

Aboriginal OOHC Transition

July 2024



Case Management Transfer steps from NGO to ACCO

Introduction

This document details the Case Management Transfer (CMT) steps when transferring case management of an Aboriginal child in OOHC and their carer from a non-Aboriginal non-government organisation (NGO) to an Aboriginal Community Controlled Organisation (ACCO).

The Department of Communities and Justice (DCJ) must complete tasks on ChildStory to finalise transfers to ACCOs otherwise the transfers will not be captured via the OOHC Transition Dashboard and data or payment inaccuracies will arise.

Acronyms

Acronym	Full form
ACCO	Aboriginal Community Controlled Organisation
C&P	Commissioning and Planning team within DCJ
CAT score	Child Assessment Tool score
CFDU	Child and Family District Unit
CMT	Case management transfer
CS Check	Community Services Check
CSC	(DCJ) Community Services Centre
CYP	Children and young people
DCJ	Department of Communities and Justice
DOB	Date of birth
NCAT	NSW Civil and Administrative Tribunal
NDIS	National Disability Insurance Scheme

Acronym	Full form
NGO	Non-government organisation specifically referring to non-Aboriginal providers
OCG	Office of the Children's Guardian
OOHC	Out of home care
PCH	Person Causing Harm
PCR	Person Causing Risk
PO	Principal Officer
PSP	Permanency Support Program
RCU	Reportable Conduct Unit
TAO	Transforming Aboriginal Outcomes directorate within DCJ
TRIM	Document repository system
WWCC	Working with Children Check

Milestones	Actions	Responsibility
<p>Step 1.</p> <p>Meet with carers.</p>	<p>Discuss with the carer(s), the requirements for all Aboriginal children to transfer across to ACCOs. To support your conversation, refer to:</p> <ul style="list-style-type: none"> • The letter from the Minister regarding Aboriginal OOHC transition. • Aboriginal OOHC transition factsheet for carers. • Keeping Kids Connected to Culture video. • Provide information about the ACCO(s) in your local area (they may have pamphlets/open days etc). • Outline reasons why the transition of Aboriginal children across to ACCOs is so important in supporting a child’s connection to culture, family and community. • Talk to the carer about existing supports and also what supports may be available with transfer (please consult your local ACCO to explore further problem solving opportunities). • Explore any worries, questions, or queries the carer may have. • If the carer has questions or worries that need to be explored further, please consult your local ACCO, your lead contract manager or TAO to work on solutions. • Talk to the carer about the reauthorisation process, explaining why it is necessary and how it may be truncated for the transfer. • The Permanency Support Program (PSP) Learning Hub provides conversation guides for carers and children. • Have supportive conversations with children and young people about the transition and assist them with navigating any queries. <p>Transferring Agency Actions:</p> <ul style="list-style-type: none"> • Discuss the transition with the carer and children, and support them with any questions. • The carer to consent/agrees to commence the CMT. • Complete the Community Services Check form which can be found on the OCG website; list all household members, providing WWCC details and current ID. • NGO to email Commissioning & Planning (C&P) contract manager to update tracking spreadsheet. <p>District Commissioning and Planning Actions:</p> <ul style="list-style-type: none"> • District Commissioning and Planning and CFDU update the tracking spreadsheet to track the transfers. This spreadsheet is stored on TRIM (accessible to all Directors within C&P and TAO). • C&P to send spreadsheet to Information Exchange (CS Check Team) monthly to begin the process to notify of incoming CS Checks for these matters. 	<p>Transferring Service Provider</p> <p>and</p> <p>District Commissioning & Planning</p>

Milestones	Actions	Responsibility
	C&P then send filtered spreadsheet data to respective CFDU teams to advise of impending CMT.	
<p>Step 2.</p> <p>Meet with ACCO and discuss transfer.</p>	<p>Once carer consent/agreement is obtained, NGO to contact local ACCO to arrange a meeting to discuss transfer.</p> <ul style="list-style-type: none"> • NGO to confirm meeting request via email to ACCO Principal Officer. • During the meeting, transferring service provider will discuss potential for CMT and provide a case overview. • Be transparent about where casework is up to. This includes any tasks the NGO would like the ACCO to complete such as cultural plans or any current barriers to completing tasks. <p>Important information to share about the children and carer(s):</p> <ul style="list-style-type: none"> • CAT score of the child (or young person). • Respite arrangements (formal or informal). • Details of the child’s family network and other important people (for example, extended family, community, friends, other connections). • Family time arrangements or schedules and the people involved. • Are there any respite carers or families and friends they spend a significant amount of time with? • Are there people who regularly visit or stay at the home? (These people may require probity checks so try to obtain their names, DOBs, phone number, address, etc). • Date of last Permanency Consultation and the outcome. • Case plan goal (long term care, restoration, guardianship). • For restoration matters, outline the progress, issues, extensions and Family Action Plan progress. • Has restoration recently been considered or assessed? If no, why not? • Outline types of support currently provided to the carers and the household. • Behaviour Support Plan – date of approval, review cycle (quarterly or annual) and next review date. • Any restricted practices, and the date it was signed off by NGO Principal Officer. • National Disability Insurance Scheme (NDIS) plan details (and any inclusions), if relevant. • Individual education plans in place for the child or children. • Any medical support needs. • The medical specialist review schedule (for example, regular health specialists or medication reviews). • Cultural plan or cultural support plan. • Case plan. • Note all current Case Plan Goals, Baseline, Child’s needs, and specialist packages in place. • For specialist packages such as additional carer support or complex needs, please detail date of approval, dates 	<p>Transferring Service Provider</p> <p>and</p> <p>ACCO</p>

Milestones	Actions	Responsibility
	<p>covered, note if extension is required and rationale for the specialised package.</p> <ul style="list-style-type: none"> • If a <u>specialised package</u> is required to support the child or children and carer’s transition to the ACCO, the transferring NGO should make an urgent application to CFDU or C&P prior to transfer acceptance. • Are there Current Safety in Care matters pending? (Do not proceed until resolved). • Are there Reportable Conduct Matters pending? (Do not proceed until resolved). • Are there NCAT matters pending or issues of contention to note? (Do not proceed until resolved). • Discuss with ACCO how they would best like to receive CMT documents. <ul style="list-style-type: none"> ○ Documents should be transferred securely to protect the information of children and their family. <p><u>Note: This is not the transfer meeting. The agency with primary case responsibility remains responsible until the transfer occurs and the receiving ACCO authorises the carer.</u></p> <p>Transferring Agency Actions:</p> <ul style="list-style-type: none"> • If it is agreed that the CMT will proceed, go to step 3. • Organise a joint home visit with the local ACCO to introduce the agency to the carer. • Provide the ACCO with the child or children’s and carer’s details. 	
<p>Step 3.</p> <p>Complete probity and background checks</p>	<p>When a carer is transferring from one agency to another, it is recommended the new agency (ACCO) complete their own authorisation assessment. Please follow the <u>latest OCG advice</u> to support information exchange and authorisation requirements.</p> <p><u>Complete an ‘Other-Designated-Agency Services’ Check:</u></p> <p>It is essential to gather information about the carer and household members from any other designated agency that has previously authorised them as a carer or received an application from the person to become an authorised carer. When the information is received, the ACCO must consider the information when deciding whether to authorise the person as a carer. This involves deciding if the carer and their household members are safe and suitable. The ACCO will decide whether they will authorise the carer, relying on information provided by the transferring agency, and will consider whether new assessments or checks should be undertaken. The ACCO should consider:</p> <ul style="list-style-type: none"> • How current is the information? 	<p>Transferring Service Provider</p>

Milestones	Actions	Responsibility
	<ul style="list-style-type: none"> • Does it include 16a (CS check or Police history) information for all household members over 16 years. • Do all household members hold current WWCCs. <p>Record the outcome of the decision on the Carers Register.</p> <p><u>How to complete an ‘Other Designated Agency’ services check:</u></p> <ul style="list-style-type: none"> • ACCOs are to complete the other designated agencies service check letter. An example can be found on the OCG website. • NGOs are to provide all relevant information held by their organisation to the ACCO. • Note where there are any open reportable conduct matters (or NCAT matters) the case management cannot be transferred to the ACCO until these are finalised. • ACCO to consider information provided by the NGO as well as information from their probity and background checks, and seek further information as required. • ACCO to enter a record on the OCG Carers Register confirming the information has been exchanged and note the outcome of carer authorisation assessment. 	
	<p><u>Tips and Guidance:</u></p> <p>OCG requirements to support transition</p> <p>OCG Carer Register Guidance</p>	
	<p>(Optional) Community Services (CS) Check:</p> <p>The ACCO provider who is considering accepting transfer may wish to seek further information via a CS Check to inform their decision-making regarding authorisation.</p> <p>A CS Check is performed by the DCJ Information Exchange Team who review internal records. The check will provide pertinent information around allegations against employees, reportable conduct matters, carer related records, persons causing harm or risk (PCH or PCR) and other relevant information.</p>	
	<p><u>How to complete a priority CS Check:</u></p> <ul style="list-style-type: none"> • Complete a CS Check form with as much detail as possible. • Attach CS Check and carer consent form to an email to: cscheck@dcj.nsw.gov.au (using a secure file transfer method to ensure privacy). • Copy or Cc: your District Commissioning and Planning contact for monitoring purposes. • Mark the email or top of the form as “TRANSITION PROJECT”. • Mark the email as “urgent” if required. 	

Milestones	Actions	Responsibility
	<ul style="list-style-type: none"> • If there are issues relating to sending the CS Check, please phone: (02) 9716 3488. • Note, if there are bulk transfers from one agency then these forms can be sent as a batch. • Information Exchange reviews the DCJ client management system for any Reportable Conduct Unit (RCU) investigations. This only applies to carers who have previously been authorised for DCJ. • If there is an open RCU but it appears to be historical, contact the RCU to request it be closed. 	
<p>Step 4.</p> <p>CMT documents checklist</p>	<p>Transferring NGO completes the <u>Case Transfer Checklist (CTC)</u> and plan to complete any outstanding tasks.</p> <p>The following are to be provided to the ACCO:</p> <ul style="list-style-type: none"> • The carer’s WWCC number and expiry date. • The carer’s <i>Carer Medical Check</i> (dated within the last 12 months for any existing carers). If the transferring carer completed a carer review (dated within 5 years) with a medical check, this can be provided to the ACCO. Alternatively, the carer will need to provide the carer medical check form (note this is not a policy requirement). • The children’s medical reports (provide a minimum of the last 12 months). Discuss any barriers with the ACCO if the medical reports cannot be obtained. <p>(Documents are to be provided to the ACCO before or at the transfer meeting. Documents should be transferred securely to protect the information of children and their family.)</p>	<p>Transferring Service Provider</p>
<p>Step 5.</p> <p>ACCO completes carer authorisation</p>	<ul style="list-style-type: none"> • When they have received the CMT documents, the ACCO will commence the carer authorisation, in line with OCG requirements. • ACCO advises the NGO (and DCJ CFDU or CSC and Commissioning & Planning) when this has been completed (this is generally within 6-8 weeks). • If there are any barriers to this timeframe, the ACCO will liaise with the NGO around completion. • If the ACCO hasn’t used a carer assessment or a probity check, they must document why they chose not to. For example, “recent checks undertaken by transferring agency”, and demonstrate the carer met the criteria. • ACCO registers the carer on the OCG’s Carer Register, recording the outcome of the relevant carer assessments and reviews. <p>ACCO to contact DCJ with information to update carer records on ChildStory.</p> <ul style="list-style-type: none"> • When the OCG have completed the carer’s registration update, they will provide the ACCO with a reference number. 	<p>ACCO</p>

Milestones	Actions	Responsibility
	<ul style="list-style-type: none"> When the reference number is received, the ACCO should immediately (the same day as carer is authorised by OCG) email the DCJ unit with secondary case management (CFDU or CSC) outlining that a new carer has been authorised, and provide the following information to the department to update ChildStory records: <p>Carer Details:</p> <ul style="list-style-type: none"> Carer full name DOB Indigenous status Address Carer authorised as either “Relative/Kin” or “General Foster Care” Carer Authorisation is “Provisional” or “Full” Date carer has been authorised Agency (NGO) carer has been transferred from Carer Register reference number (known as APPH or CRH number) <p>Household Member Details (where applicable):</p> <ul style="list-style-type: none"> Full names DOB Indigenous status <p>Helpful guides:</p> <ul style="list-style-type: none"> <u>OCG Requirements to support the transition of authorised carers to Aboriginal OOHG providers.</u> <u>OCG Carer Register Guidance</u> <u>OCG Sample - Request for information under an “other designated agency check”</u> 	
<p>Step 6.</p> <p>Case management transfer meeting</p> <p>Finalisation of transfer to ACCO</p>	<ul style="list-style-type: none"> The ACCO contacts the NGO regarding completion of the carer assessment and requests an agreed date for case management transfer (CMT). <ul style="list-style-type: none"> The NGO is to provide all required documentation as listed in the <u>CMT Checklist</u> to the ACCO by the transfer date or at the transfer meeting. The ACCO must be able to review all documents prior to formally accepting the case management transfer. <p><i>Note: Documents should be transferred securely to protect the information of children and their family.</i></p> <u>NGO to notify DCJ pre-CMT meeting.</u> It is recommended that the ACCO and NGO include the DCJ unit with secondary case management responsibility (such as CFDU or CSC) within these correspondence emails (or alert them separately), to ensure DCJ are aware of the upcoming CMT meeting. 	<p>ACCO</p>

Milestones	Actions	Responsibility
	<ul style="list-style-type: none"> • Staff from both the NGO and the ACCO attend the CMT meeting. <i>DCJ units may attend, but there is no procedural requirement.</i> • The NGO will act as meeting secretariat and take minutes. • Any outstanding work (for example tasks still required for completing the transfer) need to be agreed and captured in the minutes along with the timeframes for completion. • Both agencies sign the CMT acceptance letter outlining clearly an agreed CMT date - this is the date ACCO will commence case management. • The letter of confirmation and the welcome pack will be provided to the carer by the accepting ACCO. <ul style="list-style-type: none"> • <u>NGO to notify DCJ Post CMT Meeting.</u> Within 2 business days, the transferring NGO must send the DCJ Unit with secondary case management (CFDU or CSC): <ul style="list-style-type: none"> • the CMT minutes, • the CMT checklist, • the CMT letters and other jointly signed documents and • a confirmed start date the ACCO will begin case management (for example CMT commencing 5/10/24). <p>The DCJ team will upload these documents to ChildStory and commence with required ChildStory updates to transfer the case.</p>	
<p>Step 7.</p> <p>Complete transfer tasks on ChildStory</p>	<p>On receiving the post-CMT meeting information, the DCJ unit with secondary case management responsibility (CFDU or CSC) will update ChildStory placement and carer records, and transfer the case.</p> <p><u>How to guide for DCJ:</u> A step by step guide for DCJ staff to update ChildStory records post CMT from NGO to ACCO, can be found on <u>ChildStory Knowledge Article: "Transfer an NGO Carer to Another NGO"</u></p> <p>Please note, only DCJ have the ChildStory access level required to be able to complete the tasks required to transfer the case, and update carer and placement details. NGOs cannot perform these tasks via the Partner Portal.</p> <p>It is important that NGOs and ACCOs notify DCJ as soon as possible (for example, at the time of the CMT and when the carer authorisation occurs) to capture children’s stories accurately, ensure the transition is recorded (via the OOHC Transition</p>	<p>DCJ Only</p>

Milestones	Actions	Responsibility
	<p>Dashboard), and that payments to ACCOs commence and those to NGOs cease.</p> <p><u>ChildStory Questions?</u> For enquiries/troubleshooting relating to updating ChildStory records for NGO to ACCO CMT matters, please contact ChildStory Partner Support: childstorypartnersupport@dcj.nsw.gov.au or 1300 356 696.</p>	

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