



# Permanency Support (Out-of-Home Care) Program Description

## Creating Safe and Permanent Homes for Children and Young People

**Summary:** This document is designed to describe the new Permanency Support Program with a focus on changes to achieve greater permanency, safety and wellbeing for children and young people.



# Document approval

The Permanency Support (Out of Home Care) Program Description has been endorsed and approved by:

The OOHC Recommissioning Program Board

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Approved: 17/03/2017

# Document version control

|                        |   |
|------------------------|---|
| Distribution:          | Internal and External                                     |
| Document name:         | Permanency Support (Out of Home Care) Program Description |
| TRIM Reference:        | D17/163399  |
| Version:               | 4.0   |
| This document replaces | N/A   |
| Policy link to         | N/A   |
| Document status:       | Endorsement copy  |
| File name:             | Permanency Support (Out of Home Care) Program Description |
| Authoring unit:        | Out of Home Care Initiatives                              |
| Date:                  | 15 December 2017 (ITC RFT resumption)                     |
| Next Review Date:      |   |

# Table of contents

|          |  |           |
|----------|--|-----------|
| <b>1</b> | <b>Introduction.....</b>   | <b>4</b>  |
| 1.1      | Purpose .....  | 4         |
| 1.2      | Background .....   | 4         |
| 1.3      | Design of the new service model .....                                    | 5         |
| 1.4      | Investing in child and family centred support.....                       | 7         |
| 1.5      | Benefits of establishing a child and family continuum of care.....       | 8         |
| 1.6      | Summary of changes to the new service model.....                         | 8         |
| 1.7      | Overview of the Service Model .....                                      | 9         |
| 1.8      | Roles and responsibilities .....   | 11        |
| <b>2</b> | <b>Permanency .....</b>  | <b>14</b> |
| 2.1      | What is permanency? .....  | 14        |
| 2.2      | The permanency principles .....  | 14        |
| 2.3      | How permanency is reflected in the new funding model.....                | 15        |
| 2.4      | Permanency and stability from a child’s point of view.....               | 16        |
| 2.4.1    | Working with birth families and significant others .....                 | 16        |
| 2.4.2    | Matching of children and young people’s needs to carer’s supports ...    | 17        |
| <b>3</b> | <b>Standard Practice Requirements.....</b>                               | <b>19</b> |
| <b>4</b> | <b>Initial Case Plan Goal Packages .....</b>                             | <b>22</b> |
| 4.1      | Family Preservation .....  | 23        |
| 4.2      | Relative/Kinship (Preservation) .....                                    | 24        |
| 4.3      | Restoration/Guardianship/Adoption .....                                  | 25        |
| 4.4      | Long Term Care.....  | 26        |
| <b>5</b> | <b>Baseline Packages .....</b>   | <b>27</b> |
| <b>6</b> | <b>Child Needs Packages.....</b>   | <b>29</b> |
| <b>7</b> | <b>Other Specialist Packages .....</b>                                   | <b>30</b> |
| <b>8</b> | <b>Other Key Information.....</b>  | <b>31</b> |
| 8.1      | Recruitment, assessment and authorisation of carers.....                 | 31        |
| 8.2      | Program oversight .....  | 32        |
| 8.3      | Case management .....  | 32        |
| 8.3.1    | Casework responsibilities (i.e. casework decisions) .....                | 33        |
| 8.4      | Permanency Coordinators .....  | 34        |
| <b>9</b> | <b>Performance Framework.....</b>  | <b>35</b> |
|          | <b>Appendix 1: Acronyms and Glossary .....</b>                           | <b>36</b> |
|          | <b>Appendix 2: Service Overview – Preservation .....</b>                 | <b>36</b> |
|          | <b>Appendix 3: Service Overview – Foster Care.....</b>                   | <b>36</b> |
|          | <b>Appendix 4: Service Overview – Aboriginal Foster Care .....</b>       | <b>36</b> |
|          | <b>Appendix 4a: Service Overview – Supported Independent Living.....</b> | <b>36</b> |
|          | <b>Appendix 5: Service Overview – ITC.....</b>                           | <b>36</b> |
|          | <b>Appendix 6: Common Service Elements, Reporting and Oversight.....</b> | <b>36</b> |

This document should be read in conjunction with the relevant Permanency Support Program – Appendices (1-6).

# 1 Introduction

## 1.1 Purpose

This document contains an overview of the Permanency Support (OOHC) Program and the service requirements for Preservation, Foster Care, Aboriginal Care and Intensive Therapeutic Care. The purpose of this document is to:

- Outline a shared, consistent and clear view of the OOHC service system across the sector
- Describe the need for the current service system to change
- Identify and define the key practice and operational requirements
- Define the connectivity of service packages to achieve individual child and family outcomes and in particular preservation
- Define the roles, responsibilities and the working relationship between FACS and Service Providers
- Clarify the differences between current and future roles and responsibilities
- Provide examples of what the changes in the service system will mean for children, young people and their families
- Align contract management and individual decisions for children and young people

## 1.2 Background

Over the past few years, a number of reviews and reforms have been conducted that support the need for change within the current OOHC service system.

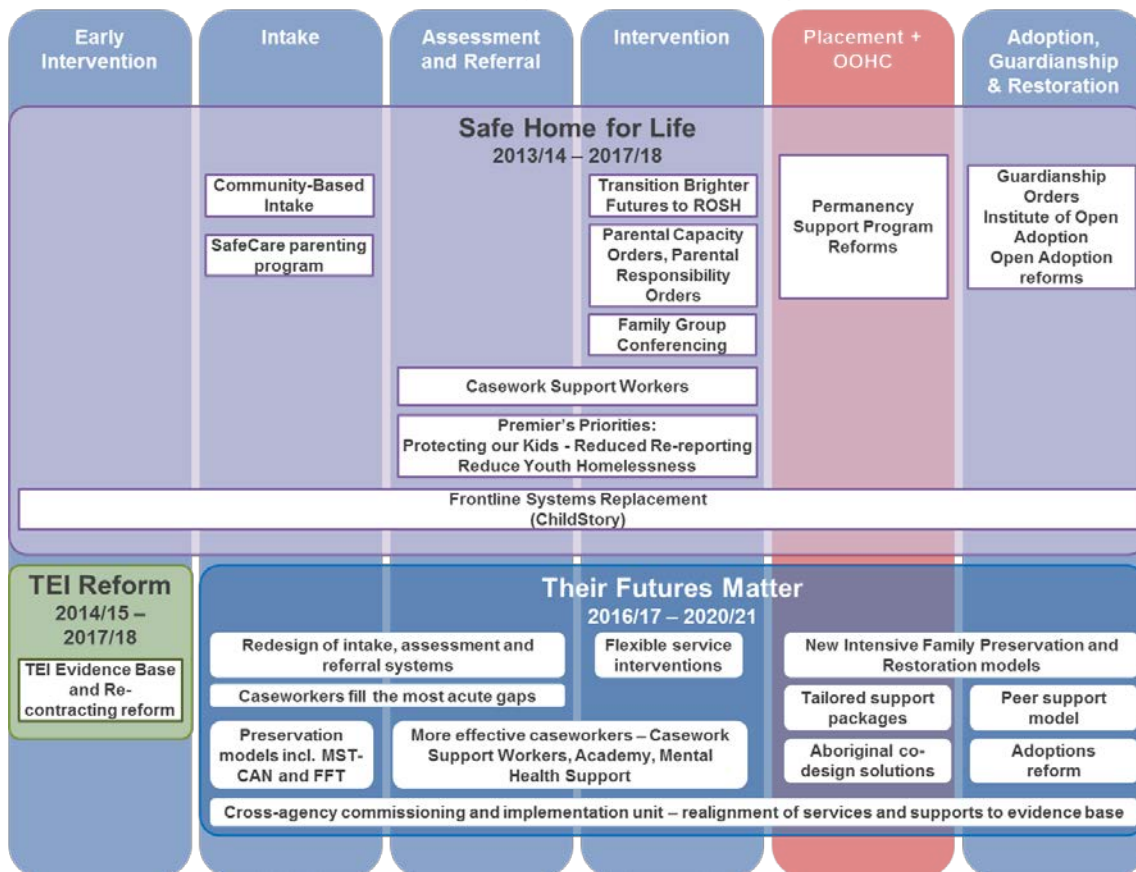
Therefore, system wide reforms aim to:

- Maintain more children and young people at home safely with their birth parents, minimising entries and re-entries into care
- Find permanent homes for children and young people currently in care by increasing the number of children and young people either being restored to their family, moving into guardianship, or adopted within two years of placement
- Invest in higher quality support for children and young people in care, with their safety and wellbeing being the paramount objectives
- Provide support to diverse client groups to address and meet specific needs through targeted services addressing individual needs
- Address the over representation of Aboriginal children and young people in care.

The whole service system is being restructured to support these goals. The new system is child and family-centred and includes establishing a system that monitors and reports on outcomes. It focuses on the wellbeing of children and young people, ensuring they have safe and permanent homes. This has specific implications for both the NSW Government's own service provision and services provided by Service Providers.

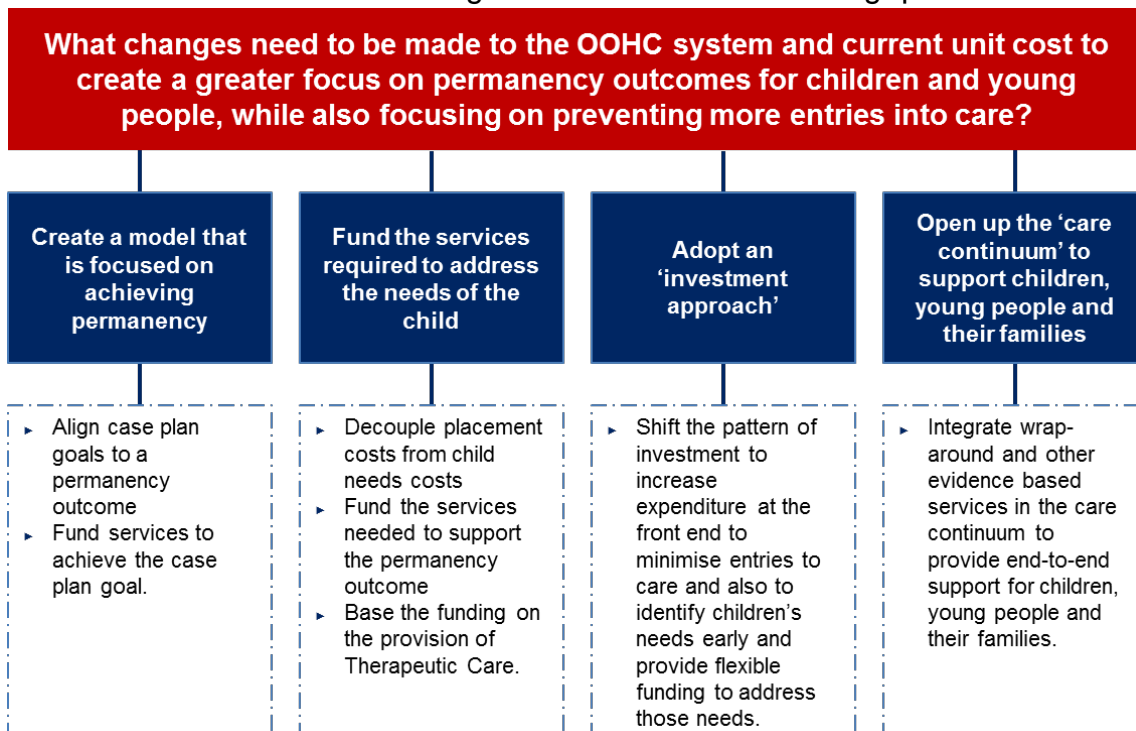
As part of this, major reforms are being introduced on 1 October 2017 to the NSW Family and Community Services (FACS) Out-of-Home Care (OOHC) Program. A number of these reforms are outlined below.

## FACS Service System Reform Agenda



### 1.3 Design of the new service model

The new service model has been designed to address the following question:



This new model creates a continuum of care across child and family service delivery to better support maintaining children and young people with family as a priority focus. Targeted support packages will address the specific needs of individual children, young people and their families. These packages will be commissioned and delivered by FACS and Service Providers.

The design incorporates the elements of the [Quality Assurance Framework \(QAF\)](#) to feature permanency, safety, wellbeing and culture as central themes to be addressed within service delivery.

The new child and family centric service system focuses on the following nine principles:

### Principles of Design

|  |  |  |
|--|--|--|
| <p><b>Personalised and targeted support</b></p> <p>Flexible funding packages will follow children based on their assessed need and case plan goal with children, young people their families and carers to be involved in decision making.</p> | <p><b>Establishing an investment approach</b></p> <p>Delivering better long-term outcomes and cost-effective services through an evidence based investment approach.</p>                                     | <p><b>Trauma informed practice</b></p> <p>Children are provided with trauma-informed care. For example, Intensive Therapeutic Care and intensive support services, step down arrangements and pathways for de-escalation.</p>                    |
| <p><b>Focus on Permanency</b></p> <p>Services are delivered to optimise permanency arrangements for each individual child or young person.</p>   | <p><b>Regular review and assessment of the changing needs of children</b></p> <p>Regular case plan reviews to ensure that children’s needs are being met. This will help prevent escalation of services.</p> | <p><b>Establishing a system that supports maintaining a child at home</b></p> <p>A broader continuum of services that focuses on how the system can best work to prevent children from entering care by helping families to change.</p>          |
| <p><b>Provision of safe and protective environments for all children</b></p> <p>Expectation that all organisations will provide high quality, safe and protective environments for children.</p>   | <p><b>Robust cultural care planning and community connection</b></p> <p>Services are sensitive to unique client needs and support their cultural identity by facilitating connections to culture.</p>        | <p><b>QAF outcomes are built into the service system and contracting framework</b></p> <p>Performance against the QAF is rigorously measured and benchmarked. Good performance should be rewarded and provider incentives are child focused.</p> |

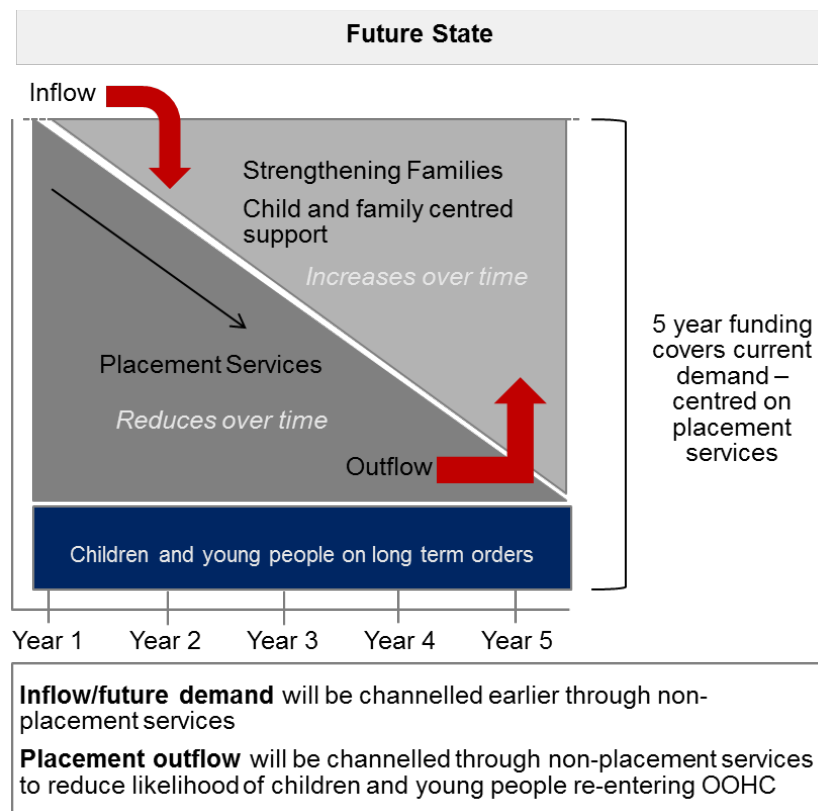
## 1.4 Investing in child and family centred support

The design of the new service system is all about shifting from the current 'placement-based' system to a 'child and family centric' service system. This is important in achieving better safety, permanency and well-being outcomes for children and young people. This is done with a particular focus on:

- Prevention through strengthening families to help keep children and young people safe at home
- Child and family centred supports
- For children and young people who enter care, reducing the length of stay in care and providing them a higher quality of care
- By investing in care diversion and intensive therapeutic support for high needs children and young people it is expected the number of children and young people and the length of stay of children and young people in Intensive Therapeutic Care arrangements (formerly residential care) will decrease
- Provision of therapeutic care and trauma-informed practice guided by the [NSW Therapeutic Care Framework \(TCF\)](#).

Over time, this means funds can be re-invested in the delivery of family strengthening and preservation services whilst continuing to support the achievement of permanency and stability for all other children and young people in care. This will create a stronger and more innovative service system in the longer term.

Outlined below is an overview of how the investment approach can be applied in future years to move funds from placement services to prevention and family preservation.



## 1.5 Benefits of establishing a child and family continuum of care

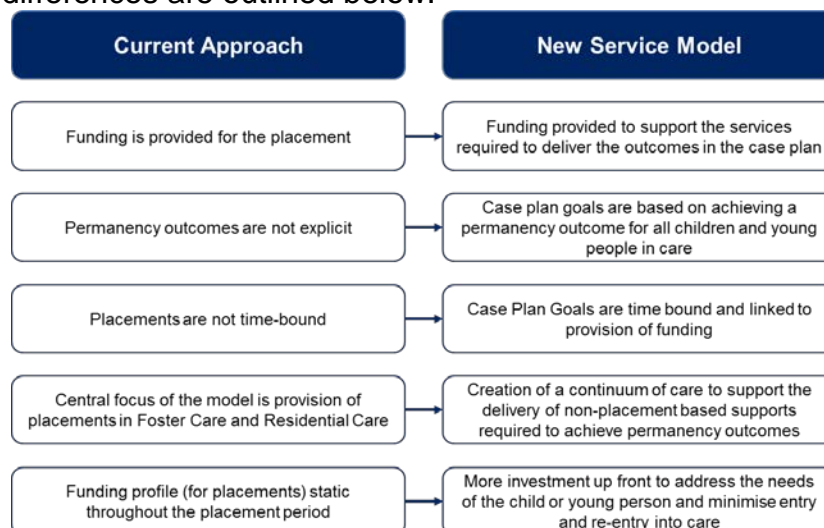
The Permanency Support Program will bring with it significant benefits to the lives of children and young people, their families and carers.

### Benefits of the New OOHC Service System

| Service Providers   | Children and Young People   |
|---|---|
| <ul style="list-style-type: none"> <li>Greater flexibility in provision of services to achieve case plan outcomes</li> <li>Ability to provide a greater scope of services through the continuum of care</li> <li>Greater collaboration with FACS</li> <li>Reduced administrative burden through streamlined financial management processes</li> </ul>   | <ul style="list-style-type: none"> <li>CYP will have a 'purpose' for their time in care through the definition of case plan goals</li> <li>Support is targeted and personalised</li> <li>Support is based on achieving permanency and preventing entry into care by helping families to change</li> <li>Cultural planning will be an integral part of a child or young person's OOHC journey</li> </ul> |
| FACS  |   |
| <ul style="list-style-type: none"> <li>Reduced number of children and young people in care</li> <li>Regular review periods and progress checks that will provide indicators of progress against case plan goals</li> <li>Greater alignment across Child and Family programs through the creation of the continuum of care</li> <li>Greater visibility over funding provided to Service Providers</li> <li>Greater ability to measure outcomes through the achievement of case plan goals</li> <li>Greater opportunity to build partnerships with Service Providers</li> <li>Reduced administrative burden through streamlined financial management processes</li> <li>A service model that is built upon detailed service costs, which provides greater transparency over the cost to deliver care</li> </ul> |   |

## 1.6 Summary of changes to the new service model

There are a number of differences between the current approach and the new service model. The key differences are outlined below:

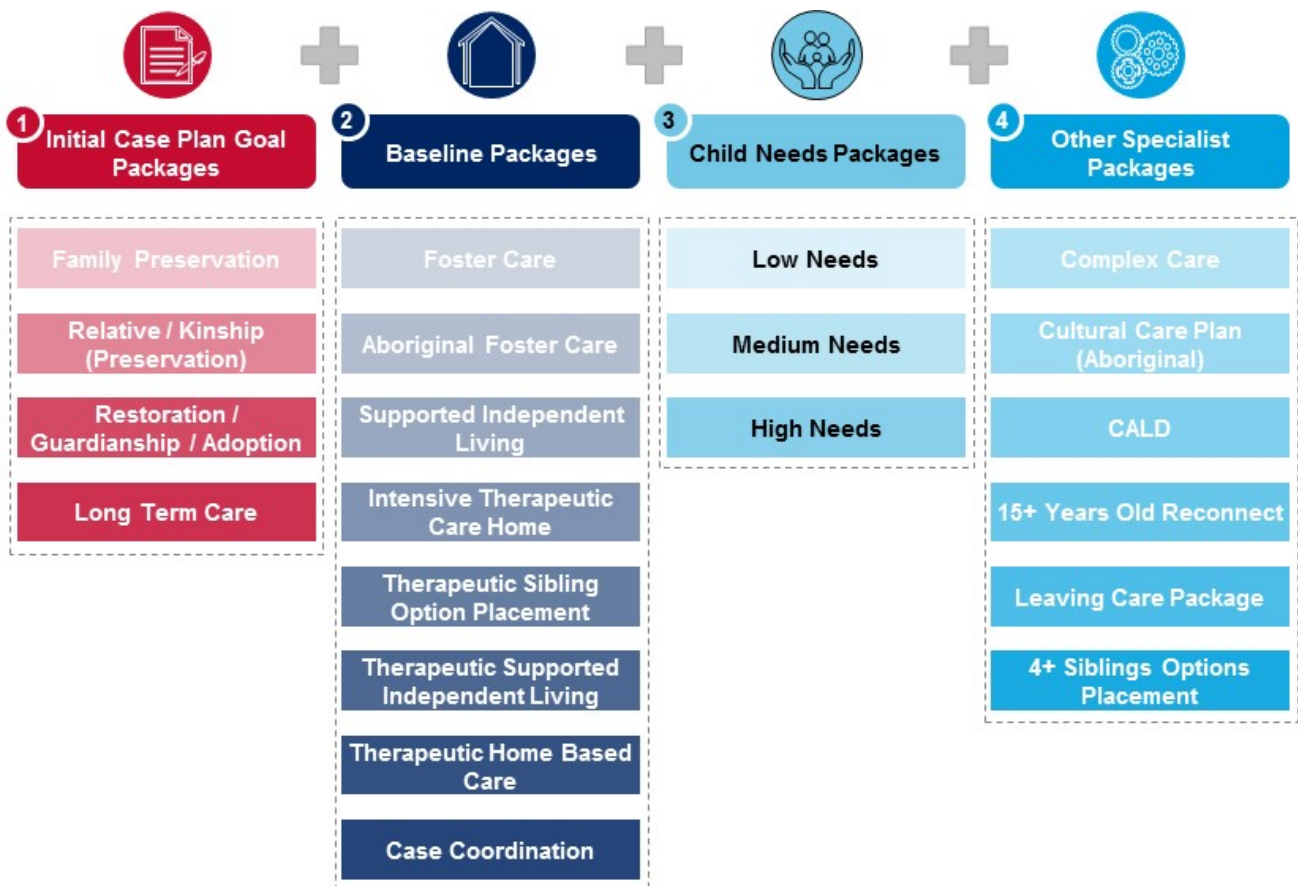




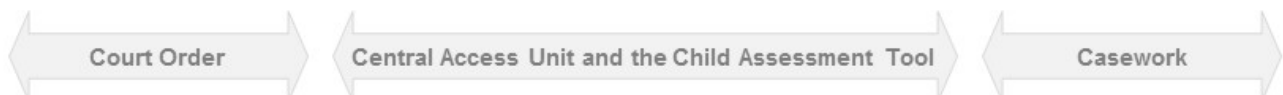
## 1.7 Overview of the Service Model

The new service model has been designed to ensure that the services a child or young person receives are based on their assessed needs, which are aligned to the core elements of the QAF. The QAF is an outcomes-focused, child and young person-centred reporting framework that focuses on safety, permanency and wellbeing of children and young people.

The service model is composed of an Initial Case Plan Goal Package, a Baseline Package and a Child Needs Package. For unique or truly exceptional circumstances, an additional Specialist Package may be added. The service design can be thought of as a 'build-up' approach whereby flexible options can be selected to meet individual child needs and achieve the overall Case Plan Goal.



The specific component within each package is to be determined by...

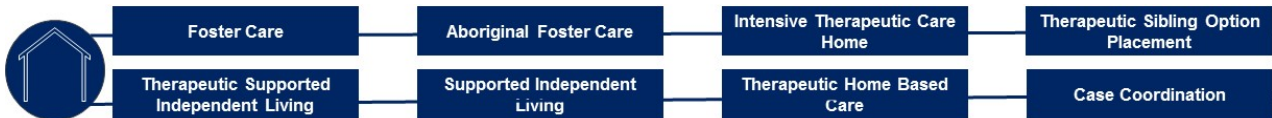


## Initial Case Plan Goal Package:



Each child or young person who is at imminent risk of entering care will have a determined Case Plan Goal (permanency outcome). The funding for each of the Packages reflects the particular services and support required to achieve the Case Plan Goal. For this reason, each of the Case Plan Goals reflect different requirements and have according funding levels.

## Baseline Package:



Children and young people in care will also receive a Baseline Package that is based on the costs to support a child or young person in a placement. This has been separated from the costs specific to the needs of the child or young person (i.e. Child Needs Package) to acknowledge that overall costs for children in particular care arrangements will be the same regardless of changes in the needs of the child or young person.

A Case Coordination Package is also available for children and young people with a Family Preservation or Relative/Kinship (Preservation) Case Plan Goal Package, who are at imminent risk of entering care. The Case Coordination Package is available for a six month period following the achievement of a permanency goal for children and young people who have previously been in care (i.e. restoration, guardianship or adoption) to ensure the success of the permanency goal.

## Child Needs Package:



Children and young people will be assessed to determine the intensity of their needs (Low, Medium or High). Funding is provided to address the specific needs of the child or young person.

## Other Specialist Packages



The 'Other Specialist' Packages provide funding for unique support (e.g. CALD, futures planning, Cultural Care planning, 15 years+ Reconnect, and 4+ Siblings Option Placement).

## 1.8 Roles and responsibilities

The new service design and model is premised on clarity about roles and responsibilities and a greater level of joint work, communication and partnership between Service Providers, FACS and other government agencies such as Health, Education and Justice. The model also seeks to extend relationships across the continuum of care from prevention, at home support and OOHC placement through to transition and post care arrangements. The end goal is bringing the whole of the child and family service system together to establish a holistic continuum of care.

In moving to this new service design and model, a number of role and responsibility changes are required across various levels within FACS and Service Providers. Some of these changes are listed.

These changes are presented against the four primary phases in the continuum of care:

- Preservation
- Assessment and achieving Case Plan Goals through regular reviews
- Placement transition and Step-Down
- Exit and post care support.

The summaries presented below are not exhaustive of all changes in roles and responsibilities under the new service design. These summaries are a demonstration of the types of changes underway or expected and link specifically to significant elements of the reform. These roles and responsibilities will be defined further and detailed in the Permanency Support (Out-of-Home Care) program operational rules.

### FACS Primary Roles

FACS has a statutory role in the lives of children and young people in OOHC and the services that support them.<sup>1</sup>

#### FACS as a parent

The Minister for Family and Community Services (and FACS through the Minister) has parental responsibility for children and young people in statutory OOHC. This means that FACS undertakes all the legal duties, powers and responsibilities that a parent would normally hold. The parental responsibilities of FACS cannot be delegated even when a child or young person is in the care of a Service Provider in the sector.

#### FACS as a steward of the OOHC service system

FACS has a commissioning, contracting, funding and service stewardship role with OOHC Service Providers and will be the 'single commissioning entity' as the current commissioning reform agenda progresses.

#### FACS as an OOHC provider

FACS is accredited by the OCG and will be held to the same standards required of Service Providers in their contractual agreements with FACS.

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<sup>1</sup> There is one exception to this in that through a deed of agreement the Minister has delegated PR to one Service Provider (FACS retains non-delegable powers).

## Changing Roles and Responsibilities – Family Preservation

Intensive support to keep children safe at home with their families or relatives and Kin.



|                   |   |  |   |   |
|-------------------|---|--|---|---|
| FACS              | FACS and Service Provider caseworkers will work together to support a child and their family to safely care for them at home whilst working on mitigating risks with an increased number of points of collaboration and decision making | FACS and Service Provider caseworkers will be required to play a greater role in the planning, coordination and review of family intervention, prevention and support services | FACS Contracting will be active in managing the referrals to funded preservation services (programs with a focus on child and family service delivery) to ensure that all funded services are fully utilised prior to accessing Preservation Packages from the Permanency Support Program | FACS will explore the use of Parent Responsibility Contracts, Parent Capacity Orders and Registered Care Plans  |
|                   |   |  |   | FACS will refer to a Service Provider for Case Coordination when family preservation services are required and record detail of referrals made        |
| Service Providers |   |  | Service Providers can access Child Needs Packages to meet the needs of children   | Service Providers will be involved earlier in the process post FACS risk assessment decisions and will work alongside FACS to achieve case plan goals |

## Changing Roles and Responsibilities – Assessment and Achieving Case Plan Goal (OOHC)

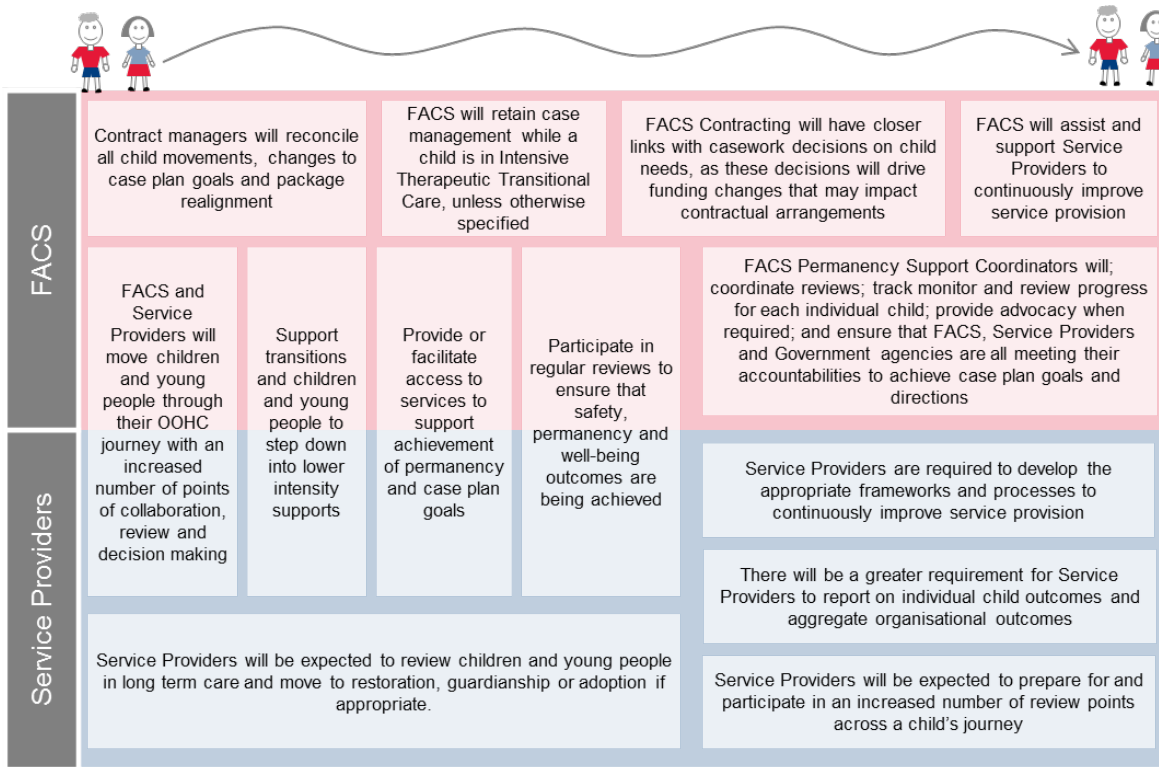
Entry pathway, Case Plan Goal and packaged support are based on a child's and family's needs.



|                   |  |  |   |   |  |
|-------------------|--|--|---|---|--|
| FACS              | FACS will refer children to the ITC via the Central Access Unit (CAU). CAU will apply eligibility criteria and complete suitability assessment for entry to Intensive Transitional Therapeutic Care (ITTC), wider ITC system and monitor all child outcomes across the ITC system. | FACS will seek short term court orders (up to 2 years) for children entering care where this is appropriate to achieve initial case plan goals within this period. | FACS will maintain strong involvement until the case plan goal is assured and increase involvement if the case plan goal changes                                  | FACS will participate in required case plan reviews as stated in line with each Initial Case Plan Goal Package or as appropriate                      | FACS will make referrals for Case Coordination directly to Service Providers for preservation and post-care support  |
|                   | Responsibility for individual case plan goal, Child Needs Package and Baseline Package will be devolved to the case management level   | Develop and implement case plans and approved case plan goals and monitor progress   | FACS and Service Providers will move children and young people through their OOHC journey with an increased number of points of collaboration and decision making | FACS and Service Providers will participate in regular Case Plan reviews to ensure that safety, permanency and well-being outcomes are being achieved | FACS caseworkers will play a greater role in the ongoing management of children placed with Service Providers through increased review touchpoints<br>FACS will retain case management while a child is in Intensive Therapeutic Transitional Care, unless otherwise specified<br>FACS will make initial referrals to health and education pathways on entry to care |
| Service Providers | Provide all case plans and reviews regarding packaged supports   |  |   | Provide 24 hour contact points for children requiring immediate assistance  |  |
|                   | Service Providers will be expected to prepare for and participate in an increased number of review points across a child's journey   |  | Participate in warm referral processes including Family Group Conferencing  | There will be a greater requirement for Service Providers to report on individual child outcomes and aggregate organisational outcomes                |  |

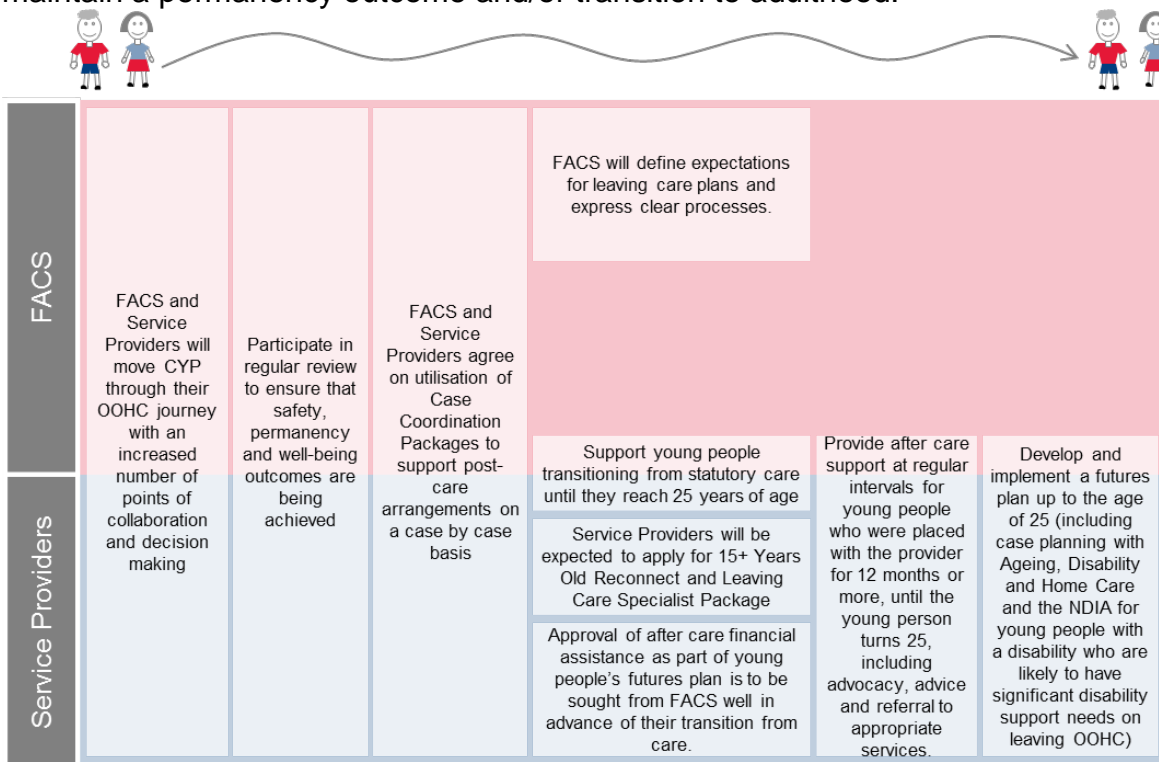
## Changing Roles and Responsibilities – Placement Transition and Step-Downs

Roadmap to longer term permanency is based on a child's and family's needs.



## Changing Roles and Responsibilities – Exit and Post Care Support

Ongoing review and dialogue to define the best exit pathway and provide support to maintain a permanency outcome and/or transition to adulthood.



## 2 Permanency

### 2.1 What is permanency?

For children and young people who experience safe, predictable and reliable care, permanency is felt every day. It defines their routines and the way they live their lives. These children know who takes them to school, who picks them up, dinner time, bath time and they know what they can expect from their primary carers. This is predictability.

Permanency has three dimensions:

|                              |   |
|------------------------------|---|
| <b>Relational permanency</b> | The experience of having positive loving, trusting and nurturing relationships with significant others (parents, siblings, friends, family and carers). |
| <b>Physical permanency</b>   | Stable living arrangements and the connection a child or young person has with their community.   |
| <b>Legal permanency</b>      | The legal arrangement for the child.  |

Permanency:

- Promotes healthy brain development
- Helps build and repair secure attachment
- Helps children and young people feel stable and connected in their life
- Helps children and young people to build a healthy identity.

Children and young people need stability, continuity and security in their life. For children and young people in OOHC or at risk of entering OOHC this includes:

- The same support workers, carers, or caseworkers where possible
- The opportunity to stay connected or develop strong connections with the communities they have become a part of through their school, social and cultural connections
- Ensuring siblings are placed together (where appropriate) and continued attendance at the same child care centre or school
- Maintaining their routines, environment and the things that are important to them regardless of how small others may think these are
- The opportunity to participate in decisions made about their life.

Permanency support is focused on keeping children, young people and their families together safely through the delivery of evidence-informed or evidence-based models of support such as [Multi-Systemic Therapy for Child Abuse and Neglect](#) and [Family Functioning Therapy – Child Welfare Program](#) that aim to reduce the number of children and young people entering care. There will be increased use of evidence-based models as the sector continues to develop.

### 2.2 The permanency principles

The *Children and Young Persons (Care and Protection) Act 1998* sets out guiding principles for the permanent placement of a child or young person in OOHC. The order of preference for the permanent placement of a child or young person is:

- Family preservation or restoration

- Guardianship
- Open adoption (for non-Aboriginal children)
- Parental responsibility to the Minister.

Family preservation or restoration to family is always the preferred outcome if it can be safely achieved. When this is not viable, other placement options need to be explored. Long term parental responsibility to the Minister is the least preferred placement arrangement.

## 2.3 How permanency is reflected in the new funding model

The vision and aim of the Permanency Support (OOHC) Program are that all children and young people are safe from harm, experience permanency in their living situation, experience continuity of relationships, enhanced wellbeing and quality of life.

To support this, the service funding model is geared towards keeping children and young people with family and helping them move from care into a safe, permanent home. Funding is focused on achieving the permanency outcomes defined in case plans. Funds follow the child regardless of where they are supported.

The model will support Service Providers to work alongside FACS to develop the agreed Case Plan Goal, identify child needs and provide services to achieve permanency outcomes. The new service design supports the QAF domains of safety, permanency and wellbeing.

The following represents how the QAF outcomes are reflected in the new Permanency Support (OOHC) model.



## 2.4 Permanency and stability from a child’s point of view

### 2.4.1 Working with birth families and significant others

Service Providers are required to work to keep families together. If it is not possible for a child or young person to remain living safely at home and they enter care, Service Providers must work to restore children and young people to their families.

It is mandatory for all Service Providers to work with the families and significant others of children and young people to reduce the risks that caused them to be unsafe, regardless of the Case Plan Goal.

Improved connections with birth family and significant others will not only increase the likelihood and success of preservation and restoration, but can positively influence children and young people’s self-identity, cultural connections and experiences of family contact in care. These positive influences can in turn improve the child or young person’s stability and support adoption practice where connection to birth family is a critical element for the court.

Service Providers must support authorised carers/prospective guardians/prospective adoptive parents to develop positive relationships with a child’s birth parents and family. This relationship is integral to the success of a child or young person’s permanency case plan goal of restoration, guardianship or open adoption.



## 2.4.2 Matching of children and young people's needs to carer's supports

Placement matching is the child-centred process of matching a child or young person's needs with appropriate support in OOHC to achieve stability and safety and nurture them so they can begin to heal.

Appropriate matching of a child or young person with an authorised carer that is best placed to meet their needs and support their permanency goal is key to supporting stability, avoiding unnecessary placement changes, and enabling permanency outcomes to be achieved.

When considering matching, Service Providers must demonstrate excellence in their ability to recruit a diverse pool of authorised carers to support a broad range of children and young people's needs and all permanency goals, for example:

- Carers available for immediate placements
- Carers that can support a child or young person during restoration
- Carers that are prospective guardians or adoptive parents
- Carers that are committed to ensuring stability for children and young people who are in care
- Carers that can assist a child or young person to Step-Down from Intensive Therapeutic Care to family based placements.

Service Providers must otherwise support FACS with matching activities through casework, information exchange, cooperation with child needs assessments and joint decision making in case management. This includes participation in locally available [placement mechanisms](#) such as Placement Matching Panels. Matching support must be conducted in a way that enables timely decision-making and permanency planning.

Where possible and appropriate, Service Providers must support FACS to place a child or young person with an authorised relative or kinship carer in the first instance, by conducting child-specific recruitment and assessment of relative/kinship carers as part of Family Finding. These carers may be best placed to meet the child or young person's needs, including their identity, cultural, and linguistic needs. These carers may also better support the successful achievement of the Case Plan Goal of restoration, guardianship or open adoption. This requires timely and efficient delivery of the following aspects:



### **Assessment of family and community relationships**

In consultation with family/kin, to identify prospective relative/kinship carers, including potential respite carers

### **Casework Support**

To familiarise a child or young person with a prospective relative/kinship carer (where unknown to them) and provide information about their family or community relationships, as appropriate.

### **Consultation**

With a child or young person's known relatives and community members to gain knowledge of potential relative/kinship carers

### **Family Group Conferencing**

To identify prospective carers (including potential respite carers) using culturally and linguistically appropriate strategies

Matching must comply with the [Aboriginal and Torres Strait Islander Principles](#) as outlined in the *Children and Young Persons (Care and Protection) Act 1998 (s11-14)*.

### 3 Standard Practice Requirements

The move towards improved permanency outcomes for children and young people in the NSW child protection and out of home care service system will be driven by the following practices:

- Joint case management between FACS and Service Providers that draws in the right people at the right time during case planning and review, including partner agencies such as NDIA, Health, Education, Juvenile Justice and Child and Adolescent Mental Health Service
- Family Group Conferencing (FGC) for identifying and reviewing Initial Case Plan Goals, family dispute resolution and engagement with family and kin on decisions about a child's permanency
- Family Finding (FF) at every stage of the permanency support process, not just to identify prospective carers and guardians, but to establish and maintain an enduring support network for each child and young person
- Therapeutic care and trauma-informed practice guided by the [NSW Therapeutic Care Framework \(TCF\)](#) 16 Core principles and the Ten Essential Elements for Intensive Therapeutic Care (ITC)
- Applications for short-term or interim rather than long-term Children's Court orders by FACS where appropriate
- Post-permanency case coordination support of restoration, guardianship and adoption arrangements in their initial stages.

The new permanency support service model also builds on high quality practice in the following key areas of OOHC service provision.

- Principle of child and young person participation in case planning and decision making
- Capacity to work closely with the NDIA and disability services under the NDIS
- The role of the Principal Officer is clear in all designated agencies' policy and practice
- Positive behaviour support is implemented collaboratively with relevant health professionals and with authorised carers
- Culturally responsive and respectful care
- Robust futures planning and aftercare.

A summary of minimum requirements for agencies is presented below. Please refer to Appendix 6 for detailed requirements and links to resources.

## Principle of Participation

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

A summary of these principles, participation and rights of children and young people and decisions likely to have a significant impact on the life of a child or young person are provided in Appendix 6.

Due regard must be given to the age and developmental capacity of the child or young person.

## National Disability Insurance Scheme (NDIS)

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

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

Additional information regarding expectations for disability related services for children and young people, NDIS and NDIA are presented in Appendix 6.

## Principal Officer

The Principal Officer is the person with overall responsibility for supervising an agency's arrangements for providing statutory OOHC.

They have legal requirements under the *Children and Young Persons (Care and Protection) Act 1998* and the *Children and Young Persons (Care and Protection) Regulation 2012*. A summary of Principal Officer requirements and reference to relevant legislation is provided in Appendix 6.

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

## Positive Behaviour Support

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

- have a positive behaviour management policy outlining behaviour support and management practice
- ensure behaviour support plans are developed by a relevant specialist such as a psychologist, psychiatrist, education or health professional.
- where a child is prescribed psychotropic medication, a behaviour support plan is required to be developed by law.

Additional information relating to these requirements and links to tools and guides are presented in Appendix 6.

## Therapeutic Care

Service Providers must provide children and young people with evidence based trauma-informed therapeutic care.

This is because children and young people in OOHC have often experienced trauma, abuse or neglect.

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

Additional information on Therapeutic Care can be found in Appendix 6

## Trauma-Informed Practice

Service Providers must ensure they deliver best practice in trauma-informed casework and care, as outlined in the NSW Framework for Therapeutic OOHC.

This must be clearly articulated in their program guidance materials (e.g. policies, procedures, staff position descriptions) and reinforced in organisation-wide approaches (e.g. child and family assessment protocols) and in staff and carer training.

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

Additional information on trauma informed practice can be found Appendix 6.

## Review Periods

Minimum review periods have been established requiring assessment of whether the case plan goal is still appropriate to achieve the safe permanency outcome for the child.

It is expected that reviews are undertaken jointly by FACS and Service Providers. For Aboriginal children and young people, mechanisms must be in place for Aboriginal community controlled organisations to oversight these reviews.



## Leaving the Care System

Service Providers must support children or young people in care to find a permanent and safe home that supports their general wellbeing.

This includes situations where the client is restored to their family or exits OOHC to guardianship, open adoption or reaches 18 years of age.

Responsibilities are further detailed in Appendix 6.

## Futures Planning and After Care

Transitioning to independence planning, or 'futures planning' is to commence when young people reach 15 years of age. Approval of after care financial assistance as part of young people's futures plan is to be sought from FACS well in advance of their transition from care.

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

Service Providers must include a set of future planning and after care services defined in Appendix 6.

## Identify Connection with Family and Community

Service Providers must:

- undertake life story work with children and young people to support them to maintain their identity
- ensure that children and young people are provided with opportunities to participate in activities and experiences which help maintain and support their cultural identity, language, spirituality and religion, connection and sense of belonging to family, community and country
- record details of a child or young person's family, significant others and personal histories
- ensure children and young people are supported to maintain and develop significant relationships
- plan and facilitate contact with family members and significant others
- adhere to any court orders in relation to contact.

Additional information is presented in Appendix 6.

## Culturally Appropriate Care

Wherever possible, Aboriginal and CALD children and young people must be placed with authorised carers of the same cultural background.

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

Children and young people removed from their families must be helped to maintain significant ties to their culture.

Services for children and young people in care must consider their cultural, linguistic and religious background.

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

Additional requirements for Service Providers and information on culturally appropriate care is presented in Appendix 6.

## 4 Initial Case Plan Goal Packages

Each child and young person that is assessed by FACS as being in need of care, requiring significant child protection or requiring extra support to see a safer and longer term sustainable outcome with family or in care will have a determined Initial Case Plan Goal Package to support their permanency outcome.

This Initial Case Plan Goal Package will provide opportunities for care diversion and exit from OOHC placements as the primary focus and the funding for this package is based on the services required to achieve the Initial Case Plan Goal.

Initial Case Plan Goal Packages are time-bound to facilitate the movement of children and young people along the continuum towards a permanency outcome defined in their Initial Case Plan Goal.

Each of the four Initial Case Plan Goal Packages (Family Preservation, Relative/Kinship (Preservation), Restoration/Guardianship/Adoption, and Long Term Care) have been funded to accord with the different requirements to achieve a permanency outcome.

Initial Case Plan Goal Packages have been established to support potential movement of a child or young person through their care journey. Minimum review periods have been established requiring assessment of whether the Initial Case Plan Goal is still appropriate to achieve the safe permanency arrangement for the child. It is expected that the reviews are undertaken jointly by FACS and the Service Provider.

Initial Case Plan Goal Packages fund the required case management and supervisory hours to complete the minimum review requirements stipulated.

| Initial Case Plan Goal Package    | Timeframe expected   | Minimum review period |
|-----------------------------------|--|-----------------------|
| Family Preservation               | Up to 2 years  | 3 months              |
| Relative/Kinship (Preservation)   | Up to 2 years  | 6 months              |
| Restoration/Guardianship/Adoption | Up to 2 years  | 6 months              |
| Long Term Care                    | As per court order with regular review of other potential permanency options | 12 months             |

Family Preservation and Relative/Kinship (Preservation) Packages do not have a funded Baseline Package so will attract a Baseline Case Coordination Package to wrap supports and services around the child or young person in their family situation providing longer term sustainability of the family unit.

A care allowance is not a component under Preservation Packages as children receiving these packages are not in care.

If based on an assessment of both the child's needs and their family's needs, that extra support is required over a period of time greater than two years to keep a child or young

person safe at home then a decision may be taken to extend the package for a short period if it is determined this will assist the family to make the necessary changes to achieve the permanency goal. However, in situations where families, despite being provided the necessary intensive supports and interventions do not make progress towards the Initial Case Plan Goal, the regular review may determine a different Permanency Case Plan Goal (i.e. Foster Care or Aboriginal Foster Care Baseline Package with an Initial Case Direction Package of Long Term Care or, if appropriate a Restoration Package at a point in time).

Initial Case Plan Goal Packages are made up of services which support positive outcomes for the child, dependent on the Initial Case Plan Goal which best suits their situation (i.e. Family Preservation, Relative/Kinship Care (Preservation), Restoration / Guardianship / Adoption or Long Term Care). The aim of these packages is to create permanency and stability for the child or young person and to support Service Providers with the appropriate funding to provide services to achieve these goals.

## 4.1 Family Preservation

The Family Preservation Package will see children and young people maintained at home with their parent(s) or guardian. Therefore, the services to be provided by this package focus on supporting families in four key areas:

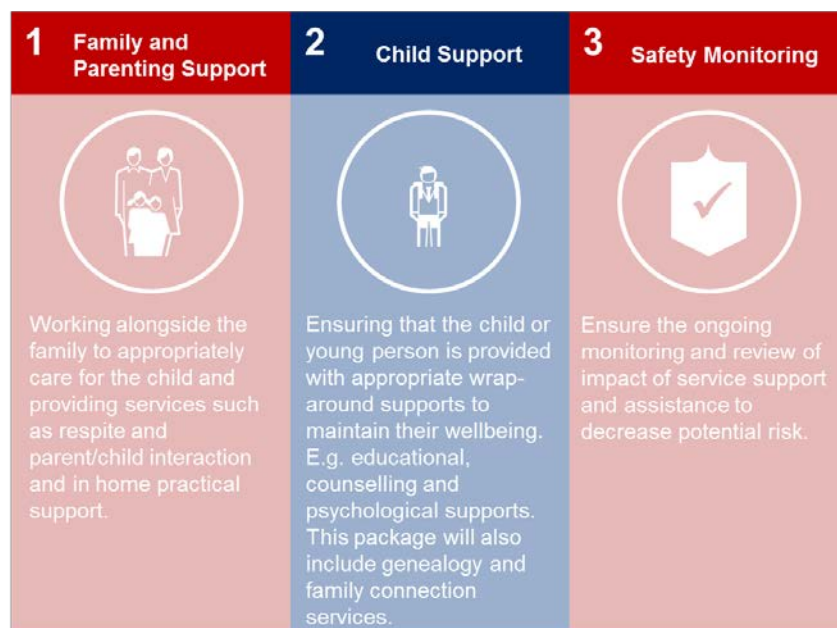


It is expected that by providing these therapeutic wrap around supports to the child and family over the two year timeframe, the child can be effectively maintained at their home and reduce the risk and/or the need for them to enter into the OOHC system.

## 4.2 Relative/Kinship (Preservation)

The Relative/Kinship (Preservation) Package is similar to the family preservation package, as it enables children and young people to be maintained in the relative's or kin's home. Again, the services to be provided by this package focus on therapeutic wrap around supports, which are similar to the Family Preservation Package. This package has been designed to support relative and kinship arrangements to achieve sustainability without requiring ongoing long term intervention by the court or FACS. This package should be used when it is confirmed that there is capacity for the family arrangement to meet the safety and protection needs of the child or young person in the longer term without ongoing intervention and support.

The services to be provided by this package focus on supporting relatives and kin in three key areas:



It is expected that by providing these services as part of the Relative/Kinship (Preservation) Package over the two year timeframe, the child can be effectively maintained in the relative or kin's home, with stable and healthy connection to their birth family, reducing the risk and/or need for the child to enter into the OOHC system.



## 4.3 Restoration/Guardianship/Adoption

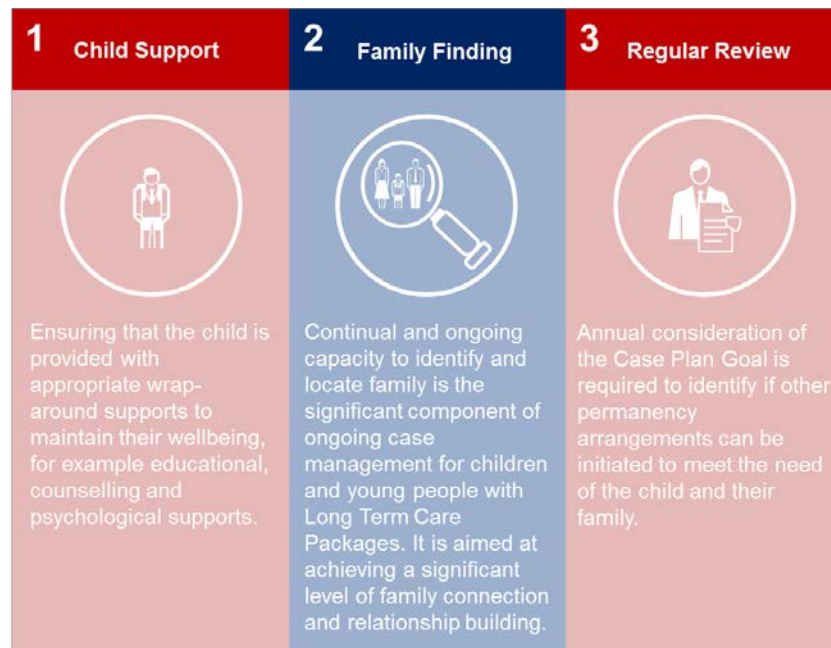
The Restoration/Guardianship/Adoption Package will seek to achieve permanency for the child by either: restoring them to their parent(s) or family; supporting a guardianship order for the child or supporting adoption of the child. The services provided to support each goal are similar and focus on supporting placements in four key areas:

| 1 Family and Parenting Support   | 2 Child Support  | 3 Connection  | 4 Family Finding  |
|--|--|---|---|
|  <p>Working alongside the family to appropriately care for the child and providing services such as respite and parent/child interaction and in home practical support.</p> |  <p>Ensuring that the child is provided with appropriate wrap-around supports to maintain their wellbeing, for example educational, counselling and psychological supports.</p> |  <p>Using services to drive a deep connection between the child and their parents, perspective adoptive parents or guardians before pursuing restoration, guardianship or adoption.</p> |  <p>Continual and ongoing capacity to identify and locate family is the significant component of ongoing case management for children and young people with this Package. It is aimed at achieving a significant level of family connection and relationship building.</p> |

It is expected that providing these services as part of the package will better support long term outcomes for children and their family.

## 4.4 Long Term Care

The Long Term Care Package are designed for children who are or have been in care for more than two years. The case plan goal is reviewed every 12 months and may change to restoration, guardianship or adoption where appropriate. The package is designed to promote stability for the children and young people in long term care. The services to be provided by this package focus on delivery of wrap around supports, including housing, carer and other costs provided by other packages.



It is expected that delivering these services as part of the Long Term Care Package will mean children and young people in long term care will be provided with the supports required to enable them to achieve outcomes on par with their peers.

While Family Finding is a priority casework area under the Long Term Care Package, it is expected that Service Providers will implement Family Finding for all children and young people in the Permanency Support Program.

## 5 Baseline Packages

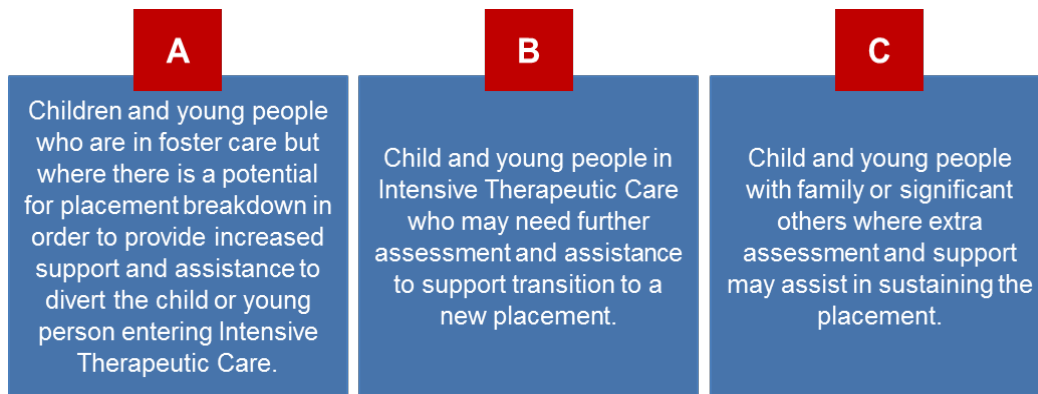
In addition to the Initial Case Plan Goal Package, children and young people that come into care will receive a Baseline Package. This package is based on costs to support the child or young person in a placement (Foster Care, Aboriginal Care or Intensive Therapeutic Care). Packaged costs have been separated from the costs specific to the child's needs to acknowledge that overall, costs do not change regardless of changes in the need of the child or young person or their Case Plan Goal.

If a child or young person is not in care, a Case Coordination element has been incorporated to prevent the breakdown of permanency outcomes. This will also be continued for defined periods of time after the Initial Case Plan Goal has been achieved.

The Baseline Package will be used by Service Providers to support their overhead costs, administration, casework, carer allowance and support costs, amenities and infrastructure and other service provision. The following sections detail both general and specific services and cost items.

'Baseline Placements' are Foster Care, Aboriginal Care or Intensive Therapeutic Care, however there is flexibility in the way these placements can be provided, for example:

1. Intensive Therapeutic Care Baseline Package provides models of care consistent with Residential Support. The aim is to provide a holistic, individualised, team-based approach to address the complex impacts of abuse through a mix of service types including: Intensive Therapeutic Care Homes (ITCH), Therapeutic Supported Independent Living (TSIL), Therapeutic Sibling Option Placements (TSOP) and Therapeutic Home Based Care (THBC). A mix of placements across this continuum will be sought to be provided in all locations based on need
2. Foster Care Baseline Package is provided for children and young people placed with authorised carer/s in a family based environment
3. There is a separate Baseline Package for Aboriginal Care. This package is for Aboriginal Service Providers who provide Aboriginal Care. The package is similar to the Foster Care Baseline Package however provides extra funds in recognition of the additional work Aboriginal Service Providers undertake within communities to build local capacity and resources. For detailed information on the specifications of Aboriginal Foster Care, please refer to Appendix 4
4. The Supported Independent Living (SIL) Baseline Package supports Young People to successfully transition to independent living by acquiring independent living skills through the provision of accommodation, case management and structured and individualised life skills programs. This package is a derivation of TSIL and for Young people who have been assessed as not requiring ITC supports.
5. The new Intensive Therapeutic Transitional Care (ITTC) service provides supports for up to six (6) children and young people at a time and for a period of up to 13 weeks. The Therapeutic Specialist and multidisciplinary specialist team that has been integrated into the ITTC will provide additional support for up to twenty-four (24) children and young people every quarter in order to support for the following situations:



6. Case Coordination is a Baseline Package that has been established to provide access to the level of case management services required to facilitate and co-ordinate support packages where a child or young person is not in OOHC i.e. preservation, or for time limited support to ensure success of achievement of Restoration, Guardianship or Adoption Case Plan Goals).

## 6 Child Needs Packages

Each child and young person will receive a Child Needs Package (Low, Medium or High) which will be guided by the current Child Assessment Tool (CAT).

While the services provided across low, medium and high needs will largely be the same, they will differ in regularity and intensity to support individual children and young people's individual needs.

Below is a list of the expected supports that will be delivered as part of the Child Needs Packages (though this is not an exhaustive list):



## 7 Other Specialist Packages

To address the complex or specific needs that a child or young person may have, some additional services will be added to the service package using Other Specialist Packages. These packages will look to support the specific needs of children, where identified, and will provide the flexibility and robustness to ensure that all children's needs are met in the new service model.

Decisions about Other Specialist Packages will be made on a case by case basis and will be defined within the development of case plans for children and young people. The specialist packages are described below.

| Specialist Package              | Description  | Payment Specification                  |
|---------------------------------|--|--|
| Cultural Care Plan (Aboriginal) | Provision of a comprehensive and holistic cultural care plan and genealogy work to support connection to family, community and culture for every Aboriginal child and young person.  | One off package                        |
| Leaving Care                    | Provision of extra caseworker hours to develop and undertake the strategies to support a young person to exit from care arrangements with increased capacity to achieve independence and be linked to services that will support their futures plan goals.   | Annual payment for up to 3 years       |
| CALD                            | Provides extra support to undertake targeted recruitment training and support of carers who wish to work closely with children and young people and their families from diverse cultural backgrounds.  | One off package                        |
| 15+ Years Old Reconnect         | A number of older young people who have been in care for a period of time have limited or no contact with family or significant others from their life before entering care. Where it is safe to do so and the young person agrees then this package of supports will assist in reconnecting the young person with their family prior to exiting care. | Annual payment for 3 years             |
| 4+ Sibling Placement Options    | Supports the ability to develop flexible options to cater for sibling groups of 4 or more children by funding for increased infrastructure, carer costs or wrap-around supports to meet the needs of families.   | Annual payment for the required period |
| Complex Needs                   | FACS will determine if the complex needs of a child or young person warrants extra support or assistance.  | Extraordinary circumstances            |

# 8 Other Key Information

## 8.1 Recruitment, assessment and authorisation of carers

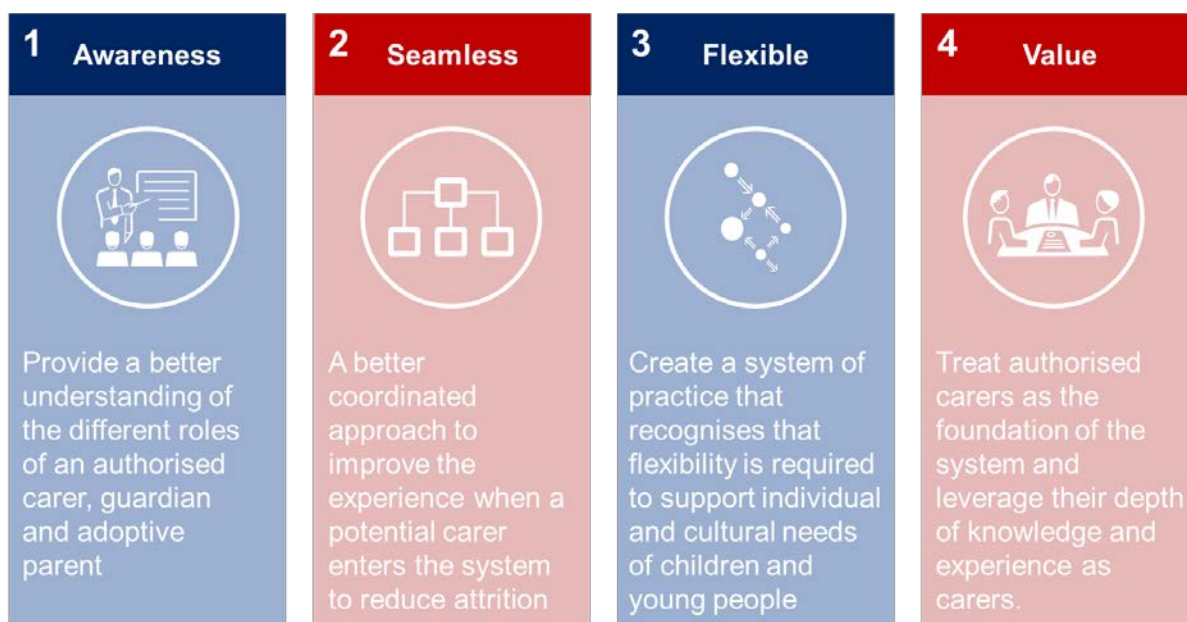
To appropriately support children and young people in statutory care, NSW will move to an 'over-supply' system that will provide better matching of children and young people to authorised carers when a relative or kin placement cannot be identified.

Prospective and authorised guardians, adoptive parents and carers must feel supported and valued throughout their journey and Service Providers are pivotal to improving this experience.

In order to achieve better outcomes for children and young people in care, it is important for services to:

- Provide prospective carers with information about the permanency planning principles, the prioritisation of permanent care options and the NSW Therapeutic Care Framework (TCF)
- Undertake thorough assessments of prospective carers, guardians and prospective adoptive parents
- Provide appropriate training for prospective carers
- Support authorised carers as they will influence the outcome of the child or young person – including the provision of respite care
- Review carers and prospective adoptive parents regularly within guidelines.



A strategic framework is being developed to support the development of a system that is family and carer-centred and represents how the sector will work together to achieve improvements. The framework will be delivered with a focus on the following principles:



See Appendix 6 for further information on the requirements on recruiting, assessing, authorising and matching carers.

## 8.2 Program oversight

There are a number of overarching elements that oversee the operation of the Permanency Support Program. These elements, detailed below, are to ensure that appropriate care is provided to children and young people in care.

| Program Oversight   |  |   |   |
|---|--|---|---|
| Regulatory Bodies   | ChildStory   | Quarterly Reporting   | Outcomes and Indicators   |
|  <p><b>Office of the Children's Guardian</b></p> <ul style="list-style-type: none"> <li>▶ Monitors performance of Service Providers delivering OOHC and adoption services</li> <li>▶ Establishes minimum requirements for accreditation</li> <li>▶ Provides child safe training, resources and advice for agencies</li> <li>▶ Administers the Carer Register.</li> </ul> | <ul style="list-style-type: none"> <li>▶ An IT system in development</li> <li>▶ Sits within the broader framework for Safe Home for Life</li> <li>▶ Supports collaboration between the people that matter in a child or young person's life</li> <li>▶ Places a child at the centre of the story and builds around them a network of family, carers, caseworkers and service providers</li> <li>▶ Once implemented OOHC services will be required to enter essential data about children and young people into the ChildStory Partner Community portal</li> <li>▶ Until ChildStory is implemented, current arrangements will be maintained.</li> </ul> | <ul style="list-style-type: none"> <li>▶ Service Providers will report to FACS in a single, consolidated report</li> <li>▶ Service Providers must comply with reporting requirements as communicated by FACS</li> <li>▶ Outcomes will be monitored at both child level and system level.</li> </ul> | <ul style="list-style-type: none"> <li>▶ Each outcome will have corresponding indicators</li> <li>▶ Used to inform financial abatements and incentives</li> <li>▶ Indicators will be tracked and enhanced over time</li> <li>▶ The outcomes to be tracked include: <ul style="list-style-type: none"> <li>▶ Safety</li> <li>▶ Achievement of Case Plan Goals</li> <li>▶ Stability in Care</li> <li>▶ Improved Educational Outcomes</li> <li>▶ Health</li> <li>▶ Connection to culture and identity</li> <li>▶ Successful transition to independence.</li> </ul> </li> </ul> |
|  <p><b>Ombudsman New South Wales</b></p> <ul style="list-style-type: none"> <li>▶ Scrutinises reportable conduct</li> <li>▶ Handles reportable allegations and convictions</li> <li>▶ Handles inquiries and complaints for FACS and Service Providers</li> <li>▶ Identifies and investigates public interest issues.</li> </ul>  |  |   |   |

For detailed information on the elements of program oversight, refer to Appendix 6.

## 8.3 Case management

Case management is the process of assessment, planning, implementation, monitoring and review. The explicit objective of case management in Service Providers is to plan for and achieve permanency and identified case plan outcomes for children, young people, their families, authorised carers, prospective guardians and adoptive parents. This must occur through integrated and coordinated service delivery, tailored to meet an individual's needs.

The case management process is interactive and dynamic, with an emphasis on ongoing analysis, decision-making and record keeping, ensuring the child or young person's needs are identified and being met. Minimum standards for case planning and review are in the OCG [NSW Child Safe Standards for Permanent Care](#). FACS [OOHC Case Management Policy](#) and [OOHC Case Management Guidelines](#) provide additional guidance on the roles and responsibilities of FACS and Service Providers.

For cases where restoration, guardianship or adoption have been achieved a Case Coordination Package is provided for six months to prevent the 'breakdown' of the permanency outcome and to ensure that the Case Plan Goal is achieved.



The expectation is that case management will be undertaken in a collaborative and joint way between FACS and the Service Providers as part of achieving child outcomes through partnership.

### 8.3.1 Casework responsibilities (i.e. casework decisions)

Casework support is essential throughout a child or young person's care experience. It is particularly important at the start of a child's support.<sup>2</sup> Research indicates that the first six to seven months of a support is particularly vulnerable to instability.<sup>3 4</sup> The literature shows that lack of support is a common issue in OOHC. Infrequent caseworker visits and the inability to contact caseworkers can lead to caregivers feeling 'under strain and poorly supported'.<sup>5</sup>

Other concerns highlighted in research with both caregivers and child protection agency staff includes the need for more information to be provided to caregivers, greater supports, and a less directive and more collaborative approach.<sup>6</sup> Providing adequate support can reduce the likelihood of a breakdown in supports and the child attending multiple childcare centres or schools.

Strategies identified in the research to support placements include:

- Working collaboratively with children, young people and their caregivers and including them in case planning
- Providing up to date information
- Being available to the child or young person and their caregiver and responding to phone calls and emails
- Listening and offering encouragement and positive feedback where appropriate
- Taking into account the circumstances and commitments of children, young people and caregivers when organising meetings, and
- Processing payments, requests and complaints as soon as possible.<sup>7</sup>

#### **Service Providers must:**

Engage in thorough pre-placement planning, including development of a contact plan between children and young people and their prospective caregivers, and provide adequate information prior to placement

Ensure that health assessments and education plans are completed and these documents are discussed and shared with caregivers, and

Ensure that all caregivers are provided with opportunities to attend training.

<sup>2</sup> 'The importance of casework when establishing and supporting out-of-home care placements'; *FACSAR Evidence to Action Note*, December 2016, NSW Department of Families and Community Services

<sup>3</sup> Terling-Watt, T 2001, 'Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption', *Children and Youth Services Review*, vol. 23, no. 2, pp. 111-12.

<sup>4</sup> Wulczyn, F, Kogan, J, & Harden, B 2003, 'Placement stability and movement trajectories', *Social Service Review*, June: 212-236.

<sup>5</sup> Farmer, E 2010, 'Fostering adolescents in England: What contributes to success', in Fernandez, E & Barth, RP (Eds), *How Does Foster Care Work? International Evidence on Outcomes*, Jessica Kingsley Publishers: London.

<sup>6</sup> McHugh, M 2013, *An exploratory study of risks to stability in foster and kinship care in NSW: Final report*, (SPRC Report 19/2013), Sydney: Social Policy Research Centre, University of New South Wales.

<sup>7</sup> Sinclair, I, Wilson, K, & Gibbs, I 2005, *Foster Placements: Why They Succeed and Why They Fail*, Jessica Kingsley Publishers: London.

## 8.4 Permanency Coordinators

The Permanency Support (OOHC) Program aims to ensure children and young people feel safe, secure, loved, protected and supported.

To support robust case planning and review in the Permanency Support Program, FACS will fund Permanency Coordinators (PCs) who will be responsible for overseeing the allocation of resources, connection of children and families to the services they need to meet their individual care needs, achieve permanency within the 2 year timeframe and quality assure the implementation of Initial Case Plan Goal Packages. The PCs will achieve this through developing and proposing innovative and non-traditional solutions tailored to meet the individual needs of children/ young people and families to keep their children safe and provide them with permanent care arrangements.

The purpose of the PCs is to support better outcomes for children and young people. This will be achieved through proposing service linkages, case plan review, quality assurance and monitoring that increases the linkages to and uptake of services and realigns case plans to:

- Maintain more children and young people with their birth parents or kin, minimising entries and re-entries into care
- Find permanent homes for children and young people by increasing the number of children and young people either being restored to their family, taken into guardianship, or adopted within two years
- Deliver better quality support for children and young people in care and their families with their safety, permanency and wellbeing being the paramount objectives.

The PCs will support case plan reviews through:

- Consulting on available/appropriate/affordable services/programs to support Case Plan Goals
- Attending and supporting a FGC (as required) from the perspective of planning and access to services
- Liaising with the Child and Family District Unit (CFDU) and District Contracting team to allocate a Case Coordination Package as required in line with the permanency outcome.

# 9 Performance Framework

Managing and monitoring performance is critical to achieving better outcomes for children and young people. The FACS Contract Governance Framework, which is currently under review, aims to support organisations to deliver high performing services throughout the duration of the contract.

Sitting under the FACS Contract Governance Framework is the Program Performance and Outcome Framework. This framework is intended to monitor the delivery of performance and outcomes for individual children and providers at the program level.

The new service system will require Service Providers to comply with a standardised and consistent approach to gathering and reporting data. Data collection and reporting systems will support oversight of plans and measures outcomes for children and young people. This will also facilitate ongoing monitoring and evaluation of the Permanency Program as a whole.



The Service Provider under the program has a broader obligation to comply with the requirements of FACS contract and performance management framework. Under these sets of requirements, the provider will be required to systematically collate and submit data to FACS and maintain records to inform the assessment of the Service Providers' service performance and compliance.

The Outcomes Measurement Framework, which is under development, will set out the intermediate and longer term outcomes as indicators to achieving the target outcomes. FACS will work closely with Service Providers to identify, test and introduce the collection and reporting of outcome measures over the coming years.

The Outcome Measurement Framework will be consistent with the QAF, and will be centred on the mandated use of web based custom tools.

The following provides an overview of a standard performance framework that can strengthen continuous improvement processes and enhance practice quality and review.



Appendix 1: Acronyms and Glossary

Appendix 2: Service Overview – Preservation

Appendix 3: Service Overview – Foster Care

Appendix 4: Service Overview – Aboriginal Foster Care

Appendix 4a: Service Overview – Supported Independent Living

Appendix 5: Service Overview – ITC

Appendix 6: Common Service Elements, Reporting and Oversight

(See attachments)