

"LK5"

LPR BRIEFING MEETING – FORM 2

KIDS Plan Name:	AF		Date of birth:			
KIDS Plan No:	1-UUATTH		Legal Status:			
COPS Event No:			JRU No:	18543		
Date of DoCS Initial Assessment(s):	30/09/2011		Date received from JRU:	04/10/2011		
			Time received from JRU:	15:00		
Response time required as confirmed by JRU:	< 24 Hours	<input type="checkbox"/>	New response time as determined by JIRT unit:	< 24 Hours	<input type="checkbox"/>	
	< 72 hours	<input checked="" type="checkbox"/>		< 72 hours	<input checked="" type="checkbox"/>	
	< 10 days	<input type="checkbox"/>		< 10 days	<input type="checkbox"/>	
POI Name:	Unknown		If new response time note reason:			
Relationship to child:	Unknown					
Access to child:	Unknown					
Meeting Date	10/10/2011		Time Commenced:	09:38am		
			Time Completed:	9:47am		
Attendees: (Tick & name as appropriate)	Team Leader	<input type="checkbox"/>	Manager Casework	<input checked="" type="checkbox"/>	Senior Health Clinician	<input checked="" type="checkbox"/>
	Sandy McLachlan		Gemma Millar			
	Police Investigator	<input checked="" type="checkbox"/>	Allocated Caseworker	<input checked="" type="checkbox"/>	Other Health Worker	<input checked="" type="checkbox"/>
	Leanne Kelly					
Agency information	No further information available		Written		Pending	
DoCS	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Police	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Health	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<i>Information shared during LPR is shared under the auspice of JIRT and involves the three agencies in partnership.</i>						
Key Issues identified in Initial Assessment to be addressed (dot point summary):	<input checked="" type="checkbox"/> Sexual abuse <input checked="" type="checkbox"/> Physical abuse <input type="checkbox"/> Neglect <input type="checkbox"/> Alcohol & other Drugs <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Risk taking behaviour <input type="checkbox"/> Parents not protective <input type="checkbox"/> POI resides with victim <input type="checkbox"/> other <please describe>					
	Initial Assessment dated 30 September 2011					
	<p>AF attended vacation care and on the way home he informed his mother that Jonathan Lord, one of the carers at vacation centre talked to AF about tonsil hockey game (which is talking about we kissing) and asked AF if they ever had tired?</p> <p>AF said that he had not and he did not want to.</p> <p>AF disclosed to mother that he was sitting on Jonathan's lap and Jonathan rubbed outside of AF pants (groin area.) AF told his mum that Jonathan used his hand and he puts it in AF jeans pocket and then rubbed up and down in AF pocket.</p> <p>AF also said to his mum that Jonathan put his hands inside AF shirt and touched AF chest and stomach.</p>					
	Additional information:					
AF mother informed JIRT that AG (brother) witnessed this incident on the bus.						
	Yes	No		Yes	No	
Are any worker safety issues identified?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, has a safety plan been developed?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Aboriginality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	JIRT Aboriginal Consultation Protocol	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Safe Families/ACSA Community	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Support person considered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Is an interpreter required for the child or family members?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

SAFETY, WELFARE AND WELLBEING SUMMARY (SWWS)

Issue	Task	Responsibility	Time frame
Child/young person interview <i>NB: This is a standard item for all SWWS involving verbal children</i>	<ul style="list-style-type: none"> Police and DoCS develop Interview Plan jointly. Lead Interviewer <other task relating to the interview> 	Leanne Kelly <i>NB: This task is jointly allocated to the Caseworker and Investigator</i> Gemma Millar	10/10/2011
RoH	<ul style="list-style-type: none"> Assess actual harm and future harm to the c/yp. Assess parent's ability to protect c/yp and the level of support able to be provided 	Gemma Millar	4 weeks
Safety of Child	<ul style="list-style-type: none"> Assess need for protective orders such as removal of c/yp or AVO, etc 	Leanne Kelly Gemma Millar	4 weeks
Criminality	<ul style="list-style-type: none"> Ascertain whether any offence has occurred If so determine what offences 	Leanne Kelly	4 weeks
Medical Examination	<ul style="list-style-type: none"> Ascertain whether c/yp requires a medical examination. Arrange medical examination as required. Obtain medical report/expert certificate 	Gemma Millar	4 weeks
Support Services	<ul style="list-style-type: none"> Assess need for external support services 	Gemma Millar	4 weeks

LPR Minutes Accepted	Police Team Leader	Manager Casework	Senior Health Clinician
Signature			

Administrative Tasks:

Chair Agency

TASK	COMPLETED BY (NAME):	SIGNATURE	DATE
Minutes e-mailed to all parties			

DoCS

TASK	COMPLETED BY (NAME):	SIGNATURE	DATE
PAC created in SAS2 record. Q3 noted: <i>See attached JIRT Briefing Minutes, Surname, Christian name, meeting date</i>	Gemma Millar		
Minutes attached to SAS2 record. Save As: <i>JIRT Briefing Minutes, Surname, Christian name, meeting date</i>	Gemma Millar		
KIDS Case Plan updated as per Tasks from SWWS	Gemma Millar		
KIDS records set to <i>requested for MCW approval.</i>	Gemma Millar		
Copy of Minutes attached to paper file	Gemma Millar		

Police:

TASK	COMPLETED BY (NAME):	SIGNATURE	DATE
Review and update COPS Event	L Kelly		
Create / allocate COPS Case			

Health:

TASK	COMPLETED BY (NAME):	SIGNATURE	DATE