**Adult Social Care Triage Screening**

**Contact Tool for Transition Cases**

**Contact’s full name / Organisation**

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| --- | --- |
| Contact date: |  |
| Contact’s address: |  |
| Telephone / email: |  |

**Young Person’s Details**

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| --- | --- |
| Young Person’s name: |  |
| Date of Birth: |  |
| Address: |  |
| Postcode: |  |
| Birth gender: |  |
| Identifying gender: |  |
| Preferred contact details: |  |
| Nationality: |  |
| Language spoken / Communication needs: |  |
| Ethnicity: |  |
| Religion: |  |
| NHS number: |  |
| National Insurance number: |  |
| GP contact details: |  |
| School / College attended: |  |
| Is there a current EHCP? |  |

If the young person is 16 or over was their consent given to this contact?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes: |  | No: |  |

If no, has a Mental Capacity and Best Interest been completed?

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

Who has given consent to this contact if the young person is under 16 years old?

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| --- | --- |
| Name: |  |
| Contact details: |  |

Has the young person consented for Adult Care contacting the carers / professionals when necessary?

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

Who has parental responsibility for the young person (under 16)?

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| --- | --- |
| Name: |  |
| Contact details: |  |

Do the young person / carer consent to being contacted?

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| --- | --- |
| Yes by email: |  |
| Yes by telephone: |  |
| Yes by letter: |  |
| No: |  |

Please detail any other friends, family and community support networks or relevant professionals. For example, Eductaion, CYPD, Health (to include Psychiatrist, CAMHS, Psychiatric in-patient):

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Is the young person?

(tick those that apply)

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| --- | --- |
| Subject to a Safeguarding plan: |  |
| A young person in care: |  |
| Living at home: |  |
| Care leaver: |  |
| Carer themselves: |  |
| A parent: |  |
| Subject to Mental Health Act:  (to include if under Section 117) |  |

Any legal considerations including court proceedings?

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**Young Person’s Needs**

Explain what help you / young person need and why

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What impact this has on your / young person’s daily living

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Do you / the young person receive any support?

(for example family / friends, Health, Children Services, Education)

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

If yes, from whom?

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Is there a transition plan agreed from CYP Mental Health Services to Adult Mental Health Service?

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| --- | --- |
| Yes: |  |
| No: |  |
| Not applicable: |  |

Please identify your / the young person’s social care needs in the following areas.

Please provide as much information as possible.

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| --- | --- |
| **Managing and maintaining nutrition**  Does the young person have access to food and drink to maintain nutrition and are they able to prepare and consume the food and drink?  Does the young person have any difficulties in getting to the shop to buy a food? |  |
| **Maintaining personal hygiene.**  Is the young person able to wash themselves and launder their clothes?  If the young person cannot buy cleaning products, or cognitively understand how to operate a washing machine, their clothes and linen may not be properly clean. |  |
| **Managing toileting needs.**  Is the young person able to access and use the toilet and manage their own toilet needs?  Examples: If the toilet is no longer accessible due to mobility problems or if the adult takes too long to get to the toilet, they may not be managing their toilet needs. |  |
| **Being appropriately clothed**  Is the young person able to dress themselves and be appropriately dressed, for example, in relation to the weather or the activities they are undertaking, which could include work/volunteering?  If they are severely visually impaired, for example, they may be able to dress themselves but not know if clothes are appropriate or clean. |  |
| **Being able to make use of adult’s home safely**  Is the young person able to move around the home safely, including climbing steps, using kitchen facilities and accessing the bathroom/toilet?  This also includes their immediate environment e.g. steps to the home. |  |
| **Maintaining habitable home environment?**  Is the young person’s home sufficiently clean and maintained to be safe, including having essential amenities? |  |

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| **Developing and maintaining family or other personal relationships**  Is the young person lonely or isolated?  Do their needs prevent them from maintaining or developing relationships with family and friends?  The young person’s physical or psychological state may prevent them from making or maintaining relationships. for example, mental ill-health, autism. |  |
| **Accessing and engaging in work, education, training or volunteering**  Does the young person have the opportunity and/or wish to apply themselves and contribute to society through work, training, education or volunteering?  This includes physical access to any facility and support with participation in the relevant activity. |  |
| **Making use of necessary facilities or services in the local community including public transport, and recreational facilities or services**  Is the young person able to get around in the community safely and able to use facilities such as public transport, shops and recreational facilities?  Is the young person able to attend any appointments? |  |
| **Carrying out any carrying responsibilities the young person has for a child.**  Does the individual have any parenting or other caring responsibilities e.g. as a parent, step-parent or grandparent? |  |

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| **Is there any informal support in place?**  Is this support sustainable?  Will this continue post 18 at the same level or reduce amount?  Any local links/connections? |  |

Do you / does the young person have a mental or physical condition that affects their wellbeing and prevents them caring for themselves?

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Is there a primary mental health need?

For example, open to Secondary MH services, ie CAMHS/psychiatrist, psychiatric hospital in-patient, subject to Sect 117 After Care (have been detained under Sct 3 MHA) been referred to Secondary MH Services and or substance misuse.

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Is there an advocate involved?

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| Yes: |  | No: |  |

**Additional Information**

Please let us know if there is any other useful information we need to know:

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**Supporting Evidence**

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| **Please supply as many of the following as possible** | **Provided (Tick)** |
| EHCP or original statement with latest annual review. |  |
| Clinical or Educational Psychology Report |  |
| Detailed medical report/letters |  |
| Early Health Assessment (previously CAF) or Single Assessment |  |
| Health Care Plan |  |
| MCA |  |
| Safety Plan from Health (CAMHS, CBS Team) |  |

In addition to the above, please provide any other relevant document / assessments:

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Are you consenting to Adult Care to share information / exchange the information about you with other agencies?

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| --- | --- | --- | --- |
| Yes: |  | No: |  |

If you would like more information on making a referral to Adult Social Care please contact Derby Direct on 01332 640777.

To male a referral to Preparing For Adulthood please email a copy of this completed screening / referral form to [DDadultsocialcare@derby.gov.uk](mailto:DDadultsocialcare@derby.gov.uk)