Intensive Therapeutic Transitional Care (ITTC)

INFORMATION SHEET for caseworkers and agencies with case responsibility

This information sheet provides an overview of the model and roles and responsibilities for the agency with primary case responsibility. A detailed ITTC Operations Guide is available on the DCJ website.

Due to the short-term nature of ITTC, the **referring agency retains primary case responsibility** to provide continuity of care, especially when a change in casework team would have an adverse impact on the child or young person.

Aims

Intensive Therapeutic Transitional Care aims to provide children and young people eligible and suitable for ITTC a safe and child friendly environment where baseline behaviours can be established in order to:

- accurately assess their needs
- review existing assessments and/or complete comprehensive assessments
- determine future needs and the most suitable transition pathway for children and young people
- enable formulation of case planning
- ensure that specialist service referrals have been identified
- identify presenting need/s
- contribute to identifying the best placement option, and
- successfully transition the child or young person with the support of the Central Access Unit (CAU) and other Service Providers.

Emergency placements

ITTC can support entry for eligible children and young people requiring an emergency placement. Entry is coordinated by the CAU and will require the agency with case responsibility to facilitate additional information sharing, where required, with the ITTC service provider.

Placement entry

The CAU facilitates a child or young person's entry into ITTC in collaboration with the agency with case responsibility and ITTC service provider.

While all efforts should be made to prepare children and young people for entry to a new placement, it is essential that the agency with case responsibility provides the ITTC provider on the **first day of placement**:

- any prescribed psychotropic medication, prescription details and/or approvals (for example, repeat scripts) and relevant Behaviour Support Plan (or similar)
- any information that can support a child or young person to transition into the placement, for example sleep routines/preferences.

Standardised measures

Standardised assessment measures have been identified for use within ITTC which provides further opportunity for congruency across the ITC system and shared understanding of children and young people. Assessments provide further information to support formulation and future assessment, including what therapeutic supports the child or young person is likely to require once they transition from ITTC.

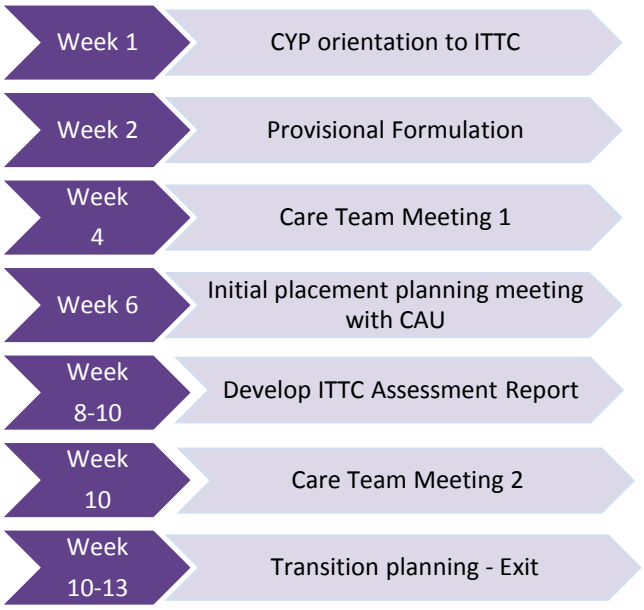
Following completion of assessments by the ITTC, the ITTC provider will facilitate the coordination of the most appropriate service system response for the child or young person. This will be captured in the ITTC Assessment Report.

At a minimum, the following standardised measures should be undertaken for children and young people at entry and prior to exit from ITTC:

- Child and Adolescent Needs and Strengths (CANS)
- Strengths and Difficulties Questionnaire (SDQ)
- The Brief Assessment Checklist measures

Key milestones

Outlined below is an overview of the pathway for a child or young person while in ITTC. The timeframes are a guide only and may change based on a child or young person's individual needs.



Agency with primary case responsibility - Roles and responsibilities

- Proposes or determines[1] Case Plan goal and responsible for ongoing case plan activities (during ITTC placement case plan goal may change based on ITTC assessment outcomes)
- participates in Formulation and Care Team Meetings in ITTC
- weekly visits with the child or young person

[1] DCJ determines the case plan goal for children and young people, and PSP service providers with primary case responsibility propose the Case Plan goal to DCJ.

- funding of miscellaneous items
- regular communication with ITTC staff
- facilitate, transport and supervise family time
- attendance to ongoing or pre-existing medical or other appointments
- legal obligations, including informing birth parents that the child is in the ITTC
- facilitates Family Group Conferencing and Alternative Dispute Resolution processes
- manages placement breakdown incidents
- notifies OOHC Health Coordinator of child's 'new placement' details
- notifies child or young person's current school of 'new placement' details
- If applicable, seeks 'Exemption' from school attendance during ITTC placement.

Care Team Meetings

Care Team meetings in ITTC are a forum for focused review and monitoring of actions developed as part of Formulation which includes the Assessment Plan. The meetings provide an avenue for sharing insights and data collected by the direct care team, and developing strategies for future support for the child or young person.

The ITTC Care Team compromises of the house manager, direct care staff, Therapeutic Specialist/s and the Multidisciplinary Specialist Team, agency with primary case responsibility, education, health and other stakeholders important to the child or young person and their family. The child or young person, family and significant others should be invited to these care meetings, if considered appropriate.

Funding

ITTC service providers receive funding to deliver time-limited (up to 13 weeks) interim placements. ITTC provides a higher intensity of Therapeutic Care and thorough assessments to identify children and young people's needs.

For children and young people referred to ITTC **by a Permanency Support Program (PSP) service provider (who continue to hold primary case responsibility),** the PSP provider will access the Child Needs, Case Plan Goal, Case Coordination (Not In placement) packages, including any eligible Specialist packages for the duration of the ITTC placement.

For children and young people referred to ITTC from a DCJ placement (where **DCJ also holds primary case responsibility**) any child-related costs will need to be funded as part of the child's case plan and financial plan via contingencies.

More information

For more information, contact ITC Commissioning team at OOHCRecontracting@facs.nsw.gov.au.

Information for children and young people

The sample questions and answers below provide a conversation guide for caseworkers when responding to or explaining what ITTC is about for children and young people about to enter an ITTC placement.

What is Intensive Therapeutic Transitional Care (ITTC)?

Intensive Therapeutic Transitional Care (ITTC) is a home where you will be cared for by a team of staff that may include care (youth) workers, psychologists, counsellors and teachers. It is a temporary home where you will live for about 13 weeks with up to five other children and young people.

What will happen when I move to an ITTC home?

While living at the ITTC home the team will work with you to find out what you need now and for the future to help meet your goals. When you and the team have worked out what you need, a plan will be made and you will be supported with that plan. It might include having one on one appointments with a counsellor, psychologist or other team members.

Where will I live?

I (caseworker) will tell you where the home is and introduce you to staff that work there and other children and young people who live there. You will have your own bedroom and there will be an outdoor space and other recreational areas in the home.

Will I have to change school?

It will depend on where you move. I (caseworker) will listen carefully to what you want and there will always be people to help you decide what you want regarding school.

Where will I go after 13 weeks?

The team will work with you to plan and support your move to your next home. When you do move, you will have support from the team and will always have somewhere to live. Your safety and wellbeing are the most important things.

Will I still get to see my family and friends?

If you already have regular plans to see your family and friends I (caseworker) will work with you and the ITTC team to continue with those plans. I (caseworker) will talk to you if any of your plans need to change while you are living at the ITTC home.

Who can I talk to if I have any questions or I'm worried about anything?

You can always ask to talk to me (caseworker) or someone you trust. There will also be staff at the ITTC home 24 hours a day.