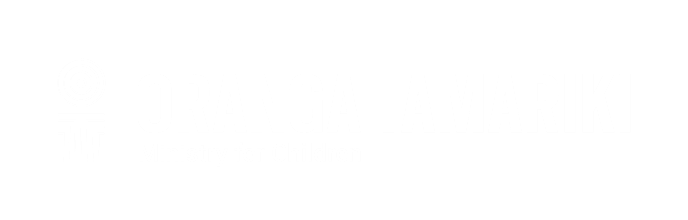
**Transitions:**

**Closure with Transition Provider**



A transition provider may finish working with a rangatahi for a number of reasons. This closure form will detail the reason for the closure and what further support may be required in the future.

Rangatahi must give consent for detailed information around their transition and support needs to be shared in this closure form (as identified below). If the rangatahi does not consent to sharing information, only include information around the reason for closure and whether the rangatahi has been advised of their entitlements to support. This closure form is the information of the rangatahi: they can see it, help decide what goes into it, and be given a copy if they want one.

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| **CLOSURE WITH TRANSITION PROVIDER** |

Please send the completed closure form to the Transition Assistance team on [transitionsupport@ot.govt.nz](mailto:transitionsupport@ot.govt.nz) who will record the closure and maintain contact (if under 21 years) and/or provide advice and assistance to the rangatahi.

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| **RANGATAHI INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | **Gender Identity** |  |
| Date of Birth |  | **Age** |  |
| Ethnicity |  | **Iwi, hapū, marae, village** |  |
| Date of closure form |  | **CYRAS Number** |  |
| Address |  | **Phone** |  |
| Date and method of last contact |  | | |

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| **CLOSURE DETAILS** |

|  |  |
| --- | --- |
| Provider | |
| Transition provider |  |
| Transition worker |  |
| Phone |  |
| Email |  |
| Region |  |

|  |  |
| --- | --- |
| Reason for closure | |
| Reason for closure? | Choose an item. |
| Is the rangatahi aware of how to contact the Transition Assistance helpline on 0800 55 89 89 for support in the future? | Choose an item. |

|  |  |
| --- | --- |
| If under 21 years: | |
| Has the rangatahi been told they can change their mind and be referred to a transition worker at any time? | Choose an item. |
| Is the rangatahi aware of how to contact the Transition Assistance helpline on 0800 55 89 89 for support in the future? | Choose an item. |
| Has the rangatahi been offered an opportunity to work with a different transition worker? | Choose an item. |
| Has the rangatahi been advised of the option to be low contact with their transition worker? | Choose an item. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Where is this rangatahi at on their journey from care into adulthood?** | | | | | | | |
| Indicate the skills and readiness of the rangatahi  for their adult life: | Support needed  to get ready | |  | | | Ready for  adult life | |
|  | | | | | | |
| Whānau and relationships |  |  | |  |  | |  |
| Being healthy and well |  |  | |  |  | |  |
| Home |  |  | |  |  | |  |
| Study and work |  |  | |  |  | |  |
| Money |  |  | |  |  | |  |
| Community support |  |  | |  |  | |  |
| * See [Life skills tool](https://practice.orangatamariki.govt.nz/assets/Our-work/Care/transition-to-adulthood-life-skills-tool.pdf) for more information on what is needed to get ready for adulthood. | | | | | | | |

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| **Complete the remaining questions only if the rangatahi has given consent.** |

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| **RANGATAHI VIEWS** |
| **To be completed with rangatahi** |
| **How would you describe your current situation?**   * Where are you living? Who are you living with? * What are you doing during the day? * Who are the important people to you? Who supports you? * Do you have any important dates or events coming up? |
| ….. |
| **What would you like to share about your transition from care into adulthood?**   * What are you proud of achieving? * How has your transition worker supported you? |
| ….. |
| **What is important for the transition assistance helpline to know to support you in the future?**  **What further support do you think you might need?**  This may include communication preferences, support needs, who they can contact on your behalf. |
| ….. |

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| **RANGATAHI SUPPORT NEEDS** |
| **To be completed by provider** |
| **What does the transition assistance helpline need to be aware of when working with the rangatahi?**  This may include communication needs, physical health needs, mental health, behaviours.  Please include details of support needs and how this may present when working with the young person. |
| ….. |
| **Does the rangatahi have diagnosed support needs?**  **What other agencies are or should be involved in providing support?**  Please include details of diagnoses, how this may present when working with the rangatahi and contact details for professionals involved (including NASC and Regional Disability Advisor).  Supporting documents may be provided, if relevant. |
| ….. |
| **What services or agencies are the rangatahi engaged with, that will provide ongoing support to them?**  For example: MSD, Studylink, Community agencies, Corrections. |
| ….. |
| **Are there any risks, safety concerns or issues that transition assistance helpline needs to be aware of?**  Please include information such as: risks posed by current living arrangements, triggers for this young person, drug and alcohol use, medications/allergies, negative associations (gang, co-offenders), etc. |
| ….. |

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| **TRANSITION INTO ADULTHOOD PLAN** |
| **Please attach to the closure the following documents (if recently completed):**  [Life skills tool](https://practice.orangatamariki.govt.nz/assets/Our-work/Care/transition-to-adulthood-life-skills-tool.pdf) AND  Transition plan AND/OR [All About Me plan](https://practice.orangatamariki.govt.nz/assets/care-standards/files/all-about-me-plan-template.pdf) (Transition section)  **Otherwise, please complete the following table around support to transition into adulthood.** |

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| **SUPPORTS FOR TRANSITIONING INTO ADULTHOOD** |
| **To be completed with rangatahi** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **What have you been supported with?** | **How can you get support in the future?** |
| **Whānau and relationships** | * Who can support you? * Whānau and family, caregiving whānau * Friendships and important people * Safe, positive relationships * Cultural identity and whakapapa * Dating and partner relationships * Parenting * Boundaries * Social media and online safety * What to do when things aren’t going well with people? |  |  |
| **Being healthy and well** | * Physical health: food, sleep, being active, hygiene * Doctor * Dentist * Vaccinations * Disability support needs * Hauora and cultural health practices * Gender identity and sexuality * Sexual health and family planning * Mental health and emotions * Drug and alcohol use, addictions |  |  |
| **Home** | * Whānau, flatting, boarding, staying with a caregiver, supported accommodation, student accommodation? * Cooking * Shopping * Cleaning * Driver’s licence * Safety at home * Rights and responsibilities (tenancy, driving) |  |  |
| **Study and work** | * What you enjoy, are good at and are interested in learning? * Apprenticeship, employment, volunteering, polytechnic, university, wānanga? * CV, cover letter and applications * StudyLink and student loans * Rights and responsibilities (as a worker, contracts) |  |  |
| **Money** | * Ways of making money (income) * Choosing how to spend your money * Budgeting and paying bills * Benefits and financial support * Borrowing money (debt: loans, credit cards, buy-now-pay-later) * Gambling and scams * Saving and Kiwisaver * Understanding tax & IRD |  |  |
| **Community support** | * Transition worker and Transition helpline * Work & Income, StudyLink, Kāinga Ora * Legal support * Marae, hapū, iwi * Culture and religion * Community groups * Sports, gaming, hobbies and interests * Public transport |  |  |

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| **RANGATAHI CONSENT TO SHARING OF INFORMATION** |
| * We want to support you as you are discharged from care and move into your adult life. Oranga Tamariki is responsible to keep in contact with you until 21 years and support you if you need help until 25 years. * By giving consent, you agree for your transition worker to share information about you with Oranga Tamariki. This is to help the transition assistance helpline to support you in the future. You can decide what information is shared and have a copy of this closure form if you want one. * If you do not give consent, the transition partner will only tell Oranga Tamariki that they have stopped working with you and whether you have been advised of your entitlements to support. They will not share any further personal information without checking with you first, or as required under the Privacy Act 2020. * You can get advice and support from the transition assistance helpline at any time (0800 55 89 89) until you turn 25. You do not need to consent to this form to call the helpline for support. |

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| **Signed:** |
| **Date:** |
| **Rangatahi:** |

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| **If the document has not been signed by the rangatahi, please record how consent was given.** |
| ….. |