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| Interim Care Model (ICM)  Extension of Placement Form |

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| Extension Summary Report |
| This summary is developed for children and young people placed in the Interim Care Model (ICM) that have not progressed to a more permanent placement arrangement within the intended 3 months, an updated form will be required for each extension.  It outlines the assessments and interventions undertaken, and all placement options explored during an ICM placement.  The report should be completed by the agency with primary case responsibility for the child and sent to the Interim Care Referral Unit (ICRU) before the end of week 10 of the placement and the review meeting will be held within week 11 of placement. |

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

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| ICM Placement Date | Click or tap to enter a date. | Review Period | 3 months  6 months |

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

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| Child / Young Person’s Details (This section to be completed by ICRU) | | | | |
| 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. | |
| CIF Review Date | Click or tap to enter a date. | CAT Review Date | Click or tap to enter a date. | |
| Case Plan Goal | Choose an item. | | | |
| Cultural Background | Aboriginal  Torres Strait Islander  N/A 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 | Choose an item. | | | |
| Placement Address | Click or tap here to enter text. | | | |

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| Section 2: | Service Provider Details |

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| Agency with Primary Case Responsibility | | | ICM Service Provider | |
| Service Provider | Choose an item. | Choose an item. | Service Provider | Choose an item. |
| Caseworker completing this report | Click or tap here to enter text. | | Caseworker/House Manager | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | | Phone | Click or tap here to enter text. |
| CFDU | Choose an item. | | | |

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| Section 3: | Permanency Planning |

This section should include the assessments, supports and/or interventions that were provided as part of progressing the permanency goal. It should also include progress on Family Finding and Family Group Conferencing.

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| Supports and Outcomes | | | |
| Supports / Interventions / Assessments | **Click or tap here to enter text.** | **Objectives / Goals** | **Click or tap here to enter text.** |
| Actions Taken | | Click or tap here to enter text. | |
| Outcomes | | Click or tap here to enter text. | |
| Family Finding and Family Group Conferencing | | Click or tap here to enter text. | |

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| Section 4: | Placement Referrals |

Outline all CFDU broadcasts, placement referrals that have/haven’t been made, identifying the reasons for non-acceptance / no referral.

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| CFDU Broadcasts (To be completed by ICRU) | |
| Date | **Type of placement** |
| Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap to enter a date. | 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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| Direct Agency Referrals (Placements and Targeted Recruitment) | | | |
| Agency | **Type of placement / recruitment** | **Date** | **Reason for non-acceptance** |
| 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. |
| 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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| Referrals not made | | |
| Agency | **Type of placement** | **Reason for no referral** |
| 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: | Placement Progression |

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| **Placement Requirements** |
| Based on the child’s permanency goal outline the essential requirements to support transition to a more permanent placement arrangement, including those identified for the child, carer, family or service provider.  Click or tap here to enter text. |

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| **Challenges and/or Barriers** |
| Outline the challenges or barriers that have been identified as part of progressing the child’s permanency goal and successful placement transition, including any potential mitigating strategies to assist in securing a placement.  Click or tap here to enter text. |

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| **Recommendations** |
| Outline the preferred placement option for the child.  Click or tap here to enter text. |

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| Section 8: | Endorsement |

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| **Approved by** |

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| Principal Officer | Click or tap here to enter text. | Phone | Click or tap here to enter text. |