).

Having good relationships with partner adult services built on trust and confidence was further reported to be a facilitator to effective transition. At times relationships appeared to be between individual practitioners rather than services as a whole.

"So, it is really good you know. The relationship we've got with the other team, the other nurses and that. And you know I think that if we didn't have that and you know if they thought they were a bit naff you wouldn't have the confidence then to be sending them yourself. They are like your babies aren't they, and you are letting them go, you know" (P21).

"It's through communication from this side and a special relationship really and I don't know who else I could go to. It's not a team, it's one person. So, you know it could potentially fall down" (P9).

Attempting to maintain relationships with parents and carers through involving them in the transition process was also viewed by participants as important.

> *"I've involved mum in every step of the way and listened to what mum has had to say, because mum knows the child best and listen to her fears around her parenting skills and what she ... what caused her to push her child to social services for support" (P1).*

> *"I do involve them in the support planning process and assessment process and liaise with them quite a lot as well. You know when I have had issues previously with a client with mental health issues, I did speak to dad a lot. A lot of it was by email because he ... that is the best form of communication and it was just because he wanted to know what was going on, and what we were doing to support the young person" (P3).*

However, several participants suggested that involving parents and carers in transition of care was more constrained in adult services as compared to children's services due to the approach taken by adult services to treat young people as independent.

> *"I think some of the families I've worked with felt they were more involved with CAMHS and far more central to the decision making than they were in teams in which I worked and I think that's because they had had experiences where they had worked more as a whole family, far more focus on family therapy…" (P4).*

> *"We very much look after the parent and the child and when they become adults it's just about the patient. So, the parents feel pushed out and the whole process is so, so different" (P10).*

> *"I think again parents get anxious because it's very much less to do with the parent and more to do with the patient. And my understanding is from talking to people that, you know, first off parents will go, but they tend to be ignored in the clinics over there and after a couple of times they don't tend to go anymore" (P13).*

3.2.1 Summary

- The delivery of training on adolescent development and transition of care was lacking in pre-qualification education and CPD
- Where possible, transition training should be made mandatory, and time should be given for practitioners to engage with this
- Interprofessional transition training was seen as important
- Developing and maintaining relationships with young people and their families at an early stage is essential to the transition process
- Establishing trusting relationships with partner services supports the transition of care

3.3 Challenges to the delivery of effective transition

The third and final theme highlights some of the main challenges reported by participants in relation to the delivery of effective transition services.

It was evident across the data that practitioners were not always fully aware of transition policies and procedures within their own organisations. This had a considerable impact on those who were new to transition work.

> *"I think we have a policy on it. I'm sure I have seen a policy about transition. But I mean I have worked with this ... I can't remember exactly what it is, I remember having a look at it when I first started working with the worker. Or I read something on transition. But other than that, no I don't know" (P1).*

> *"… there is nothing written down or anything and I have asked for it because I've said I have not done transitional work before, so people that have, maybe in the meantime, maybe they could write something down for us all, because when they're not in what are we going to do" (P2.)*

> *"I know there is a link worker within our team, and I suppose it would be a case if I picked up somebody who was a young adult, I would look into it. But I'm not aware of the sort of the Trust policy on the transition at all" (P4).*

It is important to mention that the organisations who were the focus of the two studies were at different stages in terms of developing and implementing transition policies and processes. Participants in Study Two were more familiar with the trust transition policy as this was a new policy that had recently been developed. However, there was a concern that organisational policies on transition did not extend over to adult services.

> *"I think it's you know probably a better thing, like policy or process, it's more maybe useable but then your still reliant on services that don't have any policy, which is the adult" (P7).*

Practitioners working in adult services also reported how a lack of knowledge and understanding about processes in children's services impacted on their ability to support young people with their transition.

> *"Very bitty because I don't really know what's out there. Apart from the Child in Need and then after that the social worker said that she would send me information, then she hasn't done, she said oh no you look on Care first, find it yourself. Right fine, thank you" (P2).*

Participants further described how health, social care and education often worked separately causing some confusion for practitioners, young people and their families.

> *"Things like the EHCP plans, trying to understand what that is telling you and how that fits into social work really. It can ... yes, it ... that is an area that needs to be developed as well, to be able to look at how their education and social needs mix really" (P3).*

"I think from the point of view of continuing care, the children where it's very much a tripartite thing between education, health and social care and then you go into adult's services and it's suddenly just becomes health or social care, you feel a big drop in that… And then you're picking up things that seem to be a social worker's job. But social care are saying no its very clearly continuing health care therefore its over to health" (P6).

"There are transition social worker's. But again, it's just a little bit disjointed. And when they are out of the area that in itself is a little bit difficult" (P27).

One of the main barriers to delivering effective transition services as reported by both health and social work practitioners was a lack of time and capacity to invest in transition work. This came up consistently across the data with participants communicating their frustrations at being unable to prioritise transition due to other competing demands which took precedence.

"… they tend to get left until they are 18, until it is the last minute because of the resources out there with social workers and that, so ... they are not ...I don't think they're transitioning the cases as much as they were, or they used to be, starting at a younger age" (P2).

"So, making transition a priority, getting to meetings and planning meetings and even coming to the steering group is only if everything else is covered. And I don't know how that could change really, because your clinical stuff has to come first. Yeah, so I think as much as you'd like it to be an absolute priority it's not always possible" (P10).

"We're not given any additional time. Again, from the consultant point of view, I don't think that they get any extra allowances for that at all. So, it's just supposed to be absorbed into your normal workload which is quite hard" (P19).

"It's not seen as a priority. Yeah. Absolutely. It's not seen as a priority. And I think if we are going to transition these complex patients well, it has to be. And it's almost like we need time to be able to do this properly" (P27).

3.3.1 Summary

- Practitioners were not always fully aware of organisational policies and processes regarding transition of care
- There was a concern that single organisational policies did not extend to partner organisations who were vital to delivering effective transition
- The different roles of health, social care and education were perceived to cause confusion for practitioners, young people, and their families
- A lack of time and capacity to invest in and prioritise transition was reported by participants as a key challenge

4. Discussion

Our analysis showed that health and social work practitioners received little formal training on adolescent development and transition of care in both their pre-qualifying education and as part of their continuing professional development (CPD). In situations where training was offered as part of CPD, this was not mandatory and due to high workload demands practitioners were not always able to prioritise attendance.

The lack of attention given to adolescents as a distinct group of people with differing needs was highlighted by our participants. Participants in this study expressed concerns about young people being treated the same as older adults upon reaching adult services with little acknowledgement of their developmental stage. The education and training participants received appeared to be targeted more towards children and child development or adult's which fits with the way in which health and social work education and services are organised and delivered in England. This is thought to be mainly historical with health and social work professionals training to either work with children or adults.

As a result, adolescents have been an undervalued and neglected group[14] in health and social care. Findings from this study demonstrate that little has changed over the past decade as many health and social care services continue to operate under the labels of children's or adult services. There are of course exceptions to this with many local authorities and NHS trusts putting in place specific services and teams for young people aged 16-25[15]. Participants in this study showed support for specialist transition teams as opposed to generic teams where specialist knowledge and expertise in working with adolescents can become lost.

Our analysis identified significant gaps in the training of health and social work practitioners relating to their knowledge of adolescent development. Developmentally appropriate communication and interprofessional education and training on transitional care were highlighted by participants as important training needs. Both the Nursing and Midwifery (NMC) Council and Social Work England (SWE) emphasise the importance of interprofessional education in their professional standards for education and training. The delivery of interprofessional education has been found to improve practitioners' understanding of the importance of interprofessional communication and working which is essential to transition of care[16].

Ensuring that our future generation of health and social work practitioners are equipped with the necessary knowledge and skills to effectively support adolescents during their transition of care is vital. Academic institutions and health and social work organisations may wish to look towards transitional safeguarding[17] which is a new

---

[14] Viner, R. M. (2008). Transition of care from paediatric to adult services: one part of improved health services for adolescents. *Archive of Disease in Childhood*. 93(2), 160-163.

[15] Examples include Cheshire West and Chester Council and Halton Borough Council.

[16] Bland, M., Stevens, S., Nellis, P, Mueggenburg, K., Yau, T. & Chenjustin, C. (2020). Interprofessional education and transitions of care: a case-based educational pilot experience. *Journal of Interprofessional Care,* 35(3), 482-486. https://doi.org/10.1080/13561820.2020.1769041

[17] Department of Health and Social Care. (2021). *Bridging the Gap: transitional safeguarding and the role of social work with adults.*

approach to safeguarding that is gaining momentum within the health and social care sector. Transitional safeguarding recognises the developmental changes and challenges that young people experience during adolescence. It argues against the binary notions of childhood and adulthood upon which services are organised and delivered and instead advocates for an approach to transition which is ecologically and developmentally informed[18].

Whilst we recognise that this approach is aimed more towards safeguarding, we would argue that the key principles upon which it is based are transferable to understanding transition of care. Our findings relating to the importance of developmentally appropriate transition, aligning children's and adult health and social care systems and relationship-based practice support the model for transitional safeguarding developed by Holmes[17]. Integration of this model within health and social work training and education should be considered as it would improve practitioners' knowledge and understanding of adolescent development and equip them with essential skills to support young people with their transition of care.
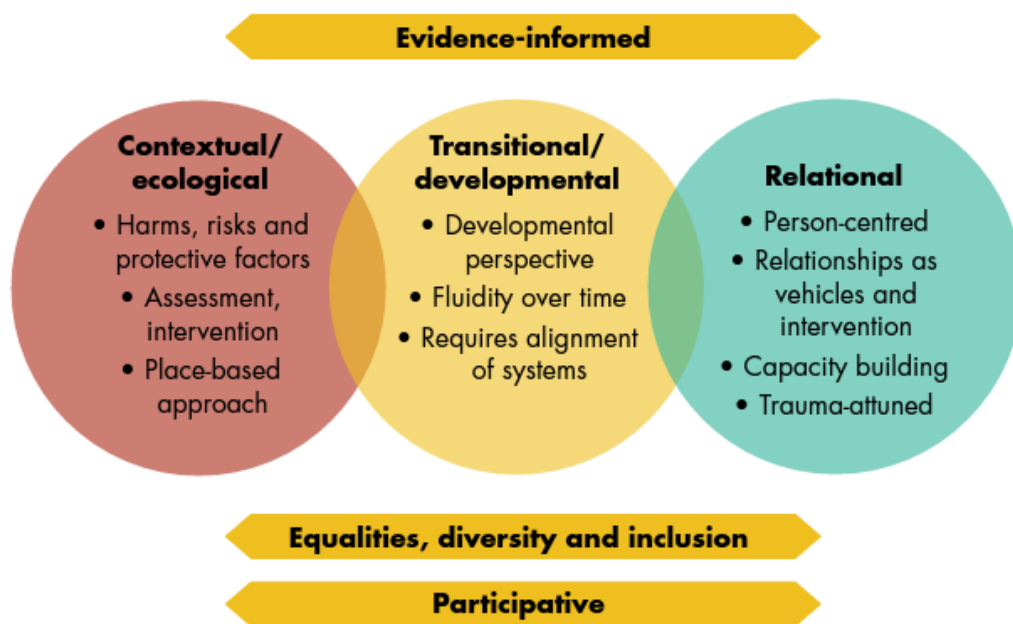

Figure 2 *A framework for transitional safeguarding (Department of Health and Social Care, 2021)*

4.1 Limitations

We recognise that this research has several limitations. Data were collected mainly from children's healthcare practitioners working in one NHS trust. We also collected data from adult health and social work practitioners working in one adult mental health service. However, the experiences of adult health and social work practitioners were not as well represented in this study which may limit the generalisability of the findings. We also acknowledge that practices may have changed and developed since we collected our data which was during the period 2017-2019.

5. Recommendations

5.1 Recommendations for Health and Social Work Education

8. Ensure that pre-qualifying health and social work degree programmes offer students opportunities to develop their understanding and knowledge of adolescent development and how to effectively support young people with transition of care.
9. Consider incorporating aspects from the model for transitional safeguarding (figure 2) into course content on adolescent development and transition of care.
10. Provide opportunities for students and qualified practitioners studying CPD modules to partake in interprofessional learning and the importance of interprofessional collaboration and communication.

5.2 Recommendations for Health and Social Work Practice

11. Ensure that health and social work practitioners receive specific training on adolescent development and transition of care as part of their CPD.
12. Where possible make training on transition of care mandatory for all health and social work practitioners who support young people.
13. Facilitate opportunities for health, social work, and educational professionals to come together to share learning and knowledge about adolescent development and transition of care.
14. Ensure that health and social work practitioners are aware of transition policies and practices and how these inform transition of care for young people.