

Checklist for Schools

Roles and responsibilities in supporting students in statutory out of home care in the Education Pathway

In NSW, as at 30 June 2019, there were a total of 16,884 children and young people in OOHC, and the majority of these children are of school age. These children and young people who cannot live at home are placed in out of home care. The two main types¹ are:

- Statutory out-of-home care is when the Children's Court has made an order to transfer the parental responsibility of the child or young person to the Minister for Communities and Justice. Just over half of the children in OOHC live with kinship carers (relatives), and half live with authorised foster carers. In some cases, children and young people over 12 years with complex needs, (who can be supported in foster care or require intensive supports) may live in Intensive Therapeutic Care or Residential Care.
- Supported out-of-home care is when the Secretary of Department of Communities and Justice decides that a child or young person requires temporary care and protection. There are no court orders in place. For example, children may be cared for by kin/relative carers in a short-term arrangement while their family is supported to resolve issues concerning the child's safety, welfare and wellbeing.

Case management of children in OOHC is carried out by both Department of Communities and Justice (DCJ) caseworkers and by non-government Service Providers contracted by DCJ to provide these services. A list of these can be found on the NSW Children's Guardian website <u>here</u>.

There are some decisions that only the agency with delegated **Parental Responsibility** (the duties, powers, responsibilities and authority which by law parents have in relation to their children) can make for a child or young person in statutory out of home care.

This is most commonly the role of Community Services but in some limited circumstances it may be a Service Provider.

However, a number of decisions can be made by the agency that has **case management** responsibility for the child or young person, including many decisions regarding the child's education, in partnership with the carer.

Case management is an interactive and goal directed process with an emphasis on monitoring and review to ensure that services are being delivered and the identified needs of the child, young person and family are being met. This includes 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.

One of the key responsibilities of caseworkers is to support the child/young person's access and engagement in education through the <u>OOHC</u> <u>Education Pathway</u>.

The school will be informed by the Service Provider (SP) when case management responsibility for a child or young person has been transferred to their agency.

If Community Services (CS) retains case management responsibility, then Community Services is responsible for making all decisions that the carer cannot, even though an non-government service provider (NGSP) may provide casework.

The aim of this checklist is to help school principals identify who is responsible for making decisions that may be relevant to a child or young person's schooling.

It you are unsure about who can make a decision in a particular situation, contact the service provider or your local Community Services Centre.

¹

Children and Young Persons (Care and Protection Act) 1998

	Responsibility		
Decision	Authorised Carer	Agency (caseworker) responsible for Case Management (NGSP or CS)	CS (or NGSP with delegated PR)
ENROLMENT			
Enrolment or transfer to a new school			
A student who is in statutory OOHC should not be enrolled without authority from a caseworker/case manager. A carer may contribute to the decision making, but enrolment is signed by the agency with management.			
Make decisions regarding school enrolment, education and training.	~	✔(lead)	
 Inform the Department of Education <u>oohc.cps@det.nsw.edu.au</u> and the principal (of old and new school) of the intention to enrol a child or young person in a new school. 		*	
 Provide school with information about the child or young person's history (where appropriate) and care arrangements including current schooling arrangements and supports and care arrangements for siblings, if different. 		*	
 Make every reasonable effort, within available resources, to respond to requests from the school to participate, with an authorised carer, in case planning around student wellbeing, learning and behaviour management strategies, including the development of a transition plan, where required. 	r	✓	
• Provide school with relevant and necessary information pertinent to Health and Safety legislation which might impact upon the enrolment, including enabling the caseworker to participate in the risk assessment process where necessary.		✓	
School Counsellor/Psychologist Permission	4	-	
• Permission to see School Counsellor (only one authority needed)	•	•	
Apprenticeships and traineeships		1	
Decisions around entering an apprenticeship or traineeship.		-	
Attendance			
 Ensure child or young person is attending school on a day-to-day basis. Provides notes explaining any absence. 	✓		
 Points of contact for the school when attendance is identified as a problem. 	✓	✓	
 Make every reasonable effort, within reasonable resources, to respond to a request from the school or an authorised carer to help develop strategies to support the school attendance of a child or young person. 		~	

	Responsibility		
Decision	Authorised Carer	Agency (caseworker) responsible for Case Management (NGSP or CS)	CS (or NGSP with delegated PR)
Publishing Permission			
 Media, public appearances and participation in research – permission given where the out of home care status and identity of a child is not revealed. 	✓		
• Sign school permission to publish note, which includes authorising for name and photo to be included in school photographs (Publishing photos is on the condition that the photo does not identify the child as being in OOHC).	*		
Reminders for schools regarding publishing:			
Never disclose a child's identity in conjunction with OOHC status.			
Observe all Court Orders that protect a child's identity or location.			
Where a temporary care arrangement (TCA) is in place under s151, Ca included an agreement about whether the authorised carer or DCJ wi			lacement to have
Religious instruction – as per agreed case plan.			
• Responsibility for this decision, including a child's participation in religious activities, rests with the agency in developing the child's case plan. The carer is responsible for making sure the child receives the type of religious instruction agreed to. Therefore, advice will be given to the school at time of enrolment.	~	4	
Transition Plans			
• Following prolonged absence, it may be necessary to develop a transition plan for a student		1	
Beginning kindergarten or high school		1	
CASE MANAGEMENT			
Case management of child or young person in out of home care.			
Follow the Education Pathway –			
 Inform the Department of Education when a child or young person attending a NSW government school enters care or starts school for the first time, by sending a Notice to School to <u>oohc.cps@det.nsw.edu.au</u> 		✓	
 Inform the Department of Education about any changes to the child's circumstances by completing at Change of Details Advice and sending it to <u>oohc.cps@det.nsw.edu.au</u> 		~	
 Inform school about who is responsible for making decisions that may be relevant to a child or young person's schooling, including ensuring the carer is involved throughout the process and working 	4	Ƴ(lead)	

	Responsibility		
Decision	Authorised Carer	Agency (caseworker) responsible for Case Management (NGSP or CS)	CS (or NGSP with delegated PR)
with the school to implement agreed actions and strategies.			
Case plan			
• Develop and review the case plan to meet the safety, welfare and wellbeing needs of the child or young person in consultation with the child or young person, their carers, parents, other relevant professionals and significant others. Developed in consultation with the child and carer.			
• Case plan to incorporate education goals and strategies agreed by stakeholders in Personalised Learning and Support Planning.		*	
Day-to-day care of child or young person			
Make decisions in regard to their day-to-day care.			
Information provision			
• Ensure carers are fully informed of their responsibilities relating to the education and training of children and young people in their care.		*	
• Provide information to birth parents on the whereabouts of a child.		✓	
• Share relevant information about a child or young person with the school on an ongoing basis, as appropriate.	*	*	
• Share information on agency programs and services, access and eligibility.		✓	
Expenses			
• Payment of school related expenses such as uniforms, books, travel and excursion costs, etc.	~		
• Approval for payment and carer reimbursement of additional school related expenses not covered by the carer allowance e.g. tutoring.		✓	
Assessment and information on child need			
• Regularly assess the health and wellbeing needs of a child or young person in care.	~	✓(lead)	
• Participate in the planning and decision-making concerning the health and wellbeing, learning and behavioural needs of a child or young person, including respond to the request from the school to participate in a timely way.	*	Ƴ(lead)	
• Respond to a request from the school for copies of relevant information on the child including assessments, including those ordered by the court, which will assist in the planning and decision-making concerning the education needs of a child or young person.		✓	

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 Make every reasonable effort, within available resources, to work with NSW Health to facilitate access to a mental health, physical health, or functional needs assessment of a child or young person. 		¥	
Before and after school care / vacation care			
• This includes planned or casual arrangements.	✓		
HEALTH & WELLBEING			
 Health & Wellbeing Consent to health assessments where concerns are raised by the child/young person, carer, teacher, health care provider or other person about an aspect of a child or young person's health, development or disability (eg hearing, vision), This includes where health assessments are conducted at school. 			
 Consent to general medical and dental treatment or check-ups not requiring surgery or specialist treatment which have been identified in the child or young person's case plan – e.g. treatment for asthma or diabetes, general dental, etc. 	*		
• Consent to medical and dental treatment in emergency situations where the medical officer deems it necessary to save the life of a child or young person.	v		
• Administration of medication prescribed by a medical practitioner as well as some 'over the counter' medicines.	1		
Inform school of any allergies.	1	~	
• Communicate with school about relevant aspects of a child or young person's health, development or disability.	~	√(lead)	~
• Consent to medical and dental treatment involving surgery, other than urgent treatment.		~	
 Approval of psychotropic medication for the purpose of controlling, managing or changing behaviour – only if part of an approved behaviour management plan and prescribed by a doctor. 			~
Consent for immunisations conducted at school.	~		
Medical emergency at school			
• First point of contact.	✓		
If life threatening, carer to inform Community Services.	✓		

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Decision	Authorised Carer	Agency (caseworker) responsible for Case Management (NGSP or CS)	CS (or NGSP with delegated PR)
If ambulance called, school to contact -	✓	✓	
Individualised Health Care plans at school			
• Consult with the child/young person's medical practitioner about the implications of the child's health condition for their schooling.	✓		
• Convey all relevant information from the medical practitioner to the school to assist school in planning for support and for the development of an individual health care plan as appropriate.	1		
EDUCATION PLANNING			
Personalised Learning and Support Planning (PLaSP)			
 Participate in PLaSP meetings and reviews coordinated by the school 	~	V	
Implement strategies to build on the child's formal learning at home	~		
• Facilitate access to external services recommended in PLaSP to support learning, such as tutoring.		~	
Access Requests Be involved in the Access Request application 	*	1	
Sign the Access Request		1	
Receive the letter of offer		✓	
 Parent Teacher Interviews/Meetings Discussions of academic progress, behaviour and other issues. (Carer to share with case manager/case worker) 	~		
 Report cards and test results – where to send Internal school test results 	~		
School reports	1	✓	
External or State-wide test results	√	✓	
BEHAVIOUR			
 Agency developed Behaviour Support Plan Develop plan, if required, and assist authorised carers manage the behaviour of the child or young person. 		~	

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• Discuss with, and/or provide a copy of the plan to, the school.		✓	
Management Plan for Medications			
 Agency developed plan, outside of school to approve the use of psychotropic medications for the purpose of controlling behaviour. 			~
• Discuss with, and/or provide a copy of the plan to, the school.			
SuspensionShort suspension notification.		-	
 Short suspension resolution meeting - Both should be invited, one MUST attend. 		1	
Long suspension notification.	~	V	
 Long suspension resolution meeting - Both should be invited and are expected to attend. 	~	*	
 Suspension Resolution Meetings Agency, school and authorised carers to collaboratively identify and 			
case manage appropriate return to school strategies. (Plan the resolution meeting before the end of the suspension period).	V		
Suspension leading to Expulsion			
• Where expulsion is being considered, school to contact authorised carer and agency to discuss the issues and plan a way forward which is in the best interests of the child or young person. Including the school finding an alternate educational placement following expulsion.	¥	¥	
EXCURSIONS			
Excursions			
Day trip.	1		
Less than one week duration within NSW	✓		
One week or more duration within NSW		~	
 High risk activities – organised by school such as rock climbing or surfing. 		~	
Interstate or overseas for any length of time.			4

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Where the child or young person <u>has</u> an individualised health care plan at school -			
There may be circumstances where a different agreement is made to best support a child. In these cases, the school should also liaise with the case worker.	✓	√(lead)	
Swimming lessons			
Organised by school.	1		
After school activities organised by the school			
Permission to attend after school activities including work experience and volunteer activities organised by school.			