

Permanency Case Management Policy

Policy statement



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Purpose

The Permanency Case Management Policy (PCMP) is designed to:

- explain the way we achieve safety, permanency and wellbeing for vulnerable children and young people by keeping them with or returning them to family, arranging a permanent legal guardian, supporting open adoption or providing long term care.
- clarify the different roles and responsibilities of NSW Department of Communities and Justice (DCJ) and funded service providers (FSPs) in responding to child protection reports, assessing safety, and case planning for permanency and wellbeing.
- embed in practice culture a focussing on safety, permanency and wellbeing by:
 - responding (earlier) to the impact of trauma
 - collaborative and evidence based approaches to casework practice
 - partnering with children, their families/kin, carers and people significant to them, to achieve meaningful change
 - engaging family strengths, nurturing resilience and giving dignity.

Aboriginal Case Management Policy

A separate Aboriginal case management policy (ACMP) has been developed in partnership with AbSec to:

Promote an integrated case-management approach tailored to the needs of Aboriginal children and families, that commences early in the continuum of support and that empowers and supports families and communities to reduce the incidence of harm, addressing identified risks and supporting Aboriginal children and young people to thrive.

NSW Practice Framework

The Permanency Case Management Policy, Rules and Practice Guidance is informed and framed by the NSW Practice Framework. The Framework shapes the programs DCJ develops and its practice with families. It sets out mandates for roles at all levels of the system:

Agency mandate

We work in solidarity to create a system that supports meaningful change for families. We partner with practitioners, communities and the sector to improve practice and outcomes for children and their families.

Leadership mandate

We lead with moral courage to inspire and guide practice. We support practitioners and take collective responsibility for the decisions they make. We model willingness to reflect and work hard to create open cultures where critique improves outcomes for families.

Practitioner mandate

We build relationships that are focused on children. We work hard to give dignity, partner with parents, families and communities, and use collective wisdom, skills and courage to keep children safe.

Principles of Permanency Case Management

- 1. Case management that is *collaborative* demonstrates and fosters behaviour that:
 - is transparent, relationship-based, responsive and consistent
 - partners with a child or young person, their parents, family/kin, carers and other people significant to them
 - shares risk about decisions and actions that impact on children or young people and their families/kin
 - encourages casework practitioners, carers and other practitioners to work together, sharing knowledge, skill and insight.
- 2. Case management that facilitates *safety and healing from the impact of trauma* requires a setting in which:
 - relationships are respectful, meaningful and purposeful
 - we seek and hear the beliefs and perspectives of the child or young person, their parents, family/kin, carers and other people significant to them
 - family/kin strengths are engaged, resilience is nurtured and dignity is given
 - sharing of information supports holistic assessment, purposeful case planning and trauma-informed casework or therapeutic care.
- 3. Case management that enhances health and wellbeing hinges on participation by:
 - the child or young person, their parents, family/kin, carers and other people significant to them, who are partners in decision making
 - advocates who support participation, bear witness and speak on their behalf
 - practitioners who have a meaningful relationship with the child or young person, their parents and family/kin listening to their views and perspectives, wishes and aspirations.

- 4. Case management that is *purposeful and change-focused* involves practice informed by:
 - the assessed safety and permanency needs of the child or young person and measures of their wellbeing
 - · strengths and protective factors that can be built upon to create lasting safety
 - the context, experiences, values, beliefs and preferences of the child or young person, their parents, family/kin, carers and other people significant to them
 - the specialist knowledge, skills and practice wisdom of caseworkers and other practitioners through, reflective and transparent decision making processes
 - · evidence based models and tools with a track record of success.
- 5. Case management that improves *practice quality* provides a framework for:
 - · critique and reflection on the quality and effectiveness of practice
 - using empathy to consider what the experience is like for the child or young person, their parents, family/kin, carers and other people significant to them
 - talking to, talking about and recording information about, a child or young person and their family/kin using language that respects them and is easy to understand
 - facilitating fairness and transparency by giving reasons for decisions
 - responding to feedback or complaints with empathy and an emphasis on improving practice.

Permanency Case Management Policy

Scope

This policy applies to:

- the case management of all children and young people who have been found to be in need of care and protection
- working in partnership with funded service providers, children and young people, their parents and family, carers and other people significant to them.

The case management of Aboriginal children and young people and how we work with their parents, families/kin and communities is addressed in the Aboriginal Case Management Policy.

For further information related to this policy, refer to the PCMP Rules and Practice Guidance and PCMP Resources.

Policy statement

Permanency Case Management supports parents, family/kin and community around a vulnerable child or young person, to put in place permanent arrangements that provide the child or young person with an experience of:

- · feeling loved, important and safe
- · being connected to their family/kin and community
- having stability, certainty and opportunity and
- gaining the best possible start in life.

Assessing safety

DCJ prioritises Risk of Significant Harm (ROSH) reports concerning children, young people, their parents and families/kin using a triage assessment process. Those with highest priority are allocated for a safety and risk assessment (SARA).

DCJ conducts a SARA to assess:

- · a child or young person's immediate safety, and
- the risk that a child or young person will experience abuse or neglect in their household in future.

Triage assessment and SARA occur (where appropriate):

- in *consultation* with a service provider already providing a service to a child or young person, their parents and/or family/kin
- with *participation* of a service provider in the assessment if DCJ and the service provider agree that their participation will be beneficial to the child or young person, their parents and family/kin (or is requested by them) and
- while the service provider continues to provide services to the child or young person, their parents and family/kin, unless DCJ and the service provider agree that service provision is to cease.

Case planning for permanency and wellbeing

Permanency case planning is undertaken for a child or young person assessed at high or very high risk of experiencing abuse or neglect in their home in future.

Permanency case planning puts in place arrangements that achieve permanency and wellbeing. That is, stable, long term arrangements that help a child grow up to be a healthy, caring and responsible adult with positive values and identity, social competencies and support networks.

Permanency case planning is a process used by DCJ and funded service providers to develop a case plan that sets out:

- the worries that DCJ, the parents, family/kin and other significant people hold for the child or young person
- · actions required by parents, family/kin and carers to bring about change and

how they will be supported to achieve the child's case plan goal.

In developing a child or young person's case plan, *permanent placement principles* (section 10A) of the *Children and Young Persons* (*Care and Protection*) *Act 1998* (the Care Act) are applied in order of preference, which is to:

 work with families/kin to keep a child or young person at home, or return them to the care of their family

if that is not possible,

• identify stable and secure guardianship options, so that a child or young person can grow up with their family/kin or another suitable person

if that is not possible.

- facilitate open adoption to provide a child or young person with secure attachment and permanency in an adoptive family that supports connection with their birth family if that is not possible,
- provide long term care to a child or young person in parental responsibility of the Minister, that provides a safe, permanent home and keeps them connected to their birth family and community.

Note:

Applying the permanent placement principles in practice means considering the best interests of a child or young person (section 10A(3)). This may mean considering permanency options such as guardianship and adoption concurrently to determine which option is in the child or young person's best interests.

Some organisations representing Aboriginal people do not support adoption for Aboriginal children and young people for cultural reasons. However legislated permanent placement principles provide for adoption as a last preference for Aboriginal or Torres Strait Islander child, when other preferences are assessed as *not practicable or in the best interests* of the Aboriginal or Torres Strait Islander child or young person (section 10A(3)(e)).

The *case plan goal* aims to provide permanent arrangements for a child or young person's care while growing up:

- For most children and young people (over time), the goal will be family preservation, restoration, guardianship or open adoption.
- For a smaller number of children and young people (over time), the goal will be long term care (in the parental responsibility of the Minister) when preservation, restoration, guardianship or adoption are not possible.

DCJ sets the child or young person's case plan goal as:

- the commissioner (purchaser or provider) of the service, and
- the agency with statutory responsibility for responding to ROSH and exercising parental responsibility for children and young people in out of home care (OOHC).

Permanency case planning is a collaborative process:

- in partnership with a child or young person, their parents, family/kin, carer/s (if applicable) and other people significant to them and
- with the participation of a service provider when the service provider did work with, currently works with, or will work with (after transfer of primary case responsibility), the child or young person, their parents, family/kin.

DCJ *commissions* (provides or purchases) case management services to support achievement of a child or young person's case plan goal by:

- transferring primary case responsibility to a DCJ (internal) service or funded service provider
- closely monitoring performance to achieve outcomes for children, young people, their parents and families/kin.

The exercise of *primary case responsibility* by DCJ or a funded service provider:

- · includes case planning, implementation, monitoring and review and
- is purposeful and directed toward achieving a case plan goal.

Content owner

This policy was developed by the Child and Family Strategy, Policy & Commissioning, Implementation and Performance, NSW Department of Communities and Justice.

