

PSP Recommissioning – Q&A's

Foster Care, Interim Care, Supported Independent Living &
Intensive Therapeutic Care

Information for PSP Providers, DCJ Contract Managers &
key stakeholders



This document combines a series of Questions and Answers factsheets provided to service providers, Department of Communities and Service (DCJ) and other key stakeholders in the Out-of-home care (OOHC) sector during the Permanency Support Program (PSP) recommissioning process in 2022.

The Q&A's cover information relevant to Foster Care, Interim Care, Supported Independent Living, and Intensive Therapeutic Care (ITC).

Note the information below was provided at a point in time during recommissioning. Other initiatives that are introduced since then may not be included or referenced.

All information relevant to PSP contracting is in the [PSP Funding Deed](#), [PSP Program Level Agreement \(PLA\)](#) and PSP policies.

Contract Questions

1. What is the length of the new PSP contracts for Foster Care, Interim Care, Supported Independent Living and Intensive Therapeutic Care?

New contracts will have a start date of 1 October 2022 and an end date of 30 June 2027, meaning they will be in place for a period of 4 years and 9 months.

2. Will all proposed system adjustments take effect from 1 October 2022?

No. In response to sector feedback, DCJ will delay some adjustments to support a staged approach and allow more time for sector readiness.

The below recommissioning strategies will come into effect on 1 July 2023:

- Removal of the Placement Capacity Payment (PCP) for Foster Care
- Introduction of the new Aboriginal Transition Support Payment
- Change in pricing for Supported Independent Living (SIL) and Therapeutic Independent Supported Living (TSIL) for over 18s.

PSP Recommissioning – Q&A's

3. Has feedback regarding requirements within the Funding Deed been considered?

DCJ has considered all feedback received from the sector. The existing Funding Deed has been updated in some areas to align more closely with the Human Services Agreement which is DCJ's standard terms of agreement. The Funding Deed is not specific to PSP and supports a number of programs funded by DCJ.

4. How will DCJ consider feedback from the sector regarding policies and procedures linked to the contract?

DCJ will continue to work collaboratively with providers and consult on amendments to policies and procedures that are included in the contract such as the Permanency Case Management Policy, Contested Adoption Fund, Intensive Therapeutic Care service overviews and operations guides and other relevant material.

Permanency

5. Will there be any adjustments to the two-year timeframe to achieve permanency?

No. DCJ considered adjusting the start date of the two-year timeframe for children entering care because of concerns about the start date of short-term court orders commencing well into time-limited funding packages once a final order is made. Sector feedback was mixed in response to this proposal. Since the majority of feedback did not support an adjustment, the start of the two-year timeframe will remain from entry into care.

The two-year timeframe remains critical to ensure casework is prioritised for children to promote permanency outcomes. Restoration casework and assessment commences from the time a child enters care. Extensions to time-limited case plan goal packages will continue to be available where the criteria is met.

6. What are the expectations around reviews for children progressing to permanency?

Achieving permanency for children and young people in out-of-home care remains a key focus of the Permanency Support Program. The minimum frequency for case plan reviews for all children is annually. Children progressing to restoration, guardianship or open adoption also require a 6 monthly permanency progress review in collaboration with DCJ. Providers should have policies and procedures in place to ensure permanency casework is prioritised, and routine case plan reviews and permanency progress reviews occur as part of regular case planning processes. Involvement of DCJ Permanency Coordinators remains critical to ensure oversight and monitoring of outcomes within the two-year timeframe.

PSP Recommissioning – Q&A's

Funding – all services

7. Will the modern award wage increase be reflected in updated PSP pricing?

Package prices are updated annually to reflect changes in indexation costs. DCJ will be passing on the full 5.5% indexation increase to PSP contracts in July 2022.

8. Funding levels across PSP - would DCJ consider increasing PSP funding?

Noting the feedback received from the sector, the Government may consider a further review of prices during the contract. DCJ will engage with the sector to inform the parameters for a possible independent pricing review for out-of-home care early in the new contract term.

9. Are there new obligations within the new contract that are expected to be delivered by providers without an increase to funding packages?

The new contract outlines the expectations and obligations of providers for the coming contract term with associated package pricing. Requirements around family finding, court work, immediate placement requests, adhering to information security policies, and incident reporting are not new. Under the existing contract and associated policies for PSP all providers are expected, and funded to complete these requirements.

10. Can Complex Needs Application Payments carry over to the new contract from 1 October 2022?

Complex needs applications approved under the current contract relating to requests for additional funding for staffing for young people in ITC cannot transfer over to the new contract. All current approvals can only continue through to 30 September 2022.

DCJ will work with providers to review all other approved complex needs requests to assess whether they need to be re-submitted or are suitable to carry over to the new contract.

11. What funding will be available to providers to support young people until they turn 25 years of age?

Providers have an obligation in line with the Care Act to deliver services to young people who have left care until they turn 25. Any services or supports required for young people need to be provisioned within their After Care Plan.

Surplus funds

12. Will providers be able to retain surplus funds during the new contract term?

Yes. Providers will retain surplus funds from one year to the next year within the next contract term. Any unspent funds will be returned to DCJ at the end of the contract term following the 26/27FY financial reconciliation and annual accountability processes.

PSP Recommissioning – Q&A's

13. Will surplus funds from the current PSP contract be rolled over into the new contract?

No. Surplus funds cannot be rolled over from one contract to another. DCJ will continue to honour any agreements with agencies to spend their unspent funds which must occur prior to the end of the contract term (30 September 2022), unless there are exceptional circumstances, which must be discussed with DCJ. In line with other government contracts, providers will then be required to return any surplus funds after the contract term ends. As previously indicated, providers with unspent funds will be asked to 'hold' funds until 21/22FY reconciliation and annual accountability processes are complete. Holding the money means providers cannot spend it because they may need to return it following reconciliation.

14. Is there any consideration for ITC providers to retain surplus from this contract if they have had deficits in previous years within the contract?

DCJ would not request the return of a surplus that was smaller than the deficits a provider has had through previous years in the contract term, subject to the specific details of the provider's situation. This will be considered after reconciliation and annual accountability are finalised for the current contract.

Data

15. Can performance data on PSP be shared with providers to enable data driven decision making to support ongoing improvements to the system?

DCJ is committed to working with the sector to develop a high-level program dashboard. DCJ will collaborate with sector and peaks to progress work on this as a priority.

Key Performance Indicators

16. What are the expectations around Key Performance Indicators for achieving permanency?

Performance in achieving permanency outcomes will be managed through a new Key Performance Indicator (KPI303) which requires providers to support children and young people in care to achieve permanency outcomes as soon as possible, and within two years of entering care or setting of the case plan goal.

17. How will DCJ monitor KPIs including quarterly reporting for plans?

DCJ will review and monitor data based on KPIs in collaboration with Providers. DCJ will review the PSP Provider Performance Dashboard to consider adjustments to enable monitoring of new KPIs in partnership with Providers over the coming months.

PSP Recommissioning – Q&A's

18. Why has the ITC Direct Care staff role been included in Schedule 2 Appendix B?

Following sector feedback, DCJ removed the Key Performance Indicator for Qualified, Trained and Consistent Staff as it is adequately covered through the OOHC Reporting Requirements and clauses in the contract.

Reporting requirements for exemptions to Direct Care staff qualifications had been included with the Key Performance Indicator for Qualified, Trained and Consistent Staff in Appendix B. In removing this Key Performance Indicator, the reporting requirements for exemptions to Direct Care staff qualifications have now been moved into the reporting requirements section in Appendix B. It is anticipated that reporting on staffing will occur through regular contract management meetings, consistent with current practice.

Maintaining Qualified, Trained and Consistent staffing is one of the Ten Essential Elements of Therapeutic Care and ensuring children and young people have access to and support from staff with appropriate training and experience remains a priority. DCJ will continue to work with the sector on workforce challenges and develop guiding principles with the sector regarding engagement and qualification requirements of casual and agency staff.

OOHC Reporting Requirements

19. What is the rationale for the new OOHC Reporting Requirements?

The new OOHC Reporting Requirements provide a streamlined list of requirements that align to ChildStory. Reporting expectations have been reduced across the board (i.e. indicators reduced from 107 to 48 for foster care).

Reporting requirements stem from a range of obligations including national reporting requirements, Closing the Gap, in response to Royal Commissions, Serious Case Review and Coronial Inquests.

20. Do the new proposed OOHC Report Requirements replace the Minimum Data Set (MDS)?

Yes. The new OOHC Reporting Requirements reflect the information required about children's placements, whereabouts, case plans and demographics. These new requirements are based on the important co-design work with the sector as part of the PSP Data Roadmap project led by the Australian Centre for Child Protection in collaboration with ACWA, AbSec and DCJ.

21. How will Provider's report to DCJ on the new OOHC Reporting Requirements?

All reporting requirements are to be submitted to DCJ via ChildStory Partner Portal (unless specified by DCJ in Schedule 2). A number of enhancements are being made to ChildStory to

PSP Recommissioning – Q&A's

improve user experience, streamline user access, simplify updating of records and enabling functionality to complete all reporting requirements.

22. What are the expectations regarding the OOHC Reporting Requirements?

Reporting requirements have been minimised to the greatest extent possible and a small number of new items are critical data items, added in direct response to recommendations made by the Disability Royal Commission and other external bodies such as the NSW Coroner.

Providers will continue to use ChildStory Partner as the primary way to report information to DCJ. ChildStory enhancements will continue to occur to allow greater visibility of child person information, casework and other important aspects. DCJ is making continuous enhancements to ChildStory to enable functionality to complete reporting requirements.

DCJ intends to work further with the sector about the most appropriate way to collect and record some of the information we need for the OOHC Reporting Requirements.

For ITC service providers, the reporting requirements for approved exemptions to qualification requirements for direct care staff will be through contract management meetings.

23. Will DCJ provide more detail on the timeframes for when case plans, leaving care plans and cultural support plans need to be developed?

Timeframes for when case plans are developed vary according to the plan, for example OOHC Case Plans are due within 30 days of a child entering care.

KPI102 in Schedule 2 refers to 'reviews' of case plans. Each case plan is required to be reviewed annually.

More details about the time periods which each individual plan is due will be provided in an updated Permanency Case Management Policy.

24. Who will record the Therapeutic Specialist qualification and experience (as per 3.12 in Schedule 2)?

This information will be recorded by ITC service providers via ChildStory Partner. Functionality to record this information is expected to be available from 1 October 2022.

25. Will DCJ be progressing B2B solutions to improve data quality and minimise duplication in data entry?

DCJ is prioritising the progress of a B2B solution. Work will likely commence in the new calendar year. DCJ will provide further information as it is available.

PSP Recommissioning – Q&A's

Joint Protocol Reporting

26. Why has Joint Protocol reporting been included as a reporting requirement?

The Office of the Children's Guardian Special Report: Family is Culture Review identified the critical need to strengthen the implementation of the Joint Protocol. This includes enhanced data collection, monitoring, and oversight, and to ensure that frontline staff have access to training, skill development and resources to improve cultural competence and trauma awareness.

Recommissioning provides an opportunity to enable this to be addressed. As a result, minimum data requirements from service providers were identified and embedded into Schedule 2. Separate conversations are also occurring with NSW Police on the metrics that will add to the narrative on the impact of the implementation of the Joint Protocol in minimising the contact of young people in ITCs with the criminal justice system.

Abatements and performance

27. Will there be abatements in the new contract for referral refusal?

No. The new contract will not include abatements relating to providers inability to respond to immediate placements.

DCJ will monitor Provider's ability to respond to immediate placements through Placement Referral Acceptance or Placement Referral Decline. Refer to Question 19 for further information about placement referral acceptance for Foster Care and Question 29 for further information about placement referral acceptance for ITC.

As previously advised, the only abatement in the new contract will be for performance failure in relation to case plans, leaving care plans and cultural support plans.

28. When will abatements be applied for failure to report case plans, leaving care plans or cultural support plans?

Reporting completed plans remains a critical reporting element for public reporting on performance against national indicators on out-of-home care. Abatements will only apply in circumstances where there are clear events of serial or serious underperformance. DCJ will engage with Providers prior to any abatement being applied.

A Performance Failure can be applied individually for each OOHC case plan, leaving care plan or cultural support plan not being:

- completed on time

PSP Recommissioning – Q&A's

- reviewed on time (based on the date of the previous year's plan review date)
- not reported to DCJ on time (quarterly).

Abatements will not apply where a performance failure has resulted from an action by DCJ. DCJ also recognises that there may be certain circumstances beyond the reasonable control of a provider that may contribute to a performance failure.

29. What will happen if a provider cannot submit a Performance Improvement Plan to DCJ within 10 days of a default event? And when will DCJ review the plan?

Service providers can seek an extension if they are unable to comply with the 10 days, so there is some flexibility if required. DCJ will seek to review and provide comment using the same timeframe or liaise with the provider to negotiate a time.

Foster Care and Aboriginal Foster Care

Foster care payments

30. Will quarterly advanced payments to foster care providers be paid on Actual Volume or Contract Volume?

In accordance with Schedule 3, payments will be made to foster care providers based on Actual Volume. Until 30 June 2023, this will include Placement Capacity Payments based on Actual Volume.

31. Will the Placement Capacity Payment (PCP) be removed in the new contract in line with previous proposals by DCJ?

Yes, but removal of the PCP has been delayed as part of a staged approach to some of the system adjustments.

Providers will continue to receive payments for vacancies via the PCP until 30 June 2023. From 1 July 2023, the PCP will no longer be paid.

32. Can the Placement Capacity Payment (PCP) be reinstated in acknowledgement of how providers are utilising funds to deliver critical elements of the PSP?

Re-introducing the PCP to the new contracts beyond 1 July 2023 is not possible at this time. With the introduction of PSP, funding to the sector significantly increased by approximately \$160 million. Providers are fully funded under the PSP to deliver out-of-home care services for children in their case management. The PCP was intended solely to fund agencies to maintain carer vacancies to enable acceptance of placements, including immediate placement.

PSP Recommissioning – Q&A's

A key challenge of the out-of-home care system is to ensure that appropriate placements and carers are available for children who need them. Unfortunately, there continues to be over 500 funded vacancies across all providers, even though there are children in need of placement. Many of these vacancies cannot be utilised, putting increased pressure on the system including some children ending up in Alternative Care Arrangements.

33. How will agencies manage vacancies and deliver immediate placements after 1 July 2023 without vacancy payments?

Providers are fully funded to deliver services to children in their care via the service packages available to children and young people in out-of-home care under PSP. The baseline package for foster care includes the cost of conducting carer assessments.

34. Are there any supports in place for providers who may face viability issues once the Placement Capacity Payment is no longer available in July 2023?

Providers are fully funded under the PSP to deliver out-of-home care services for children in their case management. The Placement Capacity Payment was intended solely to fund agencies to maintain carer vacancies to enable acceptance of immediate placements. The new Aboriginal Transition Support Payment will provide funding support to ACCOs. Smaller non-Aboriginal agencies with 100 or less contracted placements may also be eligible for sustainability payments of up to \$100,000.

35. Will all children receiving a service from foster care providers be included in Contract Volumes?

Yes. Children and young people allocated a Case Coordination baseline package will be included in Contract Volume within the new contract for Foster Care.

Schedule 5 defines Actual Volume as “the number of Children and Young People receiving a service from a Service Provider over the Service Delivery Period. For Foster Care, this includes children and young people receiving a case coordination package”.

Note: Children who are Not in Placement or receiving Restoration Support receive a case plan goal, baseline, child needs and any relevant specialist packages. The only difference being the baseline doesn't include funds to cover a carer allowance which isn't being paid during that period. At any one time only a very small number of children receive a Case Coordination - Post Permanency Casework Support stand-alone package for up to 6 months.

Placement Referral Acceptance for foster care

PSP Recommissioning – Q&A's

36. What are the expectations around Placement Referral Acceptance?

DCJ will monitor Providers' ability to respond to immediate placements through Placement Referral Acceptance or Placement Referral Decline which refers specifically to responses made to Broadcasts for Placements within ChildStory.

The contract introduces timeframes for responding to Immediate Placements. A Placement Referral Acceptance is where:

- confirmation of placement referral acceptance is received within 4 hours of a Broadcast for Immediate Placement
- placement commences the same business day of Broadcast for Immediate Placement.
- Service Providers should have procedures in place to consider and respond to placement requests within these timeframes.
- Service Providers must provide a clear rationale and evidence for declining a Placement Referral under the following categories:
- Placement is not in the child's best interests and would place them at risk
- Inappropriate placement matching due to:
 - Cultural identity
 - Religion
 - Disability needs
 - Medical needs
 - Behavioural needs
- Inappropriate placement matching due to existing children in placement
- Agency has a contracted vacancy but no available carer
- Aboriginal provider received referral for non-Aboriginal child (other than a sibling) where there are non-Aboriginal providers in the local area

Service Providers are required to consider all measures that can be put in place to mitigate risk and support Placement Referral Acceptance.

As part of the Key Performance Indicator for Service Provision, DCJ will monitor a Provider's ability to respond to immediate placements.

PSP Recommissioning – Q&A's

Carer Recruitment

37. Will providers be expected to have carers available to respond to immediate placements from 1 July 2023?

Yes. Providers will receive funding via PSP service packages from the day a child commences a placement with them. Availability of carers and ability to respond to children and young people need for a placement in response to either an entry into care or placement breakdown remains a priority within the out-of-home care sector and Permanency Support Program.

38. How will the department support improvements to carer recruitment?

DCJ is committed to working with the sector to better understand the challenges and how we can work together for better outcomes.

DCJ has invested \$7.56M over 5 years with My Forever Family to recruit carers as well as deliver carer training, support and advocacy. An evaluation is currently underway with some early learnings expected in August.

DCJ has developed a carer authorisation dashboard. The dashboard provides greater visibility about the time taken to full authorisation. The dashboard is scheduled for release in June/July and will:

- support continuous improvement of PSP providers' carer authorisation processes – including timely recruitment, authorisation processes, timely assessment and training
- help providers and practitioners consider barriers and solutions to increase carer supply and readiness of new carers to accept placements.

39. How can providers respond to increased costs for recruiting carers, providing establishment support (housing, vehicle, etc.), increased costs for family finding and staff training without increases to baseline funding?

Where costs related to achieving a child or young person's case plan goal is extraordinary, additional funding can be accessed through the complex needs payment process. DCJ is reviewing the process to explore further opportunities to streamline, clarify expectations and provide clear parameters for applications – DCJ will consult with the sector in the coming months.

PSP Recommissioning – Q&A's

40. Why are non-Aboriginal providers required to continue recruiting Aboriginal carers when the intention of the Aboriginal Transition Plan is to support the transfer of Aboriginal children and their carers to Aboriginal providers?

Plans to transition Aboriginal children from non-Aboriginal providers to Aboriginal providers will occur over time to align with the growth and capacity of the Aboriginal OOHC sector. There remains a need for all providers to support the sector where there isn't capacity to take placements, and recruit appropriate carers who can support the cultural needs of children in care.

Temporary Care Arrangements (TCA's)

41. Will case management for Temporary Care Arrangements, which are now included on Contract Volume, sit with providers?

The Permanency Case Management Policy is being revised to align to the program changes made through PSP Recommissioning. Review of casework and case management expectations for TCA's will occur as part of this process. DCJ will consult on the revisions with the sector.

42. What funding will agencies receive for Temporary Care placements?

Providers will receive the full suite of PSP service packages when a placement is arranged for a child on a Temporary Care Agreement. This includes case plan goal, baseline and child needs packages. The goal for children on TCA's is restoration and have legislated time limitations.

Transitioning Aboriginal children to the Aboriginal sector

43. Is it expected that all Aboriginal children will transition over time to Aboriginal Community Controlled Organisations (ACCO's)?

DCJ remains committed to expanding the Aboriginal sector, and ensuring Aboriginal children receive culturally appropriate care and case management. Non-Aboriginal providers are expected to have processes in place that promote the transfer of carers to Aboriginal Community Controlled Organisations (ACCO's). Where carers are authorised or placed with Aboriginal children expectations to transition them to ACCO's in the future must be made clear.

44. Will all providers be required to develop an Aboriginal Transition Support Plan?

Yes. All Providers need to develop an Aboriginal Transition Support Plan to support the transfer of Aboriginal children to ACCO's. The plan sets out the ways providers will work together to transition Aboriginal children from non-Aboriginal providers to ACCO's.

PSP Recommissioning – Q&A's

Aboriginal agencies must have a plan for growth to accept more placements for Aboriginal children and non-Aboriginal providers must have plan to work with Aboriginal agencies to identify transitioning Aboriginal Children and Young People to those organisations.

Plans must be developed in collaboration with DCJ and be submitted by the end of Quarter 2 within Year 1 of the contract which is by 31 December 2022.

45. What are the expectations regarding Aboriginal Transition Support Plans which are to be completed by 31 December 2022?

The transition of Aboriginal children to ACCOs is being led by DCJ in collaboration with sector peaks AbSec and ACWA. DCJ will provide further information including templates to agencies in the coming months. Providers and districts will continue to progress transfers already underway.

46. Will there be guidance developed to support providers to navigate possible transfer challenges (such as carers requesting to not transfer)?

DCJ is aware of the reluctance of some carers to transfer. The new contract places expectations on providers to actively encourage carers, and to build connections with ACCOs. We should work very hard to promote the benefits of transfer including connection to country and culture. DCJ is working with AbSec and ACWA to develop a set of guiding principles which will be distributed once available.

47. How will planned transfers be reflected in Contract Volume?

Contract Volume can be increased at any time based on demand by mutual agreement between providers and DCJ. DCJ will routinely review Contract Volumes on a quarterly basis to consider any relevant increases needed to support transfers nearing completion.

48. Can ACCO's be provided with the full copies of case files at point of transfer as full and transparent history, casework and work with family/kin and culture is critical?

The Permanency Case Management Policy is being revised to align to the program changes made through PSP Recommissioning. Revision of the Case Management Transfer checklist will occur as part of this process. DCJ will consult on the revisions with the sector.

49. Is it anticipated that over time as Aboriginal children transition from non-Aboriginal providers to ACCO's that their Contract Volume will be reduced?

One of the original expectations of the Permanency Support Program was that the number of children in out-of-home care would reduce over time, reducing the need for contracted foster care placements.

PSP Recommissioning – Q&A's

DCJ will work closely with providers to manage transfers sensitively to the viability needs of all agencies. It is possible that overtime as transfers progress and children in foster care achieve permanency, that the need for non-Aboriginal foster care placements will reduce.

Aboriginal Transition Support Payment

50. When will the Aboriginal Transition Support Payment commence?

The Aboriginal Transition Support Payment will come into effect on 1 July 2023. This payment is available to ACCOs on an annual basis to support growth to increase opportunities to accept new placement for Aboriginal children, including the transition from non-Aboriginal providers.

Prior to 1 July 2023, ACCOs will continue to receive Placement Capacity Payments for vacancies and will be supported to increase contract volume in line with their Aboriginal Transition Support Plan.

51. Is the Aboriginal Transition Support Payment, available from 1 July 2023 for ACCOs, only made after the completion of an Aboriginal Transition Plan?

No. All Aboriginal Community Controlled Organisations (ACCOs) will receive the Aboriginal Transition Support Payment (\$150,000) annually from 1 July 2023.

Interim Care

52. Will Interim Care providers receive a vacancy payment?

Interim Care providers will receive an Interim Care Vacancy Payment to support the fixed costs of running homes when there is a vacancy. The value of this payment is outlined in Schedule 3 and is equivalent to the Placement Capacity Payment under the current PSP contract.

Supported Independent Living (SIL) and Therapeutic Supported Independent Living (TSIL) pricing

53. When will the new pricing for over 18s in SIL and TSIL come into effect?

The new pricing structure for over 18s in SIL and TSIL will come into effect from 1 July 2023. From this date, over 18s in SIL and TSIL will receive an over 18s baseline package only. Prior to 1 July 2023, over 18s in SIL and TSIL will receive a baseline package, case plan goal and child needs package.

Approval to continue a SIL or TSIL for a young person over 18 will continue to be on a case by case basis.

PSP Recommissioning – Q&A's

54. Why is DCJ introducing changes for over 18s in SIL and TSIL?

The expansion of SIL and TSIL has been a success of the ITC reform, as young people are supported to transition into adulthood. However, there are a higher number of young adults over 18 in these placements than anticipated, and the service model has not been specifically designed for this older cohort.

The adjustments for over 18s recognise that DCJ will continue to support, and formalize, the current flexibility for young people to continue in TSIL and SIL placements over 18 on a case-by-case basis, up to the total placement length of 24 months from entry.

The adjustments will support service standards for over 18s which are focused on supporting their needs as distinct to young people in statutory OOHC. DCJ is keen to continue engagement with the sector to discuss the level of supports that would help young people over 18 to successfully transition and achieve their independent living goals.

55. What are the changes for casework inclusions for over 18s from 1 July 2023?

As over 18s are no longer in statutory care, OOHC casework is no longer applicable. The over 18 baseline for SIL and TSIL will be introduced from 1 July 2023. In the baseline for over 18 SIL and TSIL, a level of casework is assumed for transitional support.

DCJ will continue to work with the sector around specific service requirements for over 18s, including casework requirements.

56. SIL funding is exclusively available to non-Aboriginal agencies, how can we improve leaving care practices for Aboriginal children?

To support placement of Aboriginal children and young people with Aboriginal providers, DCJ will be leading a select tender to procure additional Aboriginal PSP providers to deliver SIL. DCJ will provide more information about the timeframe to commence the select tender process however anticipate the select tender will be completed by the end of 2022.

57. SIL funding being reduced for over 18s will impact leaving care plans, what casework practices need to adjust in response to this program change?

TSIL and SIL packages were not intended to be accessed immediately before a young person turns 18 years, or as a substitute for quality leaving care planning that commences when a child turns 15 years. Leaving Care planning from 15 years is mandated in the Children and Young Persons (Care and Protection) Act (1998), the Permanency Case Management Policy and the Office of the Children's Guardian NSW Child Safe Standards for Permanent Care.

DCJ acknowledges that some young people are not ready to live independently at 16 years and as such a referral into SIL may not be suitable at that time. It is important that quality leaving

PSP Recommissioning – Q&A's

care planning commences from 15 years and any additional casework requirements or support required beyond 18 is built into a young person's after care plan.

DCJ will continue to work with providers about the casework expectations for people aged over 18 years in SIL and TSIL arrangements.

Intensive Therapeutic Care (ITC)

Placement Referral Acceptance for ITC

58. What are the expectations around Placement Referral Acceptance?

The ITC service system was designed to support timely placements for children and young people. Timely acceptance is essential to maintain the integrity and functioning of the system. ITC providers are expected to have the capability and capacity to support and group children and young people with high and complex needs.

The contract introduces timeframes for responding following receipt of a Placement Referral:

- within 4 hours of notification for Immediate Placement referrals
- 3 business days of notification for Placement referrals.

Service Providers should have procedures in place to consider and respond to Placement Referrals within these timeframes.

Service Providers must provide a clear rationale and evidence for declining a Placement Referral under the following categories:

- Placement is not in the child's best interests
- Agency has inadequate staffing for the placement
- Agency unable to mitigate identified risks
- Agency recommends alternative placement within their service

Service Providers are required to consider all measures that can be put in place to mitigate risk and support Placement Referral Acceptance.

59. Have referral acceptance timeframes changed?

Placement Referral timeframes are consistent with the current PSP contract.

Immediate Placement referrals are a defined term in the contract (Schedule 5). Most placement referrals are not immediate placement referrals. Immediate placement referrals are made when

PSP Recommissioning – Q&A's

there is an urgent, same day need to place a child or young person due to unforeseen circumstances.

The timeframe to respond to placement referrals (not immediate placement referrals) within 3 days (72 hours) was jointly agreed by providers and DCJ through a workshop in 2019 and this remains in place and is formalised in the new contract.

In response to feedback received, wording in clause 7.6 (Placement Referral Acceptance) has been amended to remove the word inadequate in relation to staffing being available. However, providers are expected to have adequate staffing to accept referrals up to contracted volume and the clause articulates this requirement.

Qualifications

60. The qualifications requirements for ITC staff are challenging to meet in the current market. Will DCJ adjust the qualifications requirements in recognition of this?

The introduction of Intensive Therapeutic Care required an adjustment in the qualification requirements to support the evidence informed therapeutic care approach compared to the previous residential care program.

Children and young people in ITC are some of the most vulnerable in out of home care, who have high needs, complex behaviour and trauma histories. It is expected that with minimum qualifications and therapeutic care training, ITC will have a highly skilled workforce with shared knowledge, language, culture and practice to better support children and young people in out of home care.

In acknowledgement of current workforce challenges, DCJ has included in the contract the ability to have flexibility on a case by case basis for direct care staff qualifications. This formalizes the approach to date, previously managed through special conditions.

Additionally, the minimum qualification for House Managers and House Parents (in Interim Care) were adjusted to:

- relevant Bachelor's degree or relevant Diploma working towards a Bachelor's degree is preferred.
- Diploma in Community Services or related Diploma is acceptable, with experience and understanding of trauma-informed practice and Therapeutic Care.

The qualifications for Therapeutic Specialist align with the requirements of the role. Therefore, requests for flexibility in qualifications for Therapeutic Specialist will need to be carefully considered and is not included in the contract for that reason.

PSP Recommissioning – Q&A's

Intensive Therapeutic Care Home (ITCH) and Intensive Therapeutic Care-Significant Disability (ITC-SD) pricing

61. What changes have been made to ITC pricing following consultation?

The following changes have been made to ITC pricing following consultation:

- Funding for the 2-bed house package has been adjusted to include a house manager for each 2-bed home.
- Clarification that funding for ITC child packages and ITC house packages will not be accounted for separately.
- Staged implementation of change in pricing for over 18s in SIL and TSIL, commencing 1 July 2023.

62. When will the new pricing structure for ITC Homes and ITC Significant Disability be introduced?

The new pricing structure for ITC Homes and ITC Significant Disability will be introduced from 1 October 2022. This includes:

- introduction of a 2-bed model
- funding simplification through the introduction of house packages and child packages to replace existing case plan goal, baseline, child needs and specialist packages, and Placement Capacity Payment.

63. How will individualised placements in ITC Homes and ITC – Significant Disability be funded?

DCJ generally does not support long-term individualised placements and as such is not proposing a funding model for individualised placements in ITC. This means that providers delivering a 2-bed placement option will need to make both beds available for referrals of eligible children and young people.

The funding for 2-bed models is made up of a:

- House package paid per house (Schedule 3, Appendix A, Table 6)
- Child (baseline) package per child in placement (Schedule 3, Appendix A, Table 3).

Note: When a 2-bed house is vacant (i.e. no children in placement), the 2-bed house package payment is not applicable.

The funding inclusions for direct care staff for the two-bed model are outlined in the table below:

PSP Recommissioning – Q&A’s

Funding Inclusion	Funding Intensity
Direct Care Staff when 1 child in placement with one vacant bed	1 staff member during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)
Direct Care Staff when 2 children in placement	2 staff during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)

Requests for additional staffing above the funding inclusions may be considered on a case-by-case basis through complex needs.

64. How were the proposed ITC Home and ITC SD prices constructed?

The proposed prices were constructed to:

- Maintain overall funding levels across a provider’s case mix of different housing configurations, but simplify the administration of that funding.
- Recognise the pricing uplift that was provided in 2021-22 and build that increase into ongoing pricing.

Rather than a build-up of packages for each child in placement, including Case Plan Goal, Baseline, Child Needs and specialist packages as well as Placement Capacity payment for vacancies, there will be one House package for each home, and a child package for each child in placement.

DCJ acknowledges provider feedback about the fixed costs in running ITC homes and has considered adjusting the balance of fixed and variable costs within the funding formula. However, initial feedback on these proposals from some providers indicated that these were not supported unless they increased overall funding levels.

65. Will Placement Capacity Payment still be available for ITC?

No. Placement Capacity Payment is no longer required. Instead, providers will receive the following packages:

PSP Recommissioning – Q&A's

- House package - which is a payment per house and is common to both ITC Home and ITC SD placements to support mixed model homes
- Child package - which is a single package for each child in placement. The value of a child package differs according to whether the child is in an ITCH or ITC SD placement.

66. What are the funding inclusions for the 4-bed model?

The payment provisions are outlined in Schedule 3 of the contract. The table below outlines the funding inclusions for the 4-bed model.

Funding Inclusion	Funding Intensity
House Manager	1 per house
Direct Care Staff	2 staff during the day Flexibility of Awake night shift when required based on risk assessment <ul style="list-style-type: none"> • ITCH - funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time ITC SD – funded with an awake night shift all the time when 3 or 4 children are in the home (through the ITC SD child package), and the “40/60 assumption” when there are 1 or 2 children in the home
Therapeutic Specialist	1 Therapeutic Specialist per 12 children and young people
Casework and supervision	1 caseworker per 6 children and young people
Child related expenses	Funded through child package per child in placement. Refer to question 36 for inclusions

Additional inclusions of rent and household expenses, staff recruitment and training, staff leave and backfill, management and administration costs.

67. What are the funding inclusions for the 2-bed model?

The payment provisions are outlined in Schedule 3 of the contract. The table below outlines the funding inclusions for the 2-bed model.

PSP Recommissioning – Q&A’s

Funding Inclusion	Funding Intensity
House Manager	1 per house
Direct Care Staff when 1 child in placement with one vacant bed	1 staff member during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)
Direct Care Staff when 2 children in placement	2 staff during the day Flexibility of Awake night shift when required based on risk assessment (funded using “40/60 assumption” – i.e. awake night shift funded 40% of the time)
Therapeutic Specialist	1 Therapeutic Specialist per 12 children and young people
Casework and supervision	1 caseworker per 6 children and young people
Child related expenses	Funded through child package per child in placement. Refer to question 36 for inclusions

Additional inclusions of rent and household expenses, staff recruitment and training, staff leave and backfill, management and administration costs.

68. What are the funding inclusions for the child package?

The child package funds the costs related to individual children and young people living in ITC Homes and ITC SD Homes. Unlike most other service types in PSP which is funded through a combination of different PSP packages, the ITC Home and ITC SD Home funding collapses these packages into a single child-level package which includes funding for:

- child-related living expenses such as food, recreation, medical, dental, clothing, education and personal care
- supports to meet a child or young person’s needs, including clinical services, additional educational supports, general allied health provision and mentoring

PSP Recommissioning – Q&A's

- supports to meet a child or young person's needs, including clinical services, additional educational supports, general allied health provision and mentoring
- casework supports to achieve a child or young person's case plan goal and meet cultural care needs.
- Permanency needs to continue to be a focus: ITC continues to be a placement under the PSP program and providers will be required to maintain a continued focus on achieving permanency outcomes where possible. Funding in the child package has been weighted to support all case plan goals across the case-mix, including restoration, guardianship and adoption.
- The 4-bed ITC SD child package is higher than the 4-bed ITC Home child package. This recognises the generally higher support needs of children and young people eligible for ITC SD and aligns with having an awake night shift all the time when there are 3 or 4 children in the home (rather than the "40/60" assumption in the 4-bed ITC Home package).

69. Can funding from the child package be used towards operational costs?

Yes, funding from the house and child package can be used flexibly.

70. Will children and young people in ITC and ITC SD be eligible for complex needs?

ITC and ITC SD providers can access funding under PSP Complex Needs for one-off, time limited payments in extraordinary circumstances, including for additional rostered staff.

The ITC Significant Disability Child Needs Package (including time-limited placements in individualised accommodation settings) will no longer be required, and funding requests for additional rostered staff will be available through Complex Needs, on a case-by-case basis. It is expected the introduction of the 2-bed model will support smaller configuration placements and reduce the number of Complex Needs applications required.

71. Will Placement Establishment Payment be available in the new contracts?

Placement Establishment Payment will be available under new contracts. Eligibility for this payment is outlined in Schedule 3 of the contract

72. If providers are setting up a new 4-bed model, when does funding for the house package commence?

It is anticipated that funding for the house package will commence around the time a house is available for referrals. This is in line with current practice for Placement Capacity Payment.

PSP Recommissioning – Q&A's

73. Why are 2-bed models not funded when there is no child in placement?

ITC will remain predominantly a 4-bed model. 2-bed models are being introduced in acknowledgement that some children and young people with complex needs may not be able to be grouped in fours for a period of time while their needs are stabilized. DCJ will engage with providers during contract agreement around the proposed criteria for 2 bed models and indication of the proportion of homes for 2-bed models.

74. How will houses that require an active night shift to meet the needs of children and young people with significant disability be supported?

The service requirements outline that ITC and ITC-Significant Disability service providers must ensure the staffing roster is flexible to adapt to the intensity of direct care required. The minimum requirement is that each home has an overnight roster with one staff member on a sleepover.

Refer to Q66 and Q67 for funding inclusions for four and two bed models.

For the 2-bed model and the ITC Home 4-bed model, the funding includes flexibility of awake night shift when required based on a risk assessment. The funding formula for the 2-bed model and ITC Home 4-bed model assumes active night shifts are available at least 40% of the time across all of the provider's homes.

For the ITC-Significant Disability 4-bed model, the funding includes flexibility of awake night shift when required based on a risk assessment. There is available funding for an active night shift:

- 100% of the time when there are 3 or 4 children in the home
- 40% of the time when there are 1 or 2 children in the home.

75. When will DCJ consider complex needs payment requests for active night shifts in ITC?

In general, complex needs payment requests for active night shifts will not be supported. DCJ may consider complex needs payment requests for active night shifts in rare circumstances, where:

- a risk management plan demonstrates the need for an active night shift based on the support needs of children in a house
- active night shift is used for more than 40 per cent of the time within a house
- funding cannot be cross-subsidised across other houses with lower levels of night supports.

PSP Recommissioning – Q&A's

Providers will need to provide evidence for each of these points in complex needs applications.

76. In relation to contract volume, if there is a vacancy, why is there no vacancy payment that provides DCJ with a referral pathway?

The contract will include volume for the number of two-bed and four-bed homes. The number and configuration of homes (i.e, number of 2-bed homes and number of 4-bed homes) will determine the number of contracted placements. DCJ will engage with providers during contract agreement to agree on the contract volume.

There is no vacancy payment because placements will instead be paid by a combination of:

- House package paid per house (Schedule 3, Appendix A, Table 6). **This replaces Placement Capacity Payment (PCP).**
- Child (baseline) package per child in placement (Schedule 3, Appendix A, Table 3). This replaces Case Plan Goal, Baseline, Child Needs and Specialist Packages.

Note:

- When a 2-bed house is vacant (i.e. no children in placement), the 2-bed house package payment is not applicable.
- If a 4-bed house is vacant, the 4-bed house package will be applicable.

The aim of the new pricing structure is to simplify ITC Home and ITC SD funding while maintaining current pricing levels (including the ITC price uplift).

77. What is the difference between the proposed 2-bed funding model and the draft contract agreement?

Since the original proposal shared with the sector in December 2021, the ITC 2-bed model funding has been adjusted to include funding for a house manager for each house. Originally the proposed funding for a 2-bed model included one house manager per 2 x 2-bed models.

DCJ has simplified the funding structure for the two-bed model and is set out differently to how it was explained in December 2021, the only pricing change was to include the house manager for each home. Funding for the two-bed model will be paid through a combination of:

- House package paid per house (Schedule 3, Appendix A, Table 6). **This replaces Placement Capacity Payment (PCP).**
- Child (baseline) package per child in placement (Schedule 3, Appendix A, Table 3). This replaces Case Plan Goal, Baseline, Child Needs and Specialist Packages.

Note: When a 2-bed house is vacant (i.e. no children in placement), the 2-bed house package payment is not applicable.

PSP Recommissioning – Q&A's

The funding for the 2-bed model is the same across ITC Homes and ITC SD service types, in recognition of the high support needs for children and young people that would benefit from placements in a smaller configuration, regardless of service type eligibility.

The funding available for the 2-bed model is outlined in the table below:

	Annual Funding ¹
2-bed house package (per house)	\$373,252.65
2-bed child package (per child)	\$435,696.85
2-bed model – 0 children	Nil
2-bed model – 1 child package	\$808,949.50
2-bed model – 2 child packages	\$1,244,646.35

78. Is the Placement Establishment Payment applicable for establishing a 2-bed ITC or ITC Significant Disability Home?

The Placement Establishment Payment is applicable for new homes that are over and above contracted volume (Schedule 3), including 2-bed ITC homes. It is paid in recognition of the costs of establishing a new ITC Home (or ITC SD home) or ITTC facility. The payment will not apply where a service provider moves existing placements due to a reconfiguration of the providers' property portfolio unless at the request of DCJ.

Acquittals and Reconciliation

¹ Note, rates were at time of publishing - July 2022. Please refer to Schedule 3 for the relevant service price.

PSP Recommissioning – Q&A's

79. How will the 3 month extension impact on the acquittal process?

Providers will need to acquit for all funding provided to them for the financial year 2022-23 in the contracting portal in 2023. The 3 month extended contract and the 9 month new contract will need to be acquitted separately. This means DCJ will not accept financial reporting for the extended and new contracts together.

The acquittal process remains the same as it is, with the inclusion of two new Program Level Agreements (PLA) being allocated in the contracting portal representing the two PSP agreements with the provider (extension PLA + new PSP PLA) for which providers must acquit for individually.

	Extended PSP Contracts	New PSP Contracts
Duration	3 Months (July – Sept)	9 Months (October – June)
Acquittals Due Date	30 October 2023	30 October 2023
Acquittal Process – Corporate Level	Same process. Only 1 corporate will be allocated in the Portal for acquittal regardless of the number of agreements with the provider	
Acquittal Process – Program Level	<p>Same acquittal process.</p> <p>Must be acquitted against existing PLA. This includes:</p> <ul style="list-style-type: none"> ✓ Completing the income and expenses section in the Portal ✓ Annual Accountability certification ✓ Attaching Income and Expenditure Statement (3 months) 	<p>Same acquittal process.</p> <p>Must be acquitted against new PLA. This includes:</p> <ul style="list-style-type: none"> ✓ Completing the income and expenses section in the Portal ✓ Annual Accountability certification ✓ Attaching Income and Expenditure Statement (9 months)
	In the Additional Information section in the Portal, providers can either apportion the level of information reflective of the duration of the agreement (3months vs 9 months) or choose to put in additional	

PSP Recommissioning – Q&A's

	<p>information for the entire year (12 month) and restating the same level of information for the correlating PLA.</p> <ul style="list-style-type: none">• Providers may opt to submit combined Income and Expenditure Statement [i.e. 3 months + 9 Months] for FY2021-22.
--	--

80. Can the acquittals process for the three month extension be streamlined?

Yes. For the acquittal of three month extension of PSP contract ending 30 September 2022, providers will only be required to submit the financial sections for the period 1 July 2022 to 30 September 2022.

For clarity, providers are not required to complete the service delivery or governance sections of the portal.

The financial acquittal should be submitted in the Portal no later than 31 January 2023. DCJ will process the acquittal after the planned PACS system goes live in March 2023.

Notes for providers:

- financial information is not required to be audited but should be approved by the appropriate delegate
- are not required to complete a service provider declaration for that period.

81. When will reconciliation processes occur after each financial year?

Completion of payment reconciliation is contingent on the previous year's payments being reconciled. For the remaining reconciliations in the current contracts, providers will need to complete and return within three months to ensure adherence to the anticipated timeline below:

- 20/21 – sent to providers by 1 July 2022
Reviewed and agreed by providers by 30 September 2022.
- 21/22 - sent to providers by December 2022
Reviewed and agreed by providers by 1 March 2023
- 22/23 three month period (1 July 2022 – 30 September 2022) of previous contract sent to providers by 1 April 2023
Reviewed and agreed by providers by 30 June 2023

PSP Recommissioning – Q&A's

Under the new contract, reconciliation of payments will occur annually, aligned with Annual Accountability timeframes.

82. Can further details be provided on timeframes for financial reconciliation of the current contract?

DCJ acknowledges the challenges faced by providers when timely reconciliation does not occur.

Accurate payments and reconciliation of payments is reliant on DCJ and providers ensuring placements and packages are recorded in ChildStory in a timely and accurate way. To assist with data validation and reconciliation processes DCJ provides providers with detailed payment information on a quarterly basis.

Providers are encouraged to review the detailed payment advice that is provided with each advanced quarterly payment. This payment advice outlines all of the child and young people and their respective packages as recorded in the ChildStory system.

Any inaccuracies or anomalies should be identified and remediated as soon as possible to ensure that future advanced quarterly payments and the annual payment reconciliations are accurate. Providers will be supported by their contract managers and the payments team to review quarterly payment advice and to complete the annual reconciliation of payments under the new contracts.

There is a plan to complete the remaining reconciliations in the current contracts by mid-2023:

	Date for reconciliation to be sent to providers by	Date for reconciliation to be agreed by providers
20/21	23 June 2022	30 September 2022
21/22	30 November 2022	31 March 2023
1 st 3 months of 22/23	1 April 2023	30 June 2023

If the timeframe for agreement is not met, this will result in the status quo being upheld. For instance, if DCJ sends out a reconciliation payment advice and the provider does not respond by the deadline, then the DCJ reconciliation payment advice is deemed to be correct.

Under the new contract, commencing 1 October 2022, reconciliation of payments will occur annually, aligned with annual accountability timeframes. Reconciliations will be prepared by

PSP Recommissioning – Q&A's

DCJ throughout July/August in each Financial Year and any required payment adjustments will be made in the Quarter 2 advanced quarterly payment (approx. 1 October) each year. This aligns with the Annual Accountability timeframes and the deadline for provider submissions of 31 October each year.

	Date for reconciliation advice to be sent to providers by	Quarterly payment that adjustments will be processed
23/24	End August 2024	1 October quarterly payment
24/25	End August 2025	1 October 2025 quarterly payment
25/26	End August 2026	1 October 2026 quarterly payment
26/27	End August 2027 (end of term arrangements)	October 2027 (end of term arrangements)

General Questions

83. What are the expectations around the Aboriginal Case Management Policy (ACMP)?

Providers are expected to have policies and processes in place that align to the principles and four key enablers of the ACMP. This includes family led casework practices that centre decision making around family and community. DCJ and AbSec are currently revising the ACMP Practice Rules and Guidance and updated guidance is expected to be published in the second half of 2022.

84. Where there are obligations and expectations required within legislation does this need to be detailed in the contract clauses?

Providers must comply with all relevant legislation, regulations, policies, guidelines and procedures. Any obligations or expectations required within legislation are already outlined within Schedule 4 of the PSP Program Level Agreement.

85. Why are providers required to seek approval from DCJ for subcontracting arrangements?

The need for providers to notify and gain consent to subcontracting any services that are contracted by DCJ has always been a requirement under the Funding Deed. At the request of providers for a template, in 2019 DCJ introduced the Application for consent to subcontract to

PSP Recommissioning – Q&A's

another organisation to ensure all necessary information required is provided at the time of seeking consent.

This is a standard requirement in the Agreement for Funding of Services and DCJ has aligned the PSP PLA with policy requirements for the delivery of Human Services.

86. Staff turnover and retention remains challenging, how will the department support the ongoing training needs of sector staff?

DCJ has committed funds to continue the PSP Workforce Training and Development Strategy delivered by Curijo via the PSP Learning Hub. Curijo is preparing their training schedule for 22/23 and will continue to collaborate with the sector around its training and support needs through its Advisory Board. Curijo will continue to focus on areas relating to increasing confidence and skills in permanency practice. This does not replace the need for agencies to deliver induction and on-boarding programs.

DCJ will continue to work with the sector on workforce training issues. DCJ is also committed to working with ACWA to progress the Workforce Skills Strategy project.

87. Is the department still supporting roll out of the Quality Assurance Framework (QAF)?

The QAF aims to establish a standard framework for collecting and reporting information about children and young people in statutory OOHC, so that caseworkers can more effectively identify and improve individual outcomes for children and young people.

The QAF utilises tools that include objective and subjective measures which seek to include the views of children and young people and their carers, and paying particular attention to different stages of a child's development, culture and age.

The use of standardised, consistent and tested tools to measure wellbeing provide both the Department of Communities and Justice (DCJ) and OOHC NGO Service Providers with access to reliable and comprehensive information about the safety, permanency and wellbeing of children and young people in statutory care.

DCJ is committed to the full implementation of the QAF as a staged process. The QAF was initially piloted in nine sites across NSW. These sites continue to use the QAF and Viewpoint to administer the questionnaires. The initial sites were:

- DCJ Mid North Coast District (Port Macquarie, Kempsey and Coffs Harbour CSCs)
- Key Assets – Botany, and Hunter New England
- Mackillop – Blacktown, Southern and Northern
- Burrun Dalai – Kempsey, Tamworth and Taree

PSP Recommissioning – Q&A's

The expansion trial is set to begin in the second half of 2022 and will extend the QAF to children and young people in ITC settings. It is expected the total cohort will reach 350 children and young people.

Work is also occurring to update the QAF questionnaires and resources to ensure they are accessible to all DCJ and NGO OOHC providers who would like to implement the QAF with children in foster care. The intention is that the QAF questionnaires will be able to be completed without an individual ID and password, while DCJ works toward an automated system which will enable the QAF to be expanded across NSW.