

Keep Them Safe

INTENSIVE FAMILY BASED SERVICES (IFBS)

SERVICE PROVISION GUIDELINES

FOR ABORIGINAL NON-GOVERNMENT IFBS SERVICE PROVIDERS; AND REFERRING COMMUNITY SERVICES CENTRES

2011 – 2014

This document is designed to be used as a guide for service delivery and development priorities for four pilot Aboriginal IFBS services in the Aboriginal NGO sector. The document describes roles and responsibilities of both Community Services and funded service providers for the delivery of the program model to eligible Aboriginal children, young people and families.

PLEASE NOTE THESE GUIDELINES SHOULD NOT BE USED FOR COMMUNITY SERVICES CONTROLLED ABORIGINAL IFBS SERVICES; OR INTENSIVE FAMILY PRESERVATION SERVICES, AND INTENSIVE FAMILY SUPPORT SERVICES AS PART OF THE EARLY INTERVENTION PLACEMENT PREVENTION PROJECT.

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1 ACRONYMS

ACRONYM	DEFINITION
AbSec	Aboriginal Child, Family and Community Care State Secretariat
CS	Community Services
CSC	Community Services Centre
CW	Caseworker
FaCS	Department of Family and Community Services
IFBS	Intensive Family Based Service
KiDS	Key Information and Directory System
KTS	Keep Them Safe
MCS	Manager Client Services
MCW	Manager casework
NCFAS	North Carolina Family Assessment Scale
NGO	Non-Government Organisation
OOHC	Out-of-Home-Care

2 INTRODUCTION

This paper describes the key components of an Aboriginal Intensive Family Based Service (IFBS). The Aboriginal IFBS provides an intensive, time-limited, home based program for Aboriginal families in crisis (and includes extended families). Children and young people in these families are at risk of entering an *OOHC* (OOHC) placement due to protective concerns or have been placed in OOHC.

One of the key directions for reform in *Keep Them Safe: A shared approach to child wellbeing*, was to improve the capacity of the Non-Government sector to provide support to vulnerable Aboriginal children, young people and families.¹

The Department of Family and Community Services (FaCS), Community Services (CS), and the Aboriginal Child, Family and Community Care State Secretariat (AbSec), were tasked with piloting four new Intensive Family Based Services (IFBS), operated by Aboriginal Non-Government Organisations (NGO) and based in areas that have been identified as having a high number of child protection reports and OOHC placements involving Aboriginal children and young people.

For the purposes of the pilot, CS will retain primary case management for IFBS-referred families in relation to statutory child protection matters, whilst all other case work will be managed by the IFBS service provider for the duration of the IFBS intervention.

IFBS is based on the Homebuilders® Model², developed in Washington State, United States of America in 1974, with adaptations for working with Aboriginal families. The premise of this model is that if a child or young person can be kept safely at home, it is best for them to grow up in their own families. Where there is child abuse and/or neglect, skilled professionals can assist families to learn more appropriate ways to care for children and young people.

The IFBS model is strengths based using family group conferencing as a strategy to engage the family in decision making and to implement the principles of Aboriginal self-determination and participation.

- ❖ The primary intended outcome of ‘crisis intervention’ in IFBS is that the crisis is stabilised and Aboriginal children or young people at imminent risk of placement in OOHC can stay at home while the family continues to work towards providing a safe, stable and nurturing environment.
- ❖ The primary intended outcome for ‘restoration’ in IFBS is that that child or young person’s immediate or extended family has begun to address issues

¹ *Keep Them Safe: A shared approach to child wellbeing* is the NSW Government’s five-year plan to fundamentally change the way children and families are supported and protected. Its aim is to improve the safety, welfare and wellbeing of all children and young people in New South Wales. See www.keepthemsafe.nsw.gov.au for more information.

² Developed in Washington State, USA in the mid 70’s, widely recognised as pioneering family preservation services http://www.institutefamily.org/programs_IFPS.asp

and made suitable changes that work towards providing a safe, stable and nurturing environment for the child/young person before they are returned home from an OOHC placement.

- ❖ The primary intended outcome for 'placement support' in IFBS is that the child or young person is safe, stable and nurtured in their OOHC placement.
- ❖ See other [outcomes](#).

3 EVIDENCE BASE

A literature review conducted by the Community Services (CS) Parenting and Research Centre in 2008 concluded that programs adhering closely to the Homebuilders® Model are effective in preventing placement in OOHC and subsequent episodes of maltreatment.³

The key characteristics of the Homebuilders® Model include:

- Contact within 24 hours of crisis
- Small caseloads
- Flexible service
- Fixed service duration
- Intensive service

The Homebuilders® Standards provide the rationale for each of the features of the program. The Intervention Standards outline the roles and expectations for the manager and primary caseworker and can be found at:

<http://www.institutefamily.org/pdf/HOMEBUILDERS®-Standards-3-0.pdf>

An IFBS intervention is time-limited, 12-16 weeks. IFBS clients are considered to be at high risk of having a child or young person placed into OOHC. For the most part, it is unrealistic to expect that families, who are in such a high level of crisis, can be completely out of danger after only 12-16 weeks.

A recent evaluation of the IFBS program in NSW recommended extending the duration of the program.⁴ It was recommended that new NGO IFBS' should include an additional service within IFBS called *Step-down*. This will be offered to families who would benefit from additional support after the IFBS crisis intervention; to maintain their gains and to reduce the risk of ongoing involvement by CS. Roles and responsibilities of *Step-down* are included in this document.

³ Department of Community Services, Centre for Parenting and Research, January 2008, *Literature Review - Family Preservation Services*

⁴ Department of Community Services, March 2008, *Intensive Family based Services (IFBS) Evaluation Report*

4 IFBS PROGRAM AIMS

The IFBS program aims to:

- Protect children and young people
- Stabilise the crisis situation
- Prevent placement into OOHC
- Build on family skills and strengths
- Maintain and strengthen family bonds
- Work in partnership with families and communities
- Facilitate and encourage use of community based and interagency services by families
- Identify and use culturally appropriate methods, services and service providers
- Re-establish family and community ties when restoring children and young people with their immediate and extended families
- Identify service and activity needs of families' and, where necessary, work with other agencies to develop culturally appropriate services and activities to meet these needs

5 OUTCOMES

- ❖ The primary intended outcome of **'crisis intervention'** in IFBS is that the crisis is stabilised and Aboriginal children and young people at imminent risk of placement in OOHC can stay at home while the family continues to work towards providing a safe, stable and nurturing environment.
- ❖ The primary intended outcome for **'restoration'** in IFBS is that that child or young person's immediate or extended family has begun to address issues and made suitable changes that work towards providing a safe, stable and nurturing environment for the child/young person before they are returned home from an OOHC placement.
- ❖ The primary intended outcome for **'placement support'** in IFBS is that the child or young person is safe, stable and nurtured in their OOHC placement.

Other outcomes will depend on the goals identified for each child/young person and their family and may include a combination of the following:

- improved child/young person safety and wellbeing
- improved family functioning including:
 - increased social support for families
 - improved parenting skills
 - improved skills in problem solving, financial management/budgeting
 - improved household living conditions
 - more sustainable household routines
 - strengthened family bonds and a reduction of family conflict
 - increased resilience i.e. capacity to independently access supports needed to effectively manage stressful or crisis situations
- the needs of particular family members are recognised and are being addressed

6 VALUES AND PHILOSOPHIES

6.1 Homebuilders® Values and Beliefs

The values and beliefs of the Homebuilders® program are:

- It is best for children and young people to be raised by their own family whenever possible
- Safety is our highest priority
- Reducing barriers to service improves family outcomes
- Family members are our colleagues and partners
- Providing information and teaching skills empowers families to become self sufficient
- We cannot predict which situations are most amenable to change.
- It is our job to motivate families and instil hope
- All people have the ability to change
- A crisis is an opportunity for change
- We respect families for their diverse culture, ethnicity, and religious beliefs
- Family members do not usually intend to harm one another.
- People are doing the best they can
- Inappropriate intervention can do harm

6.2 IFBS Values and Philosophies

The IFBS works within a set of principles, values and philosophies. These include:

- Application of the principles of self-determination and participation in decision making contained in the *Children and Young Persons (Care and Protection) Act 1998*
- Developing and maintaining partnerships with Aboriginal families and communities
- Understanding the historical and cultural context of Aboriginal communities
- Recognition and good understanding of issues to do with trauma and loss
- Aboriginal IFBS is based on five “ground rules” for working with Aboriginal families:
 1. Kinship approach to child rearing - nuclear family models are not always the ‘norm’
 2. Diversity of Aboriginal cultures and communities and the need for service flexibility - a ‘one size fits all’ approach is inappropriate
 3. Working in partnership - need to build trust with Aboriginal families and communities and work in partnership with them
 4. Holistic approach - recognising and implementing a “whole of family in whole of community” approach
 5. Process matters - adopting a process that is respected and trusted by family and community⁵

⁵ Quinn, Carolyn, Noel, Justin, Druett, Amy, the Aboriginal model: A process for assisting Aboriginal and Torres Strait Islander families to “keep their family circle intact”, unpublished report, 2002

7 SERVICE COMPONENTS

7.1 Features of the IFBS model

7.1.1 Single referral pathway

Referrals to IFBS can only be made by CS. Strict eligibility criteria ensure that the program remains focused on Aboriginal families in crisis. CS and IFBS must hold a [joint meeting](#) with clients within 48 hours of IFBS accepting the referral.

7.1.2 Pre-planning meeting/case allocation meeting

The IFBS manager casework will be permitted to attend CSC case allocation meetings on a regular basis to assist the CSC with identifying eligible cases for IFBS referral. This may be particularly important in the early phases of service implementation to improve quality and flow of referrals to IFBS.

7.1.3 Eligibility

Parents and where appropriate children/young people, will need to consent to any intervention and commit to following the agreed case plan goals.

There are three types of referrals that are eligible for IFBS:

7.1.3.1 Crisis intervention

IFBS is available for Aboriginal families whose children/young people are assessed as being at imminent risk of OOHC placement due to safety and protective concerns. This refers to families where significant changes need to occur to avoid children being placed in alternate care. The Aboriginal IFBS is available to families prior to the commencement of court proceedings for statutory intervention, with the exception of a court order stipulating a child or young person can only remain in the home with the assistance of IFBS. Crisis interventions are usually carried out over 12 weeks. This timeframe can be extended depending on the needs of the family.

7.1.3.2 Restoration

Eligibility is restricted to cases of children/young people who would be unable to return home without the involvement of the IFBS, are currently in OOHC and only where 'restoration' is listed as a case

plan goal. Restoration work is usually carried out over 16 weeks, to allow a suitable lead-in time of four weeks for IFBS caseworkers to work with the child/young person's immediate family before they return home. In cases where more than four weeks lead-in time is required (before the child/young person is able to be returned home), CS and IFBS can negotiate on a case by case basis to extend this timeframe.

7.1.3.3 Placement support

Placement support is provided to carers of an Aboriginal child or young person where the placement has become unstable. Placement support is provided over a 12 week period. This time can be reduced or increased depending on the needs of the child/young person and/or carers.

7.1.4 Timeframe and Intensity

The IFBS caseworker works intensively with the family in order to address the level of risk. This will usually range from five to 20 hours of direct casework per week, although there is no maximum amount of time that should be spent with families as this will depend on the needs of each family. Intensity should gradually diminish by the end of the 12-16 week intervention period. The allocation of IFBS caseworker's time varies depending on the needs of the family and the level of risk and this includes weekend and evening contact where necessary. Flexibility is required so as to be available at the typically challenging times for families (eg. mornings before school, dinner time).

Exceptional circumstances requiring extensions of the intensive service beyond 12 weeks will be assessed by the IFBS and approved by the CS manager casework, as required. Short-term timelines require the intervention with the family to be goal-specific and oriented towards change, not ongoing support.

7.1.5 In-home focus

IFBS services are provided primarily in the family's home. Some client contact may occur in the IFBS office or other community locations that are part of the client's natural environment.

7.1.6 Primary worker

Each family has one IFBS caseworker allocated to them. Although they may be introduced to other team members at different times, the family's primary caseworker is responsible for the provision of counselling via specialist referral and practically oriented support. IFBS caseworkers should not undertake any planned leave during the beginning of an intervention as this is when the family

is likely to be most vulnerable and will require consistency in service delivery. Where leave is unavoidable, the IFBS manager casework or another IFBS caseworker should act as a secondary worker during the period of leave to ensure families continue to receive intensive support.

7.1.7 Low caseloads

IFBS caseworkers carry two to three cases at a time. This enables them to be accessible and provide intensive services in-line with the Homebuilders® Model.

Step-down caseworkers can carry up to 12 cases at a time due to the lower intensity of services in *Step-down* compared to IFBS interventions.

7.1.8 Number of families

Each IFBS service will be required to meet a target of 22 families per annum. This target is connected to IFBS interventions and does not include *Step-down* cases. There is no target set for *Step-down* cases.

7.1.9 Flexibility

IFBS caseworkers are available after hours. Casework with families may occur during the after-school and early evening hours when family members are all at home. IFBS caseworkers need to work flexible hours and staff an “on-call” system. It is reasonable to expect IFBS caseworkers can work their standard hours within the hours of 7am to 10pm. Any times outside of these hours is considered ‘*after hours*’.

7.1.10 Step-down support

An IFBS intervention is time limited, only lasting up to 12-16 weeks. IFBS clients are considered to be at high risk of having children/young people placed into OOHC. For the most part, it is unrealistic to expect that families, who are in such a high level of crisis, will not need support after only 12-16 weeks.

An evaluation of the Community Services IFBS program, conducted in March 2008, identified a need for improved, albeit less intensive, support for families post IFBS intervention. A recommendation was made to further explore what this support would look like, and to consider trialling a *Step-down* caseworker role in IFBS.

In response to this recommendation, most IFBS pilot sites (*Keep Them Safe*) will operate a *Step-down* program to provide continued, less intensive support to eligible IFBS families, post intervention. The benefits of *Step-down* will be reviewed in the broader evaluation of the program, which will assist CS to ascertain the longer term benefits of providing post intervention support to IFBS clients.

Where IFBS operates a *Step-down* service, an IFBS *Step-down* caseworker can commence working with families once they complete the IFBS intervention, providing the family is willing to participate and meets eligibility requirements. The role of the IFBS *Step-down* caseworker is to implement recommendations made by the IFBS caseworker at the end of an intervention, and to continue to provide less intensive support to the family over a six month period. The primary goal of *Step-down* is to ensure families maintain gains made in the IFBS intervention and are not at risk of falling into crises again.

The IFBS caseworker should know if they plan to refer the family on to *IFBS Step-down* within a few weeks before the planned end of intervention date. Where this is the case and the family has indicated they would be willing to participate, it is recommended that the *IFBS Step-down caseworker* starts to engage with the family at the ten week point of the IFBS intervention, to commence building rapport with the family prior to the start of the *Step-down* service.

Step-down services are voluntary and only offered to families where there are no ongoing and significant child protection concerns.

A recommendation for *Step-down*, must be made by the IFBS and noted in the conclusion report in the IFBS Connect Portal. CS is required to approve all IFBS recommendations at conclusion, including referrals to *Step-down*. Approval of the recommendation must be made by CS within 48 hours of receipt. If approved, the IFBS *Step-down* caseworker must commence work with referred family within 24 hours. As noted above, where IFBS are recommending *Step-down* for a family, the IFBS *Step-down* caseworker should start engaging the family during the tenth week of the IFBS intervention. The formal recommendation for *Step-down* will not be made until the 12th week as part of the conclusion.

The proposed duration of a *Step-down* service is six months, consisting of a weekly visit from weeks 1-12 followed by one fortnightly visit from weeks 13 to 24. Length of service and intensity may be altered to suit the family's needs; however the aim is to gradually reduce dependency on support and for the family to become more self-sufficient, so adhering to this time frame is recommended.

Similar to an IFBS intervention, the IFBS *Step-down* caseworker must record all client contact and progress notes/reports in the IFBS Connect Portal for the duration of the *Step-down* service. A *Step-down* conclusion meeting needs to occur with the IFBS manager and caseworker, CS caseworker and family at the end of the *Step-down* service. A Conclusion report will need to be completed and signed by all parties; the IFBS *Step-down* caseworker will need to report on progress made against IFBS recommendations from the initial IFBS intervention and advise CS if the family require further support.

If all recommendations have been implemented, including referrals to other relevant services, and the family has managed to maintain and build on their progress, CS can close the case file if they are satisfied that risks have been reduced.

An IFBS *Step-down* service should only operate Monday to Friday during business hours. IFBS *Step-down* caseworkers are not required to participate in [after hours](#)/on-call work.

7.1.11 Practical and specialist support

IFBS works with the parents, children/young people and other members of the family/kinship network as deemed appropriate. The service offers interventions to address the most critical child protection issues and needs of the family as identified in the goals developed with IFBS at the time of referral.

Support is to be goal directed, with a view to achieving definable and measurable improvements in parent/carer strengths, attitudes, behaviour, values, skills, knowledge and ability.

IFBS can provide access to a range of practical support; counselling and skills training and will work intensively with the family to meet their agreed needs. Services may be directed towards parents, extended family and/or children/young people.

Practical support can include assistance with:

- housing and assistance to access Government financial support
- basic furniture and household goods such as whitegoods
- transportation to appointments
- meeting essential financial expenses where the family is unable (e.g. utility bills)
- house cleaning
- food preparation
- clothing
- child care
- respite care

Supportive counselling/skills training includes⁶:

- parenting programs to enhance parenting skills for managing the changing developmental needs of children and young people, and managing challenging behaviours across the age spectrum
- managing daily household tasks

⁶ Counselling services should only be required by qualified practitioners. IFBS can refer families to qualified practitioners as required.

- budgeting
- modifying personal behaviour and anger management
- problem-solving and conflict resolution

Importantly IFBS services will conduct family group conferencing and can coordinate specialist assessments and referrals, e.g. specialist health and mental health, alcohol and other drug services, domestic violence, disability services and gambling services.

7.1.12 Client participation

Parents, young people and where appropriate, children need to commit to actively pursuing the agreed case plan goals. These case plan goals are established with the family, based on the child protection concerns highlighted in the referral from CS.

The family is encouraged to actively participate in the process of resolving the protective concerns and may include involvement in the following: writing contracts, goal setting and case conferences. The family also receives copies of all reports and letters.

In keeping with the strengths based nature of the service, families are strongly encouraged to develop strategies for resolving their own difficulties, which draw strength from their own cultural background.

Goals are set in response to issues raised by CS. If the IFBS caseworker believes that all issues are unable to be addressed in the intervention, it is important that this is communicated back to the referring CS manager casework. The priority goals for the intervention should be re-negotiated between CS and IFBS before the intervention continues.

In circumstances where one of two parents or a young person/adolescent does not want to participate, IFBS can continue to work with other members in the family, whilst respectfully trying to engage with those members who don't want to participate. In some situations, family members not wanting to participate in the beginning may change their minds at a later stage.

If both parents are unwilling to participate despite their original agreement and attempts to by the caseworker to engage them, then IFBS will need to terminate the intervention.

CS must seek consent from family to participate in IFBS program, prior to making a referral to IFBS.

7.2 Determining Eligibility

7.2.1 Target group

The target group for the Aboriginal IFBS are Aboriginal and/or Torres Strait Islander children and young people suspected to be at risk of significant harm or who have been placed in OOHC.

7.2.2 Eligibility criteria – families that are suitable for IFBS referral

Acceptance of families by IFBS will be subject to the following criteria:

- Aboriginal families subject to protective concerns who are experiencing some form of crisis
- a willingness by at least one of the caregivers to work with the program and help in goal setting. If there is an adolescent involved their consent is also required if the CS caseworker assesses the adolescent is capable of providing it. The CS caseworker should seek verbal consent/agreement from family members prior to making a referral. In instances where some family members do not want to participate in the program, IFBS can continue to work with other members of the family and leave options for other members to engage later on if they change their mind
- a CS case plan that is open and allocated at the referring CSC, due to completed risk level assessment being high to very high
- No commencement of court proceedings for statutory intervention, with the exception of current orders (such as supervision orders) and orders stipulating a child or young person can only remain in the home with the assistance of IFBS, or for restoration cases. Whilst the model states that there are no waiting lists in IFBS; it is acknowledged that court processes take time, so in the event of a restoration referral where court proceedings are still not finalised, it may be feasible for IFBS to reserve a vacancy for a restoration referral pending finalisation of court processes providing the waiting period does not exceed two to three weeks. Crisis interventions are usually carried out over 12 weeks. This timeframe can be extended depending on the needs of the family.

AND

- where the child or young person has been assessed as being at serious risk of being removed from the caregivers (see 7.2.3 Risk factors); with
- a completed safety assessment where child or young person has been assessed as being 'safe with plan'

OR

- families where children and/or young people are due to return home from an OOHC placement; and where a restoration order has been approved by the Court

OR

- where an Aboriginal child or young person is in OOHC and the placement has become unstable and placement support is required for the carers and child/young person

7.2.3 Risk factors

Risk factors which may warrant an IFBS referral include:

- lack of effective parenting/supervision
- sexual assault where the child or young person is not in contact with the perpetrator
- indicators of serious emotional disturbance
- bruising to body not requiring medical treatment
- exposure to serious domestic/family violence, mental health or alcohol/drug misuse
- self harming behaviours (not requiring medical treatment)
- neglect – that has not required medical treatment
- family conflict

Note: Where a child or young person is currently in OOHC because of previous incidences of bruising, neglect or self-harm that did require medical treatment, and where restoration is a case plan goal, a referral to IFBS can be made if the incidences occurred in the past and do not present an immediate risk to the child or young person.

7.2.4 Criteria for exclusion – families that are not suitable for IFBS

Referral

Any one of the following would exclude families from being referred to IFBS:

- where both parents/caregivers do not agree to work with the program
- where the child or young person would be unable to return to their family at the time due to an unacceptable level of risk, and the IFBS is not confident about the safety of the child/young person (too high risk)
- where the children and young people are not assessed as being at significant risk of harm (too low risk)
- where the safety and well being of the IFBS staff cannot be ensured due to the level of conflict or violence that exists within the family

- where one parent has been charged with any allegation of abuse or neglect and it is found that the other parent is unable or unwilling to protect the child/young person against further harm
- where intra-familial sexual abuse has been confirmed and the child/young person is assessed as being 'in need of care and protection'

7.3 Referral Processes

Referrals for IFBS services can only be made by CS. The IFBS should not accept community based referrals (eg. from other service providers, or self-referrals).

CS will have an open case plan that is allocated to a CS caseworker when a child/young person is referred to an IFBS. To be referred the child/young person and his/her family must meet the criteria outlined in 7.2.2 and the decision must be approved by the CS manager casework.

It is recommended that the IFBS manager casework participates in CSC case allocation meetings, to assist CS with identifying eligible cases for IFBS referral. Privacy and confidentiality clauses set out in the CS Service Agreement, that the IFBS service provider is bound by, will also cover participation at these meetings. Inclusion of the IFBS caseworker at these meetings will be included in Local Implementation Plans.

When the CS manager casework agrees that a child/young person, and their family, is eligible for an IFBS program, the CS caseworker will be responsible for completing the referral form, client information and other relevant referral details via the secured IFBS Connect Portal. Once this is completed, the CSC manager casework will review and submit the referral online to the IFBS manager casework. The CS will place copies of these papers on the child's file, and make a file note in the KiDS record that a referral to IFBS has been made.

CSC goals in the referral form should be as specific as possible. For example, instead of writing 'address alcohol and substance abuse issues, you should write 'address mother's issues with alcohol dependency and father's dependency on smoking marijuana'. Being more specific upfront will prevent IFBS from having to decline the referral for further information.

It is critically important that CS includes all relevant information and outcomes from safety and risk assessments with the referral to ensure IFBS staff are aware of all issues and concerns prior to meeting with the family for the first time. It is a good idea for the CS and IFBS caseworkers to discuss any serious issues over the telephone prior to the first meeting with the family.

Consistent with the Homebuilders® Model, the CS manager casework will make referrals to IFBS when there is a vacancy in the service. The IFBS manager casework must advise the relevant CS manager casework of all current and upcoming

vacancies in the service. IFBS will not maintain waiting lists, although there is some limited flexibility to tentatively reserve upcoming openings for a short period of time for placement prevention referrals in which a court order stipulates that the child/young person may remain home only if IFBS services are provided. Whenever this occurs, the referring CS caseworker must put measures in place to ensure the child/young person's safety for the interim period.

The CS caseworker or CS manager casework will contact the service provider to organise and convene a [joint meeting](#), which includes the family, within 48 hours of the service provider accepting the referral. CS will give the service all other relevant and available information at that meeting to support their response to the child, young person and family. This may include copies of any Court Orders (such as supervision orders), health records, outcomes of previous assessments, professional reports and the current case plan.

At the joint meeting, CS should outline the reasons for the IFBS referral and the issues they would like addressed in the IFBS intervention. The family should be given an opportunity to discuss the concerns raised by CS, in particular, the findings/outcomes from the CS safety assessment. Where the family disputes the validity of the CS assessment and/or what CS requires in order for the child/young person to be safe, all parties should endeavour to come to an agreement by breaking the issues down and working out what is feasible and acceptable to address in the IFBS intervention. If the family is completely unwilling to accept any of the concerns raised, then this would exclude the family from being eligible for an IFBS intervention, at which point the IFBS should withdraw the referral acceptance.

8 STAFFING

All IFBS staff must be of Aboriginal and/or Torres Strait Islander descent. There are absolutely no exceptions.

The preferred staffing model for IFBS is:

- 1 x IFBS manager casework
- 3-4 x IFBS caseworkers
- 1 x *Step-down* caseworker
- 1 x senior customer service/administrative officer

8.1 IFBS manager casework

Key responsibilities of the IFBS manager casework include:

- Complete mandatory [training](#) as part of the pilot.
- Effective management of all IFBS staff to support them in providing a consistent, high quality service that is in-line with the IFBS model; and compliant with the IFBS NGO Service Provision Guidelines 2011 – 2014
- Maintaining service focus on improving outcomes for Aboriginal children, young people and families; and ensure IFBS interventions respond to concerns raised in the referral by CS
- Immediately [reporting](#) any suspected risk of significant harm concerns to the CS Helpline
- Developing and staffing an on-call roster to accommodate the 24/7 aspect of the model and [after hours availability](#)
- Developing and maintaining positive and collaborative relationships with CS and other relevant service providers which are likely to be used frequently (e.g. health and mental health services, alcohol and other drug services, and domestic violence services)
- Consulting with the CS manager casework if case plan goals are not being achieved within set timeframes or if there is any concern about the child and/or his family
- Ensuring accurate file management procedures are in place; including entering all case notes and progress/conclusion reports into the [IFBS Connect Portal](#)

- Participating as requested in the project evaluation, to be conducted by an external contractor selected by CS

8.2 IFBS caseworker (Primary)

Key responsibilities of the IFBS caseworker include:

- Complete mandatory [training](#) as part of the pilot.
- Case work with referred IFBS clients
 - attend [joint meeting](#) with CS and referred family, as set by the CSC following IFBS acceptance of referral
 - set and lead [initial planning meeting](#) with client following joint meeting
 - maintain regular contact with the child/young person and their family for the duration of their involvement with the service (5 to 20 hours of face to face intervention per week)
 - complete North Carolina Family Assessment Scale ([NCFAS](#)) tool at intake and conclusion of IFBS intervention
 - schedule [conclusion meetings](#) on or just prior to the planned end of intervention dates, with the IFBS manager casework, and CS caseworker and manager casework
 - report any suspected [risk of significant harm](#) to the Helpline immediately
- Effective and goal oriented case planning for clients
 - set specific goals with family members that are related to the child protection concerns raised by the CSC, reducing the risk of entering OOHC, and that can be accomplished within the service timeframe
 - review case plan and family goals, with the family, at regular intervals (eg. monthly)
 - work collaboratively with the child/young person's family and appropriate cultural and community representatives to ensure that all relevant parties are involved in case planning, review processes and family conferencing, as required
 - motivate and encourage families to work towards achieving goals
 - coordinate a range of services identified in the case plan so that they are provided in a timely and effective way
 - negotiate access for families to relevant service providers, identified in the case plan
 - consult with the IFBS manager casework if case plan goals are not being achieved within set timeframes or if there is any other concern about the child and/or his or her family

- participate in regular case planning/review meetings with the IFBS manager casework (or team case review meetings), this should be for service staff only and not including the family
 - schedule one joint case review meeting with the IFBS manager casework, CS caseworker, CS manager casework and family at six-weeks into IFBS intervention; additional joint case review meetings can be arranged between CS and service provider as required
 - undertake comprehensive transition planning to assist the family to maintain their improvements with less intensive support over time
 - assess family's support needs post IFBS intervention and ensuring these are noted in the Conclusion report on the IFBS Connect Portal
 - assess family's suitability for [Step-down](#) service, provide information to family about this service and ascertain if they are willing to participate (only applicable for agencies operating a *Step-down* service as part of the pilot)
 - where families are ineligible for *Step-down* or choose not to participate in *Step-down* but require further assistance, ensure referrals to relevant service providers are arranged and noted in the conclusion report
- Effective case file management
 - maintain comprehensive records from the moment of referral, documenting contact with the family, reasons for key decisions and important events and achievements during the program
 - ensuring all case notes and progress reports are recorded in the prescribed [IFBS Connect Portal](#) (provided by CS)
- Availability to clients
 - actively participate in [after hours](#) on-call roster to ensure client families have access to IFBS staff 24/7
- Maintain a strong focus on community and service capacity building, including developing links with relevant local services such as pre-schools/childcare, counselling services, health services, housing services, employment services, etc, that may benefit IFBS clients.
- Participate in the project evaluation, as directed by the IFBS manager casework.

(see also [IFBS Referral and Case Management Task List](#))

8.3 IFBS *Step-down* Worker

Key responsibilities of the IFBS *Step-down* caseworker include:

- Complete mandatory [training](#) as part of the pilot.
- Transitioning families in the post IFBS intervention phase by implementing IFBS recommendations, arranging access to relevant services, ensuring families are maintaining gains made in IFBS intervention and providing less intensive support to help families stay on track.
- Set regular home visits with families for the duration of the *Step-down* period. Visits should be weekly from weeks 1-12, and fortnightly from weeks 13-24.
- Ensure effective information management, including recording all client contact, case progress and significant events in the IFBS Connect Portal.
- Complete the [NCFAS](#) at the end of the *Step-down* service to assess if the family has continued to improve since IFBS conclusion.
- Schedule a *Step-down* conclusion meeting with the IFBS manager casework and CSC manager casework and caseworker, on or prior to, the planned end of *Step-down* intervention date.
- Assess the family's need for support post *Step-down* and ensure these are noted in the *Step-down* conclusion report in the IFBS Connect Portal.
- Maintain regular contact with referred families, IFBS staff, referring CS staff and relevant local Aboriginal and non-Aboriginal service providers.
- Report any perceived risk of harm to the IFBS manager casework, or the Helpline (if *after hours*) immediately.
- Participate in relevant community working groups and/or interagency groups as required, and keep abreast of new local initiatives and programs that may be relevant for families in *Step-down*.
- Maintain a strong focus on community and service capacity building.
- Participate in the project evaluation, as directed by the IFBS manager casework.

(see also [IFBS Referral and Case Management Task List](#))

8.4 Staff Qualifications

Aboriginality⁷.

It is preferred that the IFBS manager casework holds a tertiary degree in social work, psychology or a relevant discipline or a minimum of five years experience working within a welfare framework with considerable management experience.

It is preferred that the IFBS caseworker possess formal qualifications within a social welfare framework, however this is not mandatory. A minimum of two years experience working within a social welfare framework is required.

A sound understanding and working knowledge of Aboriginal culture and society, issues related to Aboriginal child and family welfare, and the ability to effectively communicate with Aboriginal people is essential for all IFBS staff.

8.5 Staff training

As part of the *Keep Them Safe* IFBS pilot project, staff will be required to complete the following training:

- Practice Solutions Session presentation (CS and IFBS) (2-3 hours)
 - Overview of new pilot services and referral/case management procedures
- Homebuilders® Training (mandatory)
 - Core Curriculum (4 days)
 - Cognitive, Behavioural & Teaching Skills (3 days)
 - Motivational Interviewing (2 days)
- IFBS Connect Portal (mandatory) (1 day)
- North Carolina Family Assessment Scale (NCFAS) training (1/2 day)
- Child Protection Modules – for NGOs
 - Identify & respond to risk of significant harm
 - Child protection dynamics
 - Case management

A training needs assessment will be carried out by CS to identify the previous training background of IFBS staff in relation to child protection training. Staff who have recently completed CP modules or equivalent, will not be required

⁷ **Aboriginal** as defined by the *Aboriginal Land Rights Act 1983* (NSW); and **Torres Strait Islander** as defined in section 7 of the *Torres Strait Islander Land Act 1991* (QLD)

to undertake this training again. NGOs may prefer to arrange this training for their staff, which is appropriate.

CS will arrange and cover all costs for the abovementioned training, for the duration of the pilot.

It is the responsibility of service providers to continue to explore and encourage, where appropriate, relevant training and development of IFBS caseworkers to enhance service provision to IFBS clients that is outside of training offered as part of the project.

9 AGENCY ROLES AND RESPONSIBILITIES

9.1 CS role in IFBS service delivery

A summary of CS role in IFBS service delivery is as follows:

- identifies appropriate cases that are [eligible](#) for IFBS referral
- submits referrals to IFBS online via [IFBS Connect](#) Portal
- holds [joint meeting](#) with IFBS and family within 48 hours of IFBS referral acceptance
- attends mid-intervention (week 6) case progress/review [meeting](#) with IFBS and client family
- administers the service agreement
- contacts IFBS if new reports are received for clients currently engaged with service
- attends [conclusion meeting](#) (CS MCW and CW) with the family, as set by the IFBS. Conclusion meetings should occur on or just prior to planned end of intervention date
- approves IFBS conclusion report, via IFBS Connect, including IFBS recommendations
- approves referral to [Step-down service](#), as recommended by the IFBS (only where *Step-down* is available and if family are eligible)
- closes case following end of IFBS intervention if risk factors have been reduced following completion of safety & risk re-assessment
- retains open case for statutory child protection intervention where risks have increased following the IFBS intervention, this may also be the case if risks have stayed the same despite IFBS involvement
- complies with all requirements set out in the Service Provision Guidelines
- maintains effective communication with IFBS, AbSec and project manager (CS), as required
- manages evaluation of IFBS program and service

9.2 Service provider's role in IFBS service delivery

A summary of the service provider's role in IFBS service delivery is as follows:

- advises CS of current and upcoming [vacancies](#)
- accepts/declines referrals from [IFBS Connect Portal](#) within 24 hours of receipt
- attends [joint meeting](#) with CS and family, as set by the CS within 48 hours of referral acceptance
- develops a case plan after consulting with CS, parents, children/young people, other relevant family members, other agencies (as appropriate)
- coordinates efficient delivery of services, including an effective [rostering system](#) that allows caseworkers to be available to clients 24 hours seven days

a week for the first twelve weeks of the program, and provides for replacements while a caseworker is on leave.

- where available, provides [Step-down](#) services to eligible clients post IFBS intervention
- records all case notes and other relevant data as required in the [IFBS Connect Portal](#)
- makes a [risk of significant harm report](#) to the Child Protection Helpline (whether or not CS has an open case) where:
 - a new suspected risk significant of harm concern arises of a different type from the original referral and the [Mandatory Reporter Guide](#) indicates suspected significant risk of harm
 - there is a significant escalation of existing concerns
- provides active case management for all aspects of the case, apart from statutory child protection matters, if/when appropriate [case management is transferred](#) from CS
- develops a six-week progress report and schedules one [mid-intervention case review](#) meeting with the CSC, for each intervention
- schedules all [conclusion meetings](#) on or just prior to planned end of intervention date
- prepares conclusion report (via [IFBS Connect](#)) following the conclusion meeting including progress reports against all goals and IFBS post-intervention recommendations
- assesses family's eligibility for referral to *Step-down* (where available) and makes recommendation as part of conclusion report
- makes appropriate referrals to mainstream services (govt and non-govt) and facilitates contact with these following conclusion of IFBS support
- completes [NCFAS](#) at IFBS intake and conclusion; and at *Step-down* conclusion (where available). The NCFAS at intake needs to be completed in the first week following IFBS acceptance of referral. Conclusion intake for both IFBS intervention and *Step-down* should be undertaken in last week of intervention in line with conclusion reports
- complies with all requirements set out in the Service Provision Guidelines
- maintains effective communication with CSC, AbSec and project manager (CS), as required
- assists with the evaluation of the IFBS program and service in accordance with the service agreement

(see also [IFBS Referral and Case Management Task List](#))

10 SERVICE DELIVERY & CASE MANAGEMENT

10.1 Assessment after referral

CS will give all relevant information to the service provider on referral, so that they can begin to provide services to the family and start case management (if appropriate). CS should provide information such as care orders, the care plan, the outcomes of relevant prior assessments and the most current case plan, including any cultural care plan, in accordance with Chapter 16A of the *Children and Young Persons (Care & Protection) Act 1998*.

All referrals must be completed via the [IFBS Connect Portal](#). Only authorised and trained CS staff can access the portal.

The service provider is required to complete the [North Carolina Family Assessment Scale \(NCFAS\)](#) with the family once they are accepted into the service and again at conclusion. The NCFAS must also be completed again at the conclusion of the *Step-down* service where operative.

10.2 Vacancy management

The IFBS manager casework is responsible for advising the CS manager casework of service vacancies, and keeping accurate and timely records of service use, to meet the service agreement.

Any plan to extend a service beyond the agreed time will be negotiated between the IFBS caseworker and CS caseworker and approved by the IFBS manager casework and CS manager casework. The family will also need to be in agreement with any proposed extension of service.

As far as possible and to ensure adequate throughput, IFBS will work closely with the CSC to meet the original agreed time for service provision. Extensions to the intensive or *Step-down* service will only be considered in cases where continuing the service is critical to a successful family outcome, in line with the agreed case plan goals. Any service extension must be included in a revised case plan agreed with the family and the CS manager casework.

10.3 North Carolina Family Assessment Scale (NCFAS)

The NCFAS is an assessment tool designed to measure family functioning in family based child abuse and neglect prevention/intervention programs. It assists with developing targeted services to families and evaluating service outcomes. The tool was designed for use by programs offering secondary prevention and/or differential response.

The tool is generally used in:

- family support programs
- clinical environments
- home-based services
- the family based services environment.

IFBS caseworkers are required to use the NCFAS tool at two points during an IFBS intervention – intake and conclusion. The NCFAS tool enhances casework outcomes and assists with identifying clients' needs more effectively.

NCFAS at intake should be completed by IFBS with 1-2 weeks following acceptance of IFBS referral. NCFAS at conclusion for both IFBS and *Step-down* should be completed in the final week of the intervention, and in line with completion of the conclusion report.

The NCFAS assessment will:

- confirm the nature and seriousness of the risk of significant harm to the child/young person and the familial or external risk factors (i.e. problem areas/behaviours, including frequency, intensity and duration)
- review the social/environmental conditions impacting on the child/young person and the family
- consider family dynamics and, in particular, each member's potential contribution to solving problems faced by the family
- identify the strengths of the child/young person and other family members
- select the priority areas for intervention
- set achievable and measurable goals that address the child protection concerns that led to the referral

Where a *Step-down* service is available, the IFBS *Step-down* caseworker must complete the NCFAS at conclusion of *Step-down*. The completion of NCFAS at this point will assist in assessing if family has continued to maintain gains achieved in IFBS intervention, and to ascertain if risks have been reduced or eliminated.

CS will provide NCFAS licences and software to service providers and will arrange relevant training for IFBS staff.

10.4 Primary worker

Each family will have one IFBS caseworker allocated to them. They may be required to work with other IFBS caseworkers when the allocated worker is on leave; or if the [after hours](#) roster is activated. The family's primary caseworker will be responsible for the provision of both the counselling and more practically oriented support.

The IFBS manager casework may be required to be the secondary worker unless other arrangements have been made.

10.5 Joint meeting

Within 48 hours of the IFBS accepting the referral, the CS caseworker will convene a joint meeting with the family and IFBS caseworker. It is encouraged that these meetings are organised and held within 48 hours due to the level of crisis families are experiencing, however it is acknowledged that there are often extenuating circumstances that may cause delays. The maximum timeframe for holding a joint meeting is five days following acceptance of the referral. If the joint meeting is not held within this timeframe, then the IFBS should consider terminating the referral. CS and IFBS may negotiate another extension if appropriate, and if the safety of the child/young person can be confirmed for the interim period.

The joint meeting is coordinated by the referring CS caseworker and includes the client family and IFBS caseworker, and IFBS manager casework if appropriate. The purpose of the joint meeting is to introduce the family to the IFBS caseworker. The IFBS caseworker should provide an overview of the service and what the family may expect in terms of service delivery and support. The safety and protection concerns raised, and reasons why CS have made a referral to IFBS, should also be discussed and confirmed at the meeting.

The CS caseworker should only stay for a part of the meeting (eg. first half), to allow the family and IFBS caseworker time to become better acquainted. The CS caseworker will advise what CS expectations are in terms of what outcomes they would like to see from the IFBS intervention.

The IFBS caseworker can discuss the CS concerns with the family in more detail to ensure the family understand and agree with what has been raised. This is particularly important as the family may feel more comfortable with being open about their situation once the CS caseworker has left the meeting.

The IFBS caseworker should use techniques such as active listening to allow the family to discuss the issues they feel are important at this time, and to gauge how the family are feeling about their current situation. It is best not to probe or force information from members of the family.

The IFBS caseworker should try and limit note taking during the meeting and wait until after the meeting is over. If the family is providing a lot of information that may be difficult to recall, intermittent note taking is appropriate. During the meeting, the IFBS caseworker should also assess the family's home environment, how the child/young person interacts with their natural environment and meets everyone living in the home, if appropriate.

The joint meeting is not about discussing what or how goals will be achieved but rather it is more of an opportunity to better engage the family and to slowly ease them into the program, as well as starting to build trust and rapport.

It is preferred that the joint meeting is held in the family's home, if this is not possible then the meeting should be held at the IFBS or another neutral location. Meetings should not be held at a CS office.

10.6 Identification of care and protection standards for family to achieve

A clear statement about CS assessment of the safety concerns for the child/young person and the standard of care and protection that the family must achieve to keep the child/young person safe and prevent the child/young person entering into OOHC, must be outlined and discussed by the CS caseworker, with the family and IFBS caseworker present, at the joint meeting. The IFBS caseworker through the casework process will ensure the appropriate level of care and protection is provided.

10.7 Initial planning meeting

Once the joint meeting with the family, IFBS and CS has occurred, the IFBS will meet with the family to commence the start of the intervention. This is called the initial planning meeting. The date of this meeting marks the official start date of the IFBS intervention.

The initial planning meeting should be held within 1-2 days following the joint meeting, where possible.

At this meeting, the IFBS caseworker should let the family know that they are there to support and advocate for the family, and are dedicated to working closely with them to ensure things get back on track. It is also advisable to inform the family respectfully that, as mandatory reporters, IFBS staff are required by law to report any suspected risk of significant harm to children and young people immediately to the Helpline. Reinforce that the aim is to ensure the family can be safe and together. It is advisable to tell the family this upfront.

During the meeting, the IFBS caseworker should start to get to know the family better, particularly the parents/care givers, and observe family dynamics and the home environment.

The beginning of the intervention should focus on assessment; engagement and motivation; and safety. Given the high risks for children and young people in the home (which resulted in IFBS referral), the IFBS caseworker should assess if there are any immediate risks present for the children and young people in the home and determine whether safety plans will need to be developed to assist with managing them for the immediate period. At this stage it may be too early for the IFBS caseworker to be aware of safety concerns, if so this exercise can be done later on. In most cases, CS would have identified any immediate safety risks as part of their safety assessment prior to referral.

This is a good time to focus on finding out about the family's strengths and values. Asking about their hobbies or interests is a good way to get the family interested and motivated. The IFBS caseworker can use their [Value Score Cards](#) individually with each family member (may not be applicable for younger children) or as a group. It is a fun exercise for both the family members and IFBS caseworker to learn what values are important to the family, and may assist the CW when it comes to directing the goal setting process.

It is not essential to set and confirm the IFBS goals at this meeting as engagement is the initial priority, however it is advisable to start having discussions about what the family would like to achieve from the intervention.

The IFBS goals must be based on the child protection concerns and reasons for the referral from CS. These goals (a maximum of five and minimum of three goals) are set with the family and determine what they need to do to improve the safety of the child/young person to ensure they can remain at home.

Where issues arise with IFBS goals not directly responding to CS concerns and expectations, or where IFBS believes that initial CS expectations are not achievable, the IFBS manager casework must contact the CS manager casework to discuss and reach agreement.

If other service providers are involved at the time of referral to the IFBS, case planning will need to consider which services will remain involved and their respective roles.

At the end of the initial planning meeting, the IFBS caseworker should provide their contact details to the family, including any after hours contact details. The IFBS caseworker should also schedule the next meeting with the family. As the beginning of the intervention is the most intensive period, it is advisable that the following meeting should occur within 1-2 days.

Engagement and observation need to be ongoing throughout the intervention period.

10.8 Visiting times

It is advisable that the IFBS caseworker visits with the family everyday for the first 1-2 weeks (where appropriate), and every 1-3 days thereafter.

Every case will be different and will have to meet the specific needs of the family.

IFBS caseworkers will need to observe potential crisis times and what the dynamics are like for the family at these times.

These include:

- Morning/Breakfast - to observe how the family prepares for school/work, what they eat for breakfast, etc.
- Dinner time – to observe what the family does in respect to preparing/eating dinner, interacting with each other, etc.
- Bedtime – to observe bath and bed time routines

IFBS caseworkers should ensure visiting times differ from visit to visit.

10.9 Goal setting

Goal setting in IFBS must be realistic and achievable. Families must participate in the goal setting process to increase their motivation to want to achieve what they have set out for themselves.

IFBS goals are limited due to time constraints in the program (short-term interventions), and because the intervention needs to be achievable for the family. If there were numerous IFBS goals set that could not possibly be achieved within 12-18 weeks, then this may make the family feel like they have failed hence result in them losing confidence.

The IFBS goals have to be based on the child protection concerns and reasons for the referral from CS. These goals (a maximum of five and minimum of three goals) are set with the family and determine what they need to do to improve the safety of the child.

[Values Score Cards](#) may assist with identifying what the family's values are and what is important to them, which may assist in setting IFBS goals that the family may better respond to. The NCFAS assessment will also assist with identifying problem areas, as well as strengths, for the family to inform the goal setting process.

It is important to note that it is not the responsibility of IFBS to address all family issues, particularly entrenched issues; the focus should only be on the ones that present immediate safety concerns for children and young people in the home. Other issues may be addressed as part of a *Step-down* service or additional post-intervention support once the IFBS intervention is complete, providing the family are willing to receive additional support.

Where issues arise with IFBS goals not directly responding to CS concerns, or where IFBS believes that initial CS expected outcomes are not achievable, the IFBS manager casework must contact the CS manager casework to discuss and reach agreement before the intervention proceeds.

If other service providers are involved at the time of referral to IFBS, case planning will need to consider which services will remain involved and their respective roles.

Final IFBS goals and case/action plans must be approved by the IFBS manager casework.

[IFBS caseworker resource - Critical thinking questions on goal setting](#)

10.10 Client participation

The IFBS caseworker will actively encourage the family to participate in the process of resolving the protective concerns. The participation will include involvement in the following: writing contracts, goal setting and case reviews.

To maintain openness and transparency, the family will also receive copies of all reports and letters about their intervention. All material developed by the IFBS caseworker such as case notes, case/action plans, progress reports, conclusion reports, must be approved by the IFBS manager casework before they are provided to the family and CS.

The service will strongly encourage clients to develop strategies for resolving their own difficulties, which draw strength from their own cultural background.

Where appropriate, children and young people will be given the opportunity to participate in the program. Examples include providing input into the development and implementation of daily household routines and rosters (eg. chores); behavioural monitoring systems (where a child or young person's behaviour is an issue of concern); and learning new skills as required (eg. organisation, managing school work, etc).

It is vital that IFBS caseworkers tailor different strategies to meet the needs of both adults and children and young people. It is not unusual for family support services to only focus on adults, however in IFBS; interventions must be family focussed and meet the needs of all family members. A child and young person's participation in the intervention needs to be acknowledged and valued.

10.11 Engagement with family

In some cases there may be difficulties in contacting and/or engaging with the family, and there is often good reason for this based on historical mistrust of statutory services. Some time and persistence may be needed to build the necessary trust to begin the process.

The IFBS caseworker must continue to engage with and observe families for the entire intervention period. Where engagement is difficult, the IFBS caseworker should try various strategies to bring the family on board (eg. being present by visiting everyday, taking food for morning/afternoon tea, providing transport to an appointment, etc). IFBS caseworkers should highlight any difficulties with engaging

clients at team meetings; information sharing and brainstorming ideas may provide new ideas/strategies for IFBS caseworkers to try.

In situations where one family member refuses to participate in the intervention, the IFBS caseworker should continue to work with other members of the family and continue to attempt to engage the unwilling participant throughout.

However, families referred to IFBS have significant child protection issues that may lead to their child/young person being placed in OOHC. Acceptance into IFBS is based on the family's willingness to work with the program. Delays and obstruction to the initial planning meeting and engagement with the service may pose serious risks for the children/young people involved.

If the IFBS caseworker has not been able to effectively engage the family within one week despite persistent attempts (eg. several phone calls per day and visits to the family home), the service provider (IFBS) must inform the CS manager casework promptly, which may result in the IFBS withdrawing their acceptance of the referral.

10.12 Transfer of case management

It is important that during the referral process an assessment is made about the suitability for case management to transfer to the IFBS. This helps support an effective, timely and coordinated response to all the needs of the child, young person and their family.

Case management will only transfer to an IFBS contracted agency if:

- Outcome of CS Safety Assessment is 'safe with plan'
- There is no outstanding statutory intervention/court action
- For restoration work, a restoration case plan must already in place. The IFBS will not do assessment work to assist CS in identifying whether restoration is a viable option
- Other long-term orders, such as a supervision order which places the child or young person under the Director-General's supervision, are in place and stable
- Joint case planning is done with the service before case transfer ([joint meeting](#))
- There is an express agreement in the case plan that if the risk for the children or young people in the family becomes unacceptable, the case will be referred back to CS.

CS has **legal liability** for cases where there are current care orders. This responsibility exists even if case management is transferred to an IFBS. If care orders are current, CS must keep an open case plan as part of its legal liability. Only once the order expires and all suitability requirements have been met, will CS close the case.

If CS transfers case management to a service, the service is then responsible for giving CS progress reports on the compliance and progress of these care orders.

IFBS is responsible for all case management during the IFBS intervention period, apart from statutory child protection matters. Case management is transferred back to CS at the conclusion of the IFBS intervention or *Step-down* service (if applicable).

10.13 Case management

Legal responsibility and potential liability for the child/young person's safety is retained by CS for the duration of the IFBS intervention. Case management responsibility may only transfer from CS to the service provider if the conditions outlined in [Transfer of Case Management](#), are met.

Case management in IFBS is time limited and goal directed. An essential feature of case management is referral to other suitable community services and advocacy on behalf of the child/young person and their family. Mediation and negotiation between the child/young person and their family or family members and other service providers, will also be an important role in situations where a crisis or conflict arises.

IFBS will supply direct services, as well as coordinate and make active referrals to other service providers and appropriate community-based programs as required.

The IFBS must be contacted regarding any new child protection reports or planned statutory intervention child protection action in relation to the family they are currently engaged with.

10.14 Reporting progress to CS

10.14.1 Joint Case Review Meeting

The IFBS will report to CS on the family's progress towards their agreed goals and their compliance with existing care orders at a pre-arranged joint case review meeting at six weeks into the intervention. The IFBS will record all relevant case work information in the IFBS Connect Portal, which can be accessed by CS as required.

It is the responsibility of the IFBS to provide updates at planned case review meetings with CS. At a minimum, each intervention should have one joint case review meeting and one conclusion meeting. Additional meetings can be arranged between CS and IFBS service provider as required.

The IFBS manager casework must inform the CS manager casework of any significant changes to the intervention as they arise, including where families are no longer willing to participate with the service. This can be done via email. All advice should be in writing and placed on the client's file.

Monitoring and reporting is the responsibility of the service to which CS made the referral and cannot be given to a third party.

The IFBS caseworker will need to compile a joint case review report that covers:

1. key highlights of work done with family to date
2. progress against CS and IFBS/family goals
3. current family strengths
4. status of current/upcoming referrals to other service providers
5. issues and areas of concern, including any perceived risk of harm to child/young person
6. overview of next steps for remaining intervention period

The progress report will need to be approved by the IFBS manager casework and provided to CS staff and family prior to or at the joint case review meeting, copy should also be provided electronically to CS. The IFBS service provider must ensure the abovementioned six points are covered in the progress report. The IFBS service can design the format of their own report; it is recommended that this be done using a program such Word or equivalent. CS will be required to attach the report to the client's file on KiDS following the joint case review meeting.

For IFBS *Step-down* services, a joint case review meeting should take place in week 12 of the *Step-down* service. The same process for reporting and meeting as above applies however instead of reporting on CS and IFBS/family goals, the *Step-down* report should discuss progress against IFBS recommendations (as agreed in IFBS conclusion report).

10.14.2 Conclusion Meeting

Case plan goals will be reviewed at the end of the planned intervention period at a conclusion meeting. The IFBS caseworker will schedule the conclusion meeting for the last day of the planned IFBS intervention. The IFBS manager casework; CS manager casework; CS caseworker; and family should all attend the meeting.

At the conclusion meeting, the IFBS will discuss with the group:

- outcomes against planned IFBS/family goals
- report against CS child protection concerns (have they decreased, increased or stayed the same; and why)
- key achievements and strengths
- all current and proposed referrals to transition, generalist or other specialist support services, including IFBS *Step-down*. All proposed referrals must be agreed to by the family
- if there is a need for an extension of IFBS intensive intervention with revised goals and conditions

- any new perceived safety and risk concerns/issues relating to the child/young person (note: where new perceived risks are identified and are considered to be serious, adherence to Mandatory Reporting Guidelines is essential, as is communicating any new risks to CS).

Following the conclusion meeting, the IFBS caseworker prepares a conclusion report in [IFBS Connect Portal](#), and submits to the IFBS manager casework for approval. If approved, the IFBS manager casework will submit to the CS manager casework for approval. Recommendations made in the conclusion report must be agreed to by all parties at the conclusion meeting.

CS need to print out the approved conclusion report and attach it to client file in KiDS and include file note confirming that the IFBS intervention has concluded.

Depending on the nature of progress reports to CS, in monitoring a care order or case management, and at any time while a service is underway, a decision may be made by CS to cease the IFBS intervention and take action to place the child in OOHC. In these circumstances, the CSC must inform the IFBS of this decision prior to any action taking place, where appropriate.

The minimum amount of contact with CS should be the joint meeting; mid-intervention case review meeting; and the conclusion meeting. CS and IFBS should maintain regular contact and can negotiate additional meetings as required, including discussing significant issues as they arise.

The IFBS *Step-down* caseworker will need to follow this process when concluding *Step-down* services.

10.15 Service provider terminates intervention

The IFBS provider may terminate the intervention before the agreed end date **if any** of the following apply:

- the child/young person are removed from the family (long-term) and placed in OOHC or another placement (such as with kin)
- the family chooses to no longer continue working with the service
- the family relocates to another area (whether or not a transfer is made to a new service provider)
- safety issues make it unsafe for the IFBS staff or others involved in service delivery to the family
- despite the service provider's persistent efforts, the family do not make themselves available for the services offered or are assessed as not working sufficiently towards the agreed goals
- the child/young person and family meet all case plan goals faster than expected and the family agree to a referral to other services, such as less intensive family support services (eg. Brighter Futures), before the agreed end date.

Any decision to stop services must be made in consultation with the child/young person and family, and any interagency partners who are actively engaged in carrying out case plan goals.

The IFBS must complete a Termination Report in the [IFBS Connect Portal](#) if a decision is made to withdraw/terminate. The IFBS manager casework will submit this via the portal to the CS manager casework. CS should attach the Termination Report to the client file in KiDS, and include a file note stating that the intervention has been terminated.

The relevant CS manager casework will be required to ascertain next course of action required for the client family.

10.16 Case transfers to other areas

The same IFBS will continue the intervention with a family as far as possible.

Transfers to another catchment may only happen if the child/young person and their family move home stating that they are not returning and where the existing service provider can no longer practicably supply the service.

The safety, welfare and wellbeing of the child/young person together with their family's needs, will be the main concern when negotiating case transfer. CS must authorise any decision to transfer cases between service providers.

A case meeting between CS, the service provider and any other relevant parties will be held to make this decision. Where a case is transferred between service providers from one CS region to another, the forwarding CSC will transfer any open case plan to the relevant CSC in the new region. These arrangements are best carried out in a case meeting with the child/young person, their family and other relevant parties, to ensure a smooth transfer. Where a meeting is not possible, arrangements may be made via teleconference.

10.17 After hours availability

All IFBS services must operate an after hours on-call roster, to accommodate the 24/7 aspect of the IFBS model, which stipulates all IFBS clients have access to an IFBS caseworker 24 hours, 7 days per week.

IFBS caseworkers should work their standard hours between the hours of 7am to 10pm. Any work outside of these hours would be considered 'after hours'.

There should be one after hours mobile phone held by whichever staff member is on-call. All IFBS clients should be given the after hours phone number at the commencement of the IFBS intervention to use if they require assistance after hours.

IFBS managers casework and caseworkers should not be rostered on for more than one week at a time. After hours and overtime rates should be paid in accordance with the service providers own policies.

It should be noted that a crisis can never be predicted, which makes 24/7 IFBS availability necessary. However, as case management in IFBS is intensive and planned, experiences in other IFBS services have shown that the incidences of after hour's callouts in IFBS are extremely low. In most cases issues raised by clients after hours can usually be resolved over the phone.

Where an after hours callout is required, refer to [Safe work practices for client contact](#).

10.18 Safe work practices for client contact

It is acknowledged that NGOs will have their own procedures in place regarding safe work practices for client contact; the following is an outline of the current procedure for CS IFBS staff that may be applied to NGO IFBS staff, if appropriate.

Visiting clients' homes may present particular risks for IFBS staff. Various factors impact on the safety of home visits, particularly the client and others at the home, the location and layout of the premises and the nature of the visit.

It is important to note that IFBS do not carry out any investigative work, and all client contact is planned ahead of time, therefore the family is expecting contact from the IFBS. Given this, the potential for any conflict occurring should be reasonably low.

It is recommended that the IFBS manager casework attends the [joint meeting](#) with IFBS manager casework, as well as the CS Caseworker. This will provide an opportunity to assess the client's home environment, including people living in the home, and identify any potential risks that may compromise the safety of IFBS staff.

Prior to attending the home visit, the IFBS manager casework and IFBS caseworker should review the family history and potential safety issues that may arise. If there are perceived safety risks identified during the joint meeting, the IFBS manager casework can make a decision as to whether this can be addressed and alleviated with the family; or whether the IFBS will need to withdraw from the intervention completely. The CS manager casework should be notified immediately of any risks and decisions by the IFBS to withdraw.

If an incident occurs during the joint meeting, the IFBS staff should exit the home immediately and contact the Police (if required). The attending CS caseworker will need to notify CS of this immediately and report the incident as per standard CS procedure.

If there are no risks identified during the joint meeting. The IFBS caseworker can continue to plan scheduled visits with the family, and make the visits by themselves. All planned visits should be made within reasonable hours (between 7am and 10pm). All planned visits outside these hours need to be approved by the IFBS manager casework.

If a client or other person in the client home poses a threat or safety risk at any time during the program, this will need to be reviewed by the IFBS caseworker and their manager to ensure potential risks are addressed and safety measures are implemented.

It is a good idea for IFBS caseworkers to update a movement board (or similar tracking system); indicating location and times in and out, so there is a record of their whereabouts at all times. In addition, the IFBS caseworker should provide the IFBS manager casework with a schedule of planned visits on a weekly/fortnightly basis.

Where an IFBS caseworker is on-call and is contacted by a family after hours, at no time should the on-call IFBS caseworker attend the family's home alone. In this instance, and if a call-out is warranted, the on-call worker should contact the IFBS manager casework and ask them to attend the family's home with them. The IFBS manager casework would be entitled to claim over-time (or other entitlements in-line with their organisational policies).

Where the IFBS manager casework is not available, and other IFBS caseworkers are not available, the on-call worker should do their best to defuse the issue over the phone, and advise the family that they will be able to attend the home first thing the following morning.

If the on-call worker makes an assessment that it is a crisis situation that may present a danger to children and young people in the home (eg. domestic violence), the Police should be called immediately; as well as the Helpline. The on-call worker can attend with the Police and/or Helpline as a support for the family. Again, the on-call worker should attend with another IFBS staff member, or notify the IFBS manager casework that they are attending as a secondary with the Police.

When attending client homes, IFBS staff should always ensure they have enough fuel in their vehicle to accommodate long distance travel; and a fully charged mobile phone.

10.19 Reporting suspected risk of significant harm

[Refer to the NSW Online Mandatory Reporter Guide](#)

A service provider is legally mandated to make a new risk of significant harm report to CS any time that they have reasonable grounds to suspect that a child/young

person they are providing a service to is at risk of significant harm. They must do this under section 23 of the [Children and Young Persons \(Care and Protection\) Act 1998](#).

'Reasonable grounds' refers to the need to have an objective basis to deduce that a child/young person may be at risk of significant harm, and includes:

- any new incident or evidence that is consistent with section 23 of the *Act*
- factors that triggered previous risk of significant harm report/s about the child that re-emerge or reoccur through a new incident or evidence.

IFBS service providers are legally required to make a new risk of significant harm report to CS if they suspect that a child/young person is currently at risk of significant harm based on what they can reasonably judge and supported by their professional training and/or experience. Wherever possible, suspected risk of significant harm reports should only be made by IFBS caseworkers in consultation with the IFBS manager casework.

This applies whether or not a current care order is in place. A new risk of significant harm report will enable CS to take further statutory action, if appropriate.

A new risk of significant harm report may be warranted in the following cases:

- a new risk significant of harm concern arises of a different type from the original referral and the [Mandatory Reporter Guide](#) indicates suspected risk of significant harm
- a significant escalation in existing concerns
- the existing risk of significant harm concerns remain serious despite IFBS involvement.

Where CS receives a risk of significant harm report about a child/young person or a sibling, whilst their family is receiving a service, it will review the case to see if a family preservation approach remains viable.

The following actions may be taken depending on the safety assessment outcome of the latest report:

- if risk of significant harm to the child/young person is not significantly increased or urgent, CS may negotiate with the service provider to continue or modify the IFBS case plan goals
- if risk of significant harm to the child/young person has significantly increased or is now urgent, CS may carry out an emergency removal, start proceedings in the Children's Court or seek a variation to existing care orders. In some cases, IFBS may continue to work with the family, if appropriate.

Reports should be made to the Child Protection Helpline on 132 111 (24 hours/7 days).

11 PARTICIPATION AND RIGHTS OF CHILDREN AND THEIR FAMILIES

11.1 Participation of children and their families

The service provider, including CS, will carry out genuine, ongoing consultation and help children and their families participate in making the decisions that affect them.

All case management practices in IFBS are open and transparent.

The input of parents, extended family and the child/young person (as age appropriate) should be sought, encouraged, and considered in all aspects of service delivery. The IFBS will give information to parents and their child/young person in a manner and language that they can understand. This will help their participation and active engagement in working towards successfully achieving the agreed family preservation goals.

11.2 Promoting the rights of children and their families

Services will:

- inform children, young people and their families and extended family and kinship networks where appropriate (in a manner which is appropriate to their age, developmental capacity and cultural and linguistic background). This includes information about their rights under the [Children and Young Persons \(Care and Protection\) Act 1998](#) and information about complaint and appeals processes
- apply the principles of self-determination and participation in decision making contained in the *Children and Young Persons (Care and Protection) Act 1998*
- provide services consistent with the [Charter of Rights](#) and ensure the agency advances and complies with the principles of the Charter
- ensure that the privacy of children, young people and their families is respected, confidentiality is maintained and information is collected and exchanged in accordance with the *Children and Young Persons (Care and Protection) Act 1998*
- have policies and procedures in place to appropriately process complaints and appeals made by families and their children/young people within clearly stated timeframes.

12 DISPUTE RESOLUTION

CS and IFBS service providers are expected to work in a collaborative manner in the best interests of families, when planning and delivering IFBS services. Despite best efforts and strong governance arrangements, it should be acknowledged that, from time to time conflict or disputes may arise.

Key principles of dispute resolution for the IFBS program

Guidance on responsibility for raising and addressing differences between agencies is detailed in 1.5 of the [NSW Interagency Guidelines for Child Protection Intervention](#) (2006).

Dispute resolution policy and procedures for funded agencies

Either CS or the service provider may initiate the dispute resolution process as outlined in the [Service Agreement](#) where it considers the other party has not met its obligations under that Agreement.

Dispute resolution options when a family makes a complaint

Families must be fully informed of how complaints can be made to CS and IFBS services, and how each agency will deal with them.

The Service Agreement requires all CS funded agencies to provide their service users with an effective complaint and dispute resolution process.

In the case of complaints made by families case managed by CS, wherever possible, the following recommended steps for dispute resolution should be followed:

1. Family members should discuss their concerns with their CP/OOHC caseworker.
2. If the family is not satisfied with the outcome from discussions with their caseworker, they can take their complaint to the CP/OOHC manager caseworker or the manager client services at the local CSC.
3. If family members still believe their concerns have not been resolved, they may also apply to the **CS Complaints Line 1800 000 164 (toll free call)**.

Family members may also choose to take their complaint to the NSW Ombudsman's Office.

Where grievances relate to a family's concerns about the mishandling of their personal information, dispute resolution procedures should be followed. Families may also submit their complaint to the NSW Privacy Commissioner at any stage through the [Privacy NSW](#) website.

13 REPORTING AND EVALUATION

A program evaluation will run for the life of the project and will be conducted by an external consultant, with support from an evaluation working group led by CS.

The evaluation methodology will be a mixed method approach utilising data collection systems, interviews with clients (with their consent), service providers and key stakeholders. This means that the input and cooperation from all stakeholders is important to ensure the evaluation is robust and informative.

Qualitative measures relating to the family's sense of well-being post intervention will also be included.

Client data will be collected and regularly transmitted to CS so that it can be analysed to evaluate and improve program outcomes.

Performance measures include:

- numbers of families who receive an IFBS service
- numbers of families who receive a *Step-down* service (where available)
- percentage of IFBS families receiving a 12-week service
- number of child protection reports on IFBS referred families at 3, 6, and 12 months post IFBS intervention
- number of out-of-home placements, at 3, 6 and 12 months post IFBS intervention

All relevant IFBS data will be obtained from the [IFBS Connect Portal](#), by CS as required. Data from other CS information facilities (KiDS, CIW) may be accessed for reporting requirements.

14 IFBS CONNECT PORTAL

IFBS Connect is the system designed to facilitate a streamlined interface between CS and IFBS, for all referral and case work recording in IFBS.

The portal will only be used by authorised staff in the four pilot IFBS sites and referring CSC.

IFBS Connect will facilitate:

1. Online referrals from CS to IFBS (with built-in approvals)
2. Recording of all IFBS case management data (eg. weekly case notes, reports against goals, etc)
3. IFBS conclusion reports (with built-in approvals)
4. *Step-down* service referrals
5. *Step-down* case management data recording
6. *Step-down* conclusion reports
7. Printable reports to assist CS with data collection

Training will be provided to CS and NGO staff nominated as authorised users of IFBS Connect. Authorised users will only include CS and IFBS managers casework and caseworkers.

Requests for new User Accounts and training should be sent to IFBSconnecthelp@dhs.nsw.gov.au

Step-by-step instructions for CS and NGO IFBS Connect users can be found via the portal link <https://pra.community.nsw.gov.au/ifbs>

Please review the [IFBS Connect policy](#).

15 APPENDICIES

Appendix A: [Glossary of Terms](#)

Appendix B: [Critical thinking questions on goal setting](#)

Appendix C: [IFBS Referral & Case Management Task List](#)

Appendix D: [Value Score Cards](#)

Appendix E: [IFBS Connect User Policy](#)

Appendix A – Glossary of Terms

Aboriginal	<p>Aboriginal as defined by the <i>Aboriginal Land Rights Act 1983 (NSW)</i> is a person who:</p> <ul style="list-style-type: none"> • is a member of the Aboriginal race of Australia • identifies as an Aboriginal person and • is accepted by the Aboriginal community in which the person lives.
Conclusion	<p>Conclusion means end of service intervention. In IFBS, there are IFBS conclusions and <i>Step-down</i> conclusion. A conclusion meeting will be held with the IFBS CW and MCW, CS CW and MCW and family. The IFBS CW will need to write a Conclusion report via IFBS Connect following the Conclusion Meeting.</p>
Confidentiality	<p>The assurance that written and spoken information relating to clients is protected from access and use by unauthorised persons. Further, that information should only be available to staff on a need to know basis and the issues of privacy and dignity should always be paramount. Client confidentiality is covered under legislation including the <i>NSW Privacy Act</i>.</p>
Eligibility	<p>Entry into IFBS is open only to eligible families. The eligibility process refers to the process whereby a decision is made regarding whether a family meets the eligibility criteria for entry into IFBS.</p>
Family	<p>A family is a group of two or more people, one of whom is the carer of a child/young person. Other members of the group must either be children/young persons or those involved in caring for the children/young persons within the group.</p>
Homebuilders®	<p>Developed in 1974 by the Institute for Family Development in Washington State USA, HOMEBUILDERS® is an intensive, in-home crisis intervention, counselling, and life-skills education program for families who have children/young people at imminent risk of placement in state-funded care. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. The goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.</p>
Intensive Family Based Services (IFBS)	<p>Intensive Family Based Services (IFBS) provide an intensive, time-limited, home based program for Aboriginal families in crisis (including extended family) whose children/young people are either at risk of entering out-of-home placement due to protective concerns; or whose children/young people have been placed in OOHC and are to be restored with their families; or for carers of an Aboriginal child or young person where the placement has become unstable.</p>
IFBS Connect Portal	<p>IFBS Connect is an online web portal for use by Community Services and IFBS Service Providers, to create and manage IFBS referrals and record all case work data. The portal has no direct linkage to KiDS.</p>
Initial Planning	<p>The meeting that marks the official start of the IFBS intervention. This meeting</p>

Meeting	should only involve the IFBS CW and referred family. IFBS MCW can attend if required. This meeting should occur in 1-2 days of the joint meeting.
Joint Meeting	A joint meeting is organised by CS that involves the client family and IFBS that occurs within 48 hours of IFBS accepting referral.
Non-Government Organisation (NGO)	A not-for-profit organisation that is not a part of local, state or federal governments.
North Carolina Family Assessment Scale (NCFAS)	The NCFAS is an assessment tool designed to measure family functioning in family based child abuse and neglect prevention/intervention programs. It assists with developing targeted services to families and evaluating service outcomes.
Referral Pathway	Referrals to IFBS can only be made by Community Services, in accordance with strict eligibility criteria .
Risk of Significant Harm	<p>A child or young person is at risk of significant harm if the circumstances that are causing concern for the safety, welfare or well being of the child or young person are present to a significant extent. This means the concern is sufficiently serious to warrant a response by a statutory authority (such as NSW Police Force or Community Services) irrespective of a family's consent. What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child or young person's safety, welfare or wellbeing, or in the case of an unborn child, after the child's birth.</p> <p>The significance can result from a single act or omission or an accumulation of these.</p> <p>Risk of 'significant harm' is legally defined in Chapter 3, Part 2, Section 23 of the <i>Children & Young Person (Care and Protection) Act 1998</i> ("the Act"). This statutory threshold replaced risk of harm in the Act after 24 January 2010.</p>
Step-down	Step-down is a service that may occur for eligible families following an IFBS intervention. <i>Step-down</i> provides less intensive support to families for up to 24 weeks, to ensure families maintain gains achieved in IFBS intervention and IFBS conclusion recommendations are implemented.
Vacancy	Refers to an intervention vacancy in IFBS. Each IFBS caseworker can only work with two to three families at one time. When an intervention concludes, a vacancy will occur meaning the IFBS can accept a new referral.

Appendix B – Critical thinking questions on goal setting

CRITICAL THINKING QUESTIONS ON GOAL SETTING

Questions the IFBS caseworker should ask themselves during the goal setting process

1. What are the goals for the intervention?
2. How will these goals address safety concerns?
3. How do I know that these goals reflect the changes that family members want to make?
4. How do they address CS concerns for the family?
5. How are these goals related to the assessment information?
6. How are these goals consistent with the family's cultural values?
7. Is there a goal to address each overall domain score rated at -2 or -3 on the NCFAS? If not, is there an explanation in the narrative explaining why the problem behaviour is not being addressed during the intervention?
8. How will these goals contribute to placement prevention/restoration?
9. What kinds of outcomes am I hoping to achieve?
10. How are these goals related to the desired outcome?
11. What are the risks of using the planned intervention strategy?
12. How does the intervention plan utilise the strengths of the family and individual family members?
13. How has my personal framework affected goal setting, planned intervention and desired outcomes?
14. Have I considered new information in re-setting goals and plan of intervention?

Appendix C – Referral and case management task list

NOTE: This task list covers required tasks for both CS and NGO staff for the entire IFBS intervention

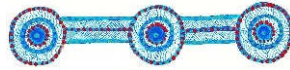
<input checked="" type="checkbox"/>	TASK	RESPONSIBILITY	NOTE
REFERRAL			
	1. Send email to CS MCW to declare number of IFBS vacancies , as they become available	IFBS MCW	
	2. Following safety assessment, identify Aboriginal cases (CP & OOHC) eligible for IFBS referral	CS CW	
	3. Attend CS case allocation review meetings to assist with selection of eligible cases for IFBS referral	IFBS MCW	This should be supported and encouraged by CS
	4. Ensure case meets all referral eligibility requirements	CS MCW	
	5. Complete IFBS referral via the IFBS Connect Portal	CS CW	Ensure that all relevant information, including safety and risk considerations, are provided to IFBS as part of the referral
	6. Approve and submit the completed referral to the IFBS MCW	CS MCW	
	7. Review referral and accept/decline the IFBS referral within 24 hours of receipt	IFBS MCW	
	8. Enter note into KiDS regarding referral made to IFBS	CS CW	
	9. Arrange and convene joint meeting with family and IFBS within 1 – 5 days of referral being accepted by IFBS	CS CW	Initial meeting should provide an introduction to IFBS and overview of the program. Reasons for referral should be discussed at this meeting
CASE MANAGEMENT			
	10. Arrange initial planning meeting with family within 1-2	IFBS CW	This meeting marks the official start date of IFBS intervention

	days of joint meeting		
	11. At initial planning meeting, work with family to develop case plan family goals to address CP concerns raised by CS	IFBS CW	
	12. Complete NCFAS	IFBS CW	
	13. Contact CS CW and confirm agreed family goals	IFBS CW	
	14. Enter all weekly case notes and progress against family goals into the IFBS Connect Portal	IFBS CW	Ensure there is a record of all contact with family
	15. Review all case notes and progress in IFBS Connect Portal on a weekly basis	IFBS MCW	
	16. Schedule regular fortnightly case review meetings	IFBS MCW	IFBS only
	17. Compile a joint case review progress report	IFBS CW	
	18. Approve joint case review progress report	IFBS MCW	
	19. Provide copies of approved progress report to family and CS MCW and CW	IFBS CW	Hard copies should be provided at the joint case review meeting; and sent electronically to CS staff
	20. Schedule and hold a mid-intervention case review meeting with CS MCW, CW and IFBS MCW	IFBS CW	This mid-intervention case review meeting should occur at the six-week point of the intervention
	21. Attach progress report and enter file note in KiDS following joint case review meeting	CS CW	
	22. Review case plan and goals with family at regular intervals	IFBS CW	
CONCLUSION			
	23. Complete NCFAS in final week of intervention	IFBS CW	
	24. Schedule and hold a conclusion meeting with family, CS MCW/CW and IFBS MCW	IFBS CW	Conclusion meeting should occur on the planned intervention end date

	25. Consider support needs for family post IFBS intervention, including entry into Step-down service (if available) and seek agreement for all recommendations at the conclusion meeting	IFBS CW	Discuss all achievements and results of NCFAS at this meeting as well
	26. Immediately after the conclusion meeting, complete the conclusion report on IFBS Connect Portal and submit to IFBS MCW for approval	IFBS CW	Ensure the report contains recommendations as agreed at the conclusion meeting
	27. Review and approve the conclusion report and submit to CSC MCW for approval	IFBS MCW	Include recommendation for <i>Step-down</i> (if applicable)
	28. Approve the conclusion report including IFBS recommendations	CS MCW	
	29. Review and approve referral to <i>Step-down</i> (if applicable) within 48 hours of receipt	CS MCW	Family must agree to participate in <i>Step-down</i>
	30. If no further support is recommended for family, close case plan	IFBS MCW	Record should be kept open if family participates in IFBS <i>Step-down</i> service
	31. Attach conclusion report to KiDS file	CS CW	
	32. If IFBS consider there to be risks present for the child/young person, keep KiDS record open and determine best course of action	CS MCW	
	33. IFBS end intervention with family	IFBS CASEWORKER	IFBS should send a letter to the family officially ending the IFBS intervention. If the family achieved good outcome, be sure to congratulate them.
STEP-DOWN			
	34. Introduce <i>Step-down</i> CW to family at 10-week point of IFBS intervention to commence engagement process.	IFBS CW	Only for families eligible for <i>Step-down</i>
	35. Once approved by CS, allocate case to <i>Step-</i>	IFBS MCW	

	<i>down</i> CW within 24 hours		
	36. Within 24 hours of case being allocated, meet with family and discuss <i>Step-down</i> role and what assistance will be provided	<i>STEP-DOWN</i> CW	Primary goal is to implement IFBS recommendations and transition the family to other supports as well as provide a less intensive support role
	37. Set-up meeting schedule with family	<i>STEP-DOWN</i> CW	Recommended visiting schedule is once per week from week 1 - 12, and once per fortnight for weeks 13 – 24. This can be altered to suit the family's needs
	38. Enter all weekly case notes in IFBS Connect Portal	<i>STEP-DOWN</i> CW	
	39. Review all case notes and progress in IFBS Connect Portal on a weekly basis	IFBS MCW	
	40. Schedule regular fortnightly case review meetings	IFBS MCW	IFBS only
	41. Compile a <i>Step-down</i> joint case review progress report	<i>STEP-DOWN</i> CW	At 12-week point
	42. Approve <i>Step-down</i> joint case review progress report	IFBS MCW	
	43. Provide copies of approved progress report to family and CS MCW and CW	<i>STEP-DOWN</i> CW	Hard copies should be provided at the joint case review meeting; and sent electronically to CS staff
	44. Schedule and hold a joint case review meeting with CS MCW, CW and IFBS MCW	<i>STEP-DOWN</i> CW	This mid-intervention case review meeting should occur at the 12-week point of the <i>Step-down</i> service
	45. Attach copy of <i>Step-down</i> progress report and enter file note in KiDS following joint case review meeting	CS CW	
	46. Complete NCFAS	<i>STEP-DOWN</i> CW	To be completed in week 24 of <i>Step-down</i> intervention
	47. Consider any further support needs for family and discuss these at the conclusion meeting.	<i>STEP-DOWN</i> CW	Progress achieved in <i>Step-down</i> and results of NCFAS should be discussed at this meeting
	48. Schedule and hold <i>Step-down</i> conclusion meeting in week 24 of <i>Step-down</i> , with CSC MCW/CW and IFBS	<i>STEP-DOWN</i> CW	

	MCW		
	49. Complete the <i>Step-down</i> conclusion report on IFBS Connect and submit to IFBS manager casework for approval	STEP-DOWN CW	
	50. Review and approve the <i>Step-down</i> conclusion report and submit to CSC MCW for approval	IFBS MCW	
	51. Approve the <i>Step-down</i> conclusion report	CSC MCW	
	52. Attach the <i>Step-down</i> conclusion report in KiDS	CS CW/MCW	
	53. If no further support is recommended for family, close case plan	CSC MCW	
	54. If IFBS consider there to be risks present for the child/young person, keep case plan open and determine best course of action	IFBS MCW	
	55. IFBS end <i>Step-down</i> intervention with family	STEP-DOWN CW	IFBS should send a letter to family to mark the end of their service with them. If all goals have been achieved and the family has made good progress, it may provide a good opportunity to celebrate with the family (eg. have a picnic or BBQ), if appropriate.



Simple Instructions on How to Use Value Score Cards

In the Intensive Family Based Services (IFBS) program, Value Score Cards are used as an engagement tool with families early on in an intervention; and can assist in the goal setting process.

Each Pack Contains:

- a. 5 x blue category cards
- b. 50 x orange value cards (with crab design on front)
- c. 8 x blank orange value cards (with crab design on front)
- d. 32 x blue feeling cards (with turtle design on front)
- e. 8 x blank blue feeling cards (with turtle design on front)

Included in each pack are a number of blank cards. These cards are to be used if a family member comes up with another value or feeling that is not included in the printed cards. A non-permanent marker should be used so the blank cards can be re-used.

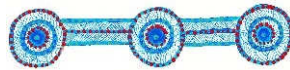
The Cards:

- Help family members become more aware of what their values are.
- Assist IFBS caseworkers in the goal setting process by ensuring the intervention is planned around the family's values.
- Are effective tools for engaging families into the program.

Values are very personal. Families may feel pressured to do this exercise, or disclose their personal feelings before they are ready. If the IFBS caseworker senses the family is feeling hesitant in the activity or are not ready, they should not continue with the exercise. The IFBS caseworker can do this exercise with the family as a whole or with individual members. It is preferable to do the exercise individually as people tend to have different values; however whatever family members feel comfortable with is always best. This exercise would not be appropriate for young children.

Doing the exercise with the family needs to be flexible, there is no rule for every family. Each family's needs are unique and therefore one session may be enough to complete the Value Cards or the family may need a number of sessions.

Do not rush this process to meet your own needs or for the sake of "just getting it done". Ensure that the family gets the most out of the process. It can be a powerful experience and can often tap into emotions and feelings people did not know they had. Stay with the family, not ahead of them. If you sense the family is experiencing relived trauma by the exercise be sure to debrief with them and bring them back to the 'here and now' once the session is finished.



Value Score Card Exercise

1. Line the 5 category cards horizontally on a flat surface (floor, table, lawn, etc), from left to right:
 1. Most Important
 2. Important
 3. Up and Down (means sometime yes/sometimes no)
 4. Not Important
 5. Rejected
2. Ask the family member to go through the orange value cards and place each one under one of the 5 category headings, in relation to how they categorise that value.
3. Once all cards are placed, ask the family member to select and prioritise only 6 cards from the “most important” category that are most important to them. If there are less than 6 cards in this category, they can choose cards from the “important” category, and so on.
4. Once the family member has prioritised their six values, ask them to go through the blue feeling cards and choose one blue card for each of the six orange cards, according to how that value makes them feel. Again, if they can’t find a suitable feeling word, they can write whatever they want on a blank blue card.
5. Ask the family member to explain to you why those values are most important to them and how they make them feel, if they feel comfortable in doing so.
6. From those 6 values that were chosen, the IFBS caseworker may be able to use these values to assist in the goal setting and intervention planning process.
7. A good way to end this exercise is to ask the family member to pick out blue cards (how ever many they want) to explain how this exercise made them feel, and discuss.
8. This exercise should be re-visited again towards the end intervention as values may have changed through the intervention process.

Exercise Flip:

It is a good idea to repeat this exercise with families, this time using cards from the “rejected” and “not important” categories. It is a good way to identify what values are not important to families, which may provide some insight into why families may experience particular issues. As with the first exercise, as the family/member to explain what the values they have chosen are not important to them.

Appendix E – IFBS Connect User Policy⁸

1. Sharing Information

- 1.1. Each IFBS Connect Portal User will have access to selected data contained on the IFBS Connect Database. This information includes child/young person details and parent or carer details.
- 1.2. The IFBS Connect Database will enable an IFBS Connect User to seek Full Access only to client information pertaining to their Region. Meaning IFBS Connect Users cannot view client related information from other IFBS services or referring CS agencies outside of their catchment.
- 1.3. CS will provide IFBS Connect Users with the following KiDS data:
 - a. KiDS Number
 - b. All contact information pertaining to referred clients, and details of risk factors identified. There is no direct linkage to KiDS, CS IFBS Connect Users will be required to manually enter relevant information from KiDS. NGO IFBS Connect Users will have Full Access (Read Only) to this information. NGO IFBS Connect Users will not have access to history of reports or details pertaining to those reports.
- 1.4. Allowing an IFBS Connect User to access a Party's data via the IFBS Connect Database is the provision of information in accordance with Chapter 16A, *Children and Young Persons (Care and Protection) Act 1998* which allows a Party to provide information to another Party that would assist the receiving Party to:
 - a. make any decision, assessment or plan or to provide any service, relating to the safety, welfare or well-being of the child, young person or unborn child who is the subject of a pre-natal report under s25, or class of children or young persons, or
 - b. manage any risk to the child or young person (or class of children or young persons) that might arise in the recipient's capacity as an employer or designated agency.
- 1.5. It is acknowledged by each party that has access to IFBS Connect is undertaken on a needs basis and any information obtained from the database is not unlawfully released to a third party. All parties are to be made aware that an audit trail exists in IFBS Connect recording all access to the database.

2. Authorised access to IFBS Connect

Only 'authorised users' from CS and IFBS service providers will be given access to the IFBS Connect database.

Access through IFBS Connects preferred authentication methods will be via password and access code in accordance with CS policies.

Users must not access, use or disclose any official information, without proper authorisation or lawful reason. Failure to comply could result in either criminal charges or internal disciplinary action.

⁸ Various content in this policy has been adapted from content contained in CWU Operating Guidelines (April 2011).

In addition, you must not disclose your password to anyone or allow anyone else to login to IFBS Connect using your password.

3. Data Quality & Management

3.1. Data Ownership and Accuracy

- a. The only Parties authorised to record information in the IFBS Connect Database are Community Services and the IFBS Service Provider.
- b. Each Party is the owner of the information that it contributes to the IFBS Connect Database.
- c. Each Party is responsible for taking reasonable steps to ensure the data it captures and stores using the IFBS Connect Database is of an appropriate quality, accuracy and currency. IFBS Connect Users have the best understanding of the client data collected, entered and maintained on IFBS Connect and are responsible for the quality of that data.
- d. It is acknowledged that data owned by one Party may be captured by subpoena, freedom of information, government information public access request, statutory notice or another request for information served on or made out to another Party.

3.2. Data quality

The quality of all data is important however, there are three types of data that are particularly critical to maintaining data quality in IFBS Connect:

Table 1 - Critical data

<p>Recording the Correct Dates</p>	<p>Dates are important because it tracks client progress in the IFBS program. If there is a lack of clarity about the dates or the event itself, then the data's value is degraded significantly. Important dates to be entered into IFBS Connect are:</p> <ul style="list-style-type: none"> • Date of referral acceptance. • Date of Joint Meeting. • Date of Initial Planning Meeting/Start date intervention. • End date of intervention/conclusion. • Start date of <i>Step-down</i> service. • End date of <i>Step-down</i> service.
<p>Identifying the Correct Person</p>	<p>Providing accurate and thorough details about the person when creating, searching or matching person data (and their aliases) is crucial to data quality. Any assessment must have a complete picture of what may have happened to a child or young person over time.</p>
<p>KiDS Number</p>	<p>For CS IFBS Connect Users, ensuring the correct KiDS Number for each person is entered correctly is crucial to data quality. KiDS Numbers include a mix of numeral and alphabetic values, therefore it is important to reflect the correct values when entering these numbers into IFBS Connect. Users are advised to 'cut and paste' KiDS Numbers from KiDS into IFBS Connect. If not, then the User must ensure that values are entered accurately (eg. number 1 should not be confused with lower case L (l), etc).</p>

4. Complying with a subpoena, summons or notice to produce

When a Party receives a subpoena, summons or notice to produce that captures documents accessed via the IFBS Connect system, which were created by another agency, it will:

- Compile any documents captured by the subpoena, including information that the relevant agency can access via IFBS Connect.
- Identify whether information shared by another relevant agency or other agency has been captured.
- Write to all agencies whose information has been captured and provide the following:
 - A copy of the subpoena, summons or notice to produce
 - A copy or description of the documents of that agency which will be produced
 - The return date and the relevant registry
 - Information that the agency may attend to object to the production of any material on the return date
- Ensure that any documents that are protected by section 29 or section 27A(7) are removed, in collaboration with the Legal Unit.

5. Responding to requests for information made under the Government Information (Public Access) Act 2009 – GIPA

When CS receives an FOI or GIPA application which captures ‘shared’ records on IFBS Connect, which were created by another agency, the receiving agency will:

- make an interim FOI determination on the shared IFBS records;
- if release is proposed, consult the other agency about the possible release of its records and amend the determination if appropriate;
- consult a non-government agency if it provided information which has been incorporated into the IFBS records AND release is proposed, and amend the determination if appropriate; and
- advise the applicant that the other agency also holds records about that child or young person.