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**Transition to Adulthood**

FINAL VERSION – 2 DEC 2019

**REFERRAL**

This referral form will provide information for the Transition provider about the young person / rangatahi being referred to their service. Please check the Entitlement Guide for young people who are entitled to support from a Transition Worker.

**The referral needs to inform and enable safe and suitable allocation and practice decisions**, and to try and match the most suitable provider or worker to the young person.

It’s important to detail:

* + the young person’s voice and wishes (including their preference for the type of person they'd like to work with)
  + who is in the young person’s support network – who are safe and unsafe family members (is there any risk posed to the worker by wider family)?
  + any health, disability, mental health needs the young person might have (what specialist skills might their worker need, or need to have access to so they can meet the needs of this young people)
  + particular trauma or offending history that may require specific skills or profile of worker (e.g. sexual offending)

After allocation it’s important that the social worker and Transition to Adulthood worker meet to discuss the young person in depth (assessment and planning), and set out how they will best work together to support this young person going forward. Where possible, the social worker will introduce the young person to the Transition to Adulthood Worker.

Once this referral has been completed and allocated, please record and attach on CYRAS under the casenote header ‘Referral to Transition Services’ and identify the allocated Transition provider.

**YOUNG PERSON / RANGATAHI DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Young Person |  | | Gender Identity | |  |
| Age |  | | Ethnicity | |  |
| Date of Birth |  | | Iwi, hapū, marae, village | |  |
| Date entered care / custody |  | | Legal status | |  |
| Estimated date to exit care / custody |  | | CYRAS Number | |  |
| Date of referral |  | |  | |  |
| Entitled to (see guide) | Advice & Assistance: Y / N | Transition Worker: Y / N | | Remain in / Return to Care: Y / N | |
| Living Skills Assessment | Completed & Attached: Y / N | | | | |
| All About Me Plan | Completed & Attached: Y / N | | | | |

**PART 1: CURRENT**

To be completed following conversation between the social worker and young person.

|  |  |
| --- | --- |
| How would you describe your current situation?  Where are you living? Who are you living with? What are you doing during the day?  What do you like or not like about your current situation? | |
| ….. | |
| What are the things you love to do?  This could include: sports, music, Kapa Haka or cultural activities, skills you’re learning.  These could be things you’ve done in the past, things you do now, or things you’d like to do in the future. | |
| ….. | |
| Who are the important people in your life?  This will include: whānau/family, Caregiver, friends, cultural or spiritual mentors, etc. [Genogram can be attached]  *Please provide their contact details.* | |
| ….. | |
| What professionals, services and/or organisations are currently supporting or working with you?  This will include: Lawyer for Child, Youth Advocate, Health Professionals, Education, Iwi, Corrections/Probation, Social Worker (where not listed as referrer), etc.  *Please provide their contact details.* | |
| ….. | |
| How can we contact you? | |
| Address: |  |
| Phone: |  |
| Mobile: |  |
| Social Media: |  |
| Other: |  |
| Do you have any important dates or events coming up that you’d like us to be aware of or support you with?  Birthday? Graduation? FGC? Court dates? Anniversary of loss or important event? | |
| ….. | |

**PART 2: FUTURE**

To be completed following conversation between the social worker and young person.

|  |
| --- |
| What are your goals, hopes and dreams?  Consider things like: education / employment, where to live, whānau, cultural, interests, hobbies, health or wellbeing. |
| ….. |
| What support do you need to achieve these goals?  Consider things like: coaching, opportunities, accessing services, education/training, financial. |
| ….. |
| What other skills do you need help with to be ready to transition from care to adulthood?  Consider things like: connection/cultural identity, managing health, budgeting, shopping, cooking, transport, accommodation, cleaning, social skills, hygiene, sexual health, parenting, employment, education, legal advice. |
| ….. |
| What barriers do you have to obtaining your goals?  What could make doing what you want to do difficult? |
| ….. |
| What kind of person would best support you in this transition to adulthood?  Consider things like: personality, values, gender identity, sexual orientation or ethnicity. |
| ….. |

**PART 3: PAST**

To be completed by the Social Worker.

|  |  |
| --- | --- |
| Referrer’s details: | |
| Social Worker: |  |
| Contact details: |  |
| Site: |  |
| Other key Oranga Tamariki contact people and their contact details: | *i.e. Supervisor, Youth Worker, FGC Coordinator, YJ Social Worker* |
| Key background information is required to inform and enable safe and suitable allocation and practice decisions for the young person and the Transition Worker.  It will ensure the Transition Worker is informed of needs and risks when working with this young person, their whānau, and associates, and how to best support the young person.  Please include the following information:   * Reason for Oranga Tamariki involvement, including when & why the young person came into care * Care and placement history * Key life events (this may include trauma experiences) * Offending (where significant and/or current, including Youth Justice Residential placements) * Health / Mental Health / Disability (concerns and/or involvement) | |
| ….. | |
| Further information is required if this young person has any of the following:   * Disability or diagnosis * Physical health needs * Mental health concerns (including suicidal ideation, self-harming) * Violent or abusive behaviour * Harmful sexualised behaviour * Arson / fire lighting behaviour   Further information should include: timeline of diagnosis/behaviour, how does this present when working with the young person, what additional support is required, what has been done to respond to this, what other services/professionals are or have been involved due to this need/behaviour?  Supporting documents should be attached, where relevant. | |
| ….. | |
| Are there any further risks, safety concerns or issues that the Transition Worker needs to be aware of while working with this young person?  Consider: things that may be a trigger for this young person, communication needs, drug and alcohol use, medications/allergies, negative associations (gang, co-offenders), risks posed by current living arrangements, etc. | |
| ….. | |
| *At the initial consult meeting between the Social Worker and the Transition Worker, additional information and supporting documentation may be requested.* | |