June 2019

Permanency Support Program

Transition principles

To guide the move from Residential to Intensive Therapeutic Care (ITC)

Principles for transitioning children and young people to ITC

FACS is committed to ensuring a safe and well-planned transition of children and young people from residential care to ITC that minimises disruption and considers each individual's best interests. This applies to transitions for both preferred and unsuccessful respondents. FACS will work with all existing residential care providers to plan a transition that achieves the best outcomes for all children and young people.

The transition of children and young people from residential care to Intensive Therapeutic Care (ITC) will take 12 to 24 months, starting on 1 July 2018 in all locations except Tamworth. In Tamworth, the transition will start on 1 July 2019. There are a number of principles guiding the transition, as outlined below.

Transition principles

- Transition placement decisions should minimise disruption to the lives of children and young people. It is ideal that a child or young person moves once only during transition and to a location most appropriate to supporting their care.
- A child or young person's opportunity for permanency should be maximised. This includes moving to less intensive placements in ITC or being placed in sibling placements where appropriate.
- Transition decisions should maximise children and young people achieving their longer-term case plan goals.

Transition scenarios with differing impacts

There will be children and young people in different care arrangements who will be prioritised differently during the transition phase. There are seven main scenarios outlined below.

Scenario for child or young person	Likely level of priority for transition
Child or young person is under 17 and currently with a provider who is unsuccessful in all ITC locations	Highest priority for transition
Child or young person is under 17 and currently with a provider who is successful in ITC but not in their current location	Secondary priority for transition
Child or young person is under 12 and/or has a CAT score 1-4, or is with an exiting provider from the first stage of the ITC tender	Transition planning is already in place for children or young people in these placements. These existing plans are to be reviewed and a pathway to ITC identified, if appropriate.
Child or young person is assessed as suitable for ITC and is currently in an Alternative Care Arrangement)	Current placement planning is to be reviewed and the child or young person placed with a successful ITC provider

Scenario for child or young person	Likely level of priority for transition
Young person over 17 and is currently with a provider that is unsuccessful in all ITC locations	Likely to remain in existing placement, unless it is in the best interest of the young person. For example, a transition could include where: • the young person is part of a transitioning household • an appropriate Supported Independent Living, Therapeutic Supported Independent Living or Therapeutic Sibling Option Placement is identified, or • the current provider is unable to retain the placement.
Child or young person has a significant disability	Does not transition until placements in the new significant disability model of care are available later in 2018
Child or young person currently with a provider who is successful in ITC in the same location	Does not transition unless it is in the best interest of the child or young person

Transition guidelines

Guidelines for transitioning

- There are a range of step-down placements under ITC which give children and young people the opportunity to transition from existing residential care placements to new ITC service types where appropriate. These new placements are:
    - Supported Independent Living (SIL)
    - Therapeutic Supported Independent Living (TSIL)
    - Therapeutic Sibling Option Placement (TSOP)
    - Therapeutic Home Based Care (THBC).
- If there is a transition to a step-down placement identified, especially for TSIL and SIL, the provider from whom the child or young person is transitioning should have a leaving care plan in place for them.
- The priorities for new referrals during transition period are:
    - placement is made in the location which is most appropriate for the child or young person's case plan
    - placement is with successful providers in that location. If this is not available, then
    - placement is with a provider exiting that location but who is successful in other locations. If this is not available, then
    - placement is with an exiting provider in the preferred location.
- If placements are made with exiting residential care providers, a plan must be in place to transition the child to a placement with a successful provider at the earliest possible time.
- Children and young people who are identified as suitable for the significant disability model are to remain in existing placements until placements are available under the new disability model of ITC.
- All children and young people will have their case plans reviewed and options for permanency explored.
- The final permanency option for each child and young person should be endorsed by FACS.
- Providers should accept placement referrals up to their contracted volume.

More information

For more information, contact the FACS OOHC Recontracting team at OOHCRecontracting@facs.nsw.gov.au