Tools and resources for transition

Updated Nov 2016



Introduction The MFP approach to transition The My Future plan The MFP Poster The Transition Map The T2I Checklist Transition Domains

WHAT IS IT?

The 'My Future Plan' tools are editable planning templates for practitioners to complete with young people who have a care experience or who are on thir journey to independence.

The MFP features development-focussed planning and goal areas, a circle of support tool, a budgeting tool and a T2I checklist for practitioners.

> The MFP tools allow you to integrate T2I into your care planning.

WHY?

There is a connection between young people's care experience and equality within social outcomes.

Themes for this in research include: a lack of core relationships and support; formal support ending at 18, and; the existence of grief, loss, trauma and attachment disruption within development.

Child Safety's intervention begins with a plan that should be:

young person/family-led, understandable, measurable, and achievable.

Planning for children with a care experience should focus on the capacity of a young person to transition through the changes they experience as they develop.

AN EFFECTIVE WRITTEN PLAN:

1. is Young person led;

2. Identifies their voice;

3. prompts meaningful conversation;

4. 'maps out' your intervention;

5. focusses on the future;

6. Isn't complicated or boring;

7. makes goals clear for everyone



KEY MESSAGES:

Transition through development is at the core of child protection

Transition to Independence planning should be integrated - not extra

Participation and understanding are paramount (and legislative!) responsibility

> Visual accessibility enhances effective participation

WHAT DO YOUNG PEOPLE SAY?

'Involve us in filling out your forms then you won't have so much paperwork'

'Don't make transition planning all about the fact that workers have to do it'

'Talk to us about this stuff - be persistent but not in your face.'

Create, 2013

WHAT IS PARTICIPATION?

It is important to remember that whilst we have a statutory responsibility to 'write a plan,' young people guide us as individuals about what their participation looks, sounds and feels like.

It is so very important to provide children a front row seat to their decision making. Remember, young people also participate through structure, routine, informed planning, or simply their relationships.

How do we use care planning tools to support our practice?

MY FUTURE PLAN Approach to Transition

'The holistic approach applied to child protection requires that the protection of one component of the child's being (present), must be accomplished in a manner which recognises, respects and secures the becoming (the future) of that component, and the being and becoming of all other components'

General Comment - Article 19, UN Convention on the rights of the child

CHANGE (n)

Change is situational

One environment, state or condition to another

Everybody deals with change in different ways

Transition through change is foundational to out-of-home care.

We all experience change and transition in different ways. Children in care experience many major and critical changes recognising, planning for and empowering children through transition is a vital part of effective practice. Research tells us that children transitioning from care are more likely to experience less education, higher unemployment, homelessness and poverty (Green and Jones, 1999). Attention to how transition is managed in care can assist to reduce effects of trauma and loss and improve outcomes come independence (Mcintosh, 1999).

TRANSITION (n)

Transition is psychological

The path from one change to another

Everybody transitions in different ways

17-19

18-?

'I hadn't much of a clue as to where I came from and none about where I was going.' - Bullock, Gooch and Little

Transition through care	Transition is at the core of child protection> Relationships, reflexivity, communicationChildren in care experience many major changes-> Family, community, circle of supportand the effects of significant or repeated transitions can-> Informed behaviour supportbe profound. As practitioners, we use our understanding of-> Reduce change, increase resiliencechildren and relationship-building capacity to directly-> Development-focussed planning	0-18
	support children through transitions and -> How does current intervention link to lifespan? mobilise others to do the same> Identity, belonging, acceptance	þ

Every child reaches independence at their own pace. -> Relationships, reflexivity, communication Whilst child protection orders finish on a child's 18th birthday, -> Family, community, circle of support not everyone is ready for independence at the same time. -> Reduce change, maintain resilience As practitioners, we use our understanding of children and -> Informed behaviour support relationship-building to empower children to face -> Development-focussed planning independence when they are ready, transfer care to a strong -> How does current intervention link to lifespan? support network and mobilise those who will be around -> Identity, belonging, acceptance young people beyond agencies and services. -> T2I checklist

Transition to independence

Transitioning

care

Reaching independence is a significant and unique challenge. -> Relationships, reflexivity, communication Sometimes the journey in care can provide barriers to -> Family, community, circle of support positive outcomes that everyone deserves. As practitioners, -> Reduce change, maintain continuity we use our understanding of these complexities and -> Development-focussed planning relationship-building to ensure all transition tasks are complete, empower children with skills and knowledge to -> Maintaining resilience navigate and influence their own journey and mobilise those who care about them into their independence.

- -> Psycho-social; social/emotional experience
- -> Identity, belonging, acceptance
- -> T2I Checklist

ROAD TO INDEPENDENCE = IDENTITY, BELONGING, ACCEPTANCE



PAGE ONE Strengths, aspirations, humanity

'You need to show young people that you are human'

Young person, Create focus group

Lead with the strengths. Young people often tell us that relationships are the most important thing, and that they are just human beings that didn't ask to be in care. A common perception in feedback is that written plans aren't accessible to them, and CSOs don't know the 'good stuff' – just the bad stuff.

Page one of the MFP asks you as the practitioner to make sure important information about the young person's life is recorded so their story and unique humanity is reflected. You could consider prompting them to include information about their family, community, history and culture.

- 1. Talk accurately about who helped them put the plan together;
- 2. Collect fun and key information that they would like people to know about them;

Values	Principles	Knowledge	Skills
	Cultural		
Family and	understanding is		
community	central to safety,		
connection	belonging and	Individual	
	wellbeing		Engagement
Participation	_	Family	
	Collaborative		Planning
Strengths and	working relationships	Community	-
solutions			Process
	Listening and	Research/evidence	
Curiosity and	involving		
learning			
-	Hopeful in search for		
	strengths		
		Tools	

3. What are their three dreams for the future?

Practice questions:

What do I know about their context and life? What do I need to know? What are their dreams?

How do I start a conversation about this using appreciative inquiry and solutions-focussed approaches?

What would I want written if I was a teenager and it was my plan?

PAGE TWO & THREE

My goals - the CAP tool and accessible language

This section lists each transition planning domain (see below) and asks you to briefly summarise the following:

1. What's our goal?

Here, simply state the goal for each transition domain. Use simple words and remember – *safety, belonging and wellbeing.*

2. What's happening now?

This is where you note your worry statements and complicating factors (if you have any) as well as talk about what is happening for the young person in this space. It is important to note that planning for permanency shifts our focus from 'what are we worried about?' to 'what's happening now?' – Why?! Because our job is to apply the principles of good parenting and walk alongside young people regardless of their experiences, worries or no worries. *Remember to keep language simple and accessible.*

- a. General summary and context
- b. Worry statements
- c. Complicating factors
- d. Strengths and Protection statements

3. What would the young person like?

This is where you note the wishes of the young people you are developing the plan with. Be honest and ask them – don't speak for them. Remember to not be fearful of thinking one of their views is 'impossible' – this is where you can help them with developing realistic expectations and planning for things we would like to happen.

 What things are we going to do? Here, list simple action steps – things to do and the people to help.

Transition planning domains

Effective transition planning is *holistic, consistent* and *links to development*. There are four key areas that encompass these principles:

Safe base (from which to develop!)
Biological development
Psychological development
Cognitive development

In the MFP, it is important to note the additional box for family and culture – whilst these two areas are a part of emotions and relationships, it is effective to have these clearly set out for families and children so they understand what their contact and cultural support plan looks like.

Why is it important to group planning into these development areas? By doing this, we are able to:

- refocus decision making to clearly link with a child's development;
- generate consistency and thoroughness of planning;
- remember what we are trying to achieve (eyes on the prize!), and;
- aim to reduce social exclusion and poverty for children with a care experience by focussing on development and transition through change.

When making decisions about your planning in the four transition domains, think about how your decision assists their development!

What do I need to plan for?

(If you can tick these off, you have everything covered!)

Home & Safety	ological development	Emotions & R'ships	Mind & Learning
Safe base for developing Bio		Psychological development	Cognitive development
Guardianship Mobile phone and communication	Proactive medical (GP/specialists) Reactive medical access to emergency help) Dental care Personal hygiene Aedicare/health care	Attachments/r'ships Primary attachment/mentor? Professional, community, family support network Peer and family Next Step After Care? Life changes Communication & behaviour Diagnostic profile/ unique need areas Mental health Sexual and gender identity Social inclusion Self-care Therapeutic planning Psycho-social (life skills) – cooking, budgeting, shopping, transport etc. Criminal offending	Schooling and educatio Tertiary & community learning Hobbies/interests/passic Finance and budgeting Bank accounts Driving lessons? GO Card? Employment and vocatic Transition funding (YHARS/TILA/service cent

Right at the end of the goals section, there is a brief T2I checklist so you can make sure you've got all of the formal T2I tasks covered. Is there something you've missed? That's okay! Just scroll up and add it in the thing to do list.

Remember

Four domains with four simple questions in each.

When writing worry statements, avoid listing the type of harm (ie: physical harm) and instead write what it *looks, sounds and feels* like (ie: broke his arm)

How does this link to the Strengthening Families Practice Framework?

Values	Principles	Knowledge	Skills
Family and community connection Participation Strengths and solutions Curiosity and learning	Collaborative working relationships Listening and involving Hopeful in search for strengths	Individual Family Community Research/evidence	Engagement Planning Process
Tools			
Link this to your collaborative assessment and planning tool			
Link this to your safety and support planning			

Practice Questions

Do I have a clear picture of how the young person feels?

How do I use the language I am familiar with from strengths-based approaches in the plan? Should I use first names? Simple words?

Have I got all of these sections covered? What else do I need to do? Is there a member of the care team that can help?

What effect will my decisions have on their development on their next birthday? When they are 15? 18? 21?

PAGE FOUR

The 'People around me' tool

Research indicates that young people in care often experience a 'support vortex' when they reach independence. In order to fill this gap and discover their identity, they often navigate back to family relationships. Rather than focussing solely on a 'transition to independence,' an important part of our job is to 'transition care' – that is, ask ourselves how we will mobilise, empower and include family members and other significant people in transition planning that can 'take over' when government and services inevitably reduce and remove their support.

The 'people around me' tool asks practitioners to have conversations regularly with young people about what relationships are around them and how they can develop and maintain healthy ones. Each planning period, this also allows us to have an understanding of who those relationships are with, and how they change over time – being visually accessible allows you to do this activity with young people!

- 1. Start with the young person in the middle;
- 2. Through conversation, begin creating circles for each person in their life;
- 3. Use a solid line to indicate a strong and positive relationship;
- 4. Use a dotted line to indicate someone not as close;
- 5. Use a squiggly line to demonstrate a stressful relationship;
- 6. Use distance (how far the person is away from the middle circle) to demonstrate how often they see them.

Remember, engagement with this tool and conversation will be varied and depend on each young person. You can use this tool to map out a young person's eco-map for yourself! Speak to family about significant people. Is there someone we don't know about that could help?

Having an understanding of a young person's relationships throughout their time in care allows them to develop psychologically, and allows us to plan to 'transition care' to other important people when they are approaching independence.

Remember

Eco-maps are a conversation-starter about relationships.

Practice questions

When can I go through this tool with young people? How will I attempt this? Should we go somewhere special? Can another important person in their life do this with them? How can I use my knowledge of appreciative inquiry and solutions focussed tools to begin conversations about healthy and unhealthy relationships? How can I ensure every significant person in the young person's life is part of planning? Do we know about everyone? Who will I 'transition care' to when they are approaching 18? Have I got a clear understanding of how they see their relationships?

The 'Wants and Needs' tool

Psycho-social learning is an important aspect of transition planning. Remember the principles of transitionary skills – *understanding, normalisation* and *repetition* are key. Budgeting and money are an important part of this learning and often form the basis for conversations between adolescents and CSOs:

'But I really WANT the Adidas jumper!'

'Tommy, you know as well as I do that I have to put that into be approved – do you really need it??' 'AAAAGGGGHHHHH!!!!!'

The 'Wants and Needs' tool asks practitioners to begin conversations with young people about budgeting for things they 'need', and finding a saving pathway to things they 'want.' Particularly during transition planning, the effective use of the Transition to Independent Living Allowance (TILA) and Youth Housing and Reintegration Service (YHARS) funding is vital to ensure we link psycho-social learning to development.

So, use this tool as the basis for conversations for planning for these funding pools, allocated funding for residential services or costs met by the service centre. Identify the amount of money they have, prompt them to identify what they need as a first priority. Help them to keep a little for things they want.

USE the 'wants' list to begin conversations about:

- saving money whether it be doing chores for pocket money or approaching employment;
- realistic expectations putting a plan together and achieving it;
- the future rainy day money? What might you need to plan for if you are living independently?

When young people are talking about spending money, link conversations to the 'Wants and Needs' tool you completed on the last plan. Where did we get to? What did we achieve? Did they think about budgeting their money? Did they save? If so, how?

Remember

Budgeting money is a key aspect of psycho-social learning. Use the 'wants and needs' list as a conversation starter and link conversations back to it.

Practice questions

What kind of costs are coming up for this young person? What do they need? What do they want? How can I use the skills I am familiar with of appreciative inquiry and solutions-focussed approaches to begin conversations about money? How can the care team access this tool and ensure conversations are consistent? What are you doing to encourage 'understanding, normalisation and repetition' of money management? When budgeting for TILA and YHARS – how can we shop smart to maximise money for needs and include some wants as well?

Tool 2 The MFP Poster

The MFP Poster has a key focus: the plan truly belongs to the young person! Make sure you print in colour, and at a minimum of A3 size. Particularly from 17 years and up, the poster can be used either one on one with a young person or in a room full of caring adults and stakeholders – it allows goal-oriented discussion and narrowing down on the tasks required to solve problems and achieve aims. Once the planning is complete (it's best to hand write, so pick the neatest writer at the start of the meeting!), take a photo of the plan to email out to the care team and the young person gets to keep the real copy. Make sure you encourage them to put it up on a fridge or wall where they can refer to it if they have any worries or questions about what the plan is.

Make sure you note names, roles and phone numbers up top – that way the young person has all of this information right at their fingertips. Sometimes it helps to outline the actions, who will help and the timeframe, THEN ask the young person to think about their goal in each transition domain – ending with goals can be really empowering! In each box, make sure you use 'the think list' as a conversation prompter and check them off as they are covered. Make sure to think about all of the intervention elements in each transition domain – this will help you to prompt the young person to think about and discuss worries, goals and actions for any of them. The more support network members present, the better – make sure you invite Next Step to come along!

Remember

The MFP Poster belongs to the young person! Adults get an emailed photo; kids get the real deal...

Make sure you print in colour and make it poster-size.

Don't forget their Create 'Go Your Own Way' pack and Sortlii app!

Always remember to talk about birthdays, presents and parties...

Practice questions

How can I make planning fun? Am I ready to prompt discussion about all of the things to think about in each box? Can I fill them in on each of the 'thinklist' items?

Tool 3 The Transition Map

The transition map enables you to record a snapshot of planning for three years leading up to eighteen, all on one page. This enables you to establish goals and goal-oriented discussion early, note long term plans (ie. schooling or housing) and give young people and their families an easy to understand visual representation that can assist in making sense of what is in store.

This tool may assist you when collaboratively planning with parents, families and foster carers and allows short, medium and long term actions to be linked with developmental goals. A living three year fridge-plan!

Remember

The Transition Map allows you to state goals early, encourages goal-oriented discussion and links short term and medium term actions to long term goals.

You can explain to parents, families and carers that this provides us a road map to begin planning the next few years of a care experience.

Practice questions

How will my planning and actions affect long term development? What tasks do I need to do and when?

Tool 4 The T2I Checklist

We have demonstrated how consistent and holistic transition planning can be integrated with casework rather than being an additional add on to already challenging workloads – but what formal tasks do we have to accomplish when a young person turns 15? The T2I checklist outlines the formal tasks, set out for each age, that we are legislatively required to achieve for the young people we work alongside.

Use the T2I checklist every planning period, to make sure you 'have everything covered.' If there is something that still needs doing – that's okay, scroll up and add it as an action in the relevant transition domain. That way, we always find we have either achieved a task or are working towards getting it done.

Remember

The T2I checklist lists all of the formal transition-related tasks in an easy tickable list. If there is something not ticked – make it a MFP action step!

Ask yourself in the months prior to a case plan being due:

Have I completed all of the formal tasks for the young person's age?

Practice questions

How do these formal tasks link to a young person's development? Who in the care team can help with some of these tasks?

A safe place to live is a developmental launchpad.

What does 25% mean? What is the sequence of events that leads to homelessness? What can we do to empower young people to help them access options and resources to feel safe and comfortable, wherever they may live? How do we proactively plan so that funded independent housing is a LAST resort of development? How do we ensure they have a safe base from which to develop?

The way we support young people's transition through residential changes helps their sense of belonging.

Value statements

Transition through care	 We proactively plan for each residential transition as a care team. We ensure continuity of language, people and procedures where possible. We help young people unpack what changing placements means for them. We ask about their feelings, thoughts and goals. We link planning and intervention to their and our goals for the future. We understand what their behaviour might tell us about how they feel. We try to develop identity, belonging and acceptance. 	 What would their identified to be like? Talk about managing priorities, negotiation Go with the young perturbative to take the service the service to take the service
Transitioning care	 -> We proactively plan for housing options with young people. -> We include ecomap partners in planning. -> We help young people make sense of and reflect on transition. -> We ask about changes to feelings, thoughts and goals. -> We link their plan to their goals for the future. -> We mobilise and empower care networks to shift ownership of care. -> We help to find ways to maintain identity, connection and acceptance. 	housing options. How can you link who young person likes to new home? Be honest and realist
Transition to independence	 -> We ensure all formal transition tasks are complete. -> We help young people to develop independent-living skills. -> We help to develop safe pathways if living situations change. -> We actively explore viable and safe living options. -> We support young people through a support service case if necessary. -> We ensure young people are linked in with an after care service. -> We plan for and discuss living options with family. 	offer alternative option Consider what other of housing can create - friend groups or school Strengthen their psyc knowledge - cooking, of budgeting, living with
	Intervention alemente	budgering, training with

- Home/placement
- Care environment
- Being absent (absconding)
- Long term plan?
- Homelessness & 'couch-surfing'
- Guardianship & custody
- Mobile phone and communication
- Access to file? (after care!)

More information Department of Housing Brisbane Youth Service **Residential Tenancies Authority** Create Foundation Realestate.com Kids Under Cover Youth off the streets

www.hpw.qld.gov.au/housing www.brisvouth.org www.rta.qld.gov.au www.createyourfuture.org.au www.realestate.com.au www.kuc.org.au www.youthoffthestreets.com.au

Percentage of young people leaving care that experience homelessness

25%

(AHURI, 2010)

TOOLBOX

- expectations, nd dreams.
- rson to an lk about
- the 0
- c; try and 7.8.
- hanges e. changing
- ho-social eaning, others.
- Work out with them a simple safety plan if they find themselves without a place to stay.
- Discuss the RTA, renting and bond.

Remember

Housing application/joint action plan? Wants and needs list? Access transition funding? People around me tool?



Access to health care is vital for everyone.

Ensuring children in care have access to proactive and reactive health care is an essential part of practice. What can we do to ensure we demonstrate and normalise the importance of seeing a doctor if ill or injured, or seeing a dentist to make sure their teeth are healthy?

Having continuing and dynamic conversations helps children to understand the importance of health.

Value statements

-> We establish health planning early in care. Be brief, honest, playful and -> We ensure continuity of practitioners and procedures where possible Transition comforting and normalise talking -> We help young people unpack what their health means for them. through about health. -> We talk about and demonstrate appointment setting and time management. care -> We mobilise eco-maps to have discussions, monitor and be accessible. -> We understand why some young people have difficulty accessing help. Access Medicare's 'Child Dental -> We try to develop the importance of health within identity. Benefits schedule' early. -> We proactively plan for access to health care with young people. first aid course. -> We include ecomap partners in planning. -> We help young people make contact with health professionals. Transitioning Play age appropriate games that -> We ask about changes to feelings, thoughts and goals. care promote health awareness. -> We link their plan to their goals for the future. -> We mobilise and empower care networks to shift ownership of care. -> We help to find ways to maintain identity through health. experiences. -> We ensure all formal transition tasks are complete. -> We help young people to develop independence in preventative health. care team. -> We help to develop safe pathways if they need medical attention. Transition to -> We actively explore establishing access to consistent health services. independence -> We support young people through a support service case if necessary. -> We ensure young people are linked in with an after care service. passport. -> We ensure young people access their child health passport.

Intervention elements

- Proactive medical (GP/specialists) • Dental care (Private? Medicare?)
- Reactive medical (access to emergency help)
- Child Health Passport
- Medicare/Health Care card

More information

Personal hygiene

Department of Health Health Care/Medicare Card Indigenous Youth Health After Hours GP Kid's games - health

www.health.qld.gov.au www.centrelink.gov.au www.iyhs.org.au www.homedoctor.com.au www.learninggamesforkids.com

Remember

Medicare/Health care card? Updated Child Health Passport? Child Dental Benefits Schedule? **Regular GP?**

Transition domain 2: Body and Health Biological development

Percentage of young people in care that didn't see a dentist.

56.2%

(Create, 2006)

TOOLBOX

- Talk to young people about doing a
- Unpack and debrief about negative
- Plan proactive strategies with the
- Take children through their health
- If a child refuses to see a doctor or dentist, focus on making access easy for if they change their mind.
- Take them through a list of local hospitals and their knowledge of emergency services.

Emotional wellbeing is a vital part of development.

Young people in care have to transition through many challenging and significant changes. How can we empower young people to have someone to talk to, develop personal & social confidence, deal with emotion, embrace resilience & navigate their own journey?

By planning for transition in care, we can assist to reduce the long term effects of grief, loss & trauma (McIntosh, 1999).

Value statements -> We establish social/emotional planning early in care.

-> We ensure continuity where possible and eliminate unnecessary changes. Transition -> We help young people unpack what mental health is. through -> We ask about their feelings, thoughts and goals care -> We mobilise eco-maps to have discussions, monitor and be accessible. -> We understand what their behaviour might tell us about how they feel. -> We develop social, psycho-social and social-emotional opportunities. -> We proactively plan for access to therapy with young people. -> We include ecomap partners in planning. -> We help young people understand access to support. Transitioning -> We ask about changes to feelings, thoughts and goals. care -> We link their plan to their goals for the future. -> We mobilise and empower care networks to shift ownership of care. -> We maintain social and psycho-social opportunities.

> We ensure all formal transition tasks are complete.
 > We empower young people to develop confidence and resilience.
 > We help to develop safe pathways if they need to talk to someone.
 > We actively explore establishing access to consistent health services.
 > We support young people through a support service case if necessary.
 > We ensure young people are linked in with an after care service.
 > We empower young people to access social & psycho-social experiences.

Intervention elements

- Primary attachments/mentor?
- Attachments and relationships
- Milestones and life changes
- Communication and behaviour
- Mental health

More

information

- Social experience and inclusion
- Sexual and gender identity
- Diagnostic profile
- Peer and family
- Self-care
- Therapeutic planning & engagement
- Psycho-social (life skills)
- Criminal offending
- Next Step After Care?

Headspace Reach Out Kid's Helpline Mind, Health, Connect Mental Health Services Aus www.headspace.org.au www.reachout.com.au www.kidshelp.com.au www.mindhealthconnect.org.au www.mhsa.aihw.gov.au

Transition domain 3: Emotions & Relationships

Psychological development

Percentage of young people in care with a mental health disorder

54%

(DSS, 2010)

TOOLBOX

- Think long term focus on building a relationship on your first 8 or 4 visits and introduce deeper topics gradually.
- Find opportunities for social experience that promote inclusion.
- Find opportunities for psycho-social experience that target independent skills.
- Find opportunities for socialemotional experience that provides access to therapeutic engagement.
- Research relevant disorders or disabilities, look for associated behaviours and think about strategies to target them.
- Research therapeutic models and see if you can implement any strategies in your intervention.
- Talk about the role of different mental health professionals.
- Google headspace and other services in their local area.

Remember

Easy access to support when they are ready? Explore services in local area? Considered Evolve referral? Development plan for family contact?

Transitions through care and learning influence cognitive and social development and positive changes in employment.

Children in care are more likely to experience disruption in their learning experience (Anglicare, 2010) and poverty and isolation (Create, 2009). How can we empower young people to feel comfortable in accessing learning environments and discover the ways in which they learn? How can we plan with education professionals to tailor learning to young people? People seek jobs for different reasons- employment can provide financial independence, be a vocation, be a passion & provide a sense of identity. How do we empower kids to find paths to employment that is satisfying, sustainable & part of growth?

Planning for transitions through care that are consistent, link dreams to goals and develop pathways through learning can improve employment outcomes for children post-care.

Value statements

Transition through care	 > We establish planning for education and vocation pathways early in care. > We help young people unpack what learning & education means to them. > We forge relationships with education professionals. > We help young people develop values, dreams and expectations. > We ask about their feelings, thoughts and goals. > We mobilise eco-maps to plan, discuss, support and enable growth. > We understand that learning styles transfer to job environments.
Transitioning care	 -> We proactively plan for access to learning and vocational pathways. -> We include ecomap partners and family in planning. -> We help young people to be resilient to change and plan for the future. -> We ask about changes to feelings, thoughts and goals. -> We link their plan to their goals for the future. -> We mobilise and empower care networks to shift ownership of care. -> We maintain access to psycho-social learning and job support.
Transition to independence	 -> We ensure all formal transition tasks are complete. -> We empower young people to seek learning and growth opportunities. -> We help to develop safe pathways if they experience financial difficulty. -> We actively explore establishing access to job-focussed support. -> We support young people through a support service case if necessary. -> We ensure young people are linked in with an after care service. -> We empower family and supports to discuss and encourage employment.

Intervention elements

- Schooling and education
- Transitions through learning
- Employment and vocation
- Driving lessons
- Hobbies, interests, passions
- Tertiary and community learning
- Finance and budgeting
- Bank accounts
- GO Card
- Transition funding (YHARS, TILA)

More information Education Queensland The Good Schools Guide Qld Parents and Citizens Assoc. SPELD Qld (Education advocacy) Leaving School E-magazine Department of Employment Centrelink Create Foundation Seek Education and work www.education.qld.gov.au www.goodschools.com.au www.pandcsqld.com.au www.leavingschool.com.au www.leavingschool.com.au www.employment.gov.au www.humanservices.gov.au www.create.org.au www.seek.com.au www.youth.gov.au

Transition domain 4: Mind and Learning

Cognitive development

Percentage of young people leaving care that completed grade 10 in QLD 33.5%

(Create, 2013)

TOOLBOX

- Be a source of information for education/school professionals about history/disorders/behaviour that could impact engagement.
- Participate in behaviour management planning and try to implement similar strategies at home, in the service centre or on visits.
- Plan early for educational changes and allow processing time.
- Find out who the senior guidance officer, the principal education officer and the complex case manager is for the region.
- Research disorders, challenge assumptions and open dialogue with schools and learning professionals.
- Link proactive learning planning to goals for the future.
- Take kids to a careers expo start early, and do this more than once.
- Establish a bank account early and have a plan to develop independence.
- Google careers, jobs, uni and tafe with them.
- Go through resumes, selection criteria, interviewing and dress standards.
- Barriers to access could be as simple as no money for a Go-card, not understanding bus timetables or not having suitable clothing.

Remember

Forge alliance with education professionals? Education Adjustment Program? Include family and ecomap? Link education pathways to goals? Bank account and budgeting? <u>After-care service to continue job prep?</u>