# Young person name’s Support plan

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| All **red text** boxes are prompts to consider when completing the support plan. Delete all red text when finalising the document.  |

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| **Plan developed:**Click to enter a date. | **Review date:**Click to enter a date. | **Young person received plan** | **Safety and support network received plan** |
| **OI event#:** | **Young person or appointed guardian consent:**[ ]  | **Date:**  Click to enter a date. | **Date:**  Click to enter a date. |
| **iDocs link:**  | **Case note#:**  | **Case note#:**  |

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| **People involved in** **support plan** |
| **Name** | **Role / relationship** | **Organisation** | **Attended planning meeting** |
|  | Case manager  | Child Safety |[ ]
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| **Agreed contact arrangements**  |
| **Support service case owner and young person:** | **Frequency:** | **Safety and support network meeting:** | **Frequency:** |
| Choose a list item. | Choose a list item. |

**Goals and actions for Young person name’s support service case**

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| **Overview of ongoing support goals** |
| **Goal** | **Category** | **Goal Start Date** |
| I want to have my own apartment in my hometown near mum’s house | Choose a support category | Click to enter a date. |
|  | Choose a support category | Click to enter a date. |
|  | Choose a support category | Click to enter a date. |
|  | Choose a support category | Click to enter a date. |
|  | Choose a support category | Click to enter a date. |
|  | Choose a support category | Click to enter a date. |

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| **[Contact register](#Contact" \o "Refresh contact register after every support service case review)** |
| **Planned contact date:** | **Contact type:** | **Contact occurred:** | **Relevant case note(s) form ID #:** |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |
| Click to enter a date. | Choose an item. | [ ]  **Yes** [ ]  **No** |  |

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| **Culture, community and relationships** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
|  |  |  |[x]
|  |  |  |[ ]
|  |  |  |[ ]
| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Developing and/or maintaining connections with:
	+ Family or significant persons
	+ Support networks or services
* Understanding family / cultural history
* Confirmation of Aboriginality
 | * Social connections through sport, hobbies and interests
* Domestic violence support / services
* Social skills i.e help-seeking, boundary setting, assertive skills, negotiation and conflict management
* Young parenting and Child Safety involvement
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| **Health and wellbeing** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
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| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Attending appointments i.e. GP, dentist, mental health
* Filling and taking prescriptions, managing medications
* Specialist or ongoing chronic health needs
* Medicare subsidised plan e.g. Mental Health or Chronic Disease
 | * Reproductive / contraceptive health, pregnancy / antenatal care
* Support for drug and alcohol misuse
* Self-care skills i.e. personal hygiene, identifying when not feeling well
* Transition to and engaging with adult services i.e mental health
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| **Safe and stable housing** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
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|  |  |  |[ ]
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| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Housing application, RentConnect
* Housing and homelessness services
* Private rentals, social housing or disability accommodation
* Maintaining a tenancy e.g. paying rent/bills, maintenance
 | * Co-tenancy / living with partner safely
* Keeping a pet
* Furniture
* Practical daily living skills e.g. cooking, cleaning, home security
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| **Finances and identity** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
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| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Leaving care report, right to information
* Birth certificate, passport, Proof of Age card, driver’s license
* Bank account, tax file number
* Budgeting / money management skills
 | * Centrelink i.e Youth Allowance, Abstudy or Disability Support Pension
* Public Trustee / appointed financial administration
* TILA, YHARS, TFC-CRC, EPCS, Youth Housing Essentials
* Redress / Victims Assist
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| **Education and employment** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
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|  |  |  |[ ]
| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Assistance to stay in high-school post 18
* University, TAFE or apprenticeship options
* Resume writing, job application and practice interviews
 | * Supported employment programs (i.e NDIS funded)
* Transport commuting between work and home
* Remedial literacy and numeracy
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| **Click to label other supports i.e Legal, NDIS or QCAT** |
| **Support goals:** |  |
| **Actions and/or steps:** | **Person(s) responsible:** | **To be completed date:** | **Complete** |
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| **Links to relevant documents:** *(including financial approvals endorsed or required)* |  |
| * Legal Services
* Advocacy Service
* QCAT application for appointed guardian or financial administrator
* Supported or Substitute Decision Making
 | * NDIS plan review or:
	+ Supported Independent Living / Specialised Disability Accommodation / Independent Living Options
	+ Continuity of service delivery for disability supports
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**Previous support plans and review register**

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| **Version** | **Date of support plan start** | **Child safety officer or Transition officer** | **File Path** |
| **1** | Click or tap to enter a date. |  |  |
| Click here and provide a summary of progress, achievements and outstanding tasks for the current support plan at the point of formal review  |
| **2** | Click or tap to enter a date. |  |  |
| Click here and provide a summary of progress, achievements and outstanding tasks for the current support plan at the point of formal review  |
| **3** | Click or tap to enter a date. |  |  |
| Click here and provide a summary of progress, achievements and outstanding tasks for the current support plan at the point of formal review  |
| **4** | Click or tap to enter a date. |  |  |
| Click here and provide a summary of progress, achievements and outstanding tasks for the current support plan at the point of formal review  |
| **5** | Click or tap to enter a date. |  |  |
| Example: During the previous support plan period the young person was successful in obtaining stable, independent Department of Housing accommodation. They applied to commence a TAFE Cert 3 in Hospitality starting next semester. Young person was supported to return to community to visit with family on two occasions. They are still seeking employment. |