



NSW Department of
Community Services

Case Management Policy

This paper clarifies terminology used in case management across the Early Intervention, Child Protection and Out-of-Home Care program streams.

It defines case management, outlines its elements and provides a set of principles to guide practice. It also describes criteria for the transfer of case management and notes strategies to manage associated risks.

The paper clarifies roles and responsibilities of DoCS and the non-government sector in the delivery of case management.

Contents

Page No.

Part 1: Defining Case Management – Elements, Principles, Responsibilities and Risks

...3

- What is case management? ...3
- What are the elements of case management? ...3
- What is casework? ...4
- What are the principles that drive case management practice? ...4
- Is there a difference between case management and parental responsibility? ...5
- When is case management transferred? ...5

Part 2: Case Management - Respective Roles and Responsibilities of DoCS and Non Government Organisations, including parental responsibility decisions in different case management scenarios

...7

PART 3: Managing the Risks in transferring case management

...10

Table 1: Early Intervention Case Management

...12

Table 2: DoCS Child Protection

...13

Table 3: Out-of-Home Care

...14

Part 1: Defining Case Management – Elements Principles, Responsibilities and Risks

What is case management?

Case management is the process of assessment, planning, implementation, monitoring and review. Case management aims to strengthen outcomes for both families and children and young people through integrated and coordinated service delivery.

This definition applies equally across the Early Intervention, Child Protection and Out-of-Home Care streams.

What are the elements of case management?

The process of case management is interactive and dynamic, with an emphasis on ongoing analysis, decision-making and record keeping, to ensure that the identified needs of the client are being met. The elements of case management are:

- **Screening and assessment of individual/family capacities and needs:** a continuous process of analysing available information leading to professional judgement of risks, strengths, and needs. This information and analysis is used to determine whether individuals are in the target group for support programs and to inform a realistic plan of action.
- **Case planning to determine the goal and objectives:** identifying the strategies that will address the physical, emotional, educational, social, religious and cultural needs of the child or young person. Case planning is an interactive process involving participation of the child, young person, their family and carer. A key is that the child or young person is listened to in this process. Case plans must be documented and identify goals, objectives and tasks with clearly identified responsibilities and timeframes. Goals must be realistic and achievable within available resources. Goals should be communicated to the child or young person as well as other key stakeholders.
- **Implementation:** delivering or arranging services within available resources to meet the identified case plan goal. This should include regular communication with the client to ensure their needs are being met.
- **Coordination of services and supports:** arranging, co-ordinating and following up on the delivery of services and supports.
- **Monitoring:** obtaining regular feedback from the client, carers and service providers to determine whether services are being provided in the manner determined by the case plan and whether needs have changed.

- **Review:** assessing whether the case plan goal has been effectively and efficiently met and whether modification or change to the plan is required.
- **Transition:** preparing for and supporting the move out of the system or to another service or program where appropriate.
- **Case closure:** closing a case when appropriate.

What is casework?

The term **casework** refers to the practical day-to-day involvement with children, young people, their carers and families. It generally comprises the elements:

- **implementation** of the case plan
- **coordination of services and supports**, and
- **monitoring**.

Casework activities can be shared between service providers.

What are the principles that drive case management practice?

Case management should:

- Occur as closely as possible to casework for the child or young person
- Concentrate on strength based, child centred and family focused practice. It includes the active involvement and participation of children and young people (and their carers and families) in the process
- Address and meet the needs and goal of the individual child or young person, facilitate their development and be culturally appropriate
- Ensure the involvement of children and young people is meaningful and age appropriate
- Achieve continuity of support through appropriate referral, transition and follow up
- Promote and reinforce partnerships between service providers where this will facilitate the achievement of the planned goal
- Support self-determination for Aboriginal children and young people and involve Aboriginal staff, communities and service providers
- Ensure the goal, objectives and strategies are recorded and monitored for progress/achievements and arrangements reviewed to ensure their continued appropriateness.

Is there a difference between case management and parental responsibility?

Parental responsibility and case management are not the same thing. Parental responsibility is a legal responsibility that entails decision making for the health, welfare and wellbeing of a child or young person.

It is defined under Section 3 of the *Children and Young Persons (Care and Protection) Act, 1998* as entailing "...all the duties, powers, responsibilities and authority which, by law, parents have in relation to their children." Case management, on the other hand, is a systematic process involving assessment, planning, implementation, monitoring and review to achieve the identified goal.

Parental responsibility and case management are not mutually inclusive and either can be delegated. An agency does not have to hold parental responsibility to assume case management responsibility. Similarly, an agency does not have to have case management responsibility simply because it has parental responsibility. Further, the Children's Court can allocate aspects of parental responsibility to different parties.

It would be anticipated that where DoCS delegated parental responsibility to an agency then that agency would be responsible for all case management work. However, in these circumstances DoCS retains decision making powers in certain areas such as: end of life matters; specialist medical intervention; travel outside the jurisdiction; marriage; termination of pregnancy.

When is case management transferred to another agency?

For Early Intervention, case management can be performed by DoCS or by the non government sector. The Caseworker Manual and Service Provision Guidelines for Early Intervention provide further details on this.

For Child Protection, case management will remain a DoCS function, primarily because of the Department's statutory responsibilities that include assessment and/or investigation of reports of risk of harm to ensure the safety of children and young people.

For Out-of-Home Care, Case management **will transfer** from DoCS to a non-government (contracted) agency in the following circumstances:

1. DoCS child protection action is complete and DoCS is not undertaking court action; or
2. Final Children's Court Orders for Sole or Shared Parental Responsibility to the Minister are in place; or

3. Final Children's Court Orders for Restoration are in place; or
4. Other long term orders such as a Supervision Order, which places the child or young person under the supervision of the Director-General, are in place.¹ In such cases, prior to the case being transferred, DoCS is to negotiate and agree with the service provider the initial case plan for the child or young person

Case management **will not transfer** in the cases where the child or young person satisfies **all** of the following criteria:

- a) has significantly complex needs, and
- b) is assessed as at high risk of immediate or serious harm, and
- c) case management requires high level collaboration from other government agencies that is unable to be achieved by non-government organisations.

For Family Preservation Services, case management will transfer if:

- a) DoCS child protection action is complete and DoCS is not undertaking court action; or
- b) Other long term orders such as a Supervision Order which places the child or young person under the supervision of the Director-General is in place and joint case planning with the Family Preservation service has been undertaken prior to transfer of the case and there is an express agreement in the case plan that if the risk for the children or young persons in the family becomes unacceptable, the case will be referred back to DoCS.

When is Out-of-Home Care case management transferred from a designated agency to DoCS?

Case management transfer from a designated agency back to DoCS may occur at the request of the designated agency with the agreement of DoCS (noting that this decision will be based on an assessment of the needs of the child and there should not be an assumption that DoCS will automatically resume case management responsibility). Three months notice for such a transfer is required.

Where there are immediate and / or serious risks to a child or young person this period of time is to be waived and a child protection response made to ensure the safety of the child or young person.

The Out-of-Home Care Service Provision Guidelines provide further details on case management transfer.

It is acknowledged that there are circumstances where elements of case management are (and may remain) a mutual responsibility. There may be other circumstances where an agency only provides a placement service (or placement and casework) and DoCS undertakes the case management functions. The roles and responsibilities of case management are detailed in Part two of this paper.

Part 2: Case Management - Respective Roles and Responsibilities of DoCS and Non-Government Organisations

Regardless of which agency has case management responsibility across the three program streams, the principle of partnership between service providers, government and non-government, will always guide practice. This means working collaboratively to develop and review plans and to coordinate and deliver services to children, young people, their families and carers.

In the case of Early Intervention and of Child Protection, delineation of roles and responsibilities of service providers are unambiguous. The attached tables (Table 1 and Table 2) clearly demonstrate that, for Early Intervention, most case management activities can be the responsibility either of DoCS or of a non-government agency. The only exception is that DOCS will always be responsible for determining eligibility into the program. For Child Protection, all case management responsibility currently rests with DoCS.

It is in the area of Out-of-Home Care that greater clarity around the respective roles and responsibilities of DoCS and the non-government sector is particularly necessary.

Agencies providing Out-of-Home Care services undertake a range of responsibilities and make various decisions depending on the level of case management they assume.

The Out-of-Home Care table (Table 3) outlines six scenarios involving DoCS and non-government agencies with regard to case management, and parental responsibility. DoCS' broad funding reform, policy and performance management directions seek to remove the ambiguities of shared case management and to link case management responsibility, casework and placement services. It follows that, with the transfer of case management to agencies, scenarios five and six will increasingly not apply.

For each scenario the Table indicates who is responsible for decision making and undertaking the key elements of the case management task. The authority for responsibility is also stated – whether it is stipulated as an activity or decision within the Act or Regulations.

The **first scenario** assumes that DoCS is exercising parental responsibility for the Minister, is responsible for all aspects of case management including placement and casework and there is **no involvement of a non-government agency**, other than provision of identified support services.

Scenario two assumes that the Children's Court has assigned parental responsibility to a non government agency which is fully responsible for all aspects of case management. **DoCS is not involved in this scenario on an ongoing basis.**

Scenario three assumes that DoCS retains parental responsibility and that case management has been transferred to a **non-government agency**. The agency also provides placement and casework services.

Under this scenario, the agency has responsibility for assessment, case planning, implementation, monitoring, review, transition and case closure. The placement of a child with an authorised carer, or the decision to remove a child from a carer, is not a function of parental responsibility, but part of case management. Therefore, a non-government designated agency is the relevant decision maker in relation to placement changes under this scenario.

DoCS has the key decision making role in restoration decisions at the point of developing and approving the initial care plan.

DoCS and the agency have joint responsibility for:

- decisions to seek to change Court Orders
- providing after care assistance.

Scenario four assumes that **DoCS has delegated parental responsibility to a non government agency (while retaining residual powers that cannot be delegated) and has transferred case management**. The agency is responsible for provision of placement and casework services.

DoCS retains responsibility for decisions in matters related to non delegatable powers. These are listed in Schedule 1 of the Instrument of delegation and relate to:

- consent to marriage
- residency outside the NSW jurisdiction
- application for a passport
- consent to end of life medical treatment
- consent to medical treatment involving termination of pregnancy, rendering a child or young person infertile or medical treatment involving potential terminal illness
- initiating an application to a court or tribunal or appearing in proceedings as a delegate of the Minister
- sub-delegating any function to an authorised carer.

Under this scenario, there are certain joint responsibilities between DoCS and an agency:

- developing the initial care plan
- decisions to re-engage the Children's Court for new or changed care orders
- maintenance of and access to records
- providing after care assistance. Generally, the agency that case manages is primarily responsible for providing after care services. However, under the Act, the Minister, is responsible for determining the level of assistance to be provided to young people aged between 18 to 25 years.

Scenario five assumes that DoCS has parental responsibility and case management responsibility. A non-government agency provides placement and casework services.

The agency plays a key role in undertaking/coordinating assessment functions as well as implementing, co-ordinating and monitoring of casework activities.

In addition to those decisions retained as per the previous scenario, DoCS plays the major role in the elements of case planning, review, transition and case closure.

DoCS and the agency have joint responsibilities for

- developing a behaviour management plan
- co-ordinating life story work; and maintaining and accessing records
- co-ordination of service provision by other agencies and services.

Scenario six assumes that DoCS has parental responsibility, case management responsibility and is responsible for undertaking casework. The non-government agency provides a placement only service with responsibility for ensuring the day-to-day care by an authorised carer.

Within this scenario, the agency and DoCS have mutual responsibilities for

- continually assessing the child's needs
- developing a behaviour management plan
- co-ordinating life story work; and maintaining and accessing records.

Under scenarios four and five, where there are mutual responsibilities, it is always the intention that DoCS and an agency will work toward an agreed outcome. However, DoCS will retain ultimate decision making when this is not possible.

Part 3:

Managing the risks involved in transferring case management

In Early Intervention, the voluntary nature of the program, the lack of statutory requirements and the relatively few major decision points involved in the process, supports the transfer of case management to non-government agencies.

In Child Protection, due to the statutory responsibilities involved, the risks are considered to be too high to transfer case management to a non government agency at this point in time. If, in the future, this decision changes then consideration would need to be given to developing appropriate risk management strategies similar to those outlined below in Out-of-Home Care to address the decision making issues that would arise.

In Out-of-Home Care, case management entails a significant and complex range of decision-making responsibilities to ensure that all care and protection needs of each child or young person are identified and met. Where there are responsibilities there are also risks. For example, if a child's behavioural needs are not adequately assessed and addressed in a timely way then the child may experience ongoing problems that could lead to placement disruption and breakdown. Equally, transferring case management to another agency provides the potential for risk at a systemic level. For example, if any agency is not adequately fulfilling its casework obligations then the children in its care will not be receiving the level of support they require.

Risks can and will be managed. There are safeguards in place and under development that can minimise or manage risks associated with the transfer of case management. These include:

- The Children's Guardian accreditation process, with agency adherence to standards, provides a measure of quality assurance at a systemic level
- In terms of agency performance and accountability, DoCS' contractual arrangements (performance agreements and service specifications) include appropriate performance monitoring and reporting requirements. The performance monitoring framework for funded services comprises a three step Performance Management Cycle that involves:
 1. Planning and review
 2. Performance monitoring
 3. Performance improvement.
- In terms of management of individual cases, DoCS has the opportunity to monitor an agency's work with a child through information exchange at the point of case plans, case reviews, case closure and when other key decisions need to be made, providing a safeguard for individual children and young people. Funding arrangements include the requirement for early information exchange and issues management protocol. Where

DoCS has delegated parental responsibility the Deed of Agreement will detail information exchange responsibilities.

Further information about information exchange is supplied in the Out-of-Home Care Service Provision Guidelines

As a result of monitoring and reporting, where case management has been transferred, DoCS may decide to re-enter a case (though not necessarily resume case management) when:

- There is concern with feedback received on the progress of a case including where case plan goals are not met
- Unforeseen events in relation to an individual child require DoCS involvement or intervention, for example, placement breakdown or criminal proceedings
- There is a change to the case plan goal, for example restoration
- A breakdown in interagency negotiations has occurred particularly where DoCS has a memorandum of understanding in place with another government service provider, for example NSW Health.

In addition, there may be points at which DoCS is compelled to re-enter a case, including those situations when:

- A risk of harm report is received on the child
- Further Court work is initiated including appeals to the Administrative Decisions Tribunal
- The family relocates to a rural or remote area with little or no non-government presence and DoCS is best placed to provide casework services
- A placement breakdown has occurred and the non-government agency has not been able to locate a new placement
- A non-government agency is closing its Out-of-Home Care program.

In all the circumstances described above, particularly where there is a concern about the progress of a case, it is critical that agencies inform DoCS as soon as possible. This will enable DoCS and the agency to work together to achieve the best outcomes for children or young people, including avoiding placement breakdown.

TABLE 1:

Early Intervention Case Management Scenarios

Responsibility / Decision*	Scenario 1 DoCS provides: • Assessment, • Casework & • Case Management		Scenario 2 NGO provides: • Assessment, • Casework & • Case Management	
	NGO	DoCS	NGO	DoCS
Screening & Assessment of Individual Needs (following a report to the Helpline or a request for assistance)				
Conduct initial screening of the needs of the child and their family	√	√	√	√
Referral to Early Intervention Team	√	√	√	√
Determine Eligibility for EI Program		√		√
Conduct Strengths and Needs Assessment		√	√	
Case Planning to determine Goals & Objectives				
In collaboration with family, identify services required		√	√	
In collaboration with family, contact services		√	√	
Gain consent to exchange of personal information		√	√	
Implementation , Coordination of Services & Supports, Monitoring				
Ongoing contact with family		√	√	
Service coordination		√	√	
Administer program and report as required		√	√	
Maintain and provide access to records		√	√	
Ongoing Monitoring		√	√	
Review				
Repeat Strengths and Needs Assessment at appropriate intervals		√	√	
Conduct planning review meeting		√	√	
Determine if goals have been met		√	√	
Transition				
Develop transition plan, which includes referral to other agencies		√	√	
Advise partner agencies that family is exiting the program		√	√	
Case Closure				
Close a case		√	√	
Provide advice to DoCS of closure			√	

TABLE 2: DoCS Case Management Responsibilities in Child Protection

Responsibility / Decision*
Intake, Investigation and Assessment (following a report to the Helpline or request for assistance)
Responding to requests for assistance by children, young people and families
Receiving reports of children and young people who are suspected of being at risk of harm
Conducting initial assessment at the Helpline
Seeking additional information from the reporter or other parties
Planning an assessment & investigation response
Referring to Joint Investigation Response Team (JIRT) if a criminal investigation is required
Conduct secondary risk of harm and needs assessment
Undertaking JIRT investigation
Determining the safety, risk and harm of a child or young person and their need for care and protection
Provide feedback to mandatory reporter
If not in need of care and protection, referral to other agency or case closure
Case Planning to determine Goals & Objectives
Arranging case meeting
Informing reporting agencies of the progress and outcomes of assessments and investigations as permitted by law
Developing and documenting a case plan – including a goal, objectives, tasks and timeframes, involving participation of child, family and agencies
Planning, conducting and managing, with Police (and with NSW Health where medical examinations are required), joint investigations
Gathering evidence and initiating legal proceedings, if required as part of case plan
If required, developing a Care Plan prior to finalisation of Care proceedings
Implementation
Taking immediate action if required to ensure safety
Implementing the case plan
If required, arranging an out-of-home care placement
Casework with family to reduce risk of harm and increase resilience
Coordination of Services & Supports
Promoting the participation of children and young people
Providing, arranging and requesting care and support services for children, young people and families
Arranging alternative dispute resolution for children, young people and families where this will assist in problem solving
Monitoring
Monitoring the child, young person and family to maintain a safe and secure environment
Communicating with interagency partners in monitoring the achievement of the case plan
Review
Repeating strengths and needs assessment at appropriate intervals
Conducting a review of the case plan at appropriate intervals
Determining if goals and objectives have been met
Transition
Developing a plan, where preparing for and supporting the family, child or young person moving to another service or program where appropriate
Case Closure
Close a case and informing relevant agencies

DoCS responsibilities listed are based on those described in Chapter 3 of the NSW Interagency Guidelines for Child Protection Intervention –2006 Edition

Table 3: Out-of-home Care Placement, Case Management and Parental Responsibilities (PR)

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)}	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management DoCS. Exercises Minister's PR for all functions		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management DoCS exercises residual PR functions specified in Schedule 1 of Instrument of delegation		Scenario 5 NGO provides: • Placement & • Casework DoCS provides: • Case Management • Exercises PR		Scenario 6 NGO provides: • Placement Only DoCS provides: • Casework • Case Mgt • Exercises PR	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
Screening & Assessment of Individual Needs													
Continually assess the needs of the child in care	s81		√	√		√		√		√		Joint	Joint
Coordinate assessment of health, medical & dental needs	s81		√	√		√		√		√			√
Assess & make a decision on realistic possibility of restoration to parents ▲	s83(1)		√		√		√		√		√		√
Case Planning to determine Goals & Objectives													
Develop the initial care plan to address the safety, welfare and wellbeing of the child	s140		√	Joint ²	Joint ²		√	Joint	Joint		√		√
Approve the care plan	s81, s78		√	Joint ²	Joint ²		√	Joint	Joint		√		√
Approve contact arrangements, which are not specified in a Court order	s81		√	√			√	√			√		√
Make decisions regarding placing a child with a carer or service	s138		√	√		√		√			√		√

² Joint responsibility applies when there is a current child protection intervention. Following a final court order the NGO develops and approves the case plan as part of case plan review.

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)}	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management		Scenario 5 NGO provides: • Placement & • Casework		Scenario 6 NGO provides: • Placement Only	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
Develop a behaviour management plan, if required	Clause 30 of Regs		√	√		√		√		Joint ●	Joint ●	Joint ●	Joint ●
Approve a behaviour management plan involving the use of psychotropic medications for the purpose of controlling behaviour.	Clause 15A of regs.		√	√			√	√			√		√
Authorise a carer	s137(b)		√	√		√		√		√		√	
Make decisions regarding: - Allowance paid to auth. carer or care provider - the level of foster care allowance paid - major expenditure to support the care plan	s161 (No legal authority for NGO)		√	√		√		√		√			√
Make decisions regarding school enrolment, education and training #	s140		√	√		√		√		√			√
Provide advice on religious instruction for the child or young person (if any) to the authorised carer	s140		√	√		√		√		√			√
Make a decision regarding removal from a placement (if NGO, advise DoCS) ↻	s138(a)		√	√		√		√			√		√
Make decisions regarding: - the seeking of a new care order from the Children's Court (if NGO, advise DoCS) ↻ - returning to Court to change conditions of Care Order (if NGO, advise DoCS) ↻	s90		√	Joint	Joint	Joint	Joint	Joint	Joint		√		√
Implementation													
Ensure provision of day to day care by authorised carers/ service	s140		√	√		√		√		√		√	
Ensure day to day health needs are met by authorised carer/ service	s140		√	√		√		√		√		√	

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)}	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management		Scenario 5 NGO provides: • Placement & • Casework		Scenario 6 NGO provides: • Placement Only	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
Ensure authorised carers correct and manage the behaviour of the child or young person, having regard to any behaviour management plan	s140 & Cl. 30 or 33 of Reg.s		√	√		√		√		√		√	
Ensure the authorised carers uphold the Charter of Rights for Children and Young People in Care	s140 &162		√	√		√		√		√		√	
Ensure the authorised carers uphold the Code of Conduct for Carers or the Code of Conduct for Residential Units	s140 & Cl. 23 & 24of Regs		√	√		√		√		√		√	
Ensure any specified Court Orders are adhered to and any undertakings complied with.	s73- 77, 86, 140		√	√		√		√		√			√
Provide day to day support and monitoring of the wellbeing of the child in care	s140		√	√		√		√		√			√
Provide day to day support, advice and monitoring of authorised carer/s	s140		√	√		√		√		√			√
Support and monitor of family of child in care	s140		√	√		√		√		√			√
Coordinate life story work	s140		√	√		√		√		Joint	Joint		√
Approving care provided by persons other than the usual carer	s140		√	√		√		√			√		√
Approving an absence from usual carer for travel #	s140		√	√		√		√			√		√
Consent to medical and dental treatment involving surgery, other than urgent treatment #	s140		√	√			√	√			√		√
Consent to publication of identifying information and public performances	s105 (3) (b) (iii)		√	√			√	√			√		√

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management		Scenario 5 NGO provides: • Placement & • Casework		Scenario 6 NGO provides: • Placement Only	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
Approve payment of Bail, surety and fines # \bar{P}	s81		√	√			√	√			√		√
Obtain consent of Guardianship Tribunal regarding 'Special medical treatment'	s175		√	√			√		√		√		√
Approving travel arrangements outside of NSW *	s81		√	√			√	√			√		√
Approve temporary or permanent residency outside of NSW *	S81												
Maintain and provide access to records for child or young person	s160		√	√		Joint	Joint	Joint	Joint	Joint	Joint	Joint	Joint
Coordination of Services & Supports													
Arrange and coordinate the involvement of agencies and services to meet the needs of the child eg. health, education, vocation, disability	s81		√	√		√		√		Joint	Joint		√
Arrange : - obtaining Medicare and Health Care Cards # - making Victims Compensation claims # - opening of a Trust Account # - immunisation of child or young person # - the making of a Will # - apprenticeship or enlistment in the Australian Defence Force #	s81		√	√			√	√			√		√
Arrange: - registration of child's birth - obtaining a birth certificate	s81		√	√			√	√			√		√

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)}	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management		Scenario 5 NGO provides: • Placement & • Casework		Scenario 6 NGO provides: • Placement Only	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
- naming or changing the name for a child or young person ‡													
Consent to: - termination of pregnancy - end of life medical intervention - making an application for a passport * - marriage *	s81		√	√			√		√		√		√
Monitoring													
Monitor consent by authorised carer to medical and dental treatment, not involving surgery, or urgent treatment involving surgery, on advice of medical practitioner or dentist	s140		√	√		√		√		√			√
Monitor the giving of permission by carer for child to participate in activities, such as school excursions organised for the child or young person	s140		√	√		√		√		√			√
Monitor the provision of religious instruction (if any) considered appropriate, and the participation in religious activities, ensuring authorised carer has regard to any advice received from case manager	s140		√	√		√		√		√			√
Monitor the making of other decisions by the carer that are required in the day-to-day care.	s140		√	√		√		√		√			√
Review													
Review the level of allowance paid to authorised carer (NB. No legal requirement for NGO)	s161		√	√		√		√		√	√		√
Revoke a carer's authorisation	s137(b)		√	√		√		√		√		√	

Responsibility / Decision*	Reference in legislation (Children and Young Persons (Care and Protection Act 1998)}	Scenario 1 DoCS provides: • Placement, • Casework, • Case Management DoCS exercises Minister's parental responsibility (PR) for all functions.		Scenario 2 NGO provides: • Placement, • Casework, • Case Management & NGO assigned PR by the Children's Court and exercises PR for all functions		Scenario 3 NGO provides: • Placement, • Casework, • Case Management		Scenario 4 NGO exercises PR under delegation and provides • Placement, • Casework, • Case Management		Scenario 5 NGO provides: • Placement & • Casework		Scenario 6 NGO provides: • Placement Only	
		NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS	NGO	DoCS
Conduct placement reviews in accordance with periods set out in the Act. [Ⓡ]	s81 & 150		√	√		√		√			√		√
Review the case plan to address the safety, welfare and wellbeing of the child	s140 & 150		√	√		√		√			√		√
Review contact arrangements, which are not specified in Court order (if NGO, advise DoCS) [Ⓡ]	s140		√	√		√		√			√		√
Transition													
Develop, implement & review leaving care plan (if NGO, advise DoCS) [Ⓡ]	s166		√	√		√		√			√		√
Case Closure													
Close a case, including provision of advice on closure to DoCS, family and partner agencies [Ⓡ]	Not specified in Act		√	√		√		√			√		√
Provide assistance after child or young person has left care [Ⓡ]	s165 & s166		√	√		Joint	Joint	Joint	Joint		√		√

Explanation:

Joint indicates joint responsibility & √ indicates primary responsibility.

▲ The decision on realistic possibility of restoration to parents normally occurs as part of DoCS child protection intervention, but may be made later by the agency with case management.

Ⓡ 'trigger points' indicate when a non government agency with case management must provide DoCS with advice and information on a decision. Based on this information, DoCS may decide to re-enter a case if there are concerns with its progress.

* Indicates residual powers of guardianship identified in s140 of the Act. These are only able to be exercised by the Minister

indicates where a responsibility may be delegated to the carer as per s157 (2).

● While developing a behaviour management plan under scenarios 5 & 6 is a joint effort between DoCS and a non-government organisation, DoCS retains final consent/approval power including those related to administering a psychotropic drug.

‡ Where parental responsibility has been transferred to an NGO (Scenario 4), changing the name of a child or young person will require information to be provided to Births, Deaths and Marriages (BDM) that confirms the NGO has this legal authority