**Transitions:**

**Transfer to another Transition Provider**



Rangatahi can choose to be transferred to another transition provider. This may be when they are moving to a different region or when they would like support from a different transition worker.

Rangatahi must consent to the request for transfer and sharing of their information with a new transition provider.This summary 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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| **TRANSFER TO ANOTHER TRANSITION PROVIDER** |

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| **Rangatahi must consent to this transfer request.**  **If the rangatahi has not consented, use the closure form instead.** |

This transfer request will provide details of the engagement between the current transition provider and the rangatahi, information on the reason for transfer, and what support will be required from the new transition provider going forward.

Please send the completed transfer form to the transition assistance team on [transitionsupport@ot.govt.nz](mailto:transitionsupport@ot.govt.nz) with any supporting documentation (original transition referral, life skills assessment, All About Me Plan, transition plans).

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| **RANGATAHI INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | **Gender Identity** |  |
| Date of Birth |  | **Age** |  |
| Ethnicity |  | **Iwi, hapū, marae, village** |  |
| Date of transfer request |  | **CYRAS Number** |  |
| Address |  | **Phone** |  |
| Other contact details |  | | |

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| **TRANSFER REQUEST** |

|  |  |
| --- | --- |
| From | |
| Transition provider |  |
| Transition worker |  |
| Phone |  |
| Email |  |
| Region |  |
| To (new) | |
| Reason for transfer | Choose an item. |
| Region |  |
| Transition provider  If unsure, this will be added later |  |
| Has a handover been planned? |  |

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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 further support do you need from your new transition worker? |
| ….. |
| **What is important for your new transition worker to know about you?**  **What would help them to support and work with you?**  This may include your personality, values, interests, gender identity, sexual orientation or ethnicity. |
| ….. |

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| **RANGATAHI SUPPORT NEEDS** |
| **To be completed by referring provider** |
| **What does the transition provider 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 rangatahi. |
| ….. |
| **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. |
| ….. |
| **Are there any risks, safety concerns or issues that the transition provider needs to be aware of?**  Please include information such as: triggers for this rangatahi, risks posed by current living arrangements, drug and alcohol use, medications/allergies, negative associations (gang, co-offenders), etc. |
| ….. |

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| **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. * Where there is an indication that the rangatahi needs a lot of support, please ensure to provide detailed information for the transition worker. | | | | | | | |

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| **TRANSITION INTO ADULTHOOD PLAN** |
| **Please attach to the transfer 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 needed to transition into adulthood.** |

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| **SUPPORT NEEDED TO TRANSITION INTO ADULTHOOD** |
| **To be completed with rangatahi** |

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|  |  | **What are your goals?** | **How are you being supported now?** | **What support will you need 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 TRANSFER AND 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 and offer you support. A transition worker is one way that you can receive this support. * By giving consent, you are agreeing that you would like to work with a **NEW** transition worker and the sharing of relevant information that will help them to support you. The transition partner will receive this transfer form; you can have a copy if you want one. * The transition partner will only tell Oranga Tamariki that they are working with you and what financial assistance they give you. They will not share any further personal information without checking with you first, or as required under the Privacy Act 2020. * When the transition partner stops working with you (when you turn 21 years old, or no longer want to work with them), they will send Oranga Tamariki a closure form to let them know they have finished working with you. * You can get advice and support from the transition assistance helpline at any time (0800 55 89 89) until you turn 25. |

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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.** |
| ….. |