Permanency Case Management Policy

Rules and Practice Guidance

This part of the Permanency Case Management Policy describes the minimum expectations of Department of Communities and Justice and PSP providers, in working together collaboratively to deliver the Permanency

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Document approval

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Introduction

The Permanency Case Management Policy (PCMP) supports collaborative assessment and case planning between the NSW Department of Communities and Justice (the Department) and PSP providers. It sits alongside and is not intended to duplicate or supersede:

- the Department's casework practice mandates and advice or
- the internal policies and procedures of PSP providers.

The Rules and Practice Guidance are part of the PCMP and describe the minimum expectations of the Department and PSP providers in working together collaboratively, to deliver the Permanency Support Program (PSP). The Rules and Practice Guidance apply in conjunction with other parts of the PCMP including:

- the PCMP Policy Statement and PCMP Resources
- the Aboriginal Case Management Policy (ACMP)
- supplementary policies and procedures including:
  - PSP Family Preservation Package Program framework
  - PSP Away from Placement policy
  - PSP Critical Events policy
  - PSP Permanency Progress Review and Case Plan Goal Package Extension policy
  - Statutory out-of-home care agency recordkeeping policy
  - PSP Packages: Eligibility Rules and inclusions.

PSP providers are expected to have policies and processes in place that align to the principles and enablers of the Aboriginal Case Management Policy.

Also see PSP Program Level Agreement Schedule 4 for PSP provider's obligations in respect to legislation, policies, and practices.

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Definitions

Table of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
Aboriginal family-led decision making (AFLDM)	Aboriginal family-led decision making empowers Aboriginal families to have meaningful participation in decision-making about the safety and wellbeing of Aboriginal children and young people. It is a set of processes that allows Aboriginal families to have meaningful participation in case planning and other decision-making processes, leading to better outcomes for Aboriginal children and young people. Caseworkers respect that families are the experts in their own lives and work as partners with the whole family to enable meaningful participation. Aboriginal family-led decision making occur across the support service continuum and is not a one-off process. See Aboriginal family-led decision making factsheet.
Care Act, the	*NSW Children and Young Persons (Care and Protection) Act 1998*. All sections referred to in this document refer to the Care Act unless otherwise specified.
Carer	A carer engaged by a designated agency, authorised under section 137 of the Care Act. Unless otherwise specified, 'carer' refers to: • an authorised carer (foster carer, relative/kin carer or respite carer) of a child in out of home care (OOHC) and • employees providing OOHC to a child in residential settings, including ITC.

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Term	Definition
Case responsibility	Refers to primary case responsibility of a PSP provider for: • providing residential care and control of a child in OOHC • supervision of the child's placement • supporting carers to exercise care responsibility for the child • making decisions about the child, including decisions about managing behaviour • achieving the child's case plan goal of restoration, guardianship or adoption within two years; or providing long-term care. Or refers to primary case responsibility of a PSP provider for achieving a child's case plan goal of preservation within two years (not in OOHC). Or refers to primary case responsibility of a PSP provider or other service for supervising SIL/TSIL placements for young adults (previously in OOHC). Also see secondary case responsibility, SIL, TSIL.
Caseworker or Casework practitioner	See Practitioner
Child	Unless otherwise specified, a child or young person under the age of 18 years: • in OOHC or • not in OOHC with a case plan goal of preservation.
CFDU	DCJ Child and Family District Unit
CSC	DCJ Community Services Centre
DCJ	The NSW Department of Communities and Justice
DCJ principal officer	This is the principal officer of a local district with responsibility for: • supervising that district's arrangements for providing OOHC • responding to critical event reports by PSP providers operating in that district (the principal officer's district). Also see PSP providers and OOHC providers.
Department, the	The NSW Department of Communities and Justice
Designated agency	An agency accredited by the NSW Office of Children's Guardian to provide OOHC services in NSW.
District	See local district.

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Term	Definition
FAPFC	Family Action Plan for Change, also known as the Family Action Plan, is a parent-led plan that identifies the changes needed for children to be safe. It includes goals, actions, responsibilities, timeframes and how children will experience the change.
ICM	Interim Care Model
ITC	Intensive Therapeutic Care
ITTC	Intensive Therapeutic Transitional Care
ITCH	Intensive Therapeutic Care Home
Local district	A DCJ district that is a designated agency. Refer to NSW Department of Communities and Justice' districts. Also see Designated agency, PSP provider.
Minister	Minister for DCJ
Nominated unit	A DCJ unit exercising secondary case responsibility for a child in case responsibility of a PSP provider. In many local districts the nominated unit will be the Child and Family District Unit (CFDU). However, depending on the local district's operating arrangements, it may be a Community Services Centre (CSC), an OOHC Hub or other specialist team. Also see case responsibility and secondary case responsibility.
OOHC	Unless otherwise specified, statutory out-of-home care.
OOHC provider	A designated agency accredited to provide OOHC in NSW. Also see designated agency and PSP provider.
Other service	An agency contracted to provide any other service (excluding OOHC) on a fee-for-service basis. Also see PSP provider and OOHC provider.
Parent	Parent refers to a child's birth parent, or a person allocated parental responsibility or guardianship as the result of a court order.
PCMP	Permanency Case Management Policy
Placement	An OOHC placement ('placement') is a place, other than the usual home of a child, when care is provided to a child by a person other than their parents (section 135(1)). A placement may be a relative/kin care or foster care placement; or ITC placement or another type of placement in OOHC.

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Term	Definition
Practitioner	A practitioner provides casework to a child (in or not in OOHC), their carer (if applicable), parents and family/kin. Unless otherwise specified, a practitioner can include a caseworker, case manager, casework manager, team leader, casework specialist.
Preservation service provider	A PSP provider contracted to provide the PSP family preservation program. Also see PSP provider.
Primary case responsibility	See case responsibility.
PSP	Permanency Support Program (PSP). The PSP provides services to vulnerable children so they can grow up in stable, secure and loving homes.
PSP provider	A PSP provider contracted by the Department to: • arrange and supervise OOHC placements and/or • exercise case responsibility for achieving children's case plan goals of preservation, restoration, guardianship, open adoption and long term care. Also see case responsibility.
Regulations, the	*NSW Children and Young Persons (Care and Protection) Regulation 2022*
Secondary case responsibility	Secondary case responsibility, as distinct from primary case responsibility, is responsibility for carrying out the Department's statutory role, including: • safety and risk assessment (SARA) & risk re-assessment • alternate assessment, to ensure a child's safety in care • exercising the residential aspect of parental responsibility on behalf of the Minister. On ChildStory, secondary case responsibility (exercised by a nominated unit) is referred to as 'internal primary case responsibility'.
Service provider	See PSP provider.
SIL	Supported Independent Living. See SIL fact sheet.
SIL/TSIL placement	Supported Independent Living (SIL) or Therapeutic Supported Independent Living (TSIL) are placements supervised by a PSP provider, in which a young person (in OOHC) or young adult (previously in OOHC), resides. Also see SIL.
Young adult	A young adult 18 years of age or over, previously in OOHC.

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Roles and responsibilities

Statutory powers exercised by the Department

The Department is a statutory agency with powers conferred upon it by the *Children and Young Persons (Care and Protection) Act 1998* (the Care Act), allowing it to:

- respond to child protection reports meeting the risk of significant harm (ROSH) threshold or that are otherwise screened in for assessment
- exercise functions of parental responsibility for children in out-of-home care (OOHC), allocated to the Minister
- enact statutory duties in relation to all orders made under the Care Act, whether or not they involve the re-allocation of parental responsibility
- initiates or consents to adoption or guardianship proceedings.

Also see PCMP Resource - List: Statutory Powers exercised by the Department.

Powers and functions of parental responsibility

The powers of parental responsibility exercised by the Department include all the powers, duties, responsibilities, and authority, which by law, parents have in relation to their children. This means making all the decisions parents would normally make in relation to children when they are in statutory OOHC.

The Minister delegates particular functions of parental responsibility to the Secretary of the Department (section 249 and section 250). In turn, the Secretary delegates some of these powers to various positions in the Department via an internal delegations schedule.

Currently through a deed of agreement, the Minister has delegated powers to Barnardos Australia, to exercise particular, but not all, functions of parental responsibility. All other PSP providers are *not* delegated functions of parental responsibility.

PSP providers are commissioned by the Department to provide PSP services, including preservation and statutory OOHC, under a PSP Program Level Agreement. PSP providers are funded via the PSP Packaged Service Model.

Also see PCMP resource - List: Functions of Parental Responsibility exercised by the Department.

Case management / case responsibility

Case management is comprised of two types of case responsibility, primary case responsibility and secondary case responsibility. On ChildStory, secondary case responsibility, exercised by a nominated unit, is called 'internal primary case responsibility'.

Primary case responsibility

When a PSP provider has *primary* case responsibility, the primary casework relationship is between the provider and the child, their carer, parents and family/kin.

Primary case responsibility includes:

- delivering individualised casework support, planning and review – with the child, their carers, parents, siblings and family/kin
- recognising, engaging and developing the unique strengths and capabilities of the child, their parents and family/kin
- using evidence-based models of practice to:
  - provide practical assistance and flexible wrap around services to meet the child's identified needs and support their family
  - achieve the child's case plan goal as soon as possible, or within two years, as described in the PSP Program Level Agreement (PLA)[1]
- providing information and data regarding each child's progress towards achieving their case plan goal through:
  - ChildStory
  - regular permanency progress reviews.

For children in statutory OOHC, primary case responsibility includes:

- accepting responsibility for expenditure in relation to its exercise of primary case responsibility
- providing residential care and control (section 135), supervision of the placement (section 138), and supporting their carers to exercise care responsibility (section 157)
- making decisions including consenting to some general or emergency medical/dental treatment, managing behaviour, giving permission to participate in activities and decisions about education[2] and training
- working collaboratively with the Department, the child, their carers, parents, family/kin and community, and the services working with them, to achieve a child's permanency goal.

Limitations to primary case responsibility

[1] PLA, Schedule 1, 3.3.1(a).

[2] The decision to enrol a child or young person in a school or change schools, regardless of whether the school is government or private, is exercised by the PSP provider. The PSP provider is responsible (with the carer) for any costs associated with school attendance.

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For children who have achieved their case plan goal of restoration, adoption or guardianship, primary case responsibility is limited to:

- a defined period of post permanency casework support (if approved) and
- delivery of the post permanency casework support plan during this period.

For young persons who have attained the age of 18 years and exited long term OOHC, primary case responsibility is limited to:

- a period expiring upon the young person attaining the age of 25 years and
- the provision of aftercare support, during this period.

Secondary case responsibility

Secondary case responsibility[3] when exercised by the Department, is responsibility for:

- carrying out the Department's statutory role, for example:
  - conducting risk re-assessment in relation to a child subject to an existing child protection report or following restoration of a child in OOHC
  - responding to a new child protection report or
  - conducting an Alternate Assessment
- exercising the residential aspect of parental responsibility on behalf of the Minister for children in OOHC, including making decisions in relation to:
  - providing consent to some medical/dental treatment
  - birth registration/certificates, name change, passports, residence, and citizenship
  - marriage requests, death certificates and registration of deaths
  - inheritance, wills, and trust accounts
  - interstate travel and interstate moves
  - overseas travel or movement
  - publication of identifying information
- working collaboratively with the PSP provider to:
  - set the child's case plan goal
  - approve changes to the child's case plan goal when this is in the child's best interest.

The Department's role

Nominated unit

When a PSP provider exercises primary case responsibility, the Department nominates

[3] On ChildStory, secondary case responsibility (exercised by a nominated unit) is referred to as 'internal primary case responsibility'.

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which of their units will exercise *secondary* case responsibility[4]. In most cases this is the Child and Family District Unit (CFDU) for children on final orders. For a child on interim orders, the nominated unit is usually the Community Services Centre (CSC).

The DCJ unit (usually the CSC) arranging case management transfer:

- notifies the PSP provider of the departmental unit that will be the nominated unit to exercise secondary case responsibility, no later than the transfer date
- arranges internal transfer of secondary responsibility to the nominated unit.

Commissioning and Planning

Commissioning and Planning teams in each local district work to improve the capability of the service system. They do this by:

- identifying gaps and building service system capacity
- responding to systemic, operational or governance issues and
- monitoring and reporting on the performance of the service system.

Contract Managers also work closely with specific PSP providers, using a strengths based approach, to ensure:

- PSP contracts are achieving better outcomes for children and families
- PSP providers have capacity and capability to deliver the outcomes agreed in contracts
- issues and risks are being managed to ensure effective service delivery
- clarity and accountability as to how funds are being used to meet client needs.

Contract Managers collaborate with Permanency Coordinators to:

- support PSP providers to achieve better outcomes for children and their parents
- ensure PSP providers are receiving the correct PSP packages to achieve children's case plan goals
- ensure PSP providers are working towards permanency and there is a pattern of achieving children's case plan goals within two years.

Contract Managers collaborate with CFDUs to:

- ensure PSP providers are receiving the correct funding packages
- identify issues and risks impacting effective service delivery.

See PSP Packages: Eligibility Rules and inclusions and DCJ website: Funding and Financial Support.

Permanency Coordinators

Permanency Coordinators (PCs) are permanency consultants, advocates and advisors to the Department and PSP providers. They help embed a culture that values and prioritises

[4] On ChildStory, secondary case responsibility (exercised by a nominated unit) is referred to as 'internal primary case responsibility'.

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relational, physical, cultural and legal permanency for children and young people. They provide consultation and support to casework teams when considering different permanency pathways and how they can be achieved.

Permanency Coordinators monitor progress towards permanency outcomes within required timeframes. See permanency progress reviews.

Permanency Coordinators adopt an approach that:

- regularly reviews permanency decisions based on the changing circumstances of children, young people, parents and carers
- focuses on permanency for children and young people when providing advice and supporting decision making
- focuses on permanency pathways of preservation, restoration, guardianship and adoption
- provides direction, guidance and supports skill development in permanency work for PSP provider staff
- negotiates the complexity of permanency with sensitivity, empathy and a sound knowledge of relevant legislation, policy and contractual requirements
- advocates for collaborative decision-making between DCJ and PSP providers, children, young people, families and carers.

Also see Permanency Coordinator role scope.

Child and Family District Units (CFDUs)

Child and Family District Units (CFDUs) act as the key interface between PSP provider practitioners and the Department. CFDUs exercise secondary case responsibility as the nominated unit.

Responsibilities include:

- providing advice about this policy and local district operating arrangements
- finding placements for children including making placement broadcasts to PSP providers
- collating, approving, and filing court evidence and other documentation provided by PSP providers with the Children's Court for children in long-term care
- decision making in relation to the Minister's exercise of parental responsibility for children in statutory OOHC[5]
- decision making in relation to setting or changing a child's case plan goal[6]

[5] Barnardos Australia have been delegated aspects of parental responsibility, to exercise some, but not all, functions of parental responsibility.

[6] Barnardos Australia has been delegated aspects of parental responsibility, to exercise some, but not all, functions of parental responsibility. Barnardos Australia can approve changes to case plan goals for non-Aboriginal children with a final order, without proposing the change to DCJ.

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- decision making in relation to approval of PSP service packages (subject to delegations).

CFDUs are also the point of contact for PSP providers, especially when there has been a significant change in relevant circumstances for the child, their parents, siblings or family/kin requiring review by the Department. A PSP provider may:

- notify of the occurrence of a critical event
- notify of an away from placement event
- notify in relation to the achievement of a (preservation) case plan goal
- propose to change a case plan goal
- notify intention to cease case responsibility
- seek transfer of case responsibility.

See DCJ CFDU contact list.

Open Adoption and Permanency Services, OOHC Adoption

OOHC Adoption and Permanency Services has oversight, preparation and management of applications for adoption in the Supreme Court.

OOHC Adoption offers PSP providers access to Adoption Caseworkers in local districts, who have extensive knowledge about adoption. Adoption Caseworkers are not contract managers or decision-makers. Rather, their role is to:

- help the Department or PSP providers to identify children for whom adoption may be an appropriate permanency option
- provide adoption advice in relation to legislation and practice
- provide support, including consultation in complex adoption decision making
- assist in preparing court documents and filing the adoption application in court.

PSP providers can email OOHC Adoption and Permanency Services at adoption.permanentcare@facs.nsw.gov.au.

Central Access Unit (CAU)

The Central Access unit (CAU) acts as a centralised referral pathway for children entering Intensive Therapeutic Care (ITC) or being placed in residential care. It is responsible for suitability assessment, referral management and outcomes reporting.

ITC helps children over 12 years with high needs who are recovering from severe forms of trauma, neglect or abuse. These children:

- are unable to be supported in foster care
- require specialised services to maintain stability in their care arrangements
- are provided with therapeutic services, allowing them to step down into less intensive placements as they heal.

ITC draws on the NSW Therapeutic Care Framework and provides a range of therapeutic placement types.

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Joint Child Protection Response Program (JCPRP)

The Joint Child Protection Response Program (JCPRP) involves the Department, NSW Police Force and NSW Health working together in responding to child protection reports of serious child abuse which may constitute a criminal offence.

The coordination of a tri-agency JCPRP response (in relation to accepted referrals) is managed within the JCPRP Local Planning and Response Procedures.

When there is a JCPRP response, the PSP provider (with primary case responsibility):

- acts to ensure the immediate safety of the victim child and other non-victim children
- takes JCPRP direction regarding preservation of evidence and criminal proceedings
- works collaboratively with JCPRP in relation to how decisions are made to enable a coordinated and effective response.

The PSP provider's legal and contractual role does not change, that is the provider continues to supervise the child's placement and have case responsibility for achieving the child's case plan goal within two years.

The requirement to accept JCPRP direction is time-limited and only continues until the JCPRP SARA is completed.

Panel of Independent Assessors

The Department offers a Panel of Independent Assessors to help practitioners determine the best permanency option for a child, when objective independent advice is required to support decision making. The Department has taken this approach to:

- provide a clear and transparent process for increasing the number of assessors
- support more consistent, predictable and timely outcomes
- describe departmental expectations of independent assessors.

Independent assessors are subcontracted by PSP providers to conduct assessments in relation to particular case plan goals, on a fee for service basis, including:

- restoration viability assessment (often referred to as a parenting capacity assessment)
- guardianship assessment
- adoption assessment and adoption plans (including non-OOHC adoption)
- permanency assessment.

PSP providers can access the NSW Police Force iASK database. As a prescribed body, a PSP provider can share relevant information from the iASK database with an independent assessor, under a contractual arrangement. Information may only be shared for the purpose of conducting an assessment, when it supports the safety, welfare and wellbeing of the child, under section 245F of the Care Act.

PSP providers are required to ensure each independent assessor deals with information from the iASK database in accordance with the information protection principles set out in the Privacy and Personal Information Protection Act 1998. Also see key privacy obligations for DCJ contractor's factsheet.

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PSP providers contact their DCJ contract manager to request endorsement to obtain access to the iASK database. This requires endorsement from a DCJ contract manager (delegation level 5 or above).

The DCJ contract manager emails the iASK administrator[7] to:

- endorse the PSP provider to access the iASK database
- confirm the provider is a prescribed body under section 245B of the Care Act.

When access has been granted by the iASK administrator[2], a PSP provider manager submits a New User Form[8] for each casework practitioner requiring access.

[7] adminiask@police.nsw.gov.au

[8] PSP providers email the iASK administrator at adminiask@police.nsw.gov.au to request the New User Form.

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Assessment

Participation in Triage Assessment, SARA and Alternate Assessment by a PSP provider is good practice and occurs:

- by invitation from the Department or at request of the PSP provider
- when it is agreed it will be beneficial to a child, their parents, siblings or family/kin
- when the child, parents, siblings and family/kin agree to the provider's participation.

Triage Assessment

What is Triage Assessment?

The Department has statutory responsibility for responding to child protection reports (section 30). It triages child protection reports made to the Child Protection Helpline (the Helpline) to prioritise and decide which families receive assessment and support.

In general, the Department prioritises child protection reports:

- screened in as presenting a ROSH or
- screened in as requiring further assessment (non-ROSH).

For each report, the Department considers the reported concerns, the Helpline's assessment, availability of local resources, and operational capacity of the Department to respond.

Each report is reviewed regularly for a period of 28 days, to allocate, transfer, refer or close. Review usually occurs by:

- peer review, to encourage collaborative, shared decision making
- weekly allocation meeting (WAM), to prioritise reports against the CSC's capacity.

Children with the highest priority are allocated to a departmental caseworker for a Safety and Risk Assessment (SARA) or an Alternate Assessment.

If a child is not able to be allocated during the 28 day period, the Department may:

- refer the child, their parents and family/kin to other services, request services from other agencies or provide other assistance (section 17, sections 20-22 or section 113)
- hold an interagency case discussion (ICD) to facilitate collaboration and sharing of

expertise among services involved with the child, their parents and family/kin.

Aboriginal cultural considerations in Triage Assessment

Practitioners make enquiries to identify a child's cultural background, history and heritage. See identification and de-identification of Aboriginal children and young people.

A support plan for an Aboriginal child is developed through:

- Aboriginal family-led decision making
- planning to empower the child, their parents and family/kin to set their own goals, priorities and action plans.

Also see Aboriginal family-led decision making and Aboriginal family-led decision making factsheet.

Collaborating in Triage Assessment

The Department and a PSP provider *currently* or *previously* exercising primary case responsibility have complementary roles in conducting Triage Assessment.

The Department conducts Triage Assessment. When a PSP provider exercises primary case responsibility, the Department:

- informs the PSP provider of a new report
- consults with the provider and any other PSP provider known to be previously or currently involved with the child and their family
- invites the provider to participate in Triage Assessment (led by the Department) by:
  - attending a departmental WAM or
  - participating in an interagency case discussion (ICD) with the Department.

The PSP provider assists the Department's Triage Assessment by:

- continuing to exercise primary case responsibility while Triage Assessment occurs
- timely sharing of all information relevant to Triage Assessment
- responding to the Department's requests for information exchange.

Assessing safety and risk

The Department has statutory responsibility for responding to child protection reports (section 30). Departmental practitioners assess reports using Structured Decision Making (SDM©) or Alternate Assessment frameworks, alongside professional judgement. Also see PCMP Resource - List: Frameworks, Standards, Guidelines & Assessment Tools.

What is SARA?

Safety and Risk Assessment (SARA) is an SDM© assessment framework used in relation to a child protection report concerning care and supervision of a child by a person exercising

parental responsibility (for the child)[9]. This includes birth parents, guardians, adoptive parents or relative/kin carers with parental responsibility.

An initial safety assessment helps the Department to assess a child's immediate safety in the home where they live, with safety decisions of *safe, safe with plan* or *unsafe*. Departmental practitioners visit a child, their parents, siblings and family/kin to carry out a SARA. A safety assessment is recorded in ChildStory within two days[10] of the visit.

When a child is assessed as *unsafe* in their home, the Department has a statutory responsibility to remove the child and arrange an OOHC placement.

A risk assessment helps the Department to assess the risk a child will experience abuse or neglect in future, in the home where they live. Possible risk outcomes are *low, medium, high* or *very high*. A risk assessment is recorded in ChildStory within 30 days after the safety assessment.

When a child is assessed as *unsafe* or *safe with plan* and/or at *high* or *very high risk*, they are considered to be *in need of care and protection* and in many cases protective action will be taken by the Department. If so, a case plan is developed.

Protective action is taken through engaging the child, their parents, family/kin and community in decision making, supported by case planning and review.

A review of the initial safety assessment is carried out if new information is received that would change the initial safety decision.

Risk *re*-assessment helps the Department to re-assess the risk to a child following case planning and review of work towards achieving the child's case plan goal. A risk re-assessment is completed:

- 90 days following the development of a case plan when the risk was (initially) assessed as high or very high and
- every 90 days after (or more frequently, as required).

The Department may cease involvement with the child and their family when:

- the risk re-assessment has an outcome of *low* or *moderate* and
- a closing safety assessment with outcome of *safe* shows no unresolved dangers.

Use of alternative dispute resolution (ADR)

The Department is required to offer ADR when responding to a child protection report screened in as *risk of significant harm*, before seeking a care order, unless there are exceptional circumstances (section 37).

The purpose of ADR is to resolve problems early and reduce the likelihood a care application will need to be made; and to divert the child away from the OOHC system. The

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[9] There are a range of circumstances in which SARA is applied. For further information, see DCS Casework Practice or discuss with a departmental practitioner.

[10] Unless otherwise stated in this document, all references to a 'day' is a reference to a calendar day (not a business day).

Department's preferred model of ADR when responding to a child protection report (if available) is:

- perinatal or Pregnancy Family Conferencing (PFC) for unborn children (Sydney Local Health District only) and
- Family group conferencing (FGC) in all other cases.

Aboriginal cultural considerations in SARA

Before carrying out SARA for an Aboriginal child, the Department engages and consults with an Aboriginal Community Controlled Organisation (ACCO) or other locally governed Aboriginal community group[11]. Also see Aboriginal Community Controlled Organisation (glossary).

When carrying out SARA, the Department take steps to:

- verify the Aboriginal child's indigenous status and cultural identity has been accurately recorded
- identify the child's family/kin networks (which may include Family Finding as a practice approach)
- visit the child, their parents and family/kin, with an Aboriginal caseworker (if possible)
- use Aboriginal family-led decision making
- engage and support participation of Aboriginal family/kin and communities, to make a culturally valid assessment
- recognise Aboriginal family structures, environments and child rearing practices.

Also see SARA and Aboriginal family-led decision making factsheet.

An Aboriginal child, assessed as *safe* or *safe with plan* (no protective action taken by the Department), is referred to Aboriginal family strengthening services, with an Aboriginal PSP provider (if possible). Also see Triage.

For an Aboriginal child with a case plan goal of preservation, the Department:

- makes proactive efforts to support their parents and family/kin to address risks to the child
- refers the family to Aboriginal family strengthening services, to enable the child to remain safely at home and in their community.

For an Aboriginal child with a case plan goal of restoration, the Department makes proactive efforts towards restoration and family reunification.

Collaborating in SARA

The Department and a service provider, *previously* or *currently* exercising primary case responsibility for a child, have complementary roles in carrying out SARA. Current or

[11] Some local districts refer to local Aboriginal Consultation Advisory Panels (ACAP) - see DCJ Aboriginal Consultation Guide.

previous case responsibility includes circumstances when a service provider:

- *previously* exercised primary case responsibility and successfully achieved preservation, restoration, guardianship or adoption
- is *currently* exercising primary case responsibility for a child with a goal of:
  - preservation, whilst the child remains in the home (not in OOHC) or
  - restoration, after the child has returned home (has exited OOHC).

When a PSP provider *previously* exercised or *currently* exercises primary case responsibility for a child subject to SARA, the Department:

- informs the PSP provider of the new report
- plans a joint response with the PSP provider, for example inviting them to participate in a pre-assessment consultation (PAC) or assessment consultation (AC)
- consults with the PSP provider and JCPRP when there are concerns of serious child abuse which may constitute a criminal offence
- includes the PSP provider in ADR, subject to consent
- includes the PSP provider in group supervision (if convened).

When a PSP provider *currently* exercises primary case responsibility for a child subject to SARA, the Department:

- liaises with the provider, when seeking direct contact with a child, their carers, parents, siblings and family/kin in order to carry out the assessment
- informs the provider when contact is planned, or if not possible, immediately after it has occurred
- funds ADR using FGC (only for children with a case plan goal of preservation)
- provides relevant information to the provider about the outcome of the assessment within 10 business days after the conclusion of the assessment.

Whilst the SARA is ongoing, the PSP provider:

- may participate in the assessment (but not act as a secondary caseworker) by:
  - helping child, their parents or family/kin understand the assessment and concerns raised in the child protection report
  - providing support and advocacy during an interview by the Department or subsequent case planning or
  - coaching and supporting parents and family/kin to increase safety and reduce risk
- accepts guidance from the JCPRP (if applicable)
- cannot participate in the exercise of statutory powers of assumption or removal (section 43 and 44)
- shares all information relevant to SARA and responds to departmental requests for information exchange.

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Alternate Assessment, Carer Review and Reportable Conduct

Alternate Assessment

Alternate Assessment is the assessment framework the Department use to assess a child protection report[12] about the care and supervision of a child in OOHC[13].

DCJ practitioners use Alternate Assessment to assess the child's immediate safety, including if there is a need for protective action.

Alternate Assessment considers a range of factors including:

- the child's vulnerability to harm
- the carer's response to the allegations and capacity to provide care, and
- the support available to the carer and protective factors contributing to the child's safety.

To complete the Alternate Assessment, the Department:

- speaks with the child, their carers and all other members of their household, including other children
- gathers information from other relevant people important to the child or who may have observed the alleged harm or risks.

The Alternate Assessment is finalised within 30 days of the first assessment visit with the child and carer.

At the finalisation of the Alternate Assessment, the Department makes a separate Judgement and Outcomes decision[14]. This includes:

- a determination as to whether the child protection concerns are substantiated (section 23)
- whether the child is assessed as being *in need of care and protection* (section 34)
- the identification of any person determined to have caused harm to the child (PCH).

Collaborating in Alternate Assessment

Alternate Assessment is a collaborative process between the Department and the PSP provider. The Department and the PSP provider have complementary roles which support the accurate, timely and holistic assessment of the child's experience of safety in care.

When preparing for and completing an Alternate Assessment, the Department:

- informs the PSP provider of a new report, and shares any relevant information that helps the provider to support the safety and wellbeing of the child

[12] All child protection reports concerning a child in OOHC that meet the ROSH threshold, receive a statutory response by the Department, and Alternate Assessment. Some non-ROSH reports may also receive an Alternate Assessment, especially if there are multiple non-ROSH reports to assess cumulative harm.
[13] The Alternate Assessment is used when a report is received about a child in statutory OOHC under the parental responsibility of the Minister or care responsibility of the Secretary.
[14] The Judgement and Outcomes report is not part of the Alternate Assessment.

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- consults with the PSP provider when planning a response, including inviting the PSP provider to participate in a Pre-Assessment Consultation (PAC)
- consults with the PSP provider and JCPRP when there are concerns of serious child abuse which may constitute a criminal offence
- collaborates with the PSP provider throughout the duration of Alternate Assessment to ensure the child's immediate safety and all relevant information is considered
- liaises with the PSP provider when seeking direct contact with a child, their carers, parents, or family/kin in order to complete the Alternate Assessment
- informs the PSP provider when making contact is planned, or if not possible, immediately after it has occurred
- gives clear and specific information to the child, parents and carers about the concerns reported to the Department and how they relate to the safety of the child
- determines the final outcome of the Alternate Assessment, being the child is safe, safe with plan or unsafe in their current placement.

When safety planning for a child during the Alternate Assessment, the Department:

- develops the safety plan in partnership with the child, their network, carer and PSP provider
- ensures Director Community Services and PSP provider delegate approval is sought, if a safety plan is required to respond to harm caused by the carer
- provides a copy of the safety plan to the child, carer, any other person identified in the plan as well as to the PSP provider
- urgently consults with the PSP provider to arrange a psychological consult if a danger is identified about a child's behaviour
- reviews the safety plan within the first 72 hours in partnership with the PSP provider
- finalises the safety plan at the completion of an Alternate Assessment.

After the Alternate Assessment is completed, the Department also:

- informs the PSP provider, child, carers, and parents of the outcome of the Alternate Assessment
- provides a copy of the Alternate Assessment to the PSP provider within 10 business days of it being finalised
- plans with the PSP provider how the child can be moved from their current carer in a way that is sensitive to the child's needs if the outcome of the Assessment is unsafe
- arranges an exchange of assessment information with the PSP provider within two weeks of the finalised assessment
- informs the PSP provider and any persons causing harm (PCH), of the PCH identification.

When DCJ is carrying out an Alternate Assessment, the PSP provider:

- continues to exercise primary case responsibility, unless the Department and the PSP provider agree otherwise

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- may participate in the assessment (but not act as a secondary caseworker) by:
  - helping the child, their carers, parents or family/kin understand the assessment and concerns raised in the child protection report
  - attending and providing support and advocacy during an interview by the department or subsequent case planning
- accepts guidance from the JCPRP, if JCPRP are conducting an investigation of serious child abuse
- shares all information relevant to the Alternate Assessment with the DCJ unit conducting the investigation
- participates in a Pre-Assessment Consultation and Assessment Consultation.

When safety planning for a child during the Alternate Assessment, the PSP provider:

- works in collaboration with the Department to ensure the child's immediate safety
- provides delegate approval for a safety plan that is responding to harm caused by the carer
- collaborates with the Department about how the safety plan will continue to be monitored between the 72 hours review and the completion of the Alternate Assessment
- assists in arranging a psychological consultation if a danger is identified about a child's behaviour
- does not change a child's primary placement prior to the outcome of the Alternate Assessment without discussing with the Department first, unless there are serious, and immediate, safety concerns:
  - in the rare situations where a PSP provider assesses that they need to move a child's primary placement before the outcome of an Alternate Assessment, they advise the DCJ allocated worker, or, if the report has not been allocated, the nominated unit
  - if a PSP provider is moving a primary placement before the outcome of an Alternate Assessment they should speak to the child and carer about the concerns and determine that moving the placement is the only response that will ensure safety for the child.

A PSP provider cannot participate in the exercise of statutory powers of assumption or removal under sections 43 and 44.

After the outcome of the Alternate Assessment is delivered, the PSP provider:

- discusses the outcome of the Alternate Assessment with the Department including any concerns or disagreements with the outcome reached
- works in collaboration with the Department to support the child's ongoing safety, reduce any risks and build on identified strengths
- arranges a suitable placement for a child assessed as unsafe in their current placement
- participates in an exchange of assessment information as arranged by the Department within two weeks of the finalised assessment.

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Carer review

The PSP provider conducts the carer review, within 30 day of an Alternate Assessment being finalised, if there are:

- reportable allegations or
- if the assessment substantiates harm or risk of harm to a child as a result of the carer's behaviour or capacity to provide a safe and nurturing environment.

The PSP provider conducts a carer review to:

- discuss any difficulties or issues the carers are experiencing that impact on their ability to provide safety and care for the child
- ensure compliance with the Carer Code of Conduct
- check the circumstances of the carer's household to ensure nothing has changed to affect their authorisation
- determine what support, training or other strategies the carer may need to continue caring for the child
- determine whether the carer is suitable to continue to care for the child.

PSP providers share any relevant findings from the carer review with the Department.

Collaborating in reportable conduct investigations

The Department and a PSP provider have *additional* complementary roles when a new child protection report contains allegations of reportable conduct by an employee or carers authorised by the PSP provider.

While the Department conducts an Alternate Assessment, the PSP provider is responsible for conducting a reportable conduct investigation. This includes:

- investigating reportable or alleged criminal conduct of their employees and carers
- responding to critical events.

In most cases, an Alternate Assessment and reportable conduct investigation occur concurrently. During this time:

- the safety of the child is always prioritised
- the Department (in relation to Alternate Assessment) and the PSP provider (in relation to the reportable conduct investigation) plan together using the Pre-Assessment Consultation (PAC) meeting.
- the Department and the PSP provider each accept guidance from the JCPRP if they are assessing concerns of serious child abuse which may constitute a criminal offence
- where appropriate, the Department and the PSP provider coordinate joint interviews of the child, other children and carers to inform the Alternate Assessment and reportable conduct investigation respectively
- the Department and the PSP provider exchange information relating to:
  - the safety of the child and other children in the placement

- communication with the child's parents, siblings and family/kin
- the conduct and progress of the Department's Alternate Assessment and the PSP provider's reportable conduct investigation.

The PSP provider is responsible for the reportable conduct investigation and the submission of the reportable conduct unit investigation to the Office of the Children's Guardian.

Collaborating in Safety in Care meetings

The Department arranges an exchange of information with the PSP provider within two weeks of the finalised assessment.

The preferred method to facilitate the exchange of information is through a Safety in Care meeting. The meeting may be facilitated in person, through group supervision, by phone, or through the exchange of email information. The information shared includes:

- information and knowledge about the assessment, child, or carer as it relates to the child's experience
- safety and risk issues for the child, including outcomes of the assessment
- responsibilities and actions as a result of the assessment, including safety interventions or case plan recommendations
- the strengths of the child and their connections and networks and how to build on these
- the plan for the Department to complete the review Alternate Assessment, where the outcome of the original Alternate Assessment was unsafe, safe with plan and/or the risk to the child was assessed as high or very high
- how the support needs of carers will be addressed and how any strengths will be built on.

The Department monitors and assesses the child's safety and risk. The PSP provider is responsible for responding effectively to create and sustain safety and reduce risk.

The following people may be invited to contribute to the information shared, or attend the Safety in Care meeting:

- the PSP provider caseworker and manager
- the DCJ caseworker and manager who completed the Alternate Assessment
- the Permanency Coordinator (if relevant)
- any other support person who was involved in the assessment process and will continue to support the child or carer.

The PSP provider uses the information gathered to date, along with the conversations from the Safety in Care meeting to address the ongoing wellbeing of the child. The PSP provider coordinates the following actions following an Alternate Assessment, Carer Review and Safety in Care meeting:

- OOHC case plan review
- behaviour support plan (where relevant)
- cultural support plan (where relevant).

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Also see information exchange.

The outcomes of the exchange of information, whether through a Safety in Care meeting or in other ways is recorded by the Department to reflect:

- the assessment outcome
- actions as a result of the assessment
- responsibilities for completing those actions
- plans for monitoring.

Placement

OOHC placement

Arranging a placement

The Department determines what type of placement is to be arranged for a child in OOHC, guided by:

- permanent placement principles for all children (section 10A)
- placement principles for Aboriginal children (section 13)
- the principles for administration of the Care Act, including the culture, disability, language, religion, sexual orientation, and gender identity of the child to be:
  - protected and preserved and
  - taken into account in all actions and decisions (section 9(2)).

Placements may be arranged by local districts, other parts of the Department or PSP providers, which are accredited to provide foster care, residential care and/or adoption services by the Office of the Children's Guardian.

However, under PSP, all placements are arranged and supervised by PSP providers.

Paying the carer allowance

PSP providers pay their carers an allowance to provide foster care placements for children in OOHC.

Each PSP provider determines the allowance paid to their carers. However, the minimum allowance paid is the standard rate published annually by the Department.

PSP providers consider paying an establishment payment to carers for new placements where needed.

Communication of supports to carers

PSP providers send the Carer Supports Letter to primary carers with their agency so carers are fully aware of the supports available to them and can access government-funded supports and other services.
PSP providers must use the *Carer Supports Letter Template* and personalise it to include information that meets the individual circumstances of the carer and children or young

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people in their care. The template is available on the OOHC Carer supports and resources webpage.
A new Carer Supports Letter must be sent:

- in July 2025 for all carers upon commencement of this policy
- when a carer commences caring for a child or young person in OOHC
- when a carer transfers to another agency (new letter sent by new PSP provider)

Subsequent, updated letters must be sent, at a minimum, each year at the same time as the annual case plan review, for the duration of care.

The letter is updated each year to reflect the current financial supports available to primary carers at that time, including the allocated PSP packages for those in their care. Carers of multiple children will receive a single letter containing all the details for every child in their care. Individual letters per child are not required.
PSP packages that do not apply to the child's circumstances or any unapproved funding (e.g. applications pending approval) are not included in the letter as they are not applicable to the carer and child at that time. Changes to packages, entitlements and other supports over the year can be reflected in the next annual letter.
The letter must also include details of the PSP Provider's complaint mechanisms to be informed of their right to complain and be supported to work with the PSP Provider, DCJ or the NSW Ombudsman to address and resolve the complaint.

Aboriginal cultural considerations in placement

The Department and PSP providers seek to arrange placement of Aboriginal children within their family/kin, community and culture, consistent with the Aboriginal and Torres Strait Islander Principles. This means practitioners:

- facilitate partnership and participation of Aboriginal people in the care and protection of their children, with as much self-determination as is possible (section 11)
- ensure decisions made about Aboriginal children are family-led, and involve the child, parents, family/kin and community in decision making concerning placement of their children and in other significant decisions (section 12)
- undertake work to find family and conduct genealogy to identify potential relative/kin immediately after entry into OOHC
- determine the child's Aboriginality or cultural heritage as soon as practicable
- ensure the placement arranged is consistent with Aboriginal child placement principles (section 13).

Placement with an Aboriginal Community Controlled Organisation

The placement of an Aboriginal child is with an Aboriginal PSP provider that is an Aboriginal Community Controlled organisation (ACCO). If this is not possible:

- the placement may be made with another PSP provider (not an ACCO), in partnership with the child's local Aboriginal community

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- case planning sets out a strategy to transition case responsibility for the child to a PSP provider that is an ACCO (if available).

Placement with an Aboriginal carer

The placement of an Aboriginal child is with an Aboriginal carer. If this is not possible, case planning includes goals and tasks to support the non-Aboriginal carer to:

- develop an understanding of the children's Aboriginal nation, lands, mob, totem, spiritual and cultural practices (lore, rites and rituals), language and other cultural connections
- demonstrate commitment to maintaining the child's cultural identity, belonging and meaningful connections to family/kin, community and culture
- receive appropriate support to ensure the child's needs are met in a culturally rich environment
- receive support as needed to achieve improved lifelong wellbeing outcomes for the child, including, cognitive functioning, physical health and development, mental health, social functioning and cultural and spiritual identity.

Non-Aboriginal carers of Aboriginal children and young people are made aware they will be transferred over time to ACCOs[15].

Placement with siblings

The placement of an Aboriginal child is with their siblings. If this is not possible, case planning supports lifelong connections by setting out arrangements which enable the child and their siblings to participate in family time and cultural activities as a sibling group.

Also see case planning for siblings in OOHC.

Placement on Country

The placement of an Aboriginal child is on Country[16] of their family's Aboriginal nation, lands or mob; or a placement located in the child's Aboriginal community of belonging[17]. If this is not possible, case planning sets out:

- a strategy for developing and maintaining the child's positive sense of identity, belonging and meaningful connection to family/kin, community and culture
- arrangements to help the child develop an understanding of their Aboriginal nation, lands, mob, totem, spiritual and cultural practices (lore, rites and rituals), language and other cultural connections
- arrangements, led and driven by family/kin, for cultural connections and experiences

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[15] PLA, Schedule 1, 4.4.3

[16] The term 'on Country' refers to the geographical location of an Aboriginal child's family's nation, lands or mob.

[17] The term 'community of belonging' refers to an Aboriginal community off Country to which an Aboriginal child or their family/kin feel a sense of belonging and/or have a cultural connection (note a child can have more than one community of belonging).

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through participation in cultural activities, events and programs.

See Aboriginal child safety, Aboriginal family-led decision making (glossary) and Placement decision making.

Also see Understanding and Applying the Aboriginal and Torres Strait Islander Child Placement Principle.

Relative/kin care placement

In most circumstances, placement with family/kin who are safe is the best possible placement for the child as:

- they are with people who already know, love and understand them
- it preserves their identity, language, cultural and religious ties
- it maintains relationships with people significant in their lives, including parents, siblings, extended family, peers, family friends and community
- it provides them with security and stability while in OOHC
- it aligns with the permanent placement principles (section 10A) and Aboriginal and Torres Strait Islander Child Placement Principles (section 13)
- permanency is more likely to be achieved.

PSP providers work with urgency and persistence to identify family/kin that can care for the child, in consultation with the child, their parents and family/kin. There are a number of resources and tools to support caseworkers with this work, including Family Finding©[18], genograms and the circle of safety resource.

Where appropriate, provisional or full assessment and authorisation is carried out in a timely manner to ensure placement options are available when required, and to meet court requirements.

PSP providers receive a baseline service package[19] including funding for recruitment, assessment and authorisation of relative/kin[20] carers (in addition to foster carers).

Foster care placement

PSP providers have a critical role to play in sustainably growing the capacity of the OOHC sector to provide foster care placements. Providers recruit, assess, authorise and maintain a pool of foster carers, including carers who can accept immediate placements, based on local

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[18] Family Finding© the department's preferred model, aims to locate, connect and engage parents, siblings, family/kin or other supportive persons to build a child's lifetime support network and enhance placement permanency, whether through restoration, guardianship or long term care.

[19] A range of other packages may also be available (specialist packages) subject to eligibility criteria. Also see PSP Program description for PSP providers.

[20] Throughout this document, unless otherwise specified, kin of a child includes any person who shares a cultural, tribal or community connection with the child that is recognised by that child's family or community (Section 3 & section 10A).

demand and supply of foster carers[21].

Foster carers are supported to provide:

- immediate placements[22] regardless of a child's need level, case plan goal, age, gender or other characteristics
- short term care, restoration supports, or to become guardians or prospective adoptive parents
- care to children with complex needs who are stepping down from Intensive Therapeutic Care (or an Alternative Care Arrangement) to family based placements[23].

Prospective foster carers are provided information about permanent placement principles (section 10A). Providers explain at the recruitment stage, that assessment and authorisation of foster carers to support restoration, guardianship and adoption[24] is prioritised in preference to long term care.

PSP providers conduct recruitment campaigns to attract prospective foster carers capable of supporting the full range of permanency goals under PSP as well as short-term, emergency and respite care. PSP providers also recruit carers, including potential respite carers from a child's family and kinship network.

Foster carers are recruited, trained and supported to:

- provide emergency and short term care to a child
- participate in permanency case planning
- work with a child's practitioner, therapeutic services, and family/kin, to achieve restoration, become a legal guardian, or become an adoptive parent
- support a child's time with their family
- understand and appropriately respond to any trauma or pain-based behaviour a child is experiencing
- create a safe, nurturing and positive environment that meets the cultural needs of the child.

Providers also recruit train and support Aboriginal foster carers to:

- support implementation of the Aboriginal child placement principle (section 13)
- enable Aboriginal children to maintain meaningful connections to culture and country, for lifelong wellbeing
- provide immediate (emergency) and short-term Aboriginal foster care

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[21] PLA, Schedule 1, 4.3.2

[22] PLA, Schedule 1, 4.3(a)

[23] PLA, Schedule 1, 4.3(e)

[24] Adoption is the least preferred permanent placement for an Aboriginal child.

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- contribute to an Aboriginal respite carer network[25].

This includes, where possible, recruitment of Aboriginal foster carers who are recognised as members of the same local Aboriginal community as the child, and are custodians of the land where the child resides. Otherwise, providers recruit Aboriginal or Torres Strait Islander foster carers from other communities or lands, who are residing locally.

Arranging an OOHC placement

Collaborating in arranging immediate placements

The Department and the PSP provider have complementary roles in arranging immediate placements.

PSP providers recruit and maintain a pool of foster carers, enabling the arrangement of immediate placements (sometimes referred to as 'emergency placements').

When a PSP provider arranges an immediate placement, they commence primary case responsibility. Also see transfer of primary case responsibility.

An immediate placement is arranged when:

- the Department broadcasts a Placement Referral through ChildStory, seeking a foster care placement
- a PSP provider submits a Placement Referral Acceptance (accepted by the Department).

Also see collaborating in arranging foster care placements.

Transition from an immediate placement

At the conclusion of an immediate placement:

- a child may be returned to their parents or placed with a relative/kin carer or
- a child may be placed with a foster carer, if a suitable member of a child's family/kin cannot be identified.

Where possible, any potential relative/kin carer should be authorised by the PSP provider that provided the immediate placement. If a new relative/kin carer or foster carer is authorised by another PSP provider, the existing provider:

- develops a transition plan in consultation with the child's parents and family/kin, the Department, and the new PSP provider
- provides necessary casework to support transition of the child to the primary case responsibility of the new PSP provider.

Conversion to permanent placement

In some cases, a child's emergency carer may become their permanent carer when:

- all efforts have been explored, and a member of the child's family/kin can still not be identified and authorised as a relative/kin carer

[25] PLA, Schedule 1, 4.4.2(a).

- the conversion of the immediate placement to a permanent placement is agreed to by the carer and PSP provider and is in the best interest of the child.

Also see resolving disputes.

Collaborating in arranging relative/kin placement

The Department has the primary role in assessing and authorising relative and kin carers and providing ongoing case responsibility to the children of those carers. In limited circumstances, when this does not occur, the Department and a PSP provider have complementary roles in arranging relative/kin placements. PSP providers assist the Department to recruit, assess and authorise a relative/kin carers (in the first instance)[26].

When arranging a relative/kin placement, the Department:

- complies with the permanent placement (section 10A) and Aboriginal child placement principles (section 13)
- identifies family/kin of the child who may be appropriate to be assessed and authorised by the PSP provider, as a relative/kin carer for the child
- if multiple potential relative/kin carers are identified, works with all the family to help determine which family members are best placed to undertake provisional relative/kin carer assessment, before requesting the PSP provider conduct full relative/kin carer assessment

  OR

- requests a PSP provider conduct provisional or full relative/kin carer assessment of the relative/kin considered best placed to care for the child from the options identified through finding family work, Aboriginal family-led decision making, family group conferencing or other family led processes
- advises the Children's Court about the timeframes for a PSP provider to reasonably be able to conduct a relative/kin carer assessment when court proceedings are underway.

When arranging a relative/kin placement in response to a request by the Department, a PSP provider:

- assesses and authorises an identified relative/kin carer applicant
- is responsible for incurring expenditure in relation to relative/kin carer assessment
- may arrange more than one relative/kin carer assessment identified through efforts to find family, subject to the needs of the child[27]
- if more than one family member has been identified, makes decisions about which assessments to prioritise with the family through Family Group Conferencing or Aboriginal family-led decision making, subject to operational capacity and court

[26] PLA, Schedule 1, 4.3.2

[27] PSP providers receive a baseline service packages to assess and authorise relative/kin carers. If the cost of assessment/authorisation becomes extraordinary a Complex Needs specialist package can be applied for.

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timeframes

- assesses and authorises relative/kin carers in a timely manner, in response to the administrative directions of the Children's Court, when court proceedings are underway:
  - making best endeavours to complete assessments within court-imposed timeframes
  - requesting the Department to seek leave of the court to extend timeframes for assessment (if necessary).

Collaborating in arranging foster care placements

The Department and PSP providers have complementary roles in arranging foster care placements when a member of a child's family/kin cannot be identified.

Arranging foster care placements occurs through ChildStory. The PSP provider enters authorising carer conditions and carer information in ChildStory Partner Community (AUT record) to support foster carer search. This does not prevent the Department and PSP providers using telephone calls and emails to facilitate good relationships, information sharing and placement matching.

When requesting a foster care placement, the Department broadcasts a Placement Referral through ChildStory, seeking a placement arranged by a PSP provider[28].

PSP providers, following receipt of a Placement Referral (broadcast), reply to the Department confirming Placement Referral Acceptance or Placement Referral Decline.

PSP providers consider all measures that can be put in place to mitigate risk, help the carer to care for the child and support Placement Referral Acceptance. Providers provide a clear rationale and evidence for declining a Placement Referral. See PLA Schedule 1[29] for examples of when a Placement Referral may be declined.

When broadcast of a placement request occurs:

- the practitioner requesting the placement completes a Placement Needs Assessment (PNA), which creates a Client Information Form (part A and part B) that supports placement matching
- the CFDU contacts the practitioner who completed the PNA for further information, as required
- the CFDU applies the Child Assessment Tool (CAT) within 14 days of placement to determine:
  - the level of the child's needs in the placement and the corresponding 'child needs package' tailored to the child's needs (low, medium or high)
  - whether a child is referred to the CAU for ITC placement (CAT score 5/6)
- the CFDU conducts a CAT review within 30 days of placement, if requested by the PSP provider.

[28] The PSP provider will be required, upon notification by the Department, to accept Placement Referrals (Broadcasts) up to its number of Actual Vacancies via the ChildStory Partner Portal (PLA Schedule 1, 4.3.1).

[29] PLA Schedule 1, 4.3.1 (g).

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When arranging a foster care placement, a PSP provider:

- proposes a foster care placement in response to a Placement Referral (broadcast) by the Department
- matches a child to a foster care placement, informed by the Placement Needs Assessment (PNA) and Child Assessment Tool (CAT) outcome.

Placement matching

Placement matching is the process of matching a child with suitable foster carers to promote the successful establishment of the placement and achievement of the child's case plan goal. PSP providers support carers to provide care to a range of children with different characteristics, including, age, behaviour, disability and interests.

Placement matching relies on the placement needs assessment (PNA) and client information forms (CIF) Part A & B. Neither the PNA nor the CIF forms replace professional judgement regarding placement matching. Rather, they help the Department and PSP providers make informed decisions based on a structured assessment of the child's needs.

Placement matching also addresses other factors such as:

- whether the proposed placement is consistent with the permanent placement principles (section 10A) and Aboriginal child placement principles (section 13)
- other information exchanged between the Department and PSP provider
- the placement type, that is, whether it is an immediate, shorter term, or long term foster care placement
- the needs and stability of other children in the placement.

Placement needs assessment (PNA)

A placement needs assessment (PNA) supports placement matching and results in a Client Information Form (part A and part B). It is an assessment compiling known information about a child across the domains of:

- daily living skills
- communication, emotional and behavioural functioning
- social relationships
- challenging or harmful behaviours
- interests and recreation
- identity, extended family and significant relationships
- education/vocational training and
- child protection history.

Child Assessment Tool (CAT)

The CAT supports placement matching. It is informed by the information contained in the PNA (Client Information Form, part A and part B). The CAT:

- helps determine the service type and level of support to best meet the needs of a child

(Child Needs package)

- enhances the transparency and consistency of placement decisions (foster care, residential care or ITC)
- creates a common framework for placement decisions between the Department and the PSP provider
- considers the impact of certain behavioural issues and health and development issues on both the placements and carers, with the goal of minimising unplanned placement changes.

Also see PCMP Resources - List: Frameworks, Standards, Guidelines & Assessment Tools.

Review of a child's assessed level of need

A PSP provider can request a review of the CAT outcome if:

- there is new information about the child's behaviours, health or developmental issues
- if a child's circumstances have changed significantly, impacting the child's behaviour, the level of care they require, or the stability of the placement.

A CAT review is completed by the nominated unit[30] in collaboration with the PSP provider:

- The nominated unit completes the CAT (review) in ChildStory.
- The PSP provider provides all relevant information about the child and their placement to the nominated unit, to support the CAT Review.

Ensuring a placement is safe

Practitioners ensure a placement is physically safe when placing a child with carers for the first time.

The PSP provider arranging the placement ('authorising provider') provides a copy of the latest OOHC Home Inspection Checklist[31] (if practicable) to the caseworker responsible for placing the child ('placing caseworker').

The placing caseworker:

- uses the checklist to confirm any outstanding issues have been addressed in the placement and that no new issues have arisen
- seeks the carer's permission to walk around the placement home including the front and back yards to check if a placement is physically safe or not
- explains the reasons for walking around the home to the carers, and works with them to understand the cause of, and address, specific dangers.

If there are any immediate or ongoing safety issues identified, the placing caseworker:

- alerts the authorising PSP provider immediately

[30] Barnardos is delegated certain aspects of parental responsibility under a deed entered into by the Minister and Barnardos. This delegation allows Barnardos to conduct its own CAT reviews.

[31] Practitioners are not required to conduct a new Home Inspection Checklist however they check for non-compliance based on their awareness of the standards.

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- does not leave the child at the placement if assessed as unsafe.

  For example, if a swimming pool at the placement was without secure fencing and a working gate, the child would be assessed as unsafe (as well as any other children in the placement) by the placing caseworker.

At the case transfer meeting, the placing caseworker raises any immediate or ongoing safety issues with the authorising provider, including outstanding issues from the last home inspection.

The authorising provider considers a joint home inspection with the placing caseworker to ensure the child is safe in the placement. This recognises:

- a foster carer's circumstances and household may change at any time after their initial assessment or between annual reviews
- that we work collaboratively to uphold the rights of every child to a safe placement.

Changing a child's OOHC placement

For changes in placement involving a change in primary case responsibility from one PSP provider to another, see transfer of primary case responsibility.

PSP providers advise the nominated unit of internal changes to primary placements (excluding respite placements) between their carers within five business days[32].

PSP providers immediately advise the nominated unit of:

- proposed or actual changes to placements between PSP providers
- circumstances when a child is away from placement or away from a TCA placement.

Restoration placement

What is a restoration placement?

A restoration placement occurs when a child:

- exits OOHC, but remains in the parental responsibility of the Minister and
- goes home to live with their parents (if safe to do so) under a restoration plan accepted by the court.

A restoration plan is considered to be approved when:

- a care plan has been filed in Children's Court proceedings with a goal of restoration (section 78 and section 83)
- the Children's Court accepts the care plan and has made a Shorter Term Court Order (STCO) to support achievement of the case plan goal
- a family action plan for change has been developed, to support the child's family to make meaningful change

[32] PLA, Schedule 1, 3.3.15 (a)

- an OOHC case plan has been prepared, to address the needs of the child, with a case plan goal of restoration (set by the Department).

Under a restoration plan accepted by the court, a child may go home for short periods or longer periods at any time up to 12 months before the date of restoration (section 136).

A restoration placement before the expiry of the STCO allows the child's parent:

- to demonstrate the change in their behaviour and actions
- prepare for changes in their child's developmental need, behaviour and routine
- begin to utilise a strengthened family and social network to increase the likelihood of successful restoration.

The date restoration is *legally* achieved is the date parental responsibility returns to the parents. This occurs when an STCO expires. It may also occur when the court rescinds a long term care order previously allocating parental responsibility to the Minister.

Collaborating in restoration placement

The Department and PSP provider have complementary roles in restoration as part of a restoration plan accepted by the court.

- Prior to commencement of a restoration the PSP provider:
  - requests a permanency consultation[33]
  - presents information to the DCJ nominated unit supporting the proposal to place the child with their parents
  - presents a transition plan spanning the period from the proposed day the child returns home until expiry of the STCO.
- PSP providers use evidence-based assessment to inform decision making about the commencement of a restoration placement[34]. The Department's preferred evidence-based assessment tool is the SDM© Restoration Assessment and may be used by PSP providers (under licence to the Department).
- The PSP provider does not proceed with the restoration and return the child home until approved by the nominated unit.
- Subject to local district operating arrangements, the nominated unit considers any recommendation made by a Permanency Coordinator, following permanency consultation or group supervision.
- The nominated unit considers evidence provided by the PSP provider, including previous permanency progress reviews. If appropriate, the nominated unit approves the restoration placement and informs the PSP provider of this decision.
- The nominated unit informs the PSP provider of the decision regarding approval of the restoration placement.

[33] PSP providers can also use DCJ group supervision.
[34] PLA, Schedule 1, 3.3.1

- During the period of a restoration placement, and prior to the STCO expiring (or a long term care order being rescinded by the court), the nominated unit conducts assessment using:
  - a review safety assessment if subsequent information is received to change any dangers, protective capacities, or the prior safety decision
  - a risk re-assessment to demonstrate risk level has dropped to *low* or *moderate*
  - a closing safety assessment to demonstrate there are no unresolved dangers.

Also see changing the case plan goal.

Away from placement

The PSP Away from Placement Policy forms part of the PCMP. It provides rules and practice guidance for responding to an away from placement event when:

- a child or young person is away from their primary placement for a temporary period, or
- a child is not in a placement, after their primary placement has closed.

The policy supports collaborative case management by PSP providers and the Department in reporting, responding and managing a child or young person that experiences an away from placement event.

PSP providers refer to the PSP Away from Placement Policy when responding to an away from placement event.

Occasionally a child in the parental responsibility of the Minister may present at a Specialist Homelessness Service. For the process followed by the Specialist Homelessness Service, Department and PSP provider see: Unaccompanied Children 12–15 Years Accessing Specialist Homelessness Services Policy.

Temporary care arrangements (TCAs)

What is a Temporary Care Arrangement (TCA)?

A TCA may arise when:

- the Department assesses a child to be in need of care and protection arising from a safety assessment (SARA)
- the child's parents consent to a TCA Agreement or are assessed as 'incapable of consenting'
- there is a permanency plan involving restoration of the child to their parents at the end of the TCA period (section 151(3)).

TCAs are supported OOHC*, not* statutory OOHC, arrangements. Restoration from a TCA is different from restoration from Statutory OOHC because there are no court proceedings and no court order.

When considering entering into a TCA, the Department:

- recognises the parents are able to end a TCA at any time
- considers how the child's safety needs may be met if the parents withdraw their consent

and the child to returns to their care

- weighs up the suitability of other options such as removal of the child without the parents' consent (assumption/removal).

Under a TCA, the child is placed with carers, in the care responsibility of the Secretary (section 151). Parental responsibility remains with the parents.

The period of a TCA is up to three months (section 152) and may extend for a further period of up to three months (in same 12 month period). The maximum period for a single or multiple TCAs is six months in any 12 month period (section 152(4)(a)).

During a TCA, a case plan (with a goal of restoration) is prepared within 30 days of the child entering supported OOHC. The case plan requires review if the period of the TCA exceeds three months (section 155).

The TCA ends when:

- the period of the TCA expires without being extended
- the child is restored by the Department in accordance with the TCA agreement or
- the TCA agreement is terminated by:
  - the parents requesting return or resuming care of their child or
  - the Department removing or assuming the child into care of the Secretary or filing a care application in the Children's Court seeking care orders.

Also see PCMP Resource - List: case planning timeframes.

What is a TCA placement?

The Department always considers whether placement of a child subject to a TCA, may be with a relative/kin carer. Only the Department arranges a relative/kin care placement necessary for a TCA.

A foster care placement may be arranged by a PSP provider for a TCA, if a member of a child's family/kin cannot be identified. When this occurs, the Department broadcasts a Placement Request seeking a foster care placement (TCA placement), arranged by a PSP provider. Case responsibility during the TCA is not transferred to the PSP provider and the Department continues to exercise case responsibility.

PSP provider supervision of a placement under a TCA

Supervision of a TCA placement is different to supervision of a statutory OOHC placement.

- Despite the Secretary's powers of delegation (section 250), care responsibility (section 157(1)) *cannot* be delegated to a PSP provider. Care responsibility may only be delegated to a foster carer (section 151(2)(b)).
- Although the PSP provider does not exercise primary case responsibility, the PSP provider continues to supervise the placement.
- The provisions and conditions of the PSP PLA (contract) and PCMP apply.

Collaborating in arranging a TCA

The Department clarifies what information will be reasonably required from the PSP provider to satisfy the Department the TCA is safe, nurturing, stable and secure (section 9(e))[35]. This includes information obtained by the PSP provider:

- from carrying out home inspections and
- having conversations with the child and the foster carers about the child's care[36].

The Department and PSP provider clarify how decisions will be made during a TCA placement[37] including:

- how parental responsibility decisions will be made, noting the parents continue to exercise *parental responsibility* (section 157(2)) (for example consenting to non-urgent medical and dental treatment involving surgery)
- how care responsibility decisions will be made by the Department and the foster carers (for example giving permission for the child to participate in activities such as school excursions)
- how decisions will made be if an unplanned event occurs, for example if the parents terminate the TCA or there is a critical event.

Collaborating during a TCA placement

The Department and PSP providers have complementary roles during a TCA placement.

During the entire period of the TCA, the Department facilitates a family-led process to achieve restoration. The Department:

- visits a child, their parents, siblings and family/kin
- conducts ongoing conversations and makes observations in relation to parental actions and behaviours to increase the safety of their child
- conducts safety and risk re-assessment (SARA) and supports the family to address the identified dangers resulting in the TCA
- liaises and collaborates with the PSP provider in relation to their ongoing assessment and in response to any issues arising in the TCA placement.

During the entire period of the TCA, the Department:

- convenes a meeting to develop a Family Action Plan for Change (including identifying referrals to suitable support services), and invites the PSP provider to attend
- convenes a case conference to develop the child's case plan (within 15 days of completing the SARA assessment) and invites the PSP provider to attend.

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[35] In circumstances when primary case responsibility is with a service provider as part of the PSP preservation service, the Preservation service provider also takes part and collaborates.

[36] Clause 37 and 40 of *Children and Young Persons (Care and Protection) Regulation 2012*.

[37] ibid

During the entire period of the TCA, the PSP provider is funded to supervise the TCA placement including:

- authorisation training, casework support of the foster or relative/kin carers, care allowance and child-related costs
- casework support of the child in relation to educational support, health services, mentoring, counselling, psychology and behaviour therapy
- supports the foster carers to exercise care responsibility (section 157) *on behalf of* the Department, including decision making regarding medical/dental treatment, managing behaviour, permission to participate in education and other activities
- convening a case conference and reviewing the child's case plan
- making and administering family time arrangements
- providing intensive family preservation and support services, including in-home support, counselling, coaching and brokerage to facilitate restoration
- liaises with the Department in relation to supervision of the TCA placement
- collaborates in case planning processes to identify family goals and outcomes, including monitoring and review of change/progress towards goals.

Transfer of case responsibility

Collaborating in transfer of primary case responsibility

Transfer of primary case responsibility involves transfer of responsibility for children:

- *from* the 'transferring provider' (usually the Department, or sometimes an existing PSP provider)
- *to* the 'receiving provider' (a new PSP provider).

The transferring provider and receiving provider have a shared responsibility to ensure transfer of case responsibility is:

- child focused, that is, the child's best interests, safety, welfare and wellbeing are the primary focus of practice
- orderly and guided by principles of good administration.

Also see – Fact sheet: Ten principles for good administration.

Transfer date

Transfer of primary case responsibility always occurs on a specific transfer date:

Preservation transfer date:	The transfer date for children with a goal of preservation, is the date of commencement of preservation casework. That is, the date the receiving provider first makes contact with the child or their parents.
OOHC transfer date:	The transfer date for children in statutory OOHC is commencement of the placement with a receiving provider. This excludes Intensive Therapeutic Transitional Care (ITTC).

The transfer does not occur across a range of dates or over a period of time. The transfer date may not be changed by the Department or a PSP provider to any other date.

The transfer date isn't affected by, and still occurs, even when:

- a party is not available for a transfer meeting
- the transfer meeting has not occurred within the required timeframe or
- documents listed on the transfer checklist are not immediately available or
- there is disagreement over incurring an item of expenditure.

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The transfer date is not delayed for any reason concerning the legal status of a child:

- subject to a care application in the Children's Court (and in care of the Secretary)
- subject to an interim court order allocating parental responsibility to the Minister (the transfer is unaffected by whether there are interim or final orders in place).

Transfer of case responsibility for immediate placements

Transfer of primary case responsibility always occurs for immediate placements with the commencement of the placement with the PSP provider (excluding ITTC).

Primary case responsibility cannot be retained by the Department, or any other PSP provider, following an immediate placement. PSP providers are fully funded within PSP to prioritise permanency casework including the assessment and authorisation of potential relative/kin carers.

The Department and PSP provider work collaboratively to put in place necessary plans to address any potential or likely issues impacting Placement Referral Acceptance for immediate placements.

Also see transfer of primary case responsibility.

Transfer meeting

A transfer meeting is convened by the transferring provider, prior to, or within 20 business days of the case management transfer date. When a child has a case plan goal of restoration and has newly entered care, the case transfer meeting takes place within 14 days.

Convening the transfer meeting includes administrative tasks such as:

- preparing the agenda and hosting the meeting
- circulating invitations, including invitation to the relevant nominated unit that will be exercising secondary case responsibility
- preparing a case plan or updating an existing case plan
- circulating the meeting minutes within five business days (unless a different timeframe is agreed).

The transferring and receiving provider ensure attendance at the transfer meeting by a practitioner with decision making delegation.

At the transfer meeting, the transferring and receiving provider clarify and agree to roles and responsibilities in addition to those stated in this policy.

Transfer of documents

At the transfer meeting, and at other times, the transferring provider facilitates a comprehensive discussion about:

- all of the child's strengths, needs and vulnerabilities
- requirements to ensure the child's safety, welfare and wellbeing
- the specific requirements of care responsibility (for example special equipment required to manage a child's illness or disability).

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The receiving provider participates in discussion and conducts a thorough review of the case history to ensure the best understanding possible of the child's needs, strengths and supports.

The transferring provider makes available all documents listed on the Documents and Information required for Case Transfer Checklist to the receiving provider. Ideally, this occurs by the time of placement (transfer date), or at the time of the transfer meeting (at the latest), if this is held after the transfer date. The child's case plan, where one exists, inclusive of any behavioural support plan, where relevant, is made available to the receiving PSP provider by the transfer date.

When some documents (excluding original birth certificates and passports[38]) are not able to be provided by the transfer date, or at the transfer meeting, they are obtained and related expenditure incurred by:

- the transferring provider, when the child has been in primary case responsibility of the transferring provider for over 12 months
- the receiving provider, when the child has been in primary case responsibility of the transferring provider for 12 months or less.

The transferring provider ensures all outstanding documents on the transfer checklist to be obtained by them (respectively) are provided to the receiving provider within 20 business days of the transfer meeting.

For more information on providing records refer to the Guidance for PSP providers and independent assessors accessing DCJ records Factsheet.

Incurring expenditure and service provision

Upon the transfer date, the transferring provider stops:

- incurring expenditure in relation to external services provided to the child, their carers, parents, siblings or family/kin[39]
- providing any services directly to the placement.

Upon the transfer date, the receiving provider takes over responsibility for incurring all expenditure in relation to external services to the child, parents or family/kin and direct services to the carer and placement.

Expenditure incurred by the Department

Court expenditure

The Department funds certain costs for a child in the primary case responsibility of a PSP provider as part of its statutory role in assessing safety and risk and leading court

[38] A child's original birth certificate, filed in court proceedings is always obtained and paid for by the Department. A child's passport and any re-issue of the passport is always lodged and paid for by the Department.

[39] When the transferring provider is the Department, this includes contingencies, exceptions and out of guidelines payments.

proceedings. This occurs where:

- Children's Court proceedings are underway, and an interim order has been made
- a section 90 application has been filed, including where a parent or other person files the application.

Costs incurred by the Department include:

- Family Group Conferencing (FGC)
- pathology, for example drug tests/ urinalysis and DNA testing
- specific court ordered assessments[40] (not completed by the Children's Court Clinic) or extra-ordinary assessments requested by DCJ for court
- other legal costs including subpoena of records, expert witness attendance at hearings and bail fees.

Original birth certificate and passport expenditure

A child's original birth certificate filed in court proceedings, is always obtained and paid for by the Department (and provided to the PSP provider). Re-issue or copies of a child's birth certificate (as required) is always obtained and paid for by the PSP provider.

A child's passport (provided to the PSP provider), and any re-issue of the passport is always lodged and paid for by the Department. The PSP Provider is responsible for completing the necessary forms and collating the required documentation (i.e. photographs, certificates) and submitting to the nominated unit for review and approval. The nominated unit is responsible for organising a Justice of the Peace or equivalent to witness documents that need to be provided as part of the passport lodgement.

Transfer of secondary case responsibility within the Department

Transfer of secondary case responsibility involves internal transfer:

- from a CSC to a CFDU within the Department when a final court order has been made for any care plan with a permanency plan other than restoration. The CFDU exercises secondary case responsibility thereafter
- *between* CFDUs within the Department when a different local district is required to:
  - complete SARA, risk re-assessment and closing safety assessment (in the case of preservation and restoration)
  - make any future court application in relation to the child's case plan goal
  - exercise aspects of parental responsibility on behalf of the Minister including making administrative decisions.

The Department does not transfer secondary case responsibility for children in statutory

[40] The PSP provider funds evidence-based restoration assessments, and assessment of prospective guardians or adoptive parents.

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OOHC to PSP providers[41].

Case transfer scenarios

When transfer occurs during interim orders

When the child is subject to an interim order, the transferring and receiving provider clarify roles and responsibilities including tasks such as the receiving provider's role in:

- preparing affidavits and participating in the development of court documents
- facilitating quality family time
- organising court ordered assessments and
- participating in preparing the child's care plan.

Also see court proceedings.

When orders are made other than orders sought

Children are placed in an OOHC placement provided by a PSP provider, when delegation to consent to filing an adoption application for an Aboriginal child, rests with the Secretary.

Whilst the Department may make an application for such an order, the decision of the Children's Court cannot be pre-empted. The court may make the order sought, or it may make a different order, such as an order allocating some or all aspects of parental responsibility, either solely or jointly, to the Minister and other parties.

If the court makes an order, other than an order allocating parental responsibility to the Minister (at minimum, the aspect of residence):

- in most circumstances, the PSP provider does not continue to exercise case responsibility. Rather, case responsibility transfers to the Department
- in some circumstances, a PSP provider may continue to exercise case responsibility if this is assessed as in the best interests of the child, for example:
  - it is in the best interests of the child to remain in a disability residential service and for decisions to be made by both the Minister and a relative or suitable person who exercise parental responsibility jointly
  - it is the best interests of the child to remain in the primary case responsibility of the PSP provider which is meeting their cultural needs.

This decision is subject to Departmental approval of a Director Community Services or Director Operations (delegation level four and above).

When transfer between PSP providers is necessary

Transfer of primary case responsibility between PSP providers may occur if another PSP provider will exercise primary case responsibility for achieving a child's case plan goal. This

[41] Even under the deed of agreement with Barnardos Australia, certain aspects of parental responsibility continue to be exercised by the Department on behalf of the Minister.

can occur when a:

- child and their parents or family/kin move to a different city or town (in the case of preservation) or
- child's carers move to a different city or town, or a child is restored to parents in a different city or town (in the case of OOHC).

Transfer between PSP providers is avoided when it could weaken continuity of casework, have an adverse impact upon the wellbeing of a child, their parents, siblings or family/kin and decrease the likelihood the child's case plan goal being achieved. In minimising the need for transfer, innovative approaches are considered to adapt service delivery to the changed circumstances.

For example:

- Can an existing caseworker travel out of area to continue working with the child?
- Can additional services be purchased in the place where the child has relocated?

Transfer between PSP providers requires prior approval from the nominated unit.

When carers change PSP providers

PSP providers support carer mobility[42] across providers when required and in the best interests of the child/children in their care.

Sometimes carers seek to transfer their authorisation from an existing PSP provider to a proposed PSP provider. For example, when carers:

- relocate to an area where their existing provider does not operate
- seek authorisation by a provider that is able to better meet the culturally and linguistically diverse (CALD) needs of the carers or children in their care
- seek authorisation by an ACCO due to the Aboriginal background of the carers or children in their care (this may also be facilitated/directed by the Department)
- form a grievance towards their existing provider that is not able to be resolved.

In these circumstances the existing and proposed PSP provider, as well as the Department, have complementary roles:

- the proposed PSP provider's assessment includes consideration of the carer's history with the existing provider and any other previous providers
- the existing provider exchanges information with the proposed provider to support their carer assessment, and with the Department to inform decision making
- the Department considers the proposed change in PSP provider in the context of the child's best interests. Factors considered include:
  - the child's views and wishes and those of their parents, siblings and family/kin
  - duration of the placement (for example, whether a crisis or short term placement, or

[42] PLA, Schedule 1, 4.3.2

a long term placement)

- whether the proposed transfer would result in separation of primary case responsibility for a sibling group or
- if the transfer will cause unmanageable impact upon family or sibling time
- any other relevant factor

- If the Department approves the proposed change in PSP provider, transfer of primary case responsibility is arranged between PSP providers.

When a child exits statutory OOHC

A PSP provider ceases to hold primary case responsibility when the child exits statutory OOHC in the following scenarios:

- a care order is made allocating parental responsibility for the aspect of residence to the carer and the Department will pay a Supported Care Allowance
- a guardianship order is made and the Department will pay a Guardianship Allowance
- an adoption order is made and the Department will pay a Post-adoption Allowance
- a child is restored to their parents *and* the care order allocating parental responsibility to the Minister has expired *and* a supervision order takes effect.

In each of these scenarios, primary case responsibility transfers to the Department.

(Note: if a child is restored to their parents and the care order has not yet expired, primary case responsibility remains with the PSP Provider.)

When a PSP provider ceases to provide OOHC

Transfer of primary case responsibility from one PSP provider to another PSP provider occurs in circumstances when the transferring PSP provider ceases to provide OOHC. For example:

- the provider provides other services but they no longer provide OOHC or
- the provider ceases to operate entirely.

When this occurs:

- the Department approves the proposed change in PSP provider
- transfer of primary case responsibility is arranged between PSP providers, ***before*** the transferring provider ceases to deliver OOHC services.

If transfer of primary case responsibility does not occur *before* the transferring PSP provider ceases to deliver OOHC, the Department's role is to:

- coordinate and facilitate onward transfer to the receiving PSP provider
- supervise the placement (section 141) pending transfer.

When a PSP provider's accreditation is suspended or cancelled

The Department temporarily supervises the placement of a child in OOHC when the PSP provider with primary case responsibility:

- is no longer able to enact the functions of a designated agency because accreditation to provide OOHC services has been suspended or cancelled, and
- has not been able to transfer case responsibility to a receiving provider before accreditation is suspended or cancelled.

The Department retains secondary case responsibility and supervises the placement until primary case responsibility can be transferred to an accredited PSP provider.

The Department will identify an alternative PSP provider to which primary case responsibility can be transferred. Primary case responsibility transfer occurs after the receiving PSP provider has authorised the child's carer.

The transferring provider

The transferring PSP provider supports the Department in facilitating transfer to the receiving PSP provider.

The transferring PSP provider is responsible for returning to the Department:

- all of the child's paper and electronic records

  Note: A PSP provider that ceases to be a designated agency is required[43] to deliver its paper and digital records to the Department.

  Refer to Statutory out-of-home care agency recordkeeping.
- any equipment obtained or purchased to support the child's needs (excluding equipment already held by the child's carer)
- any funds or assets held in trust for the child.

The transferring PSP provider attends and participates in the transfer meeting with the nominated unit and receiving PSP provider.

The Department

The Department does not exercise primary case responsibility during a period of supervision. Rather, the Department's nominated unit supervises the placement[44].

The nominated unit responsible for supervising the placement undertakes casework tasks including:

- exercising secondary case responsibility on behalf of the Secretary
- making decisions on matters relating to the safety, welfare and well-being of the child
- supporting the carer to exercise care responsibility[45]
- ensuring the safety, welfare and well-being of the child is being protected and promoted
- identification of a receiving provider to accept transfer of case responsibility

[43] Section 170(2), the Care Act.

[44] Section 141, the Care Act.

[45] Section 157, the Care Act.

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- facilitating and preparing the child's case for transfer to the receiving provider, without delay
- reporting to the Office of the Children's Guardian.

The receiving provider

The receiving provider does not exercise case responsibility during a period of supervision. Rather the provider supports the Department by:

- preparing to accept transfer of case responsibility
- conducting the required carer assessment and all probity checks necessary to authorise the child's carer as a carer for their agency.

Nominated units refer to the DCJ Supervising a Placement Policy.

When transfer from a PSP provider to the Department is necessary (exceptional circumstances)

Transfer of primary case responsibility from a PSP provider to the Department occurs in exceptional circumstances when the Department and the PSP provider agree the PSP provider cannot provide the child with safety or can no longer achieve the child's case plan goal. Transfer to the Department may include:

- when carers relocate to a new city or town and their PSP provider does not operate in this area, nor do any other PSP providers operate in this area
- an away from placement or not in placement period has expired and is not extended
- circumstances in relation to an interstate movement of a child are so complex, they fall outside the scope of this policy or
- a critical event has occurred and the Department and the PSP provider agree the PSP provider can no longer exercise primary case responsibility.

Transfer to the Department is subject to approval by a Manager Client Services (delegation level five, grade 11 and above), following consultation with the allocated contract manager.

Interstate movement

Interstate movement of a child is not the same as interstate transfer of an order.

- Interstate movement of a child concerns a physical movement of the child to an address in another jurisdiction that becomes their usual place of residence.
- Interstate transfer of an order concerns transfer, or registration, of a NSW care order in another jurisdiction, ending the order made in NSW and transferring it to a compatible interstate order.

The Department's role in granting or declining permission

All proposed interstate movements of children in primary case responsibility of a PSP provider require permission of a departmental Principal Officer, being Director Operations or Director Community Services, 42 days prior to the child moving interstate.

However, the requirement for permission by a Principal Officer does not include interstate travel for shorter periods of up to three months, when it is not intended the child will continue to reside interstate permanently.

Shorter periods of interstate travel, for example, for regular attendance at school in cross border towns or for short holidays, is subject to approval by a Manager Casework (delegation level five and above).

The decision to grant or decline permission for a proposed interstate movement is made by the departmental Principal Officer. The Principal Officer:

- ensures compliance with obligations and responsibilities articulated in the Interstate Child Protection Protocol
- ensures compliance with the Department's Casework Practice Mandates and the PSP PCMP, Rules and Practice Guidance
- requests or gathers further information as required to assist in their decision making
- always liaises with Interstate Liaison
- obtains legal advice from the Child Law Legal Officer (if required)
- grants or declines permission for interstate movements using templates and guidance provided by Interstate Liaison, and
- ensures the rationale for permission, conditional permission, or declining permission, is documented in ChildStory.

PSP provider role in requesting permission

When interstate movement of a child in primary case responsibility of a PSP provider is proposed, the PSP provider:

- makes a request for permission from the Department's Principal Officer for the proposed interstate movement, using templates and guidance provided by the Department's CFDU and Interstate Liaison
- provides written information about how they propose to:
  - support family/kin contact, relationships and identity
  - maintain support of the child and carers in the placement and
  - support achievement of the child's permanency goal
- provides information about a new placement (if a change to the placement is proposed) including evidence of the proposed carer's authorisation by a designated agency in NSW.

  Also see changing a child's OOHC placement.
- notifies of any proposed change in PSP provider (if a change in PSP provider is required).

  Also see transfer of primary case responsibility
- initiates a proposal to change the case plan goal (if a change to the goal is proposed)

  Also see changing the goal from long term care to another case plan goal
- documents the outcome of the request for permission.

Requirement for a nominated unit to hold secondary case responsibility

PSP providers exercising primary case responsibility are not delegated any powers or functions of parental responsibility[46] in relation to interstate movements of children in statutory OOHC.

It is a requirement that a nominated unit hold secondary case responsibility, and make decisions, for the child that has, or will, move interstate. The nominated unit makes all decisions in relation to:

- movement of the child interstate
- interstate requests of the other jurisdiction
- all parental responsibility decisions while the child resides interstate (until/unless transfer of orders)
- reviewing the transferability of the child protection order, consulting with Interstate Liaison and Child Law to discuss and seek confirmation if required and
- requesting the transfer of orders.

The nominated unit also:

- liaises with the Principal Officer
- ensures the Interstate Child Protection Protocol, the Department's Casework Practice Mandates and this policy have been followed and
- documents all decisions on ChildStory.

Collaborating in interstate movement of children

Principal Officer grants permission

The Department and the PSP provider exercising primary case responsibility have complementary roles when a Principal Officer grants permission for the interstate movement of a child:

- the Principal Officer provides the PSP provider with written advice of:
  - the decision to grant permission and any reasons for it, and
  - any additional conditions to be met subject to permission taking effect
- the provider submits an updated OOHC case plan to the nominated unit, at least 21 days prior to the proposed interstate movement
- Interstate Liaison provides advice and support to the Principal Officer and nominated unit (as required)
- the PSP provider convenes an interstate movement meeting with the nominated unit and any other relevant stakeholders. This includes administrative tasks such as updating

[46] Barnardos is delegated certain powers and functions of parental responsibility under a deed entered into by the Minister for DCJ and Barnardos. However, this delegation to Barnardos does not include power to grant permission for interstate movements.

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or preparing a new case plan and circulating the meeting minutes and case plan within five business days (unless a different timeframe is agreed)

The updated case plan states all financial arrangements, contact agreements and case management decisions made with the PSP provider and the Department, and are only valid up until the point of transfer. Once the order is transferred, it will be up to the receiving state to make decisions in line with their own legislation and policies

- an officer of the nominated unit with decision-making delegation (Manager Casework, delegation level five or above) attends the meeting
- the purpose of the meeting is to identify roles and responsibilities of each stakeholder, considering:
  - actions prescribed by legislation and regulations in the receiving jurisdiction
  - what requests are to be made of the interstate child protection department under the Interstate Child Protection Protocol
  - how the provider will respond to any placement breakdowns, allegations against the proposed carers, reportable conduct, and quality of care concerns
  - how the Departments will assess possible child protection reports and what support will be required of the PSP provider, and
  - how the interstate transfer of the child's care order will be facilitated.

Principal Officer declines to grant permission

The Department and the PSP provider have complementary roles when a Principal Officer declines to grant permission for the interstate movement of a child.

- The Principal Officer provides the PSP provider with written advice of the decision to decline to grant permission and the reasons for this decision.
- Interstate Liaison provides advice and support to the Principal Officer and nominated unit (as required).
- The PSP provider convenes a case meeting with the nominated unit, the child's current carers, proposed carers (if applicable), the child, their parents, family and any other relevant stakeholders. This includes all administrative tasks such as circulating the meeting minutes within five business days (unless a different timeframe is agreed).
- An officer of the nominated unit with decision making delegation attends the case meeting.
- The purpose of the case meeting is to:
  - provide the carers with information and the rationale for the decision
  - listen to the carer's views and wishes and
  - explore alternatives to meet the child's needs and how these are to be funded.
- The PSP provider prepares and submits an updated OOHC case plan to the Department, to address the child's needs in the context of the child remaining in NSW. For example, it may include regular visits to interstate siblings or family/kin under an interstate travel authority.

Interstate movement of a child occurs without permission

The Department and the PSP provider have complementary roles when there has been an interstate movement of a child without permission.

- The Department's Principal Officer writes to the PSP provider and requests they provide, within seven days, written information about:
  - the circumstances leading to the interstate movement, including key dates, residential address, school in which the child is enrolled, persons involved, and
  - the reasons why permission for the interstate movement wasn't obtained.
- The PSP provider submits information requested by the Principal Officer. Additionally, the provider submits information about how they are currently:
  - supporting family contact, relationships and identity
  - maintaining support of the child and carers in the placement and
  - supporting achievement of the child's permanency goal.
- Interstate Liaison provides advice and support to the Principal Officer and nominated unit as required.
- Commissioning and Planning provide advice to the nominated unit as required.

The PSP provider convenes an urgent interstate movement meeting, within 14 days, with the nominated unit and any other relevant stakeholders. This includes all administrative tasks such as circulating the meeting minutes within five business days (unless a different timeframe is agreed).

A nominated unit practitioner with decision making delegation (Manager Casework, delegation level five or above) attends the meeting.

The purpose of the interstate movement meeting is to:

- explore what case-specific, systemic or other issues brought about the interstate movement without permission
- consider any contractual issues arising from the movement
- possibly inform the PSP provider that the Foster Care baseline package (only) may temporarily cease because it has become an unauthorised placement
- consider whether any party has acted in breach of the Care Act, *NSW Child Protection (Working with Children) Act 2012*, or other statute, and
- discuss and record minimum requirements, including timeframes, for resolution.

Sometimes the nominated unit convenes a legal consultation with the Child Law Legal Officer to obtain additional legal advice (primarily, when there are risk of harm concerns).

For example, advice in relation to:

- issuing a direction under section 154(2)(b) or section 232
- seeking a warrant under section 233 (contact Interstate Liaison for advice when issuing a warrant interstate) or
- seeking recovery orders under the *Family Law Act 1975*.

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The Principal Officer, having considered all of the information and advice, makes a decision to grant, or decline, permission for the interstate movement of the child.

- If permission is granted, see Principal Officer grants permission.
- If permission is not granted, see Principal Officer declines to grant permission.

In addition, when permission is not granted, the nominated unit convenes a follow-up interstate movement meeting with the provider and other relevant stakeholders. This includes all administrative tasks such as circulating the meeting minutes within five business days (unless a different timeframe is agreed).

The purpose of this meeting is to identify roles and responsibilities of each stakeholder, considering:

- how the PSP provider will address the minimum requirements for resolution
- what actions are prescribed by relevant legislation and regulations in the receiving jurisdiction
- what actions are to be taken by the Department, arising from legal advice and
- what requests are to be made of the interstate child protection department under the Interstate Child Protection Protocol.

Also see PCMP Resources – List: legislation informing practice.

PSP provider has child protection concerns

When a PSP provider holds child protection concerns for a child that has moved interstate, the PSP provider makes a report to:

- the statutory child protection authority in the interstate jurisdiction and
- the NSW Child Protection Helpline.

If a PSP provider receives information to indicate a child has moved interstate because of being forcibly abducted, the PSP provider immediately makes a report to:

- NSW Police and Police in the interstate jurisdiction
- the statutory child protection authority in the interstate jurisdiction and
- the NSW Child Protection Helpline.

Reviewable decisions

The decision by the Department to grant or decline permission for a proposed interstate movement of a child is *not* a reviewable decision (section 245).

Permanency case planning

Permanency case planning aims to ensure a child's care arrangements provide them with safety and a sense of stability. This helps a child grow up to be a healthy, caring adult with positive identity, social skills, and support networks.

Case planning and review

What is permanency case planning?

Permanency case planning helps the Department and PSP providers work collaboratively to achieve safety, permanency and wellbeing for vulnerable children – by keeping them with or returning them to family, arranging a permanent legal guardian, supporting open adoption or providing long term care as described in the permanent placement principles (section 10A).

Permanency case planning is a family-led, goal driven process. It includes ongoing conversations and observations with the child, their carers, parents, family/kin and other persons important to them. It helps parents and family/kin make a clear link between specific actions and behaviours and increasing the safety of their child.

For children already in long term care, permanency case planning starts with the child in their placement and considers stability, the child's wishes, attachment to carers and connection to family/kin. Permanency planning considers how to maintain stability and attachment and connection to family/kin through guardianship and adoption[47] (and long term care). When a child's placement is no longer meeting their needs, a review of the possibility of restoration may be made as part of considering a child's permanency options.

Permanency case planning does not occur at a single 'point in time'. However, it begins when the Department:

- assesses a child is in need of care and protection
- sets a case plan goal (preservation, restoration, guardianship, adoption or long term care) in line with the legislative and policy framework.

Permanency case planning is facilitated by a PSP provider to:

[47] Adoption being the least preferred option for Aboriginal children as described in the permanent placement principles.

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- consider a child's needs, views and wishes – giving the child a voice
- consider the concerns the Department, the parents, family/kin and other significant persons hold for the child
- set out actions in partnership with the parents and family, required by the parents, family/kin and carers, to bring about change (if restoration is the case plan goal)
- identify and resolve barriers to achieving relational, physical, cultural and legal permanency consistent with the legislated child placement principles (section 10A and section 13)
- put in place a range of supports to help everyone work together to achieve the child's case plan goal.

See PCMP resource - Checklist: Permanency Case Planning.

Types of case planning and review

Depending on the case plan goal, case planning results in one or more case plans.

For children being assessed for or progressing to restoration, both a Family Action Plan for Change (Family Action Plan) and OOHC case plan are required.

A family's Family Action Plan and a child's OOHC case plan are developed and reviewed within statutory and policy timeframes.

A case plan and cultural support plan (for Aboriginal or CALD children) are all developed as part of case planning. If the child turns 15 years of age in care, they require a leaving care plan. See Leaving care planning.

A behavioural support plan (if required) is one section of the case plan and aims to strengthen positive behaviours and reduce and prevent behaviours of concern.

A health management plan[48] and personalised learning and support plan[49] are also developed as part of case planning. See OOHC Health and Education Pathways.

Providers use ChildStory Partner to report to DCJ the development and review of plans.

See PCMP Resource - List: case planning timeframes and OOHC Standard 14: Case Planning and Review.

Summary of Proposed Plan (SOPP)

The Department is responsible for developing the Summary of Proposed Plan (SOPP) with the child, their parent, family and kin. The SOPP is signed by the Department and PSP provider. The SOPP details the minimum changes the parent will need to achieve to address the child protection concerns. Changes identified in the SOPP can be made by the time the care plan is filed in the Children's Court.

[48] Health Management Plan reviews occur every six months for children under the age of five and annually for children aged over five.

[49] While the minimum review period is once per year, it is recommended that the child's needs be reviewed once per semester. The annual review is timed with the case plan review, wherever possible.

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The Department files the SOPP within two weeks of the first Court mention of the application.

The Department gives a copy of the filed SOPP to the PSP Provider. The PSP Provider ensures the actions set out in the SOPP are linked to the Family Action Plan so both documents align.

See summary of proposed future plan for the child or young person form.

Family Action Plans for Change (Family Action Plan)

A Family Action Plan is developed within 30 days of an interim order being made to support a child's parents to make meaningful and sustainable change:

- to keep their child at home (preservation), or
- to have the child safely return to their care (restoration).

The PSP provider organises for the Family Action Plan to be developed (or if there is an existing plan when the child was not in care, updated). The Family Action plan is developed through a family-led process that involves the child, parents, family/kin, community, networks of support and the Department.

The Family Action Plan identifies family goals and sets out actions, support, responsibilities, timeframes, and the child's experiences of the changes needed, to keep them safer.

For a child with a case plan goal of restoration, a Family Action Plan is developed within 30 days of an interim order being made or within 30 days from when the case plan goal is changed to 'assess restoration'. The Family Action Plan is reviewed every 90 days.

OOHC case plans

An OOHC case plan is developed within 30 days of the child entering care and an interim order being made. This is to ensure every child in statutory OOHC receives the care and support they need to experience safety, stability, permanency, cultural and family connection and wellbeing. A case plan is a living document, it is developed with the child and their wider circle of family and people who are important in their life.

Case planning for Aboriginal children is developed through Aboriginal family-led decision making.

PSP providers are able to create the initiating (first) case plan for a child or young person in ChildStory Partner when they have primary case responsibility. Case plans are regularly reviewed by PSP providers in line with legislation, including when a significant change in the placement or other circumstances of the child occurs. At a minimum, case plans are reviewed at least annually. Every child's case plan development and review are reported to the Department through ChildStory Partner.

Cultural support plans

PSP providers develop a cultural support plan for children who are Aboriginal and/or culturally and linguistically diverse (CALD). PSP providers collaborate with family and kin to develop a cultural support plan.

Cultural support plans for Aboriginal children are developed through Aboriginal family-led decision-making.

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The cultural support plan is implemented to support Aboriginal and CALD children to build and maintain their culture and identity. It includes opportunities to participate in relevant activities and experiences that meaningfully build or maintain a sense of belonging and identity.

Cultural support plans are regularly reviewed by PSP providers. A formal review occurs at least every 12 months, usually as part of regular case plan reviews. Cultural support plan development and review is reported to the Department through ChildStory Partner.

Leaving care plans

PSP providers develop a leaving care plan for all young people who are in statutory OOHC for over 12 months, and are 15 years of age, or over.

Leaving care plans are reviewed regularly. A formal review occurs at least every 12 months. Early plans focus on the young person's goals and skill development. As the young person approaches 18 years of age, the plan includes after care entitlements and details of who will do what, to provide assistance after they leave care. Every young person's leaving care plan development and review is reported to the Department through ChildStory Partner.

See section on leaving care planning.

Participation in decision making

The Family Action Plan and the OOHC case plans are living documents, developed and reviewed with the child, their parents, family/kin, carers, and other people important to them.

- This upholds the child's rights to participate in decision making (sections 9-10). Involving children in decision making allows them to express their own views about their safety, welfare and well-being.
- It also upholds the rights of Aboriginal children, their families, kinship groups, representative organisations and communities to participate in decision making. Involving Aboriginal people in decision making promotes their self-determination and resilience (section 11 and section 12).

Also see what is permanency case planning?

Aboriginal cultural considerations in permanency case planning

Case planning for an Aboriginal child

Case planning for an Aboriginal child is the practice of meeting the child's need for safety, stability, and cultural continuity, with a focus on permanency. It ensures proactive efforts are made to achieve restoration, where possible, and safely return the child to their family and community. Where restoration is not possible, ongoing case planning ensures proactive efforts are taken to achieve other types of permanency for the child. Case planning occurs in line with the Aboriginal Case Management Policy and includes:

- Aboriginal family-led decision making
- applying an Aboriginal cultural lens to practice with the child, their parents, and family/kin, supported by Aboriginal practitioners (if possible)
- engaging services designed and delivered by the local Aboriginal community

- safeguarding the child's cultural rights to grow up and remain connected to their family/kin (including siblings), culture, community and Country.

Also see Aboriginal family-led decision making factsheet, Aboriginal Case Planning – Safety, Stability and Cultural Continuity and Note on adoption.

Aboriginal identification

When there is uncertainty or disagreement about a child's Aboriginality, confirmation is needed to:

- inform casework and/or placement decisions
- enable a relevant Court to make appropriate orders.

When uncertainty or disagreement occurs, practitioners seek legal advice, liaise with the nominated unit and consult with the child's Aboriginal community.

Practitioners then take steps to confirm a child's Aboriginality, using the following criteria.

An Aboriginal child is:

1. A child who is descended from an Aboriginal who:
   - is a member of the Aboriginal race of Australia and
   - identifies as an Aboriginal person and
   - is accepted by an Aboriginal community as an Aboriginal person.

   This is defined in section 4 of the *Aboriginal Land Rights Act 1983* (ALRA) and referenced in section 5 of the Care Act 1998 and in section 4 of the *Adoption Act 2000*.

OR

2. A child who is determined *by a Court* to be 'of Aboriginal descent', that is, descended from the people who lived in Australia before British colonisation.

   This is in accordance with the decision in Hackett (a pseudonym) v Secretary, Department of Communities and Justice [2020] in the NSW Court of Appeal. See Hackett: Confirming a child's Aboriginality fact sheet.

Helping determine a child's Aboriginal identity

The Aboriginal Case Management Policy is applied to help determine a child or their family/kin's Aboriginal identity. See identification and de-identification of Aboriginal children and young people.

Practitioners help a child and their family/kin determine whether they are Aboriginal or Torres Strait Islander, by exploring each family's unique history and heritage.

- Cultural identity is explored over a period of time and through a range of conversations with the child, their parents, family/kin and community members.
- Be curious about *how* a child or their family/kin have come to identify as Aboriginal. Make a record of *all* conversations with an Aboriginal child, their family/kin and community regarding their understanding of their identity.
- Engage with the child's mother *and* father to ensure both the mother's and father's cultural background is recorded. When this is not possible, engage with extended family

and significant people who know the mother or father.

- Engage the family in exploring the child's Aboriginal identity using Aboriginal family-led decision making processes.
- Gather more information from a child's Aboriginal community. Help a child or their family/kin talk to local Aboriginal people or relevant Aboriginal Community Controlled Organisations (ACCO).
- Where appropriate, refer the child's family to an Aboriginal organisation that provides culturally sensitive research regarding a person's Aboriginal history and heritage.
- Use a genogram or other tools to map Aboriginal lineage. Locate and engage family and kin that can provide background about the child's Aboriginal identity.

Be aware, due to the historic forced removal of Aboriginal children (the Stolen Generations), and mistrust of the child protection system and its treatment of Aboriginal peoples, some Aboriginal people:

- may be reluctant to self-identify as Aboriginal
- may not have the information or records necessary to satisfy all criteria of the three-point test.

Do not make assumptions about Aboriginal identity or record a child's or person's Aboriginal identity as *not* Aboriginal as a default position.

Practitioners do not record a child or person's Aboriginal culture or indigenous status based on the unsubstantiated opinion of another person. Instead, they make their own enquires to determine whether a child or person may be Aboriginal.

If a practitioner needs support in helping a family explore their cultural identity, an Aboriginal consultation can be arranged to help the family form links within their community. This can also help when the child's cultural identity needs further exploring, or if there are complex issues to be considered.

Collaborating in preservation case planning

Case planning and review for a child with a case plan goal of preservation is guided by the PSP Family Preservation Program framework.

Collaborating in case planning during court proceedings

Case planning before and during court proceedings is *different* to case planning and review after final orders have been made because during proceedings, critical decisions have not yet been made. For example:

- a care plan setting out the Department's case plan goal may not yet have been accepted by the court
- even if accepted by the court, a care plan is open to further challenge arising from:
  - new evidence filed in proceedings, such as an independent assessment by the Children's Court Clinic or an external assessor
  - a dispute resolution conference in which parties negotiate and attempt to agree on

the proposed care plan

- the court has not yet made a final order to put in place a set of legal care arrangements for the child.

During court proceedings, collaboration between the Department and PSP provider is critical so that the court has all the information it needs to make the best decision for the child.

Good collaboration can lead to:

- a decision for the child in line with the provider or Department's views and what is in their best interest
- the avoidance of unnecessary additional work for the PSP provider and/or the Department
- confidence by the court in current and future assessments put forward by the Department and PSP provider.

The Department holds a case transfer meeting with the PSP Providers within 14 days of a child in OOHC transferring to primary case responsibility of a PSP provider, to share information and plan for roles and responsibilities going forward.

The Department and PSP provider collaborate to:

- prepare and file the care application, care plan and other evidence in the Children's Court
- coordinate and file evidence that supports the case plan goal
- provide information for a dispute resolution conference
- ensure the PSP provider understands the administrative directions of the court.

Although a PSP provider exercises primary case responsibility, the Department (in addition to the provider) maintains a more active casework relationship with the child, their carers, parents, siblings or family/kin. This enables the Department to oversee, prepare for, and manage court proceedings until the making of a final order.

It is also necessary for there to be close communication in relation to ongoing assessment. For example, if the case plan goal is restoration, PSP providers provide information to the Department regarding:

- their use of evidence-based assessment to manage risk, support decision making and monitor progress toward achieving the case plan goal and
- the outcomes of evidence-based assessment tools, such as use of the SDM© Restoration Assessment.

Collaborating in permanency case planning

Summary of Proposed Plan (SOPP)

The Department is responsible for developing the Summary of Proposed Plan (SOPP) with the child, their parent, family and kin.

When the case plan goal is 'assess restoration', the SOPP sets out the department's initial

plan for restoration of the child to their parent.

The SOPP details the minimum changes the parent will need to achieve to address the child protection concerns. This includes:

- addressing immediate dangers identified in the safety assessment
- drawing on the parent's and family strengths
- reducing the level of risk to the child in the parent's household and reducing the probability of abuse or neglect to their child in the future.

The Department provides a copy of the SOPP to the PSP provider for signature. The SOPP is signed by the PSP provider's representative (manager or above). The Department files the SOPP in the Children's Court within two weeks after the first mention of the application.

The department gives a copy of the filed SOPP to the child's parent and the PSP provider.

The SOPP is not the Family Action Plan for Change or the child's OOHC case plan. The Family Action Plan and OOHC case plan are more comprehensive plans developed by the PSP provider with primary case responsibility, in partnership with the Department, child, their families, kin and community.

Family Action Plan for Change

The Department and the PSP provider have complementary roles in family action planning for children in statutory OOHC.

The PSP provider:

- develops the initial Family Action Plan for Change, or a similar family case planning tool, within 30 days of a child entering OOHC or within 30 days of the existing case plan goal being changed to "assess restoration".
- updates the existing family action plan, if one has already been developed within 30 days of a child entering OOHC or within 30 days of the existing case plan goal being changed to "assess restoration"
- develops the Family Action Plan jointly with the child, parents, family and the Department, using Aboriginal Family-led Decision Making for Aboriginal families
- arranges a Family Action Plan meeting to hep inform the development of the plan for change, including taking care of administrative tasks such as:
  - preparing and hosting the meeting or meetings
  - arranging for the child (if appropriate), parents, family and the Department to attend the meeting or meetings
  - documenting the outcomes agreed as part of the family-led process
- ensures the Family Action Plan is meaningful to help families understand what changes are needed to keep children safe, and that goals are specific
- arranges for the parents, the PSP provider, and the Department to sign the Family Action Plan
- implements, and monitors the Family Action Plan through everyday casework i.e. phone

calls, home visits, and discussions with parents, children, families, and carers

- supports the family to achieve the objectives of the Family Action Plan and identify and any changes that should be made
- shares information with the Department about the implementation of the Family Action Plan
- conducts 90 days reviews of the Family Action Plan with children, parents, family and the Department.

The Department:

- shares all necessary information with the PSP provider so they can develop the Family Action Plan and work effectively with the family i.e. the Summary of Proposed Plan (SOPP)
- supports the provider to develop or update the Family Action Plan
- signs and provides final approval of the Family Action Plan
- where needed will visit the family, with the support of the PSP provider to monitor the implementation of the Family Action Plan.

Also see restoration placement.

OOHC case plan

The Department and the PSP provider have complementary roles in OOHC case planning and review for children in statutory OOHC.

- The Department as agency exercising parental responsibility on behalf of the Minister[50], is always responsible for setting/approving the case plan goal.
- In most cases, both the Department and the PSP provider, participate in the *initial* development of the OOHC case plan within 30 days of a child entering OOHC.
- Each ensure attendance at the case conference by a practitioner with decision making delegation (for DCJ, this is a Manager Casework, delegation level five or above).
- The Department or a PSP provider, whichever exercises primary case responsibility at the time, convenes a case conference to develop the OOHC case plan. This includes all administrative tasks such as:
  - preparing the agenda and hosting the conference
  - drafting the OOHC case plan in collaboration with the child, parents, family, and other important people
  - circulating the meeting minutes and OOHC case plan within five business days (unless a different timeframe is agreed).
- PSP provider exercising primary case responsibility is able to create the initiating (first) case plan record in ChildStory Partner. PSP Providers can upload the signed OOHC case

[50] Barnardos Australia can approve changes to case plan goals for non-Aboriginal children with a final order, without proposing the change to DCJ as Barnardos is delegated certain aspects of parental responsibility.

plan to a note within the child's case plan record in ChildStory Partner. All initiating case plan records created by PSP Providers on ChildStory Partner automatically go to the CFDU for approval of the case plan goal.

- Thereafter the PSP provider implements and conducts regular review of the OOHC case plan and works to achieve the child's case plan goal within two years.
- Following final orders, it is not necessary for the Department to participate in the PSP provider's regular review of the OOHC case plan (unless otherwise requested and agreed).
- The Department, jointly with the PSP provider, conducts regular permanency progress reviews to check in on the progress of the child's case plan goal and consider whether a change to the case plan goal is required.

Permanency progress reviews

What is a permanency progress review?

One of the fundamental objectives of the PSP is to provide funding packages to support PSP providers undertaking the casework required to achieve permanency outcomes for children, within a two-year time frame.

Permanency progress reviews support this objective by:

- reviewing progress made towards achieving a child's case plan goal
- ensuring permanency progress reviews occur at minimum review periods.

PSP providers participate in and contribute to 6 monthly permanency progress reviews (at a minimum), for children with case plan goals of restoration, guardianship or adoption in collaboration with the Department.

Where permanency is unlikely to be achieved within two-years, or there are specific challenges requiring more support, reviews occur every three months for restoration, guardianship or adoption.

The permanency progress reviews provide a valuable opportunity for PSP providers and the Department to jointly:

- check in on the progress of the child's case plan goal being achieved within two years
- consider whether a change to the case plan goal is required
- identify any areas in which additional support is required and
- ensure permanency reviews support culturally appropriate practice.

DCJ Permanency Coordinators provide oversight and monitoring of outcomes within the two-year timeframe.

Collaborating in permanency progress reviews

The Department and PSP provider have complementary roles in permanency progress reviews:

- the Permanency Coordinator convenes a meeting with a PSP provider to conduct one or

more permanency progress reviews

- the Permanency Coordinator is responsible for:
  - documenting the progress review for each child
  - providing PSP providers with a copy of each review
- the PSP provider is responsible for participating in and providing evidence to inform the review
- the PSP provider works to address any challenges in achieving a child's case plan goal, in consultation with the Permanency Coordinator, before proposing a change to the case plan goal
- if an outcome to the permanency progress review is a recommendation the case plan goal be changed, see changing the goal from long term care to another case plan goal.

Permanency Coordinators do not make final decisions about case plan goal changes. While a Permanency Coordinator may support a PSP provider's proposal to change a case plan goal, the decision to change the case plan goal is subject to approval by a Manager Casework (delegation level 5 or above)[51].

For more information see Permanency Progress Review and Case Plan Goal Extension Policy.

Permanency consultation

Permanency consultation is a process of consultation convened and facilitated (and recorded) by a Permanency Coordinator and involving the participation of departmental and PSP provider practitioners.

During a permanency consultation, facts and evidence brought to the consultation by practitioners, are considered. Specialist advice is provided and recommendations are made (and recorded) in relation to permanency decision making.

Permanency consultation aims to:

- explore a child or young person's physical, relational, cultural and legal permanency and identity ways to improve wellbeing outcomes
- assist practitioners to navigate the service system and access services, to prevent unnecessary entries to OOHC or facilitate exit from OOHC
- provide direction, guidance, and support skill development in permanency work for PSP provider practitioners
- facilitate the achievement of better outcomes for children, their parents and family/kin through collaboration between the Department and PSP providers.

Permanency consultation is widely used in PSP for a range of purposes including:

[51] Subject to other *approved* local arrangements, pilots or trials, a position other than Manager Casework may hold this delegation (if grade 9 or above).

- to discuss any challenges in achieving a child's case plan goal, before proposing a change to the case plan goal
- considering a proposal for the Department to change a child's case plan goal
- providing advice about appropriate PSP service packages, to help achieve a child's case plan goal.

Also see Permanency Coordinators.

Changing the goal from long term care to another case plan goal

This section follows these steps:

Consider: The PSP provider practitioner considers permanency, based on everyday casework.

Propose: The PSP provider proposes to change a case plan goal, usually through a permanency consultation.

Develop: The PSP provider develops a case plan to reflect the *changed* case plan goal (if the change was approved).

Assess: The PSP provider conducts an assessment to determine whether to proceed to court and, what actions, if any, need to occur to achieve the *changed* case plan goal.

Achieve: DCJ seeks an appropriate court order to:

- *achieve* the changed case plan goal (for example, a guardianship or adoption order)
- put in place care arrangements necessary to *achieve* the changed case plan goal in less than 2 years (for example, an STCO).

Consider: everyday casework

Considering permanency occurs before the case plan goal is changed.

Considering permanency means to consider the activities of everyday casework and weigh up whether a case plan goal other than long term care would more effectively support the child's current or emerging needs.

It starts with the child in their placement and considers stability, wellbeing, attachment to carers, and connection to family/kin. Permanency planning for children in long term care considers how to maintain stability and attachment, and connection to family/kin, through guardianship and adoption[52]. It does not need to first re-assess restoration.

Everyday casework includes:

- Supervision of the placement – consider observations and conversation with the child, their carers, parents or family/kin.

[52] Adoption being the least preferred option for Aboriginal children as described in the permanent placement principles.

- Placement review – consider whether the placement is providing the child with the best opportunities for safety, stability, permanency, connection and wellbeing (section 150).
- Carer review – consider the carer's ability to care for a child including day-to-day care and control; correction and management of behaviour; instruction; giving of consent and decision making (section 157). Also consider the carer's suitability as prospective guardians or adoptive parents (if applicable).
- Case plan review – consider the child's wellbeing across all domains of their life.

Weighing up whether the case plan goal of long term care is supporting the child's current needs includes:

- exploring through permanency consultation, group supervision or permanency progress review, the suitability of the case plan goal (long term care) to provide the child with the best opportunities for safety, stability, permanency, connection and wellbeing
- conducting cultural consultation for children from Aboriginal and Torres Strait Islander or CALD backgrounds
- reviewing file records about the child's life, including the Family Action Plan and OOHC case plan reviews, home visit records, records of family and sibling time and independent reports and assessments
- having face-to-face *preliminary* discussions with the child (if age appropriate to do so) and people who love and care for the child, such as their carers, parents, siblings and family/kin. Professionals and community members working with the child may be included in discussions about changing a case plan goal. Preliminary discussions may also occur as part of a case meeting
- being aware that discussions about changing a case plan goal can cause anxiety for children, their carers, parents and family/kin. This is best addressed by:
  - providing factual information about the process of changing the case plan goal
  - providing mandatory information
  - explaining the discussion, although important, does not mean a change in case plan goal will be approved by the Department or the Children's Court
  - referring for legal and other advice (if appropriate)
- avoiding making statements that could be perceived as pre-empting the decision of:
  - the Department to change the case plan goal or
  - the Children's Court or Supreme Court to make the necessary order.

Restoration

Factors prompting a PSP provider to consider assessing restoration include:

- the parent, or another party to proceedings, has filed a Section 90 application with the Children's Court to request the child to return home and proceedings have commenced
- the child has self-placed (chosen to return home to stay) with their parent, and the worries that led to them coming into care have reduced enough for restoration to be considered

- the child is not experiencing permanency and belonging in their current placement and DCJ assesses that returning home is a realistic possibility that will support the child's safety, wellbeing.

PSP providers may also consider assessing restoration when a parent approaches the PSP provider, with evidence demonstrating their circumstances have changed enough for restoration to be considered, including:

- they have made changes related to the issues that led to their child coming into care
- a consistent commitment to and participation in quality family time
- a network of support people who will help build greater safety for their child.

PSP providers consider what is in the best interests of the child. This includes understanding the child's wishes, and any reasons why they may or may not want to return home. PSP providers ask for and listen to the child's views in ways that suit their abilities and communication preferences.

PSP providers also consider the stability of the placement and any negative effects of disrupting the current placement on the child's safety, wellbeing, permanency, and belonging.

PSP providers request a permanency consultation from a Permanency Coordinator when considering changing case plan goal to restoration.

When considering changing the case plan goal to restoration:

- consider what information or evidence will be required by the court to rescind or vary the existing court order (section 90)
- talk to the CFDU and Permanency Coordinator about what evidence-based assessment tools will be used to assess the restoration and manage risk.

Guardianship

Factors prompting a PSP provider to consider guardianship include:

- the child, their carers, parents or family/kin request that guardianship be considered
- the carers being able to meet the long-term needs of a child without supervision of the placement by the Department or a PSP provider, including the child's:
  - ongoing cultural support needs (as detailed in the cultural support plan)
  - need for identity and connection through facilitating and supervising family time between the child, their parents and family/kin and
  - age, that if aged 12 years and over, they will consent to the order.

When considering changing the case plan goal to guardianship:

- discuss with the carers the possibility of becoming guardians. This could be identified in the carers' annual review or at another time. Explain the process involved in changing the case plan goal and seeking a guardianship order
- talk to the nominated unit and Permanency Coordinator about the process, mandatory tasks and information/support materials available to support practice.

Open adoption

A PSP provider may be prompted to consider adoption if the child, their carers, parents or family/kin request adoption be considered.

When considering changing the case plan goal to adoption, complete casework tasks required in the OOHC adoption pre-enquiry stage.

Pre-enquiry stage

The PSP provider:

- notifies the Adoption Caseworker and Permanency Coordinator when open adoption is being considered for a child
- convenes a workers' meeting with the Adoption Caseworker, Permanency Coordinator, PSP provider practitioners and CFDU practitioners to discuss and determine the child's suitability for open adoption; and identifies casework tasks, timeframes and responsibility for completing them
- conducts a home visit to the foster carers and child, involving the Adoption Caseworker, to discuss the process involved in changing the case plan goal and seeking an adoption order
- completes a placement review (if required) to identify issues that may have an impact on the proposed adoption.

Agreement between the Adoption Caseworker, CFDU and the PSP provider is necessary to change the case plan goal to adoption.

This occurs before proceeding to the Enquiry Stage.

PSP providers can contact DCJ Adoption Caseworkers via OOHC Adoption and Permanency Services at adoption.permanentcare@facs.nsw.gov.au.

Propose: to change the case plan goal

The PSP provider requests a permanency consultation to propose the Department change the child's case plan goal. In preparing for the consultation, the PSP provider submits evidence indicating a case plan goal other than long term care would be more effective in meeting the child's needs and achieving permanency.

If the matter is complex, the Permanency Coordinator may convene group supervision with the nominated unit and the PSP provider, to jointly consider the proposal.

Recommendations arising from a permanency consultation or group supervision do not amount to approval of a proposed case plan goal. While a Permanency Coordinator may support a PSP provider's proposal, the decision to change the case plan goal is subject to

approval by a Manager Casework[53] (delegation level 5 or above)[54].

Also see Changes to a case plan goal and Aboriginal family-led decision making (glossary).

Aboriginal cultural considerations in changing a case plan goal

When a proposal is made to change the case plan goal of an Aboriginal child, the PSP provider submits relevant evidence indicating the involvement of Aboriginal family/kin in Aboriginal family-led decision making.

Guardianship

Guardians who are not relatives/kin of an Aboriginal child should, where practicable and in the child's best interests, be Aboriginal people.

Delegation to change an Aboriginal child's case plan goal to guardianship, rests with:

- Manager Casework (or above), when the prospective guardian is Aboriginal family/kin
- Executive District Director when the prospective guardian is not Aboriginal family/kin.

Open Adoption

Open adoption for an Aboriginal child is only considered where other permanency options, including long term care, is not practicable or in the child's best interests. Follow Aboriginal child placement principles when open adoption is being considered for an Aboriginal child.

Delegation to change an Aboriginal child's case plan goal to adoption, rests with the Director Community Services.

Delegation to consent to filing an adoption application for an Aboriginal child, rests with the Secretary.

Also see Open Adoption for Aboriginal Children in OOHC and ACMP Note on Adoption.

Develop: a new case plan

A PSP provider reviews the case plan to reflect the changed case plan goal.

The commencement date of the reviewed case plan is the same as the date of approval of the changed case plan goal.

Also see permanency case planning.

Assess

Assessing the case plan goal means to:

- conduct formal assessment to determine suitability to proceed to court and, if relevant,

[53] Subject to other *approved* local arrangements, pilots or trials, a position other than Manager Casework may hold this delegation (if grade 9 or above).

[54] Barnardos is delegated aspects of parental responsibility under a deed entered into by the Department and Barnardos. This delegation allows Barnardos to approve changes to case plan goals for non-Aboriginal children with a final order, without proposing the change to the Department.

what actions are needed to achieve the goal

- engage the child, their carer, parents and family/kin in the assessment
- gather and prepare evidence necessary to seek a court order.

Restoration, guardianship, adoption or other assessments may be conducted by the PSP provider or subcontracted by the PSP provider to an independent assessor (a Panel of Independent Assessors is available).

Restoration

The PSP provider compiles evidence to file a section 90 application, seeking to vary or rescind the existing court order and make an STCO.

The evidence may include an independent restoration assessment.

Note: The child may not be placed with the parents by the PSP provider in accordance with arrangements set out in the restoration care plan, until such time as the court makes a STCO.

Also see Interim Court Orders and STCOs.

Guardianship

A PSP provider may begin to work toward guardianship of a child (whose case plan goal was previously long term care), immediately after the Department has changed the case plan goal. A new court order is not required.

In order to seek a guardianship order, a guardianship assessment is required. This may be conducted by the PSP provider or subcontracted by the provider to an independent assessor (a panel of Independent Assessors is available).

A guardianship assessment demonstrates the child's carers are suitable to become proposed guardians. Criteria include:

- demonstrated ability to independently meet the long term needs of the child without the case management and supervision of the PSP provider
- demonstrated understanding of the child's trauma experience, and how they will manage its potential impact on the child's longer term development
- demonstrated capacity and willingness to arrange, coordinate and supervise safe contact with the child's family and negotiate difficulties that may emerge
- demonstrated capacity to understand the child's identity and their role in supporting the child through life story work
- demonstrated capacity to meet the child's ongoing cultural needs, where relevant.

Also see Guardianship (for parents, family/kin and carers).

Open adoption

A PSP provider may begin to work towards adoption of a child (whose case plan goal was previously long term care), immediately after the Department has changed the case plan goal. A new court order is not required.

Open adoption in NSW can only occur through the Department or an accredited adoption

service provider[55]. A non-accredited PSP provider continues to exercise primary case responsibility, whilst working with an accredited adoption service provider.

When assessing a changed case plan goal of adoption, complete the casework required in the adoption enquiry and under assessment stages.

Also see Adoption Factsheets (for PSP providers).

Enquiry stage

The PSP provider:

- formally invites the foster carers to apply for adoption
- supports the foster carers to complete the application and conduct probity checks
- contacts the birth parents to advise of and provide information about the process and seek their views
- organises an assessor to complete the adoption assessment, court report and adoption plan (a Panel of independent assessors is available).

Under assessment stage

The PSP provider:

- notifies the foster carers and parents of decision to proceed to adoption assessment
- updates and sends the child's file to the Department's OOHC Adoption Team for review by the assessor
- supports the assessor as required and reviews the draft adoption assessment report and draft adoption plan.

The Adoption Caseworker prepares and submits a briefing note for approval to commence adoption action and approve the foster carer's suitability to adopt.

This occurs before proceeding to the Adoption Approved Stage.

Achieve: permanency (by seeking a court order)

A new court order is necessary to put in place care arrangements that:

- achieve the *changed* case plan goal

  For example:

  - a guardianship order for a child whose case plan goal has changed to guardianship.
  - to rescind a care order, if a child has self-placed with their parent (contrary to the current order), when the Department assesses restoration is in the child's best interests.
- put in place care arrangements necessary to achieve the *changed* case plan goal in less than 2 years.

[55] At time of publication, accredited adoption service providers include local districts, Barnardos, Anglicare, Family Spirit and Life Without Barriers.

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For example, seeking a STCO for:

- a child whose case plan goal has changed to restoration, to support case planning for a child's return to the care of their parent (over the period of the plan)
- a child whose case plan goal has changed to adoption, to support adoption case planning and application for an adoption order in the NSW Supreme Court

Restoration

Before a PSP provider may begin to work toward achieving restoration of a child (whose case plan goal was previously long term care), a section 90 application to rescind the existing care order must be approved by the court.

The child may not be placed with the parents by the PSP provider until there is a new order, and only as set out in the restoration plan approved by the court. This is because:

- the Children's Court has previously accepted there is no realistic possibility of restoration to the parents (section 137(1A))
- this finding, along with the long term care order needs to be rescinded and replaced with an appropriate order and
- a new restoration care plan accepted by the court and STCO is required.

As the model litigant, the Department files a section 90 application in the NSW Children's Court seeking that an STCO be made. The application includes evidence of significant change in relevant circumstances such as:

- all evidence gathered and prepared by the PSP provider
- a restoration or parenting capacity assessment recommending restoration proceed.

During court proceedings:

- the court may order an assessment by the Children's Court Clinic (even if another assessment has already occurred)
- the Department and the PSP provider prepare a new care plan (section 83(5)) to support restoration.

During court proceedings and after an STCO is made, PSP providers use evidence-based assessment to manage risk, support decision making and monitor progress towards achieving the case plan goal[56]. The Department's preferred evidence-based assessment tool is the SDM© Restoration Assessment and may be used by providers (under licence to the Department). However providers may use different evidence-based tools at their discretion.

Also see restoration placement.

Guardianship

As the model litigant, the Department files a section 90 application in the NSW Children's Court which includes evidence of significant change in relevant circumstances such as:

- all evidence gathered and prepared by the PSP provider

[56] PLA, Schedule 1, 3.3.1

- a guardianship assessment recommending a guardianship order be made.

When preparing a guardianship application, the need for a contact order is considered, noting the Children's Court may make a contact order for longer than 12 months (only when a guardianship order is made) and it is in the child's best interests (section 86(8)).

During court proceedings, the Department prepares a new care plan (section 83(5)) that, if accepted by the court, will allow the court to make a guardianship order to be achieved within two years.

Open adoption

As the model litigant, the Department leads the court proceedings in the NSW Supreme Court, which includes submitting:

- all evidence gathered and prepared by the PSP provider
- an adoption assessment recommending an adoption order be made.

During court proceedings, complete the casework required for the adoption approved stage, pending court outcome and court decision stages.

Adoption approved stage

The PSP provider convenes a case conference to discuss the decision to commence legal court work, provisions in the draft adoption plan, consents, outstanding casework tasks, and the assessor's next steps.

As the model litigant, Adoption and Permanency Services completes and files the court application, including all affidavits. Liaison continues between the PSP provider, the Adoption Caseworker, the assessor, the CFDU and all parties.

The Adoption Caseworker continues to provide advice (legislation and practice) and support throughout the process, including consultation in complex decision making.

Pending court outcome stage

Adoption and Permanency Services coordinates the filing of further evidence in proceedings. Liaison continues between the PSP provider, the Adoption Caseworker, the assessor, the CFDU and all parties.

The Adoption Caseworker continues to provide advice (legislation and practice) and support throughout the process including consultation in complex decision making.

Court decision stage

Adoption and Permanency Services notifies all parties of the court's decision to make (or decline to make) an adoption order. The Department returns the PSP provider's files. Liaison continues between the PSP provider, the Adoption Caseworker, the CFDU and all parties.

Case planning for siblings in OOHC

The term 'sibling' describes children sharing one or both biological parents. In circumstances where children do not share either of the same biological parents but have grown up together (including when children have spent significant periods of time in the same OOHC placement), and share a very strong bond and identify as siblings, they are considered

psychological siblings.

Children in statutory OOHC need stability, continuity and security in their life. One way to meet this need is by reconnecting a child with their siblings or maintaining and strengthening their existing relationships. Children who have suffered abuse often have uniquely strong sibling relationships already, with strong identification and loyalty. These strong and sometimes difficult sibling relationships need to be carefully nurtured and respected.

Keeping a child connected to their siblings can:

- improve the child's wellbeing and the wellbeing of their siblings
- provide a formidable source of support while the child is in care, and later, as an adult. For many people, their siblings are their best friends, the people they turn to when they feel like they cannot talk to anyone else
- increase the likelihood of success of permanency outcomes, for example restoration, guardianship or open adoption.

What is sibling case planning?

Case planning for a child's sibling relationships is initially considered when a child enters OOHC. However case planning for sibling relationships occurs at all points of case planning and review following entry to OOHC.

Sibling case planning is an immediate priority – it does not wait until a future case review. Delay to sibling case planning risks a child experiencing extended periods of isolation from their siblings. Case planning for a child's sibling relationships:

- is informed by continuous work with a child's genogram and life story work, to ensure all siblings are identified and are known (or known of) by the child
- considers the impact upon the child's sibling relationship and sense of identity when:
  - the child is in OOHC but their siblings are not
  - the child is in one placement and their siblings are in other placements
  - the child and their siblings' placements are in the primary case responsibility of different PSP providers
  - the child's case plan goal is different to the case plan goals of their siblings.
- aims to bring the child and their siblings into fewer OOHC placements and under the primary case responsibility of fewer or one PSP provider and
- ensures sibling time enhances and strengthens the relationship between the child and their siblings.

When a PSP provider is working with another PSP provider to arrange sibling time, flexibility is shown, to ensure sibling time can be arranged when both siblings are available. If a scheduled time gets cancelled, providers let one another know and cooperate to reschedule the missed sibling time with urgently.

Co-placement and co-location

When to assess co-placement and co-location

Ideally sibling co-placement and co-location is considered when a child and their siblings enter OOHC (which may be at different times). However co-placement and co-location may also be considered at any point during the course of day-to-day casework with a child and during review of a child's case plan. For example when:

- a child's siblings enter OOHC at later times and co-placement the child is not immediately practical
- a child or their siblings experience a critical event or instability in their placement.

Who assesses co-placement and co-location?

The more complex the assessment, the more important it is it be conducted by a practitioner who knows the child, their parents, siblings and family/kin. However in some exceptional circumstances, assessments may be undertaken by an independent assessor.

When sibling co-placement and co-location involves more than one PSP provider, the PSP provider requests a permanency consultation or group supervision, involving the nominated unit (or units) exercising secondary case responsibility.

How to assess co-placement and co-location

When a child and their siblings are in different placements, PSP providers exercising primary case responsibility consider how the children may be co-placed when assessed to be in their best interests. Sibling co-placement aims to:

- place a child and their siblings in the care of the same carer
- reduce (overall) the number of placements across the sibling group.

When co-placing a child and their siblings is not practical or in their best interests, PSP providers consider how the children may be co-located. Co-location involves placement of a child and their siblings (in two or more placements) in the same geographical area. This results in substantially increased opportunities for family time with each other, for example, allowing them to attend the same school or childcare centre, or participate in the same extracurricular activities.

When assessing sibling co-placement and co-location, a PSP provider considers the best interests, safety and well-being of the child and their siblings. This includes:

- avoiding disruption of an existing placement that is safe, loving, nurturing, stable and secure with carers to whom a child has formed a secure attachment
- the elements of risk causing entry to care or issues associated with the wellbeing of a particular child.

Also see PCMP Resources - Checklist: Sibling Contact Planning.

Aligning case plan goals

When a child and their siblings have different case plan goals, PSP providers exercising primary case responsibility review whether it is in the child's best interests for the case plan goal to change to align with the case plan goal of their siblings. For example:

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- to restore the child to their parents, if any of their siblings are in parental care or
- to transition the child from statutory OOHC to the care of their family/kin, if any of their siblings are in the care of those family/kin.

In circumstances when a child and their siblings have different case plan goals, but are otherwise in placements that are safe, loving, nurturing, stable and secure, the PSP provider:

- listens to their views, wishes and suggestions about how any of the case plan goals might change in future and
- explains to the child and their parents, siblings and family/kin why it is necessary for there to be different case plan goals.

Decisions about case plan goals for siblings are made on a case-by-case basis considering each individual child's needs and circumstances.

Also see changing the case plan goal from long term care to another case plan goal.

Family time with siblings

When a child and their siblings are placed separately, PSP providers exercising primary case responsibility ensure siblings:

- have regular time with each other
- have 'sibling-only' time, that is time with each other, without the presence of parents or other family/kin
- are provided with information about their respective care arrangements, including information about changes in their placement
- are provided with information about their siblings' birthdays and other relevant dates, and can celebrate these occasions together
- are provided with their siblings' contact details, including their telephone number and email address, unless there is a court order prohibiting the disclosure of this information, or when a caseworker considers disclosing this information could place the child or others in the household at risk of harm
- are supported to engage with each other through social media, safely and subject to their age and development.

The development of a plan for sibling time by a PSP provider always:

- includes the participation of the child, their carers and siblings in planning
- includes consultation with the sibling's carers, parents and family/kin
- is subject to quarterly reviews of the sibling contact plan – in addition to annual case review – to ensure sibling time is occurring
- utilises Aboriginal family-led decision-making for Aboriginal children.

For a child and their siblings with the same cultural and linguistically diverse (CALD) background, who are placed separately, their OOHC case plans include sibling time enabling them to participate in their family's traditions, rituals, faith, ceremonies, celebrations and

customs as a sibling group.

For an Aboriginal child and their siblings placed separately, their OOHC case plans include sibling time enabling them to participate in cultural activities as a sibling group 'on Country' of their family's Aboriginal nation, lands or mob.

Also see PCMP Resources - Checklist: Sibling Contact Planning.

Family time for children in OOHC

Family time with parents, siblings and family/kin can:

- strengthen the child's relationship with their parents, siblings and family/kin
- help a child feel more connected to their family/kin and show them they are still part of their parents' lives
- help a child to understand where they come from, their culture, and where they fit within their family and community structure
- help a child to understand their story from their family's perspective, not just from the view of the PSP provider, Department, or carer
- help a child and their parents with a difficult relationship, to learn new ways of behaving
- support restoration by maintaining and improving the parent-child relationship.

PSP providers support children and their family to participate in family time as much as possible, and at a minimum, at the frequency specified by the Court. The views and needs of children, their parents, family/kin, and carers are considered when planning family time. PSP providers create family time schedules, so families and children have predicable time.

PSP providers use evidence-based tools to support children, their parents and family/kin during family time.[57] The Department's preferred tool to plan family time is the Safe Contact Tool. However, PSP providers may use different evidence-based tools at their discretion.

Finding family connections and networks

The single factor most connected with positive outcomes for children is meaningful, lifelong connections with family and kin. Children have a right to know and stay connected to family/kin members and other important people in their lives.

PSP providers work with a child, their carer, and family/kin to ensure these connections are continuously developed, maintained and supported, regardless of the child's permanency goal. This works begins as soon as a child enters care and continues the entire time the child is in care.

Caseworkers use a range of models and tools to help them find family/kin and other people important to the child, for example, Family Finding©[58], genograms, and the circle of safety resource.

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[56] PLA, Schedule 1, 3.3.1(a)(iv)

[58] Family Finding© the department's preferred model, aims to locate, connect and engage parents, siblings, family/kin or other supportive persons to build a child's lifetime support network and enhance placement permanency, whether through restoration, guardianship or long term care.

Engaging carers in family time

The PSP provider and their carers have complementary roles in relation to family time between a child and their family:

- A PSP provider involves a child's carers in planning arrangements for family time.
- A PSP provider helps their carers to develop or support maintenance of connections between a child and their parents, siblings and family/kin. This includes:
  - involving, and when appropriate, facilitating family and sibling time
  - providing empathetic support to help carers '*understand the child's family and explain parent behaviour in the context of trauma and grief*'[59]
  - listening to the carer's concerns and developing strategies *with* carers to support family time including understanding and supporting the child's emotional needs before and after family time
  - helping the carer understand why family time is important, and the positive role they can play in supporting children to stay connected to their family.
- Carers encourage and support a child in their care to spend time with parents, siblings and family/kin by:
  - preparing them for family and sibling time
  - supporting the child through loss and grief they may experience with family time
  - keeping a record of, and providing information about, their experiences in care
  - taking the child to and from family and sibling time (if assessed as safe and practical to do so)
  - supporting planned and flexible planning for family and sibling time
  - participating in family or sibling time with the child (if assessed as safe and appropriate by the PSP provider), except prior to final orders and
  - facilitating family or sibling time with the child (if assessed as safe and appropriate by the PSP provider), this is critical when the case plan goal is guardianship and adoption and
  - developing a positive relationship with the child's parents, siblings and family.

Considering the need for supervision of family time

Wherever possible, children should have time with their parents without it being supervised. Just because a parent cannot care safely for their children, does not mean that family time should be supervised.

In planning family time, a PSP provider considers the purpose of supervision to:

- take actions to promote safety

- make observations, that can be filed as evidence in court proceedings or to inform an assessment
- to provide coaching and guidance to the parents.

The following factors are considered by the PSP provider to promote safety:

- the arrangements set out in the child's court-approved care plan
- the history of family time arrangements
- the child's development stage and changing needs as they grow up
- assessment of the history of the parent's and child's engagement in family time
- any evidence a person participating in family time is likely to jeopardise a child's safety
- concerns the child may be emotionally or physically harmed during family time, or abducted
- recommendations of another professional working with the child or their family that family time be supervised.

Unsupervised family time is not permitted if any court orders in place require supervision.

When family time is supervised, the supervisor:

- interacts positively with the child, their parents, siblings and family/kin
- provides parents with coaching and guidance
- reinforces positive behaviours and interactions
- enhances trust and builds engagement with the child and their family
- helps the child to relax and enjoy visits without concerns about their safety
- supports the parents to build and demonstrate their skills and capacity
- observes and document interactions, including the parents demonstrated ability to meet the child's care and safety needs. (Demonstration of parenting capacity is a key measure of the SDM© Restoration Assessment).

If some family time is not supervised by their caseworker, the PSP provider ensures the child is not exposed to multiple changes in contact supervisor. The engagement of a single or small number of contact supervisors who get to know the child, their parents and family/kin and regularly supervise family time promotes safety, consistency and stability of the arrangements.

When court proceedings are underway, the child's caseworker participates directly in family time visits. This is to ensure the caseworker is able to provide adequate first hand evidence during court proceedings.

Before implementing family time arrangements, the PSP provider requests a permanency consultation if:

- court ordered arrangements (frequency, duration or supervision) are considered to not be in the child's best interests or would place the child at risk
- the proposed arrangements significantly depart from the child's care plan

- the proposed arrangements are anticipated to support a proposal to change a child's case plan goal or contact orders.

Also see Caring for Kids, PCMP Resources - List: Frameworks, Standards, Guidelines & Assessment Tools, sibling time and respite for siblings.

Aboriginal cultural considerations in family time

In maintaining an Aboriginal child's sense of identity and connection with their parents, family/kin, community and culture is key:

- Family time may include culturally and family-based experiences when they are able to participate in a safe environment chosen by the child, their parents or family/kin.
- Aboriginal practitioners supervise family visits (if possible).

Also see Preserving an Aboriginal child's relationships and connections.

Respite

What is respite?

Respite is planned, regular or one-off time limited breaks for parents, carers and children. Respite is provided by an authorised respite carer, this may include adult siblings, family/kin, friends, neighbours, volunteers or professional carers. Respite can occur in the child's home, another home or a variety of out-of-home settings. It can be for different lengths of time and frequency, depending on need of the parents or carers.

All forms of parenting can be demanding and planned regular respite acknowledges that parents, carers and children have their own needs. Respite can help sustain the parent or carer, so they are able to provide the stability, care, and support that children need.

Also see Carer Code of Conduct.

Occasional care is not respite

Irregular, occasional care arrangements with a person known to the child or child's carers of up to 21 nights per calendar year (cumulative):

- is not considered to be a respite placement
- does not require the person providing care to be authorised or subject to probity checks.

This may include a child staying overnight at a friend's house, going away for holidays with friends/extended family, attending camps, or babysitting. This is a natural way to enrich a child's life through connections and experiences. Children in care are entitled to have experiences like their peers.

Respite entitlement

Parents of a child with a case plan goal of preservation; or the carers of a child in OOHC are entitled to respite.

The need for respite is considered in case planning and recorded in a family's family action plan (in the case of preservation), or in a child's OOHC case plan (in the case of OOHC).

The respite entitlement included in costing of PSP service packages is the equivalent of up to

24 nights respite per year. Whilst the costing for respite is based on 'nights':

- respite can take many forms and is not restricted to overnight care or care outside a carer's or parent's home
- innovative and flexible arrangements can meet the needs of the parents, help the child to feel safe and secure and allow carers to feel supported.

For some children respite with another carer, a member of their birth family or a member of the carer's family or friend network is not practical due to the high support needs of the child. These children and carers are entitled to respite. Consider paid respite in these circumstances. Speak with the CFDU about whether funding through a Complex Needs package may be suitable in these circumstances.

Respite for preservation

An informal respite arrangement may be put in place by the parents, for a child with a case plan goal of preservation. For example, a parent needs to attend residential rehabilitation and there is no other parent who can care for their child during this time.

Under such arrangements, care may be provided by:

- a relative or family member (including those identified through work to find family)
- another individual in a private capacity.

Alternatively, care may be provided by a registered voluntary OOHC provider on a fee-for-service basis.

Such arrangements may be supported by the PSP provider (including incurring related expenditure).

Respite for children in OOHC

Emergency placements

Respite is only provided to a child when the child has a permanent placement. Respite does not include:

- emergency placements
- placements resulting from a breakdown in the permanent placement
- placements arising as a result of the investigation of reportable allegations in relation to the child's carer
- placements arising from an away from placement event or critical event.

Also see *NSW Child Safe Standards for Permanent Care* in PCMP Resources – List: Frameworks, Standards, Guidelines & Assessment Tools.

Planning a respite placement

Any person who provides regular, frequent respite (more than 21 nights cumulative in a year) to a child in OOHC is required to be assessed and authorised as a foster or relative/kin carer (clause 33 of the *Children and Young Persons (Care and Protection) Regulations 2012*).

When a PSP provider arranges a respite placement for a child, consideration is given to:

- the child's views and wishes
- the child's strengths, needs and vulnerabilities
- requirements to ensure the child's safety, welfare and wellbeing
- the impact of the placement on the child's stability and sense of belonging
- significant relationships with their family/kin and the carer's family/kin and friends.

The first preference is to assess and authorise a member of the child's family/kin, identified through work to find family. Decisions about which member to assess are made with the family, through FGC or Aboriginal family-led decision making.

If it is not practicable or in the child's best interests to be placed with a relative/kin respite carer:

- the second preference is to assess and authorise another person known to the child, such as a member of the foster carer's family/kin or a friend
- the next preference is to provide a respite placement using the PSP provider's existing pool of foster carers.

Also see PCMP Resources – Checklist: Assessment of Respite Carers.

Respite – Aboriginal children

Respite for an Aboriginal child and their parents or family/kin is approached in a manner respectful of culture and in accordance with relevant legislation and principles, including:

- Aboriginal people are to be given the opportunity to participate in the care and protection of their children with as much self-determination as possible (section 11).
- Aboriginal families, kinship groups, organisations and communities are to be given the opportunity, to participate in decisions made concerning the placement of Aboriginal children and other significant decisions (section 12).
- Respite placement of Aboriginal children is to be with a member of the child's extended family/kin within the Aboriginal community to which the child belongs (section 13).

Respite is provided by an Aboriginal family/kin or an Aboriginal person or ACCO. When respite is not available from these sources, non-Aboriginal respite carers receive cultural awareness training and support, *before* the respite placement occurs.

Respite – children from CALD backgrounds

Respite for a child and their family/kin from a CALD background is approached in a manner respectful of tradition, rituals, faith and customs; and in accordance with relevant legislation and principles.

A child with a CALD background is matched with respite carers of the same cultural background. When this is not possible, respite carers receive cultural awareness training and support, and demonstrate culturally responsive competencies, *before* the respite placement occurs.

Respite – children with disability

Respite for children with disability in OOHC is provided by the PSP Provider and if the child is a NDIS participant, the NDIS (where the NDIA has determined this to be reasonable and

necessary). Respite supports should not be reduced by one agency because it is funded by another. PSP providers provide respite to support the carer or the placement.

NDIS funded respite provides additional support to the carer in recognition that parents and carers of children with disability often need more regular breaks to prevent family stress and maintain wellbeing. Children with disability also often require access to specialist disability respite providers to meet the child's specific disability support needs.

In the NDIS, respite support is called short-term accommodation. For further information, visit the NDIS website.

Respite – siblings

Respite could provide an opportunity for sibling time (if siblings live in separate placements). In some circumstances it may be appropriate to arrange respite for sibling groups to maintain family connections and develop or strengthen sibling relationships. Also see sibling time.

OOHC Health and Education Pathways

Collaborating in OOHC Health Pathway

The Department refers children to the OOHC Health Pathway within 14 days of entry into care.

PSP providers contact their local CFDU to request referral to the OOHC Health Pathway if a child has not been referred to the pathway at the time of transfer to their primary case responsibility.

PSP providers:

- attend and support attendance of the carers and child at the primary health assessment (within 30 days of entry to statutory OOHC), subsequent health appointments and development of the Health Management Plan
- consider the role to be played by the child's parents and family/kin in providing their child's health history and having input into the development of the child's Health Management Plan
- incorporate health assessment reports and the Health Management Plan into the child's case plan
- implement and request regular reviews of the Health Management Plan. Health Management Plan review occur every six months for children under the age of five and annually for children aged over five
- provide the OOHC Health Coordinator and their team with relevant information about the child needed to implement the Pathway, for example, relevant medical reports, change of details/circumstances
- save relevant Pathway records including communication about assessments, reports, Health Management Plans and reviews on their Record Management System.

If a child is not eligible for the OOHC Health Pathway (entry to OOHC before 2010), a PSP provider ensures a similar health assessment occurs and the recommendations become part of the child's case planning and review. Children who entered statutory OOHC prior to 2010

with a significant health need can be referred to the OOHC Health Pathway.

Note: All young people are referred to the OOHC Health Pathway when they turn 15 years of age.

Also see OOHC Health Pathway Resources and Tools.

Collaborating in OOHC Education Pathway

The OOHC Education Pathway is in place to provide collaborative and consistent educational support to each child to be engaged in suitable quality education and help them to reach their full learning potential.

The Notice to a school form is lodged within 14 days, if a child:

- attending school or preschool enters statutory OOHC or
- already in OOHC begins school.

This informs the school the child is under the parental responsibility of the Minister and enables collaborative education support for the child.

Caseworkers organise a meeting with the school within 30 days of notifying a child is in OOHC, to undertake Personalised Learning and Support Planning.

All Aboriginal children attending a Department of Education school have a Personalised Learning Pathway (PLP) plan as part of the Personalised Learning and Support Planning (PLaSP). For a change of circumstance, use a change of detail advice form.

The child's educational needs are reviewed:

- at least once per year with the school
- after any significant change in the child's life, for example when they have a new diagnosis.

While the minimum review period is once per year, it is recommended that the child's needs be reviewed once per semester. The annual review is timed with the case plan review, wherever possible.

PSP providers ensure that every school-age child is:

- enrolled in school by the time they turn six years old
- attending a government school or a registered non-government school or is registered and participating in home schooling.

Also see OOHC Education Pathway resources and tools.

Engaging casework support services and other subcontracting

Engaging casework support services

Relevant information about a child is always provided to other organisations engaged or subcontracted on a fee-for-service basis (Chapter 16A).

- This includes information supporting the organisation to:
  - manage any risk to the child

  - promote the child's safety, welfare or wellbeing
  - conduct assessment, make decisions or provide services.
- For children with complex needs and behaviours, relevant information about a child may include a behaviour support plan – written from a child-focused perspective and setting out:
  - the child's strengths, needs and vulnerabilities
  - requirements to ensure the child's safety, welfare and wellbeing
  - the specific requirements of care responsibility (for example special equipment required to manage a child's illness or disability).

Subcontracting by a PSP provider

Subcontracting is when PSP providers use the Department's funds to pay a third party (an organisation or an individual), to fulfil part or all of the services the Department has contracted the PSP provider to deliver. PSP providers need to obtain written approval from the Department to subcontract.

PSP providers are ultimately responsible for delivery of services in accordance with the terms and conditions they accept as part of any procurement process and the acceptance of a contract, regardless of whether they are requesting some or all the service to be subcontracted.

PSP providers that subcontract a service or placement to another service provider continue to be responsible and accountable for exercising primary case responsibility. Case responsibility cannot be delegated to a sub-contracted service provider.

There are three arrangements the Department considers to be subcontracting:

- a consortium, where a PSP provider has a contract with one or more third parties to deliver all or part of the contracted services
- a fee-for-service arrangement, where regularly or from time to time a PSP provider buys services from one or more third parties to deliver all or part of the contracted services
- a labour-hire arrangement where a PSP provider hires contractors, either directly or through a third party (full time, part time or casually) to deliver any aspect of the contracted services

PSP provider responsibilities when subcontracting include:

- ensuring the subcontractors comply with all laws, regulations, recognition by regulators (accreditation, certification, registration or licence, as applicable) and polices published by the Department
- making sure the subcontractors have adequate governance and financial controls, policies and procedures for delivering the services
- verifying the subcontractors' staff are properly authorised, maintain the relevant qualifications, maintain relevant recognition by regulators, including a current Working with Children Check and National Police Certificate for the purpose of delivering child-related services, and are trained and experienced

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See subcontracting information for PSP providers, including the full list of additional responsibilities and obligations.

Critical events

The PSP Critical Events policy forms part of the PCMP. It supports PSP providers to exercise case responsibility for children who have experienced a critical event. The policy describes separate rules and practice guidance for responding to critical events experienced by children in statutory OOHC, including:

- serious injury or death of a child or a carer
- a child is missing (excluding a child who is Away from Placement)
- a female child becomes pregnant or requests a termination of pregnancy
- exposure of a child to a registrable person or a person listed on the Child Protection Register in NSW
- a child intends or is planning to get married before they turn 18
- a child is alleged to have committed a serious assault or serious criminal offence
- a planned end of life event regarding a child
- a reportable allegation or conviction or notifiable finding
- cancellation or suspension of a designated agency's accreditation
- any other event that has occurred that affects a child in OOHC, and results in, or is likely to result in, media attention requiring a media response
- any event that has or may have an adverse impact on the PSP provider
- any series issue that may become a matter of public interest or result in a loss of confidence.

The policy supports collaborative case management by PSP providers and the Department in:

- identifying critical events and complying with reporting obligations
- ensuring a child's safety, welfare and wellbeing is central to planning and implementing the provider's the response to critical events and
- identifying practice and systematic improvements to prevent future events.

End of Life planning

End of life planning involves discussing and documenting how a child will be supported if they have a life limiting condition, meaning that there is a likelihood that they could die in care. End of life planning should commence as soon as it is known that a child has a life limiting condition.

PSP providers develop an End of Life Plan for a child with a life limiting condition. Providers submit the End of Life Plan to the nominated unit for approval by DCJ Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services. PSP providers implement the End of Life Plan.

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If a child is known to have a life limiting condition, prior to case management transfer to a provider, the Department develops the End of Life Plan. Providers implement the plan from the time of case transfer.

After-hours placements, placement breakdowns, and other emergencies

PSP providers have out of hours processes in place to ensure the Department can make contact in the event of an afterhours emergency. This is for events involving a child in their primary case responsibility, or for a child needing an emergency placement.

Events may include when a child protection report is received by the Department's Child Protection Helpline regarding a foster care placement breakdown, or other significant incident, such as a mental health event.

PSP providers notify the Department of the details of their afterhours contact (or contacts), and immediately advise the Department if there are changes to the contacts. PSP providers submit this information to Helpline.CSO@facs.nsw.gov.au.

PSP providers have contingency plans in place to help address any known issues in a current placement, should they arise, and share this information with the Department. This supports the After-Hours team at the Helpline to provide the best possible service to children and young people in crisis, and work in line with the PSP providers desired plans.

Contingency plans may include providing copies of risk management plans, or plans for alternative placements, in the event of likely placement breakdown. This information is used to provide context and inform decision making by the Department in the event of an after-hour's emergency.

PSP providers provide information on contingency planning to the Department by creating an 'alert' on ChildStory Partner. It is important that an "alert" is maintained and end dated diligently by PSP providers to ensure this information is always current. Additional contingency planning documents in relation to the 'Alert', if required, can be uploaded to ChildStory Partner Community as a Note within the Case. The note category should be 'Other' and subject information should include the Alert ID and Alert information.

The Department's Child Protection Helpline will liaise with the PSP provider's afterhours contact, if a child protection report is received afterhours and the provider's involvement is required immediately.

Exiting PSP family preservation

Achievement of case plan goal

When a PSP provider assesses they will soon achieve a child's preservation case plan goal, the provider:

- notifies the nominated unit and arranges to present evidence the child will continue to be safe with their parents, following withdrawal of the preservation service
- provides a family preservation exit report.

Disengagement

When a family does not engage (for example does not complete tasks in a family action

plan) or makes an unplanned exit (from the program), the preservation service provider notifies the nominated unit.

When there are concerns about physical, sexual or emotional abuse or neglect of a child who has disengaged from a PSP family preservation program, the service provider:

- completes a Mandatory Reporter Guide (MRG) to determine whether a report to the Child Protection Helpline is required
- identifies alternative ways to support the child and their parents, when a mandatory reporter's response is better served outside the statutory child protection system.

Exiting OOHC

Restoration support

When a child is placed with their parents, they exit OOHC (but remain in the parental responsibility of the Minister). Also see restoration placement.

During the period of restoration support (when a child is placed with their parents), the Department and the PSP provider have complementary roles in achieving restoration:

Collaborating in safety and risk re-assessment

The Department conducts SARA to ensure:

- all household dangers, identified in the initial SARA safety assessment leading to their child's entry to OOHC, have been resolved and
- the risk of future ill-treatment, abuse and neglect to their child has dropped to a *moderate* or *low* level.

The Department exchanges SARA information with the PSP provider to support restoration.

The PSP provider:

- continues to exercise case responsibility
- visits and spends more time with the child, their parents, siblings and family/kin
- listens to the child to find out what changes they would like to see and how this would make things better for them
- helps the child adjust to living with their parents again, understand and regulate their emotions and behaviour
- supports the parents to maintain the progress they have made in establishing appropriate values, attitudes, and behaviours, to increase the safety and wellbeing of their child
- supports the child's previous carers and the parents to work together
- arranges for the child to spend time with their previous carers (if they wish to)
- coordinates (and incurs expenditure in relation to) the provision of external services as required, for example counselling
- exchanges information with the Department to support their assessment.

Post-permanency casework support

Restoration

The date at which restoration is *legally* achieved is the date at which parental responsibility returns to the parents. This occurs when an STCO expires. It may also occur when the court rescinds a long term care order that (previously) allocated parental responsibility to the Minister.

When restoration has been achieved, post permanency casework support may be provided to a child, their parents, siblings and family/kin to:

- keep the child safe and meet their child's needs at home
- continue building the parents' strengths, confidence and ability to sustain the changes necessary to prevent their child from returning to OOHC
- support continuing connections between the child and family/kin or people who are important to them (including their previous carer)
- work with relapse occurring in the process of sustaining change, as a normal part of behaviour change
- work with the Department to address any identified or ongoing risks early, before they become so serious they result in further protective action
- support the stepping down of services provided prior to achieving restoration.

Also see restoration placement.

Guardianship

It is unlikely post permanency casework support will be needed for a child after a guardianship order is made. This is because the making of the order will have required the guardian to demonstrate an ability to meet the long term needs of the child without the need for case management or supervision.

However, guardianship post permanency casework support may be provided in rare, unforeseen circumstance when the Department and the PSP provider agree this support is required.

Open Adoption

It is unlikely post permanency casework support will be needed for a child after an adoption order is made. This is because the making of the order will have required the proposed adoptive parents to demonstrate an ability to meet the long term needs of the child without the need for case management or supervision.

However adoption post permanency casework support may be provided when:

- additional short-term casework is required to further develop connections between the child and their birth family or people who are important to them, or
- the child is the subject of an adoption plan and the adoptive parents require additional short-term casework to carry out the provisions of the plan.

Collaborating in post permanency casework support

The Department and a PSP provider have complementary roles in planning and providing

post permanency casework support.

- In planning post permanency casework support, the PSP provider:
  - discusses the need for support with the Permanency Coordinator, as part of regular permanency progress reviews
  - develops a plan spanning the proposed period of post permanency casework support period, to commence upon exit from OOHC (for example to align with the period of a Supervision Order).
- During the period of post permanency casework support, the PSP provider continues to hold primary case responsibility and deliver casework services for the period approved.

Post permanency supervision

What is a supervision order

A supervision order may be made for a child with a case plan goal of restoration, to commence after their STCO expires (section 76). It enables the Department to monitor and supervise the child's care and protection.

A supervision order specifies the reason and purpose of the order – which will be different for different children. It also states the period of the order, of up to 12 months. This may be extended for a further period of up to 12 months (a total 24 months).

During a supervision order, the Department:

- visits the child and observes the home where they are living with their parents
- provides parents with information concerning the purpose of the supervision order and any issues identified during supervision
- meets and talks with the child (if of appropriate age) and their parents to discuss the parents' capacity in providing daily care to their child
- gives support and advice to the parents in relation to meeting the child's needs
- conduct assessments or evaluates the need for supports for the child or parents
- provides one or more section 76 reports to the court about the outcomes of supervision and whether there is a need for a further period of supervision.

Collaborating in supervision orders

The Department and a PSP provider for post-permanency casework support, have complementary roles during a supervision order.

The Department:

- consults with the PSP provider, or any other service provider involved with the child and their family
- provides a copy of the supervision order to the provider
- liaises with the provider, when seeking direct contact with a child or their parents
- carries out the supervision to:
  - monitor the child's safety, welfare and wellbeing in the care of their parents

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  - support the parents to meet the child's needs at home and
  - review the parents' progress with the care plan goals and supervision order
- informs the provider when contact is planned, or if not possible, immediately after it has occurred
- shares all information relevant to supervision of the child
- considers reports provided by the provider; settles and files these as section 76 reports in the Children's Court.

The PSP provider continues to exercise primary case responsibility for post-permanency casework support while the supervision order is ongoing unless the Department and the PSP provider agree otherwise. The PSP provider:

- continues to deliver the post-permanency casework support plan
- assists the Department to carry out its supervisory responsibilities, for example by visiting the child and their parents
- provides reports to the Department in relation to their provision of post-permanency casework support, including information about the safety of the child under supervision and the progress of their parents
- shares all information relevant to supervision of the child under supervision and responds to the Department's requests for information exchange.

The provider does not participate in the exercise of statutory powers by the Department (section 76 or section 77).

Leaving care planning

PSP providers develop a leaving care plan for all young people who are in statutory OOHC for over 12 months, and are 15 years of age or over.

Whether or not a young person stays living with their carers, leaving care planning prepares them for life as an adult and provides support until they reach 25 years of age.

A leaving care plan includes support for developing independent living skills, building a personal support network and covers health and wellbeing, training and employment.

The leaving care plan is tailored to the young person's needs and goals and includes accountability for how steps will be achieved and outlines support available.

Also see leaving care and aftercare resources for all caseworkers, including leaving and after care financial plans.

Applications to the Guardianship Division of NCAT for young people under the parental responsibility of the Minister planning to leave care

When a young person is preparing to leave statutory OOHC, it is important to plan early and involve the right people to support their next steps.

For young people who may require ongoing decision-making support after they leave OOHC either due to their individual circumstances or due to disability, support may be accessed through the National Disability Insurance Scheme (NDIS) and/or an application to the

Guardianship Division of NSW Civil and Administrative Tribunal (NCAT) for guardianship orders and/or financial management orders. An application can be made to NCAT once the young person turns 16, if they require support with decision-making.

This guidance outlines the process and delegation requirements for making such applications.

Delegation and authority

Under **Delegation Schedule X** (PDF, 745.7 KB), only DCJ staff with the appropriate delegation may exercise functions of PR, including:

- Making applications to NCAT
- Appearing before tribunals such as NCAT.

PSP providers contracted by DCJ do not hold this delegation and therefore cannot act on behalf of DCJ or the Minister in tribunal proceedings.

However, under the *Guardianship Act 1987 (NSW)*, any person with a genuine concern for a young person's welfare may apply to NCAT for guardianship or financial management orders. This provides a pathway for PSP providers to lodge applications for young people they have case responsibility for. However, because DCJ retains parental responsibility, any application to NCAT for a young person under the parental responsibility of the Minister must be made with the approval of the relevant DCJ delegate.

Application Pathways

There are two pathways for making NCAT applications involving young people under parental responsibility of the Minister:

1. DCJ as the applicant (on behalf of the Minister)

This pathway is used when DCJ is bringing the application to NCAT on behalf of the Minister.

Process steps:

1. **Identify the need:** The PSP provider identifies that a young person under parental responsibility of the Minister may require decision-making support and raises this with the local CFDU.
2. **Gather information:** The PSP provider provides relevant background information, assessments, and documentation to assist the CFDU in assessing the need for an NCAT application.
3. **Assessment and approval:** The CFDU reviews the information and determines whether an application is appropriate. If approved, the CFDU prepares the application in consultation with the PSP provider.
4. **Prepare and lodge the application:** The CFDU prepares the NCAT application and lodges it directly with NCAT. The DCJ delegate is listed as the applicant and contact person.
5. **Attend the tribunal:** DCJ appears before NCAT as the delegate of the Minister. Legal representation is not usually required, however DCJ Legal may be consulted if needed.

6. **Record the outcome:** The CFDU records the outcome of the application in ChildStory and informs the PSP provider of the result and any follow-up actions.

2. PSP provider as the applicant (as a person with genuine interest for the welfare of the young person)

This pathway is used when PSP providers bring the application to NCAT as a person with genuine concern for the welfare of the young person. DCJ approval is required prior to lodgement.

Process steps:

1. **Identify the need:** The PSP provider identifies that a young person under parental responsibility of the Minister may require decision-making support and raises this with the local CFDU.
2. **Contact the local CFDU:** Before proceeding, the PSP provider must contact the local CFDU to discuss the proposed application and provide all relevant information to support the CFDU's assessment.
3. **DCJ delegate gives approval:** The CFDU assesses the request and, if appropriate, provides written approval from the DCJ delegate for the PSP provider to proceed with the application.
4. **Prepare and lodge the application:** The PSP provider prepares and lodges the NCAT application, clearly stating that the young person is under parental responsibility to the Minister and that DCJ has approved the application. The CFDU delegate's contact details must be included on the application.
5. **Attend the tribunal:** The PSP provider appears before NCAT as the applicant. They must keep the CFDU informed of any communications, hearing dates, and outcomes.
6. **Record the outcome:** The PSP provider must report the outcome of the application to the CFDU. The CFDU ensures the outcome is recorded in ChildStory and any necessary follow-up is completed.

Young people with disability

At a minimum, leaving care planning for a young person with disability, by a PSP provider, includes:

- identifying and documenting the disability needs of the young person, including any unmet or future needs to support them in preparation for independence
- working with their disability support coordinator or National Disability Insurance Scheme (NDIS) planner, to develop the young person's NDIS plan and identify future options for independent living, and vocational care or shared accommodation options as part of the leaving care planning
- liaising with the nominated unit if the child needs the Public Guardian to be appointed for them or advocacy to assist in their preparation for leaving care
- ensuring the young person's NDIS plan and leaving care plan work together to provide them with tailored support as they transition to adulthood.

Housing

At a minimum, leaving care planning for a young person, by a PSP provider, includes:

- facilitating options for a young person to remain with their carers or live with siblings or family/kin when this is a positive option for them
- providing assistance to find and secure safe, stable, affordable and appropriate accommodation before their care order ends
- ensuring their plan includes provision for establishment costs to set up a new home.

Driver's license

Leaving care planning for a young person, by a PSP provider, includes:

- supporting the young person to obtain their provisional driver licence
- providing professional driving lessons of sufficient quantity to enable the young person to obtain their provisional driver licence
- providing opportunities for the young person to access a car (and a person to accompany them) to practice driving and completing the logbook hours required to obtain their licence
- informing the young person that help to obtain a driver licence is available when they are ready to learn (up to 25 years).

Victims of crime

Leaving care planning for a young person, by a PSP provider, includes identifying if the young person may be a victim of crime through conversations with the young person, their carers, and through a review of their file history.

Casework practitioners identify and respond to the needs of children and young people in statutory care who have been victims of crime.

Under the Victim Support Scheme a child or young person may be eligible for counselling, financial support and a recognition payment if they are found to be a victim of crime.

There are two pathways available to PSP providers to access victims support for children and young people in statutory OOHC:

- making a recommendation for an application to Victims Services to the CFDU. The CFDU will review the recommendation and supporting evidence before advising the PSP provider on whether an application for support can proceed
- via an NGO referral for a legal audit. Young people who are the subject of a Final Order allocating parental responsibility to the Minister for a period of 2 years or more, and are aged 15 years or older, or will leave care in less than 3 years, must be referred to DCJ Legal Services for a legal audit of their file.

For more information on eligibility and processes see:

- NGO Victims of Crime Guidelines
- Supporting children and young people in out-of-home care who are victims of crime caseworker factsheet
- DCJ Victims Services information page.

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Also see the Charter of Victim's Rights.

Permanent visa pathway for non-residents or citizens

Leaving care planning includes checking a young person's residency or citizenship status.

Children and young people that are not Australian residents or citizens, in the care of the Minister, may be eligible for the Child (Subclass 802) Visa.

The Child (Subclass 802) Visa grants a permanent visa to children and young people in Australia, who the courts have determined are under the care of the relevant Australian state or territory Minister until they turn 18 years of age.

PSP providers check the residency and citizenship status of all young people to identify eligibility for the Child (Subclass 802) Visa. This is particularly important when a young person is preparing to leave care, as the applicant must be under 18 years of age when the visa application is lodged.

PSP providers prepare the visa application and gather the supporting documentation and submit to their nominated unit for approval. The PSP provider is responsible for submitting the approved application to the Department of Human Affairs.

See Vulnerable Child Visa factsheet and Vulnerable Child Visa step by step guide[60].

Work and Development Orders

Leaving care planning by a PSP provider, includes identifying if a young person has unpaid fines. Young people in care under the age of 18, are automatically eligible for the Work Development Orders program. Care leavers are also recognised.

Work Development Orders help vulnerable young people clear unpaid fines with approved activities instead of money. Activities may include a TAFE course, treatment program, life skills course, counselling, or other options.

PSP providers ask young people, their parents or carers and any significant others about whether they have any unpaid fines. If the young person cannot afford to pay their fine, they should be encouraged to pay off their fines through participating in the Work Development Orders program. See Work and Development Orders.

Trusts held with NSW Trustee and Guardian

Leaving care planning includes identifying if a young person has a trust. Most trusts hold funds from Victims of Crime recognition payments, but may include other payments including inheritance, superannuation, or compensation from an accident.

Young people in care may have a trust held by the NSW Trustee and Guardian. The responsibility to arrange a trust for a child in care is held by the Department.

PSP providers check if the young person has a trust account. Details should be held on ChildStory in the file notes, noting the young person will receive this money at 18 years of

[60] The Child (Subclass 802) Visa factsheets are available on PSP Learning Hub - Leaving Care & After Care Additional Resources. PSP providers will need to login to the PSP Leaning Hub to view.

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age (unless long term guardianship is planned due to disability). If a PSP provider is unsure if a trust exists, check with the nominated unit (CFDU).

PSP providers prepare young people to receive funds from a trust. Providers help them to develop financial literacy skills and consider whether a financial counsellor may be of assistance, if there are additional risks, such as drug dependency.

PSP providers coordinate with the nominated unit (CFDU) to ensure young people receive their trust funds when they turn 18 years of age.

Leaving care letters

Leaving care planning by a PSP provider includes arranging a leaving care letter.

A leaving care letter is sent from the Minister to congratulate the young person on turning 18 years of age. It highlights the importance of their leaving care plan and outlines where to obtain additional and future support.

PSP providers complete the leaving care letter template[61] and leaving care overview template[62], and provide to the nominated unit (CFDU), for DCJ approval, three months prior to the young person turning 18 years of age. The Department approves the leaving care letter and leaving care overview and submits both to the Minister's Office at least four weeks prior to the young person turning 18 years of age. The signed letter is returned to the Department to send to the young person.

A recently passed birthday letter template[63] is used in exceptional circumstances, where a letter was not given to the young person prior to turning 18 years of age. The young person must not be more than 18 years and three months of age when the Minister's Office receives the letter.

Aftercare support

When a young person leaves care at age 18 years, and until they turn 25 years of age, their PSP provider continues to play an important role in their life. The PSP provider discusses their role with the young person before they leave care and this is set out in the young person's aftercare plan. The provider:

- offers an opportunity for the young person to keep in contact with their caseworker (if available), who provides a sense of connection, support and encouragement
- provides information to the young person about how to access government and other financial assistance and services, including Centrelink, scholarships, rental assistance, fee free TAFE courses and employment
- informs the young person of their entitlement to Transition to Independent Living Allowance (TILA) and apply on their behalf when they wish to access the payment

[61] The template is available on PSP Learning Hub - Leaving Care & After Care Additional Resources. PSP providers will need to login to the PSP Leaning Hub to view.
[62] The template is available on PSP Learning Hub - Leaving Care & After Care Additional Resources. PSP providers will need to login to the PSP Leaning Hub to view.
[63] The template is available on PSP Learning Hub - Leaving Care & After Care Additional Resources. PSP providers will need to login to the PSP Leaning Hub to view.

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- invites the young person to return and ask for help if there is a crisis
- updates the young person's aftercare case plan as things change, for example to make available future funding to pay for a course they may want to commence
- provides the young person's original identity documents and life story material (for example photos, life story and family items held in trust)
- provides the young person supported access to their OOHC files (if they wish to or when they feel ready to):
  - until they turn 25 years of age, from the PSP provider and
  - after 25 years of age, from the Department
- ensures any young person with a history of sexual abuse is connected with targeted therapeutic supports.

Also see leaving care and aftercare resources for all caseworkers.

Access to OOHC files

Care leavers that have been in statutory OOHC are entitled to their personal information contained in their care history records[64].

Within care leavers records there is usually information which cannot be released because the disclosure of the information is restricted by legislation. This includes personal information of third parties where the information is not relating directly to the care leaver, and information which could lead to the identification of a person who has made a risk of harm report.

Care leavers are also entitled to their original documents, including but not limited to, their birth certificate, school reports, medical reports and personal photographs[65].

PSP providers seek their own legal advice on what specific information can be shared lawfully with a care leaver.

The PSP provider ensures young people are treated with dignity, respect and supported throughout the process. This may include:

- simply adopting a welcoming stance towards a young person requesting access
- in preparation for them to read their files:
  - informing them they are welcome to have a support person present or
  - offering to arrange a support person for the young person
- explaining parts of the young person's files, such as the meaning of acronyms, the context of particular decisions, how particular forms have been used
- offering counselling (if necessary), noting some aspects of the young person's story might trigger memories of traumatic events resulting in distress.

Access to financial support

[64] S.168 of the Children and Young Persons (Care and Protection) Act 1998 (the "Care Act").
[65] S.169 of the Care Act,

After a young person exits care, they may be able to access financial assistance from the Department to address health, housing, education or other needs. This might be an item of expenditure listed on their approved aftercare plan (and financial plan)[66], or it might be an unanticipated item of new expenditure.

The PSP provider:

- advises the young person about the assistance available
- requests financial assistance on their behalf via the submission of the aftercare Planned Financials to the nominated unit, explaining why the assistance is needed
- submits the Planned Financials to the nominated unit, six months before the young person turns 18, to ensure it is approved before the young person turns 18
- responds to any changes requested, or the need for additional information
- submits the final Planned Financials via ChildStory Partner for final approval.

The nominated unit after receiving an aftercare financial plan from a PSP provider, responds in writing within 28 days, or via ChildStory Partner if it has already been uploaded, indicating whether it is approved or if changes / more information is needed.

Also see leaving and aftercare financial plans.

Referral

The PSP provider makes sure the young person knows they can come to them at any time until they attain the age of 25 years to ask for help and assistance – including referral to counselling, housing support, early parenting programs, living skills courses, family planning and sexual health services, support to attend university or TAFE and specific aftercare and other services.

The young person can also ask for assistance from the Department, or when their needs are complex, the PSP provider may refer to, or work with, a specialist aftercare service.

Ceasing primary case responsibility

Preservation

A PSP provider ceases to have primary case responsibility:

- when the Department and the provider agree the preservation case plan goal has been achieved and
- when assessed risk of abuse or neglect falls to and remains at *low* or *moderate* and
- after the expiry of any orders to support achievement of the case plan goal, for example a parent capacity order.

[66] The PSP provider seek departmental approval of the financial aspects of a young person's aftercare plan before they attain the age of 18 years.

Restoration

A PSP provider ceases primary case responsibility (restoration):

- after the child exits OOHC, that is, after the care order allocating parental responsibility to the Minister expires or is rescinded and
- upon expiry of a supervision order (if applicable) and
- upon expiry of an approved period of post permanency casework support.

Also see limitations to primary case responsibility.

Guardianship and adoption

A PSP provider ceases primary case responsibility (guardianship or adoption):

- after the child exits OOHC, that is, after a new order is made:
  - placing the child in the guardianship of their carers or
  - resulting in adoption of the child to their long term carers / proposed adoptive parents, who becomes the child's legal parents and
- upon expiry of a period of post permanency casework support approved by the Department.

Also see limitations to primary case responsibility.

Long term care

A PSP provider ceases primary case responsibility (long term care) when the young person turns 25 years of age. Also see limitations to primary case responsibility.

OOHC records

PSP providers retain a child's OOHC records, including digital records and paper files, for a period of seven years from the date the provider ceases primary responsibility for the child's placement (section 170). Thereafter the OOHC records are delivered to the Department.

Records may be delivered early to the Department, when a PSP provider ceases to operate as an OOHC provider.

Resolving disputes

Group supervision

Group supervision is a shared process of consultation and decision making used by the Department. Group supervision involves practitioners, specialists and support staff meeting to discuss a child (or children) and reflect on practice. The group talks through and scrutinises and challenges thinking, values, culture and decisions.

Group supervision also helps staff manage any emotional response to their challenging work by creating the space to share their worries and hopes about their work with families. Caseworkers can draw on multiple viewpoints, research, and practice expertise to support their practice.

The Department regularly invites partner agencies to group supervision. Genuine partnership and collaboration creates faster and more effective information sharing, case planning and review, transparency around decisions, and ultimately better outcomes for children and families.

Resolving disputes

The Department and PSP providers exercising primary case responsibility may experience occasional disputes as a normal part of working collaboratively and playing different but complementary roles. Disputes may occur in part due to access to resources, different expectations in relation to service delivery or role clarity.

- However disputes are handled, the needs of the child remain a primary focus for the Department and the PSP provider.
- Children, their carers, parents, siblings and family/kin are not exposed to disputes between the Department and a PSP provider.
- Disputes between the Department and a PSP provider are addressed as much as possible in a way that does not interfere with or disrupt court proceedings.
- In principle, parties to a dispute are more likely to resolve the matter through face-to-face respectful and collegial discussion.

Local districts are free to use local procedures that aim to:

- resolve dispute at a district level in the first instance and
- strengthen the capacity of the service system to achieve better outcomes for children,

their parents, siblings and family/kin.

Collaborating in dispute resolution

The recommended process for handling disputes is:

Step 1. Disputes are resolved, where possible, at the local level by the Department and PSP provider practitioners (for resolution within two weeks).

The department	*PSP provider*
• Caseworker – CSC, CFDU, ISS • Permanency Coordinator • Contract Manager	Subject to operational structure: • caseworker • team leader

Step 2. When practitioners are unable to resolve the dispute in part or in whole, the Department and PSP provider managers intervene to mediate a solution focussed on immediate practice change.

Managers facilitate the development of an action plan to address the issues and identifies practice strategies, timeframes and review dates (for resolution within two weeks).

The department	*PSP provider*
• Manager Casework • Manager Client Services • Manager Commissioning and Planning • Manager Practice and Permanency • Permanency Coordinator	Subject to operational structure: • team leader • operations manager

Step 3. When managers are unable to resolve the dispute at a local level, the dispute is referred to senior leadership (for resolution within two weeks).

Senior leaders examine the nature of the dispute from a systems perspective. When gaps or inconsistencies are identified in the service system or policy framework, they are escalated (for resolution within two weeks) to:

- Child and Family (CF) OOHC Programs and
- Statewide Contracts.

The department	*PSP provider*
• Director Community Services • Director Commissioning and Planning • Director Operations	Subject to operational structure: • equivalent director or senior manager

• Director Practice and Permanency	

Step 4. When senior leaders are unable to resolve the dispute at a local level, it is referred to executive leadership (for resolution within two weeks).

Executive leaders consider practice and systemic issues as well as organisational risk.

The department	*PSP provider*
• Executive District Director	Subject to operational structure: • deputy chief executive officer • chief executive officer

Also see PCMP Resource - Poster: Recommended process for resolving disputes.

Legal practice

Information exchange

Information that promotes the safety, welfare or well-being of a child or young person is exchanged between the Department and PSP providers in line with relevant legislation i.e. Chapter 16A and section 248 of the Care Act. This includes information about a child, their parents, siblings or family/kin relevant to assessment and case planning, implementation and review.

However, some types of information cannot be exchanged, for example the identity of, or information that could lead to the identification of a person who has made a report to the Department (section 29).

The Department and PSP providers provide relevant information requested within 10 business days (unless another timeframe is agreed) or within other timeframes for providing evidence).

Alternative dispute resolution

What is alternative dispute resolutions?

Alternative dispute resolution (ADR) is a term used to describe a variety of different voluntary processes where an impartial facilitator helps people resolve disputes (section 37).

ADR provides a confidential space for family/kin and practitioners to discuss what needs to change, to keep children safe and develop a plan to achieve this. It also allows the child, parents and family/kin to be involved in major decisions affecting them.

ADR may be offered in the following stages of assessment and case planning:

- after a safety assessment has been completed and a child has been found to be *safe* or *safe with plan*
- after a risk assessment has been completed and a child is at *high* or *very high* risk
- after a risk re-assessment has been completed and a child is assessed as continuing to be at *high* or *very high* risk
- before a Family Action Plan is developed or as a process to develop a Family Action Plan
- when a Family Action Plan is due for review and child protection concerns are still

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present.

- when completing an Alternate Assessment and it is identified there are ongoing risk issues for a child.

ADR: Family Group Conferencing (FGC)

The Department's preferred model of ADR is Family Group Conferencing (FGC).

FGC is a family-focused, strengths based form of alternative dispute resolution (ADR) which aims to strengthen partnerships between family members and encourage parental decision making and responsibility. FGC helps inform case planning and provides an opportunity for family/kin to develop their own plan to keep their children safe. It aims to:

- place children and family/kin at the centre of planning and decision making
- empower parents and family/kin in decision making about the safety and wellbeing of their children
- improve outcomes for children by providing them with a stronger voice
- build respectful relationships through open communication.

When the form of ADR used is FGC, the Department or the PSP provider – whichever exercises primary case responsibility:

- takes an active role in arranging the FGC
- requests participation of practitioners from the other agency (the Department or the PSP provider not arranging FGC).

See expenditure incurred by the Department for when the Department incurs expenditure for FGC.

ADR: other models and approaches

Other approaches may be more appropriate depending on the circumstances of the child and family. These approaches include:

- Perinatal or Pregnancy Family Conferencing (PFC) for unborn children
- Family Dispute Resolution (FDR), facilitated by NSW Legal Aid or a funded family dispute resolution service
- Care and Protection Mediation, facilitated by NSW Legal Aid
- Mediation, facilitated by a Community Justice Centre mediator
- Private mediation, facilitated by an accredited mediator - this could be a mediator chosen or agreed to by the family
- Culturally appropriate forms of ADR, for example, Aboriginal Care Circles.

Also see use of ADR when responding to a child protection report.

Collaborating in ADR

PSP Providers may participate in court ordered ADRs if the Children's Court has provided permission. If consent is obtained from the child, their parents and family/kin, a representative of the PSP provider (the 'representative') exercising (or soon to exercise)

primary case responsibility may participate in other forms of ADR. This may include the child's carers or practitioner, noting:

- they have (or will have) a casework relationship with the child, their carers, parents, siblings and family/kin
- they may possess first-hand knowledge about the child, the placement and carers
- they may have a role in supporting implementation of the plan developed through ADR.

The following factors are considered by the Department's practitioner arranging ADR, in relation to participation by the representative:

- relevance of the likely input of the representative, to the issues in dispute
- whether the representative's input will help all parties reach an agreement
- the nature and extent of the representative's relationship with the child, their parents, siblings and family/kin
- whether the representative attends all or part of the ADR
- any other relevant factors.

Subject to consent, the Department's practitioner arranging ADR requests that the representative participate. The representative may also request to be involved in ADR, upon becoming aware of a planned future ADR.

Court proceedings

Collaborating in court proceedings

The Department and a PSP provider have complementary roles before or during court proceedings.

The Department is a model litigant in the proceedings, whether or not initiated by itself.

The Department's role includes:

- obtaining, collating and filing evidence required by the court
- developing the child's care plan (with support from the PSP provider)
- responding to administrative directions by the court
- responding to interim orders that effect care arrangements
- making decisions about arrangements for the child to have family time with their parents, siblings and family/kin.

The Department liaises with the PSP provider, and where needed, seeks direct contact with a child, their carers, parents and family/kin, to continually assess risk, and coordinate and file evidence in proceedings. The Department informs the PSP provider when contact is planned, or if that is not possible, immediately after it occurs.

The Department provides PSP providers with clear advance timeframes of what evidence will be required by the Children's Court, and by when. The Department also provides the PSP provider with notice of when it can be reasonably anticipated that their affidavit/report authors will be required to give evidence in court.

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PSP providers support the Department in Children's Court proceedings by:

- facilitating direct contact by Departmental practitioners with a child, their carers, parents and family/kin
- sharing all relevant information, including in response to the Departmental requests for information, to enable timely assessment, and the filing of all relevant evidence in court proceedings, which may include carer assessments, reports about the child, and reportable conduct
- preparing and providing evidence including affidavits and reports on the placement, casework including assessments and family time (contact), and other information on the child or young person as required, within timeframes stipulated by the Children's Court
- arranging for affidavit and other report authors to be available to give evidence in the Children's Court as required
- arranging for the child's independent legal representative to meet with the child
- carefully managing communication between the child, their carers, parents and family/kin and referring parties to their legal representatives as appropriate
- implementing decisions regarding drug and alcohol or DNA testing of birth parents
- contributing and collaborating in developing a care plan with the Department
- complying with Children's Court orders that may be in place, including timely preparation of section 76 or section 82 reports for supervision orders by the timeframes stipulated by the Children's Court
- organising contact, respite or other action in accordance with court orders
- implementing the permanency plan approved by the Children's Court
- complying with all other requirements for designated agencies as outlined in the Children and Young Person's (Care and Protection) Act 1998 and the model litigant policy.

PSP providers prepare court evidence and other court documents, to the standard required by the Children's Court. PSP providers assure the quality of documentation prior to submitting to the Department. PSP providers meet the timeframes provided by the Department, to allow the Department to file documentation within the timeframes set by the Children's Court.

For further information about PSP Providers' involvement in court proceedings and the provision of court documents to providers see Practice Note 17: designated agencies in Children's Court care proceedings.

Also see collaborating in case planning during court proceedings and expenditure retained by the Department.

Providing evidence

The Department may request a PSP provider to provide relevant information about a child, their parents, siblings or family/kin, to be filed as evidence in court proceedings.

Information may include Family Action Plans for Change, OOHC case plans, records of family

time, records of home visits, school reports, health reports, restoration assessments, guardianship assessments or other assessments.

The PSP provider makes every effort to provide the information to the Department within five business days of a request or contacts the Department and negotiates a different time frame.

An employee of a PSP provider may be required to give evidence in the proceedings by way of affidavit or written report. If so, the employee is likely to be required to attend court as a departmental witness to be cross examined (asked questions) about their evidence at the final hearing. The departmental legal representative will help prepare the employee to give evidence at court and will support the employee when giving evidence as a departmental witness.

Drug tests

To support a case plan goal of restoration, a PSP provider may initiate parental drug and alcohol testing with voluntary participation of the parents concerned. If the proposal is subsequently accepted by the Department, the results of these tests are used in evidence in court proceedings, including to support a (section 90) care application for variation or rescission of the order.

To support the preparation for, or conduct of, court proceedings, a PSP provider delivers casework to support participation of parents in drug and alcohol testing:

- as requested by the Department, to provide evidence in court proceedings
- in response to the administrative directions of a court (during proceedings).[67]

Court outcomes

Collaborating in court outcomes

The Department provides a PSP provider with information about the court outcomes. Reasonable efforts are made to provide the information about court outcomes within two business days of the Department receiving a report of the outcome from the legal officer, external legal practitioner or court liaison officer.

The information provided by the Department may include:

- the date of the court appearance and any future relevant court dates
- interim or final orders made and any notations to those orders
- the timetable (due dates) for filing evidence or reports
- any relevant undertakings given by any party
- any agreements between parties in relation to family and sibling time or other arrangements impacting upon the placement and
- any other matters relevant to a child's placement.

[67] Note: the cost of drug testing requested by the department or directed by the Children's Court is the responsibility of the department.

Information about a court outcome helps make sure the PSP provider is aware of, and acts in accordance with, interim or final orders made by the court, and to:

- put in place appropriate family time and provide information to carers relevant to the child's placement
- put in place appropriate arrangements to support compliance with other orders, for example a Parent Capacity Order, undertakings or a supervision order.

It is not the role of a PSP provider to provide information about court proceedings to:

- a child – this is the role of the child's independent or direct legal representative or
- the child's parents, siblings or family/kin – this is the role of their respective legal representatives.

However a PSP provider may:

- give information to the child of a general nature in relation to court proceedings
- facilitate the child making contact with their legal representative
- facilitate the child making contact with a departmental practitioner involved in giving instructions in court proceedings.

Information not to be provided by the Department to a PSP provider includes:

- information protected by legal professional privilege
- Children's Court Clinic assessment reports and documents filed in the proceedings by other parties, unless the court has granted leave.

A departmental legal officer is able to provide advice to departmental practitioners about whether information may be subject to a claim of privilege and, if the information is privileged, whether the Department should agree to waive privilege.

Children's Court Clinic assessment

Access to a Children's Court Clinic Assessment report by a PSP provider can generally only be provided with leave of the Children's Court. Exceptions include where the assessment report is an annexure or attachment to the child's care plan.

The Department seeks leave of the Children's Court to provide the report to the PSP provider. The departmental legal officer or external legal practitioner makes the application during proceedings and before final orders are made. PSP providers may also apply directly to the registrar of the Children's Court for leave to obtain a copy of the Children's Court Clinic Assessment report, in particular in cases where final orders are in place and the proceedings have concluded.

Dispute resolution conferences (DRCs)

Collaborating in DRCs

If the Children's Registrar agrees, a representative of the PSP provider (the 'representative') exercising primary case responsibility may participate in a DRC (section 65), noting:

- they have (or will have) a casework relationship with the child, their carers, parents and

family/kin

- they may possess first-hand knowledge about the child and their placement
- they are likely to be given responsibility for implementing the care plan.

The following factors are considered by the Department in relation to participation by the representative:

- relevance of the likely input of the representative, to the issues in dispute
- whether the representative's input will help all parties reach an agreement
- the nature and extent of the representative's relationship with the child, their parents, siblings and family/kin
- whether the representative attends all or part of the DRC
- any other relevant factors.

Subject to the Department's instructions, the Department's legal officer seeks the Registrar's agreement for the representative to participate. However, the representative may approach the Registrar directly to seek agreement.

In deciding whether the representative will be able to participate in a DRC, the Children's Registrar will seek the consent of all parties to the court proceedings.

If the Registrar agrees that the representative can participate:

- the representative's role is in support of the Department (during the DRC) and the representative follows the advice of Department's legal officer
- the representative is bound by the confidentiality of the DRC and follows the guidance of the Children's Registrar.

Developing a care plan

Collaborating in developing a care plan

When developing a care plan for a child, the Department works collaboratively with a PSP provider. This includes:

- ensuring the PSP provider participates in development of a care plan, for example by being invited to participate in relevant meetings
- providing at least two business days for a PSP provider to provide input in relation to draft plans (unless a different timeframe is agreed) and
- providing the PSP provider with a copy of the sealed care plan as soon as it is approved by the court.

PSP providers:

- assist the Department in convening a care plan meeting
- provide written comments in relation to draft care plans, within two business days (unless a different time frame is agreed)
- destroy draft copies of a care plan and only place sealed care plan on the child's file.

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The development of care plans includes cultural plans for Aboriginal and CALD background children, their parents and family/kin. This is mandatory.

Following making of final orders by the Children's Court, the PSP provider is responsible for implementing those parts of the care plan within its care responsibility.

Aboriginal cultural considerations in care planning

Cultural care and support planning ensures Aboriginal children's cultural rights, identity, language and cultural ties are preserved, safeguarded and promoted. Planning, endorsement and implementation of these plans is supported by an ACCO or other locally governed Aboriginal community group[68], as the cultural expert in their community.

Cultural care planning for an Aboriginal child is consistent with the Aboriginal and Torres Strait Islander Principles, including that:

- Aboriginal people participate in the care and protection of their children with as much self-determination as is possible (section 11)
- Aboriginal family-led decision making is used so that Aboriginal families participate in decision making concerning placement of their children and in other significant decisions (section 12).

A child's cultural care and support plans:

- are developed using Aboriginal family-led decision making for Aboriginal children
- include specific age appropriate strategies for developing and maintaining a positive sense of identity, belonging and connection to family/kin, community and culture
- include arrangements, led and driven by family/kin, for cultural connections and experiences through participation in cultural activities, events and programs
- acknowledge those aspects of a child's cultural needs family/kin may have already been meeting prior to the Department taking protective action
- acknowledges that family is central to culture and includes family cultural activities as part of the cultural support plan, wherever it is safe to do so.

Also see cultural planning.

Interim court orders and STCOs

If the Department removes a child from their home (section 43 or section 233), or assumes a child from another place (section 44), an application initiating care proceedings is required.

Short term care orders (STCOs)

If the Department proposes a permanency goal of restoration, guardianship or adoption, the application seeks an short-term care order (STCO) (section 45(1)(c)) for a maximum of

[68] Some local districts refer to local Aboriginal Consultation Advisory Panels (ACAP) - see DCJ Aboriginal Consultation Guide.

up to 24 months[69].

The court may allocate aspects of parental responsibility to either the Minister and/or another suitable person (for example, a relative) for a period specified in the STCO (section 79(9)). It may not be necessary for the Minister to hold parental responsibility when the Department and the court determine it can be held by another suitable person.

The Department seeks an STCO when the permanency plan is:

- restoration - an STCO is sought to provide sufficient time to gradually restore a child to the care of their parents
- guardianship - an STCO is sought to provide sufficient time to:
  - demonstrate a stable, loving and nurturing relationship between the child and proposed guardians
  - support and consult the child and family about guardianship options, including through the use of Aboriginal family-led decision making
  - support the proposed guardians to satisfy eligibility criteria
  - conduct suitability and probity checks and a guardianship assessment
  - prepare an application for a Guardianship Order to be filed in the Children's Court
- adoption - an STCO is sought to provide sufficient time to:
  - conduct an adoption assessment, including whether or not adoption is in the child's best interests
  - identify a suitable placement option[70] for the child (when adoption is a preferred permanency outcome)
  - prepare an application for an Adoption Order to file in the Supreme Court.

The period for which an STCO may be made by the Children's Court is up to 24 months unless there are special circumstances warranting making a longer order (section 79).

The period of the STCO is the period necessary to achieve the permanency goal, after considering the care plan, evidence and submissions of all parties. An STCO may be a period of:

- say, six to 12 months, if the permanency plan is restoration or guardianship
- say, two years, if the permanency plan is adoption.

The 24 month period for an STCO is measured from the time of making the final order.

An STCO provides greater accountability. When a court has made an STCO, but the approved permanency goal has not been achieved within the timeframe, the Department will need to bring the matter back to court. The Department provides evidence of reasons

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[69] Important: Except in special circumstances, an STCO allocating parental responsibility to the Minister is for a maximum period of no more than 24 months.

[70] Adoption and Permanency Services maintain a pool of families dually authorised as proposed adoptive parents and carers and can therefore assist with seeking a suitable placement option. These carers have already been assessed by the department as suitable to adopt.

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why the permanency goal has not been achieved in the period of the STCO and seeks other appropriate orders.

Interim orders

If the Department is *assessing* the permanency goal, an interim order allocating interim parental responsibility is sought. A PSP provider with primary case responsibility supports the Department in *assessing* the permanency goal. For example, by:

- participating in ADR (if requested by the Department and with consent of the child's parents)
- through information exchange.

By seeking only an interim order, the Department can later propose a permanency plan to best meets the child's needs:

- based on assessment occurring during the interim order period
- subject to approval of the Department's permanency plan by the Children's Court.

The court may allocate aspects of parental responsibility to either the Minister and/or another suitable person (for example, a relative) for the period specified in the order.

The period specified in an interim order is any period determined by the court as necessary for further assessment to occur, having considered submissions by all parties and evidence filed in the proceedings.

If a Children's Court registry declines to file (stamp and seal) the application for an interim order only, the Department seeks an STCO as well as an interim order. If this occurs, the Department notifies Legal Services by emailing the Department's Legal Inbox (AllocationsDCJLegal@facs.nsw.gov.au):

- a record of the interaction between departmental and registry staff members and
- a copy of the application.

Section 76 or 82 reports

Collaborating in preparing section 76 or 82 reports

The PSP provider is responsible for:

- preparing a draft section 76 report regarding the progress and outcomes of a supervision order, or draft section 82 report regarding the suitability of a child's OOHC arrangements, following making of final orders by the Children's Court
- providing the Department with a draft of either of these reports, five business days prior to the date on which it is due to be filed.
- preparing any draft reports to the standard required by the Children's Court.

The Department is responsible for approving and filing these reports, even when prepared by a PSP provider. Also see functions of parental responsibility exercised by DCJ.

New court proceedings

Any decision to initiate new care proceedings (section 61) or re-open (section 90) proceedings in the Children's Court is made by the Department in consultation with a PSP provider. However, a child, their parents, family/kin or person with an interest in the welfare of the child can apply to re-open proceedings. Parties to proceedings have a right to appeal a final order (section 91). Parties have 28 days from the date of the final order to lodge an appeal.

The Department is always a party to court proceedings and appeals of final orders.

The Department provides a PSP provider with information about new or re-opened court proceedings or appeals. The Department provides the information to the provider as soon as it is available, when possible, prior to the matter being listed in court.

Joint allocation of parental responsibility for children in OOHC

When a final care order is made, allocating various aspects of parental responsibility to a suitable person *and* the Minister jointly:

- the child is considered to be in *statutory* OOHC when:
  - the Minister is allocated the aspect of residence solely OR
  - a suitable person who is *not* a relative/kin of the child, is allocated the aspect of residence solely (not the Minister) OR
  - the Minister and any suitable person exercise the aspect of residence jointly
- the child is considered to be in *supported* OOHC when a suitable person who is a relative/kin of the child, is allocated the aspect of residence solely (not the Minister).