**Request for Interstate Assessment – Holiday/Family Contact**

**Please ensure all sections are completed and return the signed form to the QLD ILO mailbox:** ilo@cyjma.qld.gov.au

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| **Subject Child/Children’s Details** | | | | | |
| Name of child |  | Gender |  | DOB: |  |
| Child Protection  Order |  | Expiry |  | | |
| Cultural Identity |  | | | | |
| Name of child |  | Gender |  | DOB: |  |
| Child Protection  Order |  | Expiry |  | | |
| Cultural Identity |  | | | | |
| Name of child |  | Gender |  | DOB: |  |
| Child Protection  Order |  | Expiry |  | | |
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| Name of child |  | Gender |  | DOB: |  |
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| Cultural Identity |  | | | | |

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| **Proposed family contact/holiday carer’s\* details** *(****\*****as a family member does not need to be an approved carer for the purposes of this assessment, reference to carer here is not reference to a QLD approved carer)* | | | | | |
| Name of carer/s |  | Gender |  | DOB |  |
| Relationship to child/children |  | | | | |
| Carer/s address |  | | | | |
| Contact numbers |  | | | | |
| Household members | Name | DOB | | Relationship to Carer | |
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| Outcome of Criminal/DV history checks and interstate Child Protection History checks  *(attach the outcome of these checks and also provide details of your discussion with the kin/family regarding any identified history.)* |  | | | | |
| Proposed dates for the family contact/holiday |  | | | | |

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| **Parents/Extended Family Member Details** | | | |
| Mother |  | DOB/Age |  |
| Address |  | Phone  Email |  |
| Father |  | DOB/Age |  |
| Address |  | Phone  Email |  |
| Significant Others  *e.g., siblings, Grandparents or other significant relationships* | Name | Relationship | Contact Details |
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| **Details of requesting office** | | | |
| Child Safety Officer |  | Phone |  |
| Signature |  | Email |  |
| Senior Team Leader |  | Phone |  |
| Signature |  | Email |  |
| Child Safety Service Centre |  | | |
| Date Requested |  | | |
| Requested timeframe for completion  *\*If you require the assessment to be completed in less than 6 weeks, please provide a rationale for the urgency* |  | | |

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| **Note:** There is an agreement among the state child welfare Departments that an assessment will be completed within **6 weeks** of receiving the request, as per the *Interstate Child Protection* *Protocol 2021.* If you are wanting an assessment in less than 6 weeks, forward the request to the Interstate Liaison team, who will attempt to determine if the receiving state has the capacity to meet the required timeframe. If the receiving State is unable to meet the shorter timeframe, the ILOs from both States will determine whether an appropriately qualified private practitioner can be contracted, with responsibility for organising the assessment and the costs to be borne by the sending State. |

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| **Section A: Reason for Seeking Interstate Assessment** | | |
| Has there been previous contact between the identified family/kin and the child? |  | |
| How did the proposal for the family contact / holiday eventuate? |  | |
| What have you discussed with the kin/family about the assessment and the family contact / holiday? |  | |
| Have you discussed the implications for the family/kin should the family contact / holiday proceed?  *(e.g., decision making ability – custody vs guardianship, financial implications – they do not receive the carer allowance etc)* |  | |
| What have you discussed with the child about the proposed holiday / contact and assessment? |  | |
| What are the child’s views about the proposed family contact / holiday? |  | |
| **Section B: Child Protection History and Current Ongoing Involvement** | | |
| Summary of the child protection history, concerns leading to the child entering care and the current ongoing concerns. | |  |
| Summary of the department’s ongoing intervention with the family including details of progress towards case planning goals and current order details/application. | |  |
| Placement history and child’s progress within the placement | |  |
| **Section C: Child information**  *Please attach a copy of the most recent Child Strengths and Needs Assessment, Case Plan, therapeutic/medical reports and any other relevant documents* | | |
| Behaviour at home and school / known triggers / strategies to manage behaviour etc. | |  |
| Education / academic performance / classroom engagement / social skills etc. | |  |
| Emotional Development | |  |
| Medical / Health / Physical Development  *e.g., diagnoses, food allergies, developmental delays.*  *Also include any medication the child is prescribed and detail any ongoing medical appointments or therapy* | |  |
| Other  *e.g., routine, interests and likes* | |  |

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| **Section D: Assessment Areas**  *The below assessment areas are a guide only and should be amended to reflect any additional areas to be considered in the context of the family holiday/contact assessment.*  *CSO, please check the appropriate box/s that the assessor is to comment on by clicking on it.* |
| General information about the proposed carer’s home and the environment, and the proposed sleeping arrangements for the child/children.  Child protection history on all adults in the house and a discussion with the proposed carers as relevant.  The proposed carer’s knowledge of the child (including their understanding of any behavioural/developmental issues), understanding of reasons for the child coming into care and an assessment of the strength of the relationship between the child and the proposed carer.  The carer’s arrangements for the daily care and supervision of the child during the proposed family contact/ holiday.  The carer’s level of motivation and commitment to provide care for the child at this time.  Any health issues for the carers which might impact on their capacity to care for the child during the proposed family contact / holiday.  The carer’s strategies to manage any behavioural issues that might arise during the family contact / holiday placement, and any planned discipline methods.  Supports, both personal and within the community that the carer has identified, and the capacity to access such facilities, as necessary.  What contingency plans have been considered should they encounter problems with the placement?  An assessment of the carer’s understanding of the child protection concerns and their capacity to act protectively with the child at all times.  Other – identify any other areas to be considered within the assessment**.**  Overall assessment and recommendation regarding the suitability of the contact or the holiday **–** include strengths, vulnerabilities and identify any supports that might mitigate vulnerabilities. |
| **Household Safety Study** |
| Is a check of the physical environment required?  **Yes  No** |
| **NOTES FOR THE INTERSTATE ASSESSOR:**   * *The assessment must be completed on the assessor’s own letterhead.* * *The assessment areas identified in Section D should be included in the assessment as sub-headings and addressed.* * *The assessment must be signed and dated by the assessor.*   *As an assessor, please be aware that your assessment may be filed in court and that you may be subpoenaed to speak to the assessment.* |