

What will make the greatest improvement to the NSW Out-of-Home Care system?

ACWA discussion paper



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What will make the greatest improvement to the NSW OOHC system?



Aim: The aim of this paper is to identify the actions that will make the greatest difference in improving out-of-home care for children and young people by the end of the roll-out of the DoCS funding package (2008).

Over the past decade significant reform and improvement of out-of-home care for children and young people has not occurred despite multiple reviews and inquiries and widespread acknowledgement that change is urgently needed. The DoCS funding package and related activity provides a new opportunity for reform.

There are many changes to be undertaken to achieve the best possible OOHC system in NSW. Key components of the OOHC system are set out in the previously agreed document, *Framework for the Future of Out-of-Home Care in NSW* (July 2004). Many positive changes led by DoCS, the non-government sector and the Office of Children's Guardian are already planned or underway. (Eg, multiple DoCS policy projects such as OOHC service models, foster care improvement strategy & case management policy; agency implementation of LAC; research activity; accreditation and quality improvement; implementation of *Shared Stories: Shared Lives* and *Step by Step*.)

This document does not ignore or replace these activities but aims to identify the limited number of critical changes that will have the greatest systemic impact on changing OOHC in NSW.

Context: OOHC is one complex part of the child and family services system, which also includes early intervention and prevention services, child care, family support, child protection services, the Children's Court, SAAP services and community development programs. These services impact on OOHC by influencing demand and by (potentially) providing assistance to OOHC clients. For example, an increased number and range of Early Intervention and Prevention Services will be funded by DoCS and become operational in the next two years. These services should in the long term have an impact on the OOHC system, including a reduced demand for OOHC placement and reduced length of stay.

The provision of OOHC is regulated by the *Children and Young Persons (Care and Protection) Act 1998*, and regulations as well as related legislation aimed at protecting children and promoting the welfare and wellbeing of all children and young people in NSW.

Beyond the immediate service system and legislative context there are social, economic and demographic factors that have a direct and indirect impact on OOHC, such as levels of family poverty, incidence of drug and alcohol abuse, the ageing population and availability of relative and foster carers.

Scope: OOHC in this paper means the provision of a range of accommodation, care and/or support services to children, young people and their families, when birth families are unable to care for their children without some assistance, on a part-time or full-time, regular or irregular basis (See the Pathways diagram in the *Framework for the Future of Out-of-Home Care in NSW*). OOHC in this context is broader than the definition within the Act and includes accommodation, care and support provided following statutory intervention and care sought by families on a voluntary basis, whether or not DoCS are involved.

Status: The paper is distributed to stimulate discussion across the sector with a view to achieving a shared understanding and set of actions that will achieve substantial improvement in the NSW out-of-home care service system

	What will make the greatest difference?	Strategies	Performance indicators
Entry	<ul style="list-style-type: none"> ▪ Reduce the number of children & young people in statutory out-of-home care 	<p>Strengthen gate-keeping to limit entries to care:</p> <ul style="list-style-type: none"> ▪ Give formalised priority access to Early Intervention and other services (such as housing, education, health services and child care) for the families of children and young people at imminent risk of placement ▪ Amend DoCS and NGO practice so that, where placement away from birth parents is necessary, placement with relatives or kin is considered as the first option in all cases ▪ Fund and develop voluntary care and respite care as interventions that reduce risk of entry to long term care OOHC 	<ul style="list-style-type: none"> ✓ The number of children & young people in statutory care has declined by 10% by 30 June 2008

	What will make the greatest difference?	Strategies	Performance indicators
Entry cont'd	<ul style="list-style-type: none"> Provide placements that match the needs of children and young people 	<ul style="list-style-type: none"> Provide comprehensive assessment and case planning as soon as children and young people enter care Establish regional multi-agency panels to make placement decisions for long-term care. Panels to include 'receiving agencies' and representation relevant to the child (eg, Indigenous, CALD) 	<ul style="list-style-type: none"> ✓ 90% of children and young people have a placement recognised as appropriate to their needs ✓ 90% of Aboriginal children & young people are placed with Aboriginal carers
Placement	<ul style="list-style-type: none"> Decrease the length of time children and young people spend in care prior to return home or permanent placement Increase stability and enable foundational relationships to develop for the child with: <ul style="list-style-type: none"> 1. Birth family. 2. Carers. 3. Caseworker Provide (equivalent of) fostering allowances and rapid access to support services for formal kinship carers 	<ul style="list-style-type: none"> Review C&YP Act and investigate mechanisms for reducing the duration of children's court proceedings Allocate a case worker for every child or young person in foster care or residential care Actively prepare and pursue permanency care plans for adoption or sole parental responsibility orders for non-indigenous children in long-term care Establish kinship care as a discreet sub-program of OOHC and fund non-government agencies to provide kinship care support services 	<ul style="list-style-type: none"> ✓ Children and young people in statutory OOHC have no more than three placements during their time in care ✓ Every child in foster care and residential care has regular contact with an allocated, consistent caseworker by June 2008 ✓ Every formal kinship care placement has immediate access to a support service when required, by June 2008

	What will make the greatest difference?	Strategies	Performance indicators
Placement cont'd	<ul style="list-style-type: none"> ▪ Cease the use of SAAP placements for children under 15 years of age ▪ Prioritise education and training for children and young people (as a pathway out of disadvantage) 	<ul style="list-style-type: none"> ▪ Progressively reduce SAAP placements for children under 15yrs until no placements is achieved by end 2008 ▪ Implement education or training plans for all children and young people, including strategies to address additional developmental needs 	<ul style="list-style-type: none"> ✓ Every child and young person of school age has a Personal Education Plan (PEP) or training plan by 30 June 2006 ✓ Educational achievement and school attendance are equivalent to the state average
Exit	<ul style="list-style-type: none"> ▪ Increase the number of children and young people safely returning home, and the speed of return ▪ Provide young people in after care with resources and active support to age 25yrs 	<ul style="list-style-type: none"> ▪ Intensify support and casework with birth families immediately following the child's placement ▪ Give families who are resuming care of their children formalised priority access to government and non-government services such as housing, education, family support, health services and child care ▪ Develop and implement transition plans for all children and young people leaving care including financial support and establishment costs 	<ul style="list-style-type: none"> ✓ 80% of children and young people return home within three months, and do not come back into statutory OOHC ✓ Young people in independent living can identify formal and informal networks of support

	What will make the greatest difference?	Strategies	Performance indicators
Capacity	<ul style="list-style-type: none"> ▪ Expand the number and choice of available OOHC placements - by each placement type (stream)* <p>* Placement streams include:</p> <ul style="list-style-type: none"> • Foster care • Intensive foster care • Formal kinship care • Variety of residential care models • In-patient and out-patient mental health, and drug treatment services • Crisis (intake), short-term and permanent care placements. 	<ul style="list-style-type: none"> ▪ Determine the number of foster carers required between now and 2010. Begin by growing capacity in foster care by 10%, and in residential care by 25%, in each of the next three years (2006, 2007, 2008) ▪ Provide direct funding enhancement of approx 20% in each of the next three years, to existing providers with a demonstrated track record ▪ Provide capital expenditure for res. care facilities in each region ▪ Agree and implement a rational and adequate funding model for OOHC services, including endorsement of 'Hudson' caseload levels and indexation ▪ Growth in OOHC to be contracted to NGOs. Consider transfer of some DoCS OOHC to NGO auspice ▪ Increase foster care payments and then index payments annually 	<ul style="list-style-type: none"> ✓ A defined quantum, mix and distribution of OOHC services is operational in each region by end 2008. ✓ Funding of OOHC programs is adequate to support quality service delivery

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Capacity cont'd	<ul style="list-style-type: none"> ▪ Intensify quality improvement strategies in OOHC ▪ Improve relationships between DoCS and NGOs locally, regionally and centrally 	<ul style="list-style-type: none"> ▪ Accelerate the OCG's accreditation program and apply to DoCS services ▪ Provide pre-service and in-service training, regular support and supervision for all caseworkers, foster carers and OOHC managers ▪ Fund regionally based training in OOHC delivered jointly to DoCS & NGO staff and foster carers ▪ Identify & fund joint projects and activities involving DoCS and NGOs that demonstrate partnership and address OOHC issues 	<ul style="list-style-type: none"> ✓ Every OOHC agency is accredited by 2008

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