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**Supported Independent Living and Therapeutic Supported Independent Living**

Review Form

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| **Supported Independent Living and Therapeutic Supported Independent Living**  |
| **Purpose:** This form is used to determine if the young person continues to meet the eligibility criteria for SIL/TSIL prior to turning 18 years of age and outline the support and planning to develop their independent living skills to transition to independence. **Please note:** Continued approval for a young person to remain in SIL/TSIL beyond turning 18 will only be considered based on individual needs when:* the young person is engaged and working towards their independence in SIL/TSIL and
* SIL/TSIL is the most appropriate option to meet the needs of the young person and they can’t successfully transition to independence with less intensive or alternative supports.

Instructions:The agency with case management responsibility is to complete the review form for young people:* at 17 years and 6 months of age in SIL/TSIL who require approval to remain in SIL/TSIL beyond 18 years of age (not required if the young person has a planned transition within 3 months of turning 18)
* if the young person enters SIL/TSIL between the ages of 17 and 17.and 5 months the referral form is required to be completed 6 months after entry
* if young people are being referred for SIL/TSIL at 17 and 6 months (or older), the ***referring*** service provider is required to complete all sections, outlining targeted supports and timeline to successfully transition from SIL/TSIL to independence.

Approval:This review form is required to be reviewed and endorsed by:**SIL*** Manager Client Services, Child and Family District Unit and relevant Contract Manager
* Director (Commissioning and Planning or Community Services as per district processes) in the district with secondary case responsibility**.**

**TSIL*** Principle Officer of agency with case management responsibility
* Manager Client Services, Child and Family District Unit and relevant Contract Manager
* Director, Central Access Unit

**Note:If the young person is being referred to SIL/TSIL after 17 and 10 months this form will need to be completed with the referring agency’s Principal Officer/ or equivalent endorsement and provided to the Central Access Unit to seek HCEA Executive Lead approval.**  |

# **Section 1: Young person and placement details**

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| **Young Person/Adults Details** |

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| Name | Click or tap here to enter text. | Preferred Name | Click or tap here to enter text. |
| Gender | Click or tap here to enter text. | Preferred Pronoun | Click or tap here to enter text. |
| Date of Birth  | Click or tap to enter a date. | ChildStory ID | Click or tap here to enter text. |
| Cultural Background  | [ ]  Aboriginal[ ]  Torres Strait Islander [ ]  BothClick or tap here to enter text. | [ ]  Culturally and Linguistically DiverseClick or tap here to enter text. |
| SIL/TSIL start date  | Click or tap here to enter text. |
| Is young person contributing to the rent? | ☐ Yes – if Yes how much are they contributing?  ☐No – if No please provide additional information |
| Is the young person currently in placement and engaged with SIL/TSIL program? If the young person is away from placement and not engaged, consider alternate accommodation options and building in individual supports into their after care plan to support their transition to independence  | [ ]  Yes [ ]  No - If No please provide update, including length of time away from placement  |
| Is the young person engaged in regular employment or education ?  | [ ]  Yes [ ] No – if No please provide additional information  |
| Capture the young person’s voice on their experience in SIL/TSIL*Consider/ but not limited to:* * *what’s working well for the young person*
* *what’s not working well for the young person*
* *do they want to continue to reside in SIL/TSIL? If no where would they like to reside and what steps are being undertaken to work towards this*
* *does the young person find the frequency of support beneficial?*
* *how is the young person adjusting to living more independently.*
* *Do they have a sibling or peer who is in OOHC and eligible for SIL/TSIL that they could reside within SIL/TSIL?*
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| **Service Provider Details** |
| Service Provider  |  | Placement Type |  |
| Contact details  |  | Contact details |  |

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| **Leaving Care/ After Care Case Planning**  |

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| When was the leaving care/after care plan last reviewed? Click or tap here to enter text. |
| Has the plan been signed/approved by the appropriate delegate? [ ]  Yes [ ]  No |
| If the young person has an NDIS plan, has a review of the plan occurred to support transition to independence, including an application to NDIS SIL if appropriate? see [NDIS planning for young people](https://dcj.nsw.gov.au/documents/service-providers/out-of-home-care-and-permanency-support-program/leaving-and-after-care/DCJ-Leaving-Care-Planning-for-Young-People-with-a-Disability.pdf) [ ]  Yes [ ]  No If No, Click or tap here to enter text.If yes, what date was the application made? Click or tap to enter a date. |
|  If appropriate, has an application been made for a Guardian/and or Financial Manager? [ ]  Yes [ ]  No [ ]  N/A If yes, what date was the application made? Click or tap to enter a date.Outcome: Click or tap here to enter text. |

# **Section 2 –** Approval to remain in SIL/TSIL beyond 18 years

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| **Referrals to alternate supports to transition from SIL/TSIL**  |

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| Has a referral to Homes NSW been completed to allow young person to access Housing initiatives? ☐ Yes ☐ No If Yes please provide client number and date of application if relevant Click or tap here to enter text. |
| Has [Rent Choice Youth](https://www.facs.nsw.gov.au/housing/factsheets/rent-choice-youth) or similar [Housing initiatives](https://www.facs.nsw.gov.au/housing/housing-reforms/youth-initiatives-in-housing-and-homelessness/housing-and-homelessness-programs-for-young-people) been explored? [ ]  Yes [ ] No If Yes outline outcome, If No outline reasons whyProvide further details |
| Has the young person been referred to [Youth Initiative](https://www.facs.nsw.gov.au/housing/housing-reforms/youth-initiatives-in-housing-and-homelessness/housing-and-homelessness-programs-for-young-people/youth-initiative) (formerly PYI) program? [ ]  Yes [ ] No If Yes outline outcome, If No outline reasons whyProvide further details  |
| Can the young person transition from SIL/TSIL with NDIS supports? [ ]  Yes [ ] No If No, identify the reasons why and steps in place to address; Click or tap here to enter text. |
| Have referrals been made to student accommodation if the young person is undertaking further education? [ ]  Yes [ ] No provide further details . |
| Has shared accommodation been explored? [ ]  Yes [ ] No Please provide further information  |
| Can a referral be made to the [Foyer](https://www.nsw.gov.au/departments-and-agencies/osii/social-impact-investments/foyer-central#:~:text=Evaluations-,About%20the%20program,lead%20independent%20and%20fulfilling%20lives) program or similar service locally? [ ]  Yes [ ] No If No, identify reasons why Click or tap here to enter text. |
| Is the young person aware of all referrals made and the outcomes? [ ]  Yes [ ] No If No, identify reasons why Click or tap here to enter text. |
| Confirm the young person is aware of the rules and expectations of remaining in SIL/TSIL after turning 18.Including that there will be some information recorded on ChildStory and shared between the SIL/TSIL provider and DCJ about their placement as required (such as the young person’s address, whether they are in placement, level of support provided). ☐ Yes |
| Capture the young person’s view on their readiness to transition to independence:*Consider but not limited to:* *What independent skills does the YP feel most confident in?**What skills does the YP feel they need to continue to develop?**Is the YP connected with local services to support them? Who are they?**Who does the YP identify as their supports in their family / peer network?**Consider using scaling questions to discuss views on readiness for independence**Connection to siblings – is there any additional support you need to spend time with your siblings* |

# **Current support and timeframes required to transition to independence**

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| What areas of independence need further development  | Focus Areas | Timeframe for completion |
| *Consider (but not limited to):** Securing alternate accommodation – include timeframe of what has been explored to date and outcomes
* Access to financial support/assistance
* Knowledge of how to access their Leaving Care/ After Care plan
* Awareness of local supports and apps such as [*AskIzzy*](https://askizzy.org.au/) and [*Resolve app*](https://www.facs.nsw.gov.au/reforms/children-families/resolve-app)
* Financial education and awareness including rental/utility commitments, budgeting, local financial support agencies, buy now pay later and fast loan services.
* Connections to prosocial personal support networks -family, peers, informal and external supports
* Independently accessing universal and community support
* Mental Health – managing medication and transition to adult health care supports.
* Remaining connected to their culture/religion/beliefs
* Health –physical, emotional, and sexual health needs and ability to access independently.
* employment, training/study, including apprenticeships or part time work
* Independent living skills, maintaining household, budgeting, obtaining drivers licence.
* Has own identity documentation and bank account.
* Any legal considerations – including victims of crime
 | * Include planned support step downs
* Consider revisiting the Independent Living Skill checklist to review progression towards increasing independent living skills
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# **Approval**

### **Supported Independent Living and/or Therapeutic Supported Independent Living provider**

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| --- | --- | --- | --- |
| Role  | Comments | Signature  | Date  |
| Caseworker  |  |  |  |
| Therapeutic Specialist [for TSIL] |  |  |  |
| Manager Casework/ Team Leader |  |  |  |
| Principal Officer/equivalent in agency  |  |  |  |

## **Attach to ChildStory and advise local CFDU**

### **Department of Communities and Justice – Child and Family District Unit/ Central Access Unit**

Does the young person continue to meet the eligibility criteria for SIL/TSIL?

* The young person is engaged with SIL/TSIL provider and progressing towards their transition to independence
* The young person has access to financial assistance via youth allowance and/or employment and can contribute toward household costs
* The young person requires the intensity of SIL/TSIL to complete their transition to independence and is unable to exit the model with less intensive supports

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| Outcome and additional comments: |

### SIL

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| Role | Comments | Signature | Date |
| Manager Client Services – CFDU  |  |  | Click or tap to enter a date. |
| Contract Manager  |  |  | Click or tap to enter a date. |
| Director (as per district process)  |  |  | Click or tap to enter a date. |

### TSIL

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| Role | Comments | Signature | Date |
| Manager Client Services – CFDU  |  |  | Click or tap to enter a date. |
| Contract Manager  |  |  | Click or tap to enter a date. |
| Director (as per district process) |  |  | Click or tap to enter a date. |
| Director CAU  |  |  | Click or tap to enter a date. |

### **Department of Communities and Justice – Child and Family District Unit**

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| Outcome provided to SIL/TSIL provider, and contract manager | Click or tap to enter a date. |
| Date attached to ChildStory By CFDU  | Click or tap to enter a date. |