

My Transition Plan

Basic details	
Name of Young Person	
Date of Birth	
Date of Assessment	
Protocol ID	
Gender	
Address	
Tel No	
Parent/carers Name	
Relationship	
Address	
Tel No	
First Language of carers	
Religion	
Ethnicity	
First Language	
Is an interpreter required?	
General Practitioner	
Address	
Tel No	
Disabilities	
Medical Condition	
Expected school leaving date	
Secondary school placement	
Further education placement	
Legal Status if any	

Who are this young person's principal carers?

Name and Address	DoB	Relationship to Young Person	Parental Responsibility?

Form Completed by:

Name	
Telephone Number	
Email Address	
Service Area / Profession	
Date Completed	
Event / Reason for Referral / Assessment	
Name of Referrer	
Contact Details	
Has consent been obtained to share information?	

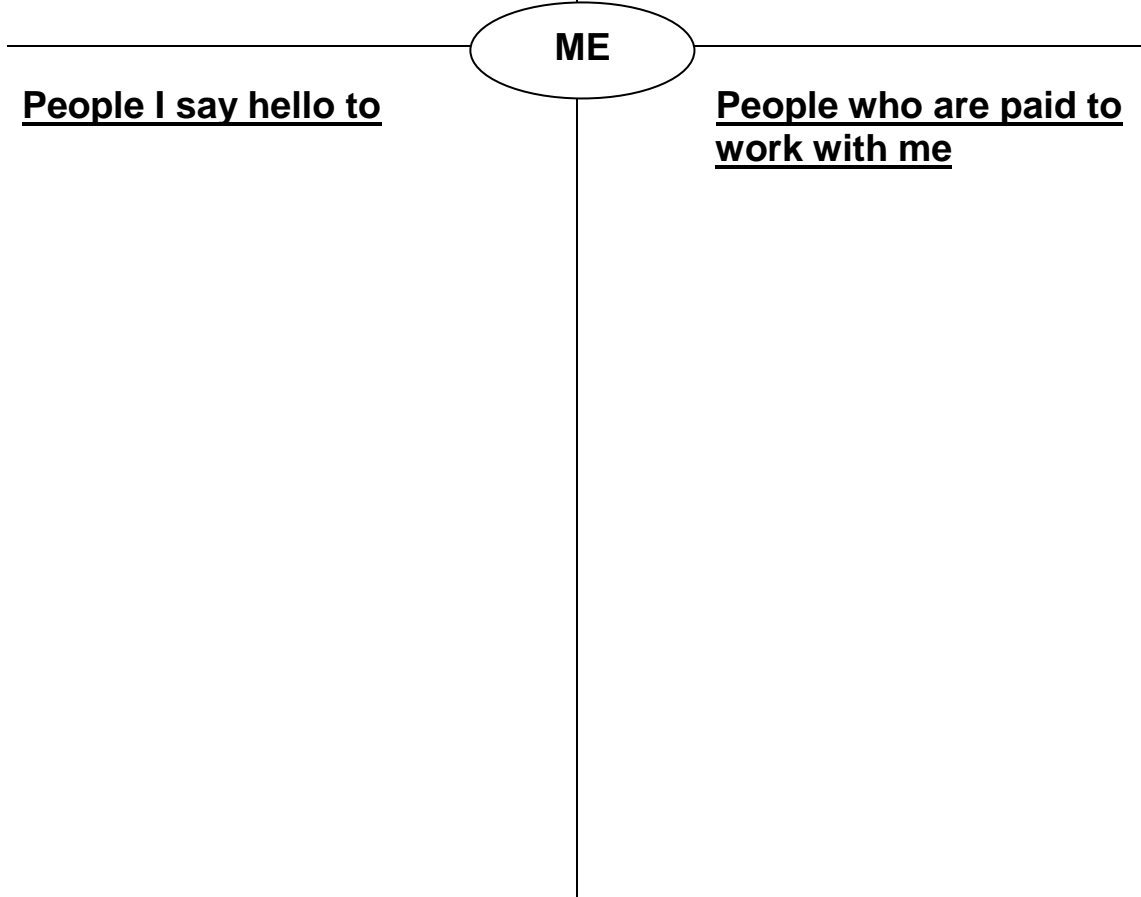
Please name any agencies that are currently working with this young person/family:

Lead agency			
Contact name		Contact number	
Agency			
Contact name		Contact number	
Agency			
Contact name		Contact number	

Relationship Map

People closest to me

Friends



Strengths and Dreams for the Future

Young persons Strengths:
Young Persons dreams/wishes for the future:
What is important to the young person (including cultural needs):
Families and others dreams/wishes for young person for the future:

Getting to Know Me!

(Information from Books 1 and 2)

What makes young person happy?	
What does the young person do when happy/what people need to know?	
What support does the young person need?	
What makes young person sad?	
What does the young person do when sad/what people need to know?	
What support does the young person need?	
What makes young person angry?	
What does the young person do when angry/what people need to know	
What support does the young person need?	
What are the qualities of good support?	
What do people that are good at supporting the young person like and what do they do?	
Accommodation	
Is the young person happy with where they live? Yes/No	
Where does the young person want to live?	

Young Person's Development Needs

	Important to the young person from their perspective	Important for the young person to help them develop and stay safe.	Support that the young person needs
Making Friends			
Family relationships			
Sexuality			
Communication			
Learning			
Making Choices			
Staying safe at home			
Staying safe in the community			
Activities			
Being Independent			
Guidance and Boundaries			
Stability			
Emotional support			

How to keep healthy and safe

Talk about the individuals' health needs using the following headings. If a need for a full health action plan is identified this will need to be undertaken and attached as an addition. A full Health Action Plan can be completed for young people with complex health needs.

MAKE SURE THAT ALL QUESTIONS BELOW ARE ADDRESSED UNDER THE KEEPING HEALTHY AND SAFE SECTION OF THE REVIEW PROCESS.

Health Plan

	Need	Action Required	Person Responsible	Date
Diet				
Physical Needs				
Sensory Needs				
Medication				
Mental Health				
Continuing Health Care				
Other				
Other				

Self Care Skills: Personal Care, Health and Hygiene

Add all aspects of self care such as dressing, eating, and independence skills. Use the following headings to have the conversation.

Some of these areas may be discussed in the review, and families also have the opportunity to complete this grid prior to the review.

	Independent	Some prompting	Prompting and some physical support	Full physical support	Comments <i>(What support is needed, do family find it easy/difficult to support this need)</i>
Self Care Skills: Personal Care, Health and Hygiene					
Getting in/out of bed					
Washing and dressing/undressing					
Bathing and showering					
Ability to choose clothes and dress appropriately					
Shaving and grooming					
Toileting					
Incontinence Management					
Menstruation management					
Medication					
Care of personal possessions					
Care and use of such things as hearing aids and					

	Independent	Some prompting	Prompting and some physical support	Full physical support	Comments <i>(What support is needed, do family find it easy/difficult to support this need)</i>
wheelchairs					
Eating and drinking					
Domestic and community activities					
Sense of danger/safety/awareness					
Ability/dexterity in use of kitchen and domestic appliances					
Planning and preparation of simple snacks, drinks and meals					
Shopping					
Money management including understanding the concept of money and the ability to take care of their own money					
Use of telephones					
Living in the community					
Making friendships and relationships					
Taking part in community activities					

	Independent	Some prompting	Prompting and some physical support	Full physical support	Comments <i>(What support is needed, do family find it easy/difficult to support this need)</i>
Interaction with the General Public					
Travel – Road Safety					
Using public transport					
Travelling in the car					
Travelling by foot					
Crossing the road					
Mobility					
Getting around the house					
Getting around outside					
<i>Other (please specify)</i>					
<i>Other (please specify)</i>					
<i>Other (please specify)</i>					

	Independent	Some prompting	Prompting and some physical support	Full physical support	Comments <i>(What support is needed, do family find it easy/difficult to support this need)</i>
<i>Other (please specify)</i>					

Finance/Welfare Benefits

NI no:	
Is referral needed to benefits advisor/review (Yes/No):	
Disability Living Allowance (Yes/No):	
Care Component (High/Middle/Low):	
Mobility Component (High/Low):	
Housing Benefit (Yes/No):	
Income Support (Yes/No):	
Employment Support Allowance (Yes/No):	
Incapacity Benefit (Yes/No):	
Other (State Which):	

Special Financial Arrangements

Appointeeship (Yes/No):	
Power of Attorney (Yes/No):	
Court of Protection (Yes/No):	
Details (Include person responsible for above):	
Any difficulties (Yes/No):	
Details (eg: debts, problems with benefit claims, management of finances or risk of exploitation):	

Family History and Functioning

Family Carers ability and commitment to provide care in short and long term future.	
Does carer want separate assessment? (Yes/No):	
Does carer want joint assessment? (Yes/No):	
If not, does carer consider that their needs have been addressed in this assessment? (Yes/No):	
Confirm that carer has been offered a separate assessment (Yes/No):	

What's working and what not working?

From Books 1 and 2 and from the review think about what is currently working in the young persons life, and what is not working. This should include in regards to the statement of Special Educational Need.

What is working?

What is not working?	Action Required
<i>Statement of Special Educational Need</i>	

Summary of all risks identified in Assessment

Risk Factors – Include risks to health, independence, support networks, as well as their ability to fulfil social roles or to take part in work or education. Particularly specify risks arising if services requested are not provided. Consider issues of physical safety, self harm, safety in the home, abuse including exploitation, potential for violence, self neglect and danger to self and others.

Need	Action required	Person responsible	Date

Action plan

Name of Young Person:	
DOB:	
Professional/Lead Professional:	
Date:	

Need	Action required	Person responsible	Date	Completed (Yes/No)
	Health action plan			
	Person centred plan			
	Risk assessment			

My Shared Care Plan – Timetable of Care

My name:		Date of care plan:	
The Care Coordinator is:		The Care Coordinator's contact details:	
Contact out of hours:			

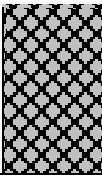
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Early AM							
Breakfast							
Mid AM							
Lunch							
Mid PM							
Tea							
Evening							
Nights							

FACS Eligibility Framework Form

This form should be filled in following the completion of an assessment / review.

Team Name:		Worker Name:	
Assessment / Review Type:		Assessment / Review Date:	

Presenting Need		All questions must be completed - only one answer (X) per question (i.e. row)								
No Need	LOW		MODERATE		SUBSTANTIAL	THRESH OLD	SUBSTANTIAL		CRITICAL	
	<i>Definition</i>		<i>Definition</i>		<i>Lesser Definition</i>		<i>Greater Definition</i>		<i>Definition</i>	
										Life is or will be threatened; and/or
										Significant health problems have developed or will develop; and/or
										There is or will be only partial choice and control over the immediate environment; and/or
					No apparent risk of abuse or neglect; and/or					Abuse or neglect has occurred or will occur; and/or
	There is or will be an inability to carry out one or two personal care or domestic routines; and/or		There is or will be an inability to carryout several personal care or domestic routines; and/or		There is or will be an inability to carryout the majority of personal care or domestic routines, but the service user has active and reliable support; and/or					There is or will be an inability to carryout the majority of personal care or domestic routines, and the service user has unreliable support; and/or
	Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or		Involvement in several aspects of work, education and learning cannot or will not be sustained; and/or		Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or					Involvement in most aspects of work, education or learning cannot or will not be sustained; and/or
	One or two social support systems and relationships cannot or will not be sustained; and/or		Several social support systems and relationships cannot or will not be sustained; and/or		A majority of social systems and relationships cannot or will not be sustained, but the service user has an identified support network; and/or					A majority of social support systems and relationships cannot or will not be sustained, and the service user has no other identified support networks; and/or
										There is or will be little or no choice and control over vital aspects of the immediate environment; and/or
										Serious abuse or neglect has occurred or will occur.
										There is or will be an inability to carry out vital personal care or domestic routines; and/or
										Vital involvement in work, education or learning cannot or will not be sustained; and/or
										Vital social support systems and relationships cannot or will not be sustained; and/or

	One or two family and other social roles and responsibilities cannot or will not be undertaken	Several family and other social roles and responsibilities cannot or will not be undertaken	A majority of family or other social roles and responsibilities cannot or will not be undertaken, but the service user has an identified support networks.		A majority of family or other social roles and responsibilities cannot or will not be undertaken, and the service user has no other identified support networks.	Vital family and other social roles and responsibilities cannot or will not be undertaken	
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Summary

Name	
ID Numbers	
Address	
Expected School Leaving Date	
Primary Need	
FACS eligibility	
Current Support Provided (Health, community care and other services, including private arrangements)	
Expected destination after school	
Expected support required after school	
Has self-directed support (eg: IB or direct payments) been discussed with the young person and/or their family? (Yes/No):	
Are they interested in pursuing this option? (Yes/No):	
If yes to DP – has referral been made to support service? (Yes/No):	
If yes to IB – has self assessment been completed? (Yes/No):	

