

- Moving from Children's to Adults Services

# Transition Protocol



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# Introduction

Wandsworth Council is committed to providing high quality care and support to all young people with learning difficulties, disabilities, mental health issues, and additional needs. As a local authority we want to ensure the transition into adulthood is smooth and straightforward for all young people who are eligible for council support.

The role of this document is to clearly define the roles and responsibilities of all of the agencies involved in the transition as well as identify the actions that must occur at each stage in the transition from Moving from Children's to Adult Services. This document lays out the actions that must be taken by each key organisation at each year from 14 onwards.

The purpose of developing a consistent local protocol for transitions is to ensure the responsibilities of each organisation are clear and unambiguous, to facilitate cooperation between organisations and to ensure young people and their families are kept well informed of what to expect during the transition process. This will help ensure that the transition into adulthood is smooth and straightforward for the young person and their family as well as the organisations involved.

Wandsworth Council and our partner agencies are committed to safeguarding children, adults, and vulnerable young people.

# Principles of a Good Transition



The transition from Children's to Adults Services can be a daunting prospect. This is why our approach to transition is centred around five core principles. The aim of these principles is to ensure that young people have **"a good transition, whoever you are"**. Our vision is that all young people in Wandsworth should feel supported, informed and empowered with their transition.

## Our core principles are:

### PERSONALISATION

Young people should have a transition plan that is personal to them and reflects their individual needs, aspirations and interests.

### PREPARATION

By establishing a clear and flexible plan young people and their families can effectively plan for the future and easily adapt to changing circumstances. By keeping young people and their families involved in the planning and preparation process we can also manage expectations so young people are aware of the care we can realistically deliver.

### TRANSPARENCY

We aim to ensure young people have easy access to information on their transition. As part of our commitment to transparency we aim to clearly lay out the options available to young people whether they are eligible for council support or not. Young people should be included in their transitions and have their opinions heard.

### INDEPENDENCE

Independence: We want to support young people to develop their own identities and abilities to live independently, where possible.

We will do this by having positive conversations about what young people can do for themselves to realise their ambitions to live the best life they can. We call this a strengths-based.

### PARTNERSHIP

We aim to work with our partners from health, education and the voluntary sector to ensure young people are receiving the support they need to thrive and succeed with or without the support of Adult Social Care.

# Best Practice

As part of our commitment to delivering the highest standard of care and in order to ensure we meet our five transitions principles we must strive to ensure the use of best practice within our teams.

As part of our commitment to best practice we strive to identify and flag young people who may need additional support with their transition or who's care needs are expected to be more complicated to the relevant organisation/tracking list at the first opportunity. Whilst this should ideally happen at 14 this can happen at any point on the transition journey. This is so as to ensure there is adequate time to arrange appropriate care and support for when they complete their transition.

Collaboration and open communication between and within our teams as well as with the young person, their families and other organisations involved in the transition is also key. This helps us to ensure we meet our transition principles and deliver the highest standard of care possible to young people.



# Relevant Legislation



It is also important that staff have a clear understanding of the legal framework transitions take place within. This allows staff to provide accurate and balanced guidance to young people and help them make informed decisions about their transition.

## **Autism Act, 2009**

The Autism Act makes provision about the needs of adults who have autistic spectrum disorders including autism and Asperger syndrome.

## **Care Act, 2014**

The Care Act 2014 provides the legal framework for Adult Social Care and a duty on councils to support and promote the wellbeing and independence of working age disabled adults and older people, and their family carers. The Act aims to put people and their carers more in control of their care and support.

## **Children and Families Act, 2014**

The Act reforms the services local authorities must deliver to vulnerable children in England. This has impacts across adoption, family justice, parents working rights, as well as reforms for young people with SEN needs. [Young person's guide to the Children and Families Act 2014 - GOV.UK \(www.gov.uk\)](#)

## **Children's Act, 1989**

The Children's Act ensures care leavers have access to the same level of support and the same opportunities as their peers. The provision of overnight respite and short breaks is included in the act. All disabled children are identified as 'children in need' in the legislation. - [Children Act 1989: transition to adulthood for care leavers - GOV.UK \(www.gov.uk\)](#)

## **Children and Social Work Act, 2017**

The Children and Social Work Act outlines the support available to looked after children and care leavers. The Act also expands the range of considerations the courts have when making decisions about long term placements and establishes a new regulatory regime for social workers. [Children and Social Work Act 2017 \(legislation.gov.uk\)](#)

## **Homelessness Reduction Act, 2017**

The Homelessness Reduction Act places a duty on local authorities to relieve and prevent homelessness. The Act places a responsibility on public bodies to carry out assessments and develop personalised housing plans as well as refer people at risk of homelessness. [Homelessness Reduction Act 2017 \(legislation.gov.uk\)](#)

## **Human Rights Act, 1998**

The Human Rights Act 1998 enshrines the European Convention on Human Rights (ECHR) into British domestic law. By doing this the Act allows people whose human rights have been violated to seek justice in the British court system without having to take their case to the European Court.

## **Immigration and Asylum Act, 1999**

The Immigration and Asylum Act significantly reformed the conditions and entitlements for those claiming asylum in the UK. This includes welfare and housing benefits. [Immigration and Asylum Act 1999 \(legislation.gov.uk\)](#)



### **Mental Capacity Act, 2005**

The MCA promotes safeguard decision-making within a legal framework. The Act empowers people to make decisions for themselves and also allows people to plan ahead for when they may lack capacity. The Deprivation of Liberty Safeguards (DoLS) amendment ensures people who cannot consent to their care have protections if their care arrangements deprive them of liberty.

[Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

### **Mental Health Act, 1983 (updated 2007)**

The Mental Health Act 1983 (as amended, most recently by the Mental Health Act 2007) is designed to give health professionals the powers, in certain circumstances, to detain, assess and treat people with mental disorders in the interests of their health and safety or for public safety.

### **National Framework for CHC 2018**

The framework outlines the process and principles that must be followed when establishing adult CHC eligibility and develops transparency and consistency within the assessment process.

[20181001 National Framework for CHC and FNC - October 2018 Revised \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

### **Special Educational Needs and Disability Code of Practice: 0-25 2014**

The SEND code of practice explains in detail the practices that must be followed by local authorities, health services as well as education providers under part 3 of the Children and Families Act 2014.

[SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



# Preparation for Adulthood and Annual Reviews



As part of the transition process there are several reviews, assessments, meetings and interviews that must take place. Some of these are re-occurring, and others are one-off events. Some of these are legal requirements to ensure that the young person and their family are as involved in the transition as possible. This also helps us to ensure that the care being delivered is appropriate for the young person's individual needs and accounts for their views.

## **EHCP Annual Review(s)**

EHC Plans should be used to actively monitor children and young people's progress towards their outcomes and future ambitions. The plans must be reviewed every 12 months. The plans must be reviewed annually. The Year 9 EHC Annual Review and every subsequent annual review must focus on preparing for adulthood. The current EHC Plan template has been amended to reflect a focus on preparation for adulthood.

This should include support in the following areas:

- ▶▶ to find suitable post-16 pathways that lead to outcomes for employment or higher education, training opportunities.
- ▶▶ to undertake work experience in a meaningful setting.
- ▶▶ to find a job
- ▶▶ to help to understand benefits.
- ▶▶ to prepare for independent living, including exploring decisions young people want to make for themselves.
- ▶▶ where they want to live in the future and the support they will need.

- ▶▶ local housing options and support to find accommodation.
- ▶▶ housing benefits and money matters.
- ▶▶ eligibility for social care.
- ▶▶ to maintain good health and wellbeing in adulthood

To plan continuing health services from children to adult services, and helping young people understand which health professional may work with them as adults, it is important to ensure those professionals understand the young person's needs. This should include:

- ▶▶ the production of a Health Action Plan and prompts for annual health checks for young people with learning disabilities.
- ▶▶ travel support to enable independence.
- ▶▶ to participate and maintain relationships in the community – including support with activities in the community

Reviews should be person-centred, consider what is working, what is not working well and what is important to the young person and what is important for the young person as they progress towards adult life.

## **CHC Checklist**

Continuing Healthcare (CHC) is a fully funded package of care for those with significant health needs. In order to identify those who may be eligible for a full CHC assessment, a CHC Checklist must first be completed by a Health Practitioner and Social Worker.



## Children Looked After

### Pathway Plan

A Pathway Plan is a written agreement between a young person and Children's Services. The plan outlines how Children's Services are going to support the young person to live independently until they feel confident enough to live unsupported. The Pathway Plan gives young people an opportunity to voice their concerns and have a say in the support they receive.

### CLA Review

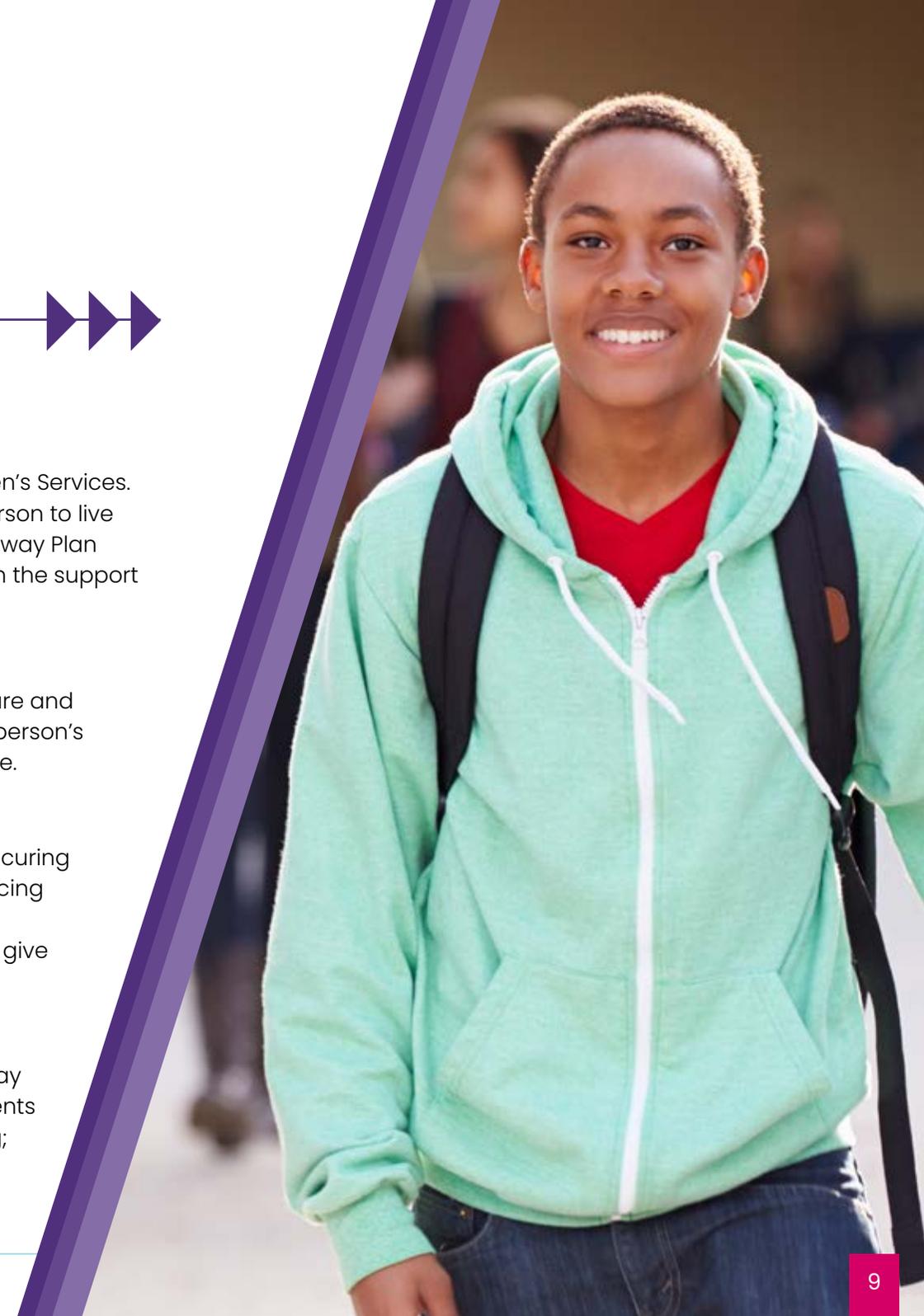
A CLA Review is a meeting of all those concerned with the young person's care and care plan. At this meeting Children's Services will look at whether the young person's care plan is meeting their needs and whether any changes need to be made.

### Permanency Planning Meeting

Permanency Planning Meetings aim to identify the most effective route to securing permanency for a young person. Permanency can be achieved through placing the young person with an existing foster family, their birth family, or another network that can provide a framework of emotional and physical support to give the child a sense of security, continuity, commitment and identity.

### Staying Put Arrangement

Staying Put Arrangements can be put in place to allow a young person to stay with their foster parents post 18. In order to qualify for staying put arrangements the young person must; have additional needs or be in education or training; be on a pathway towards education; be in foster care before the age of 18.





## Care Act, 2014 Assessment

Under the Care Act 2014 local authorities must carry out an assessment of anyone who appears to require care or support. This is regardless of whether they are eligible for council funded care or not. This assessment must:

- ▶▶ Focus on the assessed person's needs and the impact that they have on their wellbeing.
- ▶▶ Involve the assessed person and, where appropriate, their carer(s).
- ▶▶ Provide access to an independent advocate to support the person's involvement in the assessment.

The Care Act 2014 requires local authorities to consider people's own strengths and capabilities and what support might be available from their wider support network or their local community to help meet their needs. Strengths refer to different elements that enable the person to deal with challenges in life in general and that can help in meeting their needs and achieving their desired outcomes.

Taking a strengths-based approach can support people to improve their overall wellbeing and live as independently as possible.

Wandsworth Council is committed to making the most of people's strengths and available local community resources before considering statutory services exploring all possible options.



# Wandsworth Transition Protocol



What follows is a breakdown of the actions that must occur at each year during the transition process from age 14 onwards. This includes actions that must occur across education, social care, children looked after, health and transport.

## ▶▶ Young person is 14 (Year 9)

### EDUCATION

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 & 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](#)

[Vocational Profile Workbook](#)

[PFA Year 9 Annual Review Guide](#)

### SOCIAL CARE

Young people likely to need support as adults should be flagged on to the tracking list and discussed at the regular meetings, 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.

Adult's social care service will work with other teams to identify young people with EHCPs who are likely to require support from adult support services.

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## ▶▶ Young person is 14 (Year 9) *continued*

### CHILDREN LOOKED AFTER

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.

### HEALTH

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

The Clinical Commissioning Group (CCG) and 0-25 team meet every 3 months to track these young people.

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

### TRANSPORT

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. Travel Assistance Budgets remain available to young people and their families.

## ▶▶ Young person is 15 (Year 10)

### EDUCATION

Y10 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.

Adult social care referral for transition to be considered - timeliness for assessment taken into consideration.

### SOCIAL CARE

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

### CHILDREN LOOKED AFTER

Young people will be supported to complete the Independent Living 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.

### HEALTH

Quarterly meetings continue between 0-25 team and CCG to track those with complex health needs and to ensure their needs are understood.

### TRANSPORT

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

## ▶▶ Young person is 16 (Year 11)

### EDUCATION

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 CWD/FSt.

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.

### SOCIAL CARE

Referrals are made to Adult Social Care for young people already identified on the tracker by the relevant teams in Children’s Services (0-25, SNAS, CLA).

***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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## ▶▶ Young person is 16 (Year 11) *continued*

### CHILDREN LOOKED AFTER

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

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

Young person's case is presented to the 16+ panel for the first time.

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 social worker and PA and dates of CLA reviews and Personal Education Plan (PEP) meetings are shared.

### HEALTH

The relevant young people on the tracker are referred/screened using the CHC Checklist. Child and Adolescent Mental Health Service (CAMHS) Learning Disability (LD) Team will contribute to this process for the relevant young people.

*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*

### TRANSPORT

In Year 11, planning will take place for post-16 preparation for either sixth form or college.

It is expected that young people will either engage with independent travel training or will be able to access a travel assistance budget.

Young people with significant special education needs (SEN) needs may be considered for ongoing transport support.

## ▶▶ Young person is 17 (Year 12)

### EDUCATION

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.

#### Supported Internships

### SOCIAL CARE

Young people referred are allocated to a social worker in the Preparing for Adulthood (PfA) section of the 0-25 team for completion of the Care Act assessment.

A Care and Support Plan will be taking into account the young person's strengths, abilities and wishes, and a funding application submitted to the Preparing for Adulthood Panel, no later than 3 months before the 18th birthday.

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.

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.

### CHILDREN LOOKED AFTER

Young people will have been presented at the post-16 panel at least twice by this stage to track the transition planning.

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:**

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.

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## ▶▶ Young person is 17 (Year 12) *continued*

### HEALTH

Those with a positive CHC Checklist will have a full assessment to determine eligibility in principle (because they will not yet be 18).

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

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 LD 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 Programme Approach (CPA) 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 in line with CPA policy. The relevant adult ward and/or community team will be invited to arrange transition.

### TRANSPORT

(Refer to guidance at 16 on page 15).

## ▶▶ Young person is 18 (Year 13)

### EDUCATION

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.

Personalised planning is in place which will consider:

1. The content of any future study programme and how it will enable outcomes to be achieved
2. 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:

[Mental Capacity Act](#)

[Study Programmes](#)

### SOCIAL CARE

Case management responsibility transfers to a social worker in the PfA Team of the 0-25 Disability Service.

If there is a delay in the transition to the PfA Team, support from Children's Services should continue to ensure continuity. If the pathway is followed, this should not be necessary.

The adult care and support package starts on the young person's 18th birthday and this is reviewed after six weeks and annually thereafter.

### LOOKED AFTER CHILDREN

Young people are presented to the 16+ panel for the last time one month before their 18th birthday - the panel checks that all necessary handover tasks for the move to FF have been completed.

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.

### HEALTH

Eligible young people transition to adults CHC and the care package starts. This will be reviewed after 3 months and annually thereafter by adults CHC.

When CAMHS are providing time limited intervention this may continue beyond the 18th birthday in agreement with the relevant adults 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 CPA.

Once the adult team takes over care coordination, advice can still be sought from CAMHS.

### TRANSPORT

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

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 school or college and other community activities.

## ▶▶ Young person is 19 and beyond (Year 14)

EDUCATION	SOCIAL CARE	LOOKED AFTER CHILDREN	HEALTH	TRANSPORT
<p>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.</p> <p>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.</p> <p>Mental Capacity Act: ensure that the young person has support to make informed decisions.</p> <p>Identify other key transition points in the young person's journey – consider actions required to make these transitions as smooth as possible.</p> <p>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.</p>	<p>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 team; those with a learning disability to the learning disability team: those with a mental health need to the mental health team. 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 team.</p> <p>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.</p>	<p>(No actions)</p>	<p>(No actions)</p>	<p>Travel support to school from the Travel Assistance Team will cease at the end of Year 14.</p> <p>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 school or college and other community activities.</p>

# KeyContacts



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# Organisations and Teams



## General resources/useful information

There are several organisations in Wandsworth who can support you and your family on a wide range of SEND-related issues:

### Special Needs Assessment Service

SNAS is responsible for children and young people who are requesting a statutory assessment of special educational need (SEN), or are currently under assessment based on their SEN. Following assessment, SNAS may issue an Education, Health and Care Plan (EHCP).

[SNAS and your EHC Co-ordinator](#)

### Wandsworth Carer's Centre

Offers information and support to carers across the borough and advises them about their rights and needs, as well as support for mental wellbeing and help to access respite support and grants.

[carerswandsworth.org.uk](#)

### Wandsworth Parents and Carers Forum

Some families like to speak to other parents/carers about their experiences. PPA is the main local network for parents/ carers of children and young people with SEND.

[positiveparentaction.org.uk](#)

### Wandsworth Information, Advice and Support Service

Provides confidential and impartial advice about education, health and social care for families of children and young people with SEND up to the age of 25.

[wandsworth.gov.uk/wiass](#)

### Wandsworth Lifelong Learning

[wandsworthlifelonglearning.org.uk](#)

## Other Organisations and websites:

**Council for Disabled Children** [councilfordisabledchildren.org.uk](#)

**NDTi** [ndti.org.uk](#)

**Preparing for Adulthood (PfA)** [preparingforadulthood.org.uk](#)

### IPSEA

Independent Parental Special Education Advice (IPSEA) offers independent, legally based advice, support and training to help get the right education for children and young people with special educational needs and disabilities.

[ipsea.org.uk](#)

### Looking for work if disabled /looking for a job

Job Centre Plus Disability Employment Advisors can help disabled people find work, gain new skills and look for disability friendly employers in the local area. They can also refer people to a specialist work psychologist, if appropriate, or carry out an employment assessment.

[gov.uk](#)



### **Adult Learning Disability (LD) Team**

Support adults with a learning disability with social care needs.

### **Adult Mental Health Team**

Support adults with mental health conditions and social care needs

### **Child and Adolescent Mental Health Services (CAMHS) for children/young people with a learning disability (LD)**

Support young people with moderate to profound learning disability and additional mental health needs / challenging behaviour who have a GP in Wandsworth.

### **Children Looked After (CLA) Team**

Support children and young people in care.

### **Children with Disabilities (CWD) team**

Supports children and young people with disabilities with social care needs.

### **Clinical Commissioning Group (CCG)**

CCGs are responsible for most hospitals and community NHS services. This includes GP surgeries, community health services and mental health and learning disability services.

### **Community Team for People with a Learning Disability (CTPLD) Team**

Provide specialist healthcare support to young people 18+ with a learning disability and health needs.

### **Special Needs Assessment Service (SNAS) Team**

Support young people with special educational needs and disability with the provision of EHCPs

### **Mental Health Learning Disability (MHL) Team**

Support young people 18+ with a learning disability and mental health needs.

### **Family Support Team (FST)**

Supports children and young people and their families.

### **Future First Team**

Support young care leavers.

### **0-25 Disability Team**

Provide social care support to disabled children and young people.

# Acronyms



## **Continuing Healthcare (CHC)**

CHC is a fully funded package of care for those with significant health needs.

## **Education Health Care Plan (EHCP)**

EHCP Plans are individual, personalised support plans for young people with SEN needs. The EHCP outlines the young person's SEN needs as well as the provisions the local authority must put in place to help them achieve their full potential.

## **Independent Reviewing Officer (IRO)**

IRO's are experienced social workers who oversee and scrutinise the pathway plans for young people who are looked after.

## **Personal Advisor (PA)**

PAs help young people who are looked after identify what they would like to do in life and how they can achieve it. PAs are allocated at age 16.

## **Special Educational Needs and Disabilities (SEND)**

The term SEND covers those with emotional and behavioural difficulties, cognitive difficulties, speech, language and communication difficulties, hearing and visual impairment, and autism.



