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| Better Futures referral checklist |
| For providers |
| OFFICIAL |

Better Futures providers can use this checklist, for example, when they begin working with a young person who was not subject to a CRIS to CRISSP or CRISSP to CRISSP referral, or when transferring young people to other Better Futures providers.

For each question, please provide a response by deleting text not required and entering additional details where required. More information can be provided in the comments section.

Child protection practitioners, contracted case managers, Aboriginal Children in Aboriginal Care (ACAC) case managers and Permanent Care and Adoptive Families (PCA Families) and Victorian Aboriginal Child Care Agency (VACCA) are required to complete and submit this checklist as part of the Better Futures CRIS to CRISSP and CRISSP to CRISSP referrals.

Child protection practitioners, contracted case managers, Aboriginal Children in Aboriginal Care (ACAC) case managers must complete sections 1 – 10.

PCA Families and VACCA must complete sections 1 – 4 for young people on permanent care orders.

# Part 1: Young person’s contact information

|  |  |
| --- | --- |
| Information required | Response |
| **Name:** |  |
| **Mobile phone number:** |  |
| **Email:** |  |
| **Address:** |  |

# Part 2: Young person’s details

| Information required | Response – delete pre entered text if not applicable |
| --- | --- |
| **CRIS/CRISSP number:** |  |
| **Date of birth:** |  |
| **Age:** |  |
| **Gender:** |  |
| **Aboriginal and/or Torres Strait Islander:** | Yes  No  Under assessment |
| If yes: What Mob is the young person from (if known): Click here to enter text |  |
| Is the carer/ parent Aboriginal and/or Torres Strait Islander? (if known): |  |
| Culture/CALD status: |  |
| Country of birth: Click here to enter country |  |
| Language/s spoken if not English or English is a second language: |  |
| Disability: | Yes  No  Under assessment |
| Placement: | Foster Care  Kinship Care  Residential Care  Lead Tenant  Permanent Care  Other |
| If other, please provide details here |  |
| Children’s Court order: | Care by secretary order  Family reunification order  Long term care order  Permanent care order |

# Part 3: Carer/Guardian Relationship details (if applicable)

| Information required | Response |
| --- | --- |
| Carer/guardian name (s): |  |
| Carer/guardian contact number(s): |  |
| Carer/guardian email address(s): |  |

# Part 4: Additional information

| Information required | Response |
| --- | --- |
| What additional information does the Better Futures worker need to know at the point of referral about this young person? |  |

For example – significant health issue; are they currently missing from care or has their placement broken down; do they have a close and supportive relationship with a particular person; would they benefit from support to access employment or education opportunities in their local community; do they require accommodation support; are they an Aboriginal young person who would benefit from connections to their community or culture. Include any other relevant information the young person has shared.

**Case Managers/Permanent Care Order referring workers must also complete sections 5 – 10**

# Part 5: Case manager, contracted case manager, or ACAC case manager/PCO referring worker details

| Information required | Response |
| --- | --- |
| Case manager/referring worker name: |  |
| Case manager’s contact numbers: |  |
| Case manager agency: |  |
| Case manager email: |  |

# Part 6: Better Futures service requested

Please note that as case work support is provided by the young person’s case manager when a young person is in care services, please provide a rationale why Better Futures case work support is required in additional information below. An example of when case work support may be provided by Better Futures would be when young person is aged 17 years and six months or over, and actively transitioning from care to independent living.

| Information required | Select one or more of the following. |
| --- | --- |
| Secondary consultation to care team to support transition planning and processes | Yes  No |
| Flexible funding | Yes  No |
| Case work support for the young person to reach their goals for independent living | Yes  No |
| Mentoring or Community Connections | Yes  No |
| Other (please provide details in additional information) |  |

# Part 7: Young person’s documentation

| Document type | Enter:  Yes  In progress (the process of obtaining the document has begun)  No | Where no or in progress provide additional information |
| --- | --- | --- |
| Birth certificate |  |  |
| Passport |  |  |
| Medicare card |  |  |
| Health care card |  |  |
| My Health Record |  |  |
| NDIS plan |  |  |
| Learner’s permit |  |  |
| Bank account |  |  |
| Vaccination record |  |  |
| Tax file number |  |  |
| Centrelink Customer Reference Number (CRN) |  |  |
| Residency status | Yes  In progress (the process of obtaining residency has begun)  No | Where no or in progress provide additional information |
| Is young person an Australian citizen or a permanent resident? |  |  |

# Part 8: Current support

Who are the important friends, family members, or others, in the young person’s life?

## Important people

| Name | Relationship to young person | Contact details (include mobile and email) |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

| Question | Delete response not required |
| --- | --- |
| Is there a care team in place? Choose an item. | Yes  No |
| If YES contact details of convenor/chair: |  |

## Care team members

| Name | Relationship to young person | Organisation | Contact details (include mobile and email) |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Part 9: Attachments

Better Futures providers use supporting documentation to inform decisions about the Better Futures service response and to facilitate the young person’s smooth transition from care. The following key attachments are required by Better Futures to process the referral.

Note: once a Better Futures referral has been submitted and accepted, updated or relevant documentation can still be shared with the allocated Better Futures provider via the CRIS Better Futures Referral for Service record (in Notes and Documents).

## Key Better Futures Referral Attachments

| Question | Delete response not required |
| --- | --- |
| 15+ care and transition plan | Yes  No  Underdevelopment/Incomplete  Not yet started |
| Cultural plan | Yes  No  Underdevelopment/Incomplete  Not yet started |
| CRIS Client overview Choose an item. | Yes  No |
| Better Futures Checklist Choose an item. | Yes  No |

The above documents must be attached to the Better Futures referral. If the 15+ care and transition plan has not yet started, indicate status and submit document as soon as it is developed.

## Additional Attachments

| Question | Response |
| --- | --- |
| CRIS Actions table (from the case plan) – submit this document at point of referral at 15.9 years if the 15+ care and transition plan has not yet commenced Choose an item. | Yes  No |
| Please attach other documents as relevant |  |
| Other (such as health or education assessments, individual education plan, referrals for support, contracted case management quarterly reports, the case plan, meeting minutes, positive behaviour support plan, life story work, AFLDM minutes, NDIS plan etc): | Enter document names |

# Part 10: Better Futures service offers

## Housing and living skills

| Question | Response |
| --- | --- |
| What is the young person’s planned living arrangement when child protection or ACAC involvement ends? |  |
| Is this confirmed? | Yes  No |
| If NO plan - What options are currently being explored? |  |

## Health and wellbeing

| Question | Response |
| --- | --- |
| Is the young person generally healthy and well? | Yes  No |
| Does the young person have a disability? | Yes  No |
| If YES, please provide details of the NDIS plan, funding, and support: |  |
| Does the young person have a cognitive impairment and require a guardian or administrator from the Office of the Public Advocate once they have transitioned from care? | Yes  No |
| Does the young person present with good mental health? | Yes  No |
| If NO, please provide details of mental health support in place or required: |  |
| Does the young person require support for safe drug or alcohol use? | Yes  No |
| If YES, please provide details of drug and alcohol support in place or required: |  |

## Education

| Question | Response |
| --- | --- |
| Is the young person engaged in education or training? | Yes  No |
| If YES, please provide more details: |  |
| If NO, what education support would the young person benefit from? |  |

## Employment

| Question | Response |
| --- | --- |
| Is the young person engaged in employment? | Yes  No |
| If YES, please provide more details: |  |
| If NO, what employment support would the young person benefit from? |  |

## Community and cultural connections

| Question | Response |
| --- | --- |
| Is the young person connected to their local community? | Yes  No |
| If YES, please provide more details: |  |
| If NO, what support from the community would the young person benefit from? |  |

## If a young person is Aboriginal

| Question | Response |
| --- | --- |
| How is the young person connected to their community and culture? |  |
| Does the young person have a cultural plan? Yes or no | Yes  No |
| If NO, what support to connect to their community and culture would the young person benefit from? |  |
| Which Aboriginal Community Controlled Organisation (ACCO) is the young person connected to (if any), and what ACCO support, activities, or services is the young person involved in (if any)? |  |
| If NO what support to engage with an ACCO would the young person benefit from?. |  |

## Young person’s hopes and goals

|  |  |
| --- | --- |
| Question | Response |
| What are the young person’s hopes and goals for the future? |  |

# Better Futures office use only:

| Question | Response - delete response not required |
| --- | --- |
| Referral date: |  |
| Referral outcome: | Accepted  More information required  Not eligible |
| Response: | Secondary consultation to the care team to guide transition planning and processes  Flexible funding  Case work support for the young person to reach their goals for independent living  Mentoring or Community Connections  Other (provide details in comments) |
| Comments: |  |
| Level of support: | To be determined  Limited support  Active support  Active holding |
| Better Futures provider: |  |
| Allocated worker: |  |
| Referral Outcome Response Date: |  |

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