

Transition Outcome Focused Review

System ID			
Name			
Address			
Telephone		Gender	
Date of Birth		Age	

Worker/Team Allocations

Worker Relationship (Required)	
Team Relationship (Required)	

Warnings

If the client or carer has a warning recorded on CareFirst is it still relevant?	Yes / No
Please complete the comment box if the client or carer has not got a warning or the reason why you have ended the warning	

Performance Requirements

Primary Support Reasons

Guidance Note: **Primary Support Reason** (PSR) replaces the current Primary Client Type and describes why the individual requires social care support, is the main disability or impairment affecting the person's quality of life and thus creating the need for support and care. The PSR should be identified and recorded at the point of assessment with any changes being recorded during subsequent reviews

Please note the following distinction between how PSR may be recorded for both LTS and STS:

For Short Term Support (Sts) - One or more PSR's can be reported. One PSR is agreed for each episode of short term support at the assessment stage. Any change may be recorded during subsequent reviews.

For Long Term Support (Lts) - Only **1** PSR can be reported. The PSR agreed for the individual client at the point of assessment for long term support is recorded. The PSR should be reviewed at both planned and unplanned reviews.

Adult Long Term Support

Lts Learning Disability Support		Lts Sensory Support – For Visual Impairment	
Lts Mental Health Support		Lts Social Support – Asylum Seeker Support	
Lts Physical Support – Access and Mobility Only		Lts Social Support – Isolation/Other Support	
Lts Physical Support – Personal Care Support		Lts Social Support – Substance Misuse Support	

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Lts Sensory Support – For Dual Impairment		Lts Support with Memory & Cognition	
Lts Sensory Report – For Hearing Impairment			
Adult Short Term Support			
Sts Learning Disability Support		Sts Sensory Support – For Visual Impairment	
Sts Mental Health Support		Sts Social Support – Asylum Seeker Support	
Sts Physical Support – Access and Mobility Only		Sts Social Support – Isolation/Other Support	
Sts Physical Support – Personal Care Support		Sts Social Support – Substance Misuse Support	
Sts Sensory Support – For Dual Impairment		Sts Support with Memory & Cognition	
Sts Sensory Report – For Hearing Impairment			
Reported Health Conditions			
<i>Guidance Note: Reported Health Condition - an illness, disability or condition affecting the client and diagnosed by a healthcare professional and are not related to the request for support should not be recorded.</i>			
L.D – Aspergers Syndrome/High Functioning Autism		Neurological - Stroke	
L.D – Autism Excl Aspergers Syn/High Functioning		No Relevant Lt Reported Health Conditions	
L.D – Learning Disability		Physical – Acquired Physical Injury	
L.D – Other Learning/Development/Intellectual		Physical - Cancer	
Mental Health - Dementia		Physical – Chronic Obstructive Pulmonary Disease	
Mental Health – other Mental Health Condition		Physical – HIV / Aids	
Neurological – Acquired Brain Injury		Physical – Other Long Term Health Condition	
Neurological – Motor Neurone Disease		Sensory Impairment – Hearing Impaired	
Neurological – Other Long Term Health Condition		Sensory Impairment – Other Sensory Impaired	
Neurological - Parkinson's		Sensory Impairment – Visually Impaired	
Accommodation Status			
<i>This question is in relation to Learning Disability Clients Only. If the individual is not a LD Client enter N/A</i>			
Acute Health		Refuge	
Adult Placement Scheme		Registered Care Home	
Emergency Hostel		Registered Nursing Home	

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Family & Friends - Short term guest		Rough Sleeper	
Flat Sharing		Settled Mainstream Housing with Family and Friends	
Long Stay Hospitals		Shelter Hostel	
Mobile Accommodation (Gypsy/Roma/Traveller)		Sheltered Housing	
N/A – Non LD Client		Squatting	
Other temporary Accommodation		Supported Accommodation (with staff)	
Owner Occupier		Temporary Accommodation by LA	
Prison, YOI or Detention Centre		Tenant – LA or Housing Association	
Probation Hostel (Approved Premises)		Tenant – Private Landlord	
Employment Status			
<i>This question is in relation to Learning Disability Clients Only.</i>			
Unknown		N/A – Non Ld Client	
Not in Employment (Not Seeking Work / Retired)		Paid (16 Hours or More a Week)	
Not in Employment (Seeking Work)		Paid (Less than 16 Hours a Week)	

DOLS

Is a DOLS in place?	Yes / No
If a DOLS in place does it need to be reviewed?	Yes / No
Does the individual have capacity in relation to where they live?	Yes / No
Known Advocates	
Known relevant persons representative (PRP)	
Was the RPR involved in the review process?	Yes /No
Any other comments in relation to DOLS	

Details of Review

If the review is a planned review then please select 'A Planned Review' from the list. If the review was not planned please enter the reason why the review is being carried out.	
A planned review	
Bereavement	
Change in client condition	
Change in residence	
Emergency related to carer	
Fall	
Hospital episode (planned)	
Hospital episode (unplanned)	

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Other accident/incident				
Safeguarding concern				
If you are completing this review because a short term review activity has been assigned to specify the date of completion here				
If you are completing this review because a long term review activity has been assigned to specify the date of completion here				
If more than one Care Manager is working with this service user provide details below				
Has this review been carried out as a joint review with another agency	Yes / No			
If yes please provide the agencies details				
Who was present at the review meeting and what is their role / relationship to you?				
Name	Role / Relationship			
Further Details to completed if the above matrix is full				
How are you?				
	Your Life	What is working	What is not working / is there anything you would like to change	Does Eligibility Apply
Community Life, Leisure, Learning and Work				
Managing Money				
Family and Relationships				
Choices and Changes				
Living Safely and Talking Risks				
Health and Wellbeing				
Everyday Tasks				
Faith, Culture and				

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Religion				
Equipment and Adaptations				
Further details to completed if the above matrix is full				
What are the views of your family and other people who support you?				
Who	What is working?		What is not working?	
Further details to completed if the above matrix is full				
Your three main personal outcomes				
	Identified Outcome	How will this be achieved?		
1				
2				
3				
If any of the three main outcomes have not been met please state why				

Financial Details

How have you spent your person budget?		
Item	Comments	Cost (per year)
Weekly cost of personal budget		

What needs to change in your Support Plan

What three personal outcomes are most important to you in the next year?	
1	
2	
3	
Have your support needs changed? (Required) IF YES YOU WILL NEED TO BE REFERRED FOR A REASSESSMENT	Yes / No
Do you feel that your support plan needs to be changed?	Yes / No
Can you tell me about the impact on your wellbeing?	

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Do you feel that your personal budget needs to change?		Yes / No
Actions from review		
What will happen next?	Who will do it?	By when?
Provide details of any new services that are due to start		
Provide details of any new services that are due to end		
Has the service user signed a separate signature document?		Yes / No
If no please provide details		
Is a Support Assessment Questionnaire Required		Yes / No
Refer to the Community Bridge Building Team		Yes / No
Is an End of worker / Transfer Case form required (Required)		Yes / No
Is a short term review required? (specify by which team CCW, CCR, MHTR, OPMHT)		
1 week		
2 weeks		
3 weeks		
4 weeks		
5 weeks		
6 weeks		
6 weeks		
If a copy of the OFR is to be sent to the service user and or other relevant individuals (e.g. the carer), enter the Administration Team that will distribute the OFR.		
Who would you like it to be sent to		