Keep Them Safe, A shared approach to child wellbeing 2009-2014

Regional Intake and Referral Services Planning Workshop with NGO Peak Groups

5 June 2009

Workshop Report

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1. Context

The establishment of Regional Intake and Referral Services (RIRS), to link families with the most appropriate local service to meet their needs, is a key reform recommended by the Special Commission of Inquiry into Child Protection Services in NSW (November 2008). It complements other key recommendations of the Commission for a higher statutory reporting threshold, "risk of significant harm", and the creation of Agency Units (or "Child Wellbeing Units") in a number of government agencies including NSW Health. Justice Wood recommended there should be at least one Regional Intake and Referral Service in every Department of Community Services' Region and the services should be operated by non-government organisations.

The recommendations to establish Child Wellbeing Units and RIRS arise from the Commission's findings about the need for appropriate responses for families who fall below the threshold for statutory intervention. These are families who would benefit from specific services to address their current problems and prevent escalation.

The NSW Government's response to the Commission's Report, *Keep Them Safe, a shared approach to child wellbeing* 2009-2014 recognises that while caring for and supporting children is first and foremost the responsibility of parents, families and communities, it is also a responsibility across government, and the non- government sector.

Keep Them Safe includes commitments for the staged implementation of RIRS with trials in three locations to be substantially commenced within the next 12-18 months as a precursor to state-wide roll-out substantially commencing within 2-3 years. The trials are intended to run for 12 months each and will involve two service models (one, telephone advice and the other, an augmented service with more active referrals and possible use of brokerage funding).

NSW Health is lead agency for this initiative with organisations to be engaged via a competitive tendering process. The target date for the phased commencement of the trials is January 2010, coinciding with the anticipated commencement date for the new statutory threshold and other key legislative reforms contained in the Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009.

NSW Health has welcomed the opportunity to work in partnership with the NGO sector to implement the Government's commitment to establish the RIRS. Child protection is core business for NSW Health which provides a wide range of universal, secondary and tertiary services to support children and families with their health-related needs. The RIRS will complement NSW Health's role and build on the action, expertise and capacity of other existing agencies in linking vulnerable children and their families to appropriate services in their local areas.

Whilst every consideration will be given to the outcomes of the workshop which are the subject of this Report including the guiding principles and intended outcomes identified for the RIRS, NSW Health reserves the right, in consultation with other Government agencies, to make variations from the workshop outcomes. The final specifications to tender for the service will be an amalgam of *Keep Them Safe* commitments, other Government requirements and NGO input.

2. Purpose of Workshop

NSW Health and the NSW Council of Social Services co-hosted a workshop of NGO peak groups on 5 June 2009 to assist in planning for the RIRS trials.

The stated objectives of the workshop in the agenda (Appendix A) were to:

A. Provide background information on the RIRS proposal and a proposed way forward
B. Seek ideas on how to make the most of this opportunity to enhance access to services for vulnerable children and their families
C. Seek commitment to an ongoing partnership between government and non-government agencies in delivering this service.

3. Participants

The workshop included a broad representation of NGO peak groups whose member organisations are involved in assisting children, young people and their families. In addition to NGO peak groups traditionally focussed on child protection, there was representation from youth, mental health and drug and alcohol services, crisis accommodation, women's health, child care, and local community organisations.

Government representatives from the Department of Community Services, Department of Premier and Cabinet and the Office of the Minister for Community Services also attended.

A list of workshop participants is given at Appendix B.

4. Process

As reflected in the workshop agenda (Appendix 1), the workshop was structured to be interactive and involved a combination of presentations and group discussions.

a) Presentations

There were presentations from:

- Dr Richard Matthews, Deputy Director-General, Strategic Development, NSW Health who provided background information and an overview of the Government's commitment (Appendix C);
- Ms Cathrine Lynch, Director, Primary Health and Community Partnerships Branch, NSW Health who outlined the next steps in the planning process over the next 6 months (Appendix D).

b) Group Discussions

There were two sessions of group discussions during the workshop:

- Session 1: guiding principles and intended outcomes of the Services; and
- Session 2: more detailed questions about features of the service models, site selection, project risks, components of the evaluation etc

Session 1 involved the same questions for all workshop participants. The importance of commencing the discussions with a focus on guiding principles and intended outcomes was raised by three peak NGO groups (NCOSS, ACWA and AbSec) prior to the workshop.

In Session 2, each discussion group was given one or two of the detailed questions to consider. At the end of each Session, the discussion groups presented their key points to the full workshop as set out below.

5. Guiding Principles and Intended Outcomes

A set of Guiding Principles and intended outcomes for the RIRS have been formulated following consideration of the group workshop reports and subsequent full workshop discussions in session 1.

The Guiding Principles are:

1. The Service is child and family focussed.
2. It is respectful of the rights of individuals including the confidentiality of their personal information.
3. It is culturally appropriate for Aboriginal children and young people and their families.
4. Staff are appropriately qualified and skilled. They understand and are committed to implementing the reform directions in *Keep Them Safe*.
5. The Service is non-stigmatising for families. It facilitates pro-active positive engagement with families on a voluntary basis. It is not a statutory intervention.
6. The Service seeks out appropriate responses for families to meet their needs, with an emphasis on localised responses. The Service has knowledge of the local community and local services network.
7. There is a focus on timely responses by the Service and the service providers to whom it refers people. The Service is aware of the capacity of local services and there are no referrals to a waiting list.
8. Responses are inter-personal. There are no referrals to a phone number.
9. The Service promotes interagency collaboration and integrated service provision to ensure the needs of children, young people and their families are addressed holistically.
10. The Service relies on comprehensive, accurate, up to date information. The information which it provides is easily comprehended and capable of being acted upon.
11. There is a “feed back” loop between the Service and the direct service providers. The Service monitors the outcomes of the referrals it makes and may facilitate further assistance for some families.
12. It undertakes robust data collection allowing for transparency and evaluation.

The workshop identified the following high level outcomes which are consistent with the goals of Keep Them Safe:

- Evidence of reduced risk / children and young people are safer and reach their full potential
- Families supported in accessing services to meet their needs
- Reduced crisis for families/ reduced pressure on tertiary services
- Identify and address predictive risk factors
- Reduce revolving door and repeat of story
- Families have options

The workshop also identified a number of service level outcomes which include:

- Better usage of services. Improved co-ordination of services (less fragmentation)
- Improved knowledge about access to services and gaps
- Successful engagement (ongoing if needed)
- Positive community perception of RIRS
- Successful referrals (uptake)
- Information appropriately used and shared

The reports of the group workshop discussions on the guiding principles and intended outcomes of the Service are set out as follows.

Group 1

Guiding Principles

- Fidelity of information to RIRS
- Flexibility in responses
- Clear statement of what RIRS is and is not, ie early assistance not State intervention
- Need clear guidelines re information sharing
- Respect for rights and confidentiality
- Active skilful, flexible responses, positive engagement

Intended Outcomes

- Successful engagement (ongoing if needed)
- Positive community perception of RIRS
- Successful referrals
- Information appropriately used and shared
- Improved knowledge about access to services and Gaps
- Evidence that risk reduced

Group 2

a) Telephone Advice Service (Note concern won't work by itself; need supported referral - engaged/managed)

Guiding Principles

- Timely and up to date information on available services and service capacity
- Understandable information, capable of being acted upon
- Good knowledge of local services and local circumstances and people (what is "local"?)
- Can't refer to a "waiting list" or a "phone number"
- Equitable access – cultural and location problems with "telephones"
- Engagement – conversation with family
- $ (under RIRS) control for case management etc
- Resources ($ or people) to maintain up to date information
- RIRS have to be trusted
- Technology must be good and robust
- Access is non stigmatising; clients anonymous especially in small towns
- Staffed by trained/qualified workers – basic social work skills, cultural knowledge (Aboriginal/ CALD); receptive of people with disability
- RIRS staff have to be supported
- Robust data collection
- Transparency – who is accessing/who referred to
- Agency referred to has to be capable of answering calls straight away

Intended Outcomes

- Take up rate and outcomes

b) Augmented Service

Guiding Principles

Same as (a) telephone advice service but more capacity/outreach and follow-up

Intended Outcomes

- Same as (a) telephone advice service
- Families supported in accessing services to meet their needs and ensure that children and young people are safe.

Group 3

Guiding Principles

- Accessibility for vulnerable groups – proactive and ability to engage (voluntary)
- Child focussed but ability to engage with family
- Good local connections with services and community
- Geographic coverage needs to match local context
- Demonstrated service philosophy that includes an understanding of the social determinants of health
- Aims to capacity build

Intended Outcomes (high level and service efficiency)

- Improved capacity for disadvantaged families
- Better usage of services
- Better co-ordination of services (less fragmented)
- Children are safer – reach full potential/developmental milestones
- Reduced crisis for families
- Reduced revolving door and repeat of story
- Identify and address predictive risk factors

Group 4

Guiding Principles

- Child and family focussed
- Localised – know the community; know the networks
- There is a resourced community sector to refer to
- Staffed by visionaries, skilled personnel
- Appropriately resourced
- Responsive, timely service
- Referral points include preventative services/activities
- No priority referrals
- Self referral
- Service sector needs sector resourcing

Intended Outcomes

- Kids are safe
- Families have options
- Reduced stress on tertiary system
- Decrease number of children in out of home care
- Improve service system co-ordination and identify gaps
- Evaluation not just about the process of RIRS
- Community involved

Group 5

Guiding Principles

- A service people feel comfortable to access
- Need for flexibility according to type of service model
- Organisation needs to be established and have a demonstrated relationship with service providers in the area
- Established history of good management
- Demonstrated service philosophy and understand of the social determinants of health

Summing Up by Dr Matthews

In summing up the workshop discussions on guiding principles and intended outcomes and providing some additional ideas, Dr Matthews placed emphasis on:

1. the need for a positive focus:

The aim is for RIRS to be seen by the community as a place where parents, carers and families can get help and they are respected.

2. the importance of the service being accessible for people:

Families need to be able to access the service at no cost (for example, through a 1800 number which diverts people by postcode to the closest service) with rules applying for "serial ringers."

Young people may at times be direct clients of the service. Therefore the service needs to be accessible via internet for example.

3. the need for a consistent and tiered service:

There will need to be a service directory at State level and for the local setting. There should be a "warm link" to services from the RIRS.

The service should use consistent and approved algorithms.

Following a medical analogy, there will need to be an efferent (conducting outwards) arm and an afferent (conducting inwards) arm. The RIRS will ring people back to find out how they went and whether they need additional help. There should be a protocol around follow-up calls.

There was also discussion about how RIRS will reach the families needing the service. It was noted that referrals might involve professional referrals or self referrals. In some cases people will genuinely be looking for help and in other cases there may be a concerned neighbour or human services professional. At some stage, RIRS or the frontline service providers might need to call people or make personal contact.

6. Detailed Workshop Discussion Questions

The reports of the group workshop discussions on detailed aspects of the RIRS follow.

Group 1

What value can RIRS add to the existing service network? To what extent is it a new function and to what extent does it build on existing agency action, expertise and capacity?

- A well functioning RIRS can support the existing system.
- Formal point of contact for the community to seek help
- Identifies unmet and currently unidentified needs.
- Breakdown silos – formalised inter agency case management.
- Promote non-traditional partnerships
- Separate community needs from statutory focus
- Formal framework for information exchange/service provision
- Promote accountability in the sector through knowledge of and interaction with service providers.
- Independent non judgmental service
- Need to include feedback loop so identified problems can be addressed
- RIRS/ casework interface

Group 2

What experience can be drawn from other current and past intake and referral systems?

- Need for RIRS to be more active than the current system to achieve genuine change/help change the current case management of families
- Need for some primary assessment – assessing need to attach families to a service
- Location – As a "soft entry" point existing intake and referral has worked e.g. School, Neighbourhood centres etc "Neutral ground"
- Universal services are a good entry point, eg Centrelink, Community Health
- You must distinguish information from referral
- Knowledge and relationships with services that are sustainable and can be made with confidence that the link will work.
- Importance of ensuring some primary assessment is present.
- Active linking with people, names, personal recommendation
- Use of existing referral lines (parent line, DV line, Housing line)

What are the key challenges/risks to successful and timely delivery of this service and how should these be addressed?

- Losing people on the first call
- Information is possible/referral is more difficult
- Availability of referral points' capacity, under resourced: address with funding, local knowledge
- Total resourcing of the new system is no better or more efficient: needs time and dollars
- Perception of non-stigmatizing: address with good marketing/self referrals
- Maintaining flexibility
- Potential to duplicate existing telephone referral services/use each other not duplicate

- Potential to move away from voluntary engagement e.g. knocking on people's doors.
- Making the service relevant for young people

Group 3

What are the essential and desirable features of the service models?

- Comprehensive information sharing across regions (no invisible borders) and with Child Wellbeing Units
- Good data collection
- Engagement with families: trust, confidentiality (especially in small towns), community engagement and respect, help with transport
- Needs assessment/appraisal/analysis/mapping (assumption: risk of significant harm assessment by CWU or DoCS Helpline already done)
- Match needs with services and facilitate access: good local knowledge of existing services and their capacity; referrals to culturally appropriate, age appropriate services
- RIRS role in facilitating local service networks
- RIRS contacts service while family is on the phone: "warm" supported referral; brokerage, flexibility, some dollars
- Follow up of outcomes with family and service providers
- Consolidate results; identify service gaps; evaluate work
- Properly resourced

How might they differ for metropolitan and rural/remote locations?

- Access to services
- Travel time; transport costs
- Geographical diversity of services
- Localised networks and committees to share into ("hub and spoke" model)
- Connected, integrated
- Personalised, individualised (both rural and metro)
- Don't set up artificial / invisible borders

Group 4

How should the service be designed for Aboriginal children and young people and families?

- It should be designed in consultation with Aboriginal communities and recognise the diversity within them.
- It should include Aboriginal staff. All staff should have cultural sensitivity and empathy.
- There should be appropriate services to which Aboriginal families can be referred.
- The service should be non-stigmatising and trusted.
- It should be flexible.
- It is an Aboriginal "branded" service that is part of the system/ integrated with other services (eg Attorney General's Department hotline)
- It should link in with/ not duplicate the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) Aboriginal specific referral service[1]– 27 in NSW – and draw on the lessons of that service

[1] . See FAHCSIA's funded "Community Support Service" at http://www.fahcsia.gov.au/sa/indigenous/progserv/families/Pages/community_support_service.aspx

What criteria should apply in selection of regions for the three trials?

- They need to be placed in Areas where there are good options for running them and there is a potential for success, eg. Campbelltown, Dubbo, Riverina, Albury.
- There must be a willingness to work together across all tiers of government and the NGO sector.
- The selected location should not be an area where there has been no previous engagement.

(Note: The peak groups can provide advice on where the service is likely to work).

Group 5

What should be measured in the evaluation?

a) How Much?

The evaluation should measure the number of:

- Calls
- children/young people/ families involved
- referrals made
- multiple contacts
- reports made to Helpline

b) How Well?

- Has the service followed the Guiding Principles?
- Does it provides timely services for families?
- Is it referring families to what they need/ how flexible it is in meeting the needs of people who do not fit the norm?
- Does it promote a local service solution orientation?
- Is it culturally competent and age appropriate?
- Its unit cost
- Number of call backs from families
- the service uptake (percentage of referrals that are taken up immediately and those that are not)
- Does it have perverse outcomes – is it shifting the system blockage to community services waiting lists?

c) Is Anybody Better Off?

Did we treat the families?
Did we help with their problem?
Number of children and young people entering out of home care
Number of children and young people who are now getting a service
Number of families where there is no services available

7. Key Risks and Challenges

A key challenge identified at the workshop was how to ensure RIRS operate as “champions” for the overall system reforms recommended by Justice Wood. This would include ensuring that RIRS model effective interagency partnerships, focus on driving cultural change in the service system and promote generational change in families. The idea is to foster a new way of thinking about child protection and child and family rights in five to ten years time, so that problems are addressed before they escalate and fewer children end up being placed in out of home care. The RIRS should not promote a “business as usual” approach, rather everything they do should reflect the culture change called for in the Special Commission’s Report.

It was suggested that Health’s involvement in the Housing and Accommodation Support Initiative (HASI) is a positive model for the RIRS in terms of achieving this culture change. (HASI is an innovative partnership program between NSW Health, the Department of Housing and the non-government (NGO) sector aimed at ensuring stable housing linked to a range of levels of specialist support for people with a mental illness).

Other key risks and challenges for the Regional Intake and Referral Services identified at the workshop included:

- The need for a well resourced system: it is important that implementation of *Keep Them Safe* does not just move the current log jam from the statutory to the non-statutory system and the success of the RIRS is dependent on the availability of services to which the RIRS can refer people; and

- The voluntary nature of RIRS referrals/ how to engage clients to prevent problems escalating and requiring statutory intervention;

It was also generally agreed that there should be an alternative name to brand this Service, for example, the “Child Wellbeing Referral Service”.

8. Conclusion and Next Steps

NSW Health indicated that while the NGO peak groups were being involved in this planning phase, the competitive tender process would be at “arms length” from the sector for probity reasons.

Some key points made in relation to the tender process included:

- The need to ensure the tender specifications are not overly prescriptive. The request for tender should broadly describe the Government’s objectives and intended role of this Service and leave scope for the NGOs to devise creative solutions for service delivery;

- That the request for tender include an indication of the available budget for this Service;

- The need to include scope for collaboration between NGOs in the provision of the service, including capacity for tenders by a consortia;

- Making the process open not only to those NGOs traditionally funded by DoCS but also to other NGOs which might have more capacity to offer a non-stigmatising service.

It was also noted that the regions where the pilots will be located would be selected by Government prior to the tender process, in consultation with the NGOs sector.

NSW Health noted that key messages from the workshop included the need to ensure flexibility around the service models, the fact that the RIRS should not be seen in isolation from the rest of the Wood reforms and the importance of the service being friendly to NGOs and clients.

NCOSS reiterated the importance of the RIRS promoting true interagency partnerships and helping to effect culture change.

NSW Health undertook to circulate this workshop report to the participants (and subsequently the DoCS’ consultative groups – Child Protection Advisory Group, Service System Advisory Group and Child & Carers Advisory Group have also requested copies).

APPENDICES

Appendix A

WORKSHOP ATTENDEES
NGO peak groups
Ms Alison Peters, Director, Council of Social Service of NSW (NCOSS) (co-facilitator of workshop)
Mr Des Mukherjee, Council of Social Service of NSW (NCOSS)
Mr Andrew McCallum, CEO, Association of Children's Welfare Agencies (ACWA)
Ms Sylvia Ghaly, Association of Children's Welfare Agencies (ACWA)
Mr Bill Pritchard, CEO, Aboriginal Child, Family & Community Care State Secretariat (NSW) (AbSec)
Ms Marilyn Dixon, Senior Policy & Development Officer, Aboriginal Child Family & Community Care Secretariat (NSW) (AbSec)
Ms Sue Richards, CEO, NSW Family Services
Mr Reynato Reodica, Executive Officer, Youth Action and Policy Association
Ms Danielle Domanski, State Coordinator, Create Foundation
Mr Larry Pierce, CEO, Network of Alcohol and other Drug Agencies (NADA)
Ms Corinne Henderson, Senior Policy Officer, Mental Health Co-ordinating Council
Ms Emily Caska , State Policy Coordinator, State Manager, National Disability Services
Ms Sandra Bailey, CEO, Aboriginal Health and Medical Research Council of NSW
Mr Brian Smith, Executive Officer, Local Community Services Association
Ms Denele Crozier, Executive Officer, Women's Health
Ms Suzie van Opdorp, Board Member, Women's Health
Ms Sally Steele, Board Member, Women's Refuge Resource Centre/ Essie Women's Refuge
Mr Michael Coffey, Executive Officer, Youth Accommodation Association
NSW government agencies
Dr Richard Matthews, Deputy Director-General, Strategic Development, NSW Health
Ms Cathrine Lynch, Director, Primary Health and Community Partnerships Branch, NSW Health (co-facilitator of workshop) (co-project sponsor, NSW Health)
Ms Jenny Marshall, Manager, NSW Health *Keep Them Safe* Implementation Unit

Ms Rosemary Fitzgerald, Senior Policy Officer, NSW Health *Keep Them Safe* Implementation Unit
Simone Proft, Senior Policy Officer, Primary Health and Community Partnerships Branch, NSW Health
Ms Anne Campbell, Director Implementation Unit - *Keep Them Safe*, Department of Premier and Cabinet
Ms Janet Dawson, Policy Manager, Implementation Unit – *Keep Them Safe*, Department of Premier and Cabinet
Ms Clare Rogers, Director, Prevention and Early Intervention, Department of Community Services
Ms Jill Herberte, Regional Director, Southern, Department of Community Services
Office of Minister for Community Services
Mr Geoff Taylor
Ms Jennie Churchill, Policy Advisor
Apologies
Associate Professor Judy Cashmore, University of Sydney
Ms Elizabeth Death, CEO, Uniting Care Children's Services
Dr Greg Stewart, Director of Population Health, Planning and Performance, Sydney South West Area Health Service (co-project sponsor, NSW Health)
Ms Taryan Champion, Project & Policy Officer, Women's Refuge Resource Centre
Ms Sue Cripps, CEO, Homelessness NSW

Planning for the New Regional Intake and Referral Services (RIRS) under *Keep Them Safe, a shared approach to child wellbeing 2009-2014*

Workshop with NGO Peak Groups, 5 June 2009

AGENDA

Time/Date: 1.30-4.30pm, Friday 5 June 2009

Venue: NCOSS
Upstairs meeting room
66 Albion St
Surry Hills

Purpose of Workshop

A. *Provide background information on the RIRS proposal and a proposed way forward*
B. *Seek ideas on how to make the most of this opportunity to enhance access to services for vulnerable children and their families*
C. *Seek commitment to an ongoing partnership between government and non-government agencies in delivering this service*

1. Welcome – Ms Alison Peters, NCOSS	1.30 – 1.40 pm
2. Overview of Government's Commitment - Dr Richard Matthews, NSW Health	1.40 – 2 pm
3. Steps in Planning Phase over next 6 months - Ms Cathrine Lynch, NSW Health	2 – 2.10 pm

Key issues for discussion – group workshop sessions

Group Workshop Session 1 **50 minutes**

a) What should be the guiding principles for this service?

b) What are the intended outcomes of this service?

Divide into 5 groups/ all to brainstorm both questions 2.10 – 2.30 pm

Present group findings 2.30 – 3.00 pm
(5 minutes per group plus full workshop discussion)

Afternoon Tea 3-3.15pm

Group Workshop Session 2 **1 hour**

a) What value can RIRS add to the existing service network? To what extent is it a new function and to what extent does it build on existing agency action, expertise and capacity?

b) What are the key challenges/risks to successful and timely delivery of this service and how should these be addressed?

c) What experience can be drawn from other current and past intake and referral systems?

d) What are the essential and desirable features of the service models? How might they differ for metropolitan and rural/remote locations?

e) How should the service be designed for Aboriginal children and families?

f) What criteria should apply in selection of regions for the three trials?

g) What should be measured in the evaluation?

h) What are the key challenges/risks to successful and timely delivery of this service and how should these be addressed?

Divide into 8 groups (one group per question)/ brainstorm questions 3.15- 3.30pm

Present group findings 3.30 – 4.15pm
(5 minutes per group plus full workshop discussion)

5. Future consultation – Ms Lynch 4.15 - 4.20pm

6. Summing up of workshop outcomes – Ms Peters 4.20 - 4.30pm

NSW HEALTH

Regional Intake and Referral Services - an overview of the Government's commitment

Presentation at Workshop with NGO Peak Groups

by Richard Matthews

Deputy Director General Strategic Development, NSW Health

NSW HEALTH

2. Wood Recommended Model:

Statutory protection for children & young people 'at risk of significant harm'.

Reports below statutory threshold but child or young person in need of assistance: Child Wellbeing Unit or mandatory reporter refers family to:

- new Regional Intake and Referral Services
- Brighter Futures
- Domestic Violence Line; and/or
- the agency working alone or in combination with another appropriate agency or NGO

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NSW HEALTH

3. Wood Recommended Model Cont'd

Reports meeting statutory threshold for response within 3-10 days, i.e. risk not as high (Rec. 10.2c)

- Referral to RIRS if outside criteria for Brighter Futures
- Possible role in RIRS for seconded DoCS' caseworkers

Note, however, Keep Them Safe's focus is on the role of RIRS in meeting the needs of children and young people below the statutory threshold.

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4. Wood Recommendations - Role of RIRS (10.1, 10.2)

- Determine the nature of services required and refer family to appropriate NGO or other State or Commonwealth agency for services such as:
  - Case management
  - Home visiting
  - Intensive family support brokerage
  - Quality child care
  - Housing; and/or
  - Parenting education
- Note list is not exhaustive. Other services might include mental health or drug and alcohol services for the parents.

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5. *Keep Them Safe* Commitment - Staged implementation of RIRS

1. RIRS trials (commencing within 12-18 months)
   - for 12 months
   - three locations (mixture of metropolitan, and rural/regional)
   - two service models (telephone advice and augmented service with more active referrals; possible brokerage funding)
   - outside trial area – identify referral pathways
   - Evaluation and decision about best model

2. Establishment state-wide (commencing within 2-3 years)

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7. *Keep Them Safe Commitment* – RIRS and Aboriginal Children

- Establishment of Child Wellbeing Units and RIRS should include appropriate referral pathways for Aboriginal children, young people and families
- Linkages to culturally responsive human and justice services in local communities
- Consideration of lessons gained from Victorian Lakidjeka model (also a specific DoCS' led action in Chapter 5: *Better Supporting Aboriginal Children and Families)*

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8. Role of NSW Health

- Nominated as “lead agency” in Government Action Plan with intention that NSW Health will be fund-holder for the RIRS
- Assumption that many children in need of assistance under the statutory threshold will require a health response as well as other services
- Opportunity for NSW Health to work in partnership with NGO sector and other agencies in ensuring integrated service delivery for these families

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NSW HEALTH

9. Role of NGOs

- Wood Report – the service should be operated and staffed by an NGO
- at least one in each DoCS’ region
- Minister Burney’s commitment to consult extensively with key stakeholders including peak groups, other government agencies and funded NGOs

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Regional Intake and Referral Services

Steps in Planning Phase
over the next 6 months

Presentation at Workshop with NGO Peak Groups

Cathrine Lynch, Director
Primary Health and Community Partnerships Branch

NSW HEALTH

1. Key Timeframes/ Interdependencies

- Child Wellbeing Units – virtual operation from October 2009; fully operational from January 2010
- Children Legislation (Wood Inquiry Recommendations) Act 2009 – staged commencement with new statutory reporting threshold coming into effect January 2010; new interagency information exchange provisions maybe sooner
- Target date for RIRS trials – possible phased commencement from January 2010 to coincide with other aspects of Wood model
- 5 year plan for NGO capacity building (Chapter 6 KTS)

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2. Planning Process to Date

- NSW Health preliminary research on other existing models and potential tools April – May 2009
- Milestones report and implementation plan submitted to Department of Premier and Cabinet and Treasury – May 2009 (see indicative milestones in background paper)
- Consultation with NGO sector commenced:
  - DoCS Service System Advisory Group and subcommittee (March and April 2009)
  - NCOSS, AbSec and ACWA May 2009
- Recruitment process for full-time senior project officer in NSW Health commenced – appointment from 1 July 2009

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NSW HEALTH

3. Next Steps in Planning Process

By end July 2009:

- Development of service models
- Development of evaluation plan
- Selection of regions and trial sites

By end September 2009

- Issue tender/EOI for trial services and evaluation
- Select RIRS contractors and evaluators and finalise contracts

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4. Steps in establishing RIRS

By end December 2009 (if feasible):

NGO service provision arrangements developed

- Accommodation
- recruitment and training of staff
- information technology
- operational guidelines
- protocols for interagency information exchange
- referral protocols and tools

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5. Key Issues

- Importance of getting the planning right before services commence
- Need for a reasonable period of contract to recruit and retain staff:
  - trial will be “Phase 1” of the service
  - organisations might tender for one or both of the telephone and augmented service, with capacity to step service up or down depending on the model ultimately selected
  - Proposals for the trial might indicate how the Service would be provided state-wide

Need to ensure a level playing field with the procurement process

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Planning for the New Regional Intake and Referral Services (RIRS) under *Keep Them Safe*

NSW Health Background Paper for NGOs Workshop, 5 June 2009

Purpose:

To provide background information on the proposed new Regional Intake and Referral Services (RIRS) under *Keep Them Safe, a shared approach to child wellbeing, 2009-2014* prior to the planning workshop with relevant NGO peak groups on 5 June 2009. This paper covers the following:

A. Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood Report)
B. Government Commitment in *Keep Them Safe*
C. Legislation and Funding
D. Other Referral Services and Tools
D. Key Steps in Planning Process

A. Report of the Special Commission of Inquiry into Child Protection Services in NSW (Wood Report)

What were the relevant findings and recommendations of the Wood Report?

"A critical issue driving demand for child protection services is the need for appropriate responses for those families who fall below the threshold for statutory intervention, or whose cases have to be closed by reason of competing priorities or lack of resources, yet are families that would benefit from specific services to address their current problems and prevent escalation (Wood Report, para 9.128)."

New Referral Pathways for Reports below statutory threshold
agency Unit and/or mandatory reporter considers whether a family is in need of assistance, and if so, makes referral to, one or more of the following:

- RIRS
- Brighter Futures
- Domestic Violence Line
- The agency working with the child or young person, alone or in combination with another appropriate agency or NGO (Rec. 10.1).

Reports meeting statutory threshold where RIRS has a role

- Children and young people assessed at Helpline as meeting the statutory threshold
- Need a response within 3-10 days
- Do not meet criteria for Brighter Futures (Rec. 10.2c).

What did Justice Wood propose specifically in relation to the RIRS?

Staffing: RIRS should be operated and staffed by an NGO, with one or more child protection caseworkers seconded from DoCS (Rec.10.2).

Location: There should be at least one RIRS in each DoCS Region (Rec. 10.2).
Functions of RIRS for Reports below statutory threshold: determine the nature of the services required and refer the family to the appropriate NGO or other state or Commonwealth agency for services such as case management, home visiting, intensive family support brokerage, quality child care, housing and/or parenting education (Rec. 10.1).

Functions of RIRS for Reports meeting statutory threshold where RIRS has a role: determine the nature of the services required and refer the family to the appropriate NGO or other state or Commonwealth agency for such assistance as may be reasonably available and likely to meet the relevant need. Where the child protection caseworker forms the view that the child or young person may be at risk of

significant harm, the caseworker should perform a history check on KiDS and, if in the caseworker's view, the statutory test is met, the caseworker should refer to the matter to the Helpline (Rec. 10.2).

B. Government Commitment in Keep Them Safe

What is the Government's broad commitment around establishing RIRS and what timeframes has it specified?

The Government has committed to the "staged implementation of RIRS" involving:

a. RIRS trials (commencing within 12-18 months)
   - for 12 months
   - in three locations (a mixture of metropolitan and regional/rural locations)
   - two service models: a) telephone advice service assisting children and families with lower or less complex needs; and b) augmented component with greater capacity to co-ordinate more active referrals; possible brokerage funding;
   - Outside trial area – establish a mechanism in other regions to identify referral pathways

b. Establishment state-wide (commencing within 2-3 years)

A decision about the best model to be provided across NSW will be made after the proposed trials (KTS, pp24-26).

The "above threshold" work of RIRS is also given endorsement in the schedule of recommendations at the back of the Government's Action Plan (p62, KTS).

What roles and accountabilities are proposed for RIRS under *Keep Them Safe*?

Consistent with the recommendations of the Inquiry, the Regional Intake and Referral Services would aim to improve access to services for children and families
who cannot be assisted directly by a government agency, by putting families in touch with services in the local area.

RIRS would have the following accountabilities:
- determine appropriate services for the child/family, building on rather than supplanting agency action, expertise and capacity
- drive improved links between local government and non-government services, and provide advice to agencies to support better realignment of local services.

Responsibility for delivering services (including case management services) and prioritising access would remain with local service providers. Other additional functions to be explored during the staged implementation of these services is whether brokerage funding is provided to support co-ordinated access in a limited number of cases (KTS, p24).

What specific commitment has been made in relation to RIRS for Aboriginal children and families?

The Government will ensure that in establishing the new Child Wellbeing Units and Regional Intake and Referral Services, appropriate referral pathways are put in place to link Aboriginal children and their families with culturally responsive human and justice services available in their local community to meet their needs.

The Government will also consider the lessons gained from the implementation of the Victorian model of an Aboriginal Child Specialist Advice and Support Service ("Lakidjeka") in establishing such referral pathways and commits to consulting the peak body for Aboriginal child protection issues, AbSec, in this process (KTS, p24).

Note there is also a separate specific action in *Keep Them Safe* to consider establishing a 'Lakidjeka' type model of consultation to provide an Aboriginal perspective in relation to the best ways of keeping

Aboriginal children and young people safe. The Department of Community Services is lead agency for that action (KTS, p40).

C. Legislation and Funding

What is the legislative framework for *Keep Them Safe*?

The Children Legislation Amendment (Wood Inquiry Recommendations) Act 2009 was passed by Parliament in April. Most of Act, including the new statutory reporting threshold ("risk of significant harm") and new provisions governing interagency exchange are expected to commence in January 2010.

The legislation is relevant to RIRS in terms of helping to identify their target groups and their involvement in interagency information exchange.

What funding is available for the RIRS?

Details of funding are expected to be made available in the State Budget due to be handed down on 16 June 2009.

D. Other Referral Services and Tools2

Victorian Child FIRST Teams

Child FIRST (Child and Family Information, Referral and Support Teams) have been progressively established in designated sub-regions across Victoria since 2007 to provide a community-based referral point into family services. There are currently 26 teams according to the Victorian Department of Human Services' web page.

Professionals involved with vulnerable children and their families may refer a concern about a child to a Child FIRST team where they do not consider a statutory child protection report is required.

In some areas referrals about Aboriginal children and families can be made directly to an Aboriginal organisation.

Child FIRST will discuss with the person who makes a referral (professional or community member) the initial needs of the child, young person and family to determine the most appropriate response. Services are prioritised to families on the basis of need, to prevent difficulties escalating to a level that will significantly impact on the child's development and consequently lead to entry into statutory child protection. Some families may be assisted by the provision of information and advice only, however, for most families referred to Child FIRST, a cycle of assessment, planning and action will commence. Child FIRST will engage with the child, young person and family to begin the process. Once a plan is in place for how best to support the child's healthy development and improve parenting capacity, Child FIRST will arrange for a registered family services agency to support the family. Part of the role of the family services agency is to facilitate connections with other appropriate services, eg universal services, drug & alcohol, mental health, housing or family violence services.

Lakidjeka *Aboriginal Child Specialist Advice and Support Service*

Lakidjeka Aboriginal Child Specialist Advice and Support Service (Lakidjeka) is
an Indigenous specific response to child protection intervention in Victoria. It is provided through a partnership between the Victorian Aboriginal
Child Care Agency and the Victorian Department of Human Services.

It is understood that Lakidjeka is primarily a service to assist Aboriginal children reported to child protection and those in out of home care. Of relevance to RIRS is the role of Lakidjeka workers in

[2] . *Note the sources for this section include public websites and informal advice from other agencies and is provided by way of background only. It is not definitive advice on these other services and tools.*

advising child protection staff of the most culturally relevant referrals. Where children are found to be below the threshold, Lakidjeka will generally make the referrals of the child and family into appropriate family support services.

It is also understood that DoCS and AbSec have already commenced investigation of the Lakidjeka model in response to the specific action in Chapter 5 of Keep Them Safe referred to above (KTS, 40). This has included a joint site visit and early analysis of aspects of the model which might be applicable in NSW.

National Health Call Centre Network Ltd, *Healthdirect*

Healthdirect Australia is a free 24 hour telephone health triage, information and advice service for residents of the ACT, NT, SA and WA and is being made progressively available to residents of NSW and Tasmania. It is scheduled to be a fully national service by 2011 and will handle up to two million calls a year.

Anyone who needs health advice or information can call a single 1800 number at any time of the day or night to speak to a registered nurse. Callers with a speech or hearing impairment are able to use Healthdirect through the National Relay Service. Interpreter services are also available. McKesson Asia Pacific Ltd has been contracted to operate the service.

Housing and Accommodation Support Initiative (HASI)

This is an innovative partnership program between the Department of Health, the Department of Housing and the non-government (NGO) sector that ensures stable housing linked to a range of levels of specialist support for people with a mental illness. Coordinated service delivery involving non-government organisation (NGO) accommodation support workers, Area Mental Health Service (AMHS) mental health case managers, housing providers and HASI participants working together.

Commonwealth Carelink Centres

Commonwealth Carelink offers free telephone advice and 60 shopfronts around Australia providing information about community aged care, disability and other support services. It includes an on-line search facility for local aged care/ disability services. It is understood that details of the service include:

- 17 centres across NSW (one for each planning region plus an extra one for Orana Far West) with a key function of helping to arrange carer respite;
- A single 1800 number set up by Telstra under contract with the Federal Department of Health and Ageing – like Pizza Hut the telephone exchange detects where the call is coming from and diverts to the local centre (centres can also transfer between themselves);
- A range of organisations are contracted to run the Centres – there have been two tendering processes to date, the latest in 2005 involved a request for application process;
- The organisations have specific reporting requirements following a minimum data set – the information they are required to provide to the Department governs the types of questions they ask clients and the types of services they provide;
- The centres are not required to apply structured decision-making, they rely on professional judgment and their service provision guidelines to determine how to assist each client;
- The centres provide initial case coordination for carers of people with disability – they will provide them with information on services in the local area; if the carer is not sure what they want, the centres talk through their issues and help people sort out a solution;
- The centres are instructed not to provide ongoing service delivery – they are meant to find someone else to pass the client onto; they can only provide short term/ temporary assistance for 2-4 weeks; there is a continual turnover of clients;

- There is a directory of services as part of Carelink which is a web-based system owned and controlled by the Federal Department with a Helpdesk function; the organisations contracted to run the centres are required under their funding agreement to input the local services in their area onto the system and to update this every 6-12 months; Another source of information is the Aged Care Australia website;

- the centres have a role in advising the Department about service availability in particular local areas.

DADHC Referral and Assessment Centre

These centres operated by the NSW Department of Ageing, Disability and Home Care, receive referrals and assess eligibility and service needs of people referred to the Home Care Service of NSW. 2 stage process – intake and screening for priority and then further assessment (by phone or home visit in more complex cases). If case is not given priority for assistance, advice about alternative options is given.

NSW Human Services Network, *ServiceLink*

This is a free, secure website for staff working in the NSW human services sector. It provides a central location for sharing information across government and non-government agencies.

ServiceLink is a comprehensive online directory of human services across NSW available free of charge to members of the Human Services Network. The directory provides organisational and service information across a variety of sectors including health, welfare, community services, education, disability, aged care, legal, childcare and housing.

ServiceLink aims to help front-line human services workers rapidly find information about the services available to assist their clients.

The eReferral component of ServiceLink allows members to make electronic inter-agency referrals. Enabled agencies can refer clients to other agencies using secure systems and track the progress of the referral.
eReferrals improve delivery of services by:

- introducing a common approach to client referrals
- providing a common data collection framework within a referral network
- streamlining the client's interaction with agencies and
- protecting the client's privacy through a clear client consent process.

Before members can make referrals, the HSNet team works with the network of organisations involved to establish referral protocols to define the process for sending and receiving referrals in that network. Workshops and training are available to establish and support the organisations in the electronic referral network. In relation to eReferrals, there are feedback loops to show the referring agency whether or not a referral has been accepted. There are also prioritisation categories.

E. Key Steps in Planning Process

Indicative Project Milestones

Project plan developed and approved	19/06/2009
Service models/evaluation plan developed	31/07/2009
Trial regions selected	31/07/2009
Procurement process undertaken	30/09/2009
NGO staff recruited/trained	31/12/2009
Phased commencement of 3 trials	1/01/2010

Procurement Process

The NSW Government's goal at all times when procuring goods or services from the private sector is to achieve best value for money in the expenditure of public funds while being fair, ethical and transparent.

In contracting for the RIRS, NSW Health is required to have regard to the NSW Government Code of Practice for Procurement and Implementation Guidelines (Jan 2005) as well as the NSW Health Guide to Procurement. This will include completion of Expression of Interest/Tender documentation, external advertising, review of bids/tenders for reasonableness/consistency with the market and against selection criteria, selection of successful contractor and opportunity for debrief with those who made unsuccessful tenders, negotiation of the service contract.

At this stage, NSW Health is proposing that the evaluation of the RIRS trials be put in place at the outset so this will be part of the initial tender process.

Issues under consideration in contracting for the RIRS include

- recognition of the potentially significant set-up costs for NGOs and need for a reasonable period of contract to support staff recruitment and retention;

- the possibility of organisations tendering for the telephone component across all three trial locations and one additional component in one area for augmented service; and

- The possibility of more than one organisation being involved in provision of the Service (ie a consortia).