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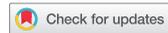
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Do We Need to Re-Think *Transition* to Take a More Comprehensive Approach to Supporting Young People to Navigate Complex Journeys to Adulthood?

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ABSTRACT

This discussion paper draws on a range of personal and other published research articles to respond to calls for a re-conceptualization of the concept of *Transition*. Acknowledging the roots of the concept in developmental and health psychology, the article briefly considers application to fields of practice in formal and informal education, health, social care, counseling, and psychotherapy that underpin approaches to supporting young people to navigate the journey to adulthood. UK service provision is discussed to consider why linear developmental approaches may be problematic, alongside recent calls for a re-conceptualization of what we mean by *Transition* to successfully understand, support, and enable complex journeys to young adulthood. The paper concludes by proposing a holistic, non-linear bio-ecological systems approach within which it is possible to integrate globally evolving research, pathways, models, and interventions. The approach will be of interest to an international readership because principles can be adapted to respond to shared and country-specific challenges, developments, and models of service provision as we approach the second quarter of the twenty-first century.

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Transitions and trajectories: Evolving theoretical concepts rooted in developmental psychology

As humans, we share developmental processes, which are both biologically determined and simultaneously influenced by the context within which we develop: family, community, culture, environment, geographical location, historical and political era, society, and life chances. Leading nineteenth and twentieth century psychologists in Europe and the USA attempted to explain developmental processes by articulating theoretical approaches or making testable predictions to explain change throughout childhood and adolescence. Sometimes elements of other disciplines such as biology and sociology were incorporated to generate new perspectives and academic lenses. Initially, the focus was on childhood and adolescence, later development throughout the life-course. Several theorists have had enduring impact in the twentieth and twenty-first centuries, influencing health, education, and social care practices through the application of their ideas despite acknowledged challenges and criticisms. Influential examples are briefly highlighted in [Table 1](#) below.

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Table 1. Key components of influential approaches to explain children and young People’s development.

Theorist	Key components of approach
Freud (1953; 1900)	Psychosexual <i>stage approach</i> to understanding how early childhood experiences had an unconscious impact on mental health in later life. Application in psychodynamic approaches to therapeutic work in counselling and mental health interventions.
Bowlby (1969; 1977)	Explored how the development of early emotional attachment patterns at various stages during infancy and early childhood played out in adult attachment behaviours. Application to the assessment of family attachment relationships made by health visitors and social workers.
Piaget (1952; 1964)	Discrete <i>stage approach</i> to understanding leaps in cognitive developmental ability exhibited by children and young people as they progress towards adult thinking and reasoning. Adopted in the early years and primary classroom to inform developmentally appropriate learning activity and outcomes.
Chomsky (1965; 1970)	Proposed a <i>sensitive period</i> up to about age seven involving a theoretical device for acquiring language that is innate and biologically pre-determined. Applied to support and promote early language learning opportunities.

Although these theorists do not specifically use the term *transition*, the concept could define the way they described changes (sometimes smooth; sometimes a significant vault) that the developing child and young person make between the stages. Key questions often remain unresolved, or at least equivocal, requiring critical analysis, evaluation, ongoing research, and evidence synthesis:

- To what extent do nature and nurture influence the development of the individual?
- How active are children and young people in their own development?
- Is development a continuous gradual process or does it involve significant leaps between stages?
- How do different domains of development (cognitive; behavioral; social and cultural) interact?
- How prominent are individual differences in developmental processes?
- What is the impact of the socio-cultural context? (Bukatko & Dahler, 2004).

Erik Erikson (1950, 1968) had previously attempted to resolve some of these questions, firstly, by considering the interaction between individual psycho-dynamic aspects and social and cultural contexts on development. Secondly, Erikson introduced eight stages spanning the life-course from infancy to old age; in each stage, the individual faces a turning point which requires the resolution of an internal conflict or dilemma. Orenstein and Lewis (2022) describe two opposing psychological tendencies (one positive and syntactic and the alternative negative or dystonic) acknowledging the importance of how the individual attributes meaning to their own developmental process, shaped and influenced by social and cultural experiences.

Erikson incorporated a core concept from psychodynamic theory – the development of the *ego* as a mediator between the (unconscious) drives and motivations of the individual and the demands of society. If the individual develops an *ego virtue* and *strength* at each stage, it will provide a stable foundation to support subsequent stages of development through core belief systems about how s(he) relates *the self* to their relationship with the outer world. If unresolved, the person’s sense of self and relationship to the outer world can be disrupted. During adolescence, for example, Erikson saw the challenge to be resolution of the conflict between *identity* versus *identity confusion*; the young person reflects upon and

evaluates their previous experiences considering societal expectations, establishing their aspirations, core values, and “*finding themselves*” (Orenstein & Lewis, 2022).

Erikson’s work has been critiqued because of inadequate testing of cultural transferability, gender bias (Rose & Robinson, 2006) and characterization of “*storm and stress*” during the teenage years (Buchanan et al., 2023; Rutter et al. 2008). Despite limitations, there is an argument for a dialogic space to consider relationships between identity, agency, power, and cultural worlds of practice (Rose & Robinson, 2006). Erikson’s theory may provide useful insights into understanding transitions and associated challenges, particularly those experienced by young people living and developing in complex circumstances or working to overcome adverse childhood experiences. Examples include young people who:

- have long term or life-limiting health conditions, disabilities, mental health problems, or are neurodivergent.
- live in unsafe family situations which fail to nurture.
- experience caring responsibilities.
- face environmental and event determined challenges associated with poverty, social deprivation, or climate emergencies and political conflicts.

Global events such as the Covid pandemic may also play a significant indirect part in exacerbating risks (Mulkey et al., 2023).

Researchers of neuroscience at the Harvard Centre for the Developing Child remind us that progress in understanding of developing brain architecture informs us that whilst significant negative effects on the hard wiring of the brain occur when a child is growing up in adverse circumstances, this does not necessarily pre-determine future life chances and experiences. Young people “*pushing harder against a closed door*” can, with appropriate support develop the resilience and coping skills required to overcome additional challenges (Shonkoff et al. 2022; Center on the Developing Child, Harvard University, 2024; National Scientific Council on the Developing Child, 2024).

The concepts of transition and trajectory

The theoretical concepts *Transition* and *Trajectory* have been applied to practice in Education, Health, Social Care, Counseling and Psychotherapy and Youth Work. Elder (1995, 1998) initially distinguished between the two terms:

- *Trajectory* defines the long- term path of the individual’s experiences in a specific life-course domain such as health and well-being, education and work, independence and self-determination, relationships, and family life.
- *Transition* encapsulates the beginning or close of an event, role, or relationship. Starting primary school, moving to secondary school, becoming a college or university student, or starting work are examples. Friendships, peer groups, support networks, personal relationships, and the identity of the individual may go through significant transitions throughout the life-course (Elder et al., 2015).

Evolving conceptual frameworks, real world applications, and professional discourse

The concept of *transition* is used to define significant changes a child or young person experiences as they progress through the education system or access health or care services as they grow and develop. The concept is evolving either through research or its application in varying contexts and has become a topic of global interest with research articles and evaluations published by authors across the world including work from Argentina, Australia, Austria, Belgium, Canada, China, France, Germany, Hungary, Ireland, Italy, Malaysia, Spain, Sweden, Switzerland, the United Kingdom, and the United States of America (Medforth & Boyle, 2023; Zhou et al., 2016). Professionals, practitioners, academics, and researchers do not share a universal definition. Instead, *Transition* is shaped by the world views of those who seek to apply it, but increasing self-determination and decreasing dependence on parents and family as a young person approaches young adulthood is one consistent element when *transition* is used in the context of education, health, social care, counseling, and youth and community work.

Transition in formal and informal education (school, youth, and community work)

In the United Kingdom, educationalists define staged transitions from birth to five years and beyond (a process, rather than event) placing vital importance on the young child feeling “*known*” by others as individuals with their own personalities, abilities, circumstances, and learning needs. Opportunities for professional dialogue at transition points enable key people to support particularly vulnerable children through the process (Dwyer & Wynn, 2002).

In the UK developmental conceptual constructions, influenced by early developmental psychologists, are applied through the “*national curriculum*” which assumes that children and young people learn the same things across a range of subjects (for example, English, Maths, Science as Sex and Relationships Education). It is applied across the primary and secondary school age ranges and sets teaching content and standards for achievement at each stage (Department for Education, 2023). Assessment of each child’s “performance” against these standards begins when moving from the Early Years Foundation Stage to Key Stage One when the child starts primary school and continues throughout the child’s journey through primary and secondary school (years one to 11). Further transitions occur as young people go on to further and higher education.

Using age-defined key stages makes problematic assumptions of uniform developmental experiences and curriculum-based outcomes, under-playing individual differences and circumstances. Furlong and Cartmel (2007) highlight several reasons why universal approaches are problematic: children from disadvantaged families are often not prepared to cope with the demands of school, nor are schools or classrooms prepared to cope with the demands of the child, igniting a downward spiral to failure. The child’s relationship with the teacher and cognitive readiness to adapt to the classroom; family disadvantage; the quality of the parent–child relationship; how well the child has had opportunity to develop of a wide range of competencies during the early years; their feeling of confidence, level of motivation and ability to achieve within school can all be impacting factors. The child’s

characteristics, anxiety, and stress can also affect their school transitions and success (Furlong & Cartmel, 2012).

Viewed through the lens of Youth and Community Work transitions are non-linear, complex, and shaped by a range of factors and interacting circumstances: personal situations, social class, geographical locations, education, employment, training, housing, family, income, and relationships (Coles, 1995; Furlong & Cartmel, 1997; J. Jones & Wallace, 1992). Young people experience unequal and diverging paths into adulthood because transitions in parallel trajectories do not necessarily occur at the same rate (Furlong et al., 2011; G. Jones, 2002).

Thomson et al. (2002) emphasize “*critical moments*”, shaped by family; wellbeing and illness; education and rites of passage; and wider social and cultural environments. Citizenship, leisure, consumption, geography, and relationships interplay to make transition an individual experience. *Critical moments* as a concept are problematic, implying that the transition is an event rather than a process, however in using the term Thomson et al. emphasize the significance of the young person’s experience, acknowledging the risks, associated uncertainty, and complexity of inter-connected transitions.

Dwyer and Wynn (2002) highlight that research at the beginning of the twenty-first century provided evidence of new relationships between young people and education. Globally increased participation in post-compulsory education, combinations of work and study and uncertain career outcomes have become common experiences. Consequences include disparity between the stated goals of education and youth policy, changing priorities and choices of young people. Tension between linear notions of transitions, often expressed in pathways and policy documents, and the life experiences of young people in many nations is increasing. Three significant themes are emphasized:

- (1) awareness of foreclosed options in educational outcomes is a consistent thread across a range of studies.
- (2) a discernible shift toward more complex life-patterns and a blending or balancing of a range of personal priorities and interests.
- (3) the need to give “*active voice*” to young people about the dramatic social and economic changes they encounter, and the experiences which have resulted. Policy may not always reflect this (Dwyer & Wynn, 2002).

Transition applied to counselling and psychotherapy

Anderson et al. (2012) revisit Schlossberg’s original theory of *Transition* (developed in 1981) from the perspective of providing psychotherapy to adult clients. Practitioners have used the ideas in direct work with young people (Winter, 2014). Central components of the approach involve understanding:

- the *meaning* we give to our experience is more important than the transition event itself, changes which alter our lives, relationships with those who are significant to us, our routines, and assumptions about ourselves and our lives.
- Coping with transitions makes a distinction between anticipated major life events (for example, leaving school, graduating from college, starting work, developing a relationship, becoming a parent, retiring) and unanticipated transitions due to

unexpected events (for example, major surgery, a serious car accident or illness, or a surprise promotion or redundancy).

- Non-events are important considerations as they can also result in changed relationships, routines, assumptions, and roles (not getting the job you applied for; not meeting the romantic partner you hoped to meet; being unable to afford retirement).
- Perception plays a key role - *transition* is defined in terms of how the individual experiences it. Considerations include type and impact of the transition, the context within which it takes place; what triggered it and how it relates to the individual's own "social clock."
- Other factors include ripple effects relating to other people involved; past experiences of coping and how they may modify the situation, the social and psychological resources the individual is able to draw upon, and other stressors in the life of the individual.

Transition in health and social care

What *transition* means to the young person experiencing it, those supporting or facilitating the transition process and associated outcomes may be shaped by additional challenges: living in adverse circumstances; depending on health services because of a long-term medical condition or mental health challenge; growing up in the care of the local authority because of abuse, trauma, or family breakdown; requiring tailored social care and education support because of a disability or having additional caring responsibilities associated with health problems of other family members.

Young People in the care of UK local authorities because of child protection concerns have specific provisions under the Children Leaving Care Act 2000. Services are required to develop Pathway Plans to independent living for relevant children aged 16 and 17 and a duty of provision for on-going support through a Personal Advisor up to age 21 and beyond if required. The Personal Advisor's role is to provide ongoing support regarding general welfare assistance; education, employment, and training; vacation accommodation if in further or higher education.

According to the Children and Families Act 2014 children and young people in the UK who are formally assessed as having special educational needs should have an integrated Education, Health, and Care Plan (EHCP) in place. The child's local authority is responsible for developing these multi-agency, cross-sectoral plans in partnership with young people and families to ensure a child or young person receives extra educational support. Parents and young people have more choice about which school or setting the child or young person can attend. The plans extend into post-16 education provision.

The problem of providing well-coordinated transitions between children's and adult health services is well recognized. This is true for young people with relatively straightforward long-term conditions, but those with more complex disabilities, life-limiting conditions, and mental health challenges often encounter additional battles (Allemang et al., 2019; Bratt et al., 2017; Camfield et al., 2019; Hilderson et al., 2015; Jensen et al., 2015; Jiang et al., 2021; Medforth & Huntingdon, 2018a; Pearson et al., 2020; Reekie, 2020). In the UK, healthcare *Transition* has historically tended to be subject to a sector-centric definition, sometimes viewed in terms of a single trajectory. According to the National Institute for Health and Care Excellence (NICE) it means the purposeful navigation of a pathway

between children and young people's health services to adult-orientated health care systems (NICE, 2016). Even from such a relatively straightforward perspective, in practice this often means that young people's needs are overlooked or only partially met despite an abundance of policy guidance (Care Quality Commission, 2014; Royal College of Nursing, 2024; NICE, 2016; Royal College of Nursing and Royal College of Paediatrics and Child Health, 2013; Royal College of Paediatrics and Child Health, 2022; Royal College of Psychiatrists, 2022).

At the same time, young people's own care needs will be evolving, yet it is evident that young people can fall through gaps in service provision, be lost to service providers, or experience poor outcomes of the transition process. Problems are compounded by the need to move between health, education, and social care services because of significant differences in expectations, style of service delivery and culture in children's and adult services (Care Quality Commission, 2014; National Network of Parent Carer Forums, 2013; 2024; Children and Young People's Health Outcomes Forum, 2012).

Often, vulnerable, or disabled young people may experience rushed transitions, which are stressful and lead to social exclusion (Caton & Kagan, 2007). The same people who have looked after them for as long as they can remember will have often met the young person's care needs in children's services. In an adult environment, they may need to consult several new health teams and adult social care services. Young people experience many significant transition points between health care services, as well as between schools, continuing education, and employment. All can be challenging to navigate, affecting adherence to treatment and retention by services, worsening disease status, and poor psychological and social outcomes (Allemang et al., 2019; Hendrickx et al., 2020; Jetha et al., 2019; Medforth & Boyle, 2023; Reekie, 2020; Salomon & Trollor, 2017; Toft et al., 2018).

The result can be confusion and frustration for young people, their families, and the committed staff caring for them (Care Quality Commission, 2014; Medforth & Huntingdon, 2018a). This can lead to fear, a sense of loss and having fallen off a cliff, and frustration at receiving poorer, more disjointed services (Gauthier-Boudreault et al., 2017; Gorter et al., 2015; Hayward-Bell, 2016; Medforth & Huntingdon, 2018a).

Challenges for service-providers are not unique to the UK. There is a widespread global interest in developing evidence-based approaches and best practice guidance based on the needs of the young person, rather than on the needs of the service. Research is wide-ranging and includes clinically orientated projects, as well as those focussing on timing of, and preparation for transition; perceptions and experience of transition; barriers and facilitators; and transition outcomes. Innovative approaches emphasize life-skills development; education transitions; social inclusion and employability (Gauthier-Boudreault et al., 2017; Hotez et al., 2018; Jetha et al., 2019; A. Scheef & Mahfouz, 2020). More recently, emerging themes include special considerations; dealing with complexity; advocacy, participation, autonomy, aspirations, and young people's rights (Medforth & Boyle, 2023; Zhou et al., 2016).

Despite progress toward integrated approaches, there is sometimes still a tendency to consider best practice in transition support from a linear perspective. The National Institute for Clinical Excellence (NICE, 2017) and The Transition and Patient Empowerment Innovation, Education and Research Collaboration (2022) for example, recommended the traffic-light based, three-stage *Ready Steady, Go!* Model as an example of best practice whilst Rogers et al. (2018) advocate a *10 Steps* Pathway. Models, pathways, and service-specific approaches can be useful in breaking the transition process down into manageable steps and

goals where transition along a single trajectory is relatively straightforward. Recently, a move toward cross-sectoral approaches which involve a range of agencies is advocated because transition is recognized to be multi-dimensional and complex (National Institute for Clinical Excellence [NICE], 2017; Community Integrated Care, 2024). In the UK, NICE updated their standards for supporting young people's transition to adult services in 2023. Overarching principles include involving young people and carers in service developments; person-centered approaches and strengths-based transition support; identification of a named transition professional and General Practitioner to co-ordinate; integrated working across health and social care sectors and commissioners and service managers planning to meet the support needs of young people in their locality (NICE, 2017). Quality statements include:

- (1) Young people who will move from children to adults' services will start planning their transition with health and social care practitioners by school year 9 (aged 13–14 years), or immediately if they enter children's services after school year 9.
- (2) Have a coordinated transition plan.
- (3) Have an annual meeting to review transition planning.
- (4) Have a named worker to coordinate care and support before, during and after transfer.
- (5) Meet a practitioner from each adults' service they will move to before they transfer.
- (6) Young people who have moved from children to adults' services but do not attend their initial meetings or appointments are contacted by adults' services and given further opportunities to engage (NICE, 2017).

The charity Together for Short Lives (2024) highlights the need for services to keep pace with the growing population of young people who have life-limiting conditions and are living longer with increasingly complex health challenges. Whilst palliative care will be a key part of their experience of transition to adulthood, what is most important is that they are able to live well and to the full. The *Stepping Up Pathway* provides a generic framework that can be adapted locally to plan multi-agency services for young people with life-limiting or life-threatening health conditions as they are moving into adult service provision. Multi-agency working involves services in the statutory, voluntary, and independent sectors, as well as those employed directly by the young person and their family through direct payments. The pathway is an overarching transition framework practitioners can use in conjunction with other pathways and guidelines developed for specific conditions or settings (Together for Short Lives, 2024).

The move to more holistic, integrated approaches to transition planning raises numerous challenges for commissioners and providers of services; novel approaches to service commissioning; reconfiguring service design; changing professional mind-sets to establish new ways of working and the innovative development of services. Bridging discontinuity and incompatible models of children's and adult service provision, continuing evaluation, and evidence-based development are essential.

The UK health system recently underwent a significant transformation as it moved to statutory Integrated Care Systems (ICS). This change will have a substantial impact on the health system as well as the wider Special Educational Needs and Disabilities (SEND) system (including local authorities, children's and adult's social care, the voluntary and

community sector, and education settings.) ICSs will adopt the functions and statutory responsibilities formerly held by Clinical Commissioning Groups (CCGs) but will operate at a larger footprint of around 1-2 million population (NHS England, 2024).

The UK Children and Families Act 2014 and the Care Act 2014 emphasize the rights of young carers to an assessment of their needs for support and the right to have their views heard and responded to. A Department for Education qualitative report indicates, however, that young carers' needs assessments and uptake of services may be restricted by parental fears that disclosure to health and social care professionals might lead to repercussions for their family. Confusion among both young carers and their parents as to whether children have received their own young carers needs assessment is evident (Clay et al., 2016). Those who come from hidden and marginalized groups and young adult carers may be particularly invisible (Childrens Society, 2018; Chikhradze et al., 2017; The; Carer's Trust, 2019). Young carers and young adult carers have been experiencing an intensification of their caring role for some years. Many having to spend more time on their caring role as well as having to care for more people, leading to stress exacerbated by widespread anxieties about household finances because of the current cost-of-living crisis in the UK (Carer's Trust, 2024).

Research lenses

Current research and policy guidance is shaped by various perspectives, depending on location within in the developing evidence base, favored research paradigms, traditions, and established methodological practice (Camfield et al., 2019; Medforth & Boyle, 2023; Zhou et al., 2016). Examples include projects using randomized control design to seek evidence of improving outcomes (Camfield et al., 2019; R. Harris, 2015; Hilderson et al., 2015; Peron et al., 2018; Szalda et al., 2019; Toft et al., 2018), development of scales to measure important transition-related bio-psychosocial constructs and psycho-social functioning (Hartman et al., 2017; Klassen et al., 2014; Santosh et al., 2020) and qualitative studies and intervention evaluations illuminating the experience and needs of young service users and families. In the case studies reported in Medforth and Huntingdon (2018a); Medforth and Huntingdon (2018b); Medforth et al. (2019); Medforth (2022) the perceptions and inter-connected experiences of young people, families, and practitioners are voiced – a focus shared by Okumura et al. (2015).

Many of the best practice recommendations identified by young people, families, and practitioners align with those highlighted by researchers and practice developers; starting early and taking a holistic approach; prioritizing identification of a lead professional to coordinate, manage, and document the transition process; ensuring integrated commissioning and services; and having experienced transition practitioners who can help families to overcome barriers and navigate hurdles; enabling the participation of young people in the co-production of services. The complementary perspectives of representative service users, families, and practitioners, based on personal experience lead to transferable learning. The need to incorporate healthy literacy and lifestyle, wellbeing and mental health, food, and nutrition in transition programs, as well as how to navigate services, has been emphasized by young people in general and in particular young carers, young adult carers, young people in care, and those with mental health difficulties (Bröder et al. 2017; Jordan et al., 2019;

Lacey et al., 2022; Medforth, 2022; Medforth & Huntingdon, 2018a, 2018b; Medforth et al., 2019; Sims-Schonten & Hayden, 2017).

Young people recognize the benefits of facilitating peer support through young people's groups, special clinics, or interventions such as young people's champions project. They include enhanced self-confidence and self-advocacy, enabling young people to feel less alone, unsure, anxious, and unsafe (Dave et al., 2024; de Beer et al., 2024; Halsall et al., 2022 National Guideline Alliance UK, 2021; Medforth, 2022; Medforth & Huntingdon, 2018a, 2018b; Medforth et al., 2019; Richard et al., 2022). Young people and families say they need reassurance that they will receive a service that is at least as effective in meeting their needs as the service that is familiar to them; young people in transition may still need parents there to explain and reassure, so parents should be informed of outcomes of assessments, development of plans, what is happening, and completed actions (Medforth & Huntingdon, 2018a, 2018b; Taylor et al., 2019; Waldboth et al., 2016, 2021).

Parents suggested that where young people are not able to confidently speak for themselves practitioners need enhanced communication skills to be able to advocate for the young person; training to enhance knowledge and skills and best practice in coordinating transition with the possibility of parents being involved in training development (Medforth & Huntingdon, 2018a, 2018b). Specialist advocacy services would also be helpful, particularly for young people with severe learning disabilities, to ensure that the young person's wishes, concerns, goals, and feelings, developmental ability, and communication style are accommodated rather developing transition plans to fit existing models of service delivery (Camfield et al., 2019; Dunn, 2017; Medforth & Boyle, 2023; Medforth & Huntingdon, 2018a, 2018b; Okumura et al., 2015; A. Scheef & Mahfouz, 2020).

The quest for successful evidence-based interventions continues (Sipanoun et al., 2024). This may mean re-defining boundaries to negotiate service-user autonomy and alleviate the burden on young people and parents, recognized in several countries including Belgium, the Netherlands, Italy, and England (Hendrickx et al., 2020); China (Jiang et al., 2021); Canada (Gorter et al., 2015; Taylor et al., 2019); Scotland (Reekie, 2020) and the USA (Sullivan, 2016). King et al. (2021) go further, raising the opportunity to open new life-course possibilities.

Service development, innovation, evaluation, and research

Co-production, involving young people in the design, development, and delivery of transition programs is essential. Participatory approaches give young service-users and families stronger voices, and action research has transformative potential (Hotez et al., 2018; Hughes et al., 2018; Medforth & Boyle, 2023; Waldboth et al., 2016). Innovation should be underpinned by appropriate evidence and service development systematically evaluated. Current research approaches and priorities are varied and involve researchers in the Americas, Asia, Australia, and Europe; some are clinically focussed seeking quantifiable evidence for improving outcomes, for example, randomized control design projects to evaluate transition outcomes for specific groups, particularly those who are currently under-researched (Camfield et al., 2019; R. Harris, 2015; Hilderson et al., 2015; Medforth & Boyle, 2023; Peron et al., 2018; Toft et al., 2018).

Rees (2016) suggested three focus areas for future research, assessing pathway effectiveness, developing guidance for strategic managers and practitioners; and evaluating the role

of parents. Researchers should elicit stakeholder perspectives, including parental and family roles (Taylor et al., 2019; Waldboth et al., 2016, 2021). Systematic longitudinal intervention studies and evaluations should extend beyond 12 months post-transition, including those involving health-related outcomes and preventative strategies for young people with complex disabilities and emergent mental health problems (Campbell et al., 2016; Colver et al., 2019; Gorter et al., 2015; Salomon & Trollor, 2017). System-level disintegration of the transition process across countries highlights the need for robust policy development and the use of powerful levers to elevate the profile of transition support development (Hepburn et al., 2015). A multi-dimensional perspective in the developing evidence base is essential; evaluating accessibility to under-represented groups and developing additional scales to measure important transition-related bio-psychosocial constructs and psychosocial functioning (Hartman et al., 2017; Klassen et al., 2014; Medforth & Boyle, 2023; Santosh et al., 2020).

Towards a re-conceptualization of transition

Recent moves toward integrated services and multi-agency approaches are evolving alongside arguments for re-conceptualization of *transition*. Several goals are cited by different authors:

- (a) a meta-theoretical understanding which includes service users and research participants (Jindal – Snape, et al., 2021).
- (b) interrogation of the underlying orthodoxy of biological maturation and age acknowledging the social, cultural, political, and historical contexts that transform young person and adulthood in the 21st century (Hogan, 2019; Mizen, 2003; Wyn & Dwyer, 2002)
- (c) recognition of complexities and individual circumstances including long-term health conditions and disabilities, caring responsibilities, and leaving care among others (Medforth, 2022; Medforth & Boyle, 2023; Medforth & Huntingdon, 2018a, 2018b; Medforth et al., 2019).
- (d) challenging normative patterns of transition which have the effect of creating “*at-risk*” categories, inequalities, and marginalization (P. Kelly, 2006; Lawson & Beckett, 2021; Riele, 2006) and a re-balance focusing on a range of educational and well-being outcomes to avoid a self-fulfilling negative discourse (Jindal – Snape, et al., 2021).
- (e) a focus on assets to identify the protective factors that support learning, health, and wellbeing and resources that promote the self-esteem and coping abilities of individual young people (Brooks & Kendall, 2013).
- (f) holistic, biopsychosocial, and multi-agency approaches to transition support which respond to the young person’s style of engagement, concerns, and confidence level and incorporate attention to participation, the acquisition of skills and monitoring gains or losses, ability, and skill over time (Hartman et al., 2017; Colver et al., 2019).
- (g) evidence-based best practice in supporting successful transitions for young people must align to developing national policy, priorities, and context; approaches that are aligned to innovation and delivered in enabling environments that assure inclusivity, responsiveness, and promote social cohesion (Education Development Trust, 2022).

- (h) local and global connectivity, learning outside of formal education so young people to become “*self-navigators*.” (Fu, 2023; Furlong et al., 2011).
- (i) greater recognition of the situations, culture, and relational aspects of young people’s lives, and the search for meaning and security in an unpredictable and unstable world. Understanding that around the world young people undergo life-course transitions in societies which are undergoing deep transformation: dealing with the aftermath of the covid pandemic; confronting climate change and responding to increasingly accelerating technological revolution (de Almeida Alves, N., 2023; Furlong et al., 2011; Education Development Trust, 2022).

To offer a solution I am suggesting an approach which may initially seem to be paradoxical – a return to the developmental theorists of the twentieth century and Uri Bronfenbrenner’s Bio-ecological Systems Approach (Bronfenbrenner, 1979, 2005). Bronfenbrenner developed an approach that acknowledges that the individual child and young person develop in a multi-layered external environment, from immediate settings like family to broad cultural values and historical context. Bronfenbrenner described five different systems that impacted on the child and adolescent.

Several writers caution against misunderstanding and misapplying Bronfenbrenner’s work, highlighting his revision and re-emphasis on the *interaction* between individual biological maturation and the external ecological context (Tudge et al., 2017, Navarro et al., 2020); the difficulty in scientifically testing the theory, and that it may be too deterministic (Leventhal & Brooks-Gunn, 2000). Writers have also recognized the enduring value of application to the health and social care contexts. Ornstein and Caruso (2024) highlight the value of applying the approach to caregiving across the life course; Paat (2013) highlights how it has been used to strengthen social work with immigrant children; M. Kelly and Coughlan (2019) used constructivist grounded theory analysis to apply the theoretical framework to youth mental health recovery. D. X. Harris and Holman-Jones (2023) report a creative adaptation used to support young people’s mental health in schools, whilst Hayes et al. (2017) value inclusion of all the systems children and their families participate in and experience.

I propose loosely adapting Bronfenbrenner’s conceptual model to consider a refreshed approach to applying *transition* to the lives of young people, particularly those in complex circumstances (an approach considered but not fully developed by Joly, 2015). In Figure 1 I have summarized a revisited approach to transition support. It builds on evolving research, policy, and examples of current good practice and locates it within the bio -psycho-ecological context which shapes the young person’s experiences. Specific evidence-informed models and pathways can be incorporated within the approach as appropriate. I have adapted, rather than directly applied the concepts of *microsystem*, *mesosystem*, *exosystem*, *macrosystem*, and *chronosystem* because Bronfenbrenner made a distinction between *macrosystem* and *mesosystem* where there is a direct interaction with the world of the child and young person and the other systems where he suggested a more indirect effect. I have blurred the boundaries between the systemic levels and emphasized a more explicitly dynamic interaction between the young person and external context at each level (indicated by the broken lines in the diagram) to

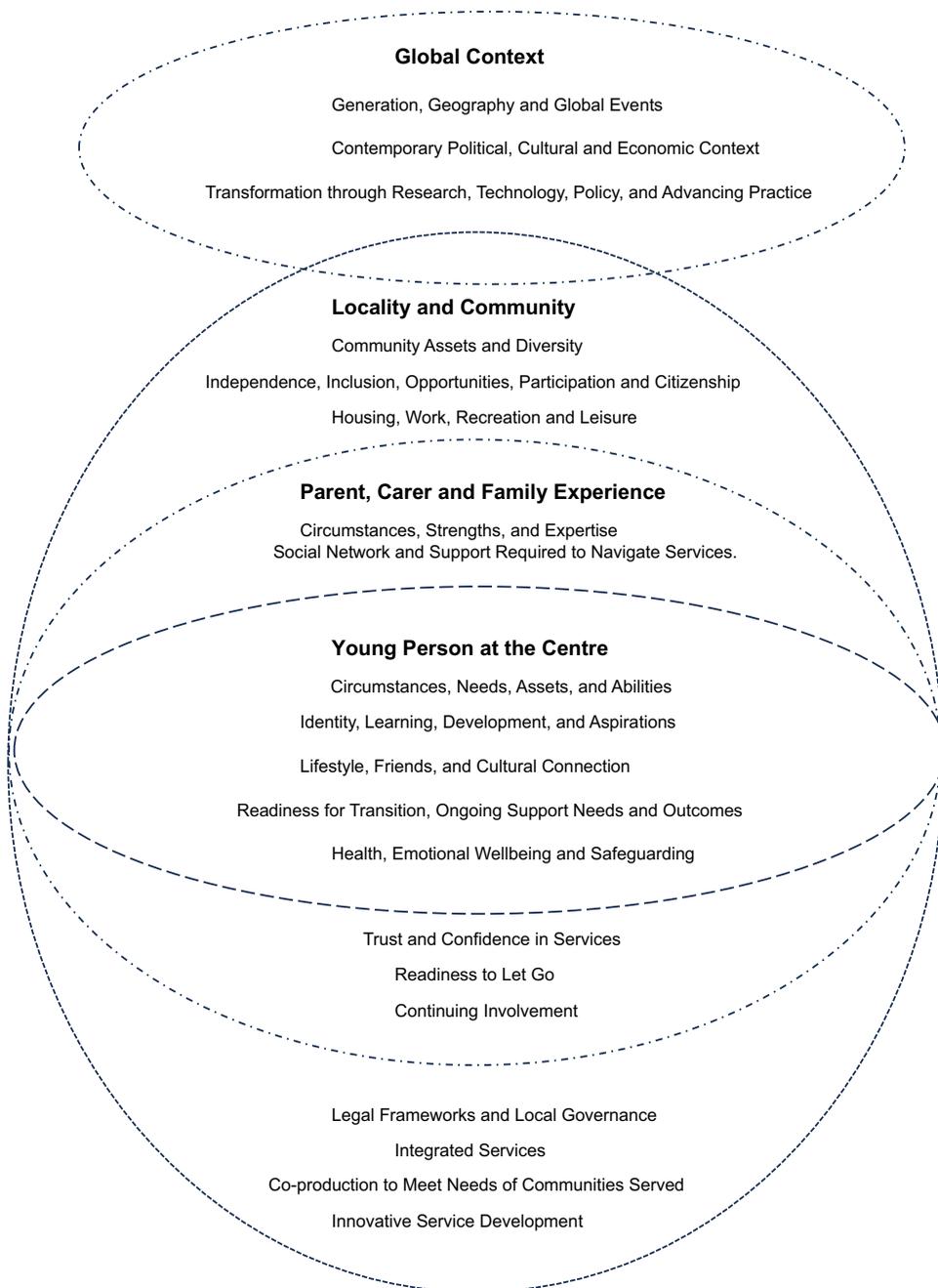


Figure 1. A bio-psycho ecological systems approach to supporting young peoples' transition to adulthood (with explanatory notes).

- (1) recognize complexity and the impact of the wider external context.
- (2) appreciate the potential for young people to become active self-navigators, community advocates, and impactful citizens.

- (3) acknowledge digital connectivity and culture, access to increasingly unlimited information resources and increasingly artificial intelligence which will construct the experiences of current and future generations of young people.

Young Person at the Centre

The diagrammatic representation places the developing young person at the centre. The approach takes account of cognitive, social, and emotional development; the young person's developing sense of identity, sexuality, culture and understanding of how they are "known" to and relate to other people. This includes family, evolving relationships, peer support and friendships.

The individual needs and circumstances of the young person, including complex challenges, personal strengths, and assets are acknowledged and the individual young person's aspirations, continuing education, and employment goals are key. Health and lifestyle, disabilities and specific long-term conditions, emotional wellbeing and safeguarding are essential considerations. The young person's developing self-advocacy and communication skills are acknowledged. Decisions can be made regarding professional, or multi-agency support needed to be able to access and navigate transition between services. Here the young person's current experience and trust in services will be significant and will shape what transition will mean to them, their preparation and readiness for their own transition to young adulthood and how they evaluate their experiences. Housing may be another important consideration as the young person progresses to increasing financial independence and self-determination.

Young people will be central to service developments and provision as they transition to young adulthood. Providers will support young people in their preparation and readiness for transition, with an identified Transition Co-ordinator bringing together relevant stakeholders and service providers to ensure a comprehensive approach. Transition Co-ordinators will be skilled advancing practitioners, with effective communication skills and the ability to engage and work responsively in partnership with all young people and their families, including those living with specific challenges and complexities. Transition co-ordinators will be confident in developing a relationship of trust with young people and their families and be able to effectively assess the needs of young people, their language and communication needs, cognitive, behavioural, social, and cultural development. They will evaluate young people's level of trust and confidence in current and future services, helping young people and families to navigate systems. Where there are unmet needs they will work across boundaries, between sectors and with children's and adult services to ensure adequate service provision. Key considerations will include:

- Health, lifestyle, strengths, assets, and disabilities.
- Specific challenges such as living with long -term or life-limiting health. conditions; caring responsibilities; leaving the cared for system.
- Mental Health, wellbeing, and safeguarding.
- Identity and sexuality.
- Independence and self-determination.
- Attachments, relationships, friendships, and peer support.
- Communication ability and preferences, digital connectivity, and culture.
- Aspirations, continuing education, employability, and leisure.
- Advocacy, participation, and citizenship.

Parent, Carer and Family Experience

The young person's family or carers may be pivotal in the young person's transition experience, not least because they are likely to know the young person best and be key sources of support to young people when accessing and navigating a range of services. They will play a part in shaping the young person's transition. Family circumstances may bring complexities requiring additional support as well as experience, expertise, assets, and resilience which can be drawn upon to support the young person. Parents, carers, and siblings may also be impacted by the process themselves and face their own challenges such as loss of services or trusting in letting go as the young person becomes increasingly independent.

Service providers and policy – makers will need to recognise family experience, coping and expertise and acknowledge the feelings, concerns, and hopes of the young person's family. Working in partnership involves recognition that trust will need to be built not only with the young person, but also achieve the confidence of parents and carers. Insights of siblings and the possible impact upon them should be considered. Depending on their developing level of independence the young person who is transitioning may value the continuing involvement of parents and carers. Families who have been used to advocating for the young person or fighting for services may need support to navigate available services, identify gaps or be able to assist in the peer support of other families. Where young people have caring responsibilities or are growing up in the care of the local authority support will require specific multi-agency transition planning.

Locality and Community

Assets and resources in the young person's local community will be essential to supporting the best possible transition outcomes. Integrated approaches to commissioning will ideally support the development of training, service providing hubs, models, and pathways. These should respond to the diverse needs of the community served, including young people living with complexity. Continuing Education, Health (including mental and sexual health), Social Care, Youth, Leisure, and Housing services will need to be willing to work collaboratively, in new ways, across traditional boundaries. The contribution of community, faith, voluntary and independent sector services should not be overlooked. Specialist organisations who have expertise in particularly complex circumstances of individual young people may make an invaluable contribution; the Youth Justice sector is one example who will play a key role when a young person's behaviour is challenging, or they have problematic relationships with statutory organisations.

Counselling, advocacy, and participation services may also be useful to the young person alongside groups and services that facilitate peer support, help young people to overcome social isolation and promote citizenship. Opportunities for continuing learning and career development will also be key, with specialist support provided for young people who face challenges such as learning disabilities, neurodivergence or mental health challenges. Employability support services may need to be creatively tailored to meet the specific needs of young people, for example those who are furthest from education or employability because of social exclusion, disability, mental health, or family circumstances. Local knowledge and public consultation will enable service development to respond to the needs of the communities served.

For young people, whose circumstances are complex there will be a need to provide holistic solutions (in both young peoples and adult services), modelled to ensure the needs of the young person are at the centre. Development of services should involve co-production with young service users and enable young people to give feedback on their experiences, so they play a significant role in quality assurance and improvement. Some may wish to represent or champion service development for less confident or more vulnerable young people in circumstances like their own. Youth and Community and Advocacy services may provide expertise or innovative approaches to support young people to become self or community advocates. Experienced parents and carers may wish to provide peer support or transition training for others new facing their child's transition planning for the first time.

Global Context

The approach recognises that consecutive generations of young people are developing at a specific point in historical time and geographical location. They will share some aspects with previous generations, but also experience an external environment unique to them. Global influences, may, for example include developments in the digital environment, technological advances, and changes in work patterns. Other impacting factors include global events such as the covid pandemic, armed conflicts, or climate events, all potentially impacting on mental health and wellbeing. Dominant cultural ideologies, attitudes, and social conditions that children are immersed in may be considered. It would be much easier, for example, for a young person who is struggling with gender identity to “*come out*” as transexual in an accepting, non-hostile or judgemental cultural environment or it may be very difficult for a disabled young person to thrive and achieve their aspirations when immersed in a society where ableist beliefs dominate.

Innovation in transition support and service development will reflect the contemporary political and economic and cultural environment, informed by the developing research evidence base. Policy and guidance must be achieved through collaboration at local, regional, national, and international levels. Evidence based tools, models, pathways, and outcome measures will support service providers to advance practice.

Inclusion of the voice of young people will become routine in both the development and evaluation of services at local, regional, and national level with young people making an active contribution to national and international culture and politics. The rights of young people should always be upheld according to the United Nations Convention on the Rights of the Child (1989) and the European Convention on Human Rights (1950) whilst progress towards equality and global social justice will be made through the incremental achievement of the United Nations Sustainable Development Goals (2015). Young people can develop political agency through participation in school councils, youth parliaments, student unions and political parties. Social media provide possibilities for global connectivity and developing social movements unimagined by previous generations.

Advocacy, navigation, empowerment and citizenship

Earlier I acknowledged that one-size fits all solutions, or assumptions based on linear stage-based models, can be problematic. Individual young people will have some shared experiences but will also have circumstances, needs, and aspirations which are as unique to them. Their strengths, abilities, experiences of coping, sense of identity, experience of service use, developing identity, confidence, trust cognitive, and communication skills will also vary. Key components of successful transition navigation can be learning early about services and how to access them, developing self-care and self-advocacy skills.

People can learn self-advocacy (the ability to communicate your needs to thrive in school, work, and life) at any age. Sometimes developing health literacy and understanding of well-being, self-care, rights, and responsibilities and how to access support is required. Advocacy was a key aspect of support for young people who experienced difficult transitions. Families recognized that having an advocate to support others like them is essential; therefore, advocacy is core to the role of the transition co-ordinator (Medforth & Huntingdon, 2018a, 2018b; Okumura et al., 2015; A. Scheef & Mahfouz, 2020).

MIND (2024) explain how advocacy (self, family, or community) can be useful for users of mental health services.

Other types include case advocacy, peer advocacy, citizen, and statutory advocacy. Eventually becoming an active participant in a community or becoming a champion for others may be one desired outcome of *Transition* for some young people. Earnest et al. (2023) offer a model of Advocacy across three domains of influence (practice, community, and government) using three categories of advocacy skills (policy, communication, and relationships). They suggest that this framework is immediately applicable to a broad variety of health professionals, educators, researchers, organizations, and professional societies. An example in practice is a project enabling the transitions young carers and young adult carers made from service user to citizen and community advocates, influencing at government and policy level, as well as in local communities (Medforth, 2022).

In summary, comprehensive integrated approaches to *Transition* need to support young people's development across the full range of life-course trajectories. Focus should reflect individual circumstances, responding to factors that make the journey to young adulthood complex. Priorities will reflect the concerns which are most important to young people and their families. Support arrangements must recognize the strengths, assets, experiences, ideas, and aspirations of individual young people. Transition Co-ordinators will play a key role in working with others across sectors and organizational boundaries. Whilst existing tools, models, and integrated pathways are useful, it will be necessary to organize relevant services into multi-agency hubs or co-ordinate them into representative teams. Regular collaboration can lead to provision of services that fully meet the needs of individual young people and innovatively respond to complex circumstances and challenges. Involvement must include representatives from both young people and adult services to develop shared goals and understanding, support innovation, and service developments informed by the global research evidence base and local, national, and international policy context. The challenges are significant, but through collaboration the rewards can be greater – we have the potential to not only empower young people to become self-advocates, and active citizens but also enable them to live the fullest lives possible, however complex their individual circumstances.

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