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# *PSP Away from Placement notification*

*For further information, refer to the PSP Away from Placement policy (September 2021).*

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| **Notification** – *completed by the service provider* *to notify an away from placement event, attached to ChildStory Whereabouts* |

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| **Child’s details** | | | |
| Child / young adult name |  | Date of birth | Enter date |
| ChildStory identifier |  | Address/es  *Current or possible whereabouts.* |  |
| Indigenous / CALD status |  | Gender | Choose a gender |
| Disability *(if applicable)* |  | Medication *(if applicable)* |  |

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| **Case management details** | | | |
| Service provider - ***primary*** case responsibility |  | Nominated unit - ***secondary*** case responsibility |  |
| Service provider contact name and position |  | Nominated unit contact name & position (*manager casework)* |  |
| Telephone |  | Telephone |  |

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| **Away from placement event** | | | |
| Event type | Choose event type | Event date | Enter date |
| Brief narrative of event *What occurred? Where is the child* *or young adult now? Is it likely they’ll return to placement?* | *Note: For absence without carer permission for over 24 hours, multiple absences within the same Away from Placement period (up to 4 weeks) do not require multiple notifications.* | | |

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| **Placement details** | | | |
| Placement type | Choose placement type | Placement address |  |
| Authorised carer name  *Foster care only* |  | Key worker name *ITC / res care / ICM / IPA / ACA / SIL/TSIL* |  |
| Date child / young adult first entered placement | Enter date | Date child / young adult left placement | Enter date |

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| **ChildStory Partner** *– record is used to determine service provider funding* | | | |
| Whereabouts record created? | Yes or no | ChildStory Whereabouts ID | PLA- |

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| **Case planning details** | | | |
| Case plan goal | Choose CPG | Date of case plan review | Enter date |
| Behaviour Support Plan? | Yes or no | Date of BSP review  *(if applicable)* | Enter date |

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| **Details of mandatory reporting** | | | |
| Date reported to NSW Police *(if applicable)* | Enter date | COPS Event Number *(if applicable)* | Enter date |
| Mandatory Reporter Guide (MRG) Outcome | MRG outcome | Other information *(if applicable)* |  |
| Date reported to Helpline  *(if applicable)* | Enter date | Helpline Ref. Number *(if applicable)* |  |

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| **Critical event** *– refer to PSP Critical Events policy* | | | |
| Was away from placement event a critical event? | Yes or no | Date reported to DCJ district principal officer | Enter date |

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| **Prior planning** – *if away from placement event was planned or anticipated* | | | |
| Nominated unit type consulted | Choose unit type | Nominated unit name |  |
| Date of consultation | Enter date | Name of nominated unit practitioner consulted |  |
| Summary / key issues |  | Summary recommendations |  |

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| **Response to away from placement event** | |
| What actions were taken to respond to the away from placement event?  *For example, what is being done to maintain contact with the child / young adult? Attach relevant records.* |  |
| What actions are being taken to support the child / young adult whilst away from placement?  *Attach relevant records including case plan review, details of face-to-face contact, emails, phone calls.* |  |
| What actions are being taken to help the child / young adult return to placement?  *Provide details of face-to-face and other interaction with child, their parents & family/kin.* |  |
| What actions are being taken to assess risk and implement a risk management plan?  *Describe how risk is being continuously assessed and reviewed. Attach risk assessment & management plan.* |  |
| Explain why return to placement is realistic and achievable. If not, what other placement options are being assessed?  *Attach other evidence.* |  |

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| Notification approval | | | | |
| Position | Name | Outcome | Signature or electronic approval | Date |
| Service provider manager or other delegate |  | Outcome |  | Enter date |
| Service provider manager comments (if any) |  | | | |

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| (Optional) District response *– This section is optional and may be used to record aspects of the district response.  Once completed or updated, (re)attach the AFP notification to (the same) ChildStory Whereabouts.* |

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| ChildStory Queue | | | |
| Whereabouts record checked (in ChildStory) | Yes or no | Date of (ChildStory) approval | Enter date |

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| Alternate assessment | | | |
| Has or will an Alternate Assessment occur? | Yes or no | Rationale | Choose rationale |
| Other rationale *(if applicable)* |  | | |
| Date Alternate Assessment commenced *(if known)* | Enter date | Date Alternate Assessment completed *(if known)* | Enter date |
| DCJ unit responsible for Alternate Assessment |  | Name of allocated DCJ Manager Casework |  |
| Date of PAC with service provider *(if known)* | Enter date | Name of service provider practitioner |  |
| Description of Safety Plan  *(if applicable)* |  | | |
| Outcome of Alternate Assessment *(if known)* |  | | |

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| Permanency goal review | | | |
| Has a permanency consultation occurred? | Yes or no | Date of permanency consultation | Enter date |
| Current case plan goal (CPG) | Choose CPG | Recommended CPG *(if applicable)* | Choose CPG |

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| **Complex Needs Panel** | | | |
| Referral to district Complex Needs Panel (or equivalent) | Yes or no | For Complex Needs Panel Agenda date | Enter date |

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| **Legal Action** | | | |
| Is a Section 90 application required? | Yes or no | Expiry date of current order | Enter date |
| Proposed grounds and change in circumstances |  | DCJ unit responsible for proceedings |  |

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| (Optional) Referral Unit\* response *– This section is optional and may be used to record aspects of the referral unit response.  Once completed or updated, (re)attach the AFP notification to (the same) ChildStory Whereabouts.* | | | |
| Whereabouts record noted (in ChildStory) |  | Date | Enter date |
| Referral unit comments *\*CAU, ICRU, CCOBS or other referral unit* |  | | |

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| **Attachments** *(select applicable)* | |
| Case file history (summary)  Initial or ongoing (away from placement) plan  Service provider risk assessment  Specialist assessments  Permanency/other consultation record  Details of family finding actions / amended genogram  Case review, case meeting, family group conference minutes | Current case plan  Behaviour Support plan (BSP)  DCJ alternate assessment  If the child / young adult is detained, the court schedule, proposed schedule of visits and additional support to be provided.  If the child / young adult is in hospital, relevant medical records that detail diagnosis and treatment  Other: |

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| **DCJ Mailboxes** | | |
| CFDU | Covering DCJ CSCs | Mailbox |
| Metro Central CFDU | Burwood, Central Sydney, Chatswood, Eastern Sydney, Lakemba, Pennant Hills, St George, Sutherland | [CFDU.metrocentral@facs.nsw.gov.au](mailto:CFDU.metrocentral@facs.nsw.gov.au) |
| Metro West CFDU | Auburn, Blacktown, Blue Mountains, Hawkesbury, Lithgow, Mount Druitt, Parramatta, Penrith, St Marys | [CFDUWS&NBM@facs.nsw.gov.au](mailto:CFDUWS&NBM@facs.nsw.gov.au) |
| Metro South West CFDU | Bankstown, Bowral, Macarthur, Fairfield, Ingleburn, Liverpool | [CFDU.SouthWesternSydney@facs.nsw.gov.au](mailto:CFDU.SouthWesternSydney@facs.nsw.gov.au) |
| Northern NSW CFDU | Ballina, Clarence Valley, Lismore, Tweed Heads | [NNSW.CFDU@facs.nsw.gov.au](mailto:NNSW.CFDU@facs.nsw.gov.au) |
| Mid North Coast CFDU | Coffs Harbour, Kempsey, Port Macquarie, Taree | [CFDU.midnorthcoast@facs.nsw.gov.au](mailto:CFDU.midnorthcoast@facs.nsw.gov.au) |
| New England CFDU | Armidale, Glen Innes, Inverell, Moree, Muswellbrook, Narrabri, Tamworth | [NewEngland.CFDU@facs.nsw.gov.au](mailto:NewEngland.CFDU@facs.nsw.gov.au) |
| Hunter Central Coast CFDU | Cessnock, Charlestown, Edgeworth, Gosford, Lakes, Maitland, Mayfield, Peninsula, Raymond Terrace, Wyong | [Admin.HCCCFDU@facs.nsw.gov.au](mailto:Admin.HCCCFDU@facs.nsw.gov.au) |
| Illawarra Shoalhaven CFDU | Nowra, Shellharbour, Ulladulla, Wollongong | [IllawarraShoalhaven.CFDU@facs.nsw.gov.au](mailto:IllawarraShoalhaven.CFDU@facs.nsw.gov.au) |
| Southern NSW CFDU | Batemans Bay, Bega, Cooma, Goulburn, Queanbeyan, Yass | [SouthernNSW.CFDU@facs.nsw.gov.au](mailto:SouthernNSW.CFDU@facs.nsw.gov.au) |
| Western NSW CFDU | Bathurst, Bourke, Brewarrina, Cobar, Condobolin, Coonabarabran, Coonamble, Cowra, Dubbo, Mudgee, Orange, Parkes, Walgett | [WesternNSW.CFDU@facs.nsw.gov.au](mailto:WesternNSW.CFDU@facs.nsw.gov.au) |
| Murrumbidgee/Far West CFDU | Albury, Broken Hill, Cootamundra, Dareton, Deniliquin, Griffith, Leeton, Tumut, Wagga Wagga, Willcania | [CFDUMurrumbidgeeFarWest@facs.nsw.gov.au](mailto:CFDUMurrumbidgeeFarWest@facs.nsw.gov.au) |
| Central Access Unit | State-wide (ITC and Residential Care) | [CentralAccessUnit@facs.nsw.gov.au](mailto:CentralAccessUnit@facs.nsw.gov.au) |
| Intensive Support Service (ISS) | State-wide | [CSStateWideServices.ISS@facs.nsw.gov.au](mailto:CSStateWideServices.ISS@facs.nsw.gov.au) |