

**ITC Individualised Placement Referral Form**

An individualised ITC placement is limited to **very specific circumstances** and will only be approved for a limited period to enable the young person to be supported, stabilised and then grouped with another young person. Requests for Individualised ITC placements can only be considered in 2-bed homes.

The Executive Director, overseeing the Central Access Unit (CAU) is the only delegated DCJ representative able to approve requests for Individualised ITC placements and requests need to be made to the CAU. The CAU will notify the service provider and contract manager of the Executive Director’s decision.

Documentation to evidence how the child or young person meets one or more of the specific circumstances for seeking an individualised ITC placement and how those risks cannot be mitigated will be required.

Evidence to demonstrate that the child or young person is receiving appropriate support and interventions to address the behaviours of concern or the plan to provide the required support and interventions will also be required.

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| --- | --- | --- | --- | --- | --- |
| Child/young person’s details | | | | | |
| Name |  | DOB/Age |  | ChildStory # |  |
| Gender | Choose an item. | Aboriginal or Torres Strait Islander | Choose an item. | CALD | Yes  No |

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| --- | --- |
| NGO details | |
| Name of case managing NGO |  |
| Key contact (name and details) from case managing NGO |  |

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| --- | --- |
| Information about the proposed Individualised Placement Arrangement | |
| ITC Hub Location |  |
| Name of house C/YP currently placed & address young person will reside in for individualised placement (if different) |  |
| Timeframe requested for individualised placement |  |
| Is this a request to extend a previously approved IP. *Please provide detail about the progress made within the previous individualised period and the achievements towards step down. Outline the reasons for the continued need for this arrangement and proceed to complete the sections below.* |  |

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| Attachments to support Individualised Placement request | | | |
| Incident summary covering the last 4 weeks, which includes information about how the service provider has responded therapeutically to support the child and guide the care team | Yes  No | Any reports and letters from mental health services and details on current interventions | Yes  No |
| Current Risk assessments | Yes  No | Case plan | Yes  No |
| Diagnostic and developmental reports (current working diagnosis) | Yes  No | NDIS plan if applicable | Yes  No |
| Behaviour support plan (or equivalent) | Yes  No |  |  |

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| --- | --- |
| Considerations for Individualised Placement | |
| Required Information | Details |
| Information about the child or young person’s circumstances. |  |
| Immediate action plan until step-down plan is developed (and the date by which the step-down plan will be developed)  *Note: the action plan outlines what the ITC provider intends to do in the immediate period (up to 7 days) to support stabilisation and step down. This might include identifying what assessments and/or planning are required and what needs to occur to have a second child or young person reside in the home.* |  |
| An outline of how the care team have provided a therapeutic response in line with 10 essential elements of ITC. Include details of mitigation strategies in place or planned and timeframes, outline of risks remaining that cannot be mitigated in a shared setting, and why |  |
| Court orders if applicable i.e. (AVO) |  |
| If any complex needs approvals are in place or requested, please provide details |  |

**For CAU completion:**

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| --- | --- |
| Approval schedule | |
| Approved: | Yes  No |
| Approved / Declined by |  |
| Date of Approval / Declined |  |
| Approval period, if approved: |  |
| Comments: |  |