



Family &
Community
Services

Permanency Support (Out of Home Care) Program

Appendix 6: Common Service Elements, Reporting and Oversight

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This appendix should be read in conjunction with the ‘Permanency Support (Out of Home Care) Program – Description’ and all relevant appendices. This appendix contains additional information relevant to the provision of Permanency Support Services. This provides a comprehensive overview of additional elements relating to the Program Description and service overviews.

Appendix 6: Common Service Elements, Reporting and Oversight

1 Therapeutic Care and Trauma-Informed Practice

1.1 Therapeutic care

Service Providers must provide children and young people with evidence based trauma-informed therapeutic care. This is because children and young people in Out-of-Home-Care (OOHC) have often experienced trauma, abuse or neglect.

[Therapeutic care](#) for a child or young person in statutory OOHC is a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others, and other forms of severe adversity.

This is achieved through the provision of a care environment that is informed by evidence and is culturally responsive. It provides positive, safe and healing relationships (inclusive of family, kin and community) and experiences to address the complexities of trauma, adversity, attachment and developmental needs.

1.2 Trauma-informed practice

Service Providers must ensure they deliver best practice in trauma-informed casework and care, as outlined in the [NSW Framework for Therapeutic OOHC](#). This must be clearly articulated in program guidance materials (e.g. policies, procedures, staff position descriptions) and reinforced in organisation-wide approaches (e.g. child and family assessment protocols) and in staff and carer training.

Service Providers must demonstrate organisation-wide commitment to best practice in trauma-informed casework and care.

‘Organisation-wide’ means that practice is:

- Clearly articulated in program guidance materials (e.g. policies, procedures and staff position descriptions)
- Present in organisation-wide approaches (e.g. child and family assessment protocols)
- Required in casework and reflected in caseworker training and support
- Required of authorised carers and reflected in carer training and support.

‘Best practice’ means, at a minimum, that Service provision is informed by:

- Research evidence including the impact of early childhood trauma on brain development
- Relevant trauma and attachment theories
- Based on an understanding:

- 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
- Of the impact of shame and the nature of resistance
- 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
- That consistency, reliability and predictability in casework is crucial to working with people with experiences of complex trauma
- That positive, safe and healing relationships and experiences are key to trauma-informed practice.

For information relating to Intensive Therapeutic Care service requirements refer to Appendix 5.

1.3 Practice change

To support the goal of providing safe and permanent homes, FACS will seek to support families to prevent entry to care. If this is not possible, FACS will seek short term or interim orders rather than long term orders until a child or young person reaches 18 years of age.

2 Standard Practice Requirements

2.1 Principle of participation

The principle of participation is enshrined in the *Children and Young Persons (Care and Protection) Act 1998* to ensure that a child or young person is able to participate in decisions that have a significant impact on his or her life. This includes providing the child or young person with the following:

- Adequate information, in a manner and language that he or she can understand, concerning:
 - The decisions to be made
 - The reasons for the intervention
 - The ways in which they can participate in decision-making and complaint mechanisms
- The opportunity to express his or her views freely, according to his or her abilities
- Any assistance that is necessary for the child or young person to express those views
- Information as to how his or her views will be recorded and taken into account
- Information about the outcome of any decision concerning the child or young person and a full explanation of the reasons for the decision
- An opportunity to respond to a decision made concerning the child or young person.

Due regard must be given to the age and developmental capacity of the child or young person. Decisions that are likely to have a significant impact on the life of a child or young person include, but are not limited to, the following:

- Plans for emergency or ongoing care, including placement

- The development of care and case plans (including cultural plans) concerning the child or young person
- Children’s Court applications concerning the child or young person
- Reviews of care and case plans concerning the child or young person
- Provision of counselling or treatment Services
- Contact with family or others connected with the child or young person.

Participation of children and young people is monitored through the accreditation process administered by The Office of the Children’s Guardian (OCG), and will also be monitored under the Quality Assurance Framework (QAF). ChildStory (presented in section 5.5 of this Appendix) will support the process for children and young people to participate.

2.1.1 Participation and rights of children and young people

Services must:

✓	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 <i>Children and Young Persons (Care and Protection) Act 1998</i> and information about complaint and appeals processes.
✓	Provide all children and young people with the Charter of Rights for Children and Young People in OOHC and ensure they understand their rights
✓	Ensure casework staff understand, comply and inform authorised carers and children of the Charter of Rights
✓	Ensure that authorised carers understand and comply with the Charter of Rights
✓	Ensure that the privacy of children and young people and their families is respected
✓	Ensure that confidentiality is maintained and information is collected and exchanged in accordance with the <i>Children and Young Persons (Care and Protection) Act 1998</i>
✓	Have policies and procedures in place to appropriately process complaints and appeals by children, young people and their families within clearly stated timeframes
✓	Conduct genuine, ongoing consultation and facilitate participation of children, young people and their families in the making of decisions that affect them
✓	Provide children, young people and their families with information (in a manner and language that they can understand) which facilitates their participation.

2.2 NDIS

The National Disability Insurance Agency (NDIA) is an independent statutory agency that is responsible for implementing the [National Disability Insurance Scheme](#) (NDIS) to support Australians with significant and permanent disability, their families and carers.

Children and young people with a disability in OOHC are able to access the supports they need through the NDIS, where they meet the eligibility requirements.

Where required, Service Providers are to support children and families to navigate the NDIS and access the NDIS disability supports needed to achieve their goals and participate

in the community. Support provided through the NDIS may form part of the case plan aimed at preventing entry to OOHC, or to assist a child move from OOHC as quickly as possible into a safe and permanent home.

2.3 Principal Officer

The Principal Officer is the person with overall responsibility for supervising an agency's arrangements for providing statutory OOHC. They have legal requirements under the *Children and Young Persons (Care and Protection) Act 1998* and the *Children and Young Persons (Care and Protection) Regulation 2012*.

Principal Officer requirements	Legislative reference
Ensure immediate notification of a death of a child or young person in care to the parents of the child, the Children's Guardian and the Coroner	(s 172)
Ensure a behaviour support plan is prepared when a medical practitioner has prescribed the administration of a psychotropic drug to the child	(cl 26)
Authorise individuals as authorised carers	(cl 30(7))
Authorise relative or kin of a child or young person as an authorised carer for the child or young person in an emergency	(cl 31(1))
Authorise individuals as an authorised carer to provide respite for other authorised carers	(cl 33(2))

Under the *Child Protection (Working with Children) Act 2012*, (s 6(3)), the Principal Officer of a designated agency, an accredited adoption Service Provider or a registered agency is specified as a child-related role, and must have a WWCC Clearance.

For more information on the roles and responsibilities of the Principal Officer, visit the OCG website www.kidsguardian.nsw.gov.au.

2.4 Positive behaviour support

The effects of past abuse, neglect and trauma often shape the behaviour of children and young people in care.

Service Providers must:

✓	Have a positive behaviour management policy outlining behaviour support and management practice which focuses on prevention in line with Clause 45 (2)(d) of the <i>Children and Young Persons (Care and Protection) Regulation 2012</i>
✓	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, and must be reviewed regularly
✓	Where a child is prescribed psychotropic medication, a behaviour support plan is required to be developed by law. This means that children and young people receive any additional supports in relation to their needs in accordance with the plan

For further information access the OCG guidance [Designated agency behaviour support/management guidance tool](#) and the FACS publication [Administration of psychotropic drugs to children and young people in out-of-home care – caseworker guide](#).

2.5 Review periods

Minimum review periods have been established requiring assessment of whether the Initial Case Plan Direction is still appropriate to achieve the safe permanency outcome for the child. It is expected that reviews are undertaken jointly by FACS and Service Providers. For Aboriginal children and young people, mechanisms must be in place for Aboriginal community controlled organisations to oversight these reviews.

Case plan goal	Description	Review period
Family Preservation	For Family Preservation, funding is to be provided before a child or young person enters into care. This funding can be provided for a maximum period of 2 years. Since this is a very delicate stage of the OOHC journey, there needs to be frequent reviews of case plans to assess the progress and appropriateness of this goal.	3 months
Relative/Kinship (Preservation)	Funding for this Initial Case Plan Direction is provided for up to 2 years. After this period of time, the family will take over the responsibility to support the child or young person.	6 months
Restoration	If the Initial Case Plan Direction is Restoration, funding will be provided for up to 2 years. After this period, Case Coordination will be paid for 6 months to support the Restoration.	6 months
Guardianship	For Guardianship, the Service fee is paid for a period of two years once the Initial Case Plan Direction has been achieved. Case Coordination will be paid for 6 months.	6 months
Adoption	For Adoption the Service fees are paid up to a period of two years but the legal costs associated with Adoption are not included as these fees could be sought as an exemption payment from FACS. Case Coordination is paid for another 6 months to ensure the Initial Case Plan Direction is achieved.	6 months
Long Term Care	Funding is provided to support the child or young person in Long Term Care. While there is no defined time to achieve the Initial Case Plan Direction, the case will be reviewed every 12 months and could evolve to other Case Plan Directions.	12 months

Review periods outlined above will be monitored through the regular contractual review process. Failure to meet review times and progress permanency may result in financial or other abatements.

2.6 Identity: connections with family and community

Service Providers must:

✓	Undertake life story work with children and young people to support them to maintain their identity
✓	Ensure that children and young people are provided with opportunities to participate in activities and experiences to help maintain and support their cultural identity, language, spirituality and religion, connection and sense of belonging to family, community and country
✓	Record details of a child or young person's family, significant others and personal histories
✓	Ensure children and young people are supported to maintain and develop significant relationships, including sibling relationships and friendships
✓	Plan and facilitate contact with family members and significant others, including coordinating transport, accommodation and supervision where required. Decisions about contact must be child-centred and made in collaboration with the child or young person, their family and their authorised carers
✓	Adhere to any court orders in relation to contact. Alternative dispute resolution must be used when contact disagreements arise that cannot be resolved through casework.

2.7 Leaving the care system

Service Providers must support children or young people in care to find a permanent and safe home that supports their general wellbeing. This includes situations where the client is restored to their family or exits OOHHC to Guardianship, Open Adoption or reaches 18 years of age.

Service Providers are responsible for:

- Advising FACS of changes to placements. The care provided to children and young people must change according to their needs. Care must not be defined by placement type. Movement of children and young people is considered a negative indicator of quality of care unless it specifically supports the permanency goal in the child or young person's Case Plan
- Cooperation in transition planning between Service Providers (including FACS) where support Services are required to assist the child or young person achieve their permanency goal
- Developing and implementing a Futures Plan (including case planning with Ageing, Disability and Home Care and the NDIA for young people with a disability who are likely to have significant disability support needs on leaving OOHHC)
- Ensuring adequate risk management strategies are developed and wrap-around supports implemented to manage setbacks and prevent placement breakdown

- Managing appropriate alternative placement arrangements in the event where placements breakdown within the agency/consortia. In exceptional circumstances, the agency may negotiate a variation to this with FACS.

2.8 Futures planning and after care

Transitioning to independence planning, or ‘futures planning’ is to commence when children reach 15 years of age. Approval of after-care financial assistance as part of a young person’s Futures Plan is to be sought from FACS well in advance of their transition from care.

Service Providers must:

✓	Ensure person-centred Futures Plans are developed for each child from 15 years of age to support their transition to independent living
✓	Address key life domains such as housing, independent connections with birth family and education, consistent with the Ministerial Guidelines and Transitioning from out-of-home care to independence: A nationally consistent approach to planning
✓	Implement and review the Futures Plan, where additional funding is required Service Providers must submit the Futures Plan to FACS for approval
✓	In line with the Ministerial Guidelines, provide after care support at regular intervals for young people who were placed with the Service Provider for 12 months or more, until the young person turns 25, including advocacy, assistance, advice and referral to appropriate Services. Follow up contact should reinforce the availability of support when needed and provide a safe context for a young person to discuss their achievements and concerns
✓	Ensure that Post Care Education Financial Support is part of the Futures Plan for a young person who turns 18 whilst completing the HSC
✓	Support eligible carers to access the Teenage Education Payment
✓	Ensure the Transition to Independent Living Allowance (TILA) is included in the Futures Plan and applied for in the 12 weeks prior to the young person turning 18 years.

Ongoing support is to be provided as needed to young people until they reach 25 years as required under the [Ministerial Guidelines on the provision of assistance after leaving out-of-home care](#).

2.9 Culturally appropriate care

Every child and young person has the right to be raised in their own culture, learn and use the language and customs of their family and play and join in a wide range of cultural activities, in community with other members of their cultural group. The [United Nations Convention on the Rights of the Child](#) specifically deals with the need for children and young people from indigenous backgrounds to maintain contact with their community. It states that:

... A child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language.

Maintaining connections with family, community, language, religion and culture is essential to the long-term wellbeing of Aboriginal and CALD children and young people. Wherever possible, Aboriginal and CALD children and young people must be placed with authorised carers of the same cultural background.

Authorised carers/prospective guardians/prospective adoptive parents who do not share a cultural background can do a lot to keep children connected with their communities and nurture their sense of identity.

Children and young people removed from their families must be assisted to maintain significant ties to their culture. Services for children and young people in care should consider their cultural, linguistic and religious background.

Service Providers must ensure that:

✓	Staff and authorised carers receive cultural sensitivity and competency training
✓	Arrangements for providing interpreter or language Services are in place
✓	Authorised carers and caseworkers are actively recruited from CALD backgrounds
✓	Children and young people are supported to build and maintain connections to their family and community
✓	Children and young people develop a strong understanding of their culture through meaningful relationships with their family and community.

To help deliver culturally appropriate care to Aboriginal and CALD children and young people, FACS has a redesigned [Care Plan](#) that includes Cultural Plans to support children and young people to preserve their cultural identity as well as their connection to culture and family.

A Cultural Plan in the Care Plan should contain all the information that has been gathered or is known about the child's culture. It must be done in partnership with the family and community, as they know their cultural values, beliefs and practices the best.

The following tools are available to help workers do comprehensive assessments and effective interventions with Aboriginal and CALD children and young people:

- [Assessing the needs of CALD children and families in OOH](#)
- [OOHC CALD Assessment Checklist](#)
- [Tips for CALD Life Story Work](#)
- [Tips for Carers of CALD Children.](#)
- [Working with Aboriginal people and communities, a consultation guide](#)
- [Raising them Strong for Aboriginal parents and carers](#)
- See also resources available through [AbSec](#).

FACS funded agencies are eligible for free interpreting Services from the Commonwealth Translating and Interpreting Service (TIS). If agencies need an interpreter over the telephone, they can phone 131 450 – 24 hours a day, seven days a week. TIS have access to interpreters that cover more than 120 languages. More information about TIS is available from the website tisonational.gov.au. FACS pays TIS directly for Services that Service Providers use.

For more information, see the Community Services fact sheet [Interpreting scheme for Community Services funded Services](#).

Appendix 4 presents an overview of the delivery of support to Aboriginal children and young people in NSW.

3 Case Management

3.1 Casework responsibilities

To promote the stability of support and to better support children, young people and their caregivers to achieve permanency outcomes, Service Providers should:

- Engage in thorough pre-placement planning, including development of a Contact Plan between children and young people and their prospective caregivers, and provide adequate information prior to placement
- Ensure that health assessments and education plans are completed and these documents are discussed and shared with caregivers
- Ensure that all caregivers are provided with opportunities to attend training.

*The detail provided in this section is in addition to the information provided in section 8.3 of the Permanency Support (Out of Home Care) Program - Description.

4 Matching of Children and Young People to Carers

4.1 Carer training

Service Providers must:

✓	Train prospective carers in accordance with the Children and Young Persons (Care and Protection) Regulation 2012
✓	Provide mandatory, sector-wide standardised training for all prospective carers, guardians and prospective adoptive parents as it is developed, and optional training for existing authorised carers that equips them to care for a child at any need level
✓	Conduct entry level training based on the recognised training package Shared Stories, Shared Lives
✓	Ensure that prospective carers from Aboriginal and CALD backgrounds receive

	training which is culturally appropriate and meets their needs
✓	Ensure training for prospective relative and kin carers takes into account their existing relationship with the child or young person, their birth parents and the difficulties and complications that could arise
✓	Provide prospective and authorised carers with information and training about the guidelines relating to abuse in care allegations
✓	Provide training on culturally appropriate care and cross cultural communication for children from CALD backgrounds and Aboriginal children and young people
✓	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. This can be provided by the Service Provider or externally through organisations such as Connecting Carers NSW. Service Providers should enlist evidence based training that works (for example <i>Keeping Foster and Kinship Carers Supported</i> KEEP) or implement rigorous evaluation and monitoring processes to build an evidence base for their practice.

4.2 Support for authorised carers

The majority of children and young people in OOHC are in family based placements with foster, relative or kinship carers. Carers provide day-to-day care for a child or young person while work is underway to find them a safe and permanent home. This may include supporting children and young people to return home or by providing support that will lead to the carer becoming a guardian or adoptive parent. Carers (foster carers including prospective guardians and prospective adoptive parents) have significant responsibility to influence the outcomes and future of children and young people in OOHC. Foster carers are vital for Emergency, Short Term, Restoration and Respite Care.

Service Providers must support carers where Restoration or other permanency outcomes are the Initial Case Plan Direction. They must also provide support and information to carers to ensure that they understand the importance of the birth family and have the capacity to positively engage with them.

Carer support and training can strengthen the carer/caseworker partnership in achieving successful family and cultural restoration and permanent, safe homes for children and young people.

Carers who feel supported and valued are more likely to continue fostering children and young people. Carer support must be a key component to improving care stability and minimising the number of placement changes for a child or young person.

Service Providers must:

✓	Provide at least minimum support levels for authorised carers, prospective guardians and prospective adoptive parents. 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, social media and e-mails
✓	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

✓	Provide caseworker contact that is responsive to issues and concerns that arise throughout the duration of care
✓	Provide additional support and Services to authorised carers under stress due to, for example, changes in circumstances; health or personal problems; cultural needs or issues; difficulties managing particular behaviours; external events; and influences or pressures negatively impacting upon the child young person or household
✓	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
✓	Arrange or provide specialist support and advice to authorised carers/prospective guardians/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)
✓	Encourage authorised carers to develop and participate in peer support/network groups
✓	Assess the need for authorised carers to receive regular planned respite care as stipulated in case plan goals
✓	Pass on the full care allowance amount set by FACS to authorised carers – no portion is to be retained. If enhanced allowances are provided by Service Providers, this is on the understanding that the Service Provider enhancements will not replace or in any way interrupt the full payment of any additional carer financial supports introduced by FACS in the future.

4.3 Respite care

Respite care is planned, regular or one-off time limited breaks for parents, authorised carers, children, and young people.

Under current contracting arrangements, minimum levels of respite are not specified despite it being a component of the unit price. Under new contracting arrangements, children with a Foster Care Baseline Package are entitled to receive up to 24 nights per year of respite. Respite care must be planned and managed flexibly as part of case planning and case plan review, according to needs and with particular consideration for the authorised carer's self-care and maintaining placement stability.

Respite care arrangements must also consider the best interests of the child or young person involved. Service Providers are encouraged to be innovative and flexible in making arrangements that meet the needs of authorised carers whilst ensuring that the child or young person feels safe and secure. For example, respite care may be provided in the authorised carer's home in order to minimise disruption for the child or young person. Carer respite may also be supported by the coordination of household chores for example by employing a cleaner.

The choice of respite carer and the support provided to the respite arrangement can be an opportunity to strengthen the child or young person's connection with their community of origin, location or identity.

Respite care should not be organised in a way that is contrary to an existing court order, for example, in a way that prevents a contact order or a supervision order being implemented.

4.4 Reviews of authorised carers/prospective guardians/prospective adoptive parents

Service Providers must:

✓	<p>Monitor authorised carers' compliance with the <u>Ministerial Code of Conduct for Authorised Foster, Relative and Kinship Carers</u></p>
✓	<ul style="list-style-type: none"> • Conduct a review of a newly authorised carer within 60 days of their first child placement, which must include: <ul style="list-style-type: none"> ○ Seeking feedback from health and education Services that are involved with the child, including asking for any reports or other relevant information ○ Visiting the authorised carer's home and talking with them about: <ul style="list-style-type: none"> ▪ How the child has settled into their home (with an emphasis on seeking the child or young person's view) ▪ Whether there has been any concerns about the child's behaviour, schooling or health ▪ How contact with the child's parent or parents, siblings or significant others has been progressing and whether there has been any problems or concerns ▪ How the authorised carer is coping with the new arrangement and whether there have been any problems in implementing the child's Case Plan ▪ Whether the authorised carer needs any further information, including about their responsibilities as a carer, or any further support, including any additional training ▪ Whether there have been any significant changes in the authorised carer's household
✓	<ul style="list-style-type: none"> • Regularly conduct reviews of authorised carer's strengths and needs particularly when significant changes affect the household such as: <ul style="list-style-type: none"> ○ Change in legal status for the child ○ Child or young person starting school ○ Child or young person moving into adolescence ○ The authorised carer has a new partner (best practice is the partner is assessed as a prospective carer) ○ The birth of a child ○ A new household member (if 16 years or over, probity checks are required in line with legislative requirements) ○ Placement breakdown ○ An allegation of abuse or reportable conduct by the authorised carer or other household member ○ The authorised carer, the child or young person's parent, parents or siblings have died

	<ul style="list-style-type: none"> ○ A change to the actual household such as the inclusion of a swimming pool, spa or renovations ○ Any other significant event that may affect the authorised carer's ability to provide a safe, nurturing and appropriate environment for the child or young person
✓	<ul style="list-style-type: none"> ● Conduct annual reviews of authorised carers that must: <ul style="list-style-type: none"> ○ Review any previous assessments, placements or Carer Development Plans ○ Visit the authorised carers and talk to them about: <ul style="list-style-type: none"> ▪ Any problems or difficulties they may have experienced ▪ Further supports or training that may help them in improving skills and knowledge ○ Visit the child or young person and talk to them about any problems or challenges they may be facing ○ Complete probity checks on any new household members in line with legislative requirements ○ Review home safety and ensure that any household safety issues have been identified and addressed. For example, this must include checking swimming pool compliance is current for all households
✓	<ul style="list-style-type: none"> ● Conduct a five yearly review of the carer's authorisation which must include: <ul style="list-style-type: none"> ○ Current WWCC clearance for carer/s and all adult household members ○ A new National Criminal History Check for carer/s and household members over 16 years (as this is a point-in-time check and the WWCC does not have a continuous feed for criminal records outside of NSW) ○ A new Community Services Check for carer/s and all household members 16 years and over (as this is a point-in-time check, it should be repeated every five years) ○ Review home safety and ensure that any household safety issues have been identified and addressed – this must include checking swimming pool compliance.

5 Program Oversight

5.1 The role of FACS

FACS' primary roles as a parent, steward of the OOHC service system and as an OOHC Service Provider are detailed in Section 1.8 of the Program Description.

5.2 The role of Service Providers

Service Providers providing OOHC must be accredited by the OCG or participating in the quality improvement program. Accreditation (or participation in the quality improvement program) from the OCG is a necessary prerequisite for Service Provider OOHC Service

Providers to gain a contract and funding from FACS, however it is not the only requirement for FACS to provide a Service Providers with a funding contract.

Considerable cultural change will need to occur as outcome based contracts are implemented. Service Providers will need to work as a collective, collaborating to ensure the best outcomes for children, young people and their families are met and that wrap-around supports are provided to meet families' individual needs.

5.3 The role of peak organisations

Peak organisations are representatives of Service Providers that seek to advance the interests of the community, particularly those who are most disadvantaged. They receive government funding to inform and drive strategic initiatives and reforms.

Peak organisations play an important role in supporting their members, FACS and the sector in achieving alignment with the *Children and Young Person's (Care and Protection) Act 1998*, the *Adoption Act 2000* and the *Child Protection (Working with Children) Act 2012*.

Peak organisations support:

- **Cooperative working relationships with government:** supporting sector capacity building
- **Comprehensive representation:** reflecting the diverse views in their sector, membership or constituency
- **Efficiency and value for money:** helping ensure the best possible outcomes within the available funding.

Relevant peak organisations are described below.

<p>Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec)</p>	<p>AbSec is the peak Aboriginal organisation within the Aboriginal and child and family sector in NSW. AbSec represents the views of Aboriginal children, young people, families, carers and communities across NSW through individual membership and community controlled organisations. It is a broad ranging peak body that advocates on behalf of its membership, as well as representing the interest of its broader constituency as an Aboriginal community controlled organisation. AbSec provides child protection and OOHC policy advice and support to the Aboriginal Community Controlled (ACCO) Sector to deliver for Aboriginal children, families and communities. AbSec is also responsible for building the capacity of the Aboriginal Service Provider sector and auspices the Aboriginal State-wide Carer Support Service (ASFCSS). This Service provides a free telephone advice and advocacy Service for the carers of Aboriginal children.</p>
<p>Association of Children's Welfare (ACWA)</p>	<p>ACWA is a peak body representing the voice of community organisations working with vulnerable children, young people and their families throughout NSW. ACWA works with its members, partners, government and non-government agencies, and other peak bodies to bring about positive systemic reform that will deliver better outcomes to the lives of children and young people, including those living in OOHC.</p>

CREATE Foundation (CREATE)	CREATE is the national peak consumer body representing the voices of children and young people with an OOHC experience [including Kinship Care, Foster Care and Residential Care (ITC)]. They provide programs and Services to children and young people with a statutory care experience and develop policy and research to advocate for a better care system.
Connecting Carers NSW (CCNSW)	CCNSW provides support to foster, kinship and relative carers across NSW. CCNSW also offer ongoing education, peer support and advocacy to develop skills and support carers in their vital role caring for children and young people in OOHC.
NSW Family Servicers Inc. (FamS)	FamS is the peak body for the child and family sector. FamS support the delivery of quality Services by non-government, not-for-profit organisations working with vulnerable children, young people, families and communities.

The NSW Government is committed to strong collaboration with the non-government sector to improve OOHC Services for children and young people.

5.4 The role of regulatory bodies

The [OCG](#) is a regulatory body that accredits and monitors the performance of Service Providers that arrange statutory and supported OOHC and Adoption Services.

The [NSW Child Safe Standards for Permanent Care](#) establish minimum requirements for accreditation and were developed in consultation with the OOHC and adoption sector. The standards are strengths-based and encourage Service Providers to continuously strive for best practice.

The OCG provides child safe training, resources and advice for organisations to develop their capacity to be safe for children and young people and to be continuously responsive in identifying and managing their potential environmental risks. This training is mandatory for all Service Providers of OOHC.

The OCG also administers the Carers Register for the purpose of authorising individuals to provide statutory and supported OOHC.

Part 3A of the *Ombudsman Act 1974* requires the [NSW Ombudsman](#) to keep under scrutiny the systems that government and certain Service Providers in NSW have for preventing reportable conduct and handling reportable allegations and convictions involving their employees.

The NSW Ombudsman can also place a 'Contact the NSW Ombudsman's Office' flag against a carers' reportable allegation history in the Carers Register. Such a flag requires Service Providers to request information from the NSW Ombudsman before taking any action (including authorising carers).

The NSW Ombudsman also handles inquiries and complaints about a range of human service agencies including FACS and OOHC Service Providers. They can review the delivery of community Services and oversee the handling of allegations. The NSW

Ombudsman can use information from inquiries and complaints to identify and investigate public interest issues.

5.5 MOU with Juvenile Justice

The [memorandum of understanding \(MoU\)](#), between FACS and Juvenile Justice outlines the joint Services provided for the needs of children and/or young people who are shared clients.

A shared client is a child or young person aged 10 and 17 years who is:
• A subject in a current risk of significant harm (ROSH) report, or
• Under the parental responsibility of (or the shared parental responsibility with residency to) the Minister or the FACS Secretary, and
• Eligible for any Juvenile Justice Services.

Key principles of the MoU

- Recognises that in addition to FACS, many Service Providers are funded to provide case management for children and young people who are under the parental responsibility of the Minister for Family and Community Services and that the MoU extends to these Service Providers
- Establishes agreed processes ensuring the lawful exchange of information where relevant (including the need to urgently provide information required to ensure the court is fully informed when making determinations)
- Recognises that children and young people who are leaving statutory care, released from custody or seeking bail in order to avoid a period on remand, requires a coordinated multi-agency response to plan and manage the transition from care or custody to prevent homelessness
- Sets out that, where case management of a shared client rests with a Service Provider, Juvenile Justice will negotiate with that Service Provider to secure Services required to meet the needs of the child or young person.

Children and young people in OOHC must not experience remand solely because they have nowhere else to go. Service Providers must prevent placement on remand of children and young people for whom they have case management responsibility. This includes circumstances where the child or young person's supports have broken down immediately prior to, or during their involvement with Juvenile Justice.

5.6 ChildStory

ChildStory, an IT system in development, will be responsive to the complexity of the work of child protection, and support decision-making by recording and recalling the right information at the right time. ChildStory will support collaboration between the people that matter in a child or young person's life.

The ChildStory project sits within the broader framework of the Safe Home for Life reforms. It is an information technology system that places the child at the centre of their story and builds around them a network of family, carers, caseworkers and Service Providers that work collaboratively, with each other and the child, to keep them safe.

When implemented, Service Providers will be required to enter essential data about children and young people into ChildStory through the ChildStory Partner Community including:

- Absence from care
- Substantiated reportable conduct attributed to the placement
- Significant harm reports while in care
- Case Plan Goal
- Placement exit and reason
- Placement duration
- Placement stability.

Quarterly contract meetings will take place with FACS to review the most recent ChildStory data and to review performance and the achievement of quality through safety, permanency and stability outcomes.

5.7 Quarterly reporting

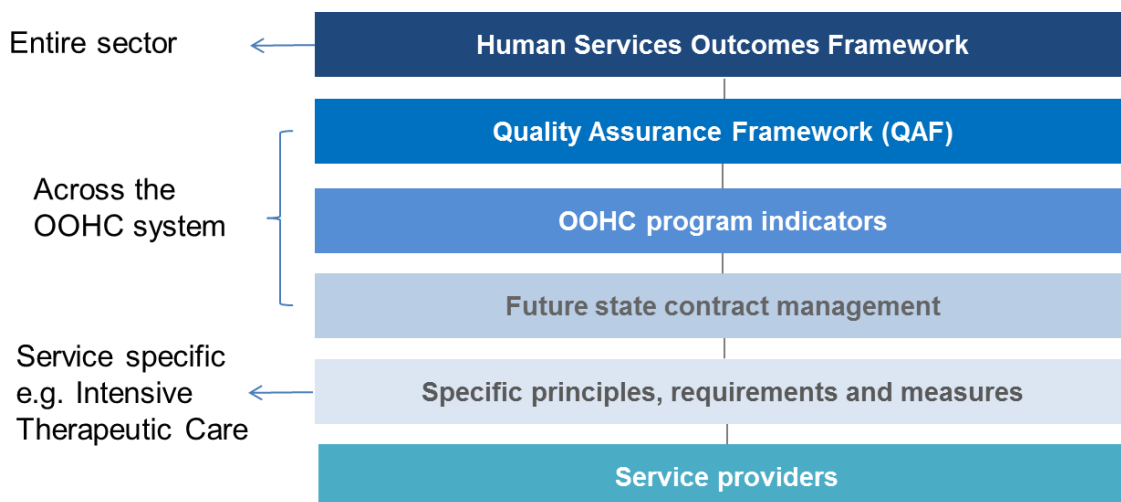
Interim data collection mechanisms are being developed and performance measures will evolve over time. Once ChildStory is live, Service Providers will enter information into the ChildStory Partner Community in the same way they do for other information portals such as Minimum Data Set (MDS) and the Referral Management System (RMS) Information Requirements for these reports are outlined in the *Permanency Support (OOHC) Operational Rules*.

Providers must comply with any reporting requirements as communicated by FACS from time to time.

Outcomes will be monitored at both the child level and system level through output and outcome (and some input) indicators that are ranked according to a hierarchy of outcomes, which places safety, permanency and stability at the centre of a child or young person’s welfare.

5.8 Outcomes and indicators

An outcome and monitoring framework provides continuity from the level of broader human services outcomes to Service delivery.



From 1 October 2017, the following outcomes and indicators will be used to inform financial abatements and incentives for contracted Service Providers. The development of measures for Foster Care will be influenced by the Quality Assurance Framework trial.

Indicators will be tracked and enhanced over time for Service Providers and FACS to understand the impact of the OOHC program on children and young people and are outlined below.

5.8.1 Safety

Outcome	Indicator
Safety – children and young people in statutory care are safe and are protected from harm.	<ul style="list-style-type: none"> The number of Risk of Significant Harm (ROSH) reports, critical incident reports and reportable conduct reports concerning children and young people in statutory care. Children and young people in immediate need receive intensive support to achieve a permanency outcome.

5.8.2 Achievement of permanency case plan goals

Outcome	Indicator
Achievement of permanency case plan goal – children and young people have a stable and permanent home and family relationships. This recognises that statutory care is a short term arrangement and children and young people should be transitioned to permanent care environments as quickly as possible (i.e. Restoration, Guardianship or Open Adoption).	<ul style="list-style-type: none"> The number of children and young people receiving preservation Services who enter statutory care. The number of children and young people who exit care to a permanent environment as a result of restoration, guardianship or adoption within two years of entering statutory care. A reduction in the number of days a child or young person is in statutory care before achieving legal permanency through Restoration, Guardianship or Open Adoption. The number of children and young people who re-enter statutory care within 12 months and subsequently.

5.8.3 Stability in care

Outcome	Indicator
Stability in statutory care – children and young people function best when they have a consistent caregiver, have consistent supports and when their connections to school and community are maintained.	The number of placement movements that children and young people experience in Foster Care that are not related to supporting the achievement of a permanency goal.

5.8.4 Improved educational outcomes

Outcome	Indicator
Improved educational outcomes – children and young people’s educational achievement depends on stability, advocacy and parental/carer involvement.	<ul style="list-style-type: none"> All children and young people in statutory care are enrolled and attend: <ul style="list-style-type: none"> A quality preschool program at least two days per week (age three and over), or School (age 5-16) and/or vocational programs (16 years and over). All children and young people in statutory care have an individual education plan, which is reviewed annually.

5.8.5 Health

Outcome	Indicator
Health - Health needs of children and young people in statutory care are met.	All children and young people in statutory care have a Health Management Plan that is tailored to their individual needs.

5.8.6 Connection to culture and identity

Outcome	Indicator
Connection to culture and identity - Children and young people in statutory care are connected to their culture and sense of identity.	All children and young people in statutory care have a Cultural Plan.

5.8.7 Successful transition to independence

Outcome	Indicator
Independence - Young people successfully transition to independence from statutory care.	All children and young people in statutory care aged 15 years and over have a Futures Plan.

5.9 Allegations of reportable conduct

Under the *Ombudsman Act 1974*, Service Providers must:

✓	Make arrangements to require all employees to notify reportable allegations or convictions if they become aware of any
✓	Have in place systems for recording and investigating allegations of reportable conduct against their employees
✓	Notify the NSW Ombudsman within 30 days of any reportable allegation or reportable conviction against an employee that the agency becomes aware of



Provide all documentation about the investigation to the NSW Ombudsman at the completion of the investigation.

Authorised carers are also considered employees under the *Ombudsman Act 1974*.

Reportable conduct is:

- 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
- Any assault, ill-treatment or neglect of a child, or
- Any behaviour that causes psychological harm to a child whether or not with the consent of the child.

Under section 35 of the *Child Protection (Working with Children) Act 2012* Service Providers must notify the Children's Guardian of an employee's name and other identifying details if relevant employment proceedings have been completed against them. These proceedings, otherwise known as disciplinary proceedings, are carried out when a Service Provider investigates allegations of reportable conduct or an act of violence committed by an employee in the presence of a child.

For more information about what constitutes [Reportable Conduct](#) visit the NSW Ombudsman's website www.ombo.nsw.gov.au.

5.9.1 NSW Ombudsman's role and allegations of reportable conduct

The NSW Ombudsman is responsible for overseeing and monitoring a Service Provider's response to allegations made against authorised carers and employees. The Ombudsman's role is to ensure that investigations are properly conducted and that appropriate action is taken as a result of the finding.

The NSW Ombudsman is able to:

- Require the Service Provider to provide more information
- Monitor the way the Service Provider conducts investigations
- Have one of its staff present as an observer during interviews
- Conduct its own investigation or look at the way the Service Provider handled the matter
- Receive complaints about any aspect of the Service Provider's inquiry into the matter.

The NSW Ombudsman is also able to:

- Handle complaints about the investigation process
- Investigate an allegation, or a Service Provider's handling of an allegation if significant concerns are held
- Provide advice and guidance to Service Providers who are investigating allegations against their employees so that a child or young person's rights to a safe environment are balanced with an employee's rights to a proper investigation.

5.9.2 Allegations of sexual misconduct or serious physical assault

Service Providers must notify FACS and the Children's Guardian in writing each time an allegation of sexual misconduct or serious physical assault against a child or young person in OOHC is received.

Service Providers must also inform their FACS contract manager immediately of all serious incidents of abuse and/or neglect of children and young people. They must also 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 agency has responded to the incident or event.

5.10 Children's Court

Service Providers must support Children's Court proceedings for children and young people placed with them. These responsibilities include:

- Provision to FACS of affidavits, reports on placements (including Section 82 Reports) and other information on the child or young person as needed
- Arrangements for authors of affidavits and reports to give evidence at the Children's Court if required
- Implementation of drug and alcohol or DNA testing of birth parents.

5.11 Child Deaths

Under section 172 of the *Children and Young Persons (Care and Protection) Act 1998*, if a child or young person dies while in OOHC, the Principal Officer of the Service Provider with supervisory responsibility for the child or young person must immediately notify the following persons:

- The parents of the child or young person as can reasonably be located
- The Children's Guardian
- The Coroner.

Under these Permanency Support (OOHC) Program requirements, the Service Provider must also:

- Notify the relevant FACS contract manager and the Child Protection Helpline 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
- 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 District Director or the Serious Case Review Unit in the FACS Office of the Senior Practitioner.

Service Providers should, where appropriate, recognise the role of the authorised carer in the child or young person's life and work with FACS to assist and coordinate arrangements with the birth parents and authorised carer/s.

5.12 Information Exchange

[Chapter 16A](#) of the *Children and Young Persons (Care and Protection) Act 1998* prioritises the safety, welfare, and wellbeing of a child or young person over an individual's right to privacy. It allows government agencies and Service Providers who are prescribed bodies to exchange information that relates to a child or young person's safety, welfare or wellbeing, whether or not FACS knows the child or young person and whether or not the child or young person consents to the information exchange.

Chapter 16A also requires prescribed bodies to take reasonable steps to coordinate decision-making and the delivery of Services regarding children and young people.

FACS remains legally liable in cases where case management responsibility is transferred to a Service Provider. All Service Providers, including those with case management responsibility, must tell FACS if any of the following serious events occur:

- The death of a child or young person in OOHC
- A serious or life threatening injury, incident or medical condition affecting a child or young person. This includes self-harming behaviours such as drug overdose/abuse, self-mutilation, attempted suicide and any request to cease medical treatment prolonging a child's life
- A threat of serious harm or injury made to the child or young person, the authorised carer or member of the carer's family. This includes threats to assault or kill
- An acute psychiatric admission of a child or young person
- A report that a child or young person under 15 is missing from an approved placement
- An allegation that a child or young person may have committed a serious criminal offence, including malicious damage to property (authorised carer's or others) over \$10,000.

Other circumstances a Service Provider, including those with case management responsibility, must report to FACS are:

- A child or young person is involved in proceedings before any court or needs legal assistance, e.g. criminal proceedings
- A child or young person needs medical or dental surgery
- A child or young person is planning to get married
- A request to temporarily or permanently allow a child or young person to live in another jurisdiction
- A child or young person becomes pregnant and/or requests a termination of pregnancy
- An application is made on behalf of a child or young person for a passport
- A breakdown in interagency negotiations occurs, particularly if FACS has a MoU in place with another government Department, e.g. Ministry of Health
- A placement change occurs
- A child or young person is missing from a placement
- A Service Provider is closing its OOHC program.

In certain circumstances, Service Providers must also provide copies of all requested records and documents about a child or young person within 7 working days of receiving written notice from FACS.

5.12.1 Documentation and record keeping

There is a MoU between FACS and the Government Records Repository (GRR) to facilitate the transfer of client paper files for children, young people, families and authorised carers from the agency with case management responsibility to the GRR for storage purposes or for the transfer of file management responsibility to FACS (in compliance with the requirements of s.170 of the *Children and Young Person (Care and Protection) Act 1998*).

Creation and maintenance of complete and accurate records relating to the provision of Services to clients is essential to support the ongoing care, interests, rights and entitlements of the client, as well as the legal and accountability requirements of the organisation. Service Providers that provide Services for children, young people, families and authorised carers must have in place a records management program that encompasses a management framework involving records, people and systems to ensure full and accurate records relating to the provision of these Services are created and maintained.

Service Providers will be required to enter essential data about children and young people into ChildStory once it is operational.

5.12.2 Transfer of client paper files to FACS under s.170

It is a requirement under s.170 of the *Children and Young Person (Care and Protection) Act 1998* for [Service Providers](#) to keep records relating to the placement of a child or young person for a period of 7 years after ceasing to be responsible for the placement. After the seven years, the organisation must deliver those records to the Secretary (FACS) for ongoing management.

Under the legislation, where an organisation has transferred closed files to FACS for ongoing storage at the GRR, the relinquished records can be accessed by the organisation that previously supervised the child or young person.

Where an organisation has ceased its operations, the relinquished records can only be accessed by an organisation that is [designated](#) and meets all accreditation requirements including WWCCs and Criminal Records History. This is to ensure the confidentiality of children and young people's records is maintained.

It is a requirement under s.170 of the Act for any organisation that ceases to be a [designated agency](#), to deliver its records to the Secretary (FACS) for ongoing management. This should be done immediately, and no later than 2 weeks following the cessation.

Service Providers must:

✓	Have a secure record management system
✓	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
✓	Retain a child or young person's records for 7 years after the placement has finished, after this period, records should be sent to FACS via the FACS Information and Communication Technology (ICT) Unit (see Permanency Support (OOHC) Operational Rules)



Provide children and young people supported access to their records, when requested.

5.12.3 Transfer of client paper files following agency closure

A Service Provider funded by FACS that ceases operations or no longer continues to be funded by FACS, will liaise with FACS to ensure the client records are maintained in keeping with legislation. The records must not to be destroyed but be delivered to FACS prior to them being sent to the GRR for secure storage. Records sent to FACS following the closure of a funded Service Provider will become the management responsibility of FACS.

The Service Provider must identify which paper files relate to clients:

- That are closed because they no longer receive a Service
- That are to remain open because they receive ongoing case management support
- That are open and under review.

5.12.4 Transfer of client paper files for storage purposes

Where a Service Provider has inactive client records, they can be transferred to FACS, which will then send to the GRR for secure storage. Records sent to the GRR can be retrieved by the Service Providers funded by FACS if required (for example to provide after care support).