**Special Out-Of-Home-Care**

**Meeting Minutes**

Information Sharing with Service Provider

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| **Special OOHC** |
| Special OOHC is a placement type for a child who is either medically frail or who has permanent or complex disability support needs due to an intellectual, psychiatric, sensory or physical impairment.  Prior to the child’s placement commencing, organise a meeting with the Special OOHC Service Provider to discuss all relevant information about the child and to enable the Service Provider to meet the child’s safety and care needs.  Use this ‘Meeting Minutes’ template to capture the discussion and all critical details to be shared with the Service Provider. Within two (2) business days of the meeting email the completed ‘Meeting Minutes’ template along with any supporting documentation. Ensure this is attached in ChildStory. |

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| **Meeting Details** | |
| **Date:** | Click or tap to enter a date. |
| **Minutes:** | **<Insert Name>** DCJ Caseworker |
| **Attendees:** |  |

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| **Child ’s Details** | | | | | |
| **Name** |  | | | | |
| **Gender** |  | | | | |
| **Date of Birth** |  | | **Age** | Choose an item. | Choose an item. |
| **Legal Status** |  | | | | |
| **Cultural Background** |  | | | | |
| **Indigenous status** | Aboriginal  Torres Strait Islander | Both Aboriginal and Torres Strait Islander | | | |
| **Behaviour Support Plan** | ☐ Yes ☐ No  If the child has a BSP attach to this form. | | | | |
| **NDIS** | Yes  No  If the child has a NDIS plan attach to this form. | | | | |

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| Meeting Minutes | | | | |
| Agenda Item | Description and/or discussion | Agreed Action | By Whom | Date to be completed |
| 1 **Child’s needs and health:**   * Child’s diagnosis and disability support needs and how these impact on the child’s day to day living   + Use completed eligibility checklist to inform the discussion * Does the child require any medication? If so what are the requirements? * Does the child have any prescribed equipment to meet their needs? * Ensure that prescribed equipment is available to the child at all times * What communication methods does the child uses? * What support are provided in the child’s NDIS plan? * Contact details for treating health professionals * Upcoming appointments, appointment frequency, outstanding appointments that need to be scheduled. * Medical requirements: including equipment, any modifications required to the home * Medication schedule, upcoming reviews * Allergies/Intolerances?   **Discuss and provide copies of:**   * Completed eligibility checklist * Behaviour Support Plan * NDIS plan if applicable * Case plan * Current Safety/Risk concerns * Health/ Medical/ Medication plans |  |  |  |  |
| 2 **Day to day living:**   * Discuss the child’s routines * Does the child attend any scheduled appointments * What activities or social events does the child attend and when? * What does the child like to do? * What does the child not like to do? * What does the child like to eat and drink? * Does the child have any possessions they would like to take to the placement? Discuss a plan for when they will be delivered to the placement or picked up. * Details of other residents in the home |  |  |  |  |
| 3 **Personal Identity/Culture:**   * Cultural Plan * Current participation in cultural, religious or community activities * Life Story work |  |  |  |  |
| 4 **Birth Family Contact/Significant Relationships:**   * Arrangements/Frequency for family time (include face to face, FaceTime, phone calls) – are these supervised? If yes by who and why * Are there significant others in child’s life, frequency of time together (include face to face, FaceTime, phone calls) If yes, are these supervised? Provide details * Discussion around which family and significant others DCJ has approved the child to spend time with[[1]](#footnote-1) * DCJ (not Special Care provider) will provide updates to family and significant others[[2]](#footnote-2) |  |  |  |  |
| 5 **Education/Employment:**   * School/ training attendance, location, duration and frequency of attendance * Individualised Education Plan * Key contacts at school/training * What does the child need to participate in education/training? |  |  |  |  |
| 6 **Emotional and Behavioural Development:**   * Details of Behaviour Support Plan and planned review timeframe, any additional assessments that could support a review * Provide and discuss the BSP * DCJ to ensure Special Care workers are trained in the implementation of BSP * Special Care provider to provide confirmation of staff training in BSP prior to Special OOHC worker caring for the child * Key contacts: i.e. NDIS support coordinator, , allocated behaviours support practitioner, NDIS coordinator, allied health professionals |  |  |  |  |
| 7 **Legal:**   * Any current apprehended violence orders to be adhered to? If yes provide details * Does the child have legal matters before the children’s court? If yes provide details that will be relevant to the service provider |  |  |  |  |
| 8 **Financials**   * Discuss any financial commitments the Special OOHC Service provider is responsible for to ensure child’s individual needs are met within placement * Discuss what costs are covered under the child’s NDIS plan for support and training |  |  |  |  |

1. Under s149b-k assessment [↑](#footnote-ref-1)
2. under s163 sharing of information. [↑](#footnote-ref-2)