Preparing for Adulthood – Early Identification Tool
Version 3 (01/09/2026)

The purpose of this referral is to inform the Preparing for Adulthood team of young people who may require support as they approach adulthood. This is to ensure the young person receives the right support at the right time.

Completing this form will connect the young person to Bexley's Preparing for Adulthood Team, who can provide information of local support and services available when the young person reaches adulthood, or if required, begin the assessment process for adult social care (Care Act Assessment).

A young person can be referred to PFA between 13 – 25 years old. Please note, for young people aged 18 or over, an active EHCP is required.

***Until this form goes live online, please send to screeners@bexley.gov.uk***

| | | |
|---|---|---|
| ***Please confirm young person is a resident of or is a Child Looked After by the London Borough of Bexley*** | ***Yes*** | ***No*** |

| | | | |
|---|---|---|---|
| ***Name:*** | | | |
| ***Address:*** | | | |
| ***GP surgery:*** | | | |
| ***NHS no:*** | | | |
| ***DOB:*** | | ***Current age:*** | |
| ***Ethnicity:*** | | | |
| ***Best contact:*** | | | |
| ***Name*** | | | |
| ***Relationship*** | | | |
| ***Telephone / Email*** | | | |
| ***Current School:*** | | | |
| ***School Contact:*** | | | |

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| ***1.*** | ***Is the young person in urgent need of support?***<br>*Please note, we do not provide support as outlined in a support plan until the young person is 18-years-old, and only if the young person is eligible under Care Act 2014. If support is required prior to their 18th birthday, Children's Services will need to be contacted.* | |
| | Yes – refer to MASH | No- go to question 2 |

<table>
<tr><td rowspan="4">2.</td><td colspan="6">Is the young person or their parent/carer aware of this referral? Have they given their consent?<br><br>It is expected for the young person to be aware of and agree to this referral. If the young person is not able to do this due to cognitive or communication difficulties, the parent/carer can agree to this referral on their behalf.</td></tr>
<tr><td>Young person:</td><td>Yes</td><td>No</td><td>Parent/carer:</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="6">If consent has not been given, please give reason for referring:</td></tr>
<tr><td colspan="6"></td></tr>
<tr><td rowspan="2">3.</td><td colspan="6">Do they have an EHCP?</td></tr>
<tr><td colspan="3">Yes</td><td colspan="3">No</td></tr>
<tr><td rowspan="2">4.</td><td colspan="6">Do they have a physical, cognitive or mental health condition?</td></tr>
<tr><td colspan="3">Yes – please describe conditions</td><td colspan="3">No</td></tr>
<tr><td rowspan="5">5.</td><td colspan="6">What challenges are they experiencing, or are likely to experience as they reach adulthood (for example, when full-time education ends)?</td></tr>
<tr><td colspan="3">Employment</td><td colspan="3"></td></tr>
<tr><td colspan="3">Independent living</td><td colspan="3"></td></tr>
<tr><td colspan="3">Community Inclusion</td><td colspan="3"></td></tr>
<tr><td colspan="3">Health</td><td colspan="3"></td></tr>
<tr><td rowspan="2">6.</td><td colspan="6">Are these challenges likely to become a barrier to the young person living independently?</td></tr>
<tr><td colspan="3">No – link to Bexley's Local Offer / Bexley's website</td><td colspan="3">Yes – go to question 7</td></tr>
<tr><td rowspan="5">7.</td><td colspan="6">What support is, or can be provided, to support the young person to be independent in these areas:</td></tr>
<tr><td colspan="3">Employment</td><td colspan="3"></td></tr>
<tr><td colspan="3">Independent living</td><td colspan="3"></td></tr>
<tr><td colspan="3">Community Inclusion</td><td colspan="3"></td></tr>
<tr><td colspan="3">Health</td><td colspan="3"></td></tr>
<tr><td>8.</td><td colspan="6">Do they have any difficulties or require support with the following:</td></tr>
</table>

| | | | |
|---|---|---|---|
| | Managing and maintaining nutrition | Yes | No |
| | Maintaining personal hygiene | Yes | No |
| | Managing toilet needs | Yes | No |
| | Being appropriately clothed | Yes | No |
| | Being able to make use of the adult's home safely | Yes | No |
| | Maintaining a habitable home environment | Yes | No |
| | Developing and maintaining family or other personal relationships | Yes | No |
| | Accessing and engaging in work, training, education or volunteering | Yes | No |
| | Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services | Yes | No |
| | Carrying out any caring responsibilities the adult has for a child. | Yes | No |
| ***9.*** | ***What would the young person and/or their parent/carer like to achieve from the Preparing for Adulthood Teams involvement?*** | | |
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| ***OFFICE USE ONLY (For Pilot):*** | | | ***Please tick*** |
|---|---|---|---|
| PFA Accepted - Annual update (13-15 years) | | | |
| PFA Accepted - Waiting list for allocation 16 years + | | | |
| Declined - Signposted to MASH / CAMHS / Other | | | |
| Declined - Signposted to Local offer / Bexley website etc | | | |
| Declined - by YP/Parent/Carer | | | |
| ***FOR ALL OUTCOMES, PLEASE PROVIDE A WRITTEN RESPONSE TO REFERER*** | | | |
| Name of Worker | | Date: | |
| Time taken to complete | | | |