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| Intensive Therapeutic Transitional Care (ITTC) Outreach Referral FormComplete 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 [ ]  NilClick 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 IslanderClick 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. |
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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.** |