

Communities and Justice

**SENSITIVE**



**Client Information Form (CIF) – Very personal information - Part B**

Report generation details

<b>Generated by</b>	Hanna Churchill	<b>Date generated</b>	30/5/2025
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**Child or young person’s identifying details**

<b>Name of child/young person</b>	Jodie Williams	<b>Date of birth</b>	23/01/2011
<b>Preferred name</b>		<b>Age</b>	14
<b>Also known as</b>		<b>Gender</b>	Female
<b>Is CYP secured?</b>	No		
<b>ChildStory identifier</b>	C-01010101010	<b>ChildStory case number</b>	010101001
<b>Aboriginal and/or Torres Strait Islander</b>	Aboriginal	<b>Aboriginal and/or Torres Strait Islander – country</b>	Darkinjung

**Personal identity**

<b>Describe the child or young person’s sense of personal and cultural identity</b>	<p>Jodie expresses a strong sense of belonging to the Central Coast, having lived in the area her entire life. She navigates the region independently and with confidence. It will be important to maintain her connection to this location over the long term to support her overall stability and wellbeing.</p> <p>Jodie identifies as a bisexual female, and she uses she/her pronouns. She reports that her gender identity is currently stable and has not expressed a desire for gender transition or reassignment. However, Jodie also shared that she is exploring her options, noting that she has experienced romantic interest in both males and females. Her most recent relationship was with a same-aged female peer at school.</p> <p>She describes previous relationships as short-lived and often marked by conflict or dishonesty. Earlier this year, Jodie disclosed a distressing incident involving an online relationship with someone who claimed to be a 16-year-old female. Upon meeting in person, the individual was revealed to be a male peer using a false identity to humiliate her.</p> <p>Jodie has also experienced negative comments from peers in relation to her sexuality, including being called “gross” and “weird.” Whilst she reports feeling upset by these remarks, she states that she is “fine” and reflects with insight that “people don’t understand.” Jodie would benefit from sensitive and supportive environments where she can express herself without fear of judgement or exclusion.</p> <p>Jodie accepts and values her cultural heritage and identifies as a member of the Darkinjung people. She enjoys drawing Aboriginal art and has previously participated in NAIDOC Week events. Jodie has expressed a desire to be involved in the 2025</p>
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	<p>NAIDOC celebrations in July. Her Cultural Care Plan was updated in March 2025 and includes a number of opportunities for cultural engagement and connection, which she can choose to participate in at her own pace.</p> <p>Due to her trauma history, access to consistent emotional and psychological support is essential in helping Jodie develop a positive self-concept and a strong, coherent sense of identity. Until her most recent placement change in May 2025, she had been regularly engaged with a Psychologist and Psychiatrist. Jodie has not attended her previous two sessions with her Psychologist due to the geographical distance between her sessions and the ERC. It will be important to re-establish this therapeutic support to ensure continuity of care.</p> <p>Jodie is a caring and nurturing young person who seeks connection and belonging. While she continues to work through complex emotional experiences, her resilience, cultural pride, and social insight remain key strengths.</p>
<b>What is important to the child or young person? (places, people etc)</b>	<p>Jodie has a very close relationship with her maternal grandmother, Sharon, who continues to be her main kinship connection. Jodie speaks about Sharon with a lot of love and respect, and it's clear that celebrating special events together — like birthdays, Easter and Christmas — means a lot to her. At the same time, Jodie has shared that she “feels bad for not behaving,” and moving out of Sharon's home was difficult for her. Jodie hopes she might return home one day, though she also states she understands that living there full time isn't possible.</p> <p>The anniversary of her father's death (03/02/2017), is significant to her. Jodie has expressed a desire to spend this day with her paternal half-siblings in order to feel close to her father and commemorate him on this day. Jodie is aware of the circumstances leading to her father's death and understands the risks associated with her own alcohol and drug use. At times, Jodie will express regret and concern in relation to her risk-taking behaviour, not wanting to follow in her father's footsteps. Though Jodie also states that, in a way, her substance use makes her feel closer to her father as it is something that she knows they have in common; feeling a greater sense of understanding and empathy towards him.</p> <p>Jodie will occasionally express a desire to call her mum, though she doesn't often ask for visits. There seems to be a quiet curiosity and emotional connection there, even if it's not something she talks about openly.</p> <p>She's a very capable young person who values her independence. Jodie has said she sometimes feels that adults prevent her from doing things “for no reason,” though at times she can acknowledge that people may be worried about her.</p> <p>Netball is a big part of Jodie's life and something she's genuinely passionate about. She's proud of her skills on the court and is known to be a great team player. Being part of a team helps her feel connected and she enjoys the sense of routine and achievement that comes with training and games. Since her most recent move into the ERC Jodie has not been able to attend her training due to the geographical distance. However, for now, she has chosen not to join a new team as she hopes to return to her previous one.</p> <p>Jodie also talks fondly about her older sister, Amy, and especially Amy's two young daughters, Rosie (3) and Jasmine (5). She's expressed a strong interest in spending more time with them and would love to teach them netball when they're older.</p> <p>Overall, Jodie is someone who really values connection — with her family, her community, and her team. These relationships are very important to her. It's clear that having people she trusts, and spaces where she feels safe and capable, are key to her wellbeing.</p>
<b>What significant events and/or cultural events does the child or young person celebrate?</b>	<p>Jodie enjoys celebrating key events on the calendar, especially Christmas, Easter, New Year's Eve, and her birthday. These are occasions she looks forward to, and she takes part with genuine enthusiasm.</p> <p>It's noted that Jodie is Anglican, and while she doesn't attend church nor speak about her faith, traditional Christian celebrations seem to hold meaning for her — both as family traditions and moments of joy and connection.</p>

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<p><b>If the child/young person is Aboriginal and/or Torres Strait Islander, include details about culture, family and connections, and which of these aspects they may need support to strengthen whilst in care</b></p>	<p>Jodie is an Aboriginal young person from the Darkinjung people, with her heritage coming from her maternal line. She identifies with her culture and speaks positively about being Aboriginal.</p> <p>Jodie has previously participated in NAIDOC Week events and has expressed interest in attending again in July 2025.</p> <p>She enjoys Aboriginal art and is creative herself, often drawing in her spare time.</p> <p>At this stage, Jodie does not have regular contact with cultural mentors or Elders, and she may benefit from ongoing encouragement and opportunities to explore the deeper aspects of her cultural identity — including music, dance, storytelling, language, and connection to Country.</p> <p>Her Cultural Care Plan was reviewed and updated in March 2025, and it outlines a number of cultural engagement opportunities Jodie can explore at her own pace.</p> <p>Continued consultation with the Transforming Aboriginal Outcomes (TAO) and her current placement provider will be important to ensure cultural support is embedded in her day-to-day environment.</p> <p>While Jodie doesn't always actively seek out cultural events herself, creating consistent, safe opportunities for connection — without pressure — will help her strengthen her cultural identity in a way that feels right for her.</p>		
<p><b>Religion</b></p>	<p>Anglican</p>	<p><b>Describe any religious observance needs</b></p>	<p>Easter, Christmas</p>
<p><b>Does the child or young person have a Life Story Book?</b></p>	<p>Yes</p>		
<p><b>Does the child or young person have a cultural support plan?</b></p>	<p>Yes If Yes, attach.</p>		
<p><b>The child or young person has the following personal belongings and/or items of personal significance to bring to the placement</b></p>	<p>Jodie places importance on presenting well and is strongly attached to her extensive makeup collection. Jodie also has a Dyson Air wrap which she frequently uses and has a mobile phone and laptop.</p>		

**Interests and recreation**

<p><b>What activities does the child or young person enjoy?</b></p>	<p>Jodie enjoys a mix of social, creative, and physical activities. She said that she loves going to the movies and shops and often spends time at local parks with her friends when she gets the chance. Jodie's favourite colour is purple, and she has a soft spot for animals — especially her cat and rabbit, who live with Sharon.</p> <p>One of Jodie's strongest interests is netball, stating that she really enjoys the game and is proud of the skills she has developed over time. Jodie used to play for her school's netball team and continues to attend weekend competitions as a spectator when she can. She said that she doesn't want to start in a new team while she's in the ERC placement, though hopes to return to the Central Coast area and re-join her old team when she's able. When games are held far from home, Jodie requires support with transport and- if she rejoins a team- she will need a new uniform and equipment.</p>
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	<p>Jodie has reported that being part of a team gives her a sense of belonging, though she sometimes struggles with peer relationships and can find herself in conflict with others. Jodie would benefit from ongoing emotional and behavioural support when participating in group activities. She said that sometimes she feels like the “odd one out” because of her life circumstances and that she is in care, despite wanting to feel a part of the team.</p> <p>Jodie really enjoys creative self-expression, particularly through hair and makeup. She said that she likes trying out new looks and often watches YouTube tutorials to learn different techniques. She’ll practice on herself — trying new hairstyles or makeup combinations — and said that she finds it fun and relaxing. Jodie has expressed a wish to have someone to talk to about netball, hair, and makeup — someone who shares those interests and can relate to the things she enjoys.</p> <p>While she is naturally independent and likes to explore things on her own, supportive adults who understand her interests and can offer gentle guidance are key to helping her stay connected and engaged in a meaningful way. Monitoring her internet use is also recommended to help ensure her safety while online as she spends long hours on her phone, when she is in the home.</p> <p>Jodie has engaged in conflict amongst members of her netball team who have not been accepting of her sexuality. If Jodie were to join an alternative netball team it would be preferable that the team members are open and accepting of Jodie, her preferences, as well as her life circumstances in order to prevent potential conflict.</p>
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## Placement information

### Current placement

<b>Is the child or young person currently in an OOHC placement?</b>	Yes	
<b>Placement</b>	<b>Type</b>	<b>Placement start date</b>
Lifestyle Solutions	Emergency Residential Care (ERC)	20/05/2025
<b>How does the child or young person view this current placement?</b>	Whilst Jodie does not enjoy being away from the Central Coast, has adjusted to residing with co-residents in a residential-care home to the best of her ability.	
<b>Reason for exiting current placement</b>	Short-term placement only	

### Placement history

<b>Has the child or young person had any previous entry into OOHC?</b>	No
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### Brief placement history

<b>Placement</b>	PLA -404040	<b>Authorised by</b>	Family and Community Services
<b>Placement type</b>	ERC	<b>Purpose</b>	Transition to Permanent Care
<b>Placement start date</b>	25/03/2025	<b>Placement end date</b>	5/5/2025
<b>Placement exit reason</b>	Disruption Involving CYP		

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Describe the child or young persons experience of being in the care of your agency

Jodie has been in the care of the Minister since 01/05/2017 and lived with her maternal grandmother, Sharon. Sharon cared for Jodie for many years, and their relationship is important to Jodie. Sharon's approach to parenting was nurturing, accommodating but minimally structured, and this worked well for Jodie through much of her childhood. The placement remained stable until Jodie reached adolescence, when her behaviours started to change.

On 19 February 2025, a serious incident occurred. Sharon had asked Jodie not to leave the house to meet a friend at a park as it was after 9pm. Jodie became very upset, picked up a kitchen knife, and threatened Sharon. Sharon allowed Jodie to leave in order to de-escalate the situation and contacted police. Jodie was taken into custody that evening, as she had the knife with her and made threats toward Sharon for calling the police. She was released the next morning, and Sharon informed the caseworker that she no longer felt able to manage Jodie's care full-time.

On 20 February 2025, Jodie entered a STEP placement with Big Brown House. She stayed for 10 days. During this time, Jodie had some difficulty settling in. She often stayed in her room, refused to follow basic household routines, and was verbally aggressive toward staff on several occasions. Despite the challenges, staff were able to engage with her at times. After 10 days, an Aboriginal carer, Bec, was identified, and Jodie moved to this new placement on 2 March 2025.

The placement with Bec lasted one week. Jodie was leaving the house every night and returning late. On one occasion, she took money from the carer's wallet. The carer chose not to press charges, but Jodie stated she didn't want to live there anymore and returned to Sharon's home. The carer agreed to end the placement.

A meeting was held with Sharon and the casework team. Sharon shared that while she loves Jodie deeply and is happy to provide respite when needed, she couldn't continue to care for her full-time. Jodie told her caseworker she didn't want to move again and promised to behave. Sharon agreed to care for Jodie from the 10th March 2025, only until they find another placement. Jodie remained with Sharon for the two weeks.

During this time, Jodie again began leaving the house without telling Sharon, often staying out late. Sharon also found that Jodie had brought alcohol into the home and was vaping in her bedroom. Sharon contacted the caseworker and explained that she was no longer able to manage Jodie's behaviour or keep her safe. Jodie was informed of the need to move. Jodie was distressed at the proposition of leaving Sharon's care and threatened to harm herself; resulting in an ambulance being called. Following overnight assessment from the hospital, Jodie was determined to no longer be a risk to herself and was discharged with a mental health plan outlining ongoing medication and regular therapeutic involvement. Jodie agreed to return to foster care, though requested to not be returned to Bec's house.

On 25 March 2025, Jodie was placed with Chloe, another Aboriginal carer. At first, Jodie responded well to the placement. Chloe shared Jodie's interest in netball, and they attended Aboriginal cultural events together. Jodie appeared to enjoy the connection and seemed more settled.

However, after about six weeks, Chloe began to report that Jodie was again leaving the house most nights without telling anyone. She often brought friends back with her, and they stayed over without permission. The house was left in a mess multiple times, and Chloe discovered that some of her plates and mugs were broken. Her television was also damaged during an argument between Jodie and one of the friends while Chloe was at work. On 6th April 2025, Chloe advised that she could no longer continue the placement.

Jodie was placed in the ERC on 6th May 2025, where she remains. Since then, Jodie has continued to leave the house frequently without letting staff know where she's going. She has also been using alcohol and started using cannabis, and there are ongoing concerns about her safety, particularly regarding her online activity. She has been communicating with unknown adults online and has engaged in sexually problematic behaviours, which are being closely monitored by staff.

	Despite the difficulties, Jodie has shown she can build strong connections with adults who show her care and take an interest in the things that matter to her, especially her culture and interests like netball. When she feels respected and included, she is more likely to engage and open up.
<b>What date did the child or young person first come into OOHC?</b>	01/05/2017
<b>Reason(s) child or young person entered OOHC</b>	<p>Jodie entered the care of the Minister in 2017 at the age of 6, following the death of her father and the incarceration of her mother. Prior to this, Jodie had been living intermittently with her parents and her maternal grandmother, Sharon, due to the family's unstable circumstances.</p> <p>Jodie experienced chronic instability as a child. Her parents led a transient lifestyle, often moving between locations, and were frequently involved with the criminal justice system, resulting in frequent incarcerations. Both parents struggled with substance use, and there was a sustained pattern of domestic and family violence in the home. Jodie frequently experienced conflict between her parents and other unsafe environments that lacked basic care and stability.</p> <p>DCJ received a total of 35 ROSH reports during this time, outlining serious concerns including ongoing domestic violence, neglect, suspected malnutrition, and parental substance misuse. While Sharon provided intermittent care during periods of parental absence or instability, these arrangements were informal and could not meet Jodie's long-term safety and wellbeing needs.</p> <p>When Jodie's father passed away in circumstances related to drug use, and her mother was incarcerated shortly thereafter for drug-related offences, DCJ assumed her into care. She was placed with her maternal grandmother, Sharon, who became her authorised kinship carer. This arrangement provided the stability Jodie needed at that time, and remained in place for several years.</p>

## Contact arrangements

<b>Is there current contact arrangements?</b>	Yes
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### Persons the child or young person has contact with

<b>Name, address &amp; phone</b>	Amanda Stone, Silverwater Corrections - 9289 5600	<b>Relationship to CYP</b>	Mother
<b>Contact frequency</b>	Bi Monthly	<b>Upcoming contact date/s</b>	30/8/2025
<b>Supervised (by whom) or unsupervised</b>	Supervised by DCJ/NGO	<b>Location of contact</b>	Silverwater Correctional Complex

<b>Detail any known issues associated with contact arrangements</b>
<p>Jodie's mother, Amanda Stone, is currently incarcerated at Silverwater Correctional Complex, which impacts the family contact arrangements. Given the challenges associated with visiting a correctional facility, Jodie requires appropriate support to attend these visits. The carer (or staff) role is anticipated to include facilitating and supporting Jodie to attend scheduled family time at the jail, ensuring she feels safe and emotionally supported throughout the process. This may involve coordinating transport, accompanying Jodie during visits if appropriate, and assisting her to prepare for the environment and expectations of the visit. Jodie should also be supported engage in alternative forms of contact, such as phone calls, in line with her preferences. It is noted that Amanda is due to be released from Silverwater in 2027 and consideration will need to be given as to what contact will look like in the community. Jodie is looking forward to her mother being released and has stated that she would like to go to the movies with her- as this is something that they often talk about on the phone. Jodie may require support in understanding any potential risks associated with community contact with her mother, as well as in managing any potential emotional impacts of contact.</p>

-- EXAMPLE ONLY --

Are there any persons the child or young person is NOT to have contact with	No	
Name, address & phone	Relationship to child/young person	Reason/s for NON-contact

Are there any places or areas the child or young person is NOT to frequent	Yes	
Place/Area/Location	Reasons	Any Legal Restrictions
Metro Sydney	Jodie previously has connected with older individuals online and subsequently met them in this region, which led to situations that were assessed by DCJ as being unsafe. Jodie should be supported when visiting Metro Sydney for her ongoing safety and wellbeing, and to assist her in making positive choices in her social connections.	No

## Health

### Health documentation

Does the child or young person have the following health documents

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

### Immunisation history

Immunisation type – Code	Immunisation type - Description	Immunisation date	Immunisation status
	COVID-19 Vaccine Received	13/10/2020	Current

**Current health**

Including medications, practitioners, hospital admissions and day to day care medical information

Medications prescribed to the child or young person			
Medication record ID	PAI - 19129	Medication	Dexamphetamine
Medication description	Each tablet contains 10mg Dexamphetamine sulfate and is a ADHD	Dosage instructions	10mg Mane Take ONE tablet swallowed whole in the morning at 7am
Effective period	07/06/2025	Psychotropic medications register?	Yes
<b>Treating practitioners who see the child or young person regularly are</b> <i>Only persons with a role of Child/Young Person, Other or Service Provider can be linked to a Placement Needs Assessment. Review Person Relationships before continuing.</i>			
Relationship to CYP	Name	Address	Phone

<b>Are there any scheduled health/medical/dental appointments?</b>	<p>Yes</p> <p>Details: Scheduled Appointment date/s and details -</p> <p>Jodie has regular ongoing Psychologist appointments on a fortnightly basis.</p> <p>Jodie sees a Psychiatrist on a 6-monthly basis for medication review.</p> <ul style="list-style-type: none"> <li>Jodie's next Psychologist Appointment is scheduled for the 23/06/2025 at Psychology Perspective in Erina</li> <li>Jodie's next Psychiatrist appointment is scheduled for 02/01/2026 at Central Coast Psychology Practice in Gosford with Christina Shipe</li> <li>Jodie's dental appointment is scheduled for 04/07/2025</li> </ul>
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<b>Has the child or young person had any hospital admissions including operations?</b>	Yes	
Date of Admission	Reason for admission	Name of hospital and place of birth
10/5/2025	<p>Jodie was admitted to Woy Woy hospital overnight following an escalation in behaviour, resulting in a threat to harm herself whilst she was placed in Big Brown House.</p> <p>Jodie was held overnight whilst a mental health assessment was performed prior to discharging and recommending external therapeutic support and medication re-review.</p>	Woy Woy Hospital

## Education & vocation

<p><b>Is the child or young person enrolled in childcare, pre- school, primary school or high school?</b></p>	<p>Yes</p>
<p><b>Does the child or young person regularly attend?</b></p>	<p>No</p> <p>Attendance Details: Details and Barriers to attendance (e.g. currently suspended) –</p> <p>Jodie’s school attendance is reported to currently be sitting at 30% due to her multiple instances of leaving the school, school refusal and being asked to leave school due to being alcohol and drug affected.</p> <p>Jodie is likely to require additional support and encouragement to attend school each day, with Jodie reporting that she does not enjoy school. Jodie appears to have engaged better in school since being prescribed with Dexamphetamine in January 2025.</p> <p>Jodie may benefit from the exploration of reduced hours. Jodie has also requested fidget toys in order to support her focus whilst in class.</p> <p>Jodie is a part of the school netball team which she thoroughly enjoys and prioritises. Netball is a source of connection for Jodie and an optimistic point of connection between Jodie and education.</p> <p>Jodie has also developed a positive relationship with her current year advisor, Mark (0412 000 000). Mark will often see Jodie following significant periods of absence and encourage Jodie to attend subjects of interest to her, including Visual Arts and Community and Family Studies (CAFS). Jodie reports being able to discuss openly with Mark her likes and dislikes when it comes to Education as well as highlighting the areas she identifies as struggling with (such as Mathematics).</p> <p>Jodie reports that she does not like when she feels that a teacher is telling her what to do or if she is required to sit still and in silence for long periods of time. Jodie enjoys practical learning, rather than theory; preferring to learn through ‘doing’.</p> <p>Jodie’s IEP enables her to access a safe and quiet space for her to retreat to as required. This is located within the school’s Head Office, in a room behind the Administrations desk.</p> <p>Depending on placement location- Jodie may require transport to and from school. However, if near public transport and she is willing to attend, Jodie will be able to do so independently.</p> <p>Jodie has expressed a desire to be a Childcare Educator when she is older; reporting that she enjoys spending time with young children and wants to help other children to have a happier childhood than she experienced.</p>
<p><b>Is Home School Liaison involved?</b></p>	<p>Yes</p> <p>Home Liaison: Name and Contact Details –</p> <p>Home School Liaison officer, Mary May, has recently been in contact with DCJ and Gosford High School in relation to Jodie’s lack of school attendance.</p> <p>Mary May, 0432 000 000</p>
<p><b>Is there an Individual Education Plan?</b></p>	<p>Yes</p> <p>Attach a copy.</p>

**-- EXAMPLE ONLY --**

<p><b>Does the child or young person attend before or after school care?</b></p>	<p>No</p> <p>Details: After school care Name and Contact Details -</p>
<p><b>Describe the child or young person's educational strengths</b></p>	<p>Jodie is very dedicated to her school Netball team and is an active listener and participant when the subject is of interest to her; namely Art and Community and Family Studies.</p> <p>Jodie's IEP was updated on 21/05/2025. Her IEP enables her to access a safe and quiet space for her to retreat to as required. It is noted that reduced hours and the implementation of Fidgets are being considered. Given the recent changes in her circumstances, her IEP may require an update if/ when deemed appropriate.</p>
<p><b>Describe the child or young person's relationship with peers and social relationships</b></p>	<p>Jodie is a sociable young person who is caring and nurturing towards those around her. She can be quite influential and, at times, struggles to make safe decisions, which can result in harm to herself and others. An example of this behaviour is Jodie recently encouraging a co-resident to join her when leaving the ERC one evening, without informing staff. On another occasion Jodie reported engaging in inhalant abuse when this substance was offered to her, having previously never tried it.</p> <p>Jodie deeply values peer connection, which has previously led to her being taken advantage of by peers — including an incident where she believed she had met a girlfriend online, only to discover it was a male schoolmate.</p> <p>In her efforts to build connection, Jodie has occasionally engaged in or encouraged risk-taking behaviours. These are being addressed through guided decision-making and increased supervision.</p> <p>Despite her strong social influence, Jodie is not disruptive in the classroom.</p> <p>Jodie's long-time friend Maggie has been a part of her life since primary school. Although they recently drifted apart due to joining different friendship groups, Jodie has expressed a desire to reconnect with her, as she enjoys Maggie's company and feels comfortable around her.</p> <p>Jodie reports that her friends are one of the key reasons she is reluctant to relocate outside the Central Coast area. She sometimes has arguments with friends and temporarily ends friendships but often reconciles after a short period. Jodie has identified that maintaining healthy and positive relationships is something she wants to develop.</p> <p>At times, in an effort to sustain friendships, Jodie has offered gifts or material items. While she recognises this may not be the best way to maintain relationships, she admits she is unsure how to respond when peers make demands — such as saying, "I want this, can you give it to me?"</p> <p>There is a strong opportunity to support Jodie's growth in this area through mentoring or relationship coaching, with a focus on developing safe, reciprocal friendships and assertive communication.</p>

Employer type	Tenure	Effective date	End date

<p><b>Are any supports in place?</b> <b>(Include if in a special class)</b></p>	<p>No</p> <p>Details: Supports in place -</p>
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<p><b>What are the young person's areas of vocational interest?</b></p>	<p>Jodie particularly enjoys Visual Arts and is also interested in Community and Family Studies.</p> <p>Jodie has expressed a desire to be a Childcare Educator when she grows up, understanding that she needs to attend TAFE to obtain a Certificate III in Childcare.</p>
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## Emotional and behavioural functioning

(FUNCTIONALITY: If child aged <12 months – this section will not appear)

<p><b>Please describe the strengths of the child or young person's emotional and behavioural functioning</b></p>	<p>Following the breakdown of her long-term kinship placement with her grandmother and subsequent foster care placements, Jodie has adjusted to her first experience of a group placement.</p> <p>Whilst Jodie has continued to engage in unsafe risk-taking behaviours, she has also formed connections to the other YP in placement and has actively engaged in most household activities/programs (such as Pizza Monday, movie Friday and weekend programs). Jodie communicates openly with her care team and has stated that her favourite activity is Friday movie night, as well as helping care staff go grocery shopping and having influence on weekly meals.</p> <p>Whilst in placement Jodie has helped cook meals on some occasions and has required minimal prompting when it comes to cleaning her room or keeping the shared spaces tidy.</p> <p>Jodie benefits from prompting/reminders in relation to taking her medication and requires staff support in order to wake up and get herself to school,</p> <p>Jodie's current placement is a 30 minute walk to the closest train station/bus stop, which has reduced her frequency of leaving placement to approximately weekly as opposed to nightly.</p> <p>Jodie appears to respond well to predictable routines and relational connection with adults and peers. Environments with structured but flexible expectations, positive reinforcement, and opportunities for influence (e.g. meal planning) support her engagement. On the other hand, high-stimulation environments, inconsistent responses, or perceived rejection may increase her anxiety or risk-taking behaviours.</p>
<p><b>Does the child or young person currently experience any:</b></p>	
<p><b>Behavioural/emotional concerns (including difficulties with their identity and sense of connection, aggression, tantrums; withdrawal, social media)</b></p>	<p>Yes</p> <p>Details: Behavioural/Emotional Comments/current management strategies - :</p> <p>Jodie is a caring and nurturing young person who is currently working through her trauma history and current diagnoses, requiring support and consistency in order to feel safe.</p> <p>Jodie will often respond in a 'fight or flight' manner- commonly choosing 'flight' when she feels that she is not listened to or when she is told 'no'. It is suspected that Jodie uses alcohol and drugs as a form of self-medication, which she has become reliant on over time.</p> <p>Jodie craves a sense of connection which often results in her forming relationships with unsafe and/or inappropriate individuals such as strangers she has met online or peers who are engaging in illegal activities.</p>

<p>Risk taking or self harm behaviour (including absconding from placements)</p>	<p>Yes</p> <p>Details: Risk taking / Self Harm Comments/Current Management Strategies -</p> <p>Jodie's observed risk behaviours;</p> <p>1. <u>Leaving placement without informing her carer/care team</u>: This often occurs when Jodie feels upset, restricted, or is seeking connection with peers. At times, she has left to meet friends or attend unplanned social activities.</p> <ul style="list-style-type: none"><li>• Frequency: Previously occurred several times per week; this has not occurred since her placement.</li><li>• Last occasion: May 2025, prior to entering ERC.</li><li>• How to manage: Staff are to attempt to de-escalate prior to departure, maintain open communication, and conduct regular check-ins.</li><li>• Recommended strategies for prevention: Ongoing relationship-building, engaging Jodie in planning her weekly social activities, and exploring the use of a Safety Plan with negotiated boundaries and check-in expectations.</li></ul> <p>2. <u>Risk of sexual exploitation (including engaging in unsafe internet use)</u>: Jodie has provided identifying details and shared images online with individuals she believed were romantic interests. At least one incident occurred in 2024, involving an older male who misrepresented himself.</p> <ul style="list-style-type: none"><li>• Frequency: Two known incidents this year.</li><li>• Last occasion: In April 2025, involving online communication with someone later identified as a male peer from school.</li><li>• How to manage: Staff to have discussions in a trauma-informed, non-shaming manner. Incidents are to be reported to DCJ if appropriate.</li><li>• Recommended strategies for prevention: Internet safety education, strengthening Jodie's capacity to discern grooming behaviour, and consistent therapeutic support.</li></ul> <p>3. <u>Engaging in unsafe sex</u>: Jodie has engaged in sexual activity with limited understanding of consent, contraception, and safety. Motivated by a desire for connection and intimacy.</p> <ul style="list-style-type: none"><li>• Frequency: Specific frequency not always disclosed but noted on at least two occasions in 2025.</li><li>• Last occasion: Not specifically stated by Jodie, but suspected April 2025 based on Jodie's comment.</li><li>• How to manage: Staff to have gentle, respectful conversations about healthy relationships, regular health checks coordinated by caseworkers.</li><li>• Recommended strategies for prevention: sex education, access to youth health nurse, discussions on emotional safety, and potential therapeutic support focusing on boundaries and identity.</li></ul> <p>4. <u>Instances of escalation when told 'no' or if she feels restricted</u>: Jodie's incidences of emotional dysregulations are often triggered by perceived loss of control or feeling invalidated. Escalations may include yelling, crying, or property damage.</p> <ul style="list-style-type: none"><li>• Frequency: 3 - 5 times / month</li><li>• Last occasion: Late May, when she was denied permission to attend a late event with friends.</li><li>• How to manage: De-escalation techniques, validation of feelings, setting consistent but gentle boundaries.</li><li>• Recommended strategies for prevention: Teaching coping strategies, safety planning with Jodie, involving her in decisions where possible to increase agency, having routine and schedule.</li></ul>
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	<p>5. <u>Theft</u>: Jodie tends to take minor items from peers, carers and shops. Jodie states she just does it for fun or sometimes she does it to fit in. Jodie states that she understands the consequences of taking items without paying or permission, and states she will try stopping.</p> <ul style="list-style-type: none"><li>• Frequency: Infrequent; three known incidents in 2025.</li><li>• Last occasion: April 2025, Jodie admitted to taking a friend's lip balm. The friend caught her and Jodie gave it back to her.</li><li>• How to manage: Staff are to address this with calm, open dialogue about this, reminding her of her own wish to stop this behaviour.</li><li>• Recommended strategies for prevention: Encouraging open conversations about needs, teaching decision-making skills, and identifying underlying motivations.</li></ul> <p>6. <u>Threatening to self harm</u>: This occurred once, shortly after the breakdown of her kinship placement, related to acute emotional distress and a sense of rejection. Jodie stated that she wanted to kill herself with a knife and actually held a kitchen knife on her hand. This occurred when she was in Big Brown House, and the staff were there witnessing this, and then calling the police. A mental health assessment was conducted at Woy Woy Hospital and was discharged within 24 hours with no formal diagnosis made. Jodie stated that she was just upset, and she did not actually mean to harm herself. Jodie also stated that she does not feel that way anymore and knows she can speak to her caseworker, or schoolteacher or houses staff if she feels that way.</p> <ul style="list-style-type: none"><li>• Frequency: One known incident in February 2025</li><li>• Last occasion: February 2025</li><li>• Hospitalisations: Yes – admitted for assessment at Woy Woy Hospital, discharged within 24 hours with no formal diagnosis.</li><li>• How to manage: Staff monitor mood, maintain open communication, and encourage Jodie to talk to trusted adults when distressed.</li><li>• Strategies for prevention: Re-establishing a strong therapeutic alliance, introducing a formal Safety Plan, and involving Jodie in identifying safe coping strategies. Regular review of her medication.</li></ul> <p>7. <u>Engaging in drug and alcohol use</u>: (see offending behaviour section)</p>
<p><b>Risk to others or property (including risk of sexual harm to other children &amp; young persons)</b></p>	<p>Yes</p> <p>Details: Risk to others or property Comments/Current Management Strategies –</p> <p>When escalated Jodie may cause or threaten to cause harm to those around her. Jodie is also observed to be highly influential, which may result in risk to others. Jodie's behaviours are reported as occurring 3-5 times/ month, with the severity and intensity of these behaviours varying from verbal aggression to threats of assault depending on how heightened Jodie becomes/how she perceives she is being approached.</p> <p>It is recommended that, where Jodie appears heightened, for care staff to keep a safe distance from Jodie (at arm's length) and- where possible- support Jodie to de-escalate through time and space, as well as validation of feelings and setting consistent but gentle boundaries.</p> <p>Further suggested strategies include teaching coping strategies, safety planning with Jodie, involving her in decisions where possible to increase agency, having routine and schedule. Jodie is also able to de-brief on situations which caused her to escalate with her Psychologist.</p> <p>Whilst in the care of Sharon Jodie was reported to escalate on a weekly basis, often leaving placement in response to becoming heightened. Jodie seems to struggle with authority and boundaries being put into place, demonstrated through her shop lifting or Jodie inviting peers into the home of her foster carer when she was thought to be in bed asleep.</p>

	<p>There is no known risk in relation to Jodie causing any risk in terms of sexual harm. However, a JCPRP investigation was conducted following Jodie being found in Metro Sydney with older individuals who she had met online; with the JCPRP investigation deeming that she was unsafe. JCPRP closed the matter and did not press charges to anyone.</p>
<p><b>Substance use (type/s of substance/s &amp; frequency of use)</b></p>	<p>Yes</p> <p>Details: Substance use Comments/Current Management Strategies –                  Jodie engages in substance use, primarily involving alcohol and Marijuana, with occasional use of Ecstasy and abusing inhalants. Jodie frequently seeks access to alcohol by connecting with older peers or individuals met online. Jodie has self-reported using Ecstasy on a handful of occasions, though she does not actively seek it out. Since her entry into the ERC, Jodie has begun huffing, following exposure to this behavior by one of her co-residents.</p> <p>According to Sharon, Jodie’s substance use has been ongoing for approximately two years, with a noticeable increase in both frequency and intensity in 2025.</p> <p>While in the care of Sharon, Jodie’s use of substances escalated to a near-nightly occurrence. Since transitioning to the ERC, this frequency appears to have decreased to approximately once per week. Jodie’s substance use continues to impact several areas of daily functioning, including her sleep hygiene, motivation to engage in education, and her ability to maintain personal responsibilities such as cooking and cleaning. It is also associated with an increase in behaviours of concern, including verbal aggression, property damage, and episodes of leaving placement.</p> <p>Jodie demonstrates an awareness of the risks associated with substance use but reports that she uses drugs and alcohol to “enjoy life.” She has also shared that substance use provides her with a sense of connection to her father, commenting that it makes her feel they are “more similar than her mother thinks.”</p> <p>At present, Jodie is not open to reducing or ceasing her substance use. However, she reports being mindful of how often she uses, and the quantities consumed at one time. Conversations regarding harm minimisation and engagement with youth drug and alcohol counselling services are ongoing. Despite encouragement, Jodie has not yet consented to participate in any formal support or intervention.</p>
<p><b>Current behaviour management plan</b></p>	<p>Yes</p> <p>If yes, provide the name and role of the person/s who developed the Plan –</p> <p>Jodie’s Behaviour Management Plan was written on 11/09/2024 by Maria Kine, Specialist Psychologist (DCJ), in consultation with Demetri Sharp, Provisional Psychologist and Christina Shipe, Psychiatrist. This was recently reviewed due to Jodie’s change of circumstances following recent placement change and diagnoses of ADHD.</p> <p>Jodie would benefit from the consistent and ongoing implementation of her current Behaviour Support Plan, the daily administration of prescribed medication, and regular reviews.</p> <p>Jodie attends appointments with her Psychologist on a fortnightly basis, though she has occasionally refused to attend when she feels unheard or is in an escalated state. Her most recent placement change to the ERC has impacted her ability to attend sessions due to geographical distance. However, Jodie has agreed to be transported by her casework team to her next appointment on 23/06/2025.</p>
<p><b>Behaviour management plan approved date</b></p>	<p>11/09/2024</p>

<b>Behaviour management plan last reviewed</b>	01/04/2025
<b>In your view, what effect is this Plan having on the Child or Young Person's behaviour? Give examples</b>	<p>Jodie's Behaviour Management Plan has enabled staff to support Jodie in keeping a consistent routine that meets her care needs.</p> <p>It has allowed Jodie's carers to support Jodie when escalated and reducing harm (e.g. the reduction of harm to others when attempting to prevent her from leaving placement and supporting her to reduce her feelings of anxiety when heightened). However, at times, care staff report that it can be a struggle to implement any strategies which are effective in managing behaviour.</p> <p>Jodie's school has advised a correlation in Jodie's increased medication enabling her to manage her emotions and behaviours whilst at school; with Jodie displaying harmful behaviours (such as being substance affected and/or leaving the school grounds) less frequently.</p> <p>It will be important for Jodie to have ongoing predictability and routine from her carers in any future placement.</p>

## Offending Behaviours

(FUNCTIONALITY: If the CYP is 10 years and above the below section will appear)

<b>Is there any current Police and/or Juvenile Justice involvement?</b>	<p>No</p> <p>Details: Name/Address/Phone of contact person/s --</p>
<b>Are there any current criminal charges/orders or bail conditions?</b>	<p>Yes</p> <p>Details: criminal charges/order or bail details –</p> <p>Jodie currently has an AVO in place, protecting her grandmother Sharon, for a period of 12 months. This AVO was placed on Jodie following Jodie threatening to harm Sharon with a knife. Whilst the AVO does not prevent contact, it prohibits Jodie from assaulting, harassing, stalking, intimidating or threatening Sharon. This AVO is due to expire on the 19th February 2026.</p> <p>Jodie has not breached this AVO and is aware of its conditions.</p> <p>Jodie has no instances of previous convictions.</p>
<b>Does the child or young person have a criminal history?</b>	<p>Yes</p> <p>Details: Criminal History -</p> <p>Jodie has been incarcerated overnight on one occasion due to an assault towards her grandmother resulting in an AVO.</p> <p>Jodie has also been returned to her grandmother's home by Police on a number of occasions, often as a result of being found at nighttime in the community with unsafe individuals and peers. On an occasion in 2024 Jodie was reported missing by Sharon and was later found by Police in Metro Sydney, in the presence of an unknown older male whom she had met online.</p>
<b>Has the child or young person experienced periods of detention?</b>	<p>Yes</p> <p>Details: Period of detention details –</p> <p>In 2025 Jodie was arrested and placed into custody overnight for threatening to hurt her grandmother. Jodie was reported to threaten Sharon with a knife following her grandmother attempting to stop Jodie from leaving the home to meet friends at a nearby park. Following Jodie's release from custody an AVO protecting Sharon was obtained. Jodie was observed to be remorseful for her behaviour.</p>

## Daily Living Information

<b>What level of independence and skills does the child or young person have in maintaining personal care?</b>	<p>Jodie demonstrates a high level of independence. She is able to navigate public transport confidently and uses her allowance to purchase items that are meaningful to her. Jodie may benefit from further education around budgeting and saving.</p> <p>She has expressed a strong desire to obtain part-time employment and has stated that she would like to live independently in the future.</p> <p>Jodie is committed to her netball team and is able to travel independently to training and games, regardless of her personal circumstances.</p> <p>She has aspirations for her future, including becoming a Childcare Educator. Jodie presents as a nurturing, caring, and maternal young person.</p> <p>To support Jodie in achieving her full potential, ongoing assistance in managing her behaviours would be beneficial. A referral for Drug and Alcohol counselling has been made, and DCJ remains hopeful that Jodie will choose to engage with the service following further supportive conversations.</p>
<b>Does the child or young person require assistance with personal care including dressing; eating; personal hygiene?</b>	<p>No</p> <p>Details: Person care assistance Required –</p> <p>Jodie requires daily reminders to take her prescribed medication, as she often forgets this.</p> <p>With regard to personal hygiene, Jodie takes pride in her appearance and maintains good standards of grooming and cleanliness without the need for assistance. She requires time each morning in the bathroom to shower and complete her hair and makeup routines.</p> <p>To support school attendance, Jodie benefits from both practical and emotional assistance each morning. This includes help with waking up on time, verbal encouragement to prepare for the day, and transport or accompaniment to school when needed – particularly when placement location impacts accessibility. Without this support from carers, Jodie may not prioritise school attendance and is likely to remain in bed or seek peer interaction through unsafe or risk-related behaviours.</p> <p>Jodie attends regular Psychologist appointments on a fortnightly basis at Psychology Perspective in Erina. Jodie also attends half-yearly Psychiatrist appointments at Central Coast Psychology Practice in Gosford. These are supported by her DCJ Casework team.</p> <p>Concerns regarding Jodie’s engagement with support often relate to her responses to these efforts. At times, she may react with verbal or physical aggression, make threats, damage property, refuse to engage, or leave the placement environment.</p> <p>Jodie experiences challenges with her sleep routines. She often stays awake late into the night, either using her phone or spending time with peers, and may then sleep throughout the day. This has reportedly worsened since being prescribed ADHD medication.</p>
<b>Describe the child or young persons ability to communicate, including whether any aids or assistance is required</b>	<p>Jodie is able to communicate well with no assistance required. Jodie is able to freely express herself to those that she feels comfortable with, including her friends, casework team, school year advisor, grandmother Sharon and auntie Maeve.</p>

<p><b>Describe how the child or young person relates to other people</b></p>	<p>Jodie is able to build connection and rapport with those around her, though her rapport with peers is commonly developed through the engagement of unsafe behaviors including drug and alcohol use as well as going out into the community without informing her carers and/or advising of her whereabouts.</p> <p>Jodie at times struggles to self-regulate and describes previous relationships (both romantic and platonic) as short-lived and often marked by conflict. This is likely a result of the activities and lifestyle Jodie engages in whilst with these peers.</p> <p>Jodie would benefit from sensitive and supportive environments where Jodie can express herself without fear of judgement or exclusion, specifically in relation to her sexuality.</p>
<p><b>The child or young person has the following routines, habits and personal living arrangements that they are used to, that help them feel a sense of belonging or safety (e.g. they sleep three children to a room; they don't look adults in the eye etc.)</b></p>	<p>When not attending school, Jodie will commonly sleep in late; waking in time for lunch. Jodie will then get herself ready for the day and take herself out to socialise with her peers before returning late at night and going to bed.</p> <p>Jodie showers each morning and evening. She will spend approximately one hour in the bathroom each morning to get herself ready for the day (applying makeup and doing her hair).</p> <p>Jodie enjoys personalising her space and enjoys hanging posters on her bedroom walls and playing music whilst in her room.</p> <p>Jodie enjoys watching movies and connecting with her carers over cooking meals. Food is a point of connection for Jodie; with planning, shopping and cooking meals being activities that she will actively engage in.</p>

**Sleeping arrangements**

<p><b>Describe the child or young person's night time sleeping patterns &amp; needs</b></p>	<p>Jodie struggles with her sleep hygiene; staying up late either on her phone or with her friends, and sleeping through the day. This has been suggested to be worsened by her recent prescription of ADHD medication.</p> <p>Jodie has been reported as leaving the house every night and returning home late/in the early hours of the morning, without telling her carers.</p>
<p><b>Describe the child or young person specific sleeping requirement needs e.g. sleep system, oxygen etc.</b></p>	<p>Jodie does not have any specific sleep needs in relation to health, though she would benefit from adults to monitor and, where practical, manage her device usage before bed as this can result in her not sleeping.</p>

**Eating & food requirements (FUNCTIONALITY: If child aged >3yrs "formula/bottle routine/Solids" will not appear)**

<p><b>Likes/dislikes</b></p>	<p>Jodie loves eating sushi. Jodie is allergic to sesame, responding with an itchy throat, and is lactose intolerant which she is able to be manage independently through her diet. There are no known cultural considerations in relation to diet.</p> <p>Jodie does not like 'orange foods' including carrot, sweet potato and egg yolk.</p>
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**Other services &/or supports**

<p><b>Are there any other services or supports in place for the child or young person?</b></p>	<p>Yes</p>	
<p><b>Contact Person and/or Organisation</b></p>	<p><b>Other Services Address and Phone</b></p>	<p><b>Other Services/Support provided</b></p>
<p>Jane Smith - Allied Health (AOD)</p>	<p>Gosford Community Health 4328 7888</p>	<p>AOD Counselling</p>

## Attachments

The following documents are attached to this referral:	
Name of document	Uploaded to placement needs assessment record date
Cultural support plan	30/5/2025
Education plan	30/5/2025
Health plan	30/5/2025
BSP	30/5/2025
Contact schedule	30/5/2025

## Approval details

Approver name	Mickaela June	Position	Manager Casework
Approved date	30/5/2025		