

Schedule 1 – Permanency Support Program – Service Requirements

Service Provider Name	
PLA ID	
Program	Permanency Support Program

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1. Purpose

- (a) The purpose of this Schedule is to set out in detail the Service Provider's obligations in respect of the Service Requirements. The Department of Family and Community Services' (FACS) roles and responsibilities, in supporting Service Providers to deliver against these requirements, are detailed in the Permanency Support Program Description referenced in Schedule 5.
- (b) The following table correlates Services with sections of this Schedule 1.

Section	Description	Applicable Service Provider
1	Purpose This section outlines the purpose of this Schedule.	All Service Providers (Foster Care, Aboriginal Foster Care and Intensive Therapeutic Care)
2	Definitions This section defines terms and acronyms used throughout this Schedule	
3	Permanency Support Program This section defines the client group and key objectives of the overall Permanency Support Program; and details the Service Requirements that are applicable to all Services (Foster Care, Aboriginal Foster Care and Intensive Therapeutic Care). The obligations under this section 3 must be adhered to by all Service Providers.	
4	Family Preservation and Relative/Kinship (Preservation) This section defines the client group, key objectives and Service Requirements for Family Preservation and Relative/Kinship (Preservation) services.	Foster Care Service Providers Aboriginal Foster Care Service Providers Intensive Therapeutic Care Services Providers (if applicable)
5	Foster Care	
5.1 5.2 5.3	These sections define the client group, key objectives and Service Requirements, which are applicable to Service Providers delivering Foster Care services to Aboriginal and non-Aboriginal Children and Young People.	Foster Care Service Providers Aboriginal Foster Care Service Providers
5.4	This section is only relevant for Service Providers providing services specifically to Aboriginal Children and Young People.	Foster Care Service Providers Aboriginal Foster Care Service Providers
6	Supported Independent Living	
6.1 6.2 6.3	These sections define the client group, key objectives and Service Requirements for Supported Independent Living	All Service Providers (Foster Care, Aboriginal Foster care and Intensive Therapeutic Care).
7	Intensive Therapeutic Care	
7.1 7.2	These sections define the client group and key objectives of Intensive Therapeutic Care.	All Intensive Therapeutic Care Service Providers (including ITTC, ITCH, TSOP, THBC and TSIL)
7.3	This section details the obligations of all ITC Service Providers, against the Ten Essential Elements.	
7.4	This section details the obligations of ITC Service Providers to the Intermediary	
7.5	This section details the obligations of ITC Service Providers to work with FACS and other Service Providers transition Children and Young People	
7.6	Intensive Therapeutic Transitional Care (ITTC) This section defines the client group, key objectives and Service Requirements for the delivery of ITTC services.	ITTC Service Providers
7.7	Intensive Therapeutic Care Homes (ITCH) This section defines the client group, key objectives and	ITCH Service Providers

	Service Requirements for the delivery of ITCH services.	
7.8	Therapeutic Sibling Option Placement (TSOP) This section defines the client group, key objectives and Service Requirements for the delivery of TSOP services.	TSOP Service Providers
7.9	Therapeutic Supported Independent Living (TSIL) This section defines the client group, key objectives and Service Requirements for the delivery of TSIL services.	TSIL Service Providers
7.10	Therapeutic Home Based Care (THBC) This section defines the client group, key objectives and Service Requirements for the delivery of THBC services	TBHC Service Providers

2. Definitions

For the purposes of this Schedule, the definitions in clause 1.1 (Definitions) of the Program Level Agreement will apply as supplemented by the following definitions:

Aboriginal and Torres Strait Islander Child Placement Principles means Principles outlined in Part Two (sections 11-14) of the *Children and Young Persons (Care and Protection) Act 1998*. Section 13 of the Act outlines the order for placement for Aboriginal or Torres Strait Islander Children and Young People. Preservation, Restoration and Relative and Kinship care the most preferred support directions for Aboriginal and Torres Strait Islander Children and Young People.

Aboriginal Care means Permanency Support Program Services provided to Aboriginal Children and Young People by Aboriginal Organisations and non-Aboriginal Organisations.

Aboriginal Children and Young People means a Child or Young Person descended from an Aboriginal Person and includes a Child or Young Person who is the subject of a determination under section 5 subsection 2 of *Children and Young Persons (Care And Protection) Act 1998 (NSW)*.

Aboriginal Foster Care means Permanency Support Program Services provided by Aboriginal Organisations.

Aboriginal Organisation means Aboriginal Organisations specified in legislation including:

- (a) Aboriginal Land Councils, within the meaning of the *Aboriginal Land Rights Act 1983*, and 'eligible organisations' under s26 of the *Aboriginal Housing Act 1998*
- (b) Aboriginal Community Controlled Health Services
- (c) organisations identified as Aboriginal under the NSW Prequalification Scheme

in addition, FACS provides a process for accepting organisations that are controlled or owned by Aboriginal People providing services to Aboriginal People.

Authorised Carer means a Person who is authorised as a carer by a designated agency, or a Person who is otherwise authorised as an Authorised Carer. Authorised Carers are considered employees under the *Ombudsman Act 1974*. Authorised Carers and their adult household members are required to obtain a *Working with Children Check*.

Best Practice in trauma-informed practice means, at a minimum, that Service Provision is based on:

- (a) research evidence including the impact of early Childhood trauma on brain development
- (b) relevant trauma and attachment theories
- (c) an understanding:
 - i. that trauma can occur not only in a Child or Young Person's relationship with an individual or individuals, but in his or her relationship with society
 - ii. of the impact of shame and the nature of resistance

- iii. of the imbalance of power and privilege in our work with families and the importance of implementing and promoting participation and rights of Children and Young People
- iv. that consistency, reliability and predictability in casework is crucial to working with People with experiences of complex trauma
- v. that positive, safe and healing relationships and experiences are key to trauma-informed practice.

Care Team includes the caseworker (NGO or FACS), Therapeutic Specialist, FACS CAU Therapeutic Coordinator, House Manager, direct care staff, multidisciplinary specialists including (but not limited to) allied health professionals, psychologists, psychiatrists, occupational therapists, speech pathologists, drug and alcohol workers.

Care Teams should also integrate Health, Education and Justice critical partners. Engaging our critical partners will improve a collaborative response to Service Provision and system navigation.

Care Team Meetings are facilitated and led by Therapeutic Specialists. Care Team meetings must include the participation of Children, Young People, carers and families (this may occur prior to the meeting or through partial attendance). Care Team Meetings should occur at least monthly with more formal reviews quarterly and, in addition, in accordance with a Child and Young Person's changing needs. Care Team Meetings are an opportunity for the care team to form and review Case Plan documents, critically review interventions and therapeutic approaches used for working with a individual Child or Young Person, their families and caregivers.

Carer refers to Foster Carers, kinship carers, prospective guardians and prospective adoptive parents.

Case Coordination means coordinating the provision of Services to a Child, Young Person and family who have a Case Plan Goal Package of Family Preservation or Relative/Kinship (Preservation) or following Restoration, Guardianship or Open Adoption.

Case Plan means the document that identifies required goals, objectives and tasks to protect and support Children, Young People and their families.

Case Planning means the participatory process that identifies required goals, objectives and tasks to protect and support Children, Young People and their families.

Case Plan Goal Package means each Child or Young Person will have a determined permanency goal that is supported by an Case Plan Goal Package. This package includes costs based on Services required to achieve the Case Plan Goal. In the first release of ChildStory, this will be expressed as Initial Case Plan Goal Package.

Central Access Unit (CAU) means the FACS unit responsible for overseeing entries, transitions within and exits from the Intensive Therapeutic Care (ITC) system. The CAU also has monitoring and reporting responsibilities to assist with tracking the achievement of individual and program level outcomes. The CAU plays a key role in assessing system efficiency and will influence ongoing service system improvement, analysing the impact of targeted funding approaches and addressing service delivery issues.

Children and Young People has the meaning defined in the *Children and Young Persons (Care and Protection) Act 1998*, where **Child** is "a Person who is under the age of 16 years" and **Young Person** is "a Person who is aged 16 years or above but who is under the age of 18 years". 'Children and Young People', 'Child', 'Children' are sometimes used interchangeably in this document.

Child Assessment Tool (CAT) means the tool designed to identify the most appropriate placement type and level of care for a Child. It focuses on the safety and wellbeing needs of the Child, including developmental milestones, health and behavioural needs as well as social skill attainment. The CAT score provides an indication of the level of care required.

ChildStory means the Child protection IT system being developed by FACS that places the Child at the centre of the story and builds a network of family, carers, caseworkers and Service Providers around them. ChildStory will include a Partner Community that allows Service Providers to view information and interact with FACS in real-time about the Children and families they are working with.

Culturally and Linguistically Diverse (CALD) Children and Young People means a Child or Young Person who identifies with particular groups based on their birthplace, ethnicity, language, values, beliefs or world views.

Cultural Plan means the plan that FACS develops prior to the Aboriginal or CALD Child or Young Person being placed. The Cultural Plan is developed as part of the Care Plan and is a standalone, point-in-time document providing specific details about how the cultural needs and interests of Aboriginal, migrant and refugee Children and Young People will be met, and how their cultural and spiritual identity and sense of belonging will be maintained and preserved.

Cultural Support Plan means the Cultural Plan that the Service Provider updates to address the changing needs of Aboriginal and CALD Children and Young People throughout their time in care.

Family Finding means a model developed by Kevin Campbell and colleagues in the United States that seeks to connect Children and Young People who are in out-of-home care, or at risk of entering care, with family and other supportive adults. Family Finding supports Children's emotional permanency and helps caseworkers to identify permanency options and/or lifelong support People in permanency Case Planning.

Family Group Conferencing (FGC) means a voluntary process in which family members and other significant People in a Child's life meet with caseworkers to jointly discuss and plan strategies to address Child protection concerns. The process is intended to be a family-centred, strength-based, culturally-sensitive approach, which empowers families to support their Children by deciding issues as placement, support, contact, restoration and treatment interventions and, in turn, prevent the need for Children's Court proceedings.

Family Preservation means Services provided to support the Child and birth family at home in which a Child is at imminent risk of entering or re-entering the Permanency Support Program.

Formulation means the process in Intensive Therapeutic Care by which all the information known about the Child or Young Person [and their] environment (system) is integrated with clinical knowledge and theory in order to understand presenting issues, the formulation becomes a shared, working hypothesis that directs the choice [and prioritisation] of interventions"¹.

Foster Care means statutory care provided by authorised Foster Carers, prospective guardians and prospective adoptive parents generally in the carer's own home, or rarely in a home owned or rented by the Service Provider. This includes relative and kinship care provided by an extended family member or Persons of significance to the Child or Young Person.

¹ Statewide Behaviour Intervention Service (2017) Clinical Formulation Practice Guide: A collaborative approach.

Future Plan means a plan that documents identified support needs of a Young Person for transitioning to independence and actions to achieve the planned goals. Approval of after-care financial assistance as part of a Young Person's Futures Plan is to be sought from FACS 3 months before the transition from care.

Future planning means the process of developing a plan with a Young Person (from the age of 15 years) to identify supports that needs to be put in place and actions that needs to occur to assist the Young Person transition into independence until the age of 25 years.

Guardianship means a Person that takes on full parental responsibility of the Child or Young Person, making all decisions about their care until they reach 18 years of age. A Child or Young Person under a guardianship order is not considered to be in OOHC but in the independent care of their guardian.

Intensive Therapeutic Care (ITC) means services which support Children and Young People over 12 years of age with identified high needs assessed as CAT 5 or 6 who are either unable to be adequately supported in Foster Care or require specialised and intensive supports to maintain stability in their care arrangements. ITC placements (ITTC, TSOP, TSIL, THBC and ITCH) ensure Children and Young People's Case Plans are implemented and facilitate transition to less intensive placements with ongoing supports. The Ten Essential Elements of Therapeutic Care guide program development and service delivery.

Intensive Therapeutic Transitional Care (ITTC) means time limited (up to 13 weeks) interim placements delivered by Service Providers. ITTC provides a higher intensity of Therapeutic Care and thorough assessments to identify Children and Young People's needs. These units develop and implement Case Plans incorporating therapeutic interventions, permanency goals and planned transitions to less intensive placements with ongoing supports.

Intensive Therapeutic Care Homes (ITC Homes) means the provision of time limited, intensive therapeutic care in a safe and home-like environment that has a dedicated in-house care team guided by an overarching therapeutic philosophy of care.

Intermediary Organisation means the independent entity funded by FACS to develop as a subject matter expert in therapeutic care for Children and Young People in Permanency Support Program in NSW. The intermediary will develop a knowledge bank to support therapeutic practice across the sector, hold responsibility for workforce development activities including training and provide ITC implementation support.

Long Term Care means a placement longer than two years. The Case Plan Goal is reviewed every 12 months and may change to Restoration, Guardianship or Adoption, as appropriate.

Open Adoption means that an adoption order has been made by the Supreme Court of NSW to legally transfer all parental rights and responsibilities. Open Adoption is considered to have occurred on the day that the order is made.

Organisation-Wide means that practice is:

- (d) clearly articulated in program guidance materials (e.g. policies, procedures and staff position descriptions)
- (e) present in organisation-wide approaches (e.g. Child and family assessment protocols)
- (f) required in casework and reflected in caseworker training and support

(g) required of Authorised Carers and reflected in carer training and support.

NDIS means the National Disability Insurance Scheme

Permanency means suitable permanency outcomes for Children and Young People.

Permanency outcome means a suitable permanency outcome, which is considered to be any of the following:

- (a) maintaining Children and Young People with their family;
- (b) restoring Children and Young People to their family;
- (c) Guardianship to a relative/kin;
- (d) Open Adoption (this is not the preferred option for Aboriginal Children and Young People); and
- (e) Parental responsibility to the Minister until 18 years is not considered a suitable permanency outcome and is not the intent of the Permanency Support Program.

Physical environment means a key care element that goes beyond the nature of the facility to encompass how Young People 'experience' their day to day living space.

Principal Officer means the Person with overall responsibility for supervising a Service Provider's arrangements for providing statutory or supported the Permanency Support Program.

Preservation means package provided to support the Child and family at home or with relative and kin where a Child is at imminent risk of entering or re-entering OOHC.

Reportable conduct means:

- (a) any sexual offence or sexual misconduct committed against, with, or in the presence of a Child including a Child pornography offence or an offence involving Child abuse material
- (b) any assault, ill-treatment or neglect of a Child
- (c) any behaviour that causes psychological harm to a Child whether or not with the consent of the Child

Restoration means when a Child or Young Person returns to live in the care of a parent or parents for the long term.

Risk Management Plan means the plan that is undertaken to identify and mitigate risk when Children or Young People enter, exit and as needs change in the ITC Home. It looks at the needs of Children and Young People within the house in order to determine the required levels of care, including staffing.

Service or **Service Type** means one or more of the services to be delivered by the Service Provider under this Program Level Agreement as set out in the Contract Particulars and this Schedule 1.

Service Provider means an organisation contracted by the NSW Government to provide Permanency Support (OOHC) Services.

Service Requirements means the various obligations given that name as set out in this Schedule 1.

Supported Independent Living (SIL) means the placement option and supports for Young People over 16 years of age who are CAT 1-4 to successfully acquire independent living skills through the provision of accommodation, case management and structured and individualised life skills programs.

Ten Essential Elements means the essential elements for delivering Intensive Therapeutic Care.

Therapeutic Care means a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others and/or other forms of severe adversity. Therapeutic care is achieved through the provision of a care environment where responses to the Child or Young Person are consistent and predictable. The individual programming for each Child or Young Person is developed with clinical input and is evidence-informed, culturally respectful and responsive; and provides positive, safe, reparative and healing relationships and experiences to address the complexities of trauma, attachment and developmental needs.

Therapeutic Home Based Care (THBC) means the innovative, tailored and flexible placement options for Children and Young People in ITC to enable their step down from an ITCH or alternate placement to an ITCH, TSIL or TSOP and better achieve exit from ITC and improve their safety, permanency and wellbeing outcomes.

Therapeutic Sibling Option Placement (TSOP) means a Foster Care placement for siblings or related groups of Children and Young People (with at least one Child or Young Person with high and complex needs). Care is provided by permanent authorised live-in carer/s in a house maintained by a Service Provider..

Therapeutic Supported Independent Living (TSIL) means the placement option and supports for Young People over 16 years of age who are CAT 5 or 6 to successfully acquire independent living skills through the provision of accommodation, casework and structured and individualised life skills programs.

Therapeutic Specialist means a clinical expert (with minimum skills and qualifications) who works across the ITC service system. They have a primary role in facilitating Care Team Meetings and provide expertise and guidance during the formulation of Case Plans. Therapeutic Specialists will be supported by the ITC intermediary and will also have a role in mentoring staff to transfer knowledge and best practice.

3. Permanency Support Program

3.1 Client Group

All Children and Young People entering the Permanency Support Program. As such, all Service Providers must adhere to the Service Requirements detailed in this section 3 of Schedule 1.

3.2 Key objectives

The Permanency Support Program aims to:

- (a) maintain more Children and Young People at home safely with their birth parents, minimising entries and re-entries into care;
- (b) find permanent homes for Children and Young People currently in care by increasing the number of Children and Young People either being restored to their family, moving into guardianship, or adopted within two years of placement;
- (c) invest in higher quality support for Children and Young People in care, with their safety and wellbeing being the paramount objectives;
- (d) provide support to diverse client groups to address and meet specific needs through targeted services addressing individual needs; and
- (e) address the over representation of Aboriginal Children and Young People in care.

3.3 Service Requirements

3.3.1 Permanency Goals

The Service Provider must:

- (a) achieve permanency outcomes for Children and Young People as soon as possible, within two years of entering care, including:
 - i. provide flexible intensive wrap around supports to Children and Young People and their families to enable them to return home as quickly as possible
 - ii. develop positive working relationships with Children and Young People's birth parents and families
 - iii. use evidence based programs to support families and help them stay together
- (b) identify a permanency goal for all Children and Young People currently in statutory care within six months
- (c) support and implement the permanency planning principles
- (d) support carers in working towards Restoration or other permanency outcomes
- (e) support Children and Young People in care to leave the Permanency Support Program through family Restoration, Guardianship or Open Adoption (adoption is not a preferred option for Aboriginal Children and Young People), preferably within two years

- (f) decrease the time Children and Young People spend in the Permanency Support Program
- (g) achieve lasting permanency outcomes for Children and Young People to decrease re-entries into the Permanency Support Program
- (h) deliver a holistic approach across the care continuum integrating: assessment of need, early risk identification, intervention and preservation services, pathways to permanency, and post Out of Home Care services

3.3.2 Participation and Rights of Children and Young People

The Service Provider must:

- (a) inform Children, Young People and their families of their rights (in a manner that is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the United Nations Convention on the Rights of the Child (Article 12), the *Children and Young Persons (Care and Protection) Act 1998* and information about complaint and appeals processes
- (b) comply with the Charter of Rights for Children and Young People in Out of Home Care, ensuring that all Children and Young People in care are provided with this Charter and that they understand their rights
- (c) ensure that the privacy of Children and Young People and their families is respected and adhered to in accordance with relevant legislation
- (d) ensure that confidentiality is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*
- (e) have policies and procedures in place to appropriately process complaints and appeals by Children, Young People and their families within clearly stated timeframes
- (f) conduct genuine, ongoing consultation and facilitate participation of Children, Young People and their families in the making of decisions that affect them, consistent with any applicable court orders
- (g) provide Children, Young People and their families with information (in a manner and language that they can understand) which facilitates their participation
- (h) promote and record feedback from Children and Young People
- (i) advise Children and Young People how their feedback has been taken into account

3.3.3 Working with Birth Families and the Community

Consistent with any applicable court orders, the Service Provider must:

- (a) deliver family-centred practice and support Children and Young People to maintain their identity including:
 - i. planning, facilitating and supporting contact with family members and significant others as an integral part of Case Planning. Court orders relating to contact must be adhered to and alternative dispute resolution used when contact disagreements arise that cannot be resolved through casework.

- ii. ensuring Children and Young People are provided with opportunities to participate in activities and experiences which help maintain and support their cultural identity, language, spirituality and religion, connection and sense of belonging to family, community and, for Aboriginal Children and Young People, Country.
 - iii. ensuring Children and Young People are supported to maintain and develop significant and positive relationships, including with the Child's birth parents, siblings and friendships.
- (b) support birth parents and family to strengthen connections with the Child or Young Person, regardless of Case Plan Goal, to achieve Restoration, where possible
 - (c) support families of Children and significant others to reduce the risks that caused the Child or Young Person to be unsafe or enter care, regardless of the Case Plan Goal
 - (d) coordinate alternative dispute resolution processes with birth family as required in order to prevent escalation of disputes on matters (such as contact to the NSW Children's Court)
 - (e) comply with requirements relating to identity and working with birth families and the community as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.4 Case Management and Casework

The Service Provider must:

- (a) meet minimum standards for Case Planning and review as per the Office of the Children's Guardian's (OCG) NSW Child Safe Standards for Permanent Care.
- (b) comply with case management requirements as outlined and detailed in the Permanency Support Program Description and should refer to FACS' Permanency Support Case Management Policy and Permanency Support Case Management Guidelines for additional guidance on the roles and responsibilities of FACS and the Service Provider.
- (c) engage in thorough pre-placement planning, including the development of a Contact Plan between the Child or Young Person and their prospective caregivers, and provision of adequate information prior to placement. Contact plans must be reviewed as part of Case Plan reviews.
- (d) provide initial support and referral to a Child or Young Person who may be a victim of crime, including a referral to and supporting the Child or Young Person in interaction with NSW Victims Services and Support if applicable
- (e) focus on strengths-based and family-centred practice, including the active involvement and participation of Children and Young People and their Authorised Carers (if applicable), and families
- (f) ensure case management is responsive to the cultural beliefs and immediate needs of the Child or Young Person and their family and the community they belong to, especially for Aboriginal and CALD Children and Young People
- (g) apply the Aboriginal and Torres Strait Islander Child Placement Principles and its intended result areas for Aboriginal Children and Young People, including greater self-determination, participation, preservation and cultural planning.

- (h) as part of the Case Plan, develop and implement cultural support plan, strategies and practices to support Aboriginal and CALD Children and Young People to maintain their culture and identity, including opportunities to participate in relevant activities and experiences that meaningfully build or maintain a sense of belonging and identity with support provided by community controlled organisations to ensure cultural connections. The Plan should contain all the information that is known about the Child's culture and must be developed in consultation with relatives, kin and communities and must be reviewed as appropriate, but as a minimum as part of regular Case Plan reviews.
- (i) carry out casework with the Child's birth family and significant others, consistent with any applicable court orders and regardless of the Case Plan Goal, including contact, facilitation of positive connections between birth parents and Authorised Carers/prospective adoptive parents, and supporting the birth family to make positive changes
- (j) record and monitor goals, objectives and tasks to ensure their continued relevance to each individual Child or Young Person
- (k) provide or coordinate, where the Child needs indicate, access to evidence based-trauma treatment programs such as Multi-Systemic Therapy for Child Abuse and Neglect (MST-CAN) and Family Functioning Therapy – Child Welfare (FFT – CCW)
- (l) provide timely and accurate reporting on all Case Planning required by FACS in accordance with Schedule 2 (Performance and Outcomes Data Reporting)
- (m) conduct regular Case Plan reviews, which include an assessment of the Child or Young Person's changing needs and Case Plan Goals. The regularity of reviews change according to Case Plan Goal and support package type. Minimum review periods are:
 - i. Family Preservation 3 monthly
 - ii. Relative/Kinship (Preservation) 6 monthly
 - iii. Restoration/Adoption/Guardianship 6 monthly
 - iv. Long Term Care 12 monthly
 - v. in response to changes in the Child or Young Person's circumstances including but not limited to:
 - 1) entry into care
 - 2) to assess the likelihood of Restoration or step-down
 - 3) to determine health, education and other needs, especially if there is a change in needs such as a significant medical diagnosis
 - 4) to ensure cultural needs are being met
 - 5) to determine placement support needs
 - 6) identify risks to the Child or Young Person and the attainment of their Case Plan Goals
 - 7) critical life transition points, e.g. transition to high school, transitioning to independence and after care

- (n) address the needs of the individual Child or Young Person and support their ongoing development to build toward their long term goals and aspirations and after care futures
- (o) achieve continuity of support, carers and caseworkers through appropriate referral, transition and follow up
- (p) ensure that all caregivers are provided with opportunities to attend relevant training
- (q) provide a 'Case Coordination' Package for six months for cases where Restoration, Guardianship or Open Adoption have been achieved, to prevent the 'breakdown' of the permanency outcome and to ensure that the Case Plan Goal is achieved
- (r) comply with casework requirements as outlined and detailed in the relevant FACS policies and procedures in Schedule 4

Specific casework elements – such as Aboriginal Care and Futures Planning – are addressed in Sections 3.3.13 and 3.3.14 (respectively) of this Schedule 1.

3.3.4.1 Case management also involving services from Juvenile Justice

The Service Provider must:

- (a) meet their obligations under the terms of the Memorandum of Understanding (MoU) between FACS and the Department of Juvenile Justice
- (b) use best endeavours to prevent placement on remand of Children and Young People for whom they have case management responsibility, including in circumstances where the Child or Young Person's supports have broken down immediately prior to, or during their involvement with, Juvenile Justice.

3.3.4.2 Adoption applications

If the Service Provider is or becomes an Accredited Adoption Service Provider (**AASP**), it must:

- (a) assume the primary responsibility for making adoption applications in the Supreme Court of New South Wales in its capacity as an AASP;
- (b) as and when required, direct its Principal Officer to assume the care and conduct of, prepare for and file applications for adoption orders in the Supreme Court of New South Wales in its capacity as an AASP;
- (c) in the event that an adoption application is contested, refer such application to FACS and act in accordance with any further instructions given by FACS in relation to the application; and
- (d) at all times, meet all relevant obligations pursuant to the permanency planning principles and any further obligations imposed on the Service Provider by virtue of its status as an AASP.

3.3.5 Safety and Physical Environment

The Service Provider must:

- (a) meet the OCG requirements for Child Safe organisations
- (b) ensure safe and protective environments for all Children and Young People

- (c) support carers to ensure Children and Young People are provided with a nurturing, predictable, home like environment that promotes a sense of normality and fosters a sense of safety for Children and Young People
- (d) promote and provide Children and Young People the opportunity to provide feedback about their physical environment and sense of safety

3.3.6 Health and Education

The Service Provider must:

- (a) improve health, education, wellbeing and quality of life outcomes for Children and Young People
- (b) ensure all Children are enrolled in and attend a quality preschool program for 15 hours / two days per week in the two years prior to starting school, in line with the National Partnership Agreement on Universal Access to Early Childhood Education
- (c) ensure that Children and Young People in care receive an appropriate education (and related services), including access to special education services
- (d) develop Education Plans, with relevant education agencies, for all Children and Young People over the age of five, within 30 days of entry into either the statutory Permanency Support Program or the education system. These plans are to be kept up to date under the Permanency Support Program Education Pathway and reviewed at least annually
- (e) ensure Children and Young People in care receive appropriate medical care
- (f) use best endeavours to develop a Health Plan, with relevant health agencies, within 30 days of the Child or Young Person entering the Permanency Support Program. These plans are to be kept up to date under the Permanency Support Health Pathway and reviewed at least every 6 months for Children under two years old and annually for Children and Young People who are three years and over
- (g) ensure Health Plans and Education Plans are discussed and shared with all applicable Persons (i.e. carers or other Service Providers if a Child or Young Person is transferred to another Service Provider)

3.3.7 Trauma Related Services

The Service Provider must:

- (a) provide holistic, individualised, team-based approaches to address the complex impacts of trauma, abuse, neglect, separation from families and significant others; and other forms of severe adversity
- (b) provide support and referral to a Child or Young Person who may be a victim of crime
- (c) deliver trauma-informed casework and care as identified for each Child and Young Person
- (d) train all carers and staff who work with Children and Young People in evidence-based trauma-informed practice – specific requirements regarding the appropriate level and type of training will be specified through future FACS policies

- (e) demonstrate Organisation-Wide commitment to Best Practice in trauma-informed casework and care

3.3.8 Disability Related Services

The Service Provider must:

- (a) embed consideration of disability or developmental delay into casework practice and everyday engagement with Children, Young People and carers.
- (b) actively monitor NDIS plans to identify when the level of disability support may not be meeting the Child or Young Person's needs, to help avoid breakdown of placement
- (c) where case management has been transferred to the Service Provider, act as the Child's Representative for the purposes of the NDIS including undertaking pre-planning, planning and monitoring and review process which are described in the Operational Guidelines of the National Disability Insurance Agency
- (d) facilitate active participation by the Child or Young Person and their carer in all discussions and decisions relating to the NDIS
- (e) ensure the Child or Young Person and carer are involved at all stages of the NDIS planning lifecycle
- (f) for care leavers, ensure the Young Person's disability support is targeting this transition, make sure the Young Person's goals and aspirations in their NDIS plan focus on transitioning to independence
- (g) comply with requirements relating to services for Children and Young People with disabilities as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.9 Positive Behaviour Support

The Service Provider must:

- (a) have a positive behaviour management policy outlining behaviour support and management practice which focuses on preservation in line with Clause 45 (2)(d) of the *Children and Young Persons (Care and Protection) Regulation 2012*.
- (b) develop a behaviour support plan where a Child is prescribed psychotropic medication (as required by law) and provide the relevant Child or Young Person the additional supports in accordance with the plan – the behaviour support plan is to be reviewed as appropriate, but at least in line with regular Case Plan reviews
- (c) ensure behaviour support plans are developed by a relevant specialist such as a psychologist, psychiatrist, education or health professional. The plan should be developed with help from the caseworker and in consultation with the Child or Young Person and their carer.
- (d) comply with requirements relating to services for Children and Young People with behavioural issues as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.10 Children's Court

Service Providers must support Children's Court proceedings, specifically:

- (a) provide affidavits or reports on the placement and other information on the Child or Young Person as required
- (b) arrange for affidavit/report authors to give evidence in the Children's Court if required
- (c) implement a decision regarding drug and alcohol or DNA testing of birth parents
- (d) contribute to care plan development as required by FACS.
- (e) comply with any Children's Court orders that may be in place, including preparation of section 76 reports for supervision orders.
- (f) organise respite care in accordance with court orders
- (g) comply with all other requirements for designated agencies as outlined in the *Children and Young Person's (Care and Protection) Act 1998*.

3.3.11 Service Partnerships

The Service Provider must:

- (a) promote and reinforce integrated service delivery with both mainstream and specialist agencies by establishing and maintaining service delivery partnerships or access pathways. Critical partnerships include:
 - i. Health
 - ii. Mental Health
 - iii. Education
 - iv. Restoration services
 - v. Disability Service Providers
 - vi. Drug and alcohol support providers
 - vii. Police
 - viii. Juvenile Justice
 - ix. FACS

3.3.12 Culturally Appropriate Care

The Service Provider must:

- (a) provide culturally competent care for Aboriginal and CALD Children and Young People
- (b) provide access to interpreter or language services
- (c) place Aboriginal (and CALD, where possible) Children and Young People with Authorised Carers of the same cultural background
- (d) ensure Children and Young People are immersed in their culture through connection and meaningful relationships to family/kin (where appropriate), community and Country and that this be embedded in meaningful Cultural Plans
- (e) include a Cultural Plan in the Child or Young Person's Care Plan in accordance with Section 3.3.4(h)

- (f) develop strategic relationships with Aboriginal and CALD organisations for support across the continuum of services
- (g) ensure staff and Authorised Carers receive cultural sensitivity and competency training
- (h) actively recruit authorised caregivers, caseworkers and applicable staff from Aboriginal and CALD backgrounds
- (i) ensure their organisational characteristics (including strategic frameworks, policies and procedures) underpin the consistent delivery of culturally competent care to Children and Young People from Aboriginal and CALD backgrounds
- (j) comply with requirements relating to culturally appropriate care as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.13 Care of Aboriginal Children and Young People

The Service Provider must:

- (a) ensure every Aboriginal Child and Young Person entering or in the Permanency Support Program:
 - i. is supported to exit care within two years
 - ii. receives active efforts towards preservation with their family, or Restoration to their family, as a priority, with appropriate step down supports
 - iii. has decisions made about their care and protection in a timely manner and consistent with the Aboriginal and Torres Strait Islander Child Placement Principles, and the Aboriginal participation in decision-making requirement within the *Children and Young Peoples (Care and Protection) Act 1998*. Aboriginal family and kin, as culturally recognised, must be engaged in the decision making process to determine the best way to keep Aboriginal Children and Young People safe
 - iv. receives appropriate support to ensure stability in care, ensuring their needs are met in a culturally rich environment regardless of the Permanency Outcome
 - v. receives tailored, Child and family-centred, holistic support as needed to achieve improved lifelong wellbeing outcomes (cognitive functioning, physical health and development, mental health, social functioning and cultural and spiritual identity). Including meaningful connections to their Aboriginal community(ies)
 - vi. is placed with their siblings and on Country, where possible
- (b) ensure Aboriginal Children and families have access to culturally appropriate services, through Aboriginal community controlled organisations and mainstream organisations, in accordance with the Aboriginal and Torres Strait Islander Child Placement Principles as outlined in section two part 11-14 of the *Children and Young Persons (Care and Protection) Act 1998*
- (c) explore support environments for Aboriginal Children and Young People, in following order:
 - i. exploration of support with a member of the Child or Young Persons' extended family or kinship group

- ii. exploration of support within the Aboriginal community
 - iii. exploration of a member of some other Aboriginal family residing in the vicinity of the Child or Young Person's usual place of residence
 - iv. If these options are not practicable, or it would be detrimental to the safety, welfare and wellbeing of the Child, placement with a suitable Person approved by the Secretary can be considered. This can only occur after consultation with members of the Child's extended family of kinship group and suitable Aboriginal organisations as are appropriate to the Child or Young Person. This is the least preferred option.
- (d) form a professional working relationship with an Aboriginal Service Provider or organisation able to provide specific services to Aboriginal Children and Young People (applicable to non-Aboriginal Service Providers).
 - (e) provide the tools, training and support required to implement Cultural Plans for Staff and carers working with Aboriginal Children and Young People
 - (f) ensure their services comply with requirements relating to Aboriginal Services as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.14 Futures Planning and Leaving the Care System

The Service Provider must:

- (a) develop Person-centred comprehensive Futures Plans (formally known as Leaving Care Plan) for each Young Person 15 years old or over to support their transition to independent living, that is consistent with *Transitioning from out-of-home care to independence: A nationally consistent approach to planning*
- (b) address key life domains such as housing, independent connections with birth family and education consistent with *Transitioning from OOHC to independence: A nationally consistent approach to planning*
- (c) annually review and if required update the Future Plan to ensure it addresses the needs of the Young Person
- (d) provide after care support at regular intervals for Young People who were placed with the provider for 12 months or more, until the Young Person turns 25, including advocacy, assistance, advice and referral to appropriate services
- (e) ensure that Post Care Education Financial Support is part of the Future Plan for a Young Person who turns 18 while completing the HSC
- (f) support eligible carers to access the Teenage Education Payment
- (g) ensure the Transition to Independent Living Allowance (TILA) is included in the Future Plan and applied for in the 12 weeks prior to the Young Person turning 18 years
- (h) promote lifelong connection (to carers, caseworkers and community) for Young People who have left care as a result of turning 18 as required up until the age of 25
- (i) comply with requirements relating to futures planning and after care as outlined and detailed in the relevant FACS policies and procedures in Schedule 4

3.3.15 Placement and Placement Changes

Service Providers must provide immediate and new placements.

When a Child or Young Person is restored to their family, changes placement or otherwise exits the Permanency Support Program, the Service Provider must:

- (a) advise FACS of changes to placements within 5 business days
- (b) cooperate in transition planning between Service Providers (including FACS where appropriate) and support services to support the Child or Young Person achieve their permanency goal
- (c) ensure adequate risk management strategies are developed and wrap around supports implemented to manage setbacks and prevent placement breakdown. 'Step Down' supports must be:
 - i. determined based on the needs of the Child or Young Person and the adults responsible for the ongoing day-to-day care of the Child or Young Person
 - ii. provided to families for an agreed duration to ensure stability and safety, acknowledging that setbacks are likely and require thoughtful support rather than judgement.
- (d) manage appropriate alternative placement arrangements in the event where placements break down
- (e) comply with requirements relating to placement changes as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.16 Information exchange

- (a) In relation to record keeping, the Service Provider must:
 - i. have a secure record management system
 - ii. exchange data about Children and Young People electronically through ChildStory and/or other relevant systems agreed between FACS and the Service Provider or otherwise as determined by FACS
 - iii. maintain accurate and comprehensive Person-centred records for each Child or Young Person including their social and medical history, development and identity and all Case Planning decisions
 - iv. retain a Child or Young Person's records for seven years after the placement has finished, after this period, records should be sent to FACS via the FACS Information and Communication Technology (ICT) Unit.
 - v. provide Children and Young People supported access to their records, when requested
 - vi. comply with relevant legislation and policies related to electronic and paper record keeping for Children and Young People, including any requirements in Schedule 4.
- (b) An organisation funded by FACS that ceases operations or no longer continues to be funded by FACS, must liaise with FACS to ensure the client records are maintained in keeping with legislation. Records sent to FACS following the

closure of a funded organisation will become the management responsibility of FACS. The organisation must identify which paper files relate to clients:

- i. that are closed because they no longer receive a service
- ii. that are to remain open because they receive ongoing case management support that are open and under review.

3.3.17 Carer Supports

The Service Provider must:

- (a) comply with minimum qualifications and training levels for Authorised Carers and staff – these qualification levels will be specified in future FACS policies, reflecting allowances that have been made in the prices reflected in Schedule 3 of the Program Level Agreement
- (b) provide mandatory training for all new carers and optional training for existing Authorised Carers the nature of the mandatory training will be specified in future FACS policies, reflecting allowances that have been made in the prices reflected in Schedule 3
- (c) provide adequate support levels for Authorised Carers, including access to up to 24 nights of respite per year applied flexibly and based on the assessed needs of the Child or Young Person, their family and carers
- (d) comply with carer support requirements as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

3.3.18 Reportable Conduct

3.3.18.1 Roles and responsibilities of a Principal Officer

Principal Officers must comply with the legal requirements of the *Children and Young Persons (Care and Protection) Act 1998* and the *Children and Young Persons (Care and Protection) Regulation 2012*.

3.3.18.2 Allegations of reportable conduct

The Service Provider must comply with the legal requirements of the *Ombudsman Act 1974*.

3.3.18.3 Allegations of sexual misconduct or serious physical assault

The Service Provider must:

- (a) notify FACS and the OCG in writing each time an allegation of sexual misconduct or serious physical assault against a Child or Young Person in statutory out-of-home care is received.
- (b) inform their FACS contract manager of all serious incidents of abuse and /or neglect of Children and Young People.
- (c) notify their FACS contract manager of any incidents involving the media, police or adverse outcomes for Children and Young People in their care within 5 business days of the incident occurring.

FACS may work with the Service Provider to undertake a joint investigation or may seek information about how the Service Provider has responded to the incident or event.

3.3.18.4 Child deaths

The Service Provider must:

- (a) comply with the legal requirements of section 172 of the *Children and Young Persons (Care and Protection) Act 1998*, if a Child or Young Person dies while in out-of-home care
- (b) immediately notify the following Persons through the Principal Officer of the Service Provider, who has supervisory responsibility for the Child or Young Person:
 - i. the parents of the Child or Young Person as can reasonably be located
 - ii. the Children's Guardian
 - iii. the Coroner
- (c) notify the relevant FACS Executive District Director, the Child Protection Helpline and the Serious Case Review Unit in the FACS Office of the Senior Practitioner) immediately of the Child or Young Person's death and whether there are any other Children or Young People living in the household and their legal status
- (d) provide a report on the circumstances of the Child or Young Person's death within 48 hours
- (e) cooperate with any request from FACS for further information or participate in a joint review of the circumstances surrounding the death, including the relevant FACS Executive District Director or the Serious Case Review Unit in the FACS Office of the Senior Practitioner.

4. Family Preservation and Relative/Kinship (Preservation)

4.1 Client Group

All Children and Young People who are referred by FACS and are at risk of entering the Permanency Support Program.

Family Preservation and Relative/Kinship (Preservation) Case Plan Goal Packages are not placements but more 'wrap around supports' to sustain a Child or Young Person in their home environment to avoid the need to enter the Permanency Support Program.

As each family situation is different, Service Providers have the flexibility to determine the types of services they offer Children and their families/kin to meet their individual and specific needs.

4.2 Key objectives

Family Preservation and Relative/Kinship (Preservation) services are aimed to do everything possible to prevent Children and Young People from entering and re-entering care and to support individuals to find a safe and permanent home.

4.3 Preservation and Relative/Kinship Service Requirements

The Service Provider must, as a minimum:

- (a) provide a Case Coordination package to sustain or prevent the breakdown of permanent homes for Children and Young People, and help Service Providers wrap supports and services around the Child or Young Person in their environment to ensure longer term sustainability
- (b) consult with Children and their family/kin
- (c) address the needs of Children and their family/kin's culture and community
- (d) develop and implement the Case Plan
- (e) draw on and build the family/kin's strengths, available resources and social supports to increase the Children's safety and enhance parenting capacity
- (f) provide intensive wrap around supports, particularly in relation to health and wellbeing, parenting, household management (including budgeting), practical support and social integration
- (g) promote the rights of Children and their family/kin
- (h) respect the privacy of Children and their family
- (i) meet reporting and record keeping requirements
- (j) use FACS-mandated tools where required by FACS policies
- (k) use competent and suitably trained staff with the appropriate qualifications, skills and knowledge required to deliver these packages
- (l) deliver services using evidence-informed practice
- (m) inform FACS about achievement of Case Plan Goals and current or upcoming vacancies, either on a fortnightly basis or at agreed times
- (n) report to FACS about whether the family is on track to meet the case plan's goals every three months.

5. Foster Care

5.1 Client Group

The client group for Foster Care will be as determined by FACS on the basis of individual circumstances. The Service Provider will have an obligation to accept referrals in accordance with the Immediate Placement Principles in Schedule 3 (Payment Provisions).

5.2 Key objectives

The key objective is to achieve the permanency, safety, wellbeing, education and health outcomes for each Child and Young Person in Foster Care.

5.3 Foster Care Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1, the Service Provider must:

- (a) provide placements that are matched to a Child or a Young Person's needs and circumstances, including immediate placements and appropriate placements for Children and Young People stepping down from Intensive Therapeutic Care (ITC) services. FACS will provide information about Children and Young People to facilitate this process.
- (b) comply with Foster Care Service Requirements as outlined and detailed in the relevant FACS policies and procedures in Schedule 4.

5.3.1 Recruitment of Carers

The Service Provider must:

- (a) seek to recruit carers from a Child or Young Person's family and kinship network in the first instance
- (b) attract potential carers/guardians/adoptive parents to support short term, restoration supports, or to become guardians or prospective adoptive parents
- (c) implement Family Finding and Family Group Conferencing to identify/recruit/support potential carers, potential respite carers and/or significant others for each Child or Young Person, in line with Case Plan Goals
- (d) recruit carers who are able to care for Children and Young People stepping down from Intensive Therapeutic Care (ITC) to family based placements
- (e) have additional Authorised Carers who are able to accept immediate placements who can work with birth families to support restoration
- (f) coordinate general community awareness-raising activities with local targeted recruitment campaigns (including working with FACS where appropriate)
- (g) maintain a thorough knowledge of local demand and supply to better target recruitment campaigns
- (h) target couples or individuals with the competencies required to effectively care for Children and Young People and work towards permanency outcomes
- (i) target prospective carers from relevant backgrounds with competencies to meet the diverse needs of Children and Young People requiring placement

- (j) support Authorised Carers to be active in positive 'word-of-mouth' recruitment
- (k) identify skills and competencies required and provide access training
- (l) support carer mobility across Service Providers where required and in the best interests of the Child.

5.3.2 Assessment and Authorisation of Carers

The Service Provider must:

- (a) support FACS to place a Child or Young Person with an authorised relative or kinship carer in the first instance, by conducting Child-specific recruitment of relative/kinship carers as part of Family Finding
- (b) develop and implement intake and assessment processes that facilitate the matching of Children and Young People with suitable carers/prospective adoptive parents, and promote the successful establishment of the placement and achievement of permanency and Case Plan Goals
- (c) undertake thorough assessments of prospective carers, guardians and prospective adoptive parents, utilising an assessment format such as the Step by Step 2016 assessment package that focuses on carers' competencies. Assessment packages should be tailored for use with prospective carers from Aboriginal and culturally and linguistically diverse backgrounds
- (d) authorise carers, guardians and prospective adoptive parents in accordance with the *Children and Young Persons (Care and Protection) Act 1998* and the *Children and Young Persons (Care and Protection) Regulation 2012*
- (e) conduct genuine, ongoing consultation and facilitate participation of prospective carers, guardians and prospective adoptive parents in decision-making processes
- (f) provide prospective carers with information about the permanency planning principles and the prioritisation of permanent care options over long term Foster Care from the application/recruitment stage
- (g) conduct a series of probity and suitability checks before authorising a prospective foster, relative or kinship carer or prospective adoptive parent in line with legislative requirements. These are outlined in Schedule 2 (Performance and Outcomes Data Reporting) and the *Children and Young Persons (Care and Protection) Regulation 2012*
- (h) authorise carers in accordance with FACS policies and procedures in Schedule 4
- (i) record information about those who apply to be Authorised Carers and the outcome of their probity and suitability checks on the NSW Carers Register

5.3.3 Matching of Children and Young People to Carers

The Service Provider must:

- (a) support FACS to place a Child or Young Person with an authorised relative or kinship carer in the first instance, by conducting Child-specific recruitment of relative/kinship carers as part of Family Finding
- (b) support FACS with matching activities through case management, casework and information exchange. Matching support must be conducted in a way that enables timely decision-making and permanency planning

- (c) ensure a carer is able to support the Child and the Case Plan Goal
- (d) comply with the Aboriginal and Torres Strait Islander Child Placement Principles when matching Aboriginal Children and Young People to carers

5.3.4 Carer training

The Service Provider must:

- (a) train prospective carers in accordance with the *Children and Young Persons (Care and Protection) Regulation 2012*
- (b) provide mandatory ongoing, sector-wide standardised training for all prospective carers, guardians and prospective adoptive parents, and optional training for existing Authorised Carers that equips them to care for a Child at any need level
- (c) conduct entry level training based on Shared Stories, Shared Lives
- (d) provide culturally appropriate training and support to Aboriginal and CALD carers to ensure cultural sensitivity of all carers caring for Aboriginal and CALD Children and Young People
- (e) ensure training for relative and kin carers takes into account their existing relationship with the Child and their birth parents and the difficulties and complications that could arise
- (f) provide prospective and Authorised Carers with information and training about the guidelines relating to abuse in care allegations
- (g) provide training on culturally appropriate care and cross cultural communication for Children from CALD backgrounds and Aboriginal Children and Young People
- (h) provide mandatory ongoing training for Authorised Carers to consolidate their knowledge, build on their skills, promote their wellbeing and to address identified issues as they arise.

5.3.5 Support for Carers

The Service Provider must:

- (a) provide minimum support levels for Authorised Carers, prospective guardians and prospective adoptive parents, including up to 24 nights of respite per year applied flexibly and based on the assessed needs of the Child or Young Person, their family and carers
- (b) offer the carer the opportunity to explore what type of support they will require in terms of self-care and maintaining placement stability
- (c) pass on the full carer allowance amount at a minimum, published annually by FACS and allowed within the prices reflected in Schedule 3, to Authorised Carers – no portion is to be retained by the Service Provider
- (d) provide caseworker support for Authorised Carers and prospective adoptive parents which varies in regularity according to individual needs and which may take the form of phone contact, Personal visits and e-mails
- (e) ensure Authorised Carers/prospective adoptive parents have the necessary information about the Child or Young Person to meet their daily care responsibilities for that Child

- (f) arrange or provide specialist support and advice to Authorised Carers/prospective adoptive parents to assist them in their role (for example, support from a psychologist, speech pathologist, medical specialist or case worker with language or cultural skills)
- (g) provide or arrange support to Authorised Carers through the process that occurs following abuse in care allegations, at the same time ensuring the wellbeing of the Child or Young Person
- (h) encourage Authorised Carers to develop and participate in peer support/network groups
- (i) assess the need for Authorised Carers to receive regular planned respite care as stipulated in Case Plan Goals

5.3.6 Supervision of Authorised Carers/prospective adoptive parents

The Service Provider must:

- (a) monitor Authorised Carers' compliance with the Ministerial Code of Conduct for Authorised Foster, Relative and Kinship Carers.
- (b) conduct a review of a newly Authorised Carer within 60 days of their first Child placement
- (c) regularly (as appropriate, but as a minimum, in line with Case Plan reviews) conduct reviews of Authorised Carer's strengths and needs particularly when significant changes affect the household (e.g. Child or Young Person starting school, placement breakdown)
- (d) conduct annual reviews of Authorised Carers
- (e) conduct a five yearly review of the carer's authorisation
- (f) comply with FACS' requirements for the procedures/inclusions for the reviews listed above. These requirements are outlined and detailed in the Permanency Support Program Description and other relevant FACS policies and procedures.

5.4 Foster Care Service Requirements for Aboriginal Children and Young People

5.4.1 Service Requirements for Aboriginal and Non-Aboriginal Service Providers

In addition to the requirements for Foster Care in section 5.3 and requirements set out in section 3 (particularly Section 3.3.13) of this Schedule 1, Aboriginal Service Providers and Non-Aboriginal Service Providers must:

- (a) be responsive to the immediate needs of Aboriginal Children and Young People in need of care through the recruitment of emergency and short-term Aboriginal carers that will contribute to an Aboriginal respite carer network
- (b) continue to provide support using a step-down approach once a permanency goal (Preservation, Restoration or Guardianship) is achieved
- (c) ensure all staff connected to Aboriginal Care, in the first instance are Aboriginal. Where this is not possible, all staff connected to Aboriginal care will respect and understand cultural rights and the impact of inter-generational trauma affecting Aboriginal communities.

5.4.2 Non-Aboriginal Service Providers

In addition to the requirements in Section 3 (particularly Section 3.3.13), 5.3 and 5.4 of this Schedule 1, Non-Aboriginal Service Providers must:

- (a) work with Aboriginal families and build relationships with local Aboriginal communities and Aboriginal community controlled organisations to support their work with Aboriginal Children and families. This work is to include:
 - i. improved family and community participation
 - ii. meaningful cultural and social connection and
 - iii. supportive relationships with individuals and organisations to achieve safe and permanent homes and promote lifelong wellbeing for Aboriginal Children and Young People.
- (b) identify and establish linkages with trusted Aboriginal People, groups or Aboriginal controlled organisations to build greater cultural connection, where there are no existing connections
- (c) form appropriate partnerships with Aboriginal organisations, or establish Aboriginal teams with an Aboriginal team leader/management structure
- (d) build an Aboriginal workforce to support Aboriginal Children and Young People
- (e) transfer the care of Aboriginal Children to another agency only where it is in the best interests of the Aboriginal Child and is consistent with the permanency support principles. The express agreement of carers must be sought prior to the transfer of an Aboriginal Child to an Aboriginal Service Provider.
- (f) recruit, retain and develop Aboriginal staff to support carers in the best interest of the needs of Aboriginal Children and Young People, with the view that Aboriginal Children and Young People, and their carers, will transition to an Aboriginal Service Provider in the future.
- (g) recruit, retain and develop Aboriginal staff to support Aboriginal Children and Young People in the best interest of the needs of Aboriginal Children and Young People
- (h) utilise local Aboriginal decision making mechanisms to ensure community participation in decisions regarding placement and connection to family/culture; carried through to implementation
- (i) ensure all non-Aboriginal staff are culturally informed.

5.4.3 Service requirements specific to Aboriginal Service Provider delivery

Aboriginal Care has been designed to enable Aboriginal community controlled organisations to deliver the following all-encompassing services that extend over and above the standard costs to deliver permanency support services:

- (a) Community education that may include, but is not limited to, attendance at domestic violence intervention and education programs, attendance at drug and alcohol education programs and training locals/carers on local Aboriginal matters
- (b) Community programs and connections that may include, but are not limited to, community program costs such as running NAIDOC week events, Sorry Day, men's and women's business, healing work and community relationship building programs
- (c) Preventative family work such as providing preventative services to Children, Young People and their families requiring managed support.

6. Supported Independent Living

6.1 Client Group

Supported Independent Living (SIL) placements are for Young People aged 16 to 17 years old at entry, assessed as CAT 1 – 4 and do not require Therapeutic Care who:

- (a) are in the statutory Permanency Support Program, or
- (b) are exiting the Permanency Support Program to live independently or who have left a Permanency Support Program placement but who require further support to successfully transition to independence, and
- (c) have been assessed by the CAU as having the capacity to be placed in SIL and will have the capacity to live independently after a period of tailored support.

The maximum amount of time a Young Person can remain in the program is 24 months.

6.2 Key Objective

The key objective of SIL is to prepare and support Young People to successfully transition to independent living by acquiring independent living skills through the provision of accommodation, case management and structured and individualised life skills programs.

6.3 Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1 the Service Provider must:

- (a) have appropriate OOHC accreditation
- (b) provide a caseworker for each Young Person. Casework support is flexible and scaled according to their needs as they move towards independence.
- (c) provide furnished accommodation that is stable, appropriate and affordable.
- (d) pay the difference between young people's contribution towards the rent and the actual rent charged for the property. The young person contributes a proportion of their income towards the rent and utilities for their share of costs (aligned with FACS Charging Rent Policy)
- (e) be responsible for any repairs and maintenance of properties but, where appropriate, negotiate the repayment of property damage debts with the Young Person responsible for the damage
- (f) ensure staff attend regular house meetings
- (g) ensure carers or volunteers are Authorised Carers
- (h) provide:
 - i. living skills training and support which include self-care, home management and budgeting
 - ii. assistance with access to education, training and vocational and employment assistance, to support financial self-sufficiency

- iii. a 'stay put' option for Young People exiting the program who have demonstrated the capacity to maintain a tenancy
- iv. education and support to develop parenting skills, where appropriate
- v. ongoing support after completing the program as required up until the age 25 years.

7. Intensive Therapeutic Care (ITC)

7.1 Client Group

The client group for Intensive Therapeutic Care (ITC) will be as determined by FACS on the basis of individual circumstances. Only Children and Young People, aged 12 years and over with appropriate CAT scores will be assessed as potential entrants into ITC system. While the CAT score alone will not determine whether a Child or Young Person enters the ITC system, it will inform such decision making along with other information about the Child or Young Person's needs and circumstances. To support the CAT score, an ancillary needs assessment of the Child or Young Person will be undertaken by the CAU. This assessment will consider, for example:

- (a) placement history (past 12 months)
- (b) permanency options explored including outcomes from Family Group Conferencing, Restoration and Guardianship considerations
- (c) suitability
- (d) Case Plan Goals and case work activities undertaken in the past 12 months
- (e) need for assessments (may include; health, psychological, educational, speech and occupational therapy).

7.2 Key objectives

The key objective of therapeutic care is to provide a holistic, individualised, team-based approach to address the complex impacts of abuse, neglect, separation from families and significant others, and other forms of severe adversity on Children and Young People in the Permanency Support Program.

FACS intends to significantly and rapidly reduce the volume of places in Intensive Therapeutic Care and shift the focus towards therapeutic supports in Foster Care as well as earlier intervention to prevent escalation to Intensive Therapeutic Care.

7.3 Ten Essential Elements

The ITC Framework mandates Ten Essential Elements that must be:

- (a) fully incorporated by Service Providers providing any ITC service
- (b) consistently applied by Service Providers across the continuum of services within the ITC system

This section 7 is applicable to Service Providers providing Intensive Therapeutic Transitional Care (ITTC), Intensive Therapeutic Care Homes (ITC Homes), Therapeutic Sibling Option Placement (TSOP), Therapeutic Home Based Care (THBC) and/or Therapeutic Supported Independent Living (TSIL).

7.3.1 Therapeutic Specialist

The Service Provider must have Therapeutic Specialist/s who will:

- (a) be primarily responsible for facilitating Care Team Meetings and coordinating the formulation and progression of the therapeutic aspects of Case Plans.
- (b) ensure that client level data is collected through the web-based tool and distributed to Care Team Meetings to inform Case Plans

- (c) provide clinical expertise in therapeutic care
- (d) participate in learning and development activities of the Intermediary Organisation including professional development
- (e) drive therapeutic practice within organisations and across ITC by ensuring application of the Ten Essential Elements of Therapeutic Care
- (f) mentor and support the Care Team and facilitate reflective practice
- (g) collaborate with the CAU to determine client mix
- (h) encourage innovative multidisciplinary responses to the individual needs of Children and Young People
- (i) have a working knowledge of service pathways, networks and initiatives
- (j) coordinate preventative strategies to mitigate placement breakdown
- (k) collaborate with the CAU – by providing information and data to support the progression of Children and Young People through the ITC system and to identify outcomes. This will also influence the ongoing development of therapeutic services and the Permanency Support Program as a whole.

7.3.2 Engagement, participation and inclusion of Children and Young People

The Service Provider must:

- (a) actively engage the Child or Young Person at the centre of everyday practice and in the formulation and implementation of their Case Plans
- (b) involve the Children and Young People in decision-making process about house routines and structures, particularly with regard to: menu planning; community based outings and social events; establishing systems for feedback; and complaints management processes
- (c) engage and support Children and Young People to personalise their space (i.e. room).

7.3.3 Client Mix

The Service Provider must:

- (a) work collaboratively with the CAU and ITTC when matching and placing Children
- (b) match Children and Young People appropriately based on the needs of the Child or Young Person and their shared needs
- (c) support decisions on client mix by implementing a well-developed process and through the participation of key staff who bring knowledge and understanding of the Young Person.

7.3.4 Care Team Meetings

The Service Provider must:

- (a) facilitate regular Care Team Meetings on a monthly basis, as a minimum

- (b) review Care Team composition annually, as a minimum or when there are changes in a Child or Young Person's needs or circumstances
- (c) determine and engage relevant stakeholders, for individual cases of Children and Young People, to attend Care Team meetings where appropriate

7.3.5 Physical Environment

The Service Provider must:

- (a) provide a safe, well maintained physical environment
- (b) provide a nurturing, predictable, home like environment that promotes a sense of normality and fosters a sense of safety for Children and Young People
- (c) incorporate Child Safe Principles in policies, procedures and direct practice
- (d) promote and provide Children and Young People the opportunity to provide feedback about their physical environment and sense of safety
- (e) provide each Child or Young Person with their own bedroom

7.3.6 Reflective Practice

The Service Provider must:

- (a) develop Staff and/or Carers skills and practice by becoming aware of their actions and responses, and their impact on the Children and Young People they are working with
- (b) ensure that Staff and/or Carers reflect on the Child or Young Person's actions, interactions and triggers within a framework that attributes meaning to the Child or Young Person's behaviour
- (c) hold regular Reflective Practice meetings facilitated by the Therapeutic Specialist, to inform the collation of outcome measures of Children and Young People
- (d) undertake active and constructive engagement with interfacing agencies and organisations in relation to maintaining a consistently therapeutic practice
- (e) provide interventions in the program which are congruent with the guiding philosophy of care

7.3.7 Exit Planning and Post Exit Support

The Service Provider must:

- (a) develop a comprehensive Transition or Futures Plan in consultation with the Child or Young Person. Futures Plan is to be developed before a Child turns 15, and should be reviewed as part of regular Case Plan reviews
- (b) arrange and provide timely and appropriate transitional and/or aftercare services for Young People who exit the ITC placement
- (c) identify and develop relationships with potential family, extended family, community links and mentors, and peers prior to exit from care

7.3.8 Qualified, Trained and Consistent Staff

The Service Provider must ensure all Staff (including casual staff) and carers:

(a) have the qualifications detailed in the table below.

Role	Minimum Qualification
Therapeutic Specialist	<ul style="list-style-type: none"> A tertiary qualification in Psychology, Social Work, Occupational Therapy, Mental Health Nursing or related discipline. (NB: candidates that also hold a relevant Postgraduate Qualification will be highly regarded) Minimum of five years of experience in a therapeutic care setting or working in a clinical environment with Children and Young People in OOH Current registration with the professional body relevant to their qualification.
Direct Care staff (including casual and agency staff)	<ul style="list-style-type: none"> Relevant Diploma <ul style="list-style-type: none"> <u>new staff recruited after 1 July 2018</u> <u>Existing staff</u> have a transition period of five years to attain the required qualification. staff with experience may be eligible to apply for Recognition of Prior Learning <u>For Aboriginal staff, a qualification is desirable but experience and willingness to participate in training is acceptable.</u>
ITC house managers	<ul style="list-style-type: none"> A relevant Bachelor's degree or relevant Diploma working towards a Bachelor's degree.
Caseworkers	<ul style="list-style-type: none"> A relevant Bachelor's degree or relevant Diploma working towards a Bachelor's degree. The preferred minimum qualifications are Bachelor of Social Work, Social Welfare, Bachelor of Psychology, Nursing and Mental Health. <u>For Aboriginal staff, a qualification is desirable but experience and willingness to participate in training is acceptable</u>
Multidisciplinary Specialist Team/ Allied specialists (Internal/External)	<ul style="list-style-type: none"> A recognised tertiary qualification in the allied health field for which the professional is engaged. Current registration with the relevant Board in Australia
THBC Carers	<ul style="list-style-type: none"> Relevant Diploma <ul style="list-style-type: none"> <u>new carers recruited after 1 July 2018</u> (noting that staff with experience may be eligible to apply for Recognition of Prior Learning). <u>Existing carers</u> have a transition period of five years to attain the required qualification or be actively working towards the qualification. Requirements as outlined at 5.3.4 <u>For Aboriginal staff, a qualification is desirable but experience and willingness to participate in training is acceptable</u>
TSOP Carers	<ul style="list-style-type: none"> A qualification is not required, but carers should participate in training.

(b) are trained in the theoretical principles of Therapeutic Care and competency based requirements, including cultural competency. The minimum training requirements are outlined below.

- i. Successful completion of foundational training in Therapeutic Care prior to commencing direct work. Note that FACS is currently considering an adapted version of With Care (Foundations of Therapeutic Residential Care Training)

- ii. Successful completion of cultural competency training within the first three months of commencing work within ITC system
 - iii. Periodically undertaking refresher training.
- (c) have access to regular supervision and professional development
- (d) attend house meetings and Care Team Meetings

7.3.9 Organisational commitment

The Service Provider must:

- (a) ensure all programs and services are underpinned by a therapeutic philosophy of care
- (b) ensure that treatment approaches are evidence-informed
- (c) ensure staff/carers are appropriately supported by mechanisms such as workforce development strategies and on call management advice/support
- (d) establish formal policies and procedures to process complaints/appeals by Children and Young People within clearly stated timeframes

7.3.10 Governance and Reporting

The Service Provider must

- (a) adhere to the requirements reporting as outlined and detailed in Schedule 2 (Performance and Outcomes Data Reporting) and Schedule 4 (Policies, Guidelines and Regulatory Requirements).
- (b) Establish effective partnerships and governance frameworks, where appropriate, with other Service Providers and key stakeholders, including those outlined at 3.3.11.

7.4 ITC Intermediary Organisation

The Service Provider must participate in the activities of the ITC Intermediary Organisation to ensure the integrity of the service system and collaboratively develop evidence based practice. The ITC Intermediary Organisation, which will be an independent entity funded by FACS, will:

- (a) act as a subject matter expert in therapeutic care for Children and Young People in OOHC in NSW.
- (b) develop a knowledge bank of evidence-based therapeutic practice across the sector
- (c) hold responsibility for workforce development activities of Service Providers including training and the professional development of Therapeutic Specialists
- (d) provide real-time implementation support for ITC Service Providers.

The ITC Intermediary Organisation will not replace the function of the regulator or contract manager but rather it will support and work with the sector in developing an evidence base of quality therapeutic care.

Further obligations in respect of engagement with the ITC Intermediary Organisation will be specified by FACS.

7.5 Transitions between ITC Services

The Service Provider, in partnership with FACS, is responsible for transitions of Children and Young People between ITC services, to Foster Care or to permanent placements.

The Service Provider must:

- (a) ensure transitions are driven by casework
- (b) incorporate the principles of the FACS NSW Therapeutic Framework and the essential elements of therapeutic care in the Case Plans, as detailed in the Permanency Support Program Description - referenced in Schedule 4
- (c) have a continuum of service options within the ITC and Foster Care systems, either directly or through partnerships with other Service Providers.

7.6 Intensive Therapeutic Transitional Care (ITTC)

7.6.1 Client Group

The client group for ITTC placement is Children and Young People in the Permanency Support Program who have been assessed by the CAU as eligible for entry. The Children and Young People will have complex and high support needs, a CAT score of 5 or 6, are 12 years of age and over and will benefit from a suite of assessments and evidence-based interventions within a program of intensive therapeutic support.

FACS recognises that, in extraordinary circumstances, there may be Children under the age of 12 years, or Children and Young People with CAT score 1-4, who have been exposed to trauma and neglect that require the intensive level of assessment, care and supervision that the ITTC is designed to provide. In such circumstances thorough therapeutic assessments will be undertaken by the CAU to determine the appropriateness of an ITTC placement.

7.6.2 Key Objectives

The key objectives of the ITTC are to provide a strictly time-limited safe and Child friendly environment where baseline behaviours can be established in order to:

- (a) accurately assess needs
- (b) review existing assessments and/or complete comprehensive assessments
- (c) determine future needs
- (d) enable formulation of case planning
- (e) make specialist service referrals
- (f) identify and treat presenting needs
- (g) identify the best placement option, and
- (h) work with the CAU and other Service Providers

to successfully transition the Child or Young Person to an ITCH, TSIL, TSOP, THBC, SIL, Foster Care or restoration to family or kin.

7.6.3 Locations of ITTCs

ITTCs must be located in the following locations to enable strong interface with relevant mainstream and specialist services who can support the therapeutic needs of Children and Young People:

- (a) Gosford
- (b) Lismore
- (c) Newcastle
- (d) Orange
- (e) Queanbeyan
- (f) Tamworth
- (g) Wollongong, and
- (h) two in Metropolitan Sydney.

The location of the ITTC must be approved by FACS and cannot be relocated without the prior written approval of the FACS Representative.

7.6.4 Ten Essential Elements

The Service Provider must adhere to the Ten Essential Elements requirements as outlined in 7.3.

7.6.5 ITTC Service Requirements

In addition to the Service Requirements detailed in section 3 of Schedule 1 the ITTC Provider must:

- (a) provide accommodation, care and assessment services for up to six (6) Young People at a time, for a period of up to 13 weeks
- (b) will work closely with the CAU to facilitate the immediate placement of Children and Young People
- (c) be staffed 24 hours per day with at least two staff on duty at all times, with two active overnight staff. Direct care staff must provide the day to day care and supervision in line with the Child and Young Person's case plan.
- (d) employ a full time House Manager who will spend the majority of their time on-site in the ITTC
- (e) ensure staff attend regular house meetings
- (f) provide care that reflects current best practice standards and research around trauma, attachment, neglect and resilience
- (g) holistically address the needs of Children and Young People through the development and delivery of consistent and planned daily interactions and a structured program of activities and interventions
- (h) provide intensive casework and intervention and facilitate access to specialist services to address Children and Young People's behavioural, emotional, psychological, cultural, educational and physical health needs

- (i) ensure that each Child or Young Person has a dedicated caseworker to ensure that their individual needs are integrated into the day to day running of the unit. The caseworker is to support each Child or Young Person through the process of entry, assessment, plan development, implementation and transition.
- (j) have a Therapeutic Specialist for each ITTC who:
 - i. will work closely with the CAU to agree on the Children and Young People for referral
 - ii. will lead the ITTC Multidisciplinary Specialist Team
 - iii. will undertake an independent assessment of the needs of the Child or Young Person to determine and recommend the required service package for review and approval by the CAU
 - iv. will be required to work with several agencies at any one time, as Children and Young People progress through the ITC service system
 - v. conduct clinical assessments within the ITTC unit where possible.
- (k) have an ITTC Multidisciplinary Specialist Team which will
 - i. be led by the Therapeutic Specialist
 - ii. will consist of qualified specialist staff with experience in (but not limited to) behavioural assessment, therapy, psychology or allied health services and can either be provided by an in house team or purchased from other specialist agencies to support delivery.
- (l) The Therapeutic Specialist and ITTC Multidisciplinary Specialist Team will
 - i. support entry of Children and Young People into ITTC
 - ii. conduct assessment planning for Children and Young People
 - iii. undertake tailored assessments for Children and Young People
 - iv. implement evidence informed interventions
 - v. plan, support and facilitate transition of Children and Young People to their next placement
 - vi. be flexible and responsive to meet the therapeutic needs of the Children and Young People.

7.6.6 Additional Support

The ITTC Service Provider must cater for up to 24 additional Children and Young People every Quarter in order to support the following situations:

- (a) Children and Young People who are in Foster Care but where there is a potential for placement breakdown in order to provide increased support and assistance to prevent their entry into ITC

- (b) Children and Young People in ITC who need further assessment and assistance to support transition to a new placement
- (c) Children and Young People with family or significant others where extra assessment and support may assist in sustaining the placement

These services will vary on a case by case basis and are expected to focus on review, referral and recommendations to guide case plan goals, rather than the delivery of full assessments and associated wraparound services. Referrals will be determined by the CAU and will be dependent on the capacity of the ITTC at the time.

7.6.7 Transition from Intensive Therapeutic Transitional Care

The ITTC Service Provider must:

- (a) assess the needs of the Child or Young Person and identify the appropriate placement option. The transition of Children and Young People into permanency and less intensive placement options and consistency in service delivery is a priority
- (b) work with FACS and the new Service Provider, which could be Foster Care or ITC, to transfer the Child or Young Person to the care of the new Service Provider, where applicable. This must be done in such a way as to minimise any adverse implications to the Child or Young Person
- (c) gain FACS' approval of the placement option prior to the Child or Young Person transiting from Intensive Therapeutic Transitional Care.
- (d) enable the Case Plans to progress and develop with the Child or Young Person throughout their journey

7.7 Intensive Therapeutic Care Homes

7.7.1 Client Group

The client group for an ITC Home placement is Children and Young People in the Permanency Support Program who have been assessed by the CAU as eligible. These Children and Young People will have complex and high support needs, a CAT score of 5 or 6 and are 12 years of age and over. There is a maximum of four (4) Children and Young People in an ITC Home.

FACS recognises that in extraordinary circumstances there may be Children under the age of 12 years, or Children and Young People with CAT score 1-4, who have been exposed to trauma experiences that requires an intensive level of care and supervision that would most appropriately be met in a therapeutic care environment outside of kinship or Foster Care. In such circumstances thorough Therapeutic Assessments will be undertaken by the ITTC and CAU to determine the viability of a time limited ITC Home placement.

7.7.2 Key Objective

To provide a safe and home-like environment, with a dedicated in-house care team within a program that is guided by an overarching philosophy of Therapeutic Care. The key objective of this placement type is support the Child or Young Person achieve a permanency outcome and/or to transition to a less intensive placement type.

7.7.3 Locations of ITC Homes

ITC Homes must be located in close proximity to the ITTCs to support congruence of the model, shared learnings and practice and building of capacity and expertise. They should be no more than two hours away from regional ITTCs and one hour away from Metropolitan Sydney ITTCs (in average driving times).

7.7.4 Ten Essential Elements

The Service Provider must adhere to the Ten Essential Elements requirements as outlined at 7.3.

7.7.5 ITC Homes Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1 the Service Provider must ensure that the ITC Homes:

- (a) provide a safe and home-like environment for Children and Young People
- (b) deliver a program that holistically addresses the needs of Children and Young People through an intensive, time limited program of integrated individual and group therapeutic interventions, consistent and planned daily routines
- (c) is staffed during the 'day worker' hours (as defined in the Award) with a minimum of two staff when Children and Young People are present in the house. This could include rostered staff, caseworkers and the House Manager. Staff are required to provide transport, supervision and support for Children and Young People within business and after hours
- (d) has an overnight roster with one staff member on a sleepover shift, and another staff member available on call during the night
- (e) takes a risk management approach to rostering, with the expectation that higher risk houses be staffed by two staff at all times, including an active night shift (24/7x2)
- (f) establishes a Risk Management Plan to determine rostering, including at peak times in the house, and updates the plan when Children and Young People enter or exit the home or as needs change in the home Risk Management Plans are provided to the FACS representative upon request
- (g) employ one full time House Manager per ITC Home who will spend the majority of their time on-site
- (h) has equivalent Therapeutic Specialist resources for at least one worker to 12 Children across ITC services to support the monitoring and formulation of all Case Plans and supports including movement through the service continuum and transition to exit.
- (i) allocates a caseworker for each Child or Young Person, to ensure that their individual needs are integrated into the day to day running of the house, with a caseload of 1:6
- (j) ensures Staff participate in regular house meetings

7.8 Therapeutic Sibling Option Placement

7.8.1 Client Group

Therapeutic Sibling Option Placements (TSOP) provide for a minimum of three Children and Young People in the Permanency Support Program who are part of a sibling/relative group when at least one or more of the Children or Young People has been assessed by the CAU as having high and complex needs and has a CAT score of 5 or 6. Children under 12 years of age can be placed in this program if is required to keep a sibling/relative group together.

7.8.2 Key Objective

The key objective of the TSOP is to successfully support sibling/related groups of Children and Young People to reside together as a family unit, requiring intensive support, to nurture the attachment bond between family and kin.

The aim is to enable Service Providers to develop innovative, tailored responses to Children and Young People's needs to better achieve exit from ITC and improve their safety, permanency and wellbeing outcomes.

7.8.3 Locations of TSOP

TSOP must be located in close proximity to the ITTCs to support congruence of the model, shared learnings and practice and building of capacity and expertise. They should be no more than two hours away from regional ITTCs and one hour away from Metropolitan Sydney ITTCs (average driving time).

7.8.4 Ten Essential Elements

The Service Provider must adhere to the Ten Essential Elements requirements as outlined at 7.3.

7.8.5 TSOP Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1 the Service Provider must:

- (a) ensure Children and Young People are cared for by permanent live-in carers who provide 24 hour care seven days a week in a home provided and maintained by the Service Provider. Carers:
 - i. must be Authorised Carers
 - ii. can be single individuals or a partnered couple, including kinship carers
 - iii. are consistently available to meet the needs of the Children or Young People
 - iv. must work with the Care Team to deliver therapeutic services in line with Child or Young Person's Case Plan
- (b) provide Carers with:
 - i. access to the Therapeutic Specialist, specialist support practitioners and services

- ii. are provided with training outlined at 5.3.4, ITC Foundation training to provide the skills and have the relevant experience and competencies to deliver therapeutic care
 - iii. regular respite - which must be provided by consistent Authorised Carers allowing for the Children and Young People to stay in the home
- (c) reimburse Carer expenses.
- (d) has equivalent Therapeutic Specialist resources for at least one worker to 12 Children across ITC services to support the monitoring and formulation of all Case Plans and supports including movement through the service continuum and transition to exit.
- (e) allocate a caseworker for each Child or Young Person to ensure their individual needs are integrated into the placement with a caseload of 1:8

7.9 Therapeutic Supported Independent Living

7.9.1 Client Group

Therapeutic Supported Independent Living (TSIL) placements are for Young People aged 16 to 17 years old at entry and assessed as CAT 5 or 6 who:

- (a) are in the statutory Permanency Support Program, or
- (b) are exiting the Permanency Support Program to live independently or who have left a Permanency Support Program placement but who require further support to successfully transition to independence, and
- (c) have been assessed by the CAU as having the capacity to be placed in a supported independent living program and will have the capacity to live independently after a period of tailored support

The maximum amount of time a Young Person can remain in the program is 24 months.

7.9.2 Key Objectives

The key objective of TSIL is to prepare and support Young People to successfully transition to independent living by acquiring independent living skills through the provision of accommodation, case management and structured and individualised life skills programs integrated with therapeutic care and intervention offered within ITC

7.9.3 Locations of TSIL

TSIL must be located in close proximity to the ITTCs to support congruence of the model, shared learnings and practice and building of capacity and expertise. They should be no more than two hours away from regional ITTCs and one hour away from Metropolitan Sydney ITTCs (average driving time).

7.9.4 Ten Essential Elements

The Service Provider must adhere to the Ten Essential Elements requirements as outlined at 7.3.

7.9.5 TSIL Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1 the Service Provider must:

- (a) ensure there are equivalent Therapeutic Specialists for at least one worker to 12 Children and Young People across ITC services to address their individual needs, develop and monitor case plans and support transition to independence.
- (b) provide a caseworker for each Young Person that is flexible and scaled according to their needs as they move towards independence with a caseload of 1:8.
- (c) ensure that the caseworker has weekly contact in person, at minimum, with the Young Person
- (d) provide furnished accommodation that is stable, appropriate and affordable
- (e) pay the difference between young people's contribution towards the rent and the actual rent charged for the property. The young person contributes a proportion of their income towards the rent and utilities for their share of costs (aligned with [FACS Charging Rent Policy](#))
- (f) pay for the repair of deliberate property damage caused by Young People and, where appropriate, negotiate the repayment of property damage debts with the Young Person responsible for the damage.
- (g) ensure staff attend regular house meetings
- (h) ensure all carers or volunteers are Authorised Carers
- (i) provide training and support for:
 - i. developing living skills which include self-care, home management and budgeting
 - ii. assistance with access to education, training, vocational and employment assistance to support financial self-sufficiency
 - iii. a 'stay put' option for Young People exiting the program who have demonstrated the capacity to maintain a tenancy
 - iv. parenting skills, where appropriate
 - v. ongoing support after completing the program.

7.10 Therapeutic Home Based Care

7.10.1 Client Group

Therapeutic Home Based Care (THBC) is for Children and Young People who are assessed as eligible for ITC by the CAU. These Children and Young People are CAT 5 or 6, aged 12 years of age and over² and can be safely cared for in a home based placement with the provision of therapeutic care services in ITC. THBC is primarily for

² Children under the age of 12 will be considered in extraordinary circumstances

individual placements (1:1) but in limited circumstances may apply to related groups or kin with a CAT score of 5 or 6.

7.10.2 Key Objectives

The key objective of THBC is to provide a step down option from ITTC ITCH, and individual placements. THBC can also be provided as an option to divert Children and Young People away from a more intensive service type and to offer an alternative service type to TSOP and TSIL.

THBC is a flexible service type. Service Providers will be able to develop innovative, tailored responses to Children and Young People's needs to better achieve exit from ITC and improve their safety, permanency and wellbeing outcomes.

7.10.3 Locations of THBC

THBC placements must be located in close proximity to the ITTCs to support congruence of the model, shared learnings and practice and building of capacity and expertise. They should be no more than two hours away from regional ITTCs and one hour away from Metropolitan Sydney ITTCs (average driving time).

7.10.4 Ten Essential Elements

The Service Provider must adhere to the Ten Essential Elements requirements as outlined at 7.3.

7.10.5 THBC Service Requirements

In addition to the Service Requirements detailed in section 3 of this Schedule 1 the Service Provider must ensure that

- (a) THBC is provided by permanent authorised live-in carer/s who are supported by an ITC Service Provider to deliver a therapeutic approach to daily care
- (b) THBC can be delivered in a carer's home or in a residence provided and maintained by a Service Provider
- (c) there are equivalent Therapeutic Specialist resources for at least one Therapeutic Specialist to 12 Children across ITC services to support the monitoring and formulation of all Case Plans and supports including movement through the service continuum and transition to exit
- (d) a caseworker is allocated for each Child or Young Person, to ensure that their individual needs are integrated into the day to day running of the house, with a caseload of 1:6
- (e) placement matching (carer with Child or Young Person) includes robust and joint decision making with Children and Young People
- (f) THBC carers
 - i. are Authorised Carers
 - ii. can be single or partnered, including kinship carers
 - iii. are consistently available to meet the high and complex needs of these Children or Young People

- iv. are provided with training outlined at 5.3.4, ITC Foundation training to provide the skills and have the relevant experience and competencies to deliver therapeutic care
- v. must receive training by the Service Provider, tailored to the needs of Children and Young People in their care
- vi. must work collaboratively with Therapeutic Specialist and care teams
- vii. will have access to regular respite - which must be provided by consistent Authorised Carers allowing for the Children and Young People to stay in the home.

8. Service Provider Declaration

I have read, understood and agree with the Schedule 1 – Service Requirements as it relates to the Program Level Agreement.

Service Provider:

Delegated Signatory

Name: _____
Position in Organisation: _____
Date: _____
Signature: _____

Department of Family and Community Services:

Delegated Signatory

Name: _____
Position in Organisation: _____
Date: _____
Signature: _____