

Permanency Case Management Policy

Resources

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Introduction

These Resources are part of the Permanency Case Management Policy (PCMP) and are to be read in conjunction with other parts of the PCMP including the [PCMP Policy Statement](#) and [PCMP Rules and Practice Guidance](#).

The PCMP is intended to support collaborative assessment and case planning between FACS and funded service providers (FSPs). It sits 'alongside' and is not intended to duplicate or supersede:

- FACS (internal) Casework Practice Mandates and Practice Advice or
- the internal policies and procedures of funded service providers (FSPs).

1. Checklist: PAC and AC Requirements

Pre-Assessment Consultation (PAC) and Assessment Consultation (AC) occur during SARA and Alternative Assessment.

<i>Pre-assessment Consultation (PAC)</i>	<i>Assessment Consultation (AC)</i>
<p>Pre-assessment Consultation (PAC) occurs in preparation for the assessment to consider:</p> <ul style="list-style-type: none"><input type="checkbox"/> Issues that are the subject of the report<input type="checkbox"/> information/issues identified in the child protection history<input type="checkbox"/> historic and current information about the carer, including care of other children<input type="checkbox"/> important people in the child's support network and other agencies involved<input type="checkbox"/> conversations to occur with the child, parents, family/kin and carers and<input type="checkbox"/> actions to be taken by FACS and/or FSP separately or jointly and<input type="checkbox"/> worker safety issues. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p>Assessment Consultation (AC) occurs throughout the assessment to consider:</p> <ul style="list-style-type: none"><input type="checkbox"/> immediate safety issues and how risks are to be addressed by the FSP<input type="checkbox"/> actions to be taken or yet to be taken by FACS and/or FSP separately or jointly<input type="checkbox"/> assessment process and agreed timeframes for all actions<input type="checkbox"/> information exchange between FACS, FSP and other agencies<input type="checkbox"/> analysis of issues under assessment in the context of new information obtained<input type="checkbox"/> how information about the assessment is to be provided to the child and their parents. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

2. Checklist: Permanency Case Planning

Information informed and evidence based

Permanency case planning has a strong focus on gathering and sharing ***relevant information***.

Check that your case planning includes:

- conversations with a child, their parents, family/kin and carers, and other people significant to them
- the history of reports made and all types of assessments conducted by FACS, funded service providers and external practitioners including safety, risk and risk re-assessments and parenting capacity assessments
- health, education, disability (National Disability Insurance Scheme) and other records about a child's development
- discussion between casework and other practitioners and
- consultation with legal officers, casework specialists, psychologists and any other relevant specialist.

Permanency case planning relies on casework practitioners to use professional judgement and make decisions supported by ***evidence-based service models***.

Check that your case planning includes:

- Family Group Conferencing with a child (where age and developmentally appropriate), their parents, family/kin, carers and funded service providers
- Family Finding to explore and build a child's lifelong support network
- Purposeful supervision between leaders, supervisors and casework practitioners including group supervision that supports child-centred decision making.

Task centred

Casework practitioners ensure the case plan includes objectives and tasks using the [SMART framework](#).

Check that your objectives and tasks are:

- Specific*** – we identify objectives and tasks most likely to provide a child with a permanent home
- Measurable and motivational*** – we review objectives and tasks to make sure we are making progress in achieving the case plan goal and acknowledging the parents and family/kin successes
- Achievable*** – we ensure the objectives or tasks are achievable for the child, their parents, family/kin and carers
- Resourced and relevant*** – we know objectives or tasks are easier to achieve if they are seen as relevant and important and resources are made available to help them

- **Time bound** – we make sure objectives and tasks are achieved within a set period of time, to allow a child to focus on the developmental, educational and social challenges of growing up.

Provides safety

Permanency case planning has a strong focus on helping parents, family/kin and carers make meaningful change to meet a child's **safety needs**.

Check that your case planning includes objectives and tasks that identify:

- how parental behaviour impacts on the child (worries, concerns and risks) and the willingness and capacity of parents to make and sustain meaningful change
- what actions need to occur for the child to be and feel safe and who in a child's support network can be involved in keeping the child safe
- who will take the actions and by when,
- the expectations of parents, family/kin and the role of carers
- the skills parents, family/kin and carers need to help them to safely care for their child and
- what professional support and practical assistance is to be provided.

Meets permanency needs

Permanency case planning has a strong focus on helping parents and family/kin meet their child's **permanency needs**.

Check that your case planning:

- is in line with **permanent placement principles** noting 'the best interests' of a child (section [10A](#) of the Care Act) may mean you consider permanency options such as guardianship and adoption at the same time to determine which is best suited to the child and
- identifies a **case plan goal** along the care continuum, that will provide permanent care arrangements for the child while growing up:
 - for most children (over time), this will be family preservation, restoration, guardianship or open adoption and
 - for a small number of children (over time), this will be foster or intensive therapeutic care (in the parental responsibility of the Minister) when preservation, restoration, guardianship or adoption are not possible.

Responds to the impact of trauma

Permanency case planning has a strong focus on recovering from **the impact of trauma**. In developing the case plan, casework practitioners have conversations with the child, their parents, family/kin and carers about the impact of trauma.

Check that the case plan includes objectives and tasks that will:

- help the child to recover from physical, psychological or emotional harm caused by the trauma they have experienced
- help parents and family/kin identify what they can do to recover from the impact of trauma they have experienced and
- supports parents, family/kin and carers to develop skills, access services and build a support network to help their child recover from trauma.

Builds family strengths and resilience

Permanency case planning has a strong focus on ***family strengths and resilience***.

In developing the case plan, casework practitioners partner with the child, their parents, family/kin and carers.

Check that the case planning *process*:

- acknowledges things that worry the child, parents or family/kin about partnering with FACS, or the funded service provider, such as experiences they may have had with services in the past
- explores the parents and family's needs and goals for family relationships, physical and psychological health, community support and connections with community
- recognises and builds on the strengths of the child, their parents and family, including:
 - things they have done in the past that have helped improve their safety
 - things they can do now to identify, manage and reduce factors that cause vulnerability
- considers what FACS or funded service providers can do to help the parents and family/kin overcome other barriers that cause vulnerability such as having enough income, having adequate housing, being able to access treatment services
- strengthens the parents' readiness to make and sustain the changes needed to safely parent their child; to seek help, to build their self esteem and improve communication skills.

3. List: Case Planning Timeframes

Statutory Time frames:

Children and Young Persons (Care and Protections) Act 1998

- Statutory OOHC is care provided for periods greater than 14 days (section [135A](#))
- A case plan is required for children with an interim order '*within 4 months after the interim order is made*' (section [150\(2\)\(a\)](#))
- A case plan is required for children with a final order, under 2 years of age '*within 2 months after the final order is made and thereafter within every period of 12 months after the final order is made*' (section [150\(2\)\(b\)](#))
- A case plan is required for children with a final order, 2 years of age and over '*within 4 months after the final order is made and thereafter within every period of 12 months after the final order is made*' (section [150\(2\)\(b\)](#))
- A case plan review is required immediately after death of a parent, carer or unplanned change in placement (section [150\(2\)\(c\)&\(d\)](#))
- A case plan review is required for children in temporary care arrangements without a court order (supported OOHC), exceeding 3 months in any period of 12 months, '*at least once in every period of 12 months*' (section [155\(1\)](#)).
- A case plan review is required for children supported OOHC arrangements (with or without a court order) (section [155\(4\)](#)):
 - within 21 days after the death of the authorised carer
 - before a planned change of placement and
 - within 21 days after an unplanned change of placement.
- A case plan review is required for children being restored at the end of the time set out in the plan in which restoration is to be actively pursued. Or if not, reviewed at that point, within 12 months after the last occasion the care plan was considered by the Children's Court (section [85A\(1\)&\(2\)](#))
- A case plan may allow a child to live at home with their parent/s up to 6 months before the date on which the child is to be restored under the permanency plan for restoration approved by the court (section [136\(3\)](#)).

Mandated Timeframes :

NSW Child Safe Standards for Permanent Care November 2015

- A case plan review is required whenever there is a '*significant change in the placement or in the child or young person's circumstances*' ([Standard 14](#))
- Regular, formal review of child's case plan required at least annually ([Standard 14](#))
- Leaving care case plan required for children 15 years of age and over ([Standard 14](#)).

FACS Casework Practice Mandate:

FACS caseworkers always refer directly to Casework Practice Mandates available through the FACS casework practice intranet.

- Safety assessment recorded within 2 days of assessment taking place (field visit).
- A review safety assessment or closure safety assessment is recorded within 2 days of the assessment taking place (field visit).
- A safety plan should remain in place for no more than 72 hours without being reviewed.
- A risk assessment is recorded within 30 days of the safety assessment being completed.
- An initial case plan is prepared:
 - within 15 days of the safety assessment and risk assessment being completed
 - within 45 days of it being assessed the child is in need of care and protection.
- A risk reassessment is required 90 days after completion of the initial case plan and every 90 days after that.
- A review of the initial case plan is required every 90 days as informed by the risk re-assessment.
- A case plan is required within 30 days of a child entering statutory OOHC, including interim orders.
- A case plan review is required:
 - upon completion of guardianship assessment
 - after an application for a guardianship order has been filed
 - when the care plan has been filed.

Permanency Support Program (PSP) Funding Model

- Case plan review is required 3 monthly for children with a case plan goal of preservation
- Case plan review is required 6 monthly for children with a case plan goal of restoration, guardianship or adoption
- Case plan review is required 12 monthly for children with a case plan goal of long term care.

4. Checklist: Documents Required for CMT

FACS and funded service providers seek consent or inform children, their parents and family/kin when information is exchanged.

Documents required for Case Management Transfer (CMT)

The following list of documents is required for case management transfer of a child in out of home care (OOHC). This includes case management transfer:

- between FACS and funded service providers and
- between funded service providers.

Note, when documents are accessible in ChildStory by both transferring and receiving provider, they do not need to be separately provided.

<i>Child's file</i>	<i>Carer's file</i>
<i>Always provide:</i>	
<ul style="list-style-type: none"> <input type="checkbox"/> Child's original birth certificate <input type="checkbox"/> For non-citizen children, a copy of their visa – noting that an application for Australian citizenship should normally be made well before the child leaves out of home care <input type="checkbox"/> Any passport held by the child <input type="checkbox"/> Original Blue Book <input type="checkbox"/> Child's Genogram <input type="checkbox"/> Child's Medicare Card <input type="checkbox"/> Child or young person's Health Care Concession Card <input type="checkbox"/> Child's Immunisation history <input type="checkbox"/> Consents for the use of psychotropic medication as a restricted practice and reviews (if applicable) <input type="checkbox"/> Behaviour Management Plan (if applicable) <input type="checkbox"/> All related specialist physical, behavioural or mental health reports and assessments <input type="checkbox"/> Original letters and photos and available life story work including baptism certificates, school certificates <input type="checkbox"/> FACS Safety and Risk Assessments (SARA) including risk re-assessments, safety plan 	<ul style="list-style-type: none"> <input type="checkbox"/> Carer assessment including confirmation of Aboriginal status if applicable <input type="checkbox"/> Home safety assessment including pool compliance form <input type="checkbox"/> Medical checks <input type="checkbox"/> Reference checks <input type="checkbox"/> All training record <input type="checkbox"/> Authorisation letter each child/young <input type="checkbox"/> Signed Code of Conduct <input type="checkbox"/> Confirmation of placement letter for each child/young person in placement <input type="checkbox"/> Working with Children Check (WWCC) clearance letter from the Office of the Children's Guardian* <input type="checkbox"/> Notifications of s149B-K decisions <input type="checkbox"/> Letter to carer re any suspensions, de-authorisations and changes in authorisation

Child's file

reviews, restoration assessments and closing safety assessments (appropriately redacted)

- Recent FACS SAS2 or Alternate Assessments
- Client Information Forms (CIF)
- Previous file history summaries
- Sealed Application and Report Initiating Care Proceedings

Note: always remove sensitive, third party personal information that may not be relevant or necessary for the FSP to have in order to undertake case management.

- Sealed Summary of Proposed Plan (SOPP)
- Reports obtained or prepared by FACS/FSP such as developmental surveys, psychological reports, medical reports and clinical notes for treatment. Consider author's confidentiality if consent has not been provided
- Reports obtained or prepared by FACS/FSP (including specialist reports and Clinical Issues Unit reports)
- Sealed FACS care plan
- Sealed Final or Interim court orders and other current court orders from any jurisdiction
- Sealed Section 82 and 76 reports to the Children's Court
- Documents regarding juvenile justice involvement, bail conditions, AVOs
- Documents supporting decision making in relation to family and sibling contact plans
- FACS/FSP Family Action Plans (preservation) and/or OOHC case plans)
- Cultural Plan (if applicable)
- For Aboriginal children, information supporting their Aboriginality
- For children with a cultural and linguistically

Carer's file

conditions

- Decisions of the NSW Civil and Administrative Tribunal (NCAT)
- Any reportable conduct assessment and finalisation letter
- Carer development plan
- Annual carer reviews

Child's file**Carer's file**

diverse (CALD) background, information supporting their CALD identity

- For children with a disability, information about the child's NDIS Plan
- All case plan reviews
- Notifications of s149B-K decisions
- Child Assessment Tool (CAT) or Reports
- Health assessments, specialist reports and/or reviews
- Education Assessments, School reports, Individual Education Plan and Teenage Education Payment application (if applicable)
- Victims of crime audit or referral request for audit
- Life Story Work.

Documents NOT to be provided

The following list of documents refers to case management transfer of a child in out of home care (OOHC) from FACS to a funded service provider only.

Note, some of these documents can be lawfully provided in some circumstances if required and relevant without leave of the court, for example, under Chapter 16A.

<i>Child's file</i>	<i>Carer's file</i>
<i>Never provide:</i>	
<ul style="list-style-type: none">☒ The Children's Court Clinic assessment report unless the court has granted leave for it to be provided to the FSP; or it has been annexed to the child's care plan filed in the proceedings☒ Sealed Affidavits deposed and filed by FACS, or deposed and filed by other parties, in proceedings unless the court has granted leave for it to be provided to the FSP☒ Criminal histories provided by NSW Police Force or any other jurisdiction☒ Third party personal information, for example medical history of birth family not immediately relevant to the care of a child or young person☒ Information that identifies the name of could lead to identifying the name of a reporter. All documents provided are redacted by deleting any information identifying a person who has made a risk of significant harm report☒ Documents subject to legal professional privilege (privileged communications between a client and its legal representative) including legal advice and court outcome reports prepared by a solicitor for FACS. <p><i>Note, if documents subject to legal professional privilege are relevant and needed by the funded service provider, FACS can waive privilege. FACS policy is to always seek legal advice first, before waiving privilege.</i></p>	<ul style="list-style-type: none">☒ National Criminal History Check (NCHC)

5. Checklist: Assessment - OOHC Respite Carer

For a child in out of home care (OOHC), potential respite carers are assessed considering these factors:

- in the case of relative/kin respite carers, the history and nature of their relationship with the child, and their attitude towards the child's parents and other family/kin
- the carers' wishes and expectations about the type of child to be placed with them
- the respite carer's understanding of the purpose and duration of respite
- the capacity of the respite carer to be a repeated carer over time
- the ages and number of other children living in the respite carer's home
- in the case of intensive therapeutic care (ITC), an understanding of the values and program orientation being offered, the skill level of care staff and the ages and profiles of the other children in the home.

Also consider:

- No more than six children are placed with an authorised carer (at any one time), including the carer's own children, noting:
 - children in OOHC often have complex needs due to their exposure to trauma and
 - the physical, psychological, emotional (nurturing) resources of carers are finite.

FACS may approve an exemption to secure an otherwise appropriate placement for a larger sibling group of three or more children, provided:

- the carer's capacity to adequately care for all children has been assessed
- the carer is authorised to care for the number of children
- the home meets the basic housing and privacy needs of all children and
- a plan has been developed how the carer is going to be supported by the authorising service provider.

For Aboriginal children and families:

- Respite is provided by Aboriginal relatives/kin or Aboriginal person or an Aboriginal Community Controlled Organisation (ACCO).
- Where respite is not available from these sources, non Aboriginal respite carers receive cultural awareness training and support, prior to placement.

For children & families with a cultural & linguistically diverse (CALD) background:

- Children and families from cultural and linguistically diverse backgrounds are matched with respite carers of the same background.
- When this is not possible, respite carers receive cultural awareness training and support, prior to placement.
- Consider how respite with a CALD-matched carer can enhance a child's cultural connection and identity (where possible).

For children with a disability:

- Consider the supports accessible from National Disability Insurance Scheme (NDIS), to enable carers sustain their caring role, including additional respite.
- Further information is obtained from the [NDIS website](#).

For siblings:

- Consider how respite could provide an opportunity for sibling contact times (between siblings living in separate placements).

6. Checklist: Sibling Contact Planning

This resource is a checklist only and does not provide guidance in relation to assessment. Casework practitioners seek practice and specialist guidance in relation to the complexity of each individual assessment.

Child and family views and wishes

The views and wishes of a child and their siblings are considered and have highest priority.

The views and wishes of a child's parents and family/kin are important and all are considered. However, these views and wishes are secondary to those of the child and their siblings (see above).

Carer's views

The carer is likely to have specific knowledge, observations and insights that might not be readily apparent and can only be attained by providing daily care.

Child development

The child and their sibling/s age and development is considered, recognising the changes in cognitive, emotional and physical development with the passing of time since entry to OOHC. What has changed? What is now possible?

Child needs

Individual needs of a child and their sibling/s are considered, including identity, health and education needs. A child may have specific and significant health or behavioural needs that:

- require specialist or therapeutic care
- result in a qualified professional (for example a medical specialist) recommending that an existing placement not be disrupted, or that these needs be addressed in a placement separate to the placement of their siblings.

Placement stability and strength of attachment

A child or their sibling/s may have entered OOHC at different times into different placements which have proved to be very stable placements with a history of meeting most of their needs.

Assessment weighs up:

- OOHC care research¹, which provides strong evidence of the importance of sibling relationships in OOHC, including their potential to improve the stability of placements and
- the impact of removing a child from an existing stable placement.

¹ "Overall, studies that have examined functioning, mental health and educational outcomes, have found that children placed with some or all of their siblings tend to do better than children separated from all siblings." Institute of Open Adoption Studies (2018). Sibling co-placement and contact in out-of-home care and open adoption. Retrieved from <https://www.barnardos.org.au/media/347540/sibling-coplacement-jun2018.pdf>

- the impact of disrupting secure attachment.

Assessment of attachment is undertaken by a psychologist, or by a casework practitioner in consultation with a psychologist.

As a guide, the beginning assumption² is that an attachment has formed when the child or their sibling is:

- under 2 years of age, and the existing placement duration is over 6 months
- older than 2 years of age, and the existing placement duration is over 12 months.

□ Risk of harm

There may be circumstances where it is not in the best interests of children to be co-placed or co-located, because of the dynamics of risk that caused entry into OOHC or persisting risk that requires close supervision. For example, when a child and their siblings' history record sexualised behaviour between siblings.

Assessment of sibling risk is undertaken by a multi-disciplinary team including casework practitioners, casework specialists and other specialists.

□ Cultural suitability

When a child and their siblings are from a culturally and/or linguistically diverse background:

- priority is given to placing them with carers from the same cultural, linguistic or religious background as their own
- placement of CALD siblings together is a strategy that could significantly assist them to retain connections with culture, language and/or religion
- consideration is given to disadvantages that may arise if this involves disturbing placement of one sibling who is with carers committed to maintaining the child's culture, language and/or religion.

When a child and their siblings are Aboriginal:

- Priority is given to placing an Aboriginal child and their siblings with a member of their Aboriginal community, or a member of another Aboriginal family 'on country', residing in the vicinity of the child's Aboriginal community (noting Aboriginal Placement Principles section [13](#))
- Members of the siblings' extended family or kinship group, Aboriginal organisations and Aboriginal caseworkers are consulted to help identify a safe placement that best matches each child's demonstrable needs for kinship, attachment and permanence.

² "Australian practitioners and stakeholders generally agreed that placing siblings entering care within 6-12 months of each other was desirable to achieve placement stability." AIHW (Australian Institute of Health and Welfare) 2002. Guidelines for interpretation of child protection and out-of-home care performance indicators. Cat. no. CWS 17. Canberra: AIHW.

□ **Other factors**

There may be circumstances where assessment recommends co-placement or co-location, however other factors come into play. For example:

- It may be in the best interests of a child to be placed with a relative/kin who can provide a safe and permanent home (in context of permanent placement principles – section [10A](#) of the Care Act), but the relative/kin is not able to accept care for another child.
- A court, having considered all of the evidence, may order that a child is restored but their sibling is not (or vice versa).

7. List: PSP Services

PSP Service	Legal status	Description
Family Preservation	No order Other orders that do not re-allocate parental responsibility (for example Supervision Order)	Family preservation services are casework services that enable a vulnerable child to live safely at home, and to help their parents become more confident, connected to their community and able to safely support their child's development and wellbeing.
Restoration	Shorter Term Care Order - STCO	Restoration services are casework services that help parents, family/kin, carers and other significant people create the changes needed to enable safe restoration of a child to the care of their parents.
Guardianship	STCO Guardianship Order	Guardianship services engage the child, their parents, family/kin, prospective guardians and other people significant to them in exploring guardianship as a permanency option and assess the suitability of a proposed guardian. The aim of guardianship is to transfer full parental responsibility (by court order) for a child, to a family/kin or a suitable person, who becomes a guardian. The guardian makes all decisions about the child in their care, until they reach 18 years of age.

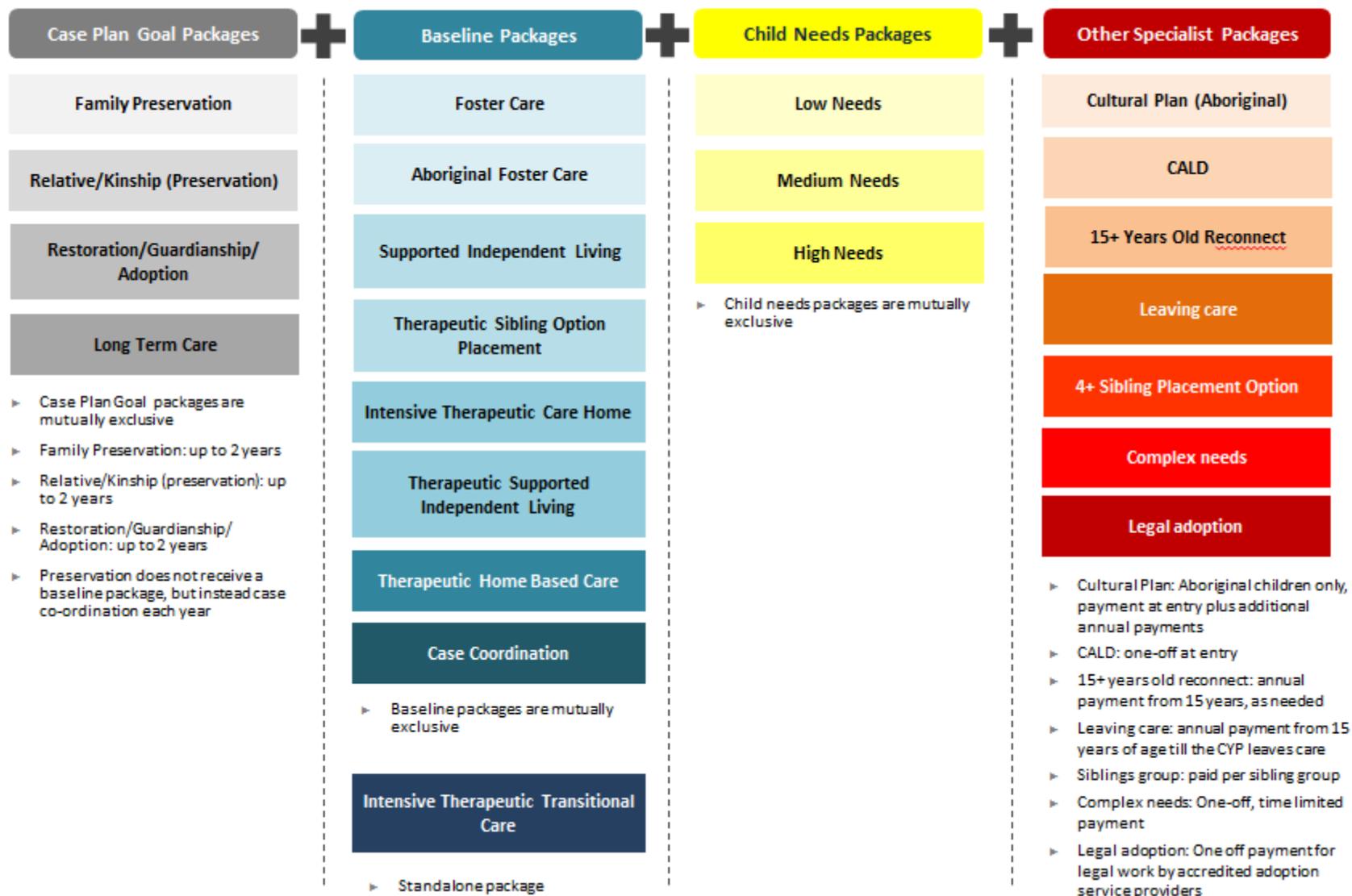
PSP Service	Legal status	Description
Open Adoption	STCO Adoption Order (Supreme Court)	<p>Open adoption services engage the child, their parents, family/kin, prospective adoptive parents and other people significant to them in exploring adoption as an option and assess the suitability of the proposed adoptive parent. This involves a specialist adoption caseworker and an adoption assessor to review the OOHC placement and meet strict legal requirements.</p> <p>The aim of adoption is to permanently transfer the legal rights and responsibilities of being a parent (by Supreme Court order) to adoptive parents, while also supporting a child to remain connected to their birth family/kin and cultural heritage.</p>
OOHC	Long Term Care Order	<p>OOHC services aim to support the achievement of restoration, guardianship or open adoption for most children in OOHC and reduce instability and uncertainty arising through multiple placements or temporary care arrangements.</p> <p>For a small number of children, OOHC services meet their needs for stability and security through provision of:</p> <ul style="list-style-type: none"> • high quality, trauma informed foster care or • intensive therapeutic care (ITC) is a residential setting that support their transition to less intensive care arrangements.

8. Overview: PSP Case Plan Goal to Permanency Outcome

	FACS Lead	Service Models	FACS Tools	Review Period	Duration	Permanency Outcome
Early Intervention	Commissioning, Child & Family	Brighter Futures	Triage Assessment Weekly Allocation Meeting Interagency Case Discussion		12 months	Family preservation: <ul style="list-style-type: none"> reducing risk of abuse & neglect increased safety; improved developmental outcomes ongoing parental care improved family functioning reduced ROSH reporting.
		Youth Hope				
Family Preservation	Commissioning, Child & Family	Intensive Family Pres (IFP) – Homebuilders	Safety and Risk Assessment Risk Re-assessment Family Action Planning (FAP) Family Group Conferencing Temporary Care Arrangements	90 day SARA risk re-assessment	6-9 months	
		Intensive Family Based Serv. (IFBS) – Homebuilders			3-12 months	
	Service System Reform Their Futures Matter (TFM)	Multi-Systemic Therapy			6-9 months	
		Family Functional Therapy			8-12 weeks (low) 30 weeks (high)	
	Commissioning, Child & Family	PSP Preservation (available from 01 October 2018)			3 monthly (PSP)	
Restoration	Commissioning, Child & Family	Intensive Family Based Serv. (IFBS) Homebuilders	Restoration Tool Family Group Conferencing	6 monthly (PSP) Min. 12 monthly (Care Act)	3-9 months	Restoration: <ul style="list-style-type: none"> to parents no re-entry to OOHC.
		OOHC Service Model: Foster Care			Up to 2 years subject to STCO	
	Service System Reform Their Futures Matter (TFM)	Multi-Systemic Therapy			6-9 months	
		Family Functional Therapy			8-12 weeks (low) 30 weeks (high)	

	FACS Lead	Service Models	FACS Tools	Review Period	Duration	Permanency Outcome
Guardian	Commissioning, Child & Family	OOHC Service Model: Foster Care (until Guardianship Order is made)	Guardianship Assessment (Incl. Independent Assessors) Family Group Conferencing Family Finding	6 monthly (PSP) Min. 12 monthly (Care Act)	Up to 2 years, subject to STCO	Guardianship <ul style="list-style-type: none"> in care of relative/kin in care of a suitable person.
Adoption	Adoption Services Adoption Taskforce Institute for Open Adoption	OOHC Service Model: Foster Care (until Adoption Order is made)	FACS Adoption Assessment (Incl. Independent Assessors) Family Group Conferencing	6 monthly (PSP) Min. 12 monthly (Care Act)	2+ years subject to STCO.	Adoption: <ul style="list-style-type: none"> to adoptive parents ongoing contact with birth family.
Foster Care	Commissioning, Child & Family Commissioning, Partnerships Statewide Services	OOHC Service Model: Foster Care	ChildStory Child Assessment Tool (CAT) Assessment for full authorisation of carer	12 monthly (PSP) Min. 12 monthly (Care Act)	2+ years subject to Care Order (PR to 18 years)	OOHC: <ul style="list-style-type: none"> Stable foster care Aboriginal & cultural care planning Leaving care planning After-care support. Transition from ITC to foster care.
Intensive Therapeutic Care (ITC)	Intensive Support Services (ISS) Central Access Unit (CAU)	OOHC Service Model: Intensive Therapeutic Care		More frequently through (district) complex case panels	Up to 2 years (PSP) subject to step-down into foster care	

9. Funding: PSP Packages & Cost Components (as at 01 July 2018)



10. Funding: Temporary Care Arrangement (TCA) Placements

Cost component	PSP Package	Costs	New (ROSH) report and SARA assessment		Existing open case (case managed by FACS)
			Under 3 months	3-6 months	
Baseline Component	Foster Care	Carer allowance, recruitment, assessment & training. Overhead costs, administration, property costs.	'Placement' costs – applicable to all TCAs.		
Case Plan Goal component	Restoration	In-home parenting, family support and relationship counselling Genealogy & family connection Restoration assessment Development of case plan.	Not applicable Case management retained by FACS	Applicable to support development of case plan by FSP. Case management retained by FACS	Not applicable FAP or OOHC Case Plan already in place Case management retained by FACS
Child Needs	Low, Medium or High	Education, general / allied health Mentoring, counselling, psychology/ psychiatry, behavioural therapy.	Applicable at 'Low' level to TCAs under 3 months.	Applicable to TCAs (any level), upon application of the CAT.	Applicable to TCAs (any level), upon application of the CAT.
Specialist	Cultural Plan (Aboriginal) & CALD	Cultural planning and supporting participation in cultural activities (Aboriginal and CALD children).	Not applicable	Applicable, to support development of case plan.	Not applicable

11. List: Statutory Powers Exercised by FACS

Power	Function
Give effect to objects and principles of the Care Act	Promote the development, adoption and evaluation of policies and procedures that accord with the objects and principles of the Care Act.
Provide services under the Care Act	Provide services that accord with the objects and principles of the Care Act.
Steward the service system	Promote a partnership approach between the government and non-government sector agencies responsible for and dealing with children and young persons who are in need of care and protection.
Conduct (ROSH) assessment	Receiving, investigating and assessing risk of significant harm (ROSH) reports.
Protection of a child	Take whatever action is necessary to safeguard or promote the safety, welfare and well-being of a child assessed as in need of care and protection.
Write Care Plans	Facilitate the development of a care plan to meet the needs of a child and his or her family.
Write Parental Responsibility Contract (PRC)	Facilitate the development of a PRC aimed at improving the parenting skills of the parents and encouraging them to accept greater responsibility.
Apply for certain orders (exclusively)	Make application for warrants, parent capacity orders (PCOs), emergency care and protection orders (ECPOs), supervision orders, guardianship orders and care orders. This does not include section 90 applications.
Consent to application of certain orders	Consent to application for a guardianship order by another party.

12. List: Functions of PR Exercised by FACS

Category	Functions of PR
Case Planning	Change of child's case plan goal.
Case Planning	Exit from OOHC through restoration or transition to a guardianship arrangement.
Contact	A contact dispute arises that cannot be resolved.
Contact	Approve changes to family and sibling contact plans not specified in Children's Court order (for 12 months after making final orders).
Court Proceedings	Apply for an Apprehended Violence Order (AVO) to protect a child from risk or apply to vary or rescind an AVO.
Court Proceedings	Apply for rescission or variation to care order (including contact orders).
Court Proceedings	Provide consent for applications in the Children's Court by funded service providers.
Court Proceedings	Respond to applications for rescission or variations to court orders filed by other parties.
Court Proceedings	Apply for adoptions orders in uncontested adoption matters, or contested adoption matters & instruct Crown Solicitor (in contested applications)*.
Court Proceedings	Approve report on suitability of PR arrangements & submit to Children's Court, including filing section 76 and 82 reports filing (noting service provider with case management is required to draft section 76 and 82 reports).
Court Proceedings	Approve the commencement of an adoption action*.
Court Proceedings	Consent to application for guardianship order by a service provider.
Court Proceedings	Make referral for specialist reports required by Children's Court.
Court Proceedings	Provide consent for appearing in proceedings as delegate of Minister.
Court Proceedings	Approve bail surety & bail fine payment*.

* These powers are also exercised by Barnardos through a deed of agreement with FACS.

Category	Functions of PR
Financial	Approve a trust account or will on behalf of a child*.
Financial	Approve Complex Needs expenditure.
Financial	Approve financial component of leaving care plans .
Identity	Provide consent for citizenship.
Identity	Provide consent for marriage.
Identity	Provide consent for passport application.
Identity	Approve name changes for a child.
Interstate	Carer moves interstate (excepting border towns).
Interstate	Residency of children outside the NSW jurisdiction.
Interstate	Consent for travel outside of NSW and Australia.
Media	Consent to publication of information identifying children in OOHC or consenting to children's public performance.
Media	Significant media attention for a child or their family's situation.
Medical	Consent to non-intimate children body piercing & tattooing.
Medical	Consent to non-urgent surgical medical & dental treatment*.
Medical	Grant exemption to a written request from Health Secretary for administration of addictive drug.
Medical	Health Pathway referral (when it hasn't been completed by CSC that brought the children into OOHC).
Medical	Provide consent for end of life medical intervention.
Medical	Provide consent for termination of pregnancy. Note: Seek legal advice in relation to children over the age of 13 years.
Medical	Provide consent to medical treatment involving potential terminal illness. Note: Seek legal advice in relation to children over the age of 13

Category	Functions of PR
	years.
Medical	Make application to the court / NCAT for consent to medical treatment rendering a child infertile.
Medical	Seek NCAT consent for a special medical procedure.
Other	Duty of care in relation to parental responsibility.
Other	Disagreement between FACS and a service provider.
Other	A breakdown in interagency negotiations, especially involving another government service provider.
Other	Other circumstance arising from OOHC accreditation (or loss of accreditation).
Other	Responding to a critical event such as a serious injury or death of a child.
Other	Approve apprenticeship or enlistment in Australian Defence Force (ADF)*.
Other	Request for FACS intervention by a child.
Placement	A child is moving from foster care to residential care.
Placement	Match a child's needs to a placement by applying Child Assessment Tool (CAT).
Placement	Respond to repeated placement breakdowns and/or unauthorised placements. Request the funded service provider with case management to provide information about how it intends to resolve the related concerns.
Victims compensation	Arrange file audit to identify and pursue any claims child may be entitled and ensure recognition payment claims have been addressed for children who have been victims of crime.

13. List: Legislation Informing Practice

NSW Legislation

Title	Description
<u><i>The Children and Young Persons (Care and Protection) Act 1998</i></u> (the Care Act)	Establishes the legislative framework providing child protection and out-of-home care services in NSW. Certain provisions of the Act are consistent with the United Nations Convention on the Rights of the Child.
<u><i>Children and Young Persons (Care and Protection) Regulation 2012</i></u> (the Regulations)	Forms part of the framework for child protection and OOHC services, including regarding the accreditation of as designated agencies by the NSW Children’s Guardian.
<u><i>Childrens Court Act 1987</i></u>	Establishes the Children’s Court and its roles and responsibilities.
<u><i>The Adoption Act 2000</i></u>	The legal framework for the adoption of children in NSW and (in conjunction with other legislation) those from overseas.
<u><i>Privacy and Personal Information Protection Act 1998</i></u>	Sets out requirements for the collection, storage, access, accuracy, use and disclosure of personal information.
<u><i>Health Records and Information Privacy Act 2002</i></u>	Sets out requirements of collection, storage, access, accuracy, use and disclosure of health information.
<u><i>Community Services (Complaints, Reviews and Monitoring) Act 1993</i></u>	Provides the Ombudsman with the power to investigate complaints about organisations (government and NGOs) that provide child protection services and other community services, conduct reviews of children in care, and conduct systemic reviews of the deaths of children at risk of harm or those in OOHC.
<u><i>Ombudsman Act 1974</i></u>	Sets out the role of the Ombudsman in monitoring and reviewing the provision of community services, investigating complaints, and overseeing allegations of reportable conduct and complaint handling.

Title	Description
<u>Guardianship Act 1987</u>	Sets out responsibilities, functions, orders and principles applied by the Guardianship Division of NCAT to appointing guardians for people with disabilities, including young people aged 16–17 years and authorise special medical treatment.
<u>Crimes Act 1900</u>	Sets out criminal offences and penalties for those offences.
<u>Coroners Act 2009</u>	Requires that certain deaths be reported to the Coroner including the death of a child or young person in OOHC or who has been subject to a ROSH report and provides for the Coroner to conduct inquests and inquiries into deaths.
<u>Victims Rights and Support Act 2013</u>	A child who has experienced abuse or was the victim of a crime may be eligible for compensation. Victims Services New South Wales runs the scheme, which also helps victims in other ways, such as with counselling, support and information.
<u>Child Protection (Working With Children) Act 2012</u>	Sets out the functions of the Children’s Guardian and provides for conducting the Working with Children Checks/. The Children’s Guardian also administers the Child Sex Offender Counsellor Accreditation Scheme.
<u>Crimes (Domestic and Personal Violence) Act 2007</u>	The main legislation dealing with domestic and family violence in New South Wales. It provides power for a court to make an apprehended domestic or personal violence order (ADVO or APVO); includes objectives that relate to ensuring the safety of all persons, including children, who experience domestic violence; and enacts provisions that are consistent with the United Nations Convention on the Rights of the Child.
<u>Adoption Regulation 2015</u>	Regulates adoption law and practice

Commonwealth legislation

Title	Description
<u>Privacy Act 1998</u>	Sets out the requirements for the collection, use and disclosure of personal information. Applies to Commonwealth government agencies, corporations and NGOs.
<u>Family Law Act 1975</u>	<p>Provides for the resolution of private family disputes over property and children (parenting proceedings).</p> <p>There is a significant overlap in the jurisdiction of Family Law Courts and FACS. The Family Law Courts have power to request that FACS intervene in parenting proceedings where there are child protection concerns. Section 69ZK gives the Family Court of Australia and Federal Circuit Court power to make orders in respect of children who are in care only with the written consent of FACS. The courts have broad powers to make orders in proceedings relating to children beyond those that can be made by the Children's Court.</p> <p>FACS has an MOU with the Family Court and Federal Circuit Court that provides for cooperation between FACS and the courts including information exchange, Magellan Reports and interventions.</p>

14. List: Practice Frameworks

Title	Description
NSW Practice Framework	A framework that supports and guides the way in which FACS work with, and makes decisions about children, their parents and families/kin.
NSW Quality Assurance Framework	A framework that provides caseworkers with access to reliable and comprehensive outcomes information relating to children in statutory OOHC.
Funded Contract Management (FCM) Framework	Describes the way in which FACS and FSPs manage their contractual relationship. It ensures that governance, financial management and service delivery mechanisms are in place so that services are delivered effectively and efficiently.
Human Services Outcomes Framework	Provides a common set of population-level wellbeing outcomes and indicators for NSW government and non-government agencies.
NSW Therapeutic Care Framework	A framework that guides service provision and works towards improving outcomes for children in statutory OOHC.

15. List: Standards, Policies and Instruments

Title	Description
Care and Protection Practice Standards	Key expectations of FACS practitioners and leaders in their work with children, their parents and families/kin.
NSW Child Safe Standards for Permanent Care	Standards which support a dual accreditation process for agencies providing statutory OOHC and adoption services.
Caring for Kids	A carer guide with basic information about which decisions are made by the carer and which need to be made by the agency.
NSW Charter of Rights for Children and Young People in Care	<p>Outlines the general rights and responsibilities of every child and young person in OOHC. These rights reflect the rights of all children.</p> <p>The <i>Children and Young Persons (Care and Protection) Act 1998</i> requires that these rights are supported by carers and caseworkers.</p>
NDIS interface	Guidelines for managing the interface between Early Intervention, Child Protection and OOHC with the NDIS.

16. List: FACS Assessment Tools

Tool	Description
Mandatory Reported Guide (MRG)	The NSW Mandatory Reporter Guide (MRG) is a Structured Decision Making (@SDM) tool intended to complement mandatory reporters' professional judgment and critical thinking. Access the tool here .
Screening and Response Priority Tool (SCRPT)	Screening and Response Priority is a Structured Decision Making (@SDM) tool used by FACS Child Protection Helpline to assess child protection concerns regarding risk of significant harm
Safety and Risk Assessment (SARA) tools	The SARA tools are Structured Decision Making (@SDM) tools that helps casework practitioners in assessing safety and risk in relation to children, their parents and families/kin they visit. There are three components to the SARA tool that casework practitioners complete at specific periods in time for a family: a safety assessment, risk assessment and risk reassessment.
Restoration Assessment tool	Restoration Assessment tool is a Structured Decision Making (@SDM) tool that supports decision making regarding restoration of children in OOHC.
Child Assessment Tool (CAT)	<p>The CAT is a tool used for all new out-of-home care (OOHC) placements, children re-entering care, placement changes and transition of carers and the children in their care from FACS to agencies.</p> <p>The Child Assessment Tool (CAT) is based on the Cleveland Child Assessment Tool customised for NSW in partnership the developers.</p> <p>The tool improves transparency and consistency of placement decisions and focuses on the needs of the child. It has been designed to identify the most appropriate level of care for a child, based on assessment of their behaviour, and health and development needs.</p>
Alternative Assessment	<p>Alternative Assessment (also known as 'secondary risk of harm assessment', 'SAS2' and 'SARA Exception') is a guided practice risk assessment model that includes the collection and analysis of information and the exercise of professional judgement.</p> <p>The outcome is a professional opinion about safety, risk and harm that inform a decision about a child or young person's need for care and protection and subsequent case planning.</p>

17. Application form for unplanned absences of (OOHC service providers)



Application form for unplanned absences of Children and Young People placed with OOHC service providers

FORM UNDER REVIEW

Instructions: This form is to be used by OOHC service providers when requesting funding for an unplanned absence of a child or young person from their OOHC placement where it is likely the child or young person will be returning to the placement. The funding provided is to enable the service provider to continue to provide support and/or case management to the child or young person. It may also be used to assess the likelihood of the child or young person of returning to the placement and assisting them to do so if appropriate.

Where there is an unplanned absence of a child or young person from their placement and that child or young person is assessed as likely to return, the District Director may grant approval for the placement to be held for up to 4 weeks with continued payment to the service provider at the full unit cost rate. This funding arrangement must be reviewed weekly. A separate application form with District Director approval is required for each unplanned absence of a child or young person.

In exceptional circumstances, this arrangement may be extended for up to an additional 4 week period with District Director approval. This will require an additional application form to be submitted by the service provider, including the reasons/circumstances that the extension is being requested.

Child or Young Person’s details:

Child/Young Person name:		Gender:	
Date of birth:		KiDS person #:	
OOHC Service Provider:		Placement type:	
Placement start date:		Case Management Holder:	

Background information (✓ where attached):

- Client information form
- Case plan/case review
- Evidence of proposed service to be provided

Date of unplanned absence of child or young person from placement:

Date of unplanned absence of child or young person:	
End date of payment requested (up to 4 weeks from date of the unplanned absence of child or young person)	
Note: Payment will be from the date of the unplanned child or young person absence to the end date, subject to weekly review.	

Evidence to support request for continued funding for 4 week period:

OOHC service providers are to add a description of the support being provided to the child or young person during the absence and any information about proposed future placement.

Prepared by:

OOHC Service Provider name:

Name:	Position:	Signature:	Date:
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Community Services Approval Process:

The below information is to be completed by Community Services contract management staff.

Weekly Review Dates:

Supported by:

Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:

Acceptance by District Director:

The terms and conditions of this placement are/are not approved:

Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>
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District Director Name :	Signature:	Date:
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Please return this approval to the Contract Manager, OOHC.

18. Definitions

Term	Definition
Case Management	Case management refers to the processes for managing and taking responsibility for the delivery of casework services including planning, implementation, monitoring and review. Case management is purposeful and directed toward achieving a case plan goal.
Case Plan Goal	The case plan goal is a specific goal for an individual child based on their assessed safety and permanency needs.
Casework Practitioner	Includes FACS and funded service provider employees involved in the delivery of casework services including contact supervisors, caseworkers, team leaders, managers and specialists.
Care Responsibility	Day-to-day care and control of a child, including managing their placement, and promoting and safeguarding their well-being.
Care Continuum	A scale of care types starting from those that require the least involvement by FACS and service providers and continuing through different types of care that involve increasingly more involvement by FACS and service providers.
Functions of Parental Responsibility (PR)	Types of decisions that can be made by a person with the power of parental responsibility. For example 'Approve the commencement of an adoption action' (court proceedings), 'Consent to non-urgent surgical medical treatment' (medical) or 'Match a child's needs to a placement' (placement).
Power of (PR) Parental Responsibility	Refers to power to exercise a function of parental responsibility.
Parental responsibility	The duties, powers, responsibilities and authority which by law parents have in relation to their children.
Service System	The collective system of early intervention; family preservation; restoration, guardianship, open adoption and OOHC services delivered by FACS and service providers.
Funded Service Provider (FSP)	The provider of a Permanency Support Program (PSP) service commissioned by FACS and funded under a contractual arrangement with FACS.