

# Special Out of Home Care (OOHC) Guidelines

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December 2023

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## Acknowledgement of Country

Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present, and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this Code of Conduct.

DCJ recognises the impacts of forcibly taking Aboriginal children from family, kin, Country and culture and the devastating impact on Aboriginal families, communities and culture, the harm this caused Aboriginal families and communities. DCJ is committed to continue to partner with Aboriginal and Torres Strait Islander people and communities to develop policies that will best support Aboriginal and Torres Strait Islander families.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Special Out of Home Care (OOHC) Guidelines

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# 1 Introduction

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## 1.1 Background

Special out of home care (Special OOHC) is a placement type used by DCJ in very limited circumstances, when a child's disability support needs are so specific, they are unable to be placed with a designated agency and require a specialist disability provider or health setting to meet their placement and care needs.

Clause 27 of the Children and Young Persons (Care and Protection) Regulation 2022 sets out who can provide Special OOHC and the Regulation eligibility requirements. DCJ has additional eligibility requirements for Special OOHC, which will need to be met before the child can be referred to Special OOHC.

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## 1.2 Purpose

The Special OOHC guidelines form part of the Special OOHC Service Agreement.

The purpose of the guidelines is to:

- outline the minimum service expectations for DCJ and Special Care providers when supporting children in Special OOHC
  - define roles and responsibilities for DCJ and Special Care providers
  - support consistent practice.
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## 1.3 Definitions

The table below provided definitions of the main terms and meanings related to Special OOHC

Term	Definition
Care Act, the	NSW Children and Young Persons (Care and Protection) Act 1998. All sections referred to in this document refer to the Care Act unless otherwise specified.
CAU	Central Access Unit in DCJ responsible for overseeing entries, transition to and exits from Special OOHC.
Child/children	Unless otherwise specified, a child or young person under the age of 18 years in Statutory OOHC or on a Temporary Care Arrangement (TCA).
Critical event	A critical event includes the circumstances set out in section 10.1.
Direct Care Worker	Refers to the Special OOHC authorised carer who is providing day to day care for the child.
District	The geographical location of DCJ who holds case management responsibility.
HCEA team	High Cost Emergency Arrangement team.

MRG	Mandatory Reporter Guide.
Non-Designated Agency	Agencies that have not been accredited by the Office of the Children's Guardian to (OCG) to provide residential out of home care services in NSW.
OCG	NSW Office of Children's Guardian.
OOHC	Out of home care.
Primary Case Responsibility	Refers to DCJ exercising primary case responsibility for the child.
Risk of Significant Harm	A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. Significant means serious enough to warrant a response by a statutory authority irrespective of a family's consent.
s149 b-k Assessment	A section within the NSW Children and Young Persons (Care and Protection) Act 1998 regarding the Disclosure to parents and significant persons of information concerning placement in OOHC.
Special OOHC authorised carer	An authorised carer that DCJ has assessed and deemed suitable to provide care to children in Special Care.
Special OOHC meeting	Used to document the transfer of information of a child in Special OOHC to the Special Care provider before placement commences.
Special OOHC placement checklist	Placement checklist for Special OOHC to be completed prior to a child entering to ensure it meets their individual needs.
Specialised care environment	An environment such as a hospital, mental health facility and/or specialised health setting where there are onsite medical staff available to care for the child and access to allied health care professionals.
Supervisor	Refers to the supervisor of the Special OOHC placement. In specialised care environments only the supervisor is required to be authorised by DCJ to deliver Special OOHC.
WWCC	Working with Children's Check clearance.

## 1.4 Scope

These guidelines apply to Special Care providers and direct care workers delivering services to children in DCJ case managed Special OOHC placements.

By agreeing to deliver Special OOHC services, both the Special Care provider and direct care worker must be aware of and comply with these guidelines, DCJ Code of Ethical Conduct, relevant policies and any other legislative provisions that underpin the work of residential OOHC.

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## 1.5 Laws and Government Policy Links

In addition to the Special OOHC service agreement and these guidelines, the Special Care provider is bound by, but not limited to, the following policy documents:

Legislation and regulations

[Children and Young Persons \(Care and Protection\) Act 1998 \(NSW\)](#)

[Children and Young Persons \(Care and Protection\) Regulation 2022 \(NSW\)](#)

[Child Protection \(Working with Children\) Act 2012 \(NSW\)](#)

[Child Protection \(Working with Children\) Regulation 2013 \(NSW\)](#)

[Children's Guardian Act 2019 \(NSW\)](#)

[Children's Guardian Regulation 2022 \(NSW\)](#)

[Community Services \(Complaints, Review and Monitoring\) Act 1993 \(NSW\)](#)

[Ombudsman Act 1974 \(NSW\)](#)

[Ombudsman Regulation 2016 \(NSW\)](#)

[Adoption Act 2000 \(NSW\)](#)

[Adoption Regulation 2015 \(NSW\)](#)

[Government Information \(Public Access\) Act 2009 \(NSW\)](#)

[Privacy and Personal Information Protection Act 1998 \(NSW\)](#)

[Health Records and Information Privacy Act 2002 \(NSW\)](#)

[Work Health and Safety Act 2011 \(NSW\)](#)

[Work Health and Safety Regulation 2017 \(NSW\)](#)

[State Records Act 1998 \(NSW\)](#)

[Privacy Act 1988 \(Commonwealth\)](#)

DCJ Policies

[Behaviour Support in Out-of-Home Care](#)

[DCJ Code of Ethical Conduct](#)

[DCJ Public Interest Disclosures Policy](#)

[Charter of Rights for children and young people in OOHC](#)

[Child Wellbeing and Child Protection – NSW Interagency Guidelines](#)

[Conflict of Interest Policy and Procedure](#)

[Key Privacy Obligation for DCJ Contractors](#)

[Mandatory Reporters Guide](#)

[OOHC Resources and Tools](#)

[Subcontracting](#)

[Public Interest Disclosure Policy](#)

[Records Management Policy](#)

[Transport a Child or Client Policy](#)

NSW Government Policies

Cyber Security Policy

Joint Protocol for Young People in residential OOHC

Office of the Children's Guardians (OCG) Policies

SSRC Code of Conduct

A guide to the Child Safe Standards

Other related Policies

United Nations Convention on the Rights of the Child

United Nations Declaration on the Rights of Indigenous Peoples

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## 2 Special OOHC

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### 2.1 Service Overview

Special OOHC aims to provide a stable, supportive placement to meet a child's disability and care needs.

It is complemented by intensive casework activities from DCJ to ensure the child's needs are being met and to support a child to achieve a permanent, safe, stable home and a sense of belonging.

Approved Special OOHC placements may be longer term. However, the placement will be subject to specific purposeful and intensive casework and regular reviews and monitoring by DCJ to determine ongoing suitability of the Special OOHC placement in meeting the child's needs and whether the child's placement needs can be met by their parents, relative or kinship carer or a designated agency.

Support provided to children in Special OOHC includes:

- transitioning children to a safe, secure home-like or specialised care environment which meets their individual care needs while a foster care, kinship/relative care or placement with a designated agency is identified
- providing day to day care led by a consistent team of trained carers, who are predictable and reliable allowing for the development of appropriate and supportive routines for children. Carers must have appropriate training.
- DCJ intensive case work, including weekly home visits and regular meetings with the Special Care provider. The need for weekly home visiting can be reviewed via the six (6) month Special OOHC review. Review of home visiting frequency can continue in line with case plan review timeframes.
- DCJ case planning in collaboration with Special Care provider to ensure detailed understanding of the child's individual needs including specific disability support needs and cultural planning
- ongoing support to maintain or establish family, culture, community and social relationships in collaboration with DCJ, Special Care provider and allied health practitioners.

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## 2.2 Eligibility for Special OOHC

Section 27 of the Children and Young Persons (Care and Protection) Regulation 2022 sets out the regulation eligibility requirements.

DCJ has developed additional eligibility requirements which are required to be met for the child to be referred to Special OOHC. To be eligible for Special OOHC, children must meet all of the following criteria:

- the child is under the Parental Responsibility of the Minister or subject to a Temporary Care Arrangement (TCA)
- the child is case managed by DCJ
- the child has a disability that is permanent or likely to be permanent, which means:
  - the child has **one or more** significant impairments (including, but limited to, an intellectual, psychiatric, developmental, sensory or physical impairment)
  - the impairment results in significantly reduced functional capacity in more than one major life activities including:
    - Communication
    - Learning
    - Mobility
    - Decision making
    - Self-care
    - Social
- the child's placement and care needs are not able to be met by a designated agency
- the child has extremely high disability or mental health needs or is medically frail requiring the placement with a specialist disability service provider or mental health service provider and/or health setting which is likely to be required for the rest of their life.

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## 2.3 Special Care provider

For a service provider to be used by DCJ for Special OOHC, they must meet the following criteria:

Be both:

- registered as a National Disability Insurance Scheme (NDIS) provider AND;
- registered on the Specialised Substitute Residential Care (SSRC) listing for residential or centre-based services

OR

- A specialist health care or mental health care setting such as a hospital or inpatient setting.

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## 2.4 Costs

The costs for Special OOHC will be agreed for each child as outlined in the service agreement. The agreed fees are inclusive of accommodation for the child, staffing, household and child-related costs such as groceries and costs for activities.

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## 3 Roles and responsibilities

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### 3.1 Department of Communities and Justice

DCJ is a statutory agency responsible for keeping children safe. The Care Act allows DCJ to:

- respond to child protection reports meeting the risk of significant harm (ROSH) threshold or that are otherwise screened in for assessment
- exercise functions of parental responsibility for children in out-of-home care (OOHC), allocated to the Minister
- perform statutory duties in relation to all orders made under the Care Act, whether or not they involve the re-allocation of parental responsibility.

DCJ holds Primary Case Responsibility for all children placed in Special OOHC. DCJ is responsible for arranging and supervising the Special OOHC placement and is expected to meet all tasks associated with Primary Case Responsibility in line with NSW Child Safe Standards for Permanent Care.

DCJ is responsible for all casework activities identified in the child's case plan in addition to the activities identified in these Guidelines. DCJ will retain all decision-making responsibility for the child.

Key responsibilities include:

- determining eligibility and suitability of a child in Special OOHC and safeguarding against unsuitable placements
- providing oversight for children in Special OOHC placements to ensure that key activities are undertaken by the Special Care provider in day-to-day care to ensure the child's safety and wellbeing.
- authorising carers to provide care to children in Special OOHC
- reviewing staff rosters on a weekly basis to ensure that all staff rostered to provide care for the child are authorised
- monitoring and reviewing for the duration of the placement within weekly home visits, meetings with provider, quarterly case plan review meetings and six (6) month placement reviews. The need for weekly home visiting can be reviewed via the six (6) month Special OOHC review. Review of home visiting frequency can continue in line with case plan review timeframes
- ensuring children have access to health and medical services as required, including:
  - organising and attending health assessments - 2(a) primary health assessment and 2(b) – comprehensive health assessment for the child
  - organising and attending appointments with allied health professionals as required
- ensuring children attend school, organising and attending education meetings for the child
- developing and implementing case plans and cultural plans and ensuring the child has a behaviour support plan (if required) and monitoring implementation
- arranging access to NDIS, attending NDIS plan reviews, consulting with Engagement and Family Support (EFS) as required and ensuring that funding is utilised to support the child.

- working with the Special Care provider to ensure all direct care workers are trained in implementing the child's behaviour support plan and/or other therapy plans (e.g. speech and occupational therapy)
- arranging family time including supervision if it is required
- determining what information can be shared with the child's family and decision-making regarding family time
- ongoing intensive casework to support the child and achievement of their permanency goal
- supporting transitions from Special OOHC to a relative/kinship, foster care placement or placement with a designated agency
- providing Special Care provider with all information relating to how to safely transport the child, including information in their behaviour support plan, occupational therapy reports and any specific prescribed safety equipment required for transport.

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## 3.2 Special Care provider

The Special Care provider plays an integral role in supporting children in Special OOHC.

Key responsibilities include:

- providing direct day to day care that is safe and in compliance with the Child Safe Standards
- providing a home like environment or specialised care environment that meets the child's individual needs
- participating in weekly home visits providing progress information about the child
- maintaining child-level information records for sharing with DCJ
- working with DCJ to ensure all direct care workers are trained in implementing the child's behaviour support plan and/or other therapy plans (e.g. speech and occupational therapy)
- integrating case plans, cultural plans and behaviour support plans (developed or arranged by DCJ) into the child's daily routines
- working closely with DCJ to support plans for family time, as appropriate
- attending meetings with DCJ as required to discuss the child's needs
- attend any training arranged by DCJ to ensure workers are suitably trained to meet the individual needs of the child
- seeking approval from DCJ prior to any significant changes to home or living environment
- reporting any critical events and risk of significant harm to the Helpline and DCJ caseworker and cooperating with DCJ in any subsequent investigations.

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# 4 Minimum Service Expectations

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## 4.1 Requests for service

The Special Care provider will be required to provide timely responses to placement requests and work closely with DCJ to transition eligible children into placements.

The below process also applies in the exceptional circumstances where a child has been residing in a long-term respite arrangement prior to entering Special OOHC.

### **4.1.1 DCJ requests a placement**

As required DCJ will contact the Special Care provider they determine as suitable to provide care for the child. DCJ will:

- advise that a Special OOHC placement is needed
- provide the Special Care provider with approximate start date for the Special OOHC placement
- advise Special Care provider of the child's individual care needs and discuss how the provider can meet the child's needs, including provision and discussion of behaviour support plan and/or prescribed equipment
- have detailed conversations with the Special Care provider about the placement environment ensuring that it is safe and suitable.
- if there are other children residing in the potential placement (including those who access the placement for respite), DCJ is responsible for completing any placement matching to determine suitability, including undertaking any risk assessments
- request a quote for the costs required to deliver Special OOHC placement.

### **4.1.2 Special Care provider accepts the placement**

The Special Care provider will advise if they are able to provide Special OOHC services.

If the Special Care provider can provide the placement:

- The Special Care provider will email an itemised quote to DCJ. (Further guidance on quotes and invoicing can be found in the Special OOHC service agreement)
- DCJ may negotiate with the Special Care provider on the quoted costs.

### **4.1.3 DCJ confirms the placement**

DCJ will advise the Special Care provider if their services will be engaged. If the Special Care provider is to be engaged:

- DCJ will provide email confirmation to the Special Care provider with the agreed terms (e.g. dates of service, level of support required and costs).
- DCJ to complete probity and authorisation for all direct care workers identified to provide care to the child
- DCJ is required to complete the Special OOHC placement checklist prior to the child entering placement to assess safety and suitability
- DCJ will arrange a meeting with the Special Care provider no later than five (5) days prior to the child entering the placement to ensure there is a detailed handover. DCJ will provide the Special Care provider a copy of the meeting minutes within two (2) business days.

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## **4.2 Home environment**

Special OOHC can be provided in either a home-like or specialised care environment.

A home like environment is a home that is safe and provides a child-friendly environment that meets the individual needs of the child. The child will have:

- their own bedroom that can be personalised (or shared bedroom for siblings, where appropriate)
- access to age-appropriate toys, activities and experiences
- a dining area to share home-cooked meals together with staff, other children and/or siblings
- a lounge room or communal areas to play, socialise, and experience everyday activities, and
- outdoor space suitable for play and social interaction.

The home will need to:

- be appropriate for the developmental needs of the child
- be appropriate to support the child's disability needs
- have disability and wheelchair access if required
- where possible, be in close proximity to social and extracurricular activities and education facilities such as school and transport (if relevant)
- be used for residential care purposes only.

A hotel/motel or any temporary accommodation that can be terminated at short notice is not considered home-like and cannot be used for Special OOHC.

DCJ will conduct a placement inspection prior to the Special OOHC placement commencing to ensure the home environment (internal and external) is safe and suitable for the individual needs of the child. This inspection may also be completed alongside allied health professionals such as behavioural specialists or occupational therapists to assist in assessing suitability if required.

### **4.2.1 Specialised Care environment**

A specialised care environment is provided by a hospital, mental health facility and/or specialised health setting. There are onsite medical staff available to care for the child and access to allied health care professionals. These environments should be as personalised and child friendly as possible.

### **4.2.2 Placement matching**

Children in Special OOHC can share a placement with other children who have similar support needs, if suitable and agreed by DCJ. All placement matching must be approved by DCJ, including where other residents are accessing the placement for occasional respite. Evidence to support the rationale for the decision is required to be documented and recorded by DCJ.

When determining if children in Special OOHC can live in a shared placement, DCJ will consult with the child, family, Special Care provider, DCJ psychological services, Engagement and Family Support team and allied health practitioners working with the child.

The consultation will include consideration of the following to support decision making:

- known risks and any risk or behaviour management strategies (if applicable) that could support potential matching
- the voice and views of the child and their family

- disability and developmental needs, age and gender of all children
- cultural needs
- balance of sibling groups and individual children in the one home
- geographical area to ensure children remain connected to family, community, school, social and extra-curricular activities.

In the event of a co-resident over 18 years of age:

If residing in a shared placement there may be times where a co-resident is over 18 years old or turning 18 years old and continues to reside in the placement. In these circumstances, the Principal Officer has determined the placement is appropriate for the child's needs and circumstances and any risks identified can be mitigated.

Prior to any adult residing in the Special OOHC placement the Special Care provider must immediately notify DCJ of any adults entering the placement. This includes respite and ongoing placements.

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## 4.3 Expectations and responsibilities of direct care workers

All direct care workers and supervisors need to be authorised by DCJ.

Supervisors and direct care staff are responsible for a range of activities including:

- collaborating with DCJ to develop a routine and structure to ensure the child's individual needs, including cultural supports, are integrated into the day-to-day operation of the home.
- providing support with activities of daily living e.g., eating and drinking, personal care, morning and bedtime routines
- providing medication (if required) in line with the child's case plan and behaviour support plan and maintaining a medication register for the child
- supporting children with homework activities and after school/weekend activities (extra-curricular, social outings) as agreed with DCJ
- being available and supporting children at key transition points, for example after family time visits
- attending significant events such as award assemblies at school/sports presentations (in consultation with DCJ)
- if family time workers are used for family time, ensuring handover occurs between Special Care provider and family time worker
- participating in NDIS planning and reviews in collaboration with DCJ, NDIA and allied health professionals.
- completing Mandatory Reporters Guide (MRG) and reporting all Risk of Significant Harm (ROSH) concerns to DCJ helpline and DCJ caseworker as required
- upholding the child's rights
- supporting life story work including taking photos and keeping any certificates during their placement
- participating in meetings convened by the DCJ
- supporting children to have positive wellbeing including healthy lifestyle, nutrition and diet,

physical activity

- upskilling children with life skills to support positive development into adulthood
- supporting children with meal planning, preparing meals, school lunches in accordance with their age and development
- supporting children to develop social and community connections as appropriate to their age and development
- shopping, household duties such as washing children's clothing and other cleaning duties
- transporting children in compliance with any specific transport requirements, including but not limited to, behaviour support plans, occupational therapy reports and transport risk assessments. This could include transport to and from school and other extra-curricular activities in business hours and after hours, health and/or medical appointments.

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## 4.4 Staff training, experience and qualifications

Direct care workers play a critical role in providing consistent, safe and nurturing relationships for children.

Special Care providers must ensure direct care workers providing care to children in Special OOHC are experienced and trained in working with children with disability. The direct care worker is required to have the following (at a minimum):

1. Minimum two years paid experience working in disability, youth work, community services, health services, social welfare or early education
2. Training to support children with high and complex needs.
3. First aid certificate
4. Drivers Licence

DCJ prefers and will prioritise Special Care providers with staff who:

- hold a diploma in disability, youth work, community services, health services, social welfare or early child development and/or education
- are trained in positive behaviour support and implementing behaviour support plans
- are trained in understanding the impacts of trauma and providing trauma informed care
- are trained in delivering Culturally Competent Care for Aboriginal and Culturally and Linguistically Diverse (CALD) children.

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## 4.5 Rostering

Direct care staff in Special OOHC should be trained, experienced and consistent. Providing a consistent team of direct care staff will support stability and predictability for the child and provide safe and nurturing relationships for the child.

Staff rostering will need to be reflective of the individual care and disability needs of the individual child as approved by DCJ. All staff rostered to provide care for the child must be authorised by DCJ.

### 4.5.1 Special Care provider responsibilities

- Where possible, provide a consistent roster of staff to provide stability for the child
  - When rostering staff, the Special Care provider should consider:
    - matching staff according to the child's unique needs (e.g., disability, development, health, education, social, emotional and cultural needs)
    - staff must be familiar with, and trained, to support the individual needs of the child as identified in, but not limited to, their behaviour support plan, mealtime management plan, manual handling plan and/or communication plan
  - Provide weekly rosters to DCJ which include names, dates, times for every supervisor and direct care workers caring for the child
  - Communicate any changes to rosters with DCJ, prior to the change occurring where possible.
  - Ensuring all rostered staff are authorised prior to commencing work with the child
  - Ensure clear communication between shifts to ensure staff know each child's needs and interests on each day.
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## 4.6 Data collection and record keeping

The Special Care provider must maintain accurate and comprehensive child centred records for all children in Special OOHC placements. All records relating to the child must be kept securely to ensure privacy and security.

DCJ and the Special Care provider to determine the frequency and time frames to provide documentation to DCJ, this will be discussed and documented in the Special Care Meeting Minutes template.

### 4.6.1 DCJ responsibilities

- Timely provision of key documentation and information to the Special Care provider to equip staff caring for the child with the right information to meet the child's individual safety and care needs
- Provide all relevant information as outlined in the Special OOHC Meeting Minutes template before the placement commences and as any information changes (Annexure A)
- Provide the Special Care provider with key contact details for the DCJ casework team and After Hours helpline number
- Provide clear guidance to the Special Care provider about timeframes and frequency for providing DCJ with records relating to the child's day to day care in the placement
- Ensure documents include the child's voice and feedback wherever possible.

### 4.6.2 Special Care provider responsibilities

- Maintain records of critical events or risk of significant harm (see Section 10 Critical Events for more details)
- Provide DCJ with incident reports or information related to critical events or risk of significant harm within one (1) business day, unless requested earlier by DCJ.
- Maintain accurate and detailed child-centered records for each child and share with the DCJ

case work team.

- Provide shift reports to DCJ.
- Document progress updates, this can include but not limited to: observations and needs of the child, their voice and feedback, their participation in education, family time, social and peer connections and interactions with staff, life story work and any concerns raised by the child and/or staff.

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## 5 Probity and authorisation

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### 5.1 Probity Checks

DCJ must complete the following probity checks before a direct care worker is authorised and provides care to a child in a Special OOHC placement:

- WWCC clearance
- Identification check
- National Criminal Record Check
- Community Services (CS) check
- Code of Conduct
- Any additional probity checks that may be required

The Special Care provider will need to provide information to DCJ to support the probity check process.

#### 5.1.1 WWCC clearance

Supervisors and direct care workers are required to have their WWCC clearance number. DCJ will not accept a WWCC application number. DCJ will verify the WWCC clearance number via the OCG verification system using the direct care workers name and date of birth.

#### 5.1.2 Identification check

The Special Care provider must provide the following proof of identity for Special OOHC supervisors and direct care workers:

- photo identification that includes the direct care workers photo, signature and date of birth AND;
- two other forms of identification from the approved list below (below)

Alternatively, three forms of identification can be provided from the approved list (below) that show:

- full name, any former names and any known aliases
- date of birth

Approved list of identification	
<ul style="list-style-type: none"> <li>• Passport</li> <li>• Birth Certificate</li> <li>• Certificate of Marriage or Change of Name</li> <li>• Decree nisi or decree absolute in divorce</li> <li>• Citizenship Certificate</li> <li>• Government issued identity card</li> <li>• Government issued drivers license</li> <li>• Government issued proof of age card</li> <li>• Government concession card</li> <li>• Medicare Card</li> </ul>	<ul style="list-style-type: none"> <li>• Private Health Care Card</li> <li>• Union or Professional membership card</li> <li>• Photographic employee identity card</li> <li>• Student identity card</li> <li>• Utility account (e.g. electricity, gas, water, telephone)</li> <li>• Rates notice</li> <li>• Signed rental agreement or Department of Family and Community Services housing rental agreement</li> <li>• Credit card</li> <li>• Senior citizen card</li> </ul>

### 5.1.3 Community services (CS) check

To ensure relevant information is considered in assessing an applicant to be an authorised Special OOHC carer, DCJ will complete a comprehensive review of their records and databases for any information held about the supervisor or direct care worker. This includes a thorough review of:

- records held about the supervisor or direct care worker on ChildStory including:
  - records associated to the direct care worker or supervisor, including any known alias
  - records associated with any addresses the direct care worker or supervisor has lived at
  - records related to any child the direct care worker or supervisor has lived with (biological and non-biological)
  - carer records
- records held on other DCJ databases
- reportable conduct records
- DCJ employee conduct and performance records.

### 5.1.4 National Criminal Record Check

The Special Care provider must provide DCJ with a National Criminal Record Check (NCRC) that is current within the last 12 months for Special OOHC supervisors and direct care workers.

## 5.2 Authorisation

### 5.2.1 Suitability Assessment

DCJ will complete a suitability assessment to determine if the supervisor and direct care workers are capable and suitable to provide care to children in Special OOHC, using the information gathered as part of the probity checks.

DCJ may meet with the supervisor and direct care worker to discuss findings from the probity checks. These discussions will support DCJ to determine if the supervisor or direct care worker is suitable to provide care to children in Special OOHC.

## 5.2.2 Authorisation decision

Following the outcome of the suitability assessment, the DCJ Principal Officer will determine if the supervisor and direct care worker should be authorised as an 'authorised Special OOHC carer'. DCJ will advise both the supervisor or direct care worker and the Special Care provider of the decision and provide a confirmation letter of the outcome. Direct carer workers must be authorised by the DCJ Principal Officer in the district that hold case management for the child.

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# 6 Entry and exit in Special OOHC

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## 6.1 Prior to entry

Once a Special Care provider has been identified to provide day to day care for the child, DCJ will arrange a meeting no later than five (5) business days prior to the placement commencing to discuss all relevant information about the child to enable them to meet the child's safety and care needs. Participants to attend this meeting will include, however not limited to the below:

- DCJ
- Special Care provider
- Family and significant others (where appropriate)
- NDIS support coordinator (where appropriate)
- Involved allied health services working with the child.

This meeting will ensure that the Special Care provider has all the relevant information about the child to enable the Service Provider to meet the child's safety and care needs. Discussion points will be captured in the Special OOHC Meeting Minutes template (annexure A). The meeting will also include planning discussions around how to best support the child transition into the Special OOHC placement.

DCJ will ensure the documented meeting minutes template and supporting documentation is provided to the Service Provider within two (2) business days of the meeting.

### 6.1.1 DCJ responsibilities

- Arrange the meeting and invite the relevant participants
- Provide key information in regard to the child's needs and health including:
  - completed eligibility checklist, case plan, health/medical/medication plans
  - day to day routine information for the child
  - personal Identity and Culture information
  - birth family contact and significant relationships
  - education and employment details

- emotional and behavioural information including Behaviour Support Plan, NDIS plan if applicable, and current safety/risk concerns
- any relevant legal information
- financial commitments.
- DCJ is to complete meeting minutes template capturing discussions and actions and share with the Special Care provider along with any supporting documentation within two (2) business days of the meeting occurring.

### **6.1.2 Special Care provider responsibilities**

- Provide photos of the home that can be shown to the child to support transition
- Provide names and photos of direct care staff that can be provided to the child
- Attend any planning meetings with DCJ, the child and key people in the child's life
- Provide a copy of daily planner/house activities and consult with DCJ to ensure it aligns to the individual care needs of the child
- Provide key staff contact details including After Hours or On Call numbers.

### **6.1.3 Inspection of the Special OOHC placement**

Prior to the placement commencing DCJ will complete an inspection of the Special OOHC placement to ensure the environment is physically safe and meets the individual care needs of the child. This will be completed using the Special Out-Of-Home-Care Placement Checklist (Annexure B). DCJ will provide a copy of this document to the Special Care provider once completed.

If the placement is a specialised care environment provided by a hospital, mental health facility and/or specialised health setting, DCJ will exercise professional judgement when completing the placement checklist as not every section may be relevant.

### **6.1.4 Talking with the child's parents**

DCJ will have conversations with the child's parent/s and any other significant people in their life about the change to the child's placement if this is approved within a Section 149 B-K risk assessment.

DCJ will also discuss family time, including a phone contact schedule if one is in place.

## **6.2 Exit planning**

If an alternative placement is identified, planning for the child to exit Special OOHC, DCJ will coordinate the exit and work in collaboration with the Special Care provider to support the child's transition making it as least disruptive for the child as possible.

### **6.2.1 DCJ responsibilities**

- Partner with the Special Care provider and the new carers or new provider to develop a transition plan to ensure minimal disruption for the child
- Organise a meeting with the Special Care provider to obtain all relevant and updated information about the child which will go with the child to their next placement.
- Hold a case planning meeting no later than 21 days before a planned change of placement

with family, significant others and all key people supporting the child

- Ensure new carers or provider are supported to meet the child's disability support needs and holistic care needs
- Ensure appropriate information is provided to the child about where they are moving to and what to expect
- Supporting the child to prepare for the move, decide what belongings they would like to take with them
- Ensuring Life Story work is up to date for the child before they leave the placement.

### **6.2.2 Special Care provider responsibilities**

- Collaborate with DCJ to assist in the development of transition plan to ensure minimal disruption to the child
- Attend the case plan meeting prior to the change in placement
- Provide all relevant and up to date information and records about the child so that they will go with the child to their next placement
- Provide DCJ with up-to-date Life Story work documented and collated whilst the child was with the service
- Assist DCJ to identify what items of significance will provide comfort and support the child as they transition to their new home.

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## **7 Special OOHC Casework**

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### **7.1 Case planning**

DCJ will facilitate the child's case plan meeting including family, significant others, the Special Care provider and other key services involved in the child's life. This will be completed within 21 days of the child entering the Special OOHC placement.

Case planning for an Aboriginal child will use the Aboriginal family-led decision making processes to undertake quality family finding enabling the decision making processes to be led by the family.

#### **7.1.1 DCJ responsibilities**

- Facilitate a case plan meeting within 21 days of the child entering the Special OOHC placement
- Ensure all key people in the child's life are invited to attend and participate within their case plan meeting including, but not limited to, the Special Care provider, NDIS coordinator of supports and allied health professionals
- Complete case plan and provide a copy of the approved plan to the Special Care provider
- Review case plan progress every three (3) months with the Special Care provider and document progress on ChildStory
- Review the case plan if there are any significant changes
- Discuss family time arrangements and expectations with the Special Care provider

- Ensure the Special Care provider is approved on the Casework Support Scheme list prior to requesting the provider supervise family time
- Undertake weekly home visits to the child for at least the first six (6) months. DCJ will review the need for weekly home visits during the Special OOHC Review meeting every six (6) months.

### 7.1.2 Special Care provider responsibilities

- Attend and participate in the child's case plan meeting
- Attend and participate in case plan review meetings every three (3) months
- Collaborate with DCJ on how the child's case plan will be implemented during day-to-day activities
- Provide regular reports to DCJ outlining day to day activities, life story work and any incident reports in a timely manner.

## 7.2 Leaving care planning

If the child is 15 years of age or older, DCJ will start case planning for leaving care.

The child's NDIS plan will form part of the child's OOHC leaving care case plan. The Special Care provider will be involved in the leaving care planning which will be led by DCJ.

### 7.2.1 DCJ responsibilities

- Facilitate case plan meeting to develop a leaving care case plan for the child. This will be in collaboration with all key people in the child's life, including but not limited to, Special Care provider, NDIS support coordinator and allied health professionals.
- Start robust planning for adult NDIS related supports at age 16. Refer to the [DCJ Leaving Care Planning for Young People with a Disability who are Participants of the NDIS fact sheet](#).
- Just prior to when the young person turns 17, gather all information and relevant reports including an independent functional assessment to identify NDIS support required post turning eighteen (18). If the young person is likely to need accommodation supports after turning eighteen (18) work with the NDIS support coordinator to complete the NDIS home and living paperwork and submit this to the NDIS for a home and living decision at least six (6) months before they exit care.
- Consult with Engagement and Family Support as required to ensure comprehensive leaving care planning with regard to the young person's disability supports post turning eighteen (18).
- Provide a copy of the approved leaving care case plan to the Special Care provider.
- Consider the need for a financial manager and/or public guardian for the young person when they turn eighteen (18). If a public guardian is needed, make an application early (from the age of sixteen) so that the guardian can be part of adult NDIS planning.

### 7.2.2 Special Care provider responsibilities

- Support the child to develop and build on their independent living skills, including building formal and informal networks in the community.
- Encourage participation in day-to-day household tasks
- Support other independent living skill actions as outlined in the child's leaving care plan

- Provide any shift reports or observations to DCJ that will assist in applications for NDIS support post turning eighteen (18), such as NDIS Supported Independent Living supports.
- 

## 7.3 Home visiting

DCJ will visit the child once a week while the child is residing in the Special OOHC placement, for at least the first six months.

DCJ will review the need for weekly home visiting during the Special OOHC Review meeting every six (6) months. The approved home visiting frequency will then be included within the child's OOHC case plan and will continue to be reviewed in line with OOHC case plan review timeframes.

Regular home visits will give the child predictability and provide them with a time to communicate their needs and safety and help them to participate in decision making. Regular home visits also provide DCJ with oversight and supervision of day to day care and help ensure the Child Safe Standards are being met within the placement.

### 7.3.1 DCJ responsibilities

- Weekly home visits with the child within the home (for at least the first six months) at a mutually agreed time and day. The frequency of home visits will be reviewed by DCJ after the first six months
- 1:1 conversations with the child
- Document home visit, including conversations with the child, any questions or concerns, observations, home environment, health, education, emotional wellbeing as well as any feedback from direct care workers.
- Implement and work towards all goals and actions as detailed within the child's case plan.

### 7.3.2 Special Care provider responsibilities

- Ensure the child and direct care worker are home and aware of the day and time of the weekly home visit
  - Provide the opportunity for DCJ caseworker to have 1:1 conversation with the child
  - Raise anything that the DCJ caseworker should be aware of in relation to the child.
- 

## 7.4 Behaviour Support Plans

DCJ is responsible for ensuring children have appropriate behaviour support plans (BSP) where necessary, and the Special OOHC service provider has a copy of the child's approved plan.

The purpose of the BSP is to:

- strengthen positive behaviours, improve quality of life and promote the personal interests of the child
- reduce and prevent behaviours of concern by equipping the carer or staff with appropriate strategies
- understand the causes and underlying functions of the child's presenting behaviours, including the effects of trauma
- keep the child safe.

The plan may be developed by DCJ, or if the child is a NDIS participant and has funding for “Improved Relationships” within their plan then an external behaviour support specialist may develop the plan.

All BSPs must be approved by DCJ, regardless if it is completed by DCJ psychologist or an external behaviour support specialist. If the BSP includes psychotropic medication and/or restrictive practice it must be approved by the Principal Officer.

Best practice is for direct care staff to be trained by the agency that developed the BSP.

### **7.4.1 DCJ responsibilities**

- Provide a copy of the approved BSP to the Special OOHC plan provider
- Follow up with the Special Care provider to ensure that direct care staff have been provided with a copy of the plan and are trained in implementing strategies. This also includes refresher training as required.
- Ensure BSP’s are reviewed, updated and approved in line with DCJ Behaviour Support in OOHC Guidelines
- Discuss with Special Care provider about the data that is required to be captured in line with BSP to determine if the developed strategies and implementation of BSP is meeting the needs of the child within the placement.

### **7.4.2 Special Care provider responsibilities**

- Only implement DCJ approved behaviour management strategies in line with the behaviour support in out-of-home care policy and the child’s BSP
- Provide DCJ with documentation confirming that all direct care workers caring for the child have received a copy and are trained in line with the child’s BSP
- Participate and provide input in the development and review of BSP
- Prior to any new direct care staff working with the child, notify DCJ so that the direct care workers can be trained in line with the child’s BSP
- Provide any data requested by DCJ in relation to the BSP which will provide valuable information about the BSP, its implementation and if it is continuing to meet the needs of the child.

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## **7.5 Transporting a child in Special OOHC**

DCJ is responsible for ensuring the safety of children within Special OOHC. This includes ensuring the child has the required child restraints and/or medical equipment to promote their safety and reduce risk whilst being transported.

### **7.5.1 DCJ responsibilities**

- Ensure the child’s BSP outlines any specific requirements, equipment and strategies to transport the child safely, if required
- Confirm the Special Care provider has the correct child restraint and/or prescribed equipment for the child to ensure their safety during transport
- Inform the Special Care provider of any strategies within the child’s BSP regarding transport, the appropriate child safety restraints and/or prescribed equipment in line with the child’s specific disability and medical needs

- Provide copies of relevant plans, reports and assessments to support transport. For full requirements see [DCJ Policy: Transporting a child or client](#).
- Develop social stories as required to support the child during transport and share with the Special Care provider
- Ensure that the child's casework team have undertaken the [Safe Travels e-learning module](#).

## 7.5.2 Special Care provider responsibilities

- Direct care workers transporting the child must hold a valid NSW (or other state or territory) driver's licence, comply with conditions of their licence, be familiar with road-user safety guidelines and comply with relevant road rules
- Direct care workers must use an appropriate vehicle that has a valid registration, insurances and is road worthy
- Ensure that all direct care staff have completed [the Safe Travels e-learning module](#)
- Ensure the child is transported with appropriate safety restraints and in line with [NSW Child Care Seat rules](#) and the [Transport for NSW child restraints for children with disability](#)
- Ensure the child is transported with any specific equipment to ensure their safety during transportation in line with their specific needs and their BSP or other plans, reports and assessments outlined in the [DCJ Policy: Transporting a child or client](#)
- Follow all transport strategies and recommendations as outlined within the child's BSP or other documentation provided by DCJ
- Notify DCJ if there are changes to the child's requirements or behaviours during transport.

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## 7.6 Working with Aboriginal or Torres Strait Islander children

DCJ's preference is that staff working with Aboriginal or Torres Strait Islander children are trained in culturally competent care and understand the impact of multiple placement breakdowns and the intergenerational trauma that Aboriginal children and families have experienced through child protection and removal experiences. This will support delivery of culturally sensitive day to day care focused on safety, stability and cultural connection.

DCJ casework will ensure proactive efforts are made to achieve this in accordance with the [Aboriginal child placement principles](#) (prevention, partnership, placement, participation, connection) and [Aboriginal Case Management Policy](#) including the placement hierarchy established by the [Care Act \(section 13\)](#).

### 7.6.1 DCJ responsibilities

- Complete and update the child's Cultural Support Plan following a child's entry into Special OOHC reflecting a change for the child, their family and how their plan may be implemented
- Update the child's Cultural Support Plan annually
- Provide up to date copies of the child's Cultural Support Plan to the Special Care provider and work with the provider to implement the plan to ensure the child's cultural needs are met.

## 7.6.2 Special Care provider responsibilities

- Implement the Cultural Support Plan and support the child with their connection to culture as outlined within the child's individual case plan and cultural plan.
- 

## 7.7 Working with CALD children and religious diversity

For Culturally and Linguistically Diverse (CALD) children, or children from diverse religious groups DCJ will consider ways in which to better understand the child's and family culture. This will include their identity, religion, language, beliefs and values and how case planning and practical support will meet the child's needs. This will be shared with the Special Care provider to support the child in the most culturally appropriate way.

### 7.7.1 DCJ responsibilities

- Complete and update the child's Cultural Support Plan following a child's entry into Special OOHC reflecting a change for the child, their family and how their plan may be implemented
- Update the child's Cultural Support Plan annually
- Provide up to date copies of the child's Cultural Support Plan to the Special Care provider and work with the provider to implement the plan to ensure the child's cultural needs are met.

### 7.7.2 Special Care provider responsibilities

- Implement the Cultural Support Plan and support the child with their connection to culture and religious beliefs as outlined within the child's individual case plan and cultural plan.
- 

## 7.8 Working with LGBTQIA+ children

When working with a sexually or gender diverse child it is important to use inclusive language reflecting LGBTQIA+ terminology in conversations and record keeping. Ask the child what words they use to self-identify, rather than make assumptions based on perceptions of what their behaviours or attractions might indicate. Sexually or gender diverse children are often highly vulnerable to discrimination, oppression, micro-aggression, othering and violence.

### 7.8.1 DCJ responsibilities

- Within the child's case plan, include desired outcomes and actions that:
  - address their sexual and other health needs
  - develop the child's capacity to access sexuality and gender diversity information and support
  - increase their sense of safety, empowerment, choice and control
- Seek LGBTQIA+ practice consultation with a LGBTQIA+ practice consultant. See [LGBTQIA+ practice consultation](#) for further advice

### 7.8.2 Special Care provider responsibilities

- Provide inclusive and supportive care to the child in line with their individual needs and case plan goals.

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# 8 Monitoring and Reviewing

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## 8.1 Case plan review meetings

DCJ will arrange a case plan review meeting every three (3) months with the Special Care provider and other key stakeholders to monitor the placement.

The purpose of these meetings is to:

- ensure the NSW Child Safe Standards are continuing to be met
- consider whether a Special OOHC placement continues to be the most suitable placement available to meet the child's needs
- continue to explore if the child could be restored, or placed with a relative or kinship carer or with a designated agency
- continue to review the child's OOHC case plan
- discuss progress of the child with the Special Care provider.

DCJ will provide copies of progress review meeting minutes to the Special Care provider within five (5) business days.

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## 8.2 Review and extension

The DCJ casework team will continue to review and report on how the child is progressing in the Special OOHC placement through DCJ District review mechanisms (e.g. panels). This is to discuss permanency goals and the wellbeing of the child.

DCJ will complete a review of the Special OOHC placement every six (6) months to:

- provide an update on casework that has been undertaken to build the child's capacity and efforts made to secure the child an alternative placement with a relative/kin or a designated agency.
- confirm that the Special OOHC placement is continuing to meet the child's safety and care needs.
- seek DCJ Executive District Director approval for the placement to continue for a further six months, or less.

DCJ are the lead on the review meeting in collaboration with the Special Care provider. Information shared between DCJ and the Special Care provider is crucial to ensure that all supporting evidence is documented to support the continuation of the placement, if it is decided to continue to be in the best interests of the child's individual needs.

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# 9 Critical events and risk of significant harm

Prior to the child entering the Special OOHC placement DCJ and Special Care providers must discuss the protocols for a critical event, who to contact and when, including when an incident occurs After Hours.

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## 9.1 Critical events

A critical event in OOHC occurs in the following circumstances:

1. a serious injury or death of a child
2. death by suicide, drug overdose or inflicted or serious injuries of a child, known to DCJ or a service provider
3. a death or serious injury to an authorised carer providing care to a child
4. a child is missing, defined as:
  - a. child who is suspected to have been abducted
  - or
  - b. there are serious for their immediate safety or a child whose whereabouts remains unknown for a period of over five days and contact has not been established or media attention is likely
5. a female child becomes pregnant or requests a termination of pregnancy
6. exposure of a child to:
  - a. a confirmed or suspected registrable person (section 3A, Child Protection (Offenders Registration) Act 2000)
  - b. a person listed on the Child Protection Register in NSW (section 19 of the same Act)
7. a child intends or is planning to get married
8. a child is alleged to have committed a serious assault or serious criminal offence
9. a planned end of life event regarding a child
10. a reportable allegation or conviction concerning an employee of an agency
11. any other event has occurred (affecting a child in OOHC) that results in, or is likely to result in, media attention, requiring a media response
12. any other event has occurred that has, or may have, an adverse impact on DCJ
13. any serious incident or contentious issue with potential to become a matter of public interest or result in potential loss of public confidence.

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## 9.2 Respond to immediate risk

A situation of immediate risk includes circumstances when a life is in danger, there is immediate risk of significant harm, a child's behaviour will result in serious harm or serious injury to themselves or to others, a serious crime is taking place, or a situation is serious and could be described by a reasonable person as an emergency.

The Special Care provider responds to immediate risk under its control, within available operational resources and capacity. The Special Care provider will take reasonable action to:

- reduce, mitigate and eliminate immediate risk, based on initial and ongoing risk assessment, informed by available evidence
- seek urgent help in relation to immediate risks not under its control from police, fire, ambulance or other emergency services.
- liaise with police, fire, ambulance and other emergency services to enable effective coordination of the response.

- document any reasonable actions and provide copies of documentation to DCJ.
- 

## 9.3 Make a child protection helpline report

When there is a critical event, the Special Care provider must:

- report the Critical Event to DCJ Child Protection Helpline (and NSW Police if applicable) as soon as practically possible
- report the Critical Event to the Child's district Principal Officer as soon as practically possible
- report the Critical Event to the DCJ casework team.

Where there is a risk of significant harm, the Special Care provider must:

- complete the Mandatory Reporter Guide (MRG) to determine whether a report to the Child Protection Helpline is required
- enact the outcome or recommendation of the MRG, as soon as practically possible.

The Special Care provider and direct care workers are not to:

- investigate the incident (unless directed to by DCJ)
- make representation to any other authority on behalf of DCJ
- tamper with evidence.
- conduct interviews of staff (unless directed to by DCJ)
- speak to the media
- discuss the Critical Event with anyone who is not DCJ.

The Special Care provider and direct care workers are to:

- follow all reasonable directions as set by DCJ.
- ensure that relevant evidence is protected, this can include:
  - ensure closed-circuit television footage is protected
  - be aware evidence such as hair or fluids may not be visible to the eye
  - secure records to ensure they are not altered
  - don't move items that may be relevant to the investigation
- provide DCJ with all the information relating to the critical event
- be available to DCJ to discuss the critical event, this includes formal interviews of key personnel.

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## 10 Reportable conduct

If there is a reportable allegation about staff providing direct care or supervising the child in the Special OOHC placement this requires the Special Care provider to make a report to the helpline 132 111. DCJ will work with the Reportable Conduct Unit by contacting them and assisting in the investigation.

Reportable Conduct includes:

- any sexual offence, or sexual misconduct, committed against, with or in the presence of a child or young person
- ill-treatment of a child or young person
- neglect of a child or young person
- an assault against a child or young person
- behaviour that causes significant emotional or psychological harm to a child or young person
- an offence under section 43B (failure to reduce/remove risk) or 316A (concealing a child or young person for abuse offence of the Crimes Act 1900).

As a result of the reportable allegation, DCJ is responsible for notifying allegations to the Office of the Children's Guardian and investigate any Special OOHC Reportable Conduct matters.

The Special Care provider must cooperate with DCJ regarding any reportable investigation.

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## 11 Annexures

Special OOHC Meeting Minutes Template

Special OOHC Placement Checklist

Special OOHC worker application form

## Communities and Justice

6 Parramatta Square  
10 Darcy Street  
Parramatta NSW

Office hours:  
Monday to Friday  
9am to 5pm

T: 1800 000 164  
W: [www.dcj.nsw.gov.au](http://www.dcj.nsw.gov.au)