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| Intensive Therapeutic Transitional Care (ITTC) Outreach Plan  Use this form to develop an ITTC Outreach Plan which must be completed at a Care Team Meeting. **Approval by CFDU must be gained** **prior to the** **engagement of services**. |

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

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| Section 1: | Child or Young Person’s Details |

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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. | |
| Case Plan Goal | Choose an item. | | | |
| Cultural Background | Aboriginal  Torres Strait Islander  Click or tap here to enter text. | Culturally and Linguistically Diverse Click or tap here to enter text. | | |
| 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. | | | |

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| Section 2: | Service Provider Details |

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| ITTC Service Provider | | | |
| Service Provider | Choose an item. | Location | Choose an item. |
| Therapeutic Specialist | Click or tap here to enter text. | Phone | Click or tap here to enter text. |
| CFDU (Lead District) | Choose an item. | | |

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| Referring Agency | | | | |
| Service Provider Name | Choose an item. | | Choose an item. | |
| Caseworker | Click or tap here to enter text. | Phone | | Click or tap here to enter text. |
| Manager | Click or tap here to enter text. | Phone | | Click or tap here to enter text. |
| Therapeutic Specialist (if ITC funded) | Click or tap here to enter text. | | | |
| CFDU | Choose an item. | Permanency Support Coordinator (PC) | | Click or tap here to enter text. |

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| Section 3: | Support Required |

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| **ITTC Outreach Support Required** |
| Attach the initial Referral Form which outlines the concerns raised by the caseworker at the time of referral.  NB: If there are any additional supports identified as part of outreach planning include these here.  Click or tap here to enter text. |

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| Section 4: | Risks |

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| Work Health and Safety (WHS) | | | |
| Are there any risk factors for the team or the child / young person? | Risk | Mitigating Strategies | Responsibility |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **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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| Section 5: | Supports and Intervention |

The Outreach Plan should utilise SMART goals (Specific, Measureable, Achievable, Realistic, and Time-based)

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| Measure of Wellbeing Choose an item. | | | |
| Type of support | **Click or tap here to enter text.** | | |
| Objective / Goal | **Click or tap here to enter text.** | | |
| Action Required | | By who | Due 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. |

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| Measure of Wellbeing Choose an item. | | | |
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| Action Required | | By who | Due 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. |

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| --- | --- | --- | --- |
| Measure of Wellbeing Choose an item. | | | |
| Type of support | **Click or tap here to enter text.** | | |
| Objective / Goal | **Click or tap here to enter text.** | | |
| Action Required | | By who | Due 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. |

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| Section 6: | Plan Participants |

The following people attended the Care Team Meeting and assisted in the development of the ITTC Outreach Plan.

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| **Attendees** | | |
| **Name** | **Agency** | **Role** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | ITTC Therapeutic Specialist (chair) |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
| **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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Attendees will vary depending on the needs of each child or young person and may include CFDU, CAU or the PC as required.

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| Section 7: | Consultation |

Consultation needs to occur with all key stakeholders in developing an ITTC Outreach Plan. This may occur prior to the Care Team Meeting if this is more appropriate.

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| Consultation | |
| The child / young person was consulted on this plan | Yes  Attended  ITTC Outreach Consultation Paper  No  Declined  Not appropriate |
| The birth father was consulted on this plan | Yes  Attended  ITTC Outreach Consultation Paper  No  Declined  Not appropriate |
| The birth mother was consulted on this plan | Yes  Attended  ITTC Outreach Consultation Paper  No  Declined  Not appropriate |
| Significant others were consulted on this plan | Yes  Attended  ITTC Outreach Consultation Paper  No  Declined  Not appropriate |
| The CALD community was consulted on this plan | Yes  No  N/A, not CALD  Declined |
| The Aboriginal and/or Torres Strait Islander community was consulted on this plan | Yes  No  N/A, not Aboriginal or Torres Strait Islander  Declined |

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| Section 8: | Review |

The section is only completed at a Care Team Meeting following intervention and support being provided as part of an ITTC Outreach Plan.

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| **Plan Review and Progress** |
| Document the progress of each part of the plan including the reasons behind any changes to the original plan.  **Click or tap here to enter text.** |

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| Next Care Team Meeting Review Date |
| Click or tap to enter a date. |

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| Section 9: | Future Case Plan Directions |

This section is only completed once ITTC Outreach is no longer required. A re-referral may be made to the CFDU at any time.

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| **Recommendations** |
| Document any recommendations for the future.  **Click or tap here to enter text.** |