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# Transition to Adult Services Referral Form

## Instructions

Please note transitions referrals are accepted from the age of 13 up until 18<sup>th</sup> birthday.  
Once complete please email referral form to: [transitionsreferrals@lancashire.gov.uk](mailto:transitionsreferrals@lancashire.gov.uk)

For any queries please contact the Transitions Team:

Central Lancashire:  East Lancashire:  North Lancashire:

Please note questions with \* are mandatory and all referrals require consent of the young person or carer.

Date completed: 08/02/2022

### Section 1 – Consent

\*Does the parent / carer consent to this referral? Yes  No

\*Does the young person consent to this referral? Yes  No

### Section 2 – Young Person Information

*Name of young person: Axel Muganwa Rudakubana	*Date of Birth: 07-Aug-2006
*Address (including post code): 10 old School close, Banks	
*Contact Number: <input type="text" value="DPA"/>	*Gender: m
*Ethnicity: black African	*Language: English
*Currently In Education: Y Education Placement Details (if applicable): Acorns School	EHC Plan Attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is Young Person a Child Looked After? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If so please provide details:	

[Type here]

GP Surgery:	
NHS Number (If known):	

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### Section 3 – Referrer Information

*Name of Referrer: Louise Lewis	*Relationship to young person: family support worker
*Referral Source: Professional / family member / self, etc.	
*Contact Number: <input type="text" value="DPA"/>	*Email Address: louise.lewis@lancashire.gov.uk
*Contact Address (including department if applicable):  Children and Family Wellbeing Service	
Is this referral for a young carer? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes please provide further details of the caring role provided and who for:	

### Section 4 – General Information *(if different from above)*

*Name of Parent / Carer / Responsible Adult: Alphonse Rudakbana	
*Address: 10 old School Close, Banks.	
*Email Address: <input type="text" value="DPA"/>	*Contact Number: <input type="text" value="DPA"/>
*Contact Address (including department if applicable):	
*Does the young person have a mental health diagnosis or a diagnosis of autism, physical or learning disabilities? Please detail:  Axel is open to CAMHS, his case manager is Sam Steed, Senior Mental Health Practitioner. Sam advised that Axel has a diagnosis of Autistic Spectrum Disorder (ASD) and he presents with Anxiety. Axel is prescribed Propranolol medication to treat the symptoms of anxiety. He now takes sertraline  Graded exposure work is currently being offered to Axel to leave the home.	

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Axel has low self-confidence and self-esteem which is impacting on his identity and preventing him from accessing the community and social activities.

Professionals / services currently involved, including contact details:

Louise Lewis CFW worker **DPA**  
Sam Steed Senior practitioner CAMHS  
Maggie Allred Acorns School  
Michelle Key worker CAMHS  
Carl Coughlin Targeted Youth Support Worker

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### Section 5 – Young Person's Needs

Does the young person currently have needs in the following areas  
(Please provide as much detail as possible).

#### Support with shopping for food, planning and preparing meals, eating and drinking?

*Please choose most relevant option*

I am able to buy, choose, prepare and eat the food and drink that I need

I sometimes need support to buy, choose, prepare and eat the food and drink that I need

I always need support to buy, choose, prepare and eat the food and drink that I need

Is there anything you would like to tell us about the support you need?

Axel has a difficult relationship with food, he will only eat certain foods. He can go long periods of time without eating and he has a slight body frame.

Parents cook foods Axel has been known to eat and on occasion he will eat them, however most of the time he refuses food and he refuses to eat foods father has cooked.

Axel eats takeaways often (every other day). This is usually brought in by father.

#### Support with personal care?

*Please choose most relevant option*

[Type here]

- I am able to keep myself clean and maintain my own personal hygiene
- I sometimes need support to keep myself clean and maintain my personal hygiene
- I always need support to keep myself clean and maintain my personal hygiene

Is there anything you would like to tell us about the support you need?

**Support with accessing the toilet / are there any continence issues?**

*Please choose the most relevant option*

- I am able to use the toilet and manage my continence by myself
- I sometimes need support to use the toilet or manage my continence
- I always need support to use the toilet or manage my continence

Is there anything you would like to tell us about the support you need?

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**Support with dressing and undressing / choosing appropriate clothing?**

*Please choose the most relevant option*

- I am able to choose my clothes, get dressed and undressed by myself
- I sometimes need support to choose my clothes, get dressed and undressed
- I always need support to choose my clothes, get dressed and undressed

Is there anything you would like to tell us about the support you need?

**Support with tasks related to maintaining a home, such as paying bills, keeping it clean and safe? This includes likely needs for when you are older.**

*Please choose the most relevant option*

[Type here]

- I am able to maintain my home in a sufficiently clean and safe condition
- I sometimes need support to maintain my home in a sufficiently clean and safe condition
- I always need support to maintain my home in a sufficiently clean and safe condition

Is there anything you would like to tell us about the support you need?

**Support to move around the home safely i.e. climbing stairs/using the bathroom?**

*Please choose the most relevant option*

- I am able to independently move safely around my home
- I sometimes need assistance to be able to move safely around my home
- I always need assistance to move around my home

Is there anything you would like to tell us about the assistance you need?

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**Support with developing and maintaining family or other personal relationships?**

*Please choose the most relevant option*

- I can independently develop and maintain personal relationships
- I sometimes need support to develop and maintain personal relationships
- I always need support to develop and maintain personal relationships

Is there anything you would like to tell us about the support you need?

Axels and father relationship is extremely fractured. Axel spends a lot of time at home with his father and he finds it difficult to respond positively to any support offered. This makes home life very difficult for Axel as this is where he spends most of his time.

**Support with accessing and engaging in education, training, work or volunteering?**

*Please choose the most relevant option*

- I am able to independently access and engage in work, training or education
- I sometimes need support to access and engage in work training or education

[Type here]

I always need support to access or engage in work, training or education

Is there anything you would like to tell us about the support you need?

Currently Axel is on role at ACORNS school and his attendance is sporadic due to his high levels of anxiety and ASD. A EHCP plan is being amended to support Axel with his learning needs around his education as it is agreed by professionals that he needs a specialist support school.

**Support to access the community including public transport, recreational facilities or services, this includes likely needs for when you are older.**

*Please choose the most relevant option*

I am able to independently access the community

I sometimes need support to access the community

I always need support to access the community

Is there anything you would like to tell us about the support you need?

Axel is currently being support by Targeted Youth Support worker who is helping Axel to access community activities and elevate some of his anxieties. There is also support from CAMHS around graded exposure work.

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**If you are a young person with a child or you have any other caring responsibilities, please tell us about the support you need with carrying out those caring responsibilities?**

*Please choose most relevant option*

I am able to independently carry out my caring responsibilities

I sometimes need support to carry out my caring responsibilities

I always need support to carry out my caring responsibilities

Is there anything you would like to tell us about the support you need?

[Type here]

N/A