Community Voices Group:

Supplemental report: A snapshot of key themes affecting adult social care and transition for racialised communities

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1.0 Key themes affecting adult social care and transition

Conversations with community members presents a picture of unequal experience of transitioning into adulthood, where support is delayed, criteria is considered too high, services do not feel joined up and families with less confidence and understanding of ***"the system",*** *are unable to advocate for their adult children or language are most disadvantaged.*

1.1. Coordination of transition from children's to adult services

Social care transition is described as starting too late, moving too slowly and becoming harder once a young person reaches adulthood. An interviewee described how assessments that could begin much earlier are often postponed, as they note, **"An assessment for a social care needs assessment could have happened at 14, 15, 16 or 17, but they don't - they leave it too late . . . It becomes so difficult in adulthood."** Delays then continue through the process, with disability services described as **"really, really slow and families facing long gaps after decisions are made**", including **"not hearing for six months"** and being passed to a **"second and third social worker."** Taken together, these accounts suggest a transition pathway marked by delay, drift and weak coordination, with families often forced to chase progress themselves.

1.2. Relationship between children's and adult services

There is a strong sense that children's and adult services do not operate as a connected system. The transition is described plainly as **"not joined up and not fair,"** and conversation suggests that handover arrangements are delayed and inconsistent. In some cases, children's services may begin transition conversations before the young person turns 18, but not continued, **"They're 17 when they have this chat through, then they're about 19 the next time it's picked up."** This lack of timely continuity is made more visible by the mismatch between education and care systems: although an EHCP may continue until 25, **"the services that you might have had don't stay till 25 - it all goes a bit awry."**

1.3. Accessing adult services

Adult services are presented as difficult to access and governed by restrictive eligibility criteria. Participants suggest that many young adults with clear care and support needs are excluded because they **"do not fit the very strict criteria of adult social care,"** with "**a lot of people"** said to **"fall through the net"** because they are judged not to have high enough need. This is reinforced by the blunt observation that **"the threshold is so bloody high these days."** The impression of adult social care was that eligibility was operating less as a gateway

to appropriate support and more as a mechanism that narrows access, leaving a substantial group of young adults without help despite evident need.

1.4. Support for neurodivergent and young adults with disabilities

Support in adult services was described as unable to cater for the needs of neurodivergent and young adults with disabilities. Interviewees describe young people being **"forced to be in adult stuff"** even when **"it doesn't make sense,"** and stress that adult provision may be inappropriate where a person is not developmentally ready for age-based expectations.

1.5. Inequalities in who gets support

There are clear inequalities in who is able to secure support, and access appears closely tied to knowledge, confidence and capacity to navigate the system. Those group of parents who had experienced the process of transitions described, **"a disparity . . . in even being aware of what you're entitled to and how to go about applying for it,"** and contrast families with children who have similar needs but very different outcomes: **"they have the car, they have the PA, and they have respite. The other family doesn't."** More articulate and better-resourced families are seen as more able to challenge decisions and persist, while others do not receive **"even anywhere close"** to the same level of support. This suggests that formal entitlement alone does not determine access; being able to advocate for one's adult child plays a major role in what families receive.

1.6. Racial and cultural inequity

It was felt that racialised families, including those with several children with significant needs, may still receive far less support than other families in comparable situations. Additionally, cultural stigma, shame and different expectations of services are described as factors that may make some families **"less inclined to fight the system,"** while some may feel **"a little bit grateful for what they got, even if it's a bit rubbish."** This commentary suggests that inequality is not only about confidence or class-based advocacy, but also about how race, culture, stigma and institutional response interact to shape who gets heard and who does not.

1.7. Language and advocacy barriers

Language barriers and advocacy barriers further compound unequal access. Conversations indicate that where **"first language is not there,"** processes can become delayed, and there

are repeated concerns about poor interpreter provision, including situations where interpreters are supposedly arranged but **"I go to the appointment and they're not there."** At the same time, families may find it harder to continue advocating once a young person becomes an adult, particularly where formal authority, appointeeship or communication rules become obstacles. As one respondent explains, without the right arrangements in place, **"to advocate for them basically you won't even be allowed to communicate."** Together, these barriers can slow decisions, create misunderstanding and reduce families' ability to secure appropriate outcomes.

1.8. Follow-through

One interviewee described cases being passed **"from one team to another team to another team,"** with staff changes meaning **"there's a new social worker again"** and no clear completion of the work that began. There may be evidence that **"something happened or something started,"** but no real finish or outcome. So, families may technically be in contact with services but still experience drift, repetition and unresolved need.

1.9. Gaps in support outside statutory adult social care

There are significant gaps in support outside statutory adult social care, particularly for young adults who do not meet formal criteria but still require ongoing help. Respondents point to **"a lack of appropriate support . . . like help for mental health"** and describe **"this massive gap in services"** once education-linked provision begins to fall away. The uncertainty about what happens after college or day provision ends, **"then what?"** captures a wider concern that many young adults are left without meaningful alternatives. This suggests that the problem is not only eligibility for council provision within adult social care itself, but also the weakness of the broader landscape of community, mental health, employment opportunities and culturally appropriate support.

1.10. Risk of worsening unmet need in future

There is also concern that unmet need will worsen over time if children and young people are not identified and supported early enough. One interviewee warns that **"the system is going to be shocked with a lot of need that they weren't even aware about,"** while another notes that when support is never accessed, **"it looks like on paper they don't need it — when they do."** Without a documented history of need, families may later find that **"they won't be able to argue the case"** for adult support.

Under-identification of need amongst racialised communities feeds into weaker transition evidence, producing greater unmet need and sharper disparities in adulthood.

1.11. Concern about crisis outcomes

Finally, there is serious concern about crisis outcomes when social care systems fail to respond appropriately. Respondents raise the possibility that some young people, especially Black autistic and young adults with learning disabilities, may be misunderstood and drawn into punitive systems rather than supported through care.

2.0 Recommendations

The recommendations contained within this report supports development of early, coordinated and culturally responsive transition pathway that ensures racialised young people with disabilities and neurodivergence receive timely assessment, advocacy, appropriate support and clear follow-through into adulthood. Recognising that BHCC is currently working on the transitions to adulthood strategy- these recommendations should be understood as reducing disproportionately negative outcomes for racialised young people, by embedding a person centred approach that absorbs racial equity measures.

1. **Start transition planning earlier.** Identify racialised disabled, neurodivergent and learning-disabled young people from age 14 through schools, EHCP processes, health services, children's services and community organisations. Set clear milestones for assessment, advocacy, benefits, care planning and post-education support.
2. **Create a single joined-up transition pathway.** Establish a shared pathway across children's services, adult social care, education, health, mental health and community support. Provide a named transition worker who remains involved through handover and helps prevent families being passed between services.
3. **Strengthen follow-through and accountability.** Track every transition case until support is in place, not just until referral or assessment. Monitor delays, non-responses and incomplete outcomes by ethnicity, disability and language need, with clear escalation routes.
4. **Review eligibility and look at how young people accessing children services can access alternative provision or support.** Ensure eligibility decisions account for under-identification, limited service history, language barriers and cultural stigma. Develop early-help, community, mental health, employment and day-opportunity support for young adults who do not meet statutory criteria but still have significant needs.

5. **Embed culturally responsive and anti-racist practice.** Train practitioners to recognise racialised patterns of under-assessment, misinterpretation and unequal access. Assessments should explore cultural context without stereotyping and should not rely on families' confidence, fluency or persistence as the main route to support.
6. **Guarantee language access and independent advocacy.** Provide trained interpreters for assessments, reviews and planning meetings and avoid relying on family members to interpret complex care discussions. Offer independent advocacy early where families face language barriers or are unfamiliar with adult social care.
7. **Support families through trusted community routes.** Provide plain-language information on transition rights, eligibility, appointeeship, advocacy, charging and complaints in accessible formats and community languages. Work with trusted community, faith, parent-carer organisations that focus on the racialised experience (A Seat at the Table) and voluntary organisations to deliver information and navigation support.
8. **Improve support for racialised neurodivergent and disabled young adults.** Develop flexible adult support that reflects developmental, communication, sensory and cultural needs rather than relying only on chronological age. Involve young people and families in designing culturally appropriate day opportunities, employment support, social activities and mental health support.
9. **Use data and lived experience to expose unmet need.** Record unmet need from childhood into adulthood and monitor transition outcomes by ethnicity, disability, neurodivergence, language need, gender and pathway. Combine service data with community evidence to identify unequal access and trigger improvement.
10. **Prevent crisis and punitive outcomes.** Strengthen links between adult social care, mental health, safeguarding, education, crisis services and community organisations. Develop culturally informed crisis prevention plans and review crisis cases to identify whether earlier transition support could have prevented escalation.