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| **REPORT DETAILS** | |
| **Date:** |  |
| **ASM No/s:** | **CSC:** |
| **Org Acc ID at time of allegation:** |  |
| **Caseworker:** | **District:** |
| **RCU worker(if app):** | **Auditor:** |
| **Person/s Allegation is About** | |
| **Person 1** | **Person 2** |
| **ChildStory Number:** | **ChildStory Number:** |
| **Surname:** | **Surname:** |
| **First Name:** | **First Name:** |
| **DoB:** | **DoB:** |
| **CHILD / YOUNG PERSON INFORMATION** | |
| **ChildStory Number:** |  |
| **Surname:** |  |
| **First Name:** |  |
| **DoB:** |  |
| Does the child or young person identify as Aboriginal or Torres Strait Islander? | * Yes * No |
| Is the child or young person from a Culturally and Linguistically Diverse (CALD) background | * Yes * No |
| **TRIAGE** | |
| **Questions** | **Response** |
| 1.1 What is the outcome of the Helpline Assessment? | * ROSH * Non-ROSH |
| 1.2 Does the information in the report identify an allegation of reportable conduct?  \* Please be clear that this answer is correct before moving forward, it will determine the questions presented to you | * Yes * No |
| 1.3 Does the information in the report indicate a potential criminal offence, requiring a report to Police? | * Yes * No * NA |
| 1.4 Has cumulative harm been considered, to determine whether a response is required? | * Yes * No * NA |
| 1.5 Has the report been allocated for a response by the CSC? | * Yes - Field Assessment * Yes - Other protective action * No |
| 1.6 Has a consultation occurred with the MCW for Non Rosh reports? | * Yes * No * NA |
| 1.7 Is there a clear rationale for not allocating a ROSH report, including approval by the DCS?  \* **for reports that are not reportable allegations, determine if the report was made in order for the NGO to exercise their mandatory responsibilities, but the risk issues are being managed through case management**.  - Record in Triage record via a Note & Attachment -> Category – Correspondence -> Sub Category – Other -> Files – Upload Files | * Yes - aligns with mandate * No * NA |

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| **Carer Authorisation and Case Management  (Branch logic questions)** | |
| 2.1 Who was the carer authorised by?  \* Please be clear that this answer is correct before moving forward, it will determine the questions presented to you | * DCJ * NGO |
| 2.2 Who has case management responsibility for the child or young person?  \* Please be clear that this answer is correct before moving forward, it will determine the questions presented to you | * DCJ * NGO |

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| **Use this section if a report is received about a child placed with an NGO and is allocated for Field Assessment** | |
| **Pre-assessment Consultation (PAC)** | |
| 3.1 Does the Pre-assessment Consultation (PAC) include ways to:   * Include the NGO Caseworker, carer support worker, NGO Manager, PC and **NGO staff involved in the reportable conduct investigation if reportable conduct is being investigated.** * Outline roles and responsibilities for NGO and DCJ staff * Ensure the child’s safety, order of who is spoken to and locations, offer a support person to the child and focus on the child’s individual needs including culture and age. * Manage risks to the carer’s wellbeing including how they will be supported through the process. * Discuss strategies to minimise negative impact on the relationship between the carer and child. * Explain the purpose of the safety and risk assessment process and discuss any other casework activities that the NGO will complete, such as a carer review, reportable conduct investigation ( if applicable) and any alleged criminal offences that need to be reported to police. * Suggest the NGO carry out family finding activities to enhance the child’s safety and connections. | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 3.2 Was an Aboriginal consultation, or multicultural consultation undertaken as part of the Pre-assessment Consultation (PAC)? | * Yes it is of good quality * This is an area for improvement * No * Not required - Aboriginal or CALD agency * Not Applicable |

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| **Alternate Assessment – Assessing Safety** | |
| **If the child is now living somewhere else but they were unsafe at the time of the report they are deemed to be unsafe in this assessment** | |
| 4.1 Was the safety items in the Alternate Assessment completed within two days of the initial Alternate Assessment visit? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 4.2 Does the safety items in the Alternate Assessment:   * include the child in order to understand their experiences * explore and discuss reported concerns with the child, carer and household members * include CALD and Aboriginal community and organisations * involve, and gather information from, all relevant people important to the child or who may have observed the alleged harm or risks * give clear and specific information to the child, parents and carers about the concerns reported to DCJ and how they relate to the safety of the child * protect the identity of the reporter or information that could lead to the identity of the reporter. | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **Safety Outcomes** | |
| 4.3 What is the safety outcome of the Alternate Assessment?  *(branch)* | * Safe * Safe with plan * Unsafe |
| **4.4 Safe:** Does this outcome align with the current available information that no dangers were identified? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **4.5 Safe with plan:** Does this outcome identify one or more dangers and appropriate protective behaviours abilities assessed? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **4.6 Safe with plan:** Does the safe with plan outcome adhere to the following restrictions:   * Seek NGO Principal Officer approval and attach to Field Assessment * record a clear rationale about why a safety plan is the most appropriate option rather than determining the child is unsafe and needs to be moved to a safer placement * a safety plan cannot be used to change a child’s placement or to ask the carer to leave their home * if the danger is about the child’s behaviour, urgently consult the NGO to arrange a psychological consult and where appropriate progress recommendations from this consultation in partnership with the child’s carers. | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **4.7 Safe with plan:** NGO PO approval is attached to the field assessment record  *(Go to Safety Planning for a child in care)* | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **4.8 Unsafe:** Was one or more dangers identified and placement change the most appropriate protective intervention to support the child’s safety and rights?  Is there evidence of liaision with the NGO, planning for the placement change and support provided to carer and child? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 4.9 Irrespective of the safety outcome, were supports identified for the child and all members of the household? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **Safety planning for a child in care** | |
| 5.1 Was the safety plan written in partnership with the child, NGO and the carer? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 5.2 Is there evidence that a copy of the safety plan was left with the child, NGO and carer? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 5.3 Is there evidence that the safety plan was reviewed within the first 72 hours of it initially being developed with the carer and in partnership with the NGO caseworker? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 5.4 Is there evidence of a plan with the NGO caseworker about who and when the safety plan will be actively monitored between the 72 hours review and completion of Alternate Assessment? | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| 5.5 Was the review of the safety plan recorded:   * In the AC record completed following each visit with family * In a home visit record following each visit with family, where other OOHC domains may be discussed * Case notes- phone calls, emails or other correspondence that is part of the review of the safety plan. | * Yes it is of good quality * This is an area for improvement * No * Not Applicable |
| **Safety Actions if the Child is unsafe** | |
| 6.1 Is there evidence of liaison with the NGO who will be responsible for locating a new placement? | * Yes it is of good quality * This is an area for improvement * No |
| 6.2 Are the Aboriginal Placement Principles applied correctly in line with the Aboriginal Case Management Policy | * Yes it is of good quality * This is an area for improvement * No * Not applicable |
| 6.3 Is there a plan that outlines how the child can be moved from the care of their current carer in a way that is sensitive to the child’s needs and recognises the trauma that a change of placement creates for a child? | * Yes it is of good quality * This is an area for improvement * No * Not applicable |
| 6.4 Where it is safe to do so, was the NGO supported to plan with the carer around the context, timing and logistics of a placement change? | * Yes it is of good quality * This is an area for improvement * No * Not applicable |
| **Assessment Consultation ( AC)** | |
| 7.1 Was an AC held with the allocated workers, DCJ MCW, NGO caseworker and NGO Manager? | * Yes * No |
| 7.2 Does the AC outline the outcomes of each of the identified tasks from the PAC? | * Yes it is of good quality * Yes - area for improvement * No |
| 7.3 Is there evidence of:   * Critical reflection of the field assessment * Review of information gathered * The safety outcome of the assessment and factors that relate to the strengths and needs of the child, carer, other household members? | * + Yes it is of good quality   + This is an area for improvement   + No |
| 7.4 Does the AC consider:   * Whether any new information suggests that there are reportable allegations that need to be investigated by NGO * If the information meets the criteria for a JCPRP referral * If there are criminal offences that need to be reported to police * What is needed to assess the risk items in the AA within 28 days * Any supports/referrals that need to be put in place by NGO * If the outcome was safe with Plan, how and when the plan will be reviewed | * + Yes it is of good quality   + This is an areas for improvement   + No |
| **Alternate Assessment- assessing risk** | |
| 8.1 Does the AA address the likelihood of ongoing risk? | * Yes it is of good quality * This is an area for improvement * No |
| 8.2 Does the AA outline further information gathered about the child, their family, carers, services and significant others to support a thorough understanding of risk to the child? | * Yes it is of good quality * This is an area for improvement * No |
| 8.3 What is the estimated level of risk? | * Low * Moderate * High * Very High |
| 8.4 Does the level of risk align with the AA item descriptions? | * Yes it is of good quality * This is an area for improvement * No |
| 8.5 If further information became available through the risk assessment period that indicates a possible criminal offence, was this reported to the NSW Police? | * Yes * No * N/A |
| 8.6 If further information became available through the risk assessment period that indicates imformaiton about a reportable allegation, was this reported to the Helpline within 24 hours? | * Yes * No * N/A |
| 8.7 Was the full AA element within CS completed within 30 days of the first assessment visit with the child and carer? | * Yes * No |
| **Judgement and Outcome** | |
| 9.1 Were the judgement and outcomes recorded for each child and the safety in care element? | * Yes it is of good quality * This is an area for improvement * No |
| 9.2 If a decision was made to substantiate harm or risk of significant harm, was this recorded in the Judgements and Outcomes? | * Yes it is of good quality * This is an area for improvement * No |
| 9.3 If a PCH was identified, is there evidence of a clear rational for this decision? | * Yes it is of good quality * This is an area for improvement * No |
| 9.4 Was a copy of the AA provided to the NGO within 10 days of finalisation? | * Yes * No |
| 9.5 Were the child, carers and parents informed of the AA outcome including any PCH identification? | * Yes it is of good quality * This is an area for improvement * No |
| **Safety in Care Meeting** | |
| 10.1 Was a Safety in Care Meeting held at the completion of the AA and carer review (completed by NGO when quality of care concerns have been substantiated) and where relevant reportable conduct investigation (completed by NGO)? | * Yes * No |
| 10.2 Did the Safety in Care Meeting consider:   * Safety and risk issues for the child and strategies to address these * The status and needs of the carer and their authorisation | * Yes it is of good quality * This is an area for improvement * No |
| **Summary** | |
| Has feedback been provided to the MCW and CW? | * Yes * No * No but feedback meeting date set |
| Is this audit finalised? | * Yes * No |