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| Intensive Therapeutic Transitional Care (ITTC) Outreach Referral Form  Complete this form to make a referral for outreach to an Intensive Therapeutic Transitional Care (ITTC) unit. |

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| ITTC Outreach Service Provision |
| ITTC Outreach is a service provided by an Intensive Therapeutic Care (ITC) Service Provider through an Intensive Therapeutic Transitional Care Unit (ITTC) unit.  ITTC Outreach has the primary goal of promoting the safety, welfare and wellbeing of children and young people with the main objectives to:   * prevent placement breakdown * prevent entry into ITC * assist transition where children and young people require a placement change, or * assist transition where children and young people require support to move to step down models of care   ITTC Outreach is not prescriptive so it does not limit its capacity for innovation and creative service provision, however has the intention of providing short term support based on specific, measureable, achievable, realistic and time-limited (SMART) goals.  Areas where support may be provided include behaviour assessment and support (but not drafting BSPs), developmental assessments including but not limited to OT and Speech) mental health, alcohol and/or drugs, education, independent living skills, carer / parent support, placement support, and risk management.  This will be achieved through providing the necessary assessments and interventions identified on a case by case basis for each child, young person or their carer, family or direct care staff referred to ITTC outreach. Whilst the ITTC multi-disciplinary team will assist in making referrals, and reviewing and making recommendations to guide case plan goals, their role does not include tasks associated with case management responsibility. |

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| ITTC Outreach Timeframe |
| Service Provision is for a period of up to 13 weeks in duration only, but may be considered for extension (up to a further 13 weeks) in exceptional circumstances. A period of engagement is not considered part of the 13 week outreach time frame. |

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| ITTC Outreach Eligibility |
| The target group for ITTC Outreach are children and young people with high and/or complex needs placed in:  foster care that require increased support and assistance to prevent entry into ITC  ITC and need further assessment and assistance to transition to, or settle in to a new placement  alternate care arrangements (ACAs) and require support to transition to an ITC placement or appropriate placement  the interim care model who require support to transition to a more permanent care arrangement. |

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| ITTC Outreach Referral Process |
| A referral for ITTC Outreach can only be made by completing this referral form and sending it to the allocated district mailbox. If the referral meets the eligibility criteria it will be forwarded to the ITTC Service Provider and you will be advised of the referral outcome.  NB: To assist in determining suitability for ITTC Outreach the referring caseworker may consult with the Permanency Support Co-ordinator prior to a referral being sent to the district mailbox. |



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| ITTC Outreach Referral Form |

**To be completed by the referring caseworker** **(DCJ or Service Provider):**

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| Date of Referral | Click or tap to enter a date. |

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| Child / Young Person’s Details | | | | |
| Name | Click or tap here to enter text. | Preferred Name | Click or tap here to enter text. | |
| Gender | Choose an item. | Pronoun | Choose an item. | |
| Do they have an intersex status?  Yes  No | | | |
| Date of Birth | Click or tap here to enter text. | Age | Choose an item. | Choose an item. |
| ChildStory ID | Click or tap here to enter text. | Legal Status | Choose an item. | |
| CAT score & date | Low  Medium  High  Nil  Click or tap to enter a date. | CIF A  Attached Click or tap to enter a date.  CIF B  Attached Click or tap to enter a date. | | |
| Cultural Background | Aboriginal Torres Strait Islander  Click or tap here to enter text. | Culturally and Linguistically Diverse (Specify)  Click or tap here to enter text. | | |
| Is the Cultural Support Plan attached?  Yes  No  Not completed | | | |
| Cultural Obligations Click or tap here to enter text. | | | |
| Language/s spoken | Click or tap here to enter text. Is an interpreter required?  Yes No | | | |
| Religion | Click or tap here to enter text. | | | |
| Current Address | Click or tap here to enter text. | | | |
| Consultation | Is the child or young person aware that this referral is being made?  Yes  No | | | |

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| **Strengths, Goals and Challenges** |
| Detail the child or young person’s strengths and what their goals are. Include what challenges they are currently facing as well as their pressure points or triggers. This should also include those of the carer, family or direct care worker if they require support as part of outreach.  Click or tap here to enter text. |

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| **Reason for ITTC Outreach Referral** |
| List your current concerns and provide a brief background on the reasons ITTC outreach is required and the supports and intervention that have previously been put in place.  Click or tap here to enter text. |

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| Has a referral been made, or is the child / young person receiving a service from any of the following programs? Please tick all that apply.  Child Protection Counselling Services  Links Trauma Healing  FFT-CW  MST-CAN  Treatment Foster Care (Oregon)  OurSPACE  Thriving Families NSW  A Place to Go  Psychological Services (DCJ)  CAMHS  Head Space  Elver Program |

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| **PSP Packages (Tick all packages that apply)** | | | |
| **Case plan goal** | **Baseline** | **Child needs** | **Specialist** |
| Restoration  Guardianship  Adoption  Long term care  No PSP in place  (DCJ case managed) | Foster care  Aboriginal foster care  Supported independent living  Intensive therapeutic care home  Therapeutic sibling option placement  Therapeutic supported independent living  Therapeutic home based care  Case coordination | Low  Medium  High | Cultural plan  CALD  15+ years old reconnect  Leaving care  4+ sibling placement option  Legal adoption  Additional Carer Support  Complex Needs  Tick all that apply.  Therapeutic Behaviour Support  Disability Care  Additional Rostered Staff  Discretionary Extraordinary  Placement Support |

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| Referring Service Provider Details | | | | |
| Service Provider | Choose an item. | | Choose an item. | |
| Address | Click or tap here to enter text. | | | |
| Caseworker | Click or tap here to enter text. | Phone | | Click or tap here to enter text. |
| Manager (endorsed) | Click or tap here to enter text. | Phone | | Click or tap here to enter text. |
| Therapeutic Specialist (if ITC FSP) | Click or tap here to enter text. | Phone | | Click or tap here to enter text. |
| CFDU | Choose an item. | Phone | | Click or tap here to enter text. |
| ITTC Location | Choose an item. | | | |

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| Current Placement Details | | | | | |
| Type of placement | Choose an item. | | | | |
| Length of placement | Choose an item. | | Choose an item. | | |
| Placement stability | Choose an item. | | | | |
| Household Members | Name | Relationship | | Age | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Choose an item. |
| Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Choose an item. |
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| Click or tap here to enter text. | Click or tap here to enter text. | | Choose an item. | Choose an item. |

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| Placement History | | | | | |
| Age at entry to care | Choose an item. | Choose an item. | Number of placements | Choose an item. | |
| Placement Details | Choose an item. | | Placement length | Click or tap to enter a date. | Click or tap to enter a date. |
| Placement Details | Choose an item. | | Placement length | Click or tap to enter a date. | Click or tap to enter a date. |
| Placement Details | Choose an item. | | Placement length | Click or tap to enter a date. | Click or tap to enter a date. |
| Placement Details | Choose an item. | | Placement length | Click or tap to enter a date. | Click or tap to enter a date. |
| Placement Details | Choose an item. | | Placement length | Click or tap to enter a date. | Click or tap to enter a date. |
| Additional placements | Click or tap here to enter text. | | | | |

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| Education Details | | | |
| Tick the box relevant to the child or young person’s current circumstances:  Day Care / Preschool / Family Based Care  School  TAFE  University  Other training organisation  Apprenticeship  None | | | |
| School Enrolment | Is the child or young person currently enrolled?  Yes  No, Include details **Click or tap here to enter text.** | | |
| Education Plan | Is there an Independent Learning Plan?  Yes  No Attached | | |
| School / Other | Click or tap here to enter text. | Year | **Choose an item.** |
| Address | **Click or tap here to enter text.** | | |
| Teacher | Click or tap here to enter text. | Phone | **Click or tap here to enter text.** |
| Special Class | Choose an item. | Funding Support | No  Yes **Click or tap here to enter text.** |
| Attendance | **Choose an item.** | | |
| OOHC Coordinator | **Click or tap here to enter text.** | **Phone** | **Click or tap here to enter text.** |
| Involved  Yes **Click or tap here to enter text.**  No | | |

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| Medical Details | | | |
| Height | Click or tap here to enter text. | Weight | Click or tap here to enter text. |
| Allergies | Does the child or young person have any allergies?  Yes  No | | |
| Click or tap here to enter text. | Reaction and treatment | Click or tap here to enter text. |
| Health Management Plan | Is there a Health Management Plan?  Yes  No Attached | | |
| Sleep Problems | Yes  No Click or tap here to enter text. | | |
| Diagnosis | Practitioner Name | Date | Medication / Dosage |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Position | Practitioner Name | Address | Phone |
| General Practitioner | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Paediatrician | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychologist / Counsellor | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Psychiatrist | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Dental | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Behavioural Support Planning (BSP) and Risk Management | | | |
| BSP | Yes, please attach  No | Date completed | **Click or tap to enter a date.** |
| Date of review | **Click or tap to enter a date.** |
| Developed by: | **Click or tap here to enter text.** | Phone | **Click or tap here to enter text.** |
| Implementation | Provide information on how the BSP has been implemented, any challenges or barriers, and any supports or training provided.  **Click or tap here to enter text.** | | |
| Risk Management Plan | Yes, please attach  No | **Date completed** | **Click or tap to enter a date.** |
| **Date of review** | **Click or tap to enter a date.** |
| Implementation | **Click or tap here to enter text.** | | |

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| Other Services / Professionals involved (include previous service providers and involvement) | | | |
| Consultation | Are these professionals aware of the referrals?  Yes  No | | |
| Service / Agency | **Click or tap here to enter text.** | **Phone** | **Click or tap here to enter text.** |
| Address | **Click or tap here to enter text.** | | |
| Nature of involvement | Click or tap here to enter text. | | |
| Service / Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |
| Nature of Involvement | Click or tap here to enter text. | | |
| Service / Agency | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | | |
| Nature of Involvement | Click or tap here to enter text. | | |

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| **Commitment** |
| Is there commitment from the following stakeholders to ITTC Outreach? Tick all that apply:  Child / young person  Carer  Family  Caseworker  Direct care worker |

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| Attachments | | |
| Detail the reports you have attached to support this referral. | | |
| **Type** | **Date** | **Author** |
| **Click or tap here to enter text.** | **Click or tap to enter a date.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap to enter a date.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap to enter a date.** | **Click or tap here to enter text.** |

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| Referral Outcome (To be completed by CFDU only) | | |
| Date received at CFDU | **Click or tap to enter a date.** | |
| ITTC Referral Location | **Choose an item.** | **Choose an item.** |
| Eligibility Criteria | Does the referral meet the criteria?  Yes  No | |
| ITTC Capacity | Based on current ITTC service provision is there capacity to provide support?  Yes  No | |
| Referral Outcome | Choose an item. | Forward to ITTC Unit  Yes  No |
| Reason for Outcome | Click or tap here to enter text. | |
| Manager Assessing Referral | **Click or tap here to enter text.** | |
| Date forwarded to ITTC | **Click or tap to enter a date.** | |

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| Referral Outcome (To be completed by ITTC only) | |
| Date received at ITTC | **Click or tap to enter a date.** |
| Referral Outcome | **Choose an item.** |
| Reason for Outcome | **Click or tap here to enter text.** |
| Challenges / Barriers | **Click or tap here to enter text.** |
| Therapeutic Specialist Assessing Referral | **Click or tap here to enter text.** |
| Date forwarded to CFDU | **Click or tap to enter a date.** |