



Reducing the Number of Children and Young People in ACA Placements

PROJECT UPDATE

August–October 2019

Over the past three months, ACWA has been working with AbSec and the Department of Communities and Justice (DCJ) on a project focused on developing strategies to reduce the number of children and young people in Alternative Care Arrangements (ACAs).

We are pleased to share the following update on the outcomes that have been achieved under this project to date. This includes a significant decrease in the number of children and young people in these placements.

In addition, this report outlines future opportunities for improved responses in this critical and complex area.

Steve Kinmond
ACWA CEO

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ACWA Project Manager

1. Consultation

Since the commencement of the project in August, detailed discussions have taken place with ACWA and AbSec member agencies, along with a wide cross section of DCJ staff and representatives from the Office of the Children's Guardian (OCG). This has helped to identify systemic issues that are contributing to ACAs, together with opportunities for exiting children and young people (cyp) from these arrangements.

2. Individual children and young people

Since August, there has been a reduction in the number of children and young people in ACA placements.

At its highest (14 October), there were 199 children and young people in an ACA placement – 93 under NGO case management and 106 with DCJ. This was the product of an upward trend in ACA placements. As at 28 November, there are now 142 cyp in ACAs – 53 with NGOs and 89 with DCJ (these numbers include children and young people who have exited but they have not yet been reported as an exit to the OCG).

The factors that have contributed to this decrease include:

- Through brokerage discussions, the development of a better collective understanding of, and solutions focus on, the cyp
- Close examination of the needs of the cyp, via inter-sectorial collaboration that has explored placement options, contracts and funding
- Creative intra-agency case management and solutions focused efforts.

The consultations relating to children and young people in ACAs have taken place across most of the state. They have been well attended and demonstrate the collective desire to see cyp exiting ACAs.

To ensure that the needs of the children and young people are at the centre of the discussions, the individual circumstances of more than 150 cyp have been closely considered during these consultations. For over 50 per cent of the cyp considered, concrete options have been identified relating to a new placement; the need for further planning to be undertaken; or other specific steps to be explored. In order to facilitate appropriate arrangements to allow the exit of cyp from ACA placements, a number of other parties have also been involved in customising packages and related contractual arrangements. Genuine collaboration, and a strong focus on identifying and delivering what is needed, has been a feature of the discussions.

Following the initial discussions, there has also been quick follow up to progress the options identified, and to monitor the exits and other outcomes. Discussions have continued across the sector for those cyp where we have not been in a position to identify exit options during the initial review of their circumstances.

In another significant development, acting Deputy Secretary, Simone Czech, now has visibility of all cyp who have experienced three or more ACA entries, regardless of whether they are currently in an ACA. The aim of this initiative is to ensure that there is a particularly close examination of the individual circumstances of all of these cyp, together with careful planning relating to how we might better meet their needs in the future.

3. Data

This project has resulted in an improvement in data collection and reporting.

At the commencement of the project, DCJ was reporting on cyp in DCJ case managed arrangements, while the OCG was providing numbers for NGOs. The reporting timeframes were also different. To address this dichotomy, the Minister's Office requested the OCG lead as the single source for reporting on ACAs across the sector. In addition, information received from continuous discussion about individual cyp has been regularly fed back to the OCG, thus enhancing the OCG's data holdings, including its accuracy.

Other advice has been provided to improve the dashboard reporting on the population of cyp in ACAs. This will enable reporting across all ACAs in terms of district and agency; age groups; sibling groups; length of stay; new entries, exits and related trends; level of need/CAT score; and re-entries.

Most importantly, information is now available across the sector that has informed, and will continue to inform, service planning and contracting. In particular, the data will enable analysis of where the service system is most under strain, as well as help to focus our attention on cohorts, issues, locations etc. Information across all of the Districts about ACA trends on an OOHC per capita basis, should also assist us in identifying those locations where we should be especially focused in terms of our collective effort.

On this issue of the reporting of ACA data, the OCG has recently provided advice regarding changes to procedures relating to ACA entry and exit notifications. **Please note that all designated agencies are now required to notify the OCG within seven days of a placement in a non-home based emergency care ceasing. Additional details are also required in relation to the initial notification to be used to inform the service system design for meeting the needs of children and young people in these placements.** (For further information, please contact the OCG's Accreditation and Monitoring team, on 8219 3796 or by email: oohcnotifications@kidsguardian.nsw.gov.au)

4. Systemic issues—work currently underway

Feedback received through the ACA consultation process has identified a range of system and process problems, some of which have been directly contributing to ACA entries, or have been blocking exits. Discussed below, are steps that have been taken in response to a number of these issues:

- a. Foster Care (FC) *only* accredited providers have expressed frustration at cyp entering ACAs because their accreditation prevents them accommodating cyp in residential or quasi residential care settings.

In response, work with the OCG is underway concerning flexible application of accreditation standards and related approvals, so that FC *only* accredited providers can readily apply for, and become accredited to provide, residential accommodation. The OCG is also considering the option of residential *only* accredited providers being approved to deliver foster care.

Population of a checklist template is well progressed to fast track applications for the seven additional residential care standards. A number of NGOs have been working with us on progressing this initiative.

The overall objective is for agencies to have readily available options for meeting the individual needs of each child and young person via a flexible accreditation system. This approach would also contribute to avoiding ACA entries.

- b. Some contractual arrangements have been an impediment to NGOs providing a service to cyp in ACAs, despite these agencies having the requisite skills and capacity to do so. In these circumstances, there has often been an important long term relationship with the cyp and/or their family. Where it has been shown to be in the interests of the involved cyp, contractual variations have been negotiated to allow an exit from an ACA, without comprising the fidelity of past contractual arrangements.
- c. Negotiations and decisions relating to ACA, complex needs and additional placement support applications, can be protracted. Both NGOs and DCJ have expressed great frustration in the related processes, including the often multiple exchanges of information associated with these applications.

In response, work has been undertaken to progress outstanding NGO claims in relation to these applications. Currently, a significant number of NGOs claims are in the pipeline for prompt approval. A number of NGOs will also be encouraged to submit outstanding claims so that they can receive a timely assessment.

In addition, we have negotiated a more streamlined overall process for these matters, the full details of which will be communicated by DCJ in the near future. It will involve NGOs and the relevant Districts collaborating on these applications, jointly preparing the required material and then, within a defined period of time, submitting the application to the Deputy Secretary for approval. A mediation process to settle any unresolved differences of opinion will also be included in the new process. It is hoped that this new arrangement will facilitate not only joint planning and collaboration around a cyp, but a more streamlined process for invoicing, payments and acquittals, along with removing existing blockages.

- d. A safety net model has been developed by a number of NGOs to avoid entries, and facilitate exits, of cyp from ACA arrangements. The attached paper ([Attachment 1](#)) outlining this model was recently circulated to the NGO sector for feedback. In fact, there is a range of related issues canvassed in the paper, and we are confident that the feedback that we are receiving will assist us to better understand the views of the NGO sector.

DCJ has also been working on a model of transitional care – the details of which we have also attached ([Attachment 2](#)).

You will note that there are a number of similarities between the two models. As is evident from DCJ/NGO discussions on this issue, work is required on a number of fronts to ensure that what is made available to the market is properly costed, and promotes the ‘buy in’ of all accredited service providers who are in a position to deliver high quality transitional residential care to cyp. This may be on their own or in genuinely collaborative partnerships with other accredited providers.

- e. There has been untapped placement availability across the sector, and opportunities are currently being explored which are aimed at increasing overall placement availability. Related planning is also underway regarding improving placement options for particular cohorts of cyp that have been over represented in the ACA population.
- f. The definition of an ACA is not well understood. Clarification from the OCG on definitional issues associated with ACA placements has been sought, and this will be the subject of further discussion. This exercise might result in certain ACA placement arrangements no longer being defined as an ACA, particularly placements in residential care settings with accredited providers that align with the current needs of the cyp.
- g. DCJ is currently preparing a paper on inter-governmental issues impacting on cyp in ACAs. The paper will canvass concerns about the exclusion of cyp who are living in ACAs from certain Health services, such as New Street and Child and Adolescent Mental Health

services, because these cyp are deemed by Health to be in an “unstable placement”. The paper will also canvass mental health and behavioural support needs more broadly, as well as the importance of addressing the educational needs of these cyp. This project has developed a range of vignettes from actual children’s circumstances to contribute to this paper.

- h.** Work is also underway regarding alternate models of care, and the parameters of existing models of care. During the consultation process, models currently available in other jurisdictions were canvassed. These models could well fit within the existing PSP package options.

5. Systemic issues—opportunities

While the work to date on this project has been largely focused on exiting cyp from ACAs, it has also highlighted the following other areas that warrant attention:

- a.** Given that 50 per cent of all ACAs arise from placement breakdowns where an alternative stable placement is not available, this is clearly an area that requires close attention.
- b.** There also needs to be early intensive work carried out once any cyp enters an ACA, aimed at developing and implementing a transition plan that aligns with the cyp’s needs.
- c.** To avoid ACA re-entries, the right supports need to be put in place for any cyp who leaves an ACA placement.
- d.** The processes and pathways for cyp to receive supports under Therapeutic Home Based Care (THBC) and Therapeutic Sibling Option Placements (TSOP) need to be clarified and made more accessible. In terms of these supports, there is confusion about referral business rules, the role of the Central Access Unit (CAU), contracting issues and other related matters.
- e.** It is critical for there to be formal communication that clarifies certain contracting issues, as well as related training on packaging and complex needs applications. We need to maximise opportunities within the existing packages.
- f.** Modelling of need that was undertaken several years ago, informed DCJ’s procurement of therapeutic based services. There needs to be a review undertaken of some of the assumptions that underpinned the framework that is currently being rolled out.
- g.** Now that the ACA population is better understood, there would be a potential benefit in mapping the total contracting picture for cyp in ACAs in the not too distant future.

Attachment I

Slide 1



Draft ACA Options

Placement Safety Net

Prepared by a working group appointed by ACWA November 2019

Slide 2

1. Background

- Placement of children and young people (CYP) in Alternate Care Arrangements (ACAs) has happened for some time. In NSW the first 'emergency' houses opened in 1943. More recently ACA accommodation settings include youth refuges, motels and caravan parks.
- The Permanency Support Program (PSP) reforms introduced a comprehensive therapeutic model to out-of-home care which turned the spotlight on placements which fall outside this model.
- CYP enter ACAs for a variety of reasons including placement breakdown, lack of appropriate placement at entry to care and specific requirements on exiting juvenile justice.
- Under the PSP, transition of CYP from RC placements into ITC settings is not finalised. Some ITC is yet to come on line. RC providers continue to progress planned exits. As such, not all available bed capacity in accredited agencies is being optimally utilised.

Slide 3

2. Summary data

AS AT 28 OCTOBER 2019 THERE WERE:

174 ACA

97 OF THESE ACA WERE WITH DCJ AND 77 WITH NGO

48% OF THE ACA WERE AGED 10-14 YEARS AND 33% WERE AGED 15-19 YEARS

57% OF THE ACA WERE ABORIGINAL

35% OF THE ACA WERE HIGH NEEDS, 19% MEDIUM, 27% LOW AND 18% UNKNOWN

50% ARISE FROM PLACEMENT BREAKDOWNS.

Slide 4

3. What we are currently doing

The aim is to achieve safe and permanent care outcomes but in fact we are:

Placing CYP in non home like arrangements e.g. Motels and caravan parks

Increasing the amount of trauma experienced by CYP, causing them to fall behind educationally and delaying access to specialised support*.

Increasing the number of placement changes in emergency care – often lasting more than 12 months in total.

Placing children in settings with a succession of unqualified staff lacking knowledge of trauma informed care

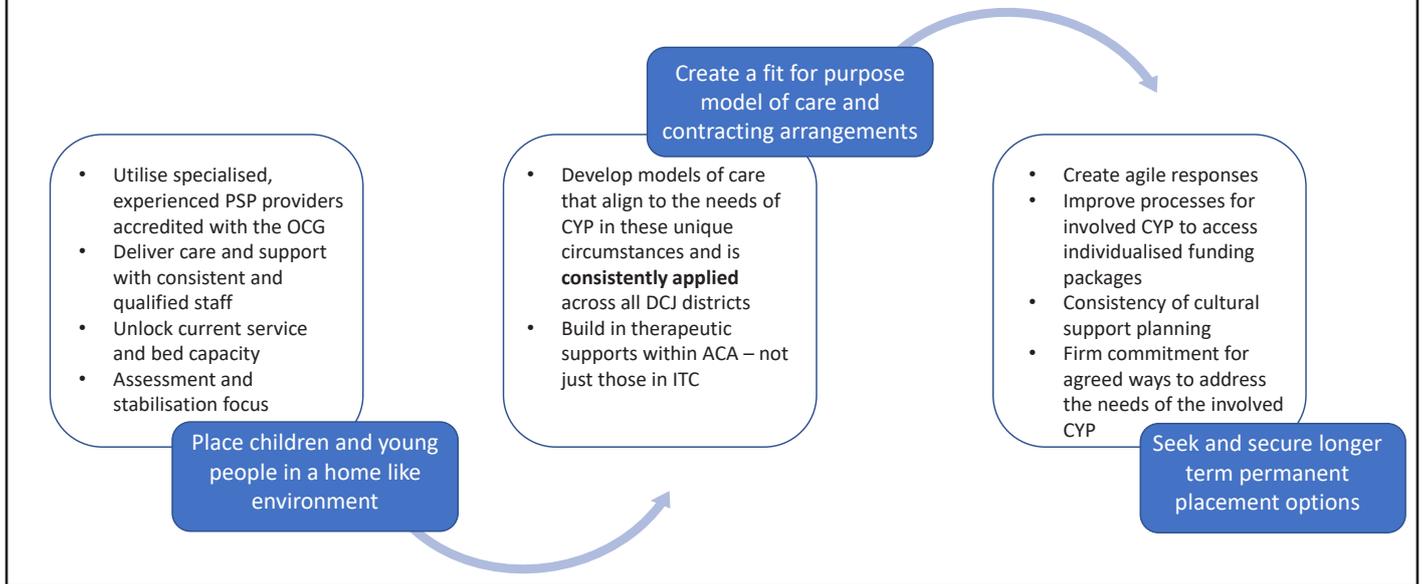
Utilising agencies that sit outside our industry best practice accreditation system

Not utilising current bed capacity in accredited agencies

* The longer the CYP in these placements, the more difficult it makes the placement of these CYP into more stable care.

Slide 5

3.1 In response we propose creation of a Safety Net comprising a variety of interlocking strands of interim accommodation options and support strategies:



Slide 6

4. Safety Net Principles

- All efforts to be made to place CYP in accredited long term, stable, nurturing home-like environments.
- A Children’s Guardian approved safety net model of placement needs to be available for those CYP who, while a very small proportion of OOHC for whatever reason, cannot be placed.
- Safety net placements are to be a short term response in all circumstances where the placement is not optimal in terms of meeting the CYP’s current needs.
- NGOs and DCJ are to agree that a safety net placement is the fall back position when all other placements efforts have been explored.
- There must be a clear and rigorously monitored plan to move CYP out of the safety net as soon as possible, unless to do so would be against a CYP’s best interests.
- These options are applicable to children of all ages.

5. Options – Now

In the short term, we need to both **exit CYP in ACAs** and broaden placement options to **reduce future entries into ACAs**. These CYP are not a homogenous group, so our response to their needs must be flexible.

- Continue to enhance brokerage meetings and other related initiatives to identify placement options for CYP in ACAs e.g. examining all vacancies, wherever they may be, and this should include a state-wide vacancy map.
- Facilitate a broader range of accommodation options. In this regard, there should be work with the OCG to develop a more flexible range of options under the accreditation system.
- Assure funding for the establishment and maintenance of RC.
- Include in contracted numbers the number of CYP transitioning from ACA to standard RC or FC.

5. Options – Now

- NGO and DCJ jointly develop targeted plans to guide the transition of CYP to PSP.
- Increasing service model options made available to CYP exiting ACAs e.g. allowing low to medium 9-15 year olds into variant of a group home model.
- Explore the option of DCJ permanency co-ordinators (PC) assisting to identify carers needing support in an effort to prevent placement breakdown (both leading to ACA of after exit from ACA) through support and planning.
- Identify and fund a process for intense support (including therapeutic support) of those carers characterised by PC prior to and during placement.
- Encourage the development of a trauma treatment model in order to support placement stability and carer support.

5. Options – Now

- The safety net is to be provided by agencies accredited to provide RC.
- Ensure that there is appropriate funding for intensive therapeutic support to these CYPs (at point of entry; while in care; and post their departure from safety net placements).
- There is the need for ongoing contract certainty and related guaranteed funding to support agencies with establishment and maintenance costs, as well as ongoing sustainability of the business model.

5. 1 Options – Now Related Requirements

To address the needs of the CYP and to promote the viability and effectiveness of the short term safety net model, it is critical that:

- Agreed 2 week approval timeframe for case plans and complex needs packages when CYP enters safety net. Plans and packages to be approved for 6 months (unless CYP exits earlier).
- Cultural support plans for ATS&I and CALD CYP to be agreed within 2 weeks of entry into the safety net and, in the case of ATS&I, approval by an ACCO.

6. Options – Longer Term

To reduce systemic issues that contribute to the entry of children and young people into an ACA we need to undertake a range of measures, including (but not limited to):

- Increase the number of authorised carers.
- Enhance the efficient assessment of potential carers.
- Build the capability of carers.
- Build a cohort of carers able to care for children and young people with a range of complex behaviours.
- Increase the range of comprehensive and timely resources and supports available to carers.
- Provide specialist intensive transitional support for young people transitioning from JJ.
- Undertake a range of collaborative initiatives to strengthen the residential care sector more generally.

7. The proposed safety net solution will not :



Limit CYP being placed in more suitable permanent arrangements.



Disrupt current strategies to increase foster care placements.



Derail ITC ramp up.



Disrupt transition out strategies - methodology will remain unchanged but timeframe may change.



Avoid the need to analyse lessons learnt from the PSP reform process.



Negate the need for a review of the safety net solution in 12 months.

8. New Steps:

Advice from DCJ and OCG as to whether any aspect / option is not feasible.

Work collaboratively to understand interconnections and develop options.

Identify those aspects / options to be commenced now.

Attachment 2

November 2019



Permanency
Support
Program

Consultation on Development of Transitional Care model

The Department of Communities and Justice (DCJ) is formulating a statewide commissioning approach to deliver a new service type under the Permanency Support Program (PSP) called Transitional Care.

Purpose of the communicate

This communicate sets out the design elements of Transitional Care and outlines key next steps to partner with funded service providers to successfully deliver this new model of care. Information in this communicate is provided for feedback, and subject to change based on the outcome of upcoming consultations.

Following a brief open consultation period, DCJ will engage in direct negotiations with targeted service providers. Direct negotiations will be focussed on formulating implementation plans with targeted service providers to successfully deliver Transitional Care.

Who will be invited to direct negotiations?

A mandatory requirement for service providers to deliver Transitional Care is to have current residential care accreditation. In addition to this mandatory requirement, DCJ will approach providers for direct negotiations based on the following preferences:

- Service providers to be currently delivering PSP foster care, in line with achieving the key objectives of Transitional Care.
- Service providers ability to commence service delivery immediately based on current available capacity.

Key action for service providers

- **Provide feedback on the proposed model** - DCJ will be holding two feedback sessions for service providers by **29 November 2019**. Details on these sessions are outlined in the section 'Providing Feedback'.
- Where service providers have capacity to deliver Transitional Care immediately based on available property and staff; providers are invited to provide these details to OOHCRcontracting@facns.nsw.gov.au by cob 2 December 2019. This information will be considered in targeting providers to invite to direct negotiations.



Transitional Care

Transitional Care will be a new service type under the PSP to provide short-term interim accommodation model for children and young people in out of home care with low to medium support needs that are in an Alternative Care Arrangement (ACA) or at imminent risk of entering an ACA. This includes children where NGOs hold primary case management.

The target cohort is children aged 9-14 years, although children outside of this age range may be considered, especially if part of a sibling group.

The model aims to provide children and young people with as close to a home-like environment as possible. It is complemented by continued intensive casework activities to support transition to a foster care placement and/or work towards the child's permanency goals.

Key elements of the model include:

- Home like short-term placements of 3 – 6 months for up to four children
- The children will develop routines that provide them with continued links to their community, including cultural links, sporting and social activities that are held outside the home
- Using consistent and appropriately trained direct care staff to limit the number of adults in children's lives and provide stability in relation to their primary care needs
- Two direct care staff during the day when children are present in the house and flexibility for an awake night shift when required to meet emergency placement and child-related needs.
- Staff identified for this model may include people with a background in early childhood development and/or education, nursing/health, or other community welfare caring role.
- Culturally competent care and integrating Cultural Support Plans into day to day care.
- Primary case management is retained by the referring agency, and continued intensive casework activities by the organisation that holds primary case management needs to occur to seek a more suitable placement.
- On-site house manager that is degree qualified.

Referral and transition pathway

The referral and transition pathway for Transitional Care is proposed to be through the Child and Family District Units (CFDU), who will work closely with a centralised DCJ team to ensure children and young people are:

- suitable for Transitional Care based on the target cohort
- appropriately matched with other children and young people, and are
- transitioned to a suitable foster care placement and/or other permanency goal within a short timeframe.

Considerations prior to Transitional Care referral

Districts and Funded Service Providers referring children and young people for Transitional Care will need to demonstrate evidence of:

- Exit planning or steps to restore to previous placement (if appropriate)
- Family Finding activities including progress and/or outcomes
- Family Group Conference arrangements or status

- Considerations for other PSP packages to support placement stability, for example Therapeutic Home Based Care (THBC) (when one of the children is eligible for Intensive Therapeutic Care)
- Application of Complex Needs payment and/or Additional Carer Support package when a current placement is at risk of breaking down
- Consideration of referral to Intensive Therapeutic Transitional Care (ITTC), if eligible for ITC, for up to 13 weeks with a plan to transition back to foster care at exit OR referral for outreach ITTC (when a child or young person is not eligible for ITC).

Casework activities

Case management will continue to be delivered by the agency (DCJ or FSP) referring children and young people for a Transitional Care placement. A centralised governance framework within DCJ will work with the case managing agency to monitor a child or young person's progress towards permanency to support timely transition to an appropriate foster care placement or other permanency goal.

Casework activities in collaboration with Funded Service Providers will be focused on actively seeking a suitable foster care placement and/or working towards the child's permanency goal of restoration, guardianship or adoption.

The case managing agency will work in partnership with Transitional Care providers to support children and young people by:

- implementing case plan activities, including development or review of Cultural Support Plans for Aboriginal children and young people
- supporting entry into Transitional Care
- establishing everyday routines and engagement in cultural, extra-curricular and social activities
- Managing the education needs of the child
- Meeting the child's health needs
- sharing information that informs supports required and case planning.

Learnings from Intensive Therapeutic Care implementation

We have incorporated some learnings from ITC implementation in the development of this model. In particular to support an efficient implementation period that maintains a focus on outcomes for children and young people, DCJ is proposing:

- flexibility to deliver the model through three or four-placement homes to assist with property availability issues in some locations
- flexibility in staffing options
 - requirements for relevant experience and training, rather than minimum qualification requirements except for the house manager role
 - targeting staff with background in working with and understanding the developmental needs of younger children
- flexibility in location - the model will be district based to align with Foster Care PSP provision and does not need to be located within ITC hubs.

Indicative demand and locations

Transitional Care will be district based to align to PSP foster care service provision. The following table outlines the indicative total number of home and placements in each district.

District Cluster	Total homes	Total placements	Homes by beds	
			3-bed homes	4-bed homes
Hunter and Central Coast	4	14	2	2
New England	1	4	0	1
Illawarra Shoalhaven and Southern NSW	2	7	1	1
Mid North Coast and Northern NSW	3	11	1	2
Murrumbidgee, Far West and Western NSW	5	18	2	3
South Western Sydney	2	7	1	1
Sydney, South Eastern Sydney and Northern Sydney	1	4	0	1
Western Sydney and Nepean Blue Mountains	4	15	1	3
Total	22	80	8	14

It is proposed the contract term aligns with current PSP contracts of 30 June 2022.

The placement numbers above include at least four sibling groups currently in long-term ACA placements. DCJ expects the service requirements of Transitional Care to be sufficiently flexible to allow for building placement options tailored to the needs of those siblings.

Feedback on Proposed Service Requirements

DCJ will undertake a short period of consultation with funded service providers and DCJ Districts. Some of the key points for consultation include:

- Referral process and development of a referral acceptance framework
- Governance arrangements and strategies to keep focus on transition
- Flexibility and the approach to provide for children who need placements longer term

Area for consultation	Reason
Referral process and development of a referral acceptance framework	<p>Due to the transitional nature of this model, efficient collaboration on managing placement matching risk in order to support a high level of referral acceptance is crucial for successful implementation.</p> <p>Feedback is sought on a referral framework that achieves the following objectives:</p> <ul style="list-style-type: none"> • acts as a gatekeeper to ensure only appropriate children are referred to this model • is responsive to meet immediate needs • defines a high threshold for referral refusal • incorporates placement matching (see Appendix A for an example)
Governance arrangements and strategies to keep an intense focus on transition	<p>The transition of children to foster care and permanency arrangements is critical to this model.</p> <p>Feedback is sought on the development of centralised governance arrangements to monitor a child or young person's transition to foster care and permanency.</p>
Flexibility to provide for children who need placement	<p>What does flexibility look like in this model?</p> <p>In particular, with regards to flexibility in delivering longer-term</p>

longer term	<p>placements.</p> <p>Feedback is sought on:</p> <ul style="list-style-type: none"> • what longer-term supports looks like, e.g. live-in carer model • criteria to transition to a longer-term placement • case management transfer • what time frame should be considered 'longer term'?
Option to extend Transitional Care to young people with low to medium needs who are not yet ready for Supported Independent Living	<p>Please provide feedback on what this could look like?</p> <p>This needs to be considered in the context of overall demand for this cohort, and whether adaptations to the current PSP SIL requirements could better address this need.</p> <p>Based on these factors, there may be an option to consider a small provision under Transitional Care with the following elements:</p> <ul style="list-style-type: none"> • The focus for transition is to a SIL placement, rather than foster care or a permanency outcome. The objectives include development of independent living skills to support step-down to SIL. • DCJ would also consider providers who are not PSP foster care providers to deliver this support, (eg SIL providers). • Case management would transfer to the provider delivering the service • The provider will receive all PSP funding packages including baseline package, case plan goal package, child needs package and other specialist packages. • What does the referral pathway look like – how do we determine eligibility for Transitional Care vs SIL? • What does governance look like to ensure young people are transitioned to SIL as appropriate.

Indicative service price

Transitional Care will be funded as a baseline package. Providers will also receive the child needs package and complex needs can be applied for in extraordinary circumstances (not the case plan goal or other specialist packages which will be funded to the referring agency that holds primary case management). The following table outlines the approximate baseline package for a three and four bed model:

Indicative Prices	3 bed Transitional Care	4 bed Transitional Care
Baseline Price	\$300,000	\$240,000
Placement Capacity Payment	\$210,200	\$168,000

Providing Feedback

The following three dial-in times have been established for funded service providers to provide feedback to DCJ:

- Time: Wednesday 1:30 to 3pm, and beyond 3pm as required
- Dial: 02 9160 7812
Access Code: 3413074#
- Friday 29 November 3pm and
- Monday 9am to 10am

Phone: 9087 3604

Access Code: 428 118 093

Next steps

The following table outlines timeframes for the next steps.

Activity	Timeframe
Consultation	Completed by 29 November 2019 Feedback sessions for providers: <ul style="list-style-type: none">• Wednesday 27 November 3pm• Friday 29 November 3pm
Direct negotiations (Implementation Plan)	2 - 23 December 2019
Contract Finalisation and Commence Implementation	January 2020

More information

Please write to OOHCrecontracting@facns.nsw.gov.au.

Appendix A: Example placement matching matrix

DCJ is proposing a streamlined placement matching process for Transitional Care because this model offers **time-limited** placements for children with **low to medium** needs.

The example placement matching matrix below outlines some considerations for placement. The current known risks are the main consideration which may impact on referral acceptance, however it is expected that risks can be managed in most instances. The other domains may be relevant for determining suitability where multiple vacancies are available.

Profile Summary	Client A	Client B	Client C	Client D
Current known risks which may impact on placement				
Age				
Developmental needs				
Part of a sibling group?				
Gender				
Preferred location				
Cultural needs				