

Communities and Justice

**SENSITIVE**



**Client Information Form (CIF) - Personal Information - Part A**

Report generation details

<b>Generated by</b>	Hannah Churchill	<b>Date generated</b>	30/5/2025
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Identifying details

<b>ChildStory identifier</b>	C-01010101010	<b>Secure?</b>	No
<b>Preferred name</b>	Jodie Williams	<b>Date of birth</b>	23/01/2011
<b>Also known as</b>		<b>Age</b>	14
<b>Gender</b>	Female	<b>Case ID</b>	010101001
<b>Indigenous status</b>	Aboriginal	<b>Aboriginal and/or Torres Strait Islander – country</b>	Darkinjung
<b>CALD background</b>		<b>Religion</b>	Anglican
<b>Language/s spoken</b>	English	<b>Child assessment tool result</b>	High
<b>Case management assigned to</b>	Gosford CSC	<b>Is the child or young person currently involved with the Joint Child Protection Response Team (JCPRP)?</b>	No

Legal order information

Order ID	Order name	Order type	Order commencement date
ORT-010101	Care Order - Parental Responsibility solely to Minister S79(1)(b)	Final	1/5/2017

Temporary care arrangement

<b>Start date</b>		<b>End date</b>	
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Care type Information

<b>Care type</b>	Statutory Care	<b>Care type effective date</b>	28/11/2016
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Placement information

Type of placement required

<p><b>Duration of placement required</b></p>	<p>Long term</p>
<p><b>Date placement is required by</b></p>	<p>31.5.2025. <b>Comments:</b> Jodie will require a placement upon exit from LSS ERC</p>
<p><b>Planned placement end date (where applicable)</b></p>	<p><b>Comments:</b></p>
<p><b>Has the child or young person and/or family expressed or identified preferred placement options?</b></p>	<p>Yes</p> <p><b>Comments: Preferred Placement Options</b> – Jodie has advised that she would like to return to the care of her grandmother (Sharon Stone). If this is not possible, then Jodie would like to reside in a home where she can “do what she likes”.</p>
<p><b>Is relative/kinship placement/s still being explored?</b></p>	<p>Yes</p> <p><b>Comments: Relative/Kinship placement being explored</b> - Although Sharon expresses deep love and concern for Jodie, she has clearly communicated that she is no longer able to provide care, stating her inability to manage Jodie's current risk-taking behaviours.</p> <p>Both Jodie and Sharon agreed that Sharon will remain an important figure in Jodie's life. Efforts are being made to support an organic, informal connection between them, including visiting Sharon's home for meals and celebrations (e.g. birthdays and Christmas).</p> <p>Jodie has recently reconnected with her adult paternal half-siblings, Amy and Nick. Jodie advised she is happy to know more about her siblings and wants to feel more connected to them.</p> <p>Amy has stated that, due to her current circumstances of raising young children, she is not able to provide long-term care for Jodie. However, Amy is hopeful that, in the future, Jodie may agree for her to undergo a formal assessment through DCJ as a potential respite-only carer, with the view of Jodie spending time in her home during school holidays. It is hoped that respite with Amy will support Jodie's stability and strengthen her connection to her family, especially her cousins.</p> <p>Through Amy and Nick, Jodie has also begun to establish some contact with members of her extended paternal family, including aunts and uncles. These relatives are not being explored for placement due to their individual circumstances.</p> <p>A Family Group Conference (FGC) was held on 14 March 2025. Although no viable long-term placement options were identified during the meeting, it provided an important platform for Jodie to begin reconnecting with members of her paternal family. Jodie has expressed a clear interest in developing these connections. The outcome of this was that a follow-up conference is to occur in June 2025, with further family finding to occur in the interim.</p> <p>Most of Jodie's connections, such as her mother, adult siblings, and maternal grandmother reside in the Central Coast region. Jodie's father, Dillon Williams, passed away in February 2017.</p>
<p><b>Preferred location of placement required</b></p>	<p>Most of Jodie's connections, such as her mother, adult siblings, and maternal grandmother reside in the Central Coast region. Jodie's father, Dillon Williams, passed away in February 2017.</p> <p>Currently Jodie does not have regular family time with her mother since entering OOH and has not had any relationship with her paternal half-siblings until recently.</p> <p>Jodie said that most of her family—her mother, adult siblings, and grandmother—live in the Central Coast, and she wants to remain close to them to maintain these important connections. Hunter Central Coast/Newcastle is Jodie's preferred location.</p> <p>Jodie's current supports, including her Psychologist, Psychiatrist netball team, school, and friends, are all based in Gosford.</p> <p>It is recommended that Jodie not be placed within Metro Central, as some of her unsafe online connections reside around the Central-Sydney (especially around Central/ Redfern station) region. Jodie expressed that she enjoys visiting Sydney but does not want to live there as she enjoys living as close as possible to her family.</p>

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<b>Have Aboriginal Placement Principles been followed?</b>	Yes	<b>Reason for not following Aboriginal Placement Principles</b>	
<b>Comments: Aboriginal Placement Principles</b>	No Aboriginal foster care placement or appropriate and willing Aboriginal or non-Aboriginal family members has been identified for Jodie.		
<b>Can the child or young person be placed out of area?</b>			
<p>No</p> <p>If yes, how would this be managed? –</p> <p>CAU strongly supports identifying a placement as close as possible to the Central Coast to maintain Jodie’s critical connections—her family, friends, and cultural identity. A local placement would also allow Jodie to maintain access to her established therapeutic supports and continue attending her current high school and netball trainings. Remaining in the Central Coast region is also culturally significant, as Jodie’s Aboriginal connections and community ties are based there.</p>			
<b>Other placement requirements</b>			
<p>Other, provide details.</p> <p><b>Details:</b></p> <p>Jodie is a young person of the Darkinjung people whose connection to Country is to be supported. Aboriginal Placement Principles to be considered</p> <p>Jodie’s care history has included several placements made in accordance with the Aboriginal and Torres Strait Islander Child Placement Principles. These placements were unable to be sustained long term due to a range of factors, including the carers’ capacity to safely support Jodie’s needs.</p> <p>At present, no culturally appropriate placements have been identified as suitable for Jodie. However, her Aboriginal identity remains a critical aspect of her wellbeing, and it is essential that any future care arrangement actively supports her in maintaining and developing her cultural identity.</p> <p>In line with the Placement Principles, it is recommended that care staff demonstrate a commitment to supporting Jodie’s cultural journey, including facilitating access to community, cultural events, and Aboriginal mentors or programs as deemed appropriate.</p>			

**Family & significant relationships**

**Family (except siblings) & extended family members and significant persons**

<b>Relationship to child/young person</b>	Mother of	<b>Name</b>	Amanda Stone
<b>Life status</b>	Alive	<b>Indigenous status</b>	Aboriginal
<b>CALD background</b>		<b>Location (Suburb/ town/state)</b>	Newcastle
<b>Interpreter required</b>	No	<b>S149B-K Level of information</b>	Non- Identifying

**Siblings**

<b>Name</b>	Amy Williams	<b>Life status</b>	Alive
<b>Indigenous status</b>	Not Aboriginal or Torres Strait	<b>Date of birth</b>	1/1/1995
<b>Care type</b>	Not in care	<b>Location (Suburb/town/state)</b>	Blue Haven
<b>Case management assigned to</b>	DCJ	<b>If NGO, details</b>	

**Health**

**Health documentation**

<b>Medicare card – number</b>	010011001	<b>Expiry date</b>	01/01/2030
<b>Medicare card Individual Reference No. (IRN)</b>	1		
<b>Health care card – number</b>	01010	<b>Expiry date</b>	01/01/2027
<b>Blue book</b>	No		
<b>Name of hospital &amp; place of birth (Attach discharge summary if available)</b>	Gosford Hospital		

**Current health - Medication**

<b>Medication Record ID</b>	PAI - 19129	<b>Medication</b>	Dexamphetamine
<b>Medication description</b>	Each tablet contains 10mg Dexamphetamine sulfate and is an ADHD medicine.	<b>Dosage instructions</b>	10mg Mane Take ONE tablet swallowed whole in the morning at 7am
<b>Effective period</b>	07/06/2025	<b>Psychotropic medications register?</b>	Yes

**Current health**

<b>Describe the child or young person’s general level of health at present</b>
<p>Jodie is currently in overall good general health, with no chronic medical conditions identified at this time. She is up to date with all routine childhood vaccinations.</p> <p>A recent dental check-up identified a cavity requiring follow-up treatment. It is recommended that Jodie attend a dental appointment in the near future to address this concern.</p> <p>Given Jodie’s pattern of risk-taking behaviours, including unsafe peer associations and substance use, it is recommended that discussion be continued regarding sexual health and birth control options. Jodie is not a NDIS participant.</p>
<b>Does the child or young person need day-to-day assistance to meet health needs?</b>
<p>Yes</p> <p>Details: day-to-day assistance –</p> <p>Jodie requires day-to-day support to manage her health needs, particularly in relation to her prescribed medication. She often forgets to take her medication without prompting, and as such, consistent reminders and encouragement from carers or support staff are necessary to promote compliance.</p> <p>Jodie has expressed mixed feelings about taking Dexamphetamine. At times, she has acknowledged that the medication helps her feel “more focused” and better able to manage her days, but she has also shared that she doesn’t like how it makes her feel on certain days, describing feeling “weird” or “not herself.”</p>

<b>Are there special dietary requirements?</b>
Yes
<b>Details: special dietary requirements –</b> Jodie is lactose intolerant and generally manages this well with support. She avoids drinking milk and opts for soy or almond milk alternatives when required. Jodie reports that she is usually able to tolerate certain dairy-containing foods such as ice cream, cookies, chocolate, and cakes. However, she experiences discomfort when consuming pure milk or cheese. On occasion, she will take a lactose enzyme tablet prior to eating dairy-heavy meals such as pizza. Carers and support staff are encouraged to continue providing appropriate dietary options and reminders around her lactose intolerance to support her ongoing wellbeing.

**Current health – Allergies**

<b>Are there any allergies?</b>	Yes
<b>Are any of the allergies potentially life threatening (eg. anaphylaxis)?</b>	
No	
<b>Details: list the allergies, include symptoms and treatment –</b> As above, Jodie is allergic to Sesame (seeds + oil), with her reaction being an itchy throat. No EpiPen has been prescribed at this time.	
<b>Is special equipment needed for mobility or eating?</b>	
No	
<b>Detail: Special Equipment -</b>	

**Health condition**

**Medical history or disability**

<b>Does the child or young person have a suspected history or family history of (not included in the above section of diagnosed conditions)</b>
<b>Physical health</b>
Oral/dental health issues; Orthopaedic problems (bones/joints)
<b>Details:</b> Jodie is in need of a dental review following the recent discovery of a cavity that requires filling in order to prevent further tooth decay  Jodie was diagnosed with Hip Dysplasia when she was born. This was remediated through the use of a brace until aged 18 months old, at which point the Dysplasia had resolved- requiring bi-yearly monitoring.  Jodie was signed off at 4 years old, requiring no further assessment until a review at aged 16
<b>Developmental health</b>
<b>Details:</b> N/A

## Psychosocial, mental health & wellbeing

Anxiety; Other

**Details:** Jodie would benefit from the implementation of a multidisciplinary support team to support her through her current presenting behaviours and recent placement change.

Jodie is diagnosed with:

- Combined type ADHD (attention-deficit/hyperactivity disorder)
- Oppositional Defiance Disorder (ODD)
- Conduct Disorder
- Anxiety

Jodie is currently prescribed Dexamphetamine 10mg mane. Jodie is medication compliant when in placement, though requires reminding to take it.

## Child or young person narrative

### Additional information about the child or young person that will assist in the placement matching process

Jodie has stated that she would like to live with Sharon, though understands that this is not currently an option. Jodie would like a placement that facilitates a sense of independence, and she would also like to obtain a part-time job in order to earn money.

Jodie is an intellectual and socially attuned young person. Despite her current school attendance sitting at approximately 30%—due to episodes of school refusal, leaving school grounds without permission, and being asked to leave while under the influence of substances—Jodie has continued to enjoy being in her school's netball team. Netball remains a consistent protective factor, often prioritised even during periods of instability.

In February 2025, Jodie was arrested and held in custody overnight following an incident in which she held a knife against and threatening to harm Sharon, resulting in an AVO being placed against Jodie protecting Sharon. The incident occurred after Sharon attempted to prevent Jodie from leaving the home to meet friends at a nearby park. Jodie reportedly threatened Sharon with a knife during the altercation. After her release from custody, Jodie entered a STEP placement in Big Brown House for 10 days before entering an Aboriginal placement. Since this time, Jodie has experienced multiple (3) placement changes.

Jodie is currently placed at the ERC with two other young people. During her time at the ERC, Jodie has continued to engage in risk-taking behaviours, including alcohol and Marijuana use, and has recently started abusing inhalants ('huffing') since entering into the ERC. Jodie has also been reported leaving the premises without permission and engaging in unsafe online activity. Jodie is a sociable young person and has connected with her co-residents and care staff; engaging in the house programs and cooking meals with her care team.

Jodie is a well-presenting young person who thrives on social interaction. She readily connects with staff, particularly enjoying conversations about netball and her pets at Sharon's home—a cat named Ginger and a rabbit named Flopsie. Her love of animals is notable, and she may benefit from having a pet in any future long-term placement. Jodie's caring nature is evident, and she often expresses a deep desire for connection, including a wish to have a baby one day.

There are currently no concerns regarding staffing levels or staff profile at her placement. However, peer matching should be approached with care, prioritising young people who are not easily influenced and who present with similar profiles.

Jodie requires daily encouragement and support to attend school, and she will benefit from continued access to netball, which provides structure, motivation, and emotional regulation.

Jodie is physically healthy, within the typical range for her age in height and weight and presents well in appearance. She generally responds well to instructions when delivered with respect and collaboration. She benefits most from relational strategies, clear and consistent boundaries, and a calm approach that reinforces her sense of safety and autonomy.

Jodie is likely to leave placement when she feels unheard, when her needs are unmet, or when she is seeking to engage in risk-taking behaviour. If restricted, she may escalate and become verbally or physically aggressive. There are no requirements in terms of gender in relation to Jodie's care staff. Jodie does not require additional staff support, though consideration is to be given in how to keep Jodie safe and in the home at night, as this is often when Jodie will leave placement,

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Since being prescribed Dexamphetamine in January 2025, there has been a noticeable improvement in her ability to engage in learning and school-based activities, although she continues to report that she does not like school.

Netball remains a strong and consistent protective factor. Jodie regularly attends practices and games, even during times of broader disengagement, including periods when she refuses to attend school.

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