

Conversation Guide Complex Needs Applications



Purpose

This conversation guide is to support casework discussions about the additional needs of children and complex needs applications by PSP Providers. It is to promote casework practice aligned to the best interests of children and young people in OOHC. The below conversation guides are based on common services and supports applied for through complex needs applications. The question principles can also be applied to other services and support types not mentioned.

Complex needs applications

Applications for complex needs can only be made in extraordinary circumstances where the service or support required is over and above what is covered within the PSP packaged care service model.

Decisions about services or supports need to be made based on cost effective service delivery and the needs of the child or young person. Agencies are expected to have sound internal financial controls in place.

Where a PSP Providers model of service delivery cannot be achieved within the PSP packaged care service model alternative casework/options are to be explored.

Any decision to outsource core service delivery is required to be approved as a sub-contracting arrangement and is expected to be funded within the PSP packaged care service model.

Complex Needs applications will not be approved solely on the basis that the cost of the service or support is unable to be met within the PSP packaged care service model. Providers will be expected to provide evidence that the required support or service could not be funded through a more appropriate funding source (for example the NDIS). Providers must exhaust other appropriate sources of funding before seeking additional support through an application for complex needs.

Supervised family time (contact)

DCJ is seeing an increase in the number of requests to fund a contact agency or external service to supervise family time and/or transport children to family time. Formal supervision due to *current* risk issues is expected to be provided internally by the agency with primary case responsibility. Externally supervised family time and/or transport is a last resort after all other options have been explored and ruled out.

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- What evidence is there to support the requirement to formally supervise family time? For example, is supervised family time Court ordered, or are there current identified risks to unsupervised contact? Does the request align with this?
- Can the carer, or a family member or member of the child's network support family time, for example with transport to and from? If not currently, how is this being worked towards?
- If the child has a disability and requires specialist transport (for example wheelchair taxi) is there funding available in their NDIS plan to pay for this, and if not, can a plan review of CoC occur to seek this funded support?
- Has the case plan and family time arrangements recently been reviewed to ensure they are in line with the case plan goal and best interests of the child/family?
- Has a family group conference occurred to explore the child's family networks of support?
- Has Aboriginal Family Led Decision Making occurred to enable the family and community to participate in, and make decisions about how family time can occur, what role family/community can play?
- How does the family time request align with the DCJ Permanency Case Management Policy for example when court proceedings are underway how does the child's caseworker participate directly in family time visits.

Respite

Carers of children in OOHC need time out from time to time. Carers of children need hobbies and other interests outside of work and/or caring. For this reason, respite is included within the PSP package funding. The PSP contract outlines that PSP Providers are to provide adequate support levels to carers including access to up to 24 nights of respite per year to be applied flexibly and based on the assessed needs of the child or young person, their family and carers ([schedule 1 section 3.3.17](#)).

Carers and children need networks of support to rely on which include both formal and informal respite. This could include networks of formal respite carers or informal supports of friends, parents of friends from the child's school, family members of the carer, networks of support for the child, important people in a child's life, and neighbours.

Where a child is a NDIS participant, Short Term Accommodation (STA) (for example respite) may be funded in their NDIS plan where it is reasonable and necessary. It is important to note that children in foster care, and carers, are entitled to the same NDIS funded supports as children and carers in the broader community. This should be communicated to the National Disability Insurance Agency (NDIA) in any cases where NDIS funded STA is refused in a plan for a child in foster care. Seek assistance from DCJ if a NDIS Planner continues to refuse STA funding for a child in foster care.

- How have informal and formal respite options been explored?

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- If the young person has a NDIS plan, do they have funding for STA included and if not, should a plan review of CoC occur to seek this. Is there other funding in the plan that can be used to provide a respite effect for the carer (for example, in home support, behaviour support, community access). How has the agency demonstrated its use?
- How is the requested respite child safe and in the best interests of the child?
- How does this type of respite support placement stability?
- Who in the child's family or network of support can spend time with the child to enable them to have time out and at the same time build relational permanency?
- Who in the carer's family or networks of support can spend time with the child to give the carer a break?
- Has a family group conference (or case meeting) occurred to explore the child's family networks of support?
- Has the agency provided up to 24 nights respite already this financial year?

Supervised transport

DCJ is seeing an increase in the number of applications to fund an external service to provide supervised transport of children in OOHC. Externally supervised transport is a last resort after all other options have been explored and ruled out.

- How is the transport child friendly and in the best interests of the child?
- What issues are limiting the carer's capacity to transport the child? Can mitigating strategies be introduced to overcome barriers (for example can NDIS funding be used to purchase specialist equipment or fund a support worker to transport a child with a disability safely)?
- Are there opportunities for the child to catch a bus to/from school? Has engagement occurred with the Department of Education?
- Can a member of the child's family or networks of support provide assistance with transport, for example to and from family time or school?
- Has a family group conference occurred to explore the child's family networks of support?
- Has Aboriginal Family Led Decision Making occurred to enable the family and community to participate in, and make decisions about how transport arrangements can occur, what role family/community can play?

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- When transport workers are only needed for part of their required shift for one child¹, have you considered how the worker could support another child or young person during the minimum employment duration and the costs apportioned between the different children's packages or complex needs applications?

NDIS plan usage

Applications are being submitted to fund support or services where the child or young person has a NDIS plan that includes funds to facilitate supports, or where these could be reasonably supported and included through a plan review or CoC).

- How has the agency demonstrated that they have exhausted all options to seek funding for the appropriate supports in the child's NDIS plan? This includes undertaking a request for a plan review or CoC in collaboration with the child's NDIS Support Coordinator. If the child does not have funding for a Support Coordinator this should be sought for a child in care.
- What evidence is there that shows the NDIS plan and supports have been implemented and what is the current plan utilisation (the child's case manager should contact the NDIS Support Coordinator to ask how the funding has been utilised and how much funding is available in each area of the plan before making a complex needs application). This information should be provided as evidence in the application.
- How does the provider roster staff around regular NDIS funded supports (such as community access, capacity building activities)?
- How are NDIS supports being utilised for the young person as they prepare for leaving care? Are there adequate supports included in the NDIS plan as they transition into adulthood – does it need to be reviewed?
- Have PSP Providers asked the CFDU to seek assistance from the Engagement and Family Support (EFS) team where there are barriers to accessing or utilising appropriate NDIS funding (for example where the NDIS Planner will not fund STA for a child in foster care, a Home and Living application for a young person who is leaving care is delayed, the selected Support Coordinator is not actively driving the implementation of the NDIS plan and utilisation of funds?

Mentoring

Applications are being submitted to fund mentoring programs for young people. As mentoring is a package inclusion within the PSP packaged care service model evidence is required as to the extraordinary nature of the service required over and above what is already funded.

- Is the type of mentoring program clearly outlined – for example how many hours per week, one on one or group mentoring, where is it based – in home/excursions/local office?

¹ Agencies are required to have sound internal financial controls in place which represent cost effective service delivery.

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- Is there someone already in the child’s network that could act as a mentor for them?
- Are there non-fee based mentoring programs that have been explored in the first instance - for example ones that are already funded by DCJ or other agencies/foundations that provide youth mentoring.
- If PSP Providers are using internal staff for mentoring, can the program be funded or is it funded through other grants?
- Is the requested mentoring extraordinary in nature and is this demonstrated within the child's case plan? Or how is the mentoring different and over and above the usual casework/mentoring which is part of core service delivery?
- Is the mentoring culturally appropriate?
- Can mentoring be funded by the NDIS using capacity building funding?

Additional Rostered Staff

Applications for additional rostered staff can only be made for children in ITC, ICM, SIL or TSIL placements. Applications should only be made in very limited circumstances, as outlined in the eligibility criteria. Active night shifts will only be considered in rare circumstances.

- Is the child or young person’s additional staffing related to their disability, for example the requirement for night support (for example the child requires medication, wanders or absconds, or needs suctioning or peg feeding)? If so, what actions have been taken to source these supports from the NDIS? Has all available NDIS funding been fully utilised while the process of a plan review or CoC occurs?
- How has the Therapeutic Specialist and Care Team been working to plan and put measures in place to reduce the intensity of staffing?
- Have you completed a plan outlining the step-down of the time-limited additional rostered staff including timeframes and review indicators of how the step-down will be assessed?
- Does the risk management plan and/or behaviour management plan demonstrate the need for the additional staff?
- Can other activities/supports be put in place in lieu of additional rostered staff or are other activities being taken into consideration for periods of time when the child is not in the placement for example NDIS supports, activities, school hours?
- Are there any other children in the placement? If so, do they also require additional rostered staff? What are the support needs of the other CYP in the placement?
- For SIL/TSIL placements - who in the young person’s support network may be able to help them through the transition and settling in period into SIL/TSIL? Utilising young people’s networks of support will help to create stability and ensure a successful transition to independence, for example previous carers, family members, community members, cultural mentors, or significant people in the child’s life.

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- If a young person in SIL/TSIL requires additional staffing for a longer period of time, is the young person suitable for this model?

More information

If you have any questions please contact your CFDU or contract manager in the first instance. For questions about complex needs package policy please email permanency.support@facs.nsw.gov.au