Text

Description automatically generated

**Transitions:**

**Continuation with Transition Worker [over 21 years]**

A transition provider may want to continue working with a rangatahi, past the age of 21 years, for a number of reasons. This continuation form will detail the request and reasons for continuing to offer face-to-face support for eligible rangatahi with their current transition provider.

Request a continuation of transition worker support when the rangatahi:

* understands their options for support and consents to this continuation of service, AND
* has support needs and/or current circumstances still requiring face-to-face assistance AND
* there is a plan for completing the service, with agreed timeframes.

|  |
| --- |
| **CONTINUATION WITH TRANSITION WORKER** |

|  |
| --- |
| **Rangatahi must consent to a continuation of service.**  **If the rangatahi has not consented, use the closure form instead.** |

This request will be considered by the Transition Support Service to determine whether a continuation of service can be approved. This will be dependent upon the circumstances and needs of the rangatahi, as well as the capacity of community providers.

Please send the completed continuation form to the Transition Assistance Team at [transitionsupport@ot.govt.nz](mailto:transitionsupport@ot.govt.nz) for review.

|  |
| --- |
| **RANGATAHI INFORMATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | **Gender Identity** |  |
| Date of Birth |  | **Age** |  |
| Ethnicity |  | **Iwi, hapū, marae, village** |  |
| Date of continuation request |  | **CYRAS Number** |  |

|  |
| --- |
| **PROVIDER INFORMATION** |

|  |  |
| --- | --- |
|  | |
| Transition provider |  |
| Transition worker |  |
| Region |  |
| Have you spoken to your management regarding this request? | Choose an item. |
| Do you (provider) have capacity to work with this rangatahi past 21 years old?[[1]](#footnote-2) | Choose an item. |
| What are your (provider’s) current caseload number per FTE? |  |

|  |  |
| --- | --- |
| **RANGATAHI CONTINUING SUPPORT NEEDS** | |
| **To be completed by provider** | |
| **What service are you requesting to continue?** | Choose an item. |
| **For continuation of transition worker:**  **What length of continuation is required to support the rangatahi to complete their current goals?** |  |
| **For continuation of supported accommodation:**  **What length of continuation is required to support the rangatahi into a stable, more permanent living arrangement?** |  |
| **How often will this be reviewed?** | Choose an item. |
|  | |
| **What is the current situation for this rangatahi, which has prompted this request to continue service?** | |
| ….. | |
| **What supports are in place and who is currently supporting this rangatahi?**  If the transition provider is the only service currently working with this rangatahi, what community support and adult services will be explored? | |
| ….. | |
| **What supports need to be in place before closing the service with this rangatahi?**   * What actions need to be completed and how long will they take? * Does the transition provider require any assistance from Oranga Tamariki / Transitions (eg, advocacy with adult services, disability advice)? | |
| ….. | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **How are you being supported now?** | **What further support do you need?** | **What is the plan to access this support?** |
| **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 |  |  |  |

|  |
| --- |
| **RANGATAHI CONSENT** |
| * We want to support you as you are discharged from care and move into your adult life. Oranga Tamariki is responsible to 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 continue to work with your transition worker after you turn 21 years old. Your transition worker will share information with Oranga Tamariki around what support you still need. You can decide what information is shared and have a copy of this continuation form if you want one. * The transition partner 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, they will send Oranga Tamariki a closure form to let them know and tell the transition assistance helpline how they can help you in the future. |

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

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

|  |
| --- |
| **APPROVAL OF CONTINUATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| To be completed by Transition Support Services | | | |
| Transition Advisor initial assessment | |  | |
| Provider capacity? | |  | |
| Approved? | Choose an item. | **Approved by (TSS):** |  |
| Continuation of service approved for? | | Choose an item. | |
| Anticipated length of continuation? | |  | |
| Next review due: | |  | |

1. If continuation of service is approved, priority of service will remain with rangatahi under 21 years requiring support. [↑](#footnote-ref-2)