

[name]'s Transition Support Plan

(Having your picture on the front of your plan is optional.

You could also choose a picture of something that interests you).

This plan has been put together to help me to progress towards the things that are important to me now and for my long-term future.

The information in this plan is confidential but I am happy for all or parts of the plan to be shared with the people that need to know the information to help me.

Date Plan Started (age 14) (NICE Guidance Quality Statement 1)	
Date Reviewed (age 15) (NICE Guidance Quality Statement 2)	
Date Reviewed (age 16) (NICE Guidance Quality Statement 2)	
Date Reviewed (age 17) (NICE Guidance Quality Statement 2)	
Date for Transition	

Profile

Me	
First name	
Surname	
Address	
Date of birth	
Gender	
Telephone	<i>home</i>
	<i>mobile</i>
Email address	
Ethnicity	
Home language	
GP Name	
GP Address	
My parent / carer etc.	
First name	
Surname	
Address <i>(If different from above)</i>	
Telephone	<i>home</i>
	<i>mobile</i>
Email address	
My parent / carer etc.	
First name	
Surname	
Address <i>(If different from above)</i>	
Telephone	<i>home</i>
	<i>mobile</i>
Email address	
My Named Transition Co-Ordinator <small>(NICE Guidance Quality Statement 3)</small>	
Name	
Email	

Indicate with a cross those that apply:

- Young person has led without parental input
- Young person has led jointly with parents
- Young person has contributed directly, e.g. in conversation with professional/parent or via email, verbally, with sign language or other communication method
- Young person has contributed through the interpretation of people who know them well

My One Page Profile

My name is....

What is important to me...

I like...

I do not like...

What people like and admire about me...

How Best to support me...

People important to me

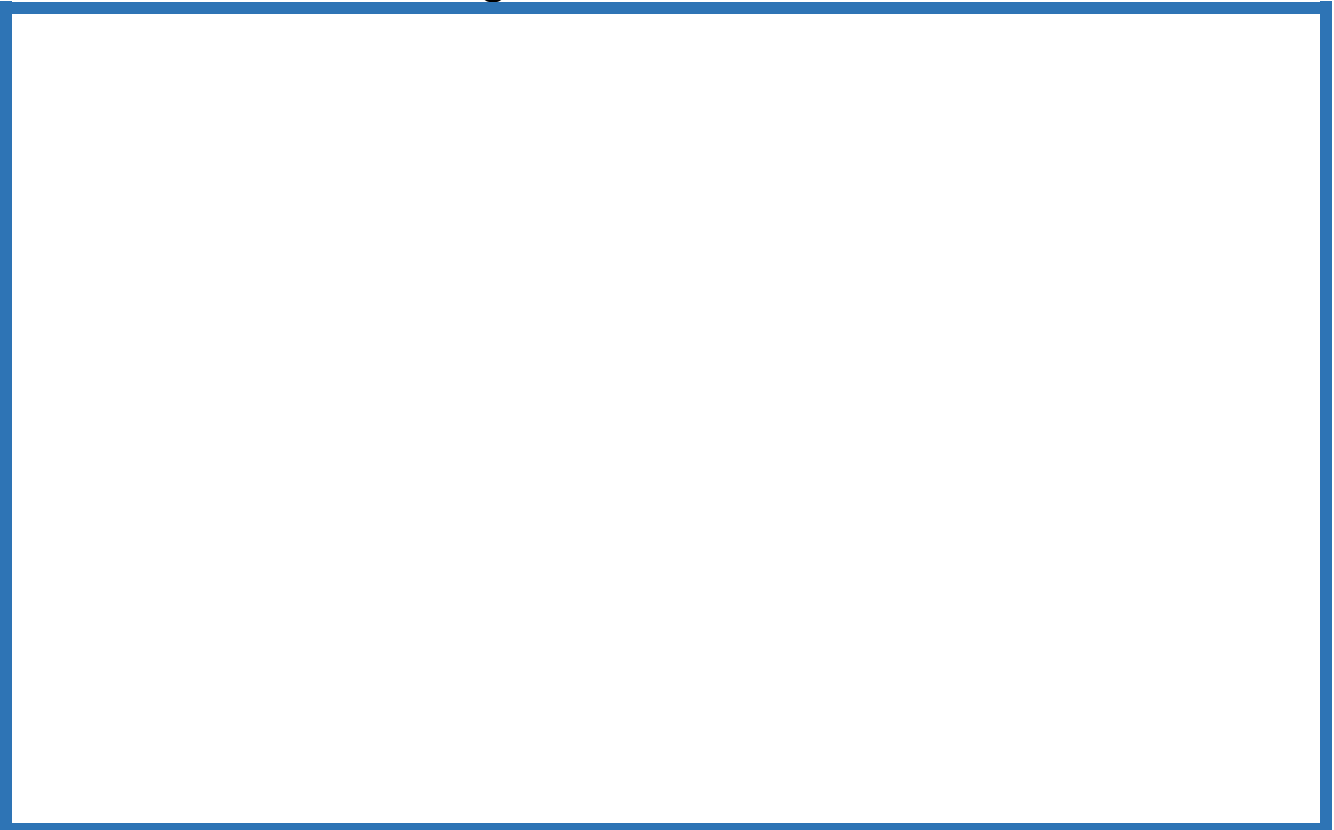
Family	Friends
School and other support workers	Others

My health journey

What I want to stay the same as I move into adulthood...



What I want to change as I move into adulthood...



My Transition Timeline



Touchpoint One

14

Identification and Notification

Date plan completed	
Plan Completed with	Young Person:
	Parent/carer:
	Nursing Team:
Date plan to be reviewed by	
My Health updates over the last 12 months	
Actions required to move onto next stage	Early Notification Form <input type="checkbox"/> Annual Continuing Care review <input type="checkbox"/> EHCP Review <input type="checkbox"/>

My Current Package of Care (age 14)

	Days	Term Time (if different)	Nights	Term Time (if different)	Other
Health					
Social Care					
Education					
Transport					

My Equipment eg vent

Equipment piece	Owned by	Serviced by/date	Adult alternative	Supplied by:

My Supplies

Equipment piece	Supplied by	Adult alternative	Supplied by:

My Medication

Medication	I can self-administer?	Repeat Prescription?	I can collect for myself?

Age 14

Some questions to ask during my Transition planning...

- Why do I have to transition now?
- What is the plan for my transition?
- How will my adult service be different?
- When will I begin to make decisions for myself?
- When will I meet my adult team?
- How long will my transition take?

What to expect in this Stage...

- Your Children's Continuing Care annual assessment will happen as normal
- Your Children's Continuing Care nurse will complete an **Early Notification Form** to let the adult teams know about you
- Your **EHCP** will be reviewed to make sure your needs are still being met in your educational setting

You can use this space to note down any other questions you think of...

Age 14	Does not apply	Yes	I would like some help with this	Comments
Health Knowledge				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> I can describe my condition 				
<ul style="list-style-type: none"> I know who's who in my multi-disciplinary team 				
<ul style="list-style-type: none"> The differences between Children's Continuing Care and Continuing Healthcare have been explained to me 				
Making Decisions				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> The Mental Capacity Act and how best interest decisions would apply to me have been explained to my family and me. 				
<ul style="list-style-type: none"> I understand what is needed in order to make decisions for myself 				

Assessment of Care

My thoughts and feelings and what I know about this area:

• My annual assessment has been completed by my Children's Continuing Care team

• My Transition Early Notification Form has been completed and sent to the relevant adult team

• I have had my annual health Check Up with my named GP

Equipment and Supplies

My thoughts and feelings and what I know about this area:

• My equipment is regularly maintained and serviced

• I know how to order all my essential supplies

Education

My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> I have had my Year 9 EHCP review and the agreed support plan is meeting my needs 				

Useful links:

Council for Disabled Children: Decision making toolkit [Final%20Decision%20Making%20Toolkit.pdf \(councilfordisabledchildren.org.uk\)](https://www.councilfordisabledchildren.org.uk/wp-content/uploads/2017/06/Final-Decision-Making-Toolkit.pdf)

Feedback Form (age 14)

We will periodically ask you for feedback during your Transition journey to ask you how we can improve transition for you and for other Young People in the future. Please complete this form and return it to your Children's Continuing Care Nurse.

1. How confident were you in explaining the difference between Children's Continuing Care and Continuing Healthcare? Is there anything you think you need to be aware of? (Tick one below).				
Very confident	Somewhat confident	Neither confident nor unconfident	Somewhat unconfident	Very unconfident
•				
2. Did the conversations about transitioning to adult services start earlier enough for you?				
Much too early	A little too early	Just about right	A little too late	Much too late
•				
3. Have you had a contact identified for your transition and have you been in regular contact with you? (Tick one below).				
Yes, very frequently	Yes, frequently	Not very frequently	No, not identified	
•				
4. Do you feel well supported to start your Transition to adulthood?				
Yes, definitely well supported	Yes, somewhat well supported	Neither supported no unsupported	Somewhat unsupported	Definitely unsupported
•				
5. Have you been given enough opportunities to ask any questions regarding your Transition				
No – definitely not	No – somewhat	Don't know	Yes – somewhat	Yes - definitely
•				



15

**Identification
and
Notification**

Date plan completed	
Plan Completed with	Young Person:
	Parent/carer:
	Nursing Team:
My Health updates over the last 12 months	
Date plan to be reviewed by	
Actions required to move onto next stage	

My Current Package of Care (age 15)					
	Days	Term Time (if different)	Nights	Term Time (if different)	Other
Health					
Social Care					
Education					
Transport					

My Equipment				
Equipment piece	Owned by	Serviced by/date	Adult alternative	Supplied by:

My Supplies			
Equipment piece	Supplied by	Adult alternative	Supplied by:

My Medication			
Medication	I can self-administer?	Repeat Prescription?	I can collect for myself?

Age 15

Some questions to ask during my Transition planning...

- What is happening with my Transition Plan?
- Why should I have an annual check-up with my GP?

What to expect in this Stage...

- Your Children's Continuing Care annual assessment will happen as normal
- You may be introduced to some members of your Adult team
- You may start to think about a different Educational setting for when you are **Post-16**

You can use this space to note down any other questions you think of...

Age 15	Does not apply	Yes	I would like some help with this	Comments
Health Knowledge				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> I am confident in my knowledge about my condition and its management 				
<ul style="list-style-type: none"> I understand what is likely to happen with my condition when I am an adult 				
<ul style="list-style-type: none"> I understand the differences between Children's Continuing Care and Continuing Healthcare 				
<ul style="list-style-type: none"> I know who's who in my multi-disciplinary team and how and when these will change as I get older 				
Making Decisions				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> My family and I have an understanding of how the Mental Capacity Act and best interest decisions would apply to me. 				

<ul style="list-style-type: none"> • I understand what is needed to make decisions 				
<ul style="list-style-type: none"> • I have had conversations about Liberty Protection Safeguards with my family and key professionals ready for when I turn 16 				

Assessment of Care

My thoughts and feelings and what I know about this area:

<ul style="list-style-type: none"> • My annual assessment has been completed by my Children's Continuing Care team 				
<ul style="list-style-type: none"> • I have been introduced to my adult team 				
<ul style="list-style-type: none"> • I have had my annual health Check Up with my named GP 				

Equipment and Supplies

My thoughts feelings and what I know about this area:

<ul style="list-style-type: none"> • My equipment is regularly maintained and serviced 				
<ul style="list-style-type: none"> • I know how to order all my essential supplies 				

Education

My thoughts and feelings and what I know about this area:

• I have had my annual review of my EHCP and it is meeting my needs				
• I have begun thinking about a plan for my Post-16 Educational placement				

16

**Formal
Referral**

Date plan completed	
Plan Completed with	Young Person:
	Parent/carer:
	Nursing Team:
My Health updates over the last 12 months	
Date plan to be reviewed by	
Actions required to move onto next stage	CHC Checklist <input type="checkbox"/> Mental Capacity Assessment <input type="checkbox"/> EHCP review <input type="checkbox"/>

My Current Package of Care (age 16)					
	Days	Term Time (if different)	Nights	Term Time (if different)	Other
Health					
Social Care					
Education					
Transport					

My Equipment				
Equipment piece	Owned by	Serviced by/date	Adult alternative	Supplied by:

My Supplies			
Equipment piece	Supplied by	Adult alternative	Supplied by:

My Medication			
Medication	I can self-administer?	Repeat Prescription?	I can collect for myself?

Age 16

Some questions to ask during my Transition planning...

- What are Liberty Protection Safeguards?
- Can my Parent/Carer still make decisions for me?
- Can the carers on my package stay the same?
- Why am I meeting my adult team now?

What to expect in this Stage...

- Your Children's Continuing Care Team will complete a DST Pre-Assessment Checklist and send it to your Adult team
- Your Adult team will determine your **Eligibility** for assessment
- Your Children's Continuing Care assessor will be joined by a member of your Adult team
- You will have your **Capacity** to make your own decisions assessed

You can use this space to note down any other questions you think of...

Age 16	Does not apply	Yes	I would like some help with this	Comments
Health Knowledge				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> I am confident in my knowledge about my condition and its management 				
<ul style="list-style-type: none"> I understand what is likely to happen with my condition when I am an adult 				
<ul style="list-style-type: none"> I can describe the differences between Children's Continuing Care and Continuing Healthcare 				
<ul style="list-style-type: none"> I know who's who in my multi-disciplinary team and how and have met some members of my Adult team 				
Making Decisions				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> My family and I have an understanding of how the Mental Capacity Act and best interest decisions would apply to me. 				

• I understand what is needed in order to make decisions				
• Liberty Protection Safeguards (DOLS) are in place				

Assessment of Care

My thoughts and feelings and what I know about this area:

• My annual assessment has been completed jointly by my Children's Continuing Care team and my adult team				
• My Pre-assessment checklist for Continuing Healthcare has been completed				
• I have had my annual health Check Up with my named GP				

Equipment and Supplies

My thoughts and feelings and what I know about this area:

• My equipment is regularly maintained and serviced				
• I know how to order all my essential supplies				
• I know where my equipment will come from when I am an adult				

and how it will be maintained and serviced				
• I know where my supplies will come from when I am an adult and how I order them				
Education				
My thoughts and feelings and what I know about this area:				
• I have had my annual review of my EHCP and it is meeting my needs				
• I have a plan in place for my Post-16 placement				
Finance				
My thoughts and feelings and what I know about this area:				
• I have applied for Personal Independence Payment				
• Arrangements have been made for a member of my family to manage my finances				

Link to CHC Pre-assessment checklist - [20220627 Checklist Tool 2022 Final.odt \(live.com\)](#)

Feedback Form (age 16)

We will periodically ask you for feedback during your Transition journey to ask you how we can improve transition for you and for other Young People in the future.

Please complete this form and return it to your Children's Continuing Care Nurse.

6. How confident were you in explaining the difference between Children's Continuing Care and Continuing Healthcare? Is there anything you think you need to be aware of? (Tick one below).				
Very confident	Somewhat confident	Neither confident nor unconfident	Somewhat unconfident	Very unconfident
•				
7. Did the conversations about transitioning to adult services start earlier enough for you?				
Much too early	A little too early	Just about right	A little too late	Much too late
•				
8. Have you had a contact identified for your transition and have you been in regular contact with you? (Tick one below).				
Yes, very frequently	Yes, frequently	Not very frequently	No, not identified	
•				
9. Do you feel well supported by your Children's Continuing Care team in your Transition to adulthood?				
Yes, definitely well supported	Yes, somewhat well supported	Neither supported no unsupported	Somewhat unsupported	Definitely unsupported
•				
10. Have you been given enough opportunities to ask any questions regarding your Transition?				
No – definitely not	No – somewhat	Don't know	Yes – somewhat	Yes - definitely
•				
11. Have you had the opportunity to meet your adult team?				
Yes – multiple times	Yes – once	No	Don't remember	
•				
12. Do you feel well supported by your adult team?				

Yes, definitely well supported	Yes, somewhat well supported	Neither supported no unsupported	Somewhat unsupported	Definitely unsupported
•				
13. Do you feel you were given enough information about your/your child's legal status around consent, mental capacity, and decision making?				
No – definitely not	No – somewhat	Don't know	Yes – somewhat	Yes - definitely
•				
14. What do you think has gone well with your Transition so far? What could we be doing better?				
•				

17

**Assessment
and Care
Planning**

Date plan completed	
Plan Completed with	Young Person:
	Parent/carer:
	Nursing Team:
My Health updates over the last 12 months	
Date plan to be reviewed by	
Actions required to move onto next stage	CHC DST Completed <input type="checkbox"/>

My Adult Team

Role	Name	Contact details
Continuing Healthcare Nurse Assessor		
General Practitioner		
Physiotherapist		
Occupational Therapist		
Dietitian		
Social Worker		
Other		

My Current Package of Care (age 17)					
	Days	Term Time (if different)	Nights	Term Time (if different)	Other
Health					
Social Care					
Education					
Transport					

My Adult Package of Care					
	Days	Term Time (if different)	Night	Term Time (if different)	Other
Health					
Social Care					
Education					

My Equipment				
Equipment piece	Owned by	Serviced by/date	Adult alternative	Supplied by:

My Supplies			
Equipment piece	Supplied by	Adult alternative	Supplied by:

My Medication			
Medication	I can self-administer?	Repeat Prescription?	I can collect for myself?

Age 17

Some questions to ask during my Transition planning...

- What will my package of care look like when I move to adult services?
- When will my Children's Team stop being involved in my care package?
- What happens if everything is not ready for Adults to take over my package when I turn 18?

What to expect in this Stage...

- Your **annual assessment** will be carried out by your Adult team and they will be joined by your Children's Continuing Care Team
- Your Adult team will make a **recommendation** of a package of care to a panel

You can use this space to note down any other questions you think of...

Age 17	Does not apply	Yes	I would like some help with this	Comments
Health Knowledge				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> I am confident in my knowledge about my condition and its management 				
<ul style="list-style-type: none"> I understand what is likely to happen with my condition when I am an adult 				
<ul style="list-style-type: none"> I understand Continuing Healthcare 				
<ul style="list-style-type: none"> I know who's who in my multi-disciplinary team and how and have met my Adult team 				
Making Decisions				
My thoughts and feelings and what I know about this area:				
<ul style="list-style-type: none"> My family and I have an understanding of how the Mental Capacity Act and best interest decisions would apply to me. 				
<ul style="list-style-type: none"> I understand what is needed in order to make decisions 				

<ul style="list-style-type: none"> Liberty Protection Safeguards are in place 				
--	--	--	--	--

Assessment of Care				
--------------------	--	--	--	--

My thoughts and feelings and what I know about this area:				
---	--	--	--	--

<ul style="list-style-type: none"> My annual assessment has been completed jointly by my Children's Continuing Care team and my adult team with the adult team leading the assessment 				
--	--	--	--	--

<ul style="list-style-type: none"> I know what my package of care will look like when I reach 18 				
---	--	--	--	--

<ul style="list-style-type: none"> I have annual health Check Ups with my named GP and my GP is confident in being my lead professional 				
--	--	--	--	--

Equipment and Supplies				
------------------------	--	--	--	--

<ul style="list-style-type: none"> My equipment is regularly maintained and serviced 				
---	--	--	--	--

<ul style="list-style-type: none"> I know how to order all my essential supplies 				
---	--	--	--	--

<ul style="list-style-type: none"> I know where my equipment will come from when I am an adult and how it will be maintained and serviced 				
--	--	--	--	--

<ul style="list-style-type: none"> I know where my supplies will come from when I am an adult and how I order them 				
---	--	--	--	--

Education				
• I am settled in my post-16 placement				
• I have had my annual review of my EHCP, and it is meeting my needs				
Finance				
My thoughts and feelings and what I know about this area:				
• I am receiving Personal Independence Payment				
• Arrangements have been made for a member of my family to manage my finances				

Feedback Form (age 18)

We will periodically ask you for feedback during your Transition journey to ask you how we can improve transition for you and for other Young People in the future.

Please complete this form and return it to your Children's Continuing Care Nurse.

15. How confident were you in explaining the difference between Children's Continuing Care and Continuing Healthcare? Is there anything you think you need to be aware of? (Tick one below).				
Very confident	Somewhat confident	Neither confident nor unconfident	Somewhat unconfident	Very unconfident
16. Did the conversations about transitioning to adult services start earlier enough for you?				
Much too early	A little too early	Just about right	A little too late	Much too late
17. Have you had a contact identified for your transition and have you been in regular contact with you? (Tick one below).				
Yes, very frequently	Yes, frequently	Not very frequently	No, not identified	
18. Do you feel well supported by your Children's Continuing Care team in your Transition to adulthood?				
Yes, definitely well supported	Yes, somewhat well supported	Neither supported nor unsupported	Somewhat unsupported	Definitely unsupported
19. Have you been given enough opportunities to ask any questions regarding your Transition?				
No – definitely not	No – somewhat	Don't know	Yes – somewhat	Yes - definitely
20. Did you had the opportunity to meet your adult team before your CHC assessment?				
Yes – multiple times	Yes – once	No	Don't remember	

Did you have a joint assessment with your Children’s Continuing Care team and your adult CHC team?				
Yes – multiple times	Yes – once	No	Don’t remember	
21. Do you feel well supported by your adult team?				
Yes, definitely well supported	Yes, somewhat well supported	Neither supported no unsupported	Somewhat unsupported	Definitely unsupported
22. Do you feel you were given enough information about your/your child’s legal status around consent, mental capacity, and decision making?				
No – definitely not	No – somewhat	Don’t know	Yes – somewhat	Yes - definitely
23. What do you think has gone well with your Transition? What could we be doing better?				