Name: Date:

*(Please give a copy to young person & family/carers, upload to CareNotes, and keep in green file)*

**LEAVE MANAGEMENT PLAN**

To be updated and signed for every episode of leave

**What are my plans for leave?**

|  |  |
| --- | --- |
| Please initial the box |  |
|  | I have reviewed my leave plan dated \_\_\_\_\_\_\_\_\_\_\_\_ and it is up to date |
|  | I agree that I will manage my diet and fluid intake whilst I am on leave. If I am struggling I will not attempt to hide food or refuse diet, I will use my crisis plan and ask for help. [delete if not applicable] |
|  | I agree that I will keep myself safe whilst I am on leave. If I struggle I will use this crisis plan to help me manage or ask for help.  |

Signed [young person] ……………………………………………………………………………….. Date……………………………………………..

Signed [parent] ……………………………………………………………………………….. Date……………………………………………..

Signed [clinician] ……………………………………………………………………………….. Date……………………………………………..

**LEAVE MANAGEMENT PLAN – PARENTS/CARERS**

To be reviewed and amended when there are changes

**What are the risks in the home?** *(E.g. medication, sharps, cleaning products, ligature risks)*

**Where are the medications stored at home? Who is responsible for the medication?**

**What can you do to maintain safety***? (E.g. locking risk items away, removing locks off bedrooms)*

**What can you do to help your child manage their distress***? (E.g. direct them to their coping plan, offer resources from their skills / grounding pack, offer company or distraction)*

**What are the restrictions of leave?** *(E.g. Time limits, specific people to be with)*

**If my child becomes distressed/unsettled what can I do?**

* I can call the Highfield Unit on 01865902901 for support
* I can call the Crisis Team on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I can return to the Highfield Unit early
* I can ring the Police if my child runs away or becomes hostile / violent

**LEAVE MANAGEMENT PLAN – YOUNG PERSON**

To be reviewed and amended when there are changes

**How will I manage my leave plans?** *(e.g. keep to my routine, tell a teacher if I am struggling, use my skills)*

**What are my triggers?** *(e.g. struggle with certain foods, being around lots of people)*

**What are my early warning signs?** *(e.g. I will become quiet, I will roll my sleeves down in order to hide food)*

**What skills, coping resources, or distractions can I use if I’m struggling?** *(include any practical things to consider like how you will get a bowl and water for a cold dive, taking your sensory box with you, etc.)*

**If I struggle what can I do?**

• My parents/carers or I can call the Highfield Unit on 01865902901 for support

• My parents/ carers or I can call my Crisis Team on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What helps to prevent or discontinue current distress/self-harm/ anxiety?** *(please circle one or more of the options that are appropriate and add any further information)*

**How do I need support:**

 VERBALLY VISUALLY BOTH

*Any other comments:*

**Does this support need to be:**

SHORT & CONCISE FULL DISCUSSION PICTURE CUES PHYSICAL INTERVENTION

*Any other comments:*

**Do I require any of the following tools to help me communicate?**

TRAFFIC LIGHTS PROMPT CARDS INCENTIVE CARDS PICTURE CUES THERMOMETER CHART

*Any other comments*:

**Do I require objects to self soothe?**

WEIGHTED BLANKET FIDDLE TOYS INCENTIVE CARDS MUSIC HOLDING ICE

*Any other comments*:

**Do I require the use of skills/ distractions?**

ICE DIVE MUSIC PACED BREATHING GROUNDING MINDFULNESS RATIONALISATION

SENSORY TOYS PACING

*Any other comments*:

**Do I require supervision in the home for:**

MEALS BATHROOM USE EXERCISE SHARP ITEMS MEDICATION

**How long is this supervision required for?**

*Any other comments:*