# 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. |
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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** |
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| **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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| **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 | | |

**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. | | |