

Notification and Request for Continuation of standard PSP packages *Away from Placement*

FACS and Funded Service Providers (FSPs) complete this form to:

1. notify of an Away from Placement event
2. record FSP casework and FACS statutory responses
3. seek Away from Placement PSP packages.



Notification *to be completed by FSP*

Child's details

Child's Name		Date of birth	
Indigenous / CALD status		Gender / Gender identity	
ChildStory Identifier		Address/es <i>(current/possible whereabouts)</i>	

Placement details

Placement Type	<input type="checkbox"/> Foster Care <input type="checkbox"/> ITC / Residential Care	Placement Address	
Carer Name <i>Foster care only</i>		Key Worker Name <i>ITC / Residential Care only</i>	
Date child left placement		Comments	

Case management details

FSP / FACS Unit with primary case responsibility		FACS unit with secondary case responsibility	
FSP Contact Name		FACS Contact Name <i>Manager Casework</i>	
Position		Position	
Telephone		Telephone	

Away from Placement event

Date child entered placement		Date child left placement	
Event type	<input type="checkbox"/> Entry into custody / detention	<input type="checkbox"/> Self-placement non-auth carer	<input type="checkbox"/> Left placement >24hrs / missing <input type="checkbox"/> Hospitalisation / rehab >2weeks
Brief narrative of event			

Prior planning

If Away from Placement Event was planned or anticipated

FACS unit consulted	<input type="checkbox"/> CSC <input type="checkbox"/> CFDU <input type="checkbox"/> CAU <input type="checkbox"/> Contract Manager	Date	
Summary / Key issues		Outcome / Decisions	

Details of mandatory reporting

Date reported to NSW Police <i>If applicable</i>		COPS Event Number <i>If applicable</i>	
Mandatory Reporter Guide (MRG) Outcome	<input type="checkbox"/> Report to Helpline <input type="checkbox"/> Monitor and support	Helpline Ref. Number <i>If applicable</i>	

Statutory Response *to be completed by FACS*

Alternative Assessment

Allocation date		Allocated FACS MCW name	
Date of consultation with FSP		Name of FSP casework practitioner consulted	
Date assessment commenced		Date assessment completed <i>(If completed)</i>	
Outcome of Alternative Assessment <i>(if available)</i>			
Agreement an Alternative Assessment is not required?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date of agreement with FSP	
Reason/s an Alternative Assessment is not required?			

Case plan goal

Current case plan goal		Is a change to the case plan goal proposed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Permanency Consultation occurred?	<input type="checkbox"/> Yes <i>(record below)</i> <input type="checkbox"/> No	Date of Permanency Consultation	
Reasons			

Legal action

Is a Section 90 application required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiry date of current order	
If yes, proposed grounds			

Complex Needs Panel

Referral to Complex Needs Panel	<input type="checkbox"/> Yes <input type="checkbox"/> No	For Complex Needs Panel Agenda date	
Comments			

CAU escalation to FACS district *to be completed by FACS CAU only*
If there are unaddressed risks or child protection issues.

Escalation date		Escalation type	<input type="checkbox"/> Phone call <input type="checkbox"/> Email/correspondence
Name of Director		District	
CAU comments			

Request for continuation of standard PSP packages *to be completed by FSP*

Period for continuation of standard PSP packages

Period start date		Period expiry date		<input type="checkbox"/> Continuation <input type="checkbox"/> Extension
-------------------	--	--------------------	--	---

Evidence to support approval of CONTINUATION of standard PSP packages

Continue on additional attached page if necessary.

What actions were taken to respond to Away from Placement event?	
What actions are proposed to support the child whilst Away from Placement (face-to-face visits, phone etc)?	
What is initial plan to facilitate the child's return to placement?	
Why is it likely the child will return to placement? What is the evidence?	
Describe caseworker engagement between child, parents &/or family/kin.	

Evidence to support approval of EXTENSION of standard PSP packages

What actions were taken to facilitate the child's return to placement? <i>Attach relevant records.</i>	
What actions were taken to support the child whilst Away from Placement? <i>Provide details (incl dates) of all face-to-face interaction with child, their parents and family/kin.</i>	
What further actions are proposed to support the child whilst Away from Placement? <i>Attach FSP risk assessment and risk management plan.</i>	
What is the ongoing plan to facilitate the child's return to placement? <i>Attach case plan review.</i>	
Explain why return to placement is foreseeable, realistic and achievable within period of proposed extension. <i>Attach other evidence.</i>	

Attachments

Select applicable

- | | |
|---|---|
| <input type="checkbox"/> Case file history (summary) | <input type="checkbox"/> Amended case plan |
| <input type="checkbox"/> Initial or ongoing (Away from Placement) Plan | <input type="checkbox"/> FACS Alternative Assessment |
| <input type="checkbox"/> FSP Risk Assessment | <input type="checkbox"/> If the child is detained, the court schedule, proposed schedule of visits and additional support to be provided. |
| <input type="checkbox"/> Specialist assessments | <input type="checkbox"/> If the child is in hospital, relevant medical records that detail diagnosis and treatment |
| <input type="checkbox"/> Permanency/other consultation record | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Details of family finding actions / amended genogram | |
| <input type="checkbox"/> Case review, case meeting, family group conference minutes | |

Outcome

Away from Placement approval

Position	Name	Action/outcome	Signature	Date
FSP Manager or Team Leader				
CFDU Manager Casework (MCW)		<input type="checkbox"/> Endorsed <input type="checkbox"/> Not endorsed		
CAU MCW or above (ITC and Residential Care only)		<input type="checkbox"/> Endorsed <input type="checkbox"/> Not endorsed <input type="checkbox"/> Conditional endorse		
FACS Director (DCS, Dir-Ops)		<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Conditional approval		
Endorsement or approval conditions (where applicable)				
Director comments				

Continuation/extension of standard PSP packages payment advice

Approved form forwarded to Commissioning & Planning		Approved form forwarded to District Permanency Team	
---	--	---	--

FACS Mailboxes

CFDU	Covering FACS CSCs	Mailbox
Metro Central CFDU	Burwood, Central Sydney, Chatswood, Eastern Sydney, Lakemba, Pennant Hills, St George, Sutherland	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
Metro South West CFDU	Bankstown, Bowral, Macarthur, Fairfield, Ingleburn, Liverpool	CFDU.SouthWesternSydney@facs.nsw.gov.au
Northern NSW CFDU	Ballina, Clarence Valley, Lismore, Tweed Heads	NNSW.CFDU@facs.nsw.gov.au
Mid North Coast CFDU	Coffs Harbour, Kempsey, Port Macquarie, Taree	CFDU.midnorthcoast@facs.nsw.gov.au
New England CFDU	Armidale, Glen Innes, Inverell, Moree, Muswellbrook, Narrabri, Tamworth	NewEngland.CFDU@facs.nsw.gov.au
Hunter Central Coast CFDU	Cessnock, Charlestown, Edgeworth, Gosford, Lakes, Maitland, Mayfield, Peninsula, Raymond Terrace, Wyong	Admin.HCCCFCDU@facs.nsw.gov.au
Illawarra Shoalhaven CFDU	Nowra, Shellharbour, Ulladulla, Wollongong	IllawarraShoalhaven.CFDU@facs.nsw.gov.au
Southern NSW CFDU	Batemans Bay, Bega, Cooma, Goulburn, Queanbeyan, Yass	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
Murrumbidgee/Far West CFDU	Albury, Broken Hill, Cootamundra, Dareton, Deniliquin, Griffith, Leeton, Tumut, Wagga Wagga, Willcanda	CFDUMurrumbidgeeFarWest@facs.nsw.gov.au
Central Access Unit (ITC and Residential Care)	State-wide	CentralAccessUnit@facs.nsw.gov.au
Metro Intensive Support Services (ISS)	State-wide	CSSStateWideServices.ISS@facs.nsw.gov.au