



NSW Ombudsman

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DADHC – THE NEED TO  
IMPROVE SERVICES FOR  
CHILDREN, YOUNG PEOPLE  
AND THEIR FAMILIES

A report arising from an investigation  
into the Department of Ageing,  
Disability and Home Care

A special report to Parliament under s 31  
of the *Ombudsman Act 1974*

April 2004



April 2004

The Hon Meredith Burgmann MLC  
President  
Legislative Council  
Parliament House  
SYDNEY NSW 2000

The Hon John Aquilina MP  
Speaker  
Legislative Assembly  
Parliament House  
SYDNEY NSW 2000

Dear Madam President and Mr Speaker

I submit a report pursuant to s 31 of the *Ombudsman Act 1974*. In accordance with the Act, I have provided the Minister for Disability Services with a copy of this report.

I draw your attention to the provisions of s 31AA of the *Ombudsman Act 1974* in relation to the tabling of this report and request that you make it public forthwith.

Yours faithfully

A handwritten signature in black ink, appearing to read "B. Barbour".

Bruce Barbour  
**Ombudsman**

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## Foreword

This report concerns my office's investigation into the implementation by the Department of Ageing, Disability and Home Care ('DADHC' or the 'department') of aspects of its policy for children and young people with a disability.

Our investigation has found that there were significant deficiencies in the department's implementation of its policy leading to inadequate service provision for many families.

In response to our investigation, the department has developed an 'action plan' intended to address the problems we identified.

The purpose of this special report to Parliament is to explain the nature of our investigation, highlight our findings, and outline the department's response to these findings. I believe that the issues are important and that, in the public interest, they should be brought to the attention of Parliament and the community.

The department has made a commitment to address the problems identified by the investigation. DADHC's proposed plan to address the issues is ambitious and its success will depend on how effectively the plan is implemented. For this reason, my office will closely monitor the department's implementation of its plan.



Bruce Barbour  
**Ombudsman**

## **The Department of Ageing, Disability and Home Care**

DADHC has responsibility for providing or funding community services to people with a disability and their carers, and monitoring the quality and effectiveness of these services. Services include early intervention for babies and young children who have a developmental disability, respite care and supported accommodation, general domestic assistance, non-medical personal care, and a range of community support services.

### **DADHC's policy for children and young people with a disability**

There are over 115,000 children and young people with a disability living in NSW.

DADHC estimates that 35,000 of these children and young people require some support of an ongoing nature from specialist disability services. For some families, meeting the needs of their disabled child can be enormously stressful. At times, this can result in a decision that they can no longer care for their child within the family home.

In July 2002 DADHC released its policy for children and young people with a disability, called '*Living in the Community – Putting Children First*'. This policy provides the department's framework for the delivery of support and specialist services to families. The substance of the policy can be summarised as follows:

- children and young people with disabilities will have the best outcomes if they are brought up in the community in a family environment, preferably their own
- they should have the same access to mainstream services as other families in the community
- where their needs cannot be met through mainstream services, these needs should be met through specialist disability services
- for children and young people with disabilities who cannot live with their families, family type care is the preferred option.

### **Concerns about the implementation of DADHC's children's policy**

During the first half of 2003 my office handled a number of matters that raised concerns about the adequacy of services for children and young people with disabilities, particularly those at risk of, or who had actually been, placed in care on a voluntary basis. Some of these involved complaints from parents of children and young people with disabilities, or arose from reports by Official Community Visitors. Others arose from our reviews of the circumstances of children and young people with disabilities placed in care. These matters raised concerns that:

- the support provided by DADHC to families, where there was a risk of family breakdown, was inadequate
- the services to meet these families' needs were inadequate or did not exist
- the training provided to DADHC staff, responsible for providing services to families, was inadequate
- the arrangements between DADHC and the Department of Community Services ('DoCS') to ensure children and young people with disabilities and their families received appropriate support and services, were ineffective
- some agencies contracted by DADHC to provide crisis or interim care to children and young people with disabilities placed in care on a voluntary basis, were not competent to fulfil this role
- DADHC's monitoring of these services and the children and young people placed in their care was not sufficiently robust

- the types of care available to children and young people with disabilities placed in voluntary care did not meet the requirements of the department's policy for children and young people.

We had concerns that these matters might be indicative of broader systemic problems in the provision of disability services to children, young people and their families.

### **The nature of our investigation**

Against that background, we decided to investigate the department's policies, procedures and practices with respect to children and young people with disabilities who were at risk of being placed in voluntary care or who were actually placed in voluntary care. We were particularly concerned about:

1. the department's arrangements to provide services for children and young people with disabilities at risk of being placed in voluntary care
2. the department's arrangements for children and young people with disabilities actually placed in accommodation services on a voluntary basis
3. the department's arrangements to monitor the quality of accommodation services for these children and young people.

We notified DADHC of our investigation in May 2003.

### **The investigation process**

An extensive investigation has been conducted, including the following steps:

- We required the department to provide information about the operational arrangements underpinning its children's policy, as well as its arrangements with DoCS.
- We requested information about the number of children and young people with disabilities in care on a voluntary basis and the nature of the service arrangements for these children.
- We reviewed the files of all 131 children and young people receiving 'crisis/interim funding' in June 2003. We were interested in the circumstances of families receiving this funding to purchase services through the department's Service Access System (SAS). The department's policy stipulated that a family could only obtain such funding if all avenues to obtain support had been tried by the family without success, the family's support system had broken down, and the child or young person was in immediate danger of being rendered homeless.
- We interviewed 32 departmental caseworkers for the children and young people whose files we reviewed. These caseworkers came from across the state.
- We interviewed senior officers of the department who were responsible for the development, implementation and oversight of the department's children's policy.

In conducting the investigation we took into account:

- changes within the department in recent years, including the implementation of a new regional structure since October 2002
- the department's arrangements for intake and access to services at the time of our investigation



- the department's policies and guidelines for supporting children and young people with disabilities, in place at the time of our investigation
- the requirements of the *Children and Young Persons (Care and Protection) Act 1998*.

The final report of the investigation was provided to the Minister for Disability Services and the department on 31 March 2004.

### Our overall findings

Overall we found that the department's implementation of its children's policy had been characterised by:

- a poor implementation strategy
- lack of clarity about the department's role in supporting families in crisis
- uncertainty about which sections within the department had responsibility for providing such support
- inadequate guidance to staff about how to implement the policy
- an inadequate operational framework to underpin the policy
- lack of clarity about the respective responsibilities of the department and DoCS
- conflict between policy requirements; and
- subsequent confusion in practice.

We also found that for families seeking support to care for children and young people with disabilities there was:

- lack of clarity about how to obtain access to services
- no clearly defined or consistent decision making processes about access to services
- a fragmented service system for those able to access it
- poor coordination of services
- no clearly defined avenue for review and appeal where services were denied or considered inadequate by the family.

Families who care for children and young people with disabilities already face significant stress. The result of the department's ineffective implementation of its policy for children and young people with a disability was that this stress was unduly aggravated.

## Our specific findings

### Arrangements to support families at risk of relinquishing care of a child or young person with disabilities

The department's policy states that families of children with disabilities should be supported to care for their child at home. Services should be based on an assessment of needs and a support plan should be developed to reflect these needs. Families should also have certainty about current and future delivery of services.

We found that the department was not effectively implementing this policy for a number of reasons:

- The department advised us that it had specific initiatives to underpin its children's policy in particular 'comprehensive operational policies for appropriate models of support to children and people with a disability'. However we found that these supposed initiatives were non-existent, still at the research stage, or had not been effectively implemented.
- The department released its children's policy with no strategy in place to ensure its own staff were adequately briefed and trained in relation to the policy. Many had not read the policy.
- Staff were unclear about how to implement the policy, particularly for children and families in crisis. While most understood the general thrust of the policy, they were uncertain about how the policy applied to families at risk of relinquishing care of their child.
- As a result of inadequate training and induction about the policy, caseworkers put their own interpretations on what the policy meant. This resulted in ill informed, confused and inconsistent dealings with families across the state.
- The department had a limited strategy to brief its staff about how to apply its 'decision rules' and 'funding guidelines' for providing support and services to families in crisis. Furthermore these rules and guidelines used imprecise language to describe relevant criteria for access to services. This resulted in differing interpretations of the rules and guidelines and inconsistent practices across the department. This meant some families in crisis received a service, while others in similar circumstances did not.
- These problems, while significant, may have diminished in significance if families had been able to get the services necessary to support them through difficult times. However, caseworkers advised us that the service system was disjointed and characterised by a lack of coordination. We found little evidence to the contrary.
- The department said that it had designed specific initiatives to ensure that staff involved in the direct provision of services to children and young people and their families, 'had the tools to understand their responsibilities and ensure appropriate referral and management of supports'. For example, departmental guidelines encouraged caseworkers to link families to 'shared care' and 'host family services'. However, the department had not defined what these terms meant, or the parameters for their use. Furthermore, we found that, in the main, these services did not exist.
- There were similar problems in relation to the provision of 'intensive family support' services. These services can be very effective in preventing family breakdown. We established that the department funds only two such services, and both of these are in Sydney.
- The department's strategy for ensuring consistency in decisions for children and young people at risk of placement in care was the involvement of the department's centralised Prevention and Early Intervention Unit in approving support plans for such children.

However, we found that many field staff were not aware of the arrangement. Where support plans were referred to the unit, there were no criteria upon which to base a decision about whether the support plan would be endorsed or funded. This compromised the department's stated commitment to 'equitable, transparent and ethical decision making processes'.

- In some cases the department had not provided families with reasons for the withdrawal of a service or a change of service. We found evidence of some families being given insufficient time to make alternative service arrangements, following advice about withdrawal or change of service arrangements. In some cases, the department withdrew services without undertaking an assessment of individual need, contrary to the requirements of its own policy.
- Three quarters of the departmental staff we interviewed were unaware of their responsibility to inform families of their rights to appeal or seek a review of departmental funding or service decisions. Many families had therefore been denied the opportunity to appeal such decisions.
- There were inconsistencies in the department's stated commitment to make its decision-making mechanisms publicly available. For example, the children's policy was publicly released but the department's guidelines for crisis/interim funding were only available on request.
- More broadly, the department did not have a standard strategy in place to ensure its staff were aware of new policies and how these were to be interpreted and implemented. We also found the department did not have in place practices to ensure new caseworkers received effective and comprehensive induction when they commenced working with the department.

### **Arrangements to support children and young people with disabilities placed in voluntary care**

Children and young people with disabilities generally enter care by two pathways:

- The first is where there are concerns that a child is at risk of harm and requires alternative placement for their protection. The Department of Community Services is responsible for bringing such matters before the Children's Court, which determines whether a care order is warranted.
- The second is where the family cannot manage the day-to-day care of the child and voluntarily relinquishes such care.

The focus of our investigation was on those who enter care through the second pathway.

Where a child or young person has entered voluntary care, the department's children's policy requires its staff to work with the family with a view to the family resuming care ('restoration'). If this is not possible, the child or young person is to be placed in a 'family-type' situation. Relatives or foster carers usually provide this type of care. The department requires 'support plans' to be in place in both scenarios.

We found that the department's practice in relation to children and young people with disabilities who enter voluntary care did not accord with its policy:

- At the time of our investigation the department could not tell us how many children and young people in total were in voluntary care in services either funded or provided by the department. The department advised that of the 33 children and young people voluntarily in care and placed in departmental services, none were in a family type situation.
- In view of the department's inability to provide comprehensive information about the number of, and care arrangements for, children and young people with disabilities in voluntary care, we decided to look at the circumstances of all 131 children and young people receiving crisis interim funding in June 2003. We recognised that this was a 'snap shot' of a particular group of children and young people at a particular point in time and that this group did not represent all children and young people in voluntary care at the time.
- We found 39 of the 131 children and young people were in voluntary care. The other 92 were receiving crisis/interim funding to prevent the need for them to enter care. Of the 39 we established:
  - Five were placed with 'professional' foster carers. However, none of these placements were funded on a recurrent basis.
  - 19 were placed on a fee-for-service basis with agencies that did not receive 'program' funding from the government to provide accommodation services to children, but were paid on a fee-for-service basis for this purpose.

We also found:

- 24 had remained in placements on a 'crisis interim basis' for periods in excess of 12 months.
- 28 were cared for by youth workers or attendant carers on a rotating shift basis.
- Many of these children and young people did not have support plans, as required by the department's children's policy.
- At the time of our investigation, the department had not been able to agree on a protocol with DoCS for the care and protection of children and young people with disabilities. There were therefore no practical arrangements to clarify caseworker responsibilities between the two departments, other than some that had been established at a local or regional level. This was a contributing factor to the vast majority of DADHC caseworkers we interviewed advising us that the arrangements between DADHC and DoCS were ineffective.
- In this context, the experiences of DADHC staff were generally negative when attempting to work with DoCS, restore children to families, and find family based care for those who could not be restored. DADHC caseworkers who perceived that they had a role in such circumstances – and many did not consider that they had such a role – reported a myriad of problems including:
  - being ill-equipped to facilitate restoration of children and young people to parental care
  - having difficulties accessing family based care for children and young people who were in care but were not subject to a care order from the Children's Court
  - not being in a position to negotiate and facilitate placements of children and young people with extended family.

- We established that the department funds only one service provider in NSW whose specific charter is to provide family based care for children and young people with disabilities. This service is funded to support 10 children and young people with disabilities in foster care placements. This service advised us that, while it is not a prerequisite for children to be in court ordered care to access the program, in recent years the service has tended only to accept children with a court order as this ensures carers are paid the foster care allowance.
- There is one other service willing and able to provide family based care to children and young people with disabilities in voluntary care. However, this service does not receive 'program' funding from DADHC to do so. Instead the department has funded placements of children and young people with this service through SAS on a fee-for-service basis. The department has not approved the placement of a number of children with this service on the basis of cost.
- We are aware of two disability services funded by DADHC that currently support five children and young people in family based care arrangements. Three of these children are placed with host families during the school week to enable their attendance at a special school. These services do not perceive themselves to be foster care or family support agencies. DADHC advised us that there are 13 services that may provide family based services. However, the department was not able to identify these services.
- We should note that in November 2003 DADHC entered into a Memorandum of Understanding (MOU) with DoCS to cover the respective roles and responsibilities of the two departments for children and young people with disabilities. Under the MOU, DADHC has responsibility to provide and fund disability and support placement services for children and young people with a disability who:
  - have been living in disability services for lengthy periods of time
  - are in need of care and protection and require alternative placement, but whose level of disability is sufficiently severe that placement with a relative or foster carer is not a viable option
  - have been reported to DoCS and that department's assessment indicates that the circumstances result from the child or young person's disability rather than child protection issues.

**Arrangements to monitor the quality of accommodation services provided on a fee-for-service basis.**

DADHC informed us that it paid 'non-program funded services' on a fee-for-service basis to accommodate children and young people where 'there are no appropriate non-government providers ... or where the model of service is not currently provided by the Department'.

Our investigation was designed to determine whether the department adequately monitored the quality of services in these circumstances.

In relation to monitoring we found:

- The department did not have either a performance measurement or service monitoring framework in place.
- Case management for children and young people with disabilities placed with these services was ad hoc and had not occurred in accordance with the children's policy.

## DADHC's response to the investigation findings

In November 2003, we provided our findings to the Director General of the department and sought the department's response.

In December 2003, DADHC provided us with a detailed 'action plan' to address the problems we had identified. A copy of the department's action plan to improve services for children, young people and families, is attached to this report.

In addition to addressing issues specific to our investigation, the action plan includes a number of more broad ranging strategies. These, according to the department, are intended to address the department's organisational capacity and systems to support the delivery of quality services. Areas identified by the department warranting action include:

- examination of the department's corporate and regional capacity
- identification of and action on staff training needs
- implementation of an effective intake system to deal with requests for services
- implementation of systems to ensure transparency of decision-making and review processes
- documentation of a complaints handling system
- ongoing and comprehensive implementation of its children's policy
- processes for publishing and disseminating policy; and
- introduction of a range of strategies to enhance the department's communication with its staff, external stakeholders, and funded services.

After considering the action plan, we sought additional information from the department about how it intended to develop the capacity of the service system to provide intensive family support and family based care for children and young people with disabilities who cannot live with their families of origin.

In January 2004, the department provided us with advice on its plans to expand respite care services, explore options to develop intensive family support services and develop strategies to increase family based care services for children and young people with disabilities. The department provided specific advice on:

- the development and implementation of 'priority of access' guidelines for respite care and intensive family support
- a new intensive family support service
- working with the Association of Children's Welfare Agencies to develop and implement family based models of out-of-home care for children and young people with disabilities
- development of specialist models of out-of-home care for children and young people with disabilities with complex health needs
- working with Barnardos Australia to expand family based temporary care for children with a disability.

The department has established a taskforce dedicated to implementation of the action plan, and has made a commitment to evaluate and report on the effectiveness of the action plan.

## Our observations on DADHC's response

The department has made a commitment to address the problems identified by our investigation and it has acknowledged that these problems must be considered in the context of the department's broader systems to support quality service provision.

If the department effectively implements its plans in relation to policy development, procedural arrangements and training, the outcome should be:

- better trained staff
- improved case planning and management
- a clearer delineation of roles and responsibilities
- enhanced communication within DADHC, between DADHC and DoCS, and more broadly with the community
- better outcomes for children and young people with disabilities and their families.

Again, if effectively implemented, the initiatives proposed by the department to develop intensive family support services will enhance the department's capacity to prevent family breakdown and limit unnecessary entry of children and young people with disabilities into out-of-home care. For those children and young people with disabilities who do enter care, the department has proposed a range of strategies designed to ensure these children and young people have access to family based care, and in certain circumstances, specialist models of care.

The department's proposed action plan is ambitious and its success will depend on how effectively the plan is implemented. For this reason I have made the following recommendations in order to assist us to monitor the department's implementation of the action plan.

## Recommendations

I have recommended that the Department of Ageing, Disability and Home Care should report to me on the following matters, within the following timeframes:

- 1 On a quarterly basis, commencing April 2004, full and detailed advice on implementation of the action .
- 2 By July 2004, advice on:
  - the department's development and implementation of 'priority of access' guidelines for respite care and intensive family support
  - progress in relation to the proposed new intensive family support service
  - the progress and outcomes of the department's work with the Association of Children's Welfare Agencies, including full and detailed advice on progress to develop and implement family based models of out-of-home care for children and young people with disabilities
  - development and progress of specialist models of out-of-home care for children and young people with disabilities with complex health needs
  - the progress and outcomes of the department's work with Barnardos Australia to access family based temporary care for children with a disability
- 3 By July 2004, advice on the department's proposed method to review the effectiveness of the action plan.
- 4 By 31 January 2005, advice on the outcome of the department's review of the effectiveness of the action plan.

Appendix 1: DADHC'S ACTION PLAN FOR IMPROVING SERVICES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

ACTON PLAN

1. ADEQUACY OF SERVICE PROVISION TO MEET THE NEEDS OF CHILDREN AND YOUNG PEOPLE AT RISK OF BEING PLACED IN VOLUNTARY CARE

| ISSUE  | RESPONSE   | TIMEFRAME   |
|--|--|---|
| <p><b>Eligibility of children and young people for support through the Service Access System</b></p> | <p><b>Action taken</b></p> <ul style="list-style-type: none"> <li>The SAS decision rules and the <i>Interim policy and funding guidelines</i> (retitled) have been rewritten in plain English to clarify ambiguous terms and specify requirements in relation to notification of decisions. The revised rules have been published on the DADHC website.</li> <li>Regional Managers responsible for SAS were briefed on these documents.</li> </ul> <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>Regional managers and supervisors with responsibility for staff working with children, young people and families will attend one-day workshops that cover these and other key policies.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>Approximately 800 frontline staff will be provided with training in 20 locations, as detailed in the enclosed schedule for training.</li> </ul> | <p>1 December 2003</p> <p>4 December 2003</p> <p>10 &amp; 16 December 2003</p> <p>February – May 2004</p> |
| <p><b>Clarity concerning the roles of DoCS and DADHC</b></p>   | <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>An MoU has been signed and distributed to staff of both agencies.</li> </ul> <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>Regional Directors of DoCS and DADHC meet for a joint briefing on the MoU and to discuss the development of Regional Protocols.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>Procedural Guidelines and Regional Protocols will be agreed between DoCS and DADHC. Regional Protocols will follow a common template.</li> <li>Staff in each region will be trained on the implications of the MoU and on the care and protection legislation.</li> </ul>  | <p>1 December 2003</p> <p>15 December 2003</p> <p>16 February 2004</p> <p>February - May 2004</p>         |
| <p><b>Clarity concerning DADHC's role in family support</b></p>                                      | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>A policy outlining DADHC's role in supporting families will be developed. This will be consistent with the MoU with DoCS and will initially be based on current programs and services.</li> <li>DADHC will report to the Ombudsman's Office on progress in implementing the policy as part of regular reports on this Action Plan.</li> <li>DADHC will sponsor an Australian Research Council grant application by the School of Occupation and Leisure Sciences at the University of Sydney on effective</li> </ul>   | <p>31 March 2004</p> <p>April 2004</p>  |



| ISSUE  | RESPONSE   | TIMEFRAME  |
|--|--|--|
|  | <p>Sciences at the University of Sydney on effective interventions to maintain family-based placements.</p> <ul style="list-style-type: none"> <li>DADHC will take the lead role in National Disability Administrators work on the efficacy of early intervention and prevention programs, commencing with a workshop of senior officers from all jurisdictions.</li> </ul>  | May 2004   |
| <p><b>Planning and case management for children at risk of out-of-home placement</b></p> | <p><b>Immediate priorities</b></p> <ul style="list-style-type: none"> <li>DADHC will finalise and publish requirements on care planning for clients of DADHC. This will include specific requirements in relation to out-of-home care that comply with the Out-of-Home Care Standards.</li> <li>DADHC will review case management arrangements and the status of plans for all children and young people on interim funding to ensure that all children and young people have support plans and that case management responsibility has been clearly assigned.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>Regional managers and supervisors will be trained on the revised case planning policies.</li> <li>The policies will be incorporated into postgraduate education in Case Management by Charles Sturt University that has already been scheduled for 32 staff in two locations in 2004.</li> </ul>   | <p>31 March 2004</p> <p>16 January 2004</p> <p>April - May 2004</p> <p>June 2004</p> |
| <p><b>Ability of DADHC staff to recognise and report risk of harm</b></p>                | <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>A policy on <i>Reporting children and young people suspected to be at risk of harm</i> has been distributed to DADHC staff.</li> </ul> <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>A more comprehensive policy that also addresses reporting requirements to the Ombudsman's Office and to the Commission for Children and Young People in respect of allegations and disciplinary matters concerning staff will be endorsed and distributed. (This is currently in draft form and has been distributed to key stakeholders and DADHC regions for comment)</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC staff will receive training on recognising and reporting risk of harm through joint DoCS-DADHC training under Regional Protocols with DoCS.</li> <li>DADHC will provide funding for frontline staff with a background in child protection to attend the familiarisation training developed by the Child Protection Learning and Development Coordination Unit so that they can provide training within each region.</li> </ul> | <p>12 November 2003</p> <p>31 January 2004</p> <p>Through 2004</p>                   |
| <p><b>Standards for funded services</b></p>  | <p><b>Immediate:</b></p> <ul style="list-style-type: none"> <li>DADHC will finalise the <i>Children's Standards in Action</i>.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC will develop and provide training for service monitoring staff and non-government organisations to support implementation of the standards.</li> </ul>   | <p>28 February 2004</p> <p>March - July 2004</p>                                     |

| ISSUE  | RESPONSE   | TIMEFRAME                                 |
|--|--|---|
| <p><b>Capacity in respite services for children and young people with a disability</b></p> | <p><b>Immediate Priorities:</b></p> <ul style="list-style-type: none"> <li>• \$1.6 million in additional funding for flexible respite packages (rising to \$3.2 million per annum from 2004-05) will be allocated to non-government providers, primarily in Local Planning Areas that have less than the State average of respite funding per head of population. This will be targeted at children and young people, including those identified by DADHC regional offices.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• DADHC will review the role of respite funded through the HACC and disability services programs, with reference to respite funded by DoCS and NSW Health, with a view to improving the role of respite as a family support mechanism and improving coordination of access to respite.</li> </ul> | <p>1 January 2004</p> <p>30 June 2004</p> |
| <p><b>Expansion of Local Support Coordination</b></p>                                      | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>• DADHC is currently finalising recruitment for an additional 20 Local Support Coordinators as part of a \$2.8 million p.a. expansion of that program. Local Support Coordinators provide early intervention to support families to maintain their capacity to provide care within their communities. This program is based on a sound evidence base of success in this and other jurisdictions.</li> </ul>   | <p>31 December 2003</p>                   |

## 2. ADEQUACY OF SERVICE PROVISION IN RELATION TO THE PROVISION OF SERVICES TO CHILDREN AND YOUNG PEOPLE REQUIRING PLACEMENT IN VOLUNTARY CARE

| ISSUE  | RESPONSE   | TIMEFRAME  |
|--|--|--|
| <p><b>Clarity concerning DADHC's role in funding and providing out-of-home care</b></p>              | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>• DADHC's role as set out in the MoU with DoCS will be covered in briefings for regional managers and supervisors.</li> <li>• A policy that addressed DADHC's role in supporting family restoration and providing out-of-home care, as well as defining the meaning and role of concepts such as shared care, will be finalised. This policy will also address the notion of 'benchmarks' about appropriate levels of respite. This will be consistent with the MoU with DoCS and the care and protection legislation, as currently proclaimed.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• The MoU and policy on out-of-home care will be addressed in regional workshops for frontline staff.</li> </ul>   | <p>10 &amp; 16 December 2003</p> <p>31 January 2004</p> <p>February - May 2004</p> |
| <p><b>Review of children and young people in voluntary out-of-home care with funded agencies</b></p> | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>• DADHC will write to all disability services that provide out-of-home care to children and young people to seek information on the status of case management and planning arrangement.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• DADHC will review case management arrangements for all children and young people in out-of-home care provided by DADHC to ensure that appropriate case management and planning is occurring.</li> <li>• A DADHC case worker will be allocated to any children and young people in voluntary placements in non-government disability services where case management and planning arrangements are not of sufficient quality, with case planning to be guided by the policy referred to on page 2 (of the Action Plan).</li> </ul> | <p>12 December 2003</p> <p>31 January 2004</p> <p>31 March 2004</p>                |
| <p><b>Monitoring of children and young people in voluntary out-of-home care</b></p>                  | <p><b>Immediate:</b></p> <ul style="list-style-type: none"> <li>• DADHC will write to all funded disability services involved in the provision of out-of-home care to seek information on current placements.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• DADHC will establish an ongoing system for notification of voluntary placement of children and young people in out-of-home care.</li> <li>• DADHC will clarify requirements in relation to monitoring of out-of-home care by caseworkers and service monitoring staff. DADHC will report to the Ombudsman's Office on plans for implementation of those requirements as part of regular reports on this Action Plan.</li> </ul>   | <p>12 December 2003</p> <p>31 March 2004</p> <p>31 March 2004</p>                  |
| <p><b>Availability of family-based models of out-of-home care</b></p>                                | <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>• DADHC will write to Centacare concerning implementation of the Family-Based Care program.</li> </ul> <p><b>Immediate:</b></p>   | <p>12 December 2003</p> <p>31 December 2003</p>                                    |

| ISSUE | RESPONSE  | TIMEFRAME   |
|-------|---|---|
|       | <ul style="list-style-type: none"> <li>• DADHC will meet with the Association of Children’s Welfare Agencies to agree on an approach to identifying designated agencies that are interested in working with DADHC to provide out-of-home care to children and young people for whom DADHC has responsibility for funding and placement.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• DADHC will sign a funding agreement with Centacare so that the Family-Based care program can commence.</li> <li>• DADHC will review the funding benchmarks identified for the Family-Based care program for broader application.</li> <li>• DADHC’s Metropolitan South East region will develop a shared care project with a non-government organisation that is a designated agency.</li> <li>• DADHC will research models of family-based care for children and young people with disabilities, particularly those with challenging behaviours, to inform future budget enhancement bids.</li> </ul> | <p>28 February 2004</p> <p>31 May 2004</p> <p>30 June 2004</p> <p>Ongoing</p> |

### 3. ADEQUACY OF ARRANGEMENTS TO SELECT AND MONITOR THE QUALITY OF ACCOMMODATION SERVICES PROVIDED ON A FEE-FOR-SERVICE BASIS

| ISSUE  | RESPONSE  | TIMEFRAME   |
|--|---|---|
| <b>Active case management for children and young people in out-of-home care with fee-for-service providers</b> | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>A DADHC caseworker will be allocated to each of the 8 children and young people currently in voluntary out-of-home care with fee-for-service providers.</li> <li>The Community Engagement Unit will ensure that there is a DADHC caseworkers and support plan in place for any future placements.</li> </ul>   | <p>15 January 2003</p> <p>Ongoing</p>                   |
| <b>Review and monitoring of current arrangements</b>   | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>All children and young people in fee-for-service placements who have not been reviewed in the past 3 months will be reviewed to ensure that planning is focused on moving out of interim arrangements and stabilising supports.</li> <li>The recruitment on monitoring of out-of-home will include specific requirements in relation to fee-for-service arrangements.</li> </ul>   | 31 December 2003  |
| <b>Selection of providers</b>  | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC will implement Header Agreements, based on the DoCS arrangements, as revised as a result of the Ombudsman's report.</li> </ul>  | 30 April 2004   |
| <b>Approval of placements in out-of-home care with fee-for-service providers</b>                               | <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>Regional Managers with responsibility for SAS have been briefed on the requirement for the Community Engagement Unit to endorse support plans for children and young people in out-of-home care, which will provide a central process for monitoring placements.</li> </ul> <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>A broader group of regional managers and supervisors will be briefed on these requirements in the workshops on child and family policy issues.</li> </ul> | <p>4 December 2003</p> <p>10 &amp; 16 December 2003</p> |

**4. ORGANISATIONAL CAPACITY AND SYSTEMS**

| ISSUE  | RESPONSE   | TIMEFRAME  |
|--|--|--|
| <b>Corporate and regional structure</b>  | <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>A Reference Group, chaired by the Deputy Director-General of the Premier's Department and involving senior executives of the Cabinet Office and NSW Treasury will be established to examine DADHC's corporate and regional capacity.</li> </ul> <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>The Reference Group will report its findings to the Department and Minister.</li> </ul>   | <p>31 December 2003</p> <p>to be advised</p>     |
| <b>Staff skills</b>  | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC will commission a Training Needs Analysis, to focus on the skills required by staff to implement policies concerning supports for children, young people and families. This will include analysis of staff capacity in complex areas of work such as family restoration, case planning and supporting children and young people in family-based placements.</li> <li>DADHC's professional development plan for 2004-05 for staff working with children and young people will be designed to address the issues identified in the training needs analysis.</li> </ul> | <p>31 March 2004</p> <p>30 June 2004</p>         |
| <b>Reception/intake</b>  | <p><b>Action taken:</b></p> <ul style="list-style-type: none"> <li>Staff who will be involved in DADHC's new reception function attended a two-day workshop with a focus on early intervention and prevention and effective client service.</li> </ul> <p><b>Immediate priorities:</b></p> <ul style="list-style-type: none"> <li>A reception function will be implemented, with at least one contact point in each region.</li> </ul>   | <p>8 - 9 December 2003</p> <p>5 January 2004</p> |
| <b>Transparency of decision making and review processes</b>                    | <p><b>Immediate:</b></p> <ul style="list-style-type: none"> <li>Information on eligibility for each program and service provided by DADHC and the processes for seeking review of decisions will be posted on the DADHC website.</li> <li>DADHC will introduce standard forms of words for notification of decisions and explanations of review rights.</li> </ul>   | <p>31 January 2004</p> <p>31 December 2004</p>   |
| <b>Complaints handling</b>   | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC will develop and publish a complaints handling policy, with the assistance of a secondee from the Ombudsman's Office.</li> </ul>   | <p>30 June 2004</p>                              |
| <b>Implementation of the children's policy, <i>Living in the Community</i></b> | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>DADHC will develop an annual plan to support implementation of the elements of <i>Living in the Community</i> that are not addressed in this Action Plan.</li> </ul>   | <p>30 June 2004</p>                              |
| <b>Publication and dissemination of policy to DADHC staff</b>                  | <p><b>Immediate:</b></p> <ul style="list-style-type: none"> <li>DADHC develop a process for publishing policy and advising staff of new policies. This will include analysis of ways to ensure that all staff are aware of current policies, including those who do not have access to a computer, are mobile or are employed on a casual basis.</li> </ul>  | <p>31 January 2004</p>                           |

| ISSUE                       | RESPONSE   | TIMEFRAME  |
|-----------------------------|--|--|
|                             | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• Core policies involving children and young people will be covered in workshops with staff.</li> <li>• DADHC will commission an independent evaluation of the new approach through its Internal Audit Plan.</li> </ul>  | <p>February - May 2004</p> <p>30 June 2004</p>   |
| <p><b>Communication</b></p> | <p><b>Medium term:</b></p> <ul style="list-style-type: none"> <li>• DADHC will introduce a quarterly newsletter for all staff</li> <li>• DADHC will introduce a quarterly newsletter for external stakeholders.</li> <li>• DADHC will hold stakeholder forums at a State and regional level.</li> <li>• DADHC will seek agreement with ACROD on a system of joint regional meetings of service providers, given that ACROD and DADHC regional boundaries are now aligned.</li> </ul> | <p>31 March 2004</p> <p>31 March 2004</p> <p>March &amp; September 2004</p> <p>31 March 2004</p> |
| <p><b>Evaluation</b></p>    | <ul style="list-style-type: none"> <li>• DADHC will review and report on the impact of this Action Plan.</li> </ul>  | <p>31 January 2005</p>   |





