Moving from Children's to Adults Services

Transition pathways

Social care

Education

Children Looked After

Health

Transport

Wandsworth

Education Transitions Pathway

AGE 14 (YEAR 9)

EHCP will be amended in year 9, in collaboration with the SNAS 14-25 Review Team to incorporate the **PFA outcomes**. Other professionals will also prioritise this transitional year to update the advice contributing to the plan.

Review of support in school for those with additional needs but no EHC Plan.

Parents and young person fact-find about post 16 provision, referring to Local Offer - **Wandsworth SEND Local Offer**

Schools and colleges should provide students with **independent careers advice** (all year 8-13 pupils) and offer opportunities for taster sessions, work experience, mentoring and inspirational speakers/role models to help young people with SEND make informed decisions about their future aspirations. If your child has an EHC plan, their EHC Co-ordinator will also be involved in this process.

Adult social care services work with SNAS team to review young people who may be eligible for care services as an adult.

Resources:

National Careers Advice

National Development Team for Inclusion

Annual Review of Education, Health, and Care Plan in Wandsworth

Preparing for Adulthood

AGE 15 (YEAR 10)

Year 10 Annual Review - Preparing for adulthood is an ongoing process and the Year 10 annual review is the second of several transition/planning meetings that takes place every year with the young person until they leave school in Year 11 or Year 14. Through the transition the annual review will help to ensure that the child's needs are identified, and relevant services put in place. The EHC plan will be amended when required, to reflect their changing needs as they grow older.

Review of support in school for those with additional needs but no EHC Plan.

The setting will provide careers guidance, information and advice.

If likely to have a change of environment post-16 e.g., move from school to college, consider what might be needed for a smooth transition. In some complex cases a multi-agency panel will consider the options and make recommendations.

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Education

CSI959 (9.25)

Education Transitions Pathway

AGE 16 (YEAR 11)

EHC plan reviewed and new outcomes recorded on PfA section.

Continue to receive careers education, information, advice and guidance.

Young person decides on preferred post-16 option – this should have been undertaken and preparations underway prior to the annual review. In the autumn young people are asked for their post-16 education placement choices. SNAS then "consult" with the relevant education placement. The SNAS team attend this along with social care and health when appropriate. This process is repeated at year 12/13/14.

If moving on from school, post 16 placement confirmed by 31 March if an EHC plan is in place.

Consider whether all appropriate professionals/ organisations are involved (including advocacy).

SNAS should refer young people to adult social care who have been identified on the tracker when not known to a social care team.

Young people preparing to make their own decision:

As young people develop, they should be involved more and more closely in decisions about their own future. After compulsory school age (the end of the academic year in which they turn 16) children become young people and take their own responsibility for engaging in decision making with their education provider and, where they have an EHC plan, with the local authority and other agencies.

Schools have a vital role to play in supporting young people to make decisions and take control of their own future. It is essential that parents are well prepared for these changes and supported to allow their child's voice to be heard at the centre of the conversation. **Educational providers should continue to involve parents in discussions about the young person's future.** In focusing discussions around the individual young person, parents, carers and professionals should support that young person to communicate their needs and aspirations and to make decisions which are most likely to lead to good outcomes for them, involving the family in most cases. It is key that the child's aspirations are at the centre of the conversation. Using Vocational Profiles as a tool will help with this work.

The parents and family members of young people can continue to support them to make decisions or act on their behalf if this is what the young person wants.

The local authority, schools, colleges, health services and other agencies should continue to involve parents until the young person is 18 years old, although the final decision lies with the young person.

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CSI959 (9.25)

Education Transitions Pathway

AGE 17 (YEAR 12)

Families and young person discuss potential post 19 options with school, key workers, social care and health workers.

All students aged 16 to 19 should follow a study programme that stretches them, prepares them for adulthood, and supports their progression into work or further study. For students who have an EHC plan, a study programme can apply up to the age of 25.

Young people with an EHC plan can undertake Supported Internships or Traineeships which aim to prepare them for employment or apprenticeships.

The annual review will be used as a mechanism to facilitate joint planning with the family, particularly around preparation for adulthood and transition to adult services.

AGE 18 (YEAR 13)

The annual review will be used as a mechanism to facilitate joint planning with the young person, the family, particularly around preparation for adulthood and transition to adult services.

Personalised planning is in place which will consider:

- The content of any future study programme and how it will enable outcomes to be achieved
- Which professionals to be involved in future meetings

For those moving between provisions, e.g. vocational pathways, college, university, at the end of year 13, the SNAS team will liaise with the family to identify next steps and amend/ cease the plan as appropriate.

Mental Capacity Act: ensure that the young person has support to make informed decisions.

CS Special Needs Assessment **EDSNAS@richmondandwandsworth.gov.uk**

Special Needs Assessment Service

SNAS and caseloads number:
020 8871 8061

AGE 19+

The annual review will be used as a mechanism to facilitate joint planning with the family, particularly around preparation for adulthood and transition to adult services. There will be a particular focus on destination planning and identifying the steps to get there.

For those moving between provisions, e.g. vocational pathways, college, university and employment, at the end of year 14, the SNAS 14-25 review team will liaise with the family to identify next steps and amend/cease the plan as appropriate.

Mental Capacity Act: ensure that the young person has support to make informed decisions.

Identify other key transition points in the young person's journey – consider actions required to make these transitions as smooth as possible.

Ensure that all the services are actively involved in the annual review process. If the EHC plan is ceased, sufficient exit plan arrangements are in place to secure appropriate provision and outcomes.

Education

CSI959 (9.25)

Social Care Transitions Pathway

AGE 14 (YEAR 9)

Young people likely to need support as adults should be flagged on to the tracking list and discussed at the regular meetings (chaired by the Transition Lead), the purpose of which is to ensure that key pieces of work are completed and that they are on the right pathway for their needs.

Preparing for Adulthood Service (PfAS) service will work with other teams to identify young people with EHCPs who are likely to require support as adults.

AGE 15 (YEAR 10)

Tracking meetings continue between the relevant teams on a regular basis. Young people can be flagged and added at any point.

AGE 16 (YEAR 11)

Referrals are made to PfAS for young people already identified on the tracker by the relevant teams in Children's Services (including Supporting Disabled Children's Service, Special Needs Assessment Service, Children Looked After). The Certificate of Visual Impairment should be included in the referral for the relevant young people.

PFAS will confirm whether the referrals are accepted and if so, recommend the referrer shares information on the financial charging policy link **FCP**

N.B. *It may be appropriate for some people with complex needs to be referred at an earlier stage, this will be decided at the tracking meetings.*

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Social Care

CSI959 (9.25)

Social Care Transitions Pathway

AGE 17 (YEAR 12)

Young people referred are allocated to a social worker in the PfAS for completion of the **Care Act assessment**. For those eligable **A Care and Support Plan will be developed,** taking into account the young person's strengths, abilties and wishes and a funding application submitted to the Preparing for Adulthood Panel, no later than 3 months before the 18th birthday. Those with sensory needs may be referred to the Sensory Team for additional assessment. A carers assessment will also be carried out and a dedicated meeting offered for this.

A **mental capacity assessment** will also be completed if there are concerns that the young person lacks capacity to make decisions about their care and support.

The **financial assessment** will be completed no later than age 17 years, 9 months

N.B. *It may be appropriate for some people with complex needs to be assessed at an earlier stage. This will be decided at the tracking meetings.*

AGE 18 (YEAR 13)

Case management responsibility **transfers to a social worker** in the PfAS.

If there is a delay in the transition to the PfAS, support from Children's Services should continue to ensure continuity. If the pathway is followed, this should not be necessary. Any continuation of Childrens Services needed will be discussed and agreed at tracking meetings.

The adult care and support package starts on the young person's 18 birthday, taking into account the young person's strengths, abilties and wishes and this is reviewed after six weeks and annually thereafter.

AGE 25

Young people **transition to the relevant adult social care team:** young people with physical and sensory disabilities will transfer to the adult locality service; those with a learning disability to the learning disability team; those with a mental health need to the mental health service. Decisions about the most appropriate team will be made on a case-by-case basis for young people who do not fit neatly into a specific service.

The young person's care and support plan will be kept under review to ensure the person is supported to live as independently as possible.

Preparation for Adulthood Duty
preparationforadulthoodduty@richmondandwandsworth.gov.uk
020 8872 515

Social Care

CSI959 (9.25)

Children Looked After Transitions Pathway

AGE 14 (YEAR 9)

Children Looked After (CLA) and Future First (FF) identify young people who are likely to need support from Adult Social Care (typically those with a disability or mental illness) and they are placed on the tracker.

Independent Reviewing Officer (IRO) also helps to identify young people with care and support needs.

AGE 15 (YEAR 10)

Young people will be supported to complete the **Needs Assessment Life Skills Checklist,** this will be reviewed periodically and will inform the pathway plan. The checklist will also be completed as soon as possible for any young people who become looked after between 15-18.

Young people who will need a **Personal Advisor (PA)** at 16 are also identified.

AGE 16 (YEAR 11)

The First Pathway Plan is completed before young person turns 16 and three months.

Young people are **allocated a FF PA** on or before their 16th birthday.

In the process of transferring to Future First, the PA must ensure that all appropriate benefits claims are prepared/ in place prior to 18th Birthday. For young people whose disability or neurodiversity is a barrier to them engaging in this process or for whom a referral to Client Affairs is pending, the claims should be progressed anyway at 18th birthday by the PA, utilising the specialist link officers within the DWP to support this process. Applications for Universal Credit must be made 28 days prior to the 18th birthday.

Young people likely to require Adult Social Care support are referred for a **Care Act assessment** (N.B. these young people will already be on the tracker in keeping with the Social Care Pathway).

The first joint visit takes place between the CLA social worker and PA and dates of **CLA reviews and Personal Education Plan (PEP)** meetings are shared. Regular joint supervision takes place between PA and social worker until the young person reaches 18.

AGE 17 (YEAR 12)

Pathway Plans are reviewed, and transition targets updated.

The PA will meet the young person at least four times before their 17th birthday.

Post 18 accommodation plans should be developing, including **Staying Put arrangements. By age 17 and six months.** Joint supervision continues between PA and social worker until the young person reaches 18.

Post 18 accommodation plans are in place and approved by the Care Panel.

Young people should have been presented at least three times to **monitor transition planning.**

Young people have a **clear 18+ support network** via lifelong links referral when needed.

Young people complete a **life skills course.**

Care Act assessments will be completed for those referred.

AGE 18 (YEAR 13)

The **care package will commence** for young people eligible for support from Adult Social Care under the Care Act.

Young people **transfer to the FF team** at an agreed date.

Future First Leaving care: duty number: **020 8871 6733**

ffinfo@richmondandwandsworth.gov.uk

Looked after children

CSI959 (9.25)

CAMHS Healthcare Transitions Pathway

Health Care

AGE 14 (YEAR 9)

From age 14, young people with a learning disability are entitled to a **free Health Check** with their GP once per year.

AGE 17 (YEAR 12)

The transitions coordinator from CAMHS supports young people prior to turning 18 to ensure they will get the correct support from adults services.

For young people requiring ongoing support, whether due to mental health needs, a learning disability, an eating disorder, a personality disorder, **a CAMHS Care Coordinator will begin discussions** with the relevant adults team when the young person turns 17 and make referrals as needed.

Referrals will include information on current medication, relevant health assessments, EHCPs, risk assessments, and key contacts in the network. Once referred and accepted young people will be allocated a lead healthcare professional from adult services to help facilitate the transition.

Active transition planning should start when the young person is 17 and 6 months. This should be agreed by CAMHS and the relevant adults team. Young people supported by the CAMHS Learning Disability Team will typically be referred to the appropriate learning disability service.

Some young people supported by CAMHS may not meet the criteria for adult services in such cases CAMHS may explore referrals to other organisations / agencies, this work will take place when the young person is 17 years and 6 months.

When young people are 17+ and have had a first episode of psychosis requiring a care planning meeting to support their recovery, CAMHS may arrange handover of treatments to the adult early intervention service.

Young people who are in-patient on a CAMHS ward may need to transition to an adult ward when they turn 18, preparation for this should begin as early as possible. The relevant adult ward and/or community team will be invited to arrange transition.

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CAMHS Healthcare Transitions Pathway

AGE 18 (YEAR 13)

When CAMHS are providing time limited intervention this may continue beyond the 18th birthday in agreement with the relevant adult health team. In this instance CAMHS and the relevant adult service will co-work for a limited period and this will be reviewed at the care planning meeting. Once the adult team takes over care coordination, advice can still be sought from CAMHS.

Referral destinations

A young person may be referred to The Adult Learning Disability Services for those living in Wandsworth with a Wandsworth GP. Please find attached details regarding these services:

- **Mental Health and Complex Behaviour Specialist Service**
- **Physical Health and Wellbeing Pathway**

A young person may be referred to the adult Integrated Recover Hub (IRB) for psychiatry reviews, care coordination, risk management and to access therapy.

- South East Wandsworth IRH
- Putney & Roehampton IRH
- Central Wandsworth & West Battersea IRH
- North East Wandsworth

In some circumstances specialist teams such as the OCD and Complex Needs service may request that the young people are open to their local CMHT while they receive or wait for specialist treatment.

Single Point of Access - Offer initial assessments and triage for those 18 and over wo are not currently under secondary mental health services.

The Complex Needs Service offers intensive mentalisation based therapy for those who have significant struggles with suicidal ideation and self-harm.

The National OCD/BDD Service provides a treatment centre dealing with severe and complex and resistant obsessive-compulsive disorder (OCD) and body dysmorphic disorder (BDD).

Talk Wandsworth offer access to a range of talking therapies for people with common mental health problems and everyday challenges. They provide treatments that are recommended by the National Institute for Health and Clinical Excellence (NICE).

Treatments include:

- Guided Self-Help (GSH)
- Cognitive Behavioural Therapy (CBT)
- Group Therapy
- Counselling

Early Intervention Service – Works with those who have experienced a first episode of psychosis and can start working with young people when approaching their 18th birthday.

Eating Disorder Services – is a specialist outpatient service which provides assessment, treatment and monitoring for people aged 18 and over with conditions such as anorexia nervosa, bulimia nervosa and binge eating disorder. The multidisciplinary team provides assessment, advice, treatment and on-going support and some physical health monitoring alongside GPs where the person's eating disorder is severe enough to need more treatment or support than is available in Primary Care. In extremely severe cases days patient and in-Patient services are also available.

Lotus Assessment Suite - Provides a calming environment away from A&E which allows mental health staff to undertake a more detailed and informed assessment for adults experiencing a mental health crisis and to agree what the best follow up support for them will be.

In severe cases in - patient admission to an adult acute ward or a referral to the home treatment team will be considered.

Health Care

CSI959 (9.25)

Continuing Healthcare Transitions Pathway

AGE 14 (YEAR 9)

Young people with complex health needs are flagged up on the tracker (see info below) as likely to need/be eligible for adult **Continuing Healthcare (CHC).**

The Integrated Care Board's (ICB) Adult CHC Team, Children's Continuing Care Team (CCCT) Supporting Disabled Children's Service (SDCS) and the Preparing for Adulthood Service (PFAS) meet every 2 months to discuss these young people.

AGE 15 (YEAR 10)

Quarterly meetings continue between PFAS, SDCS and the ICB to discuss those with complex health needs and to ensure their needs are understood.

AGE 16 (YEAR 11)

The relevant young people on the tracker are referred for screening to the adult CHC Team at the ICB. **Child and Adolescent Mental Health Service (CAMHS) Learning Disability Team** will contribute to this process for the relevant young people.

If the young person is assessed as lacking mental capacity to make specific decisions for the CHC process, those decisions will be made in their best interests involving the young person, parents/ representatives and involved professionals, as per the Mental Capacity Act 2005.

Health Care

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Continuing Healthcare Transitions Pathway

AGE 17 (YEAR 12)

As soon as practicable after the 17th birthday those with a positive **CHC Checklist** will have a full assessment to determine eligibility for **Adult NHS Continuing Healthcare** in principle (because they will not yet be 18). The assessment should happen no later than 3 months after the 17th birthday. Our local goal is for The CHC assessment process to be concluded by age 17 and 6 months.

If the young person is assessed as lacking mental capacity to make specific decisions relating to the completion of the **Checklist or CHC Assessment,** those decisions will be made in their best interests involving the young person, parents/representatives and involved professionals, as per the Mental Capacity Act 2005.

For those eligible, needs will be assessed, and care commissioned in time for their 18th birthday.

AGE 18 (YEAR 13)

Eligible young people transition to the adults NHS CHC Team and the care package starts. This will be reviewed after three months and annually thereafter by adults NHS CHC Team.

The tracker is used by the Preparing for Adulthood Service to identify young people who will need/be eligible for support as an adult.

N.B. *that there are significant differences between The Childrens and Young People's Continuing Care and NHS Continuing Healthcare for adults. Although a child may be in receipt of a package of care from NHS Children's Continuing Care, they may not be eligible for NHS Continuing Healthcare (adults), this will be determined before the young person reaches the age of 18 as set out in the pathway.*

CAMHS LD service
Telepohone: **020 3513 4650**
email: **camhsldreferrals@swlstg.nhs.uk**

Health Care

CS1959 (9.25)

Transport Transitions Pathway

AGE 14 (YEAR 9)

We expect young people to travel independently when they have the skills to do so and will support those who don't to develop them wherever possible. Young people in receipt of support from **SEN Travel Assistance Team** will be considered for independent travel training.

AGE 15 (YEAR 10)

Independent travel training will continue to be considered for the young people to suport them to develop the skills they need to travel independely wherever possible.

SEN Travel Assistance Post 16 preparation will commence for pupils that are 16/turning 16 in the current academic year, with the expectation that young people will engage with independent travel training. Young people with significant SEN may be considered for ongoing transport support.

AGE 16-17 (YEAR 11 AND 12)

In Year 11, planning will take place for **post-16 preparation for either sixth form or college,** with the expectation that young people will engage with independent travel training. **Young people with significant SEN may be considered for ongoing transport support.**

AGE 18 (YEAR 13)

The SEN Travel Assistance Team will give a year's notice to inform young people that **travel assistance will end** when they leave school.

AGE 18 CONTINUED

Young people in receipt of **support from Adult Social Care** may be able to get support for transport/travel training as part of their care and support package to attend college and other community activities.

AGE 19 (YEAR 14+)

Travel support to school from the SEN Travel Assistance Team will cease at the end of Year 14.

Young people in receipt of support from Adult Social Care may be able to get travel support as part of their care package to attend college and other community activities.

SEN Travel Assistance contact details: Applications, TABs, ITT, General Enquiries

SENTravelAssistance@wandsworth.gov.uk

020 8871 7967

Transport

CSI959 (9.25)