

# **FAMILY REFERRAL SERVICES**



# **PROGRAM GUIDELINES**

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# 1 Introduction

## 1.1 Purpose and Scope of the Program Guidelines

Family Referral Services (FRS) are NSW Government funded, non-government operated, regional child protection and wellbeing services linking vulnerable children, young people and their families with appropriate support services in their local area. Priority is given to clients with multiple and complex needs. Clients may self-refer or be referred by government or non-government Mandatory Reporters, including the Child Protection Helpline and Child Wellbeing Units.

NSW Kids and Families, a statutory health corporation, is lead agency for the FRS on behalf of the whole of government. FRS are part of the shared system of responsibility for child protection and wellbeing in this State across government, non-government and community sectors. There are eleven FRS operating across NSW.

The *Family Referral Services Program Guidelines* form part of the FRS Restated Agreements between FRS providers and NSW Kids and Families for the delivery of FRS services.

The *FRS Program Guidelines* provide policy and operational guidance and a set of service standards to clarify the requirements and expectations of NSW Kids and Families and to promote quality, consistency, transparency and accountability in service delivery. A key objective of the *Guidelines* is to achieve state-wide consistency in service delivery across the eleven FRS by:

- clarifying the scope and definition of each activity provided by FRS, including requiring that all FRS, where it is safe to do so, provide home visiting
- establishing guidelines with respect to the duration and intensity of service provision provided to a family, as a basis to manage demand
- requiring all FRS to follow-up with families and service providers to ensure engagement with the service provider, and to provide feedback to inbound referrers
- requiring all FRS to have clear and transparent approaches to the use of brokerage
- clarifying expectations with respect to the role of FRS in influencing service system gaps.

Included in the *Guidelines* are service standards and performance measures defining the quality of service that FRS customers (that is, vulnerable families and other service providers) can expect to receive. The service standards are intended to further clarify expectations, drive service improvements and foster a commitment to service excellence.

The *FRS Program Guidelines* may be amended from time to time by agreement between NSW Kids and Families and FRS providers.

Terms used in these *Program Guidelines* are as defined in Schedule 1 (Dictionary) of the FRS Agreement, unless otherwise stated.

## 1.2 Monitoring and Compliance

Continued funding to auspice organisations as per Service Agreements for the running of FRS is dependent on the successful implementation and adherence to the *Program Guidelines*. Funded organisations will report annually on their capacity to deliver services against these Guidelines.

## 2 Background

### 2.1 Special Commission of Inquiry into Child Protection Services in NSW

The establishment of FRS was a key NSW Government initiative in response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW (2008). The child protection reforms recommended by the Special Commission and adopted in NSW in January 2010 included:

- raising the statutory reporting threshold from ‘risk of harm’ to ‘risk of significant harm’ with the intention that only child protection reports warranting statutory intervention should be made to the Child Protection Helpline; and
- new pathways into services for vulnerable children, young people and families involving Child Wellbeing Units and FRS.

The Special Commission’s specific recommendations regarding the FRS included:

- the establishment of Regional Intake and Referral Services (now known as the FRS), located within the non-government sector, as a key referral point for the Child Protection Helpline, Child Wellbeing Units and other Mandatory Reporters where a child or young person has been assessed as being below the statutory threshold. The role of the new service was to “ *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*”. (Recommendation 10.1a)
- that children and young persons who are assessed as in need of a response within 72 hours with a risk assessed as less than high, or as in need of a response within less than 10 days and who do not meet the criteria for Brighter Futures, should be referred to the Regional Intake and Referral Service which should determine the nature of the services required and refer the family to appropriate NGO or other state or Commonwealth agency for such assistance as may be reasonably available and likely to meet the relevant need. (Recommendation 10.2.c)

FRS are interrelated with and complemented by Child Wellbeing Units. The Child Wellbeing Units are responsible for assisting with reporting decisions and service responses by key government mandatory reporters in Health, Education, and Police. FRS assist government and non-government mandatory reporters, families themselves and other community members with a service response aimed at intervening before a statutory intervention becomes necessary.

#### **Tool Box: Why were FRS Established?**

The Special Commission of Inquiry into Child Protection Services in NSW (2008) observed that:

“a critical issue driving demand for child protection services was the need for appropriate responses for those families who fall below the threshold for statutory intervention.... Some children do not need statutory intervention and some families need some assistance, which could be equally or better provided by an agency other than the Department of Community Services”.<sup>1</sup>

The Commission heard evidence in support of a “multi-track system” where families are streamed either to a statutory response or to family support and early intervention services. The Commission noted that such a system had already been adopted in Victoria with their Child First non-government organisation operated services.

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<sup>1</sup> J Wood, *Report of the Special Commission of Inquiry into Child Protection Services in NSW* (2008), [9.189].

## 2.2 FRS Roles and Responsibilities

The FRS have two core functions:

1. **Client intake and referral:** FRS is the leading agency for inbound referrals of vulnerable children, young people and families falling below the risk of significant harm (ROSH) statutory reporting threshold for child protection concerns. Although its primary focus is on prevention and early intervention, in some cases, the FRS also works with families whose children are at ROSH2 where there is a co-located Department of Family and Community Services (FACS) caseworker. In undertaking client intake and referral, the FRS engages with vulnerable clients, assesses their needs and nature of support/s required, provides information, referral and other assistance with accessing appropriate services and other supports in their local community (including through the use of brokerage).
2. **Service system support/ systemic advocacy:** the FRS enhances local service provider knowledge of other support services in their catchment area, strengthens coordination and collaboration among service providers to promote child safety, welfare and wellbeing.

The FRS provide various levels of service, ranging from information and referral support through to supported case coordination. It offers support to clients via the telephone as well as delivering face-to-face services through shop front facilities, home visiting and outreach programs.

The Special Commission highlighted the unacceptable overrepresentation of Aboriginal children and young people in the child protection system. The Special Commission also noted the cultural and linguistic diversity of NSW and the importance of workers in the child protection system operating in a culturally sensitive and appropriate way. Consequently, all FRS providers are required to provide a culturally appropriate service for Aboriginal and culturally and linguistically diverse children, young people and families.

## 2.3 NSW Kids and Families, NSW Health

NSW Kids and Families is a statutory health corporation providing leadership within NSW Health in promoting the health and wellbeing of children, young people and families and reducing the health impact of sexual, domestic and family violence, child abuse and neglect. NSW Kids and Families has responsibility for the FRS program on behalf of the whole-of-government, providing contract management and policy support.

Non-government FRS providers work in partnership with NSW Kids and Families to deliver FRS as key services supporting the holistic care of vulnerable children, young people and families in NSW.

## 3 Context for Practice

### 3.1 Evidence-based practice

Crucial to the work of the FRS is knowledge of the risk factors that impact on child wellbeing and how to influence those factors to optimise child development and improve outcomes for children and young people. There is a substantial body of evidence concerning the long-term impact of childhood adversity (including child abuse and neglect, domestic and family violence, homelessness, parental mental illness and/or substance abuse) on health and wellbeing outcomes throughout a person's life.<sup>3</sup>

**Tool box: Australian research - Centre for Health Economics Research and Evaluation, UTS Australia:**

“Childhood abuse is a significant risk factor in predicting the number of long-term physical and mental health conditions; health care costs are higher amongst adults who experienced childhood abuse compared to those who did not; and the association between some forms of childhood abuse and long-term health care costs persist well into adulthood.”<sup>4</sup>

<sup>2</sup> The support is extended to families who have been identified by Family and Community Services as at ROSH requiring a response in less than 10 days, where there is a co-located FACS caseworker, for example if the FRS is participating in the Child Protection Caseworker Pilot (see service standard 6 and section 5.6).

<sup>3</sup> Centre for Disease Prevention and Control: *Adverse childhood experience study* <http://www.cdc.gov/violenceprevention/acestudy/>

<sup>4</sup> Reev, R.D. & Van gool, K. 2013, 'Modelling the relationship between child abuse and long-term health care costs and wellbeing: results from an Australian community-based survey', *Economic Record*, vol. 89, no 286, pp. 300-318

## 3.2 Legislative Context

FRS providers and their personnel who have a role or function in providing the services and deliverables under the FRS Restated Agreement have a number of legislated obligations in relation to child protection. They also have professional obligations to recognise child wellbeing and child protection concerns, to know what action to take to protect children and young people and to address concerns before issues escalate.

FRS child protection obligations are governed by the following Acts.

### ***Children and Young Persons (Care and Protection) Act 1998 (NSW)***

The FRS has a key role in promoting child safety, welfare and wellbeing consistent with the objects and requirements under this Act. Requirements include to:

- collaborate with interagency partners and comply with information exchange provisions to promote the safety, welfare and wellbeing of children and young people, including taking reasonable steps to coordinate the provision of services with other agencies
- meet requirements for mandatory reporting of children at ROSH and reporting unborn children where it is suspected they may be at ROSH after their birth
- render appropriate assistance to parents and other persons responsible for children and young persons in the performance of their child rearing responsibilities in order to promote a safe and nurturing environment.

Under the Act, the circumstances giving rise to concern for a child or young person's safety, welfare or wellbeing are defined in Section 26.

### ***Child Protection (Working with Children) Act 2012 (NSW)***

This Act aims to ensure that barred or non-authorised people are not engaged as personnel in child-related work. The FRS provider's obligations in this regard include:

- Online registration with the NSW Children's Guardian
- Online verification of working with children checks (WWCCs)
- Removal of barred or non-authorised personnel from child-related work.

### ***Ombudsman Act 1974***

Under Part 3A of this Act, the NSW Ombudsman oversees and monitors systems which certain government and non government agencies are required to implement for preventing, reporting and responding to child abuse allegations and convictions against employees. The Ombudsman also has a role in investigating such conduct by employees.

### ***Community Services (Complaints, Reviews and Monitoring) Act 1993***

This Act includes provisions for the NSW Ombudsman to deal with complaints about organisations and individuals who provide community services.

### ***Crimes (Domestic and Personal Violence) Act 2007 (NSW)***

*Crimes (Domestic and Personal Violence) Act 2007 (NSW)* aims to ensure the safety and protection of persons, including children, who experience or witness domestic violence and reduce and prevent domestic violence.

## 3.3 Child Wellbeing and Child Protection – NSW Interagency Guidelines Key Principles

Guidance on how to work collaboratively in the child protection system can be found in the *Child Wellbeing and Child Protection – NSW Interagency Guidelines (2011)*<sup>5</sup>. The Guidelines include information about the

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<sup>5</sup> NSW Government (2011) *Child Wellbeing and Child Protection – NSW Interagency Guidelines*. [http://www.community.nsw.gov.au/kts/guidelines/collaboration/collaboration\\_index.htm#principles](http://www.community.nsw.gov.au/kts/guidelines/collaboration/collaboration_index.htm#principles)

legislation, roles and responsibilities, exchanging information and responding to a child wellbeing concern or child protection report. The FRS service agreements require the FRS to comply with these Guidelines and this document incorporates material from the Guidelines where relevant.

FRS Workers are working to the key principles for child protection intervention as set out in the Guidelines:

1. Child protection is the collective responsibility of the whole-of-government and the community
2. Primary responsibility for rearing and supporting children should rest with families and communities, with government providing support where it is needed, either directly or through the funded non-government sector
3. The child protection system should be child focused, with the safety, welfare and wellbeing of the child or young person being of paramount concern, while recognising that supporting parents is usually in the best interests of the child or young person
4. Positive outcomes for children and families are achieved through the development of a relationship with the family that recognises their strengths and their needs
5. Child safety, attachment, wellbeing and permanency should guide child protection practice
6. Support services should be available to ensure that all Aboriginal and Torres Strait Islander children and young persons are safe and connected to family, community and culture
7. Aboriginal and Torres Strait Islander people should participate in decision-making concerning the care and protection of their children and young persons with as much self-determination as is possible, and steps should be taken to empower local communities to that end
8. Assessments and interventions should be evidence-based, monitored and evaluated.

### 3.4 FRS Core values

The FRS core values are aligned to the NSW Health values and comprise:

- Collaboration:
  - FRS work collaboratively with families, other service providers and the community to ensure clients receive the best possible service.
- Openness:
  - FRS engage with clients to build their trust and encourages open communications to achieve positive outcomes.
- Respect:
  - FRS are child-focused, with the safety, welfare and wellbeing of children and young people being of paramount concern
  - FRS demonstrate cultural understanding and work respectfully with Aboriginal and Torres Strait Islander families and families from culturally and linguistically diverse communities.
  - FRS acknowledge that primary responsibility for rearing children rests with families and the community, with service providers providing support where it is needed.
- Empowerment:
  - FRS achieve positive outcomes through developing a relationship with families that includes taking a strengths-based approach to resolving their issues and including families in any decision making
  - Aboriginal and Torres Strait Islander families and communities participate in the decision-making for the care and protection of their children
  - Children and young people are consulted and participate in decisions that impact on their lives as far as possible having regard to their age and developmental capacity.

## 4 Service Standards - Summary

Service Standards	Measures
<p>1 Target Group: Vulnerable children, young people and families at risk of entering the statutory child protection system are supported.</p>	<p>a) Increase in the proportion of families receiving services categorised as “high referral complexity” under the FRS Activity Based Funding Model. <i>(Source: quarterly report)</i></p> <p>b) The FRS can demonstrate that its clients are:</p> <ul style="list-style-type: none"> <li>– vulnerable children, young people and families at risk of entering the child protection system; and</li> <li>– families assessed as ROSH and requiring a response in less than 10 days, where there is a co-located FACS Caseworker. <i>(Source: quarterly report)</i></li> </ul> <p>c) Increase in inbound referrals from the Child Wellbeing Units and Family and Community Services. <i>(Source: quarterly report)</i></p>
<p>2 Service Coverage: Children, young people and families receive the same standard and quality of service from FRS wherever they reside in the allocated catchment area.</p>	<p>a) The FRS can demonstrate that its service model provides for timely and face-to-face services to vulnerable families across the whole catchment area. <i>(Source: annual report)</i></p> <p>b) The spread of FRS inbound referrals across the catchment area is commensurate with demand. <i>(Source: annual data analysis by Kids and Families)</i></p>
<p>3 Flexible Operating Hours: Clients and other service providers are able to access FRS during and outside of normal business hours.</p>	<p>a) The FRS operating hours are a minimum of eight hours a day Monday to Friday. <i>(Source: annual report)</i></p> <p>b) The FRS can demonstrate that FRS Workers are in practice engaging with families outside of normal business hours when required. <i>(Source: annual report)</i></p>
Client Management	
<p>4.1 <b>Client Engagement:</b> Children, young people and families referred to FRS are contacted in a timely manner (within 3 working days) and engagement established (within 10 working days).</p>	<p>a) Increase in the rate of referrals where contact is made with the family. <i>(Source: quarterly report)</i></p> <p>b) Decrease in the rate of families declining to engage with the FRS. <i>(Source: quarterly report)</i></p> <p>c) Evidence of timely contact and engagement with families in line with <i>Program Guidelines</i>. <i>(Source: quarterly report)</i></p>
<p>4.2 <b>Client Assessment:</b> Client assessments are comprehensive, strengths-based and trauma-informed.</p>	<p>a) Use of appropriate evidence-based assessment tools (including any common assessment tool agreed between the parties). <i>(Source: annual report)</i></p> <p>b) Evidence that the full range of information sources are being used, as described in the <i>practice guidelines</i> to this standard. <i>(Source: annual report)</i></p>
<p>4.3 <b>Outbound Client Referral:</b> Client referrals are appropriate, timely and sustainable.</p>	<p>a) Increase in the proportion of referrals that engage with outbound service providers. <i>(Source: quarterly report)</i></p> <p>b) Increase in positive feedback on the appropriateness of the outbound service. <i>(Source: annual report)</i></p>
<p>4.4 <b>Client Follow-up:</b> Client outbound referrals are actively followed-up within the first two weeks of referral and again within six weeks to monitor whether the client has engaged with the outbound service provider and feedback is gathered on the appropriateness and sustainability of the outbound referral.</p>	<p>All outbound referrals are followed up and specified timeframes outlined in the <i>practice guidelines</i> to this standard are met in the majority of cases. <i>(Source: quarterly report)</i></p>

Service Standards	Measures
4.5 <b>Feedback to Service Providers making Inbound Referrals:</b> Service providers who make an inbound referral are provided timely and comprehensive feedback.	Feedback to all inbound referral service providers is given within the timelines indicated in the <i>practice guidelines</i> of this standard. (Source: <i>quarterly report</i> )
4.6 <b>Active Holding:</b> The priority needs of clients are met in a timely fashion, and active holding procedures are activated, if immediate referral to appropriate service providers cannot occur.	<p>a) Evidence that the full range of services that make up active holding are provided to eligible families, as described in the <i>practice guidelines</i> to this standard. (Source: <i>annual report</i>)</p> <p>b) Evidence that the priority needs of families in active holding are being met. (Source: <i>annual report</i>)</p>
4.7 <b>Case Transfer and Closure:</b> Cases remain open and active until such time as the case is transferred to an appropriate service provider and follow-up is completed.	<p>Evidence that the processes for case transfer and closure, as described in the <i>practice guidelines</i> to this standard, are followed in all cases, for example:</p> <ul style="list-style-type: none"> <li>• policies and procedures in place,</li> <li>• number of case conferences convened</li> <li>• lead agencies identified. (Source: <i>quarterly report</i>)</li> </ul>
<b>Identifying and Responding to Domestic and Family Violence (DFV)</b>	
5.1 <b>Identifying and Responding to DFV - Skilled Workers:</b> FRS Workers are skilled in identifying domestic and family violence and addressing the immediate safety needs of victims.	Evidence of worker competencies/ training provided (Source: <i>annual report</i> )
5.2 <b>Identifying and Responding to DFV – Police CWU Referrals:</b> All Police CWU referrals receive a timely response.	<p>a) Increase in contact and engagement with clients referred by the Police CWU</p> <p>b) High proportion of inbound Police CWU referrals result in outbound referrals to appropriate services. (Source: <i>quarterly report</i>)</p>
6 <b>Child Protection Caseworker Pilot Practice:</b> Children and young people assessed at ROSH and referred to the FRS as part of the Child Protection Caseworker Pilot: <ul style="list-style-type: none"> <li>• receive a home visit within 10 days of the referral being made</li> <li>• are provided the necessary support to keep them safe from further harm.</li> </ul>	<p>a) A decrease in the rate of re-reports screened in as ROSH by the Child Protection Helpline where families have been assisted in the Child Protection Worker pilot. (Source: <i>FACS</i>)</p> <p>b) Evidence that the processes for child protection caseworker pilot practice, as described in the <i>Program Guidelines</i>, are followed in all cases. (Source: <i>annual report</i>)</p>
7 <b>Use of Brokerage Funds:</b> Brokerage funds are used to ensure: <ul style="list-style-type: none"> <li>• the timely and effective engagement of clients and</li> <li>• the management of presenting issues through the purchase of services or goods that address the immediate needs of a child or young person at risk of entering the statutory child protection system, where these services or goods are not otherwise available.</li> </ul>	<p>a) Evidence that policies and procedures, in line with the <i>Program Guidelines</i>, are in place for the use of brokerage funding. (Source: <i>annual report</i>)</p> <p>b) Annual financial acquittals include detailed information on the use of brokerage funding. (Source: <i>annual financial acquittals</i>)</p>
8 <b>Extra Activities:</b> Extra activities undertaken by the FRS align with its core functions.	Reporting requirements, outlined in the FRS Restated Agreement and <i>Program Guidelines</i> are met. (Source: <i>quarterly and annual report</i> )

Service Standards	Measures
Cultural Competence	
<p>9.1 <b>Culturally Competent Service Provision:</b> FRS establish and foster a culturally competent service and workforce to effectively respond to the cultural needs of vulnerable children, young people, families and communities from different cultures.</p>	<p>a) Evidence of the cultural competence of the service, for example:</p> <ul style="list-style-type: none"> <li>• staffing reflects the cultural and linguistic backgrounds of clients</li> <li>• cultural support and cultural supervision is provided to staff as appropriate</li> <li>• appropriate policies are in place guiding all phases of client management</li> <li>• respectful partnerships are in place with community leaders/elders and community organisations</li> <li>• cultural advisors are engaged by the FRS</li> <li>• cultural competence assessment tools are utilised (Source: annual report)</li> </ul> <p>b) All FRS staff have attended cultural competency training in order to work effectively with clients from Aboriginal and culturally and linguistically diverse communities (Source: annual report)</p>
<p>9.1.1 <b>Service provision to Aboriginal and Torres Strait Islander communities:</b> FRS effectively respond to the complex needs of Aboriginal and Torres Strait Islander families and communities, supporting increased access, engagement, and positive and sustainable outcomes for these clients.</p>	<p>a) Increased rate of Aboriginal families who are successfully engaged by the FRS and linked to other appropriate services. (Source: quarterly report)</p> <p>b) Evidence of the cultural safety of the service, for example, developing relationships with key stakeholders within Aboriginal communities and recruiting and sustaining an Aboriginal workforce (Source: annual report).</p>
<p>9.1.2 <b>Service provision to vulnerable children, young people and families from culturally and linguistically diverse communities:</b> Children, young people and families of culturally and linguistically diverse backgrounds, including refugees are supported to stay out of the statutory child protection system through the receipt of culturally appropriate FRS services, including linking families with other culturally competent service providers.</p>	<p>Increased rate of families from culturally and linguistically diverse backgrounds who are successfully engaged by the FRS and linked to other appropriate services. (Source: quarterly report)</p>
<p>10 <b>Accessible and inclusive service delivery to people with disability:</b> FRS services are accessible to and inclusive of people with disability.</p>	<p>Evidence that policies and procedures, in line with the <i>Program Guidelines</i>, are in place. (Source: annual report)</p>
<p>11 <b>Service Linkages:</b> Vulnerable children, young people and families are better supported in their local service system as a result of the strong working relationships between the FRS and other local service providers.</p>	<p>a) Protocols in place, in accordance with the <i>practice guidelines</i> to this standard. (Source: annual report)</p> <p>b) Types and activities initiated by FRS to improve partnerships and coordination in service delivery. (Source: annual report)</p>

Service Standards	Measures
<p>12 <b>Systemic Advocacy:</b> Vulnerable children, young people and families are better supported in their local service system as a result of FRS advocacy to redress any systemic issues and barriers experienced by their clients.</p>	<p>a) Up to date understanding of client need and service availability in region. <i>(Source: quarterly report)</i></p> <p>b) Key issues identified and responses to address issues are developed. <i>(Source: quarterly report)</i></p> <p>c) Mechanisms for formal feedback are in place. <i>(Source: annual report)</i></p>
<p>13 <b>Governance:</b> FRS have sound governance structures in place with policies, systems and procedures that demonstrate accountability and good governance.</p>	<p>Evidence that governance arrangements in line with the <i>practice guidelines</i> to this standard are in place. <i>(Source: annual report)</i></p>
<p>14 <b>Use of Fees Received:</b> FRS funds received are utilised for the benefit of clients in accordance with the Service Agreement.</p>	<p>Annual financial acquittals demonstrate that Funds are used in accordance with Service Agreement and <i>practice guidelines</i> for this standard. <i>(Source: annual financial acquittal)</i></p>
<p>15 <b>Staff qualifications, skills and professional development:</b> FRS staff have the skills, qualifications, experience and knowledge to work with vulnerable families.</p>	<p>a) Evidence that FRS personnel have the appropriate skills, qualification, experience and knowledge to perform their duties, in line with the <i>practice guidelines</i> for this standard. <i>(Source: annual report)</i></p> <p>b) Evidence that performance management and regular supervision provisions are in place. <i>(Source: annual report)</i></p>
<p>16 <b>Ensuring the safety of children and young people accessing the Service:</b> FRS provide a safe environment which respects, welcomes and values children and young people and their families and keeps them safe from harm.</p>	<p>a) Evidence that all staff have a working with children check and/or alternative relevant probity checks. <i>(Source: annual report)</i></p> <p>b) Evidence of procedures in place to ensure the safety of children and young people accessing the service and to handle complaints. <i>(Source: annual report)</i></p>
<p>17 <b>Documentation:</b> Comprehensive, accurate and timely records are kept of FRS contact and engagement with clients and records are kept secure in compliance with privacy legislation and State records requirements.</p>	<p>Evidence of policies and procedures are in place for the appropriate and timely recording of FRS client information, including FRS contact and engagement with the client. <i>(Source: annual report)</i></p>
<p>18 <b>Data collection and reporting:</b> Rigorous data collection systems are in place with reporting based on outcomes/results in line with NSW Kids and Families' requests.</p>	<p>Required data is collected and reports submitted in a timely manner in line with the FRS Agreement and <i>practice guidelines</i> to this standard. <i>(Source: quarterly and annual report)</i></p>

## 5 Service Standards and Practice Guidelines

### 5.1 Target Group

#### Standard 1: Target Group

Vulnerable children, young people and families at risk of entering the statutory child protection system are supported.

#### Measures:

- a) Increase in the proportion of families receiving services categorised as “high referral complexity” under the FRS Activity Based Funding Model. (*Source: quarterly report to NSW Kids and Families*)
- b) The FRS can demonstrate that its clients are:
  - vulnerable children, young people and families at risk of entering the child protection system; or
  - families assessed as ROSH and requiring a response in less than 10 days, where there is a co-located FACS Caseworker (*Source: quarterly report*)
- c) Increase in inbound referrals from the Child Wellbeing Units and Family and Community Services (*Source: quarterly report*).

#### Practice guidelines

FRS give priority to children, young people and families:

- with multiple and complex needs
- in need of immediate support, where non-intervention may result in placing the child or young person at greater risk of abuse or neglect
- who have previously engaged with other service providers but have not sustained engagement with these service providers.

When there are capacity issues, FRS refer families with less urgent and less complex needs to other service providers in the service system.

FRS primarily work with vulnerable families with children who are below the ROSH threshold. However, support is extended to families with children who have been assessed by FACS to be ROSH requiring a response in less than 10 days, where there is a co-located FACS Caseworker (*see Section 5.6*).

#### Tool Box: Definition - Who are families with multiple and complex needs?<sup>6</sup>

Families with multiple and complex needs are families experiencing several chronic and inter-related issues such as physical or mental illness, disability, trauma, alcohol and substance abuse, lack of suitable housing, unemployment, domestic and family violence, poverty, social isolation and disadvantage. Parenting capacity and child development are impacted by these chronic issues. Families require access to a range of preventative services to reduce children’s vulnerabilities and prevent escalation into child protection services.

#### Tool Box: Practice considerations

Although FRS do not offer services to individuals who self-refer with a matter that is not related to the health, safety or wellbeing of a child or young person, the service can offer access to a private space with telephone and local directory and guide them to make their own phone calls and inquiries. For example, a person wanting to inquire about their application for public housing, or issues with government benefits.

<sup>6</sup> Department of Human Services Victoria (2012) *Families with multiple and complex needs*. p. 7  
[http://www.dhs.vic.gov.au/data/assets/pdf\\_file/0008/721880/Families-with-multiple-and-complex-needs-specialist-resource.pdf](http://www.dhs.vic.gov.au/data/assets/pdf_file/0008/721880/Families-with-multiple-and-complex-needs-specialist-resource.pdf)

## 5.2 Service Coverage

### Standard 2: Service Coverage

Children, young people and families receive the same standard and quality of service from FRS wherever they reside in the allocated catchment area.

#### Measures:

- a) The FRS can demonstrate that its service model provides for timely and face-to-face services to vulnerable families across the whole catchment area. *(Source: annual report)*
  - b) The spread of FRS inbound referrals across the catchment area is commensurate with demand. *(Source: annual data analysis by Kids and Families)*
- 

#### Practice guidelines

Geography is not a barrier for making contact with a family.

FRS:

- allocate staff responsibilities to ensure children, young people and families residing in its designated catchment area can access all FRS services, including face-to-face interviews with an FRS Worker, where there are child safety concerns
- have strategies in place to ensure that where there is a safety concern for a child or young person living in an isolated area, that the child or young person is sighted by a service provider and a home visit conducted. This may involve arrangements with a local service provider to conduct a home visit, or the FRS providing a regular outreach service to outlying regions within their catchment area
- have a strategic presence throughout their catchment area, ensuring staff are actively engaged with all relevant service providers in their region
- are accessible to clients and other service providers by providing outreach services from sites other than their main premises
- conduct regular reviews to identify any areas where there are proportionately lower numbers of referrals and put in place strategies to better promote their services and ensure staff accessibility to those areas
- establish formal and informal partnership arrangements with other key organisations, for the purposes of running outreach services.

## 5.3 Flexible Operating Hours

### Standard 3: Flexible Operating Hours

Clients and other service providers are able to access FRS during and outside of normal business hours.

#### Measures

- a) The FRS operating hours are a minimum of eight hours a day Monday to Friday. *(Source: annual report)*
  - b) The FRS can demonstrate that FRS Workers are in practice engaging with families outside of normal business hours when required. *(Source: annual report)*
- 

#### Practice guidelines

FRS:

- establish regular operating hours that meet the needs of their catchment area
- open their services to the public for a minimum of eight hour a day, Monday to Friday
- allow flexibility to FRS Workers to work after hours when contact or engagement with families is required outside of normal FRS operating times
- provide a recorded message advising after hours callers on where to seek emergency assistance, if required.

## 5.4 Client Management

### Tool Box: Phases of client intake and referral

The level of service FRS provide to a child, young person or family varies depending on:

- a client's circumstances
- FRS assessment of client need
- assistance requested by the service provider who has made the referral
- availability of appropriate services to accept referrals.

In less complex matters, FRS provide immediate information and referral support. This involves:

- providing advice or information to the service provider
- making a phone call on behalf of the client
- providing information to the client and facilities for them to make the necessary phone calls themselves
- referring the client to a local service.

In more complex matters, FRS provide case coordination services ensuring that the client's needs are properly assessed and they are referred to the most appropriate services to meet their needs. Case coordination involves:

- client engagement: making initial contact and engaging the client
- client assessment: carrying out a needs assessment and developing a referral plan
- client referral: identifying appropriate services and making the necessary referrals
- client follow up: actively following up with the outbound referral service provider that the client has engaged with the service
- feedback to service providers making inbound referrals: providing timely and comprehensive feedback to inbound referral agencies.

The extent of FRS involvement with a client is determined by the availability of appropriate case management services to meet the client's needs. Where services are not immediately available, an active holding response is provided. During an active holding response, FRS continue to monitor the family and provide support, including home visits, follow-up with service providers, and arranging regular case conferences.

### 5.4.1 Client Engagement

#### Standard 4.1.1: Client Engagement

Children, young people and families referred to FRS are contacted in a timely manner (within 3 working days) and engagement established (within 10 working days).

#### Measures:

- a) Increase in the rate of referrals where contact is made with the family. *(Source: quarterly report)*
- b) Decrease in the rate of families declining to engage with the FRS. *(Source: quarterly report)*
- c) Evidence of timely contact and engagement with families in line with *Program Guidelines*. *(Source: quarterly report)*

#### **Practice guidelines:**

FRS utilise multiple methods of contacting and engaging with families in a timely fashion, including:

- telephone
- home visiting
- use of information exchange provisions to identify service providers known to the family and who may assist with the initial contact and client engagement
- visiting school/child care centre accessed by the family.

FRS seek further information from the referring service provider if contact has not been established with the client, after three contact attempts (using different approaches) and within three working days of receiving the referral.

In engaging clients, FRS build rapport, develop trust and encourage communication.

Engagement with vulnerable clients from different backgrounds is undertaken in a thoughtful and culturally competent manner consistent with Service Standards .....

When making the initial contact, FRS consider information from the referring service provider or other professionals working with the family on the most appropriate means for making initial contact with the family.

**Tool Box: Practice considerations:**

If families have had past negative experiences with support services, they may be hesitant to engage. In order to effectively engage with clients, the FRS Worker takes into account a family's previous experiences and uses their professional skills to develop rapport and build a trusting relationship with family members. Support persons for family members may be involved. Visiting the family in their home is a useful strategy for engaging<sup>7</sup>.

**Home visiting (including cold calling)**

Home visiting is encouraged as a means of making initial contact and engaging with families. It is particularly important when other methods of making initial contact have been unsuccessful. Home visits also allow the FRS Worker to observe the family in their own environment.

When conducting a home visit in cases where domestic and family violence is a presenting issue there may be concerns about a cold call placing the victim or the FRS Worker in danger<sup>8</sup>. FRS undertake a safety assessment for both the client and the worker, and follow safety procedures when making a cold call visit. This issue is discussed in more detail in *section 5.5 Identifying and responding to domestic and family violence*.

**Tool Box: Worker Safety is paramount**

FRS promote a culture of worker safety and implement strategies that give the worker greater security and confidence in engaging with families, domestic and family violence victims and perpetrators. Strategies include:

- issuing mobile phones to FRS Workers
- making appointments with alleged perpetrators in the office, rather than in their homes or ringing the client prior to attending to check if the perpetrator will be home
- making an appointment at another family members home or in a public place
- working in pairs
- notifying and working with the Police, where necessary
- clear and strict reporting procedures on where staff are going and when they expect to return
- provide a text password that can be sent to the office for the office to ring their mobile so they can leave the home or a password that indicates immediate assistance is required and to call police
- checking in with managers after leaving a home visit
- being mindful of attire – no lanyards. Wear flat shoes and long hair tied back.

FRS Workers are trained to actively carry out a risk assessment, including consideration of:

- evidence of recent alcohol or drug taking or mental health issues

<sup>7</sup> For more information on how to engage with families refer to:

Department of Human Services Victoria (2012) Families with multiple and complex needs at: [http://www.dhs.vic.gov.au/\\_\\_data/assets/pdf\\_file/0008/721880/Families-with-multiple-and-complex-needs-specialistresource.pdf](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/721880/Families-with-multiple-and-complex-needs-specialistresource.pdf)

NSW Government (2009) Child Wellbeing & Child Protection NSW Interagency Guidelines <http://www.community.nsw.gov.au/kts/guidelines/engaging/principles.htm>

ABSEC Aboriginal Consultation Guide at: <http://www.absec.org.au/publications/aboriginal-consultation-guide.html>

For difficult to engage families, see NSW Government (2009) Child Wellbeing & Child Protection, NSW Interagency Guidelines 'When engagement is difficult or not working' <http://www.community.nsw.gov.au/kts/guidelines/engaging/when.htm>

<sup>8</sup> For further information, refer to the **Information Sharing Consent Flowchart:** [http://www.domesticviolence.nsw.gov.au/\\_\\_data/assets/file/0016/301183/1\\_S\\_service\\_delivery\\_map.pdf](http://www.domesticviolence.nsw.gov.au/__data/assets/file/0016/301183/1_S_service_delivery_map.pdf)

- making prior checks of criminal or agency history<sup>9</sup>
- Visible bruises, limps, unexplained injuries or explanation implausible
- Broken furniture, broken windows that are recent and/or different from last visit
- Behaviour of children or mother is timid, scared or more quiet than usual
- Reluctance to engage
- Jealousy from partner
- Injury to pets
- Recent separation.

### Tool Box: Case Example: Nick's Story

Ted, an FRS Worker was attempting to make contact with a Nick, a young man who had a long history of living in a family with domestic and family violence and was at risk of imminent homelessness. Ted was introduced to Nick through a trusted friend over the telephone and made arrangements to meet the next day in a mutually convenient location. Nick chose the location as it was close to home, safe and familiar.

After waiting 15 minutes, Ted texted Nick to which he replied he was on his way. After an hour had passed Ted was still waiting. He texted Nick again and asked if he still wanted to meet. Nick affirmed that he did still want to meet, that he could see Ted and he wasn't far away. When he arrived, Ted said "Mate, I wasn't sure if you were going to turn up!" To which Nick replied, "You passed the test, most people leave after 5 minutes".

## 5.4.2 Client Assessment

### Standard 4.2: Client Assessment

Client assessments are comprehensive, strengths-based and trauma-informed.

#### Measures:

- a) Use of appropriate evidence-based assessment tools (including any common assessment tool agreed between NSW Kids and Families and the FRS provider). (Source: annual report)
- b) Evidence that the full range of information sources are being used, as described in the *practice guidelines* to this standard. (Source: annual report)

#### Practice guidelines:

The goal of assessment is to develop an understanding of the family's strengths and needs, including developing a holistic picture of the factors/issues/problems effecting the family. The assessment involves exploration of:

- family history and prior experiences, including crises and traumatic events
- current circumstances and family needs, including family issues, service needs and cultural needs
- protective and risk factors for children and parents/carers.<sup>10</sup>
- family's capacity to help themselves, that is, utilising their strengths.

Client assessment is based on information gathered through a range of sources, including:

- information provided by the inbound referring service provider
- from other service providers, relying on information sharing provisions in Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and Section 13A of the *Crimes (Domestic and Personal Violence) Act 2007*
- the family themselves, extended family, kin and community
- observing the family in their home environment
- conducting an interagency case conference<sup>11</sup>.

9 Humphreys, C. & Tsantefski, M. (2013) 'Children in the midst of family and domestic violence', In F. Arney & D. Scott (Eds), *Working with vulnerable families: A partnership approach*. Melbourne, Cambridge University Press, p.188.

10 Department of Human Services Victoria (2012) *Families with multiple and complex needs* [http://www.dhs.vic.gov.au/\\_\\_data/assets/pdf\\_file/0008/721880/Families-with-multiple-and-complex-needs-specialistresource.pdf](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/721880/Families-with-multiple-and-complex-needs-specialistresource.pdf)

11 For guidance on how to conduct a case conference, see the NSW Government (2009) *Child Wellbeing & Child Protection NSW Interagency Guidelines* at [http://www.community.nsw.gov.au/kts/guidelines/case\\_management/elements.htm](http://www.community.nsw.gov.au/kts/guidelines/case_management/elements.htm)

In conducting the needs assessment, FRS Workers:

- where required, arrange for an interpreter to be present during the needs assessment interview
- where appropriate, arrange for a service provider already known to the client and/or a support person to be present during the interview.

The assessment identifies:

- any immediate, medium and long term needs
- services the family is already receiving, if any, and in particular:
- what's working/not working from different perspectives (for example, family, service provider, Mandatory Reporter)?
- is service delivery disjointed? If so, would the family be agreeable to including other services in planning for their needs?

Where a needs assessment has identified multiple issues, FRS Workers develop a referral plan, prioritising the most pressing issues with the family so as not to overwhelm the family by introducing a number of new services at the same time.

Where there is concern for the safety, welfare or wellbeing of a child or young person, a home visit to meet the family to follow up on those concerns is carried out.

Where there is concern about imminent risk to the safety of a child or young person, the Child Protection Helpline or Police are called.

The assessment process involves using the Mandatory Reporters Guide (MRG), where:

- the referring mandatory reporter has not used the MRG prior to referring the family; or
- following the receipt of new information, and/or contact with the family, the FRS Worker is of the view that a further MRG assessment is required.

#### **Tool Box: Trauma-informed service provision**

In order to provide trauma-informed services, FRS Workers have knowledge of the impact of complex trauma on health, development and wellbeing across the lifespan. Those working with clients need to take the time to assess and understand the impact of adversity and trauma to ensure that protective factors are mobilised at the individual, level.

In providing trauma-informed services, FRS recognise:

- the importance of ensuring client and worker safety, physical, emotional and cultural
- the importance of respect for clients, provision of information, possibilities for connection, empowerment and instilling hope
- the presentation of symptoms in family members to be adaptive rather than pathological
- the need for collaborative work with clients which is affirming of their strengths and resources<sup>12</sup>

A strengths-based approach to working with families focuses on what is going right in the client's life, their strengths, and how these can be used to address the challenges they face.<sup>13</sup>

<sup>12</sup> Kezelman C.A. & Stavropoulos P.A. (2012) *Adults Surviving Child Abuse: Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery*

<sup>13</sup> For more information see Scerra, N. 2011, *Strengths-based practice: the evidence* Research paper #6, July 2011 published by Uniting Care Children Young People and Families at [http://www.childrenyoungpeopleandfamilies.org.au/\\_\\_data/assets/file/0013/62401/Research\\_Paper\\_6\\_Strengths\\_Based\\_Practice.pdf](http://www.childrenyoungpeopleandfamilies.org.au/__data/assets/file/0013/62401/Research_Paper_6_Strengths_Based_Practice.pdf)

### 5.4.3 Outbound Client Referral

#### Standard 4.3: Outbound Client Referral

Outbound client referrals are appropriate, timely and sustainable

##### Measures:

- a) Increase in the proportion of referrals that engage with outbound service providers. (Source: quarterly report)
- b) Increase in positive feedback on the appropriateness of the outbound service. (Source: annual report)

##### Practice guidelines:

In order to support families with appropriate, timely and sustainable referrals, FRS:

- ensure that staff have a sound working knowledge of relevant services in the catchment area, including knowledge of wait lists and service capacity issues. This includes the maintenance of a local services directory of all relevant services in the catchment area
- establish sound working relationships with key local services in their catchment area, including health services, schools, family support services, housing and domestic and family violence services
- ensure staff attend interagency meetings and participate in case conferences
- work closely with and engages with Aboriginal communities and organisations and migrant and refugee communities and organisations
- establish clear pathways into local services for their clients.

FRS Workers:

- explore broad support options for the client, including:
  - informal supports in the local community, family and friends
  - universal services, such as GP services, schools, child care where the family does not have existing linkages
  - targeted services, such as refugee and family support services
- use brokerage funds, when required to meet immediate needs of the family that are not otherwise available
- identify outbound referral services that meet the client's service and support needs (including their capacity and readiness to receive that service).

With families with multiple and complex needs, the FRS worker identifies a lead agency who can develop a holistic approach to how services to the client are delivered.

In making a referral, FRS Workers:

- clarify with the service provider the appropriateness of the service to meet the family's needs and the availability of the service to accept the family
- ensure that referrals are culturally appropriate and, if referring a client from an Aboriginal or culturally and linguistically diverse background, that the service receiving the referral has the necessary skills and experience to work with these clients in a culturally safe and sensitive manner
- give clients of Aboriginal and culturally and linguistically diverse backgrounds the choice of whether they want to be referred to culturally specific services or a mainstream service
- provide the service with all relevant information on the family, including the referral plan and other service referrals made on behalf of the family. The family's consent should be sought, where possible
- where necessary, provide support to encourage the family's engagement with the service, for example attending the first appointment with the family, conducting follow up phone call or visit
- where appropriate, facilitate a case conference with relevant service providers and the family, where possible, to discuss the family's needs, determine roles and responsibilities of the different services and identify a case manager<sup>14</sup>

<sup>14</sup> For guidance on how to conduct a case conference, see the NSW Government (2009) *Child Wellbeing & Child Protection NSW Interagency Guidelines* at [http://www.community.nsw.gov.au/kts/guidelines/case\\_management/elements.htm](http://www.community.nsw.gov.au/kts/guidelines/case_management/elements.htm)

- where the family's circumstances are assessed as requiring medium or long-term case management, identify an appropriate service provider and supports the family's transition to that service provider.

#### 5.4.4 Client follow-up

##### Standard 4.4: Client Follow-up

Client outbound referrals are actively followed-up within the first two weeks of referral and again within six weeks to monitor whether the client has engaged with the outbound service provider and feedback is gathered on the appropriateness and sustainability of the outbound referral.

##### Measures:

All outbound referrals are followed up and specified timeframes outlined in the *practice guidelines* to this standard are met in the majority of cases. (Source: *quarterly report*)

##### Practice guidelines:

All outbound referrals are actively followed up. FRS:

- contact outbound referral service providers within the first two weeks of the referral to ascertain if client/service engagement has been achieved and sustained, or if referral to another service is warranted
- actively contact and re-engage with the family, where there are concerns that the lack of engagement by a family may pose risk to the safety, welfare or wellbeing of a child or young person. A further assessment and referral may be required
- further contact the service provider within six weeks of the referral being made to seek advice and record information on the outcomes of the referral. In particular, the feedback sought includes whether:
  - the referral was sustained and the family engaged with the service
  - the service met the family's needs and referral is ongoing or has been closed
  - the family did not engage with the service or the service was not provided along with any known reasons for this
- forward advice on the feedback received from the outbound referral service in writing to the inbound referral service provider.

#### 5.4.5 Feedback to service providers making inbound referrals

##### Standard 4.5: Feedback to service providers making inbound referrals

Service providers who make an inbound referral are provided with timely and comprehensive feedback

##### Measures:

Feedback to all inbound referral service providers is given within the timelines indicated in the *practice guidelines* of this standard. (Source: *quarterly report*)

##### Practice guidelines:

FRS:

- provide a status update to the inbound referral service provider within two weeks of receiving the referral. This advice include: actions the FRS has taken, details of any outbound referrals, including client engagement with the outbound referral service
- where an outbound referral is made after the two week status update, forward additional advice with details of the outbound referral when it occurs
- forward information obtained from the outbound referral service provider (obtained within 6 weeks after outbound referral has been made), as stated in *section 5.4.4 Client follow up*.

#### 5.4.6 Active holding

##### Standard 4.6: Active holding

The priority needs of clients are met in a timely fashion, and active holding procedures are activated, if immediate referral to appropriate service providers cannot occur..

**Measures:**

- a) Evidence that the full range of services that make up active holding are provided to eligible families, as described in the *practice guidelines* to this standard. (Source: *annual report*)
- b) Evidence that the priority needs of families in active holding are being met. (Source: *annual report*)

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**Practice guidelines:**

Active holding response means that FRS continue to monitor a family and provide support, including home visits, follow-up with service providers, and arranging regular case conferences.

FRS undertake active holding where:

- an outbound referral provider is not immediately available for example the family is on a waiting list
- an appropriate service provider to provide case management has not been identified within two weeks of receiving the inbound referral.

In these circumstances, FRS:

- monitor the family's circumstances and support the family to manage immediate issues. Home visits are an integral part of the monitoring process
- assist client linkages with relevant universal services
- gather more comprehensive information on the family to inform the referral plan, including utilising information sharing provisions and/or facilitating a case conference
- actively search for an appropriate lead agency (case manager), where appropriate.

Active holding is limited to six weeks. However, where a referral is not able to be made to an appropriate service provider, and it is in the best interest of the child for the FRS to remain involved, this can be extended. In these circumstances, FRS consider innovative means of using brokerage funds to purchase services for the family.

### 5.4.7 Case Transfer and Closure

#### Standard 4.7: Case Transfer and Closure

Cases remain open and active until such time as the case is transferred to an appropriate service provider and follow-up is completed.

**Measures:**

Evidence that the processes for case transfer and closure, as described in the practice guidelines to this standard, are followed in all cases, for example policies and procedures in place, number of case conferences convened/lead agencies identified. (Source: *quarterly report*)

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**Practice guidelines:**

When transferring the family to another service provider, FRS Workers ensure:

- all stakeholders, including the child or young person and their family, are consulted in a timely fashion
- the child, young person and family are introduced to the new worker /organisation.

A case is only transferred to a new service provider where the benefits of transferring outweigh the negative consequences of a change in service provider.

All cases transferred are appropriately monitored and followed-up before the case is closed.

FRS close a case when:

- the agreed goals have been achieved; and/or
- the case has been transferred to an appropriate service provider and client follow-up (*as outlined in Section 5.4.4*) is completed.

Before closing a case, FRS inform the family and relevant service providers of their intention to do so, allowing for them to be part of the decision making process.

Where there is no mutual agreement to close, FRS facilitate a case conference with all relevant stakeholders, including the family where appropriate, to discuss the issue(s) and identify a solution. This may include a decision to transfer the case to another service provider.

In the event that the family ceases their engagement with the FRS and there are concerns for the safety, welfare and wellbeing of a child or young person, FRS Workers utilise the MRG and follow up as appropriate, including utilising information sharing provisions under Chapter 16A.

## 5.5 Identifying and Responding to Domestic and Family Violence

### Standard 5.1: Identifying and Responding to DFV - Skilled Workers

FRS Workers are skilled in identifying domestic and family violence and addressing the immediate safety needs of victims

**Measure:**

Evidence of worker competencies/ training provided. (*Source: annual report*)

### Standard 5.2: Identifying and Responding to DFV - Police Child Wellbeing Unit Referrals

All Police CWU referrals receive a timely response.

**Measures:**

- Increase in contact and engagement with clients referred by the Police CWU
- High proportion of inbound Police CWU referrals result in outbound referrals to appropriate services. (*Source: quarterly report*)

#### Tool box: Police Child Wellbeing Unit

The FRS is a major referral service for the Police CWU where families experiencing domestic violence:

- have complex or multiple support needs
- have previously engaged with other services but has not sustained engagement with any of these services
- have also come to the attention of one of the other CWUs (Health or Education) and require a multi-agency approach.

The Police CWU may also contact the FRS for information on support services available in the local area.

#### **Practice guidelines:**

FRS work with families where there is domestic and family violence, and there are concerns for the child's safety, welfare or wellbeing.

FRS Workers:

- are supported by their organisation to work with families where there is domestic and family violence
- have a comprehensive understanding of the dynamics of domestic and family violence
- are able to identify indicators of domestic or family violence during the assessment process
- addresses the *immediate* safety needs of the child, young person and adults experiencing domestic and family violence
- refer to specialist domestic violence and health services, as required
- are able to respond to a crisis and utilise appropriate pathways to responding to serious and imminent threats of harm.

#### **Making initial contact with families experiencing domestic and family violence**

Where domestic or family violence is an identified presenting issue at the time of referral, FRS Workers take special precautions to ensure that they are not risking their client's safety or their own in the initial contact with the client.

FRS Workers seek information from the inbound referring service provider on whether a client is aware they that they are being referred, and if they have consented to contact.

If a prospective client is aware and/or has consented to contact, FRS Workers use existing processes set out in *section 5.4.1, Client engagement* to establish initial engagement.

Where a prospective client is not aware of a referral and/or has not been given the opportunity to consent to contact, FRS Workers utilise information sharing provisions under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and Section 13A of the *Crimes (Domestic and Personal Violence) Act 2007* to gather additional information from other services providers to assess whether a cold call (via phone or home visit) could place the client or Worker at risk.

Where concerns remain for the safety of a client or Worker, efforts are made to contact the client through intermediaries, such as through the local school attended by the child/ren, or other service providers known to the client.<sup>15</sup>

When attending home visits, FRS Workers consider opportunities for doing this in conjunction with domestic violence specialist services.

## 5.6 Child Protection Caseworker Pilot Practice

### Standard 6: Child Protection Caseworker Pilot Practice

Children and young people assessed at ROSH and referred to the FRS as part of the FRS Child Protection Caseworker Pilot:

- receive a home visit within 10 days of the referral being made
- are provided the necessary support to keep them safe from further harm.

#### Measures:

- a) A decrease in the rate of re-reports screened in as ROSH by the Child Protection Helpline where families have been assisted in the Child Protection Caseworker Pilot. (Source: FACS)
- b) Evidence that the processes for child protection caseworker pilot practice, as described in the *Program Guidelines*, are followed in all cases. (Source: *annual report*)

#### **Practice guidelines:**

FRS meet their roles and responsibilities as set out in the Family and Community Services and NSW Health Child Protection Caseworker Pilot Parameters Paper.

FRS Workers participating in the Child Protection Caseworker Pilots:

- undertake a home visit, accompanied by the Child Protection Caseworker, to conduct a needs assessment focused on improving the child's safety
- based on the needs assessment, identify appropriate service providers and makes any outbound referrals
- initiate active holding measures, where appropriate service providers are not immediately available (see *section 5.4.6 Active holding*)
- where active holding measures are in place, sight the child or young person on a regular basis
- actively seek to refer the family to appropriate services to meet the needs identified, and if required facilitate a case conference with relevant services and the family where appropriate
- utilise information sharing provisions to gather information on the family and ensure that services, where there are existing relationships with the family are identified.

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<sup>15</sup> For more information regarding information sharing in situations involving domestic and family violence, refer to the Domestic Violence Information Sharing Protocol: [http://www.domesticviolence.nsw.gov.au/\\_data/assets/file/0019/301177/DV-info-Sharing-Protocol.pdf](http://www.domesticviolence.nsw.gov.au/_data/assets/file/0019/301177/DV-info-Sharing-Protocol.pdf)

## 5.7 Use of brokerage funds

### Standard 7: Use of brokerage funds

Brokerage funds are used to ensure:

- the timely and effective engagement of clients and
- the management of presenting issues through the purchase of services or goods that address the immediate needs of a child or young person at risk of entering the statutory child protection system, where these services or goods are not otherwise available.

#### Measures:

- a) Evidence that policies and procedures, in line with the Practice Guidelines to this standard, are in place for the use of brokerage funding. (*Source: annual report*).
- b) Annual financial acquittals include detailed information on the use of brokerage funding. (*Source: annual financial acquittals*)

#### **Practice guidelines:**

FRS have policies and procedures in place for the use of brokerage funding, including:

- staff guidelines on how to apply for funds, including that in most instances brokerage should be linked to referral plans
- procedures to record all brokerage applications and funding decisions
- processes to ensure that clients who meet the requirements for brokerage support access this support
- permission from NSW Kids and Families where brokerage funds of more than \$10,000 are to be expended on an item or program, or where funds are to be used to purchase sector support type programs and activities
- verifiable financial reporting of brokerage funding.

#### Tool Box: what brokerage can be used for:

Examples of what brokerage funds can be used for include:

##### a) for individual families:

- the purchase of quality based early childhood education and care
- transport to and from support services (bus fares, taxis etc.)
- fees for parenting programs or personal development programs
- individual, couple or family therapy/counselling
- specific therapeutic services for children and young people such as speech therapy
- material needs to support access to universal services (for example school uniforms)
- service fees, where an alternative free service is not available.

##### b) to support greater access to services at a community level:

- hire of a venue to run a play group
- hire of professional services of a counselling organisation to run a parenting program.

## 5.8 Extra Activities

### Standard 9: Extra Activities

Extra activities undertaken by the FRS align with its core functions.

#### Measures:

Reporting requirements, outlined in the FRS Restated Agreement and *Program Guidelines* are met. (*Source: quarterly and annual reports*)

#### **Practice guidelines:**

FRS may from time to time initiate activities or work in partnership with other service delivery agencies in their region on a joint activity.

The scope of any such activity aligns with the core functions of FRS and includes:

- organising a conference for local providers

- organising a parent information session at the local school
- participating in a local street fair and promoting the FRS.

FRS report through their normal reporting process to NSW Kids and Families on any extra activities conducted and demonstrate how these activities align with its core functions.

## 5.9 Cultural Competence

### Standard 9.1: Culturally Competent Service Provision

FRS establish and foster a culturally competent service and workforce to effectively respond to the cultural needs of vulnerable children, young people, families and communities from different cultures.

#### Measures:

- c) Evidence of the cultural competence of the service, for example:
- staffing reflects the cultural and linguistic backgrounds of clients
  - cultural support and cultural supervision is provided to staff as appropriate
  - appropriate policies are in place guiding all phases of client management
  - respectful partnerships are in place with community leaders/elders and community organisations
  - cultural advisors are engaged by the FRS
  - cultural competence assessment tools are utilised (*Source: annual report*)
- d) All FRS staff have attended cultural competency training in order to work effectively with clients from Aboriginal and culturally and linguistically diverse communities (*Source: annual report*)

**Tool Box: Defining Cultural Competence:** Cultural Competence' has been defined as "a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations" and "the process in which the...professional continually strives to achieve ability and availability to effectively work within the cultural context of the client".

From an organisational perspective Cultural Competence focuses on the attributes of the service provider and service provision and is best viewed as an ongoing process that organisations continue to strive towards. For an individual, Cultural Competence is the ability to identify and challenge one's own cultural assumptions, values and beliefs. It is about developing empathy and appreciating that there are many different ways of viewing the world, as this is influenced by culture.

Source: *Centre for Cultural Competence Australia* at <http://ccca.com.au/Competence-Vs-Awareness>

#### Tool Box: Building Culturally Competent Organizations

Values, behaviours, attitudes, practices, policies, and structures that make it possible for cross-cultural communication guide a culturally competent organization. When you recognize, respect, and value all cultures and integrate those values into the system, culturally competent organizations can meet the needs of diverse groups.

Source: *The Community Tool Box*, University of Kansas at <http://ctb.ku.edu/en/table-of-contents/culture/cultural-competence/culturally-competent-organizations/main>

### Standard 9.1.1: Service provision to vulnerable Aboriginal children, young people, families and communities

FRS effectively respond to the complex needs of vulnerable Aboriginal children, young people, families and communities supporting increased access, engagement, and positive and sustainable outcomes for these clients.

#### Measures:

- c) Increased rate of Aboriginal families who are successfully engaged by the FRS and linked to other appropriate services. (*Source: quarterly report*)
- d) Evidence of the cultural safety of the service, for example, developing relationships with key stakeholders within Aboriginal communities and recruiting and sustaining an Aboriginal workforce (*Source: annual report*).

#### Tool Box: Aboriginal cultural competence

FRS practice is informed by an understanding of the historical, political and cultural environments impacting Aboriginal people and communities and recognition of the existence of white privilege, power and the legacies of intergenerational trauma.

Useful guidance for providing sensitive and effective service delivery to vulnerable Aboriginal children, young people and families is provided in the *Aboriginal Consultation Guide*, Aboriginal Child Family and Community Care State Secretariat, Nov 2013. Although the Guide is primarily targeted at out of home care service providers, it contains useful content for FRS service delivery. See: <http://www.absec.org.au/publications/aboriginal-consultation-guide.html>

See also Family and Community Services' resource for Community Services and non-government organisations, *Working with Aboriginal Communities, a Practical Resource*, 2009 at [http://www.community.nsw.gov.au/docswr/assets/main/documents/working\\_with\\_aboriginal.pdf](http://www.community.nsw.gov.au/docswr/assets/main/documents/working_with_aboriginal.pdf)

### **Practice guidelines:**

#### FRS:

- demonstrate a commitment to providing a culturally safe environment (that is being mindful of space and environment - ensuring it is inviting and welcoming; providing time for talking and listening; ensuring consistency and follow up)
- recruit Aboriginal staff in community liaison and FRS worker positions, where there are high numbers of Aboriginal families, and provide cultural support to Aboriginal staff
- employ staff who are trained in Aboriginal cultural competency and have experience in working with Aboriginal children, young people and families
- provide ongoing professional development opportunities to FRS staff relating to cultural competency with the vision to create a culturally-safe service for all Aboriginal children, young people and families
- have an outreach service model to better engage Aboriginal families that is flexible, and meets the unique needs of the respective individual Aboriginal communities, recognising that **not** all Aboriginal communities are the same
- implement ongoing staff development in culturally respectful practice and the contextual vulnerabilities (that is, historical, political, social and cultural environments) impacting Aboriginal people and communities; recognising the existence of power dynamics and the effects of intergenerational trauma legacies
- support capacity building of local Aboriginal service providers.

#### FRS Workers:

- facilitate access to Aboriginal-specific services as well as culturally competent mainstream services through supported referrals and extra supports to encourage engagement, such as transport assistance to attend interview with the outbound referral service provider
- appreciate privacy and confidentiality concerns may exist within Aboriginal communities and in turn provides reassurance to clients by demonstrating transparency within respect to roles and responsibilities, such as mandatory reporting
- use a variety of clear, effective and culturally appropriate communication and consultation strategies when engaging with Aboriginal children, young people and families (understanding the unique differences in verbal and non-verbal communication), and considers sourcing culturally appropriate and engaging tools for information provision
- develop a range of culturally appropriate engagement strategies with a whole-of-family focus and emphasis on building trust with Aboriginal families and communities
- promote a culture of inclusiveness and participation by working closely with key Aboriginal stakeholders (including Aboriginal families and communities, respected leaders/Elders and Aboriginal service providers) to ensure user-friendly and accessible service delivery
- understand the effects family violence has in Aboriginal communities and how it impacts kin and community members and as such requires a holistic response to supporting those affected
- empower Aboriginal children, young people, families and communities with knowledge to support and encourage self-determination and participation in decision making
- demonstrate mutual respect, particularly respect for Aboriginal knowledge, culture and leadership and an ongoing commitment and willingness to establish ethical and supportive professional relationships when working with Aboriginal families and communities

- utilise approaches that employ a mixture of both individual and family support, and community development strategies, with a focus on prevention and early intervention, and access to appropriate health and community support services, for example, Aboriginal community controlled health organisations.

#### Standard 9.1.2: Service provision to vulnerable children, young people and families from culturally and linguistically diverse communities

Children, young people and families of culturally and linguistically diverse backgrounds, including refugees, are supported to stay out of the statutory child protection system through the receipt of culturally competent FRS services, including linking families with other culturally competent service providers.

#### Measures:

Increased rate of families from culturally and linguistically diverse backgrounds who are successfully engaged by the FRS and linked to other appropriate services. (Source: *quarterly report*)

#### Tool Box: Best Practice guidelines for working with Culturally and Linguistically Diverse Communities

Uniting Care Burnside has developed best practice guidelines for delivering culturally sensitive and quality services to FRS clients from a culturally and linguistically diverse and refugee communities. **Reference:** Uniting Care Burnside (2014) *Best practice in managing the dynamics of cultural difference in family referral services*.

#### Practice guidelines:

##### FRS:

- through thoughtful engagement, demonstrate a commitment to providing a culturally safe environment (that is, being mindful of space and environment - ensuring it is inviting and welcoming; providing time for talking and listening, demonstrating a non-judgemental approach; ensuring consistency and follow up)
- promote and value diversity in the workplace, giving particular consideration to recruiting FRS Workers from culturally and linguistically diverse backgrounds in areas of high ethnic and refugee populations
- employ staff experienced in working with children, young people and families from culturally and linguistically diverse backgrounds
- ensure staff are trained in working with clients from different cultures, and in particular are able to respond to the needs of refugee families who have experienced torture
- provide ongoing professional development opportunities to FRS staff relating to cultural competency with the vision to create a culturally-safe service for all children, young people and families from culturally and linguistically diverse backgrounds
- foster and encourage ongoing staff development in culturally respectful practice and the contextual vulnerabilities (that is, political, social and cultural environments) impacting people and communities from culturally and linguistically diverse backgrounds; recognising the existence of torture and trauma victims among some refugee communities
- support the capacity of migrant and refugee communities in relation to leadership and effective responses to vulnerable families
- have inclusive and accessible policies in place to support service delivery to people of from culturally and linguistically diverse backgrounds, linking families to both culturally specific and mainstream services as appropriate
- have an outreach service model to better reach families from culturally and linguistically diverse backgrounds that is flexible, and meets the unique needs of the respective individual migrant and refugee communities, recognising that not all communities are the same
- have established referral pathways to specific and mainstream services that have the capacity to address the support needs of children, young people and families from culturally and linguistically diverse backgrounds

- support mainstream services in the child protection system to provide culturally appropriate services to families in their area
- support specialist migrant and refugee services to establish stronger links and partnerships with mainstream child protection services.

FRS Workers:

- facilitate access to migrant and refugee-specific services as well as culturally competent mainstream services through supported referrals and extra supports to encourage engagement
- appreciate privacy and confidentiality concerns may exist among some migrant and refugee communities
- use a variety of clear, effective and culturally appropriate communication strategies when engaging with children, young people and families from culturally and linguistically diverse backgrounds including refugees
- develop a range of culturally appropriate engagement strategies with a whole-of-family focus and emphasis on building trust with migrant and refugee communities
- generate a climate of involvement and participation by working closely with key migrant and refugee service providers to ensure user-friendly and accessible service delivery
- empower children, young people and families from culturally and linguistically diverse backgrounds, including refugees, with knowledge to support and encourage self-determination and participation in decision making
- have a thorough understanding of migrant and refugee issues for communities in their catchment area
- use interpreters in communicating with clients, where required
- give children, young people and families the choice of being referred to culturally specific or mainstream services.

## 5.10 Accessible and inclusive service delivery to people with disability

### Standard 10: Accessible and inclusive service delivery to people with disability

FRS services are accessible to and inclusive of people with disability.

#### Measures:

Evidence that policies and procedures, as described in the *practice guidelines* to this standard, are in place. (Source: *annual report*).

#### Practice guidelines:

FRS encourage access and inclusivity for people with disability to both work and access their services by aligning its services to the focus areas set out in the *Disability Inclusion Act 2014*<sup>16</sup>, namely:

- *Livable communities* – working with community partners to create accessible, livable environments in which everyone would want to live, work and play
- *Employment and financial security* – maximising the opportunity of people with disability to obtain and retain meaningful employment and enjoy the financial security, independence and self-esteem that comes with this
- *Systems and processes* – removing the barriers imposed on people with disability in navigating access to services and information
- *Attitudes and behaviors* – identifying the approaches for creating positive public attitudes towards disability inclusion.

FRS:

- staff are trained and experienced in working with people with disability and have access to specialists support where required
- premises are accessible
- recruitment policies support the recruitment of people with disability who have the appropriate skills and qualifications.

## 5.11 Service Linkages

### Standard 11: Service Linkages

Vulnerable children, young people and families are better supported in their local service system as a result of the strong working relationships between the FRS and other local service providers.

#### Measures:

- a) Protocols in place, in accordance with the *practice guidelines* to this standard. (Source: *annual report*)
- b) Types and activities initiated by FRS to improve partnerships and coordination in service delivery. (Source: *annual report*)

#### Practice guidelines:

FRS engage with local service providers and local communities to:

- promote its services
- enhance its knowledge of local service provision
- develop partnerships with potential inbound and outbound referral agencies
- provide advice and support on child wellbeing matters
- promote coordinated service delivery for clients.

<sup>16</sup> Information on the *Disability Inclusion Act 2014* can be found at: <http://www.facs.nsw.gov.au/reforms/developing-the-nsw-disability-inclusion-plan>

FRS:

- establish formal and informal partnerships with local human services providers in its catchment area. This includes formal protocols with CWUs and the Child Protection Helpline, and partnerships with local NSW Health and FACS districts and Women's Domestic Violence Court Advocacy Services and agreed referral pathways with the key outbound referral agencies. *Existing protocols with the CWU are at [Appendix B](#)*
- have systems in place to ensure attendance in inter-agency meetings and forums, with responsibility shared across all team members and levels of management
- attend, organises and/or sponsors community events
- undertake agency visits for the purposes of introduction and information provision
- have community development/liaison positions focused on building relationships with other services or includes this responsibility in position descriptions of its manager, team leaders and caseworkers
- strengthen coordination and collaboration in service delivery for clients through:
  - playing a key role in improving local service provider knowledge of other support services in their catchment area
  - promoting the use of information sharing provisions
  - facilitating interagency discussion meetings concerning clients.

## 5.12 Systemic advocacy

### Standard 12: Systemic Advocacy

Vulnerable children, young people and families are better supported in their local service system as a result of FRS advocacy to redress any systemic issues and barriers experienced by their clients.

#### Measures:

- a) Up to date understanding of client need and service availability in region. (*Source: quarterly report*)
- b) Key issues identified and responses to address issues are developed. (*Source: quarterly report*)
- c) Mechanisms for formal feedback are in place. (*Source: annual report*)

#### **Practice guidelines:**

Advocacy at the systemic level aims to redress barriers and disadvantage experienced by vulnerable families seeking to access services that meet their needs and requires FRS attendance and leadership in interagency discussions.

FRS:

- participate actively in relevant networks and forums to ensure systemic issues and solutions are identified
- actively seek positive working relationships within the catchment area and across the FRS network to ensure forums for resolving barriers for clients and addressing policy and practice issues that may hinder an integrated response
- bring to the attention of relevant inter-agencies and government bodies, any issues and barriers to effective service responses, for example service gaps, duplication, and disjointed service delivery reported by clients or observed by FRS Workers.

## 5.13 Governance

### Standard 13: Governance

FRS have sound governance structures in place with policies, systems and procedures that demonstrate accountability and good governance.

#### Measures:

Evidence that governance arrangements in line with the *practice guidelines* to this standard are in place. (Source: *annual report*)

#### **Practice guidelines:**

FRS providers have in place:

- a management committee/board with the skills and expertise to oversee its operations
- policies to direct the management committee/board's activities and ensure transparent decision making
- clear operational policies and procedures, including policy and procedures for managing and reporting on a critical incident
- financial systems to support effective management and accountability
- systems to identify and manage financial and non-financial risks
- policies and procedures to ensure that complaints are dealt with respectfully and complainants' concerns are investigated and resolved in a timely and transparent manner. The policies and procedures allow for:
  - complainants to be provided with the organisation's policy
  - matters that are not resolved within three months to be escalated to NSW Kids and Families advising the complainant that if they are not satisfied with the outcomes of the complaint, they may also complain to NSW Health in writing to the Chief Executive, NSW Kids and Families
  - maintaining a complaints register and making it available to NSW Health on request
  - matters alleging criminal behaviour by a staff member to be reported to Police and the funding body advised.
- critical incident protocols to manage a critical incident, such as the death of a child or major injury to a child whose family has been referred to the Service. The critical incident protocols include:
  - information on who needs to be notified when the FRS becomes aware of a critical incident, that is, Senior Managers and NSW Kids and Families
  - a review of case files and preparation of a report on the FRS involvement with the family
  - provision of counselling and support to FRS Workers who have been working with the family.

## 5.14 Use of fees received

### Standard 14: Use of fees received

FRS funds received are utilised for the benefit of clients in accordance with the Service Agreement.

#### Measures:

Annual financial acquittals demonstrate that Funds are used in accordance with Service Agreement and *practice guidelines* for this standard. (Source: *annual financial acquittal*)

#### **Practice Guidelines**

FRS use the fees received for purposes set out in the Service Agreement and program budget and in accordance with these Program Guidelines. Fees may be used for:

- provision of services and deliverables (*Schedule 3*)
- brokerage, subject to Standard 13, Program Guidelines
- extra activities aligned with core functions (*Standard 14, Program Guidelines*)
- all items in FRS Budget (*Attachment A – Budget*)

- salary payments to Service Provider employees who are under investigation and/or suspended, subject to written notification to NSW Kids and Families.

Fees are not used for:

- termination of employment or redundancy payments
- providing security or make a loan
- making repayments of existing loans, investments or debts
- rollover of expenditure provided to Community Partners
- donations and gifts
- making repayments of existing loans, investments or debts.

Funding expenditure provided to FRS Community Partners is acquitted annually in accordance with the FRS financial acquittal template. Rollover of unexpended funds by community partners is requested in accordance with *clause 9.3 of the Agreement*.

## 5.15 Staff Qualifications, Skills and Professional Development

### Standard 15: Staff Qualifications, Skills and Professional Development

FRS staff have the skills, qualifications, experience and knowledge to work with vulnerable families.

#### Measures:

- Evidence that FRS personnel have the appropriate skills, qualifications, experience and knowledge to perform their duties, in line with the *practice guidelines* for this standard. (Source: *annual report*)
- Evidence that performance management and regular supervision provisions are in place. (Source: *annual report*)

#### **Practice guidelines:**

FRS providers recruit staff that reflect the communities in their catchment area and have the appropriate skills, experience and knowledge for the position to which they are employed.

FRS Managers, Team Leaders and Workers are suitably qualified and experienced, meeting the minimum qualifications for the FRS and being able to demonstrate appropriate competencies to provide assessment/interventions/support to vulnerable families with complex and changing needs.

#### **Tool Box: Minimum Qualifications for the FRS**

*FRS Workers:* qualifications at a Diploma level in a relevant field of study, and three years work experience, working with children and/or young people and their families, or can demonstrate a strong capacity and willingness to further develop their skills to meet the required competencies, under supervision.

*FRS Team Leaders:* Bachelor level qualifications in a related field, and three years' relevant work experience

*FRS Managers:* Bachelor level qualifications in a related field, and five years' relevant work experience.

Staff undertaking Aboriginal traineeships are exempt from the minimum qualifications.

In circumstances where FRS Workers require further education, the FRS establish learning plans identifying responsibilities of the worker alongside the responsibilities of management to provide support and relevant supervision.

FRS:

- have performance management systems in place
- have established mechanisms to provide organisational and professional support for FRS Managers, Team Leaders and Workers engaged in work with vulnerable families.
- Ensure that FRS staff receive regular supervision, and access to good quality professional development and organisational support in their role.
- Cultural supervision is provided to staff from Aboriginal and culturally and linguistically diverse communities.

FRS Managers have the skills and experience to manage and guide their staff in the delivery of high quality services, develop strong networks in the child protection service system in their region and develop capacity within the service system.

A sample table of FRS Worker responsibilities and competencies is at *Appendix A*.

## 5.16 Ensuring the safety of children and young people accessing the Service

### Standard 16: Ensuring the safety of children and young people accessing the Service

FRS provide a safe environment which respects, welcomes and values children and young people and their families and keeps them safe from harm.

#### Measures:

- a) Evidence that all staff have a working with children check and/or alternative relevant probity checks. (*Source: annual report*)
- b) Evidence of procedures in place to ensure the safety of children and young people accessing the service and to handle complaints. (*Source: annual report*)

#### **Practice guidelines:**

FRS providers:

- clearly articulate its expectations regarding the behaviour and conduct of people who work with vulnerable children and young people
- have systems in place to manage complaints or concerns
- ensure that the recruitment and selection of people who work with children and young people is done in accordance with the agency's policies and procedures and complies with legislative requirements
- ensure that FRS personnel are properly authorised, accredited, trained and experienced to carry out their role or function
- have risk assessment procedures and risk plans in place to ensure that:
  - they comply with their obligations under the *Child Protection (Working With Children) Act* (clause 7.3 of FRS Agreement),
  - FRS Personnel have undergone appropriate screening and risk assessment in accordance with all applicable laws and clause 7.3 of the Agreement, including Working with Children Checks under the *Child Protection (Working With Children) Act 2012* (NSW) and national criminal records checks and other relevant probity checks;
  - before FRS personnel undertake any role or function in relation to the Services and Deliverables, FRS providers ascertain that they are not prohibited or disqualified under any law from being engaged to undertake their role or function or are not otherwise unsuitable to work with children and young people; and
  - FRS providers and their FRS personnel understand and are able to fulfil their legal and professional obligations to promote the safety, wellbeing and welfare of the children and young people who use FRS and to support and strengthen their families.
- any FRS Personnel who are not currently subject to *Working with Children Check* (WWCC) requirements under the *Child Protection (Working with Children) Act* have satisfactorily completed a National Police Check and other relevant probity checks, including employment history and referee checks.

#### **Tool Box: Working with Children Checks (WWCC)**

FRS comply with the WWCC requirements for each staff member in a child-related role and have appropriate processes to manage staff who receive an automatic or interim WWCC bar.

The WWCC scheme under the *Child Protection (Working With Children) Act* requires persons engaged in child-related work to have a WWCC clearance which must be renewed once every 5 years. Although the WWCC scheme includes automatic continuous monitoring for criminal records over the 5 year life of a WWCC clearance, this automatic monitoring

is limited to NSW criminal records only.<sup>17</sup>

Furthermore, requirements to obtain a WWCC clearance may not automatically apply to all FRS Personnel. For example, FRS Personnel engaged in administrative, clerical or other ancillary work that does not ordinarily involve contact with children<sup>18</sup> for extended periods will, ordinarily, be exempt from WWCC requirements.<sup>19</sup> The Children's Guardian's approval may, however, be sought to bring FRS Personnel who are exempt from WWCC requirements but have access to confidential records or information about children within the WWCC scheme.<sup>20</sup>

### **Additional strategies to manage potential risks to children and young people**

FRS providers:

- implement a range of additional strategies to manage potential risks to children and young people, including undertaking other relevant probity checks for all FRS Personnel such as employment history and reference checks
- develop and implement effective child safe policies and practices to help manage risks. Rigorous recruitment procedures with effective probity checks, appropriate supervision, training and management of FRS Personnel are important elements of child safe policies and practices.<sup>21</sup>

## **5.17 Documentation**

### **Standard 17: Documentation**

Comprehensive, accurate and timely records are kept of FRS contact and engagement with clients and records are kept secure in compliance with privacy legislation and State records requirements.

#### **Measures:**

- a) Evidence of policies and procedures that are in place for the appropriate, accurate and timely recording of FRS client information, including FRS contact and engagement with the client. (Source: *annual report*)
- b) Evidence of systems for ensuring compliance with NSW privacy and State records requirements. (Source: *annual report*)

FRS have policies and procedures in place:

- for the creation and maintenance of client files and records, setting out the type and level of information to be included and ensuring that all relevant information is documented in an accurate and timely fashion
- to ensure the effective storage and security of client files and records
- to enable the sharing of documented information in accordance with information sharing provisions under in Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and Section 13A of the *Crimes (Domestic and Personal Violence) Act 2007*.

### **Tool Box: Documentation: State Records Requirements**

For practice standards for the storage and management of records refer to State Records' manual, *Strategies for Documenting Government Business*, at <http://www.records.nsw.gov.au/recordkeeping/advice/designing-implementing-and-managing-systems/dirks-manual/dirks-manual>

<sup>17</sup> National criminal records checks are undertaken at the point of application for a WWCC clearance and once every 5 years on renewal of clearances.

<sup>18</sup> Children are defined under section 5 of the *Child Protection (Working With Children) Act 2012* as persons under the age of 18.

<sup>19</sup> See *Child Protection (Working With Children) Act 2012*, s6 and *Child Protection (Working With Children) Regulation 2013*, clauses 4-16 and clause 20 for those subject to WWCC requirements.

<sup>20</sup> In accordance with section 7 of the *Child Protection (Working with Children) Act*.

<sup>21</sup> More information about child safe policies and practices can be found at <http://www.kids.nsw.gov.au/Working-with-children/Become-a-Childsafe-Organisation>

## 5.18 Data Collection and Reporting

### Standard 18: Data Collection and Reporting

Rigorous data collection systems are in place with reporting based on outcomes/results in line with NSW Kids and Families' requests.

#### **Measures:**

Required data is collected and reports submitted in a timely manner in line with the FRS Restated Agreement and *practice guidelines* to this standard. (Source: *quarterly and annual report*)

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#### ***Practice guidelines:***

FRS:

- have appropriate systems in place to ensure:
  - the collection and reporting of standardised data in line with the requirements of NSW Kids and Families
  - all reporting requirements can be met in accordance with the FRS Restated Agreement
- maintain standardised data collection reporting practices, utilising consistent data dictionary and minimum data sets across all of the FRS as provided by NSW Kids and Families
- amend its data collection and reporting rules to ensure that a referral is closed only when the family and referral agency has confirmed ongoing engagement
- collect and provide to NSW Kids and Families comprehensive and accurate quantitative and qualitative data on the delivery of its services and in accordance with the FRS Restated Agreement will submit performance and financial reports to NSW Kids and Families on a quarterly and annual basis
- use NSW Kids and Families' data validation tool.

## **Data Collection and Reporting**

FRS:

- provide comprehensive and accurate quantitative and qualitative data to inform on the delivery of Services and Deliverables
- submit performance and financial reports and notifications (Reports) in accordance with the FRS Agreement, these Program Guidelines and as otherwise reasonably required by NSW Kids and Families
- ensure that data collection and information management systems are adequate to support all reporting requirements
- implement any measurement and monitoring tools and procedures necessary for NSW Kids and Families to assess the FRS provider's performance against the Performance and Accountability Framework (*in Item 2 of Schedule 3 of the FRS Agreement*).

## **Final Report**

FRS providers submit a final report following the expiry or termination of the FRS Restated Agreement documenting completion of service delivery under the Agreement.

The Final Report includes:

- a report against any relevant measures set out in the Performance and Accountability Table Reporting Table (*in Item 2 of Schedule 3 of the FRS Restated Agreement*)
- a comprehensive evaluation of the Services and Deliverables and the extent to which the requirements for the FRS as set out in *Item 1 of Schedule 3* were achieved
- an account of significant achievements or factors that enhanced or otherwise impacted on the quality of service delivery during the Term of the Agreement
- an account of any issues which arose from or impacted compliance with the Agreement over the period of the Term, and any relevant evidence and recommendations to address these issues in future FRS service delivery
- a report on the activities of any subcontractor engaged by the FRS provider's for the purposes of the Agreement and on the partnership between the FRS provider and the subcontractor, including advice as to any issues which impacted on service delivery and how those issues were addressed
- any other matters reasonably required by NSW Kids and Families to meet its accountability obligations.

## **Audited Financial Reports**

FRS providers submit Audited Financial Reports for each financial year in the Term showing how the Fees were applied for the Services and Deliverables in that financial year.

Audited Financial Reports are prepared by a qualified accountant and audited by an Approved Auditor in accordance with applicable Australian Accounting Standards and any statutory requirements that govern the FRS Provider's accounting and financial records.

- Audited Financial Reports, with respect to the financial year being reported on, include:
- a statement of income and expenditure demonstrating the receipt and expenditure of Fees for the provision of Services and Deliverables including use of brokerage funds, in accordance with the terms of the Agreement
- any other matters reasonably required by NSW Kids and Families to meet its financial accountability and management obligations
- a statement by the FRS provider's chief financial officer or a qualified accountant certifying that the Report presents fairly that the Fees provided for the Services and Deliverables have been used solely for those Services and Deliverables in accordance with the Agreement.

## **Acquittal Statement**

FRS providers submit an Acquittal Statement for the entire Term of their FRS Restated Agreement (or any other period specified by NSW Kids and Families).

The Acquittal Statement is prepared by a qualified accountant and audited by an Approved Auditor in accordance with applicable Australian Accounting Standards and any statutory requirements that govern the FRS provider's accounting and financial records.

The Acquittal Statement includes:

- a statement of income and expenditure demonstrating the receipt and expenditure of Fees for the provision of the Services and Deliverables, including use of brokerage funds, in accordance with the terms of the Agreement
- any other matters reasonably required by NSW Kids and Families to meet its financial accountability and management obligations
- a statement by the FRS provider's chief financial officer or his or her representative qualified accountant certifying that the Acquittal Statement has been prepared using accounts and records that were properly maintained in accordance with Australian Accounting Standards
- a statement by the FRS provider's representative or his or her authorised representative that all Fees provided for the Services and Deliverables have been used solely for those Services and Deliverables in accordance with the Agreement.

**Other Reports and Notifications**

FRS providers report any incidents and matters relating to their organisation as required by *clause 6.4 and 6.5 of the FRS Agreement* and other matters as required by the FRS Restated Agreement.

Sample: Position Responsibilities, Duties and Skills

Skills	Knowledge	Attitudes & Attributes
<b>Client Responsibilities and Competencies</b>		
<p><b>Practice Framework</b> Demonstrates ability to incorporate theoretical concepts from the practice framework into client work</p> <p><b>Intervention Philosophy and Modality</b> – Possesses basic skills and knowledge of a client-centred, strengths based case management framework. This includes holistic case planning. Uses the relevant approaches in all interactions with children, young people and their families.</p> <p><b>Client Assessment</b> – Demonstrates knowledge and skill in the assessment of vulnerable families. This includes integrating the family background and dynamics and relating them to ongoing intervention and referral responsibilities.</p> <p><b>Case Coordination-</b> Demonstrates skill in the formulation of holistic Client Driven case coordination based around a supports model. This includes relevant intervention goals, measureable strength-based objectives, appropriate interventions and clear summaries of progress or lack of progresses. Where appropriate developing plans for appropriate referral to specialist services.</p> <p><b>Practice</b>– Demonstrates skill in developing productive therapeutic alliance with young people and their supports displaying empathy, respect, support and problems solving.</p>	<p><b>Tertiary Qualification</b> - possess a tertiary qualification and / or extensive experience relevant to the position.</p> <p><b>Cultural Diversity</b> – Demonstrates awareness and sensitivity to diversity issues and recognises triggers, biases, beliefs and does not allow them to interfere with service delivery or job performance.</p> <p><b>Child and Adolescent Development-</b>Demonstrates knowledge of child and adolescent development and its impact on interpersonal relationships</p> <p><b>Trauma Informed-</b> Demonstrates a knowledge of the impact of complex trauma on child development and its impact on service delivery and interpersonal relationships</p> <p><b>Practice Framework</b> Demonstrate a clear understanding of current best practice in working with children, young people and their families</p> <p><b>Clinical Knowledge</b> –Demonstrates understanding of trauma impact on individuals including impact of domestic violence, mental illness, A&amp;OD use.</p> <p><b>Community Services Sector</b> – Demonstrates a thorough knowledge and understanding of the Community Services sector and other key referral agencies and ability to coordinate service delivery through appropriate referrals.</p>	<p><b>Boundaries</b> – Maintains appropriate boundaries in all interactions with children, young people, families and staff according to the organisations policies and procedures. Primarily assessed through supervision and observation</p> <p><b>Flexibility and Openness</b> – Demonstrates openness to supervision and training and a flexibility to incorporate other points of view to improve performance. Engage in reflective practice.</p>

Skills	Knowledge	Attitudes & Attributes
<b>Organisational and Professional Responsibilities and Competencies</b>		
<p><b>Problem Solving –</b> Communicates information, including identifying and communicating problems or issues with appropriate team and management staff in a timely manner, and positively engages with effective problem solving.</p> <p><b>Policies and Procedures –</b> Administer and adheres to all company policies, procedures and state regulations regarding children, young people and families.</p>	<p><b>Organisational Mission –</b> Is knowledgeable of and supports the organisations mission.</p> <p><b>Mandatory Reporting-</b> Demonstrates knowledge of applicable regulatory requirements governing mandated child abuse/neglect reporting requirements. Reports any suspected abuse or neglect as required by law.</p>	<p><b>Respect –</b> Demonstrates respect for children, youth, families, guests and colleagues in accordance with Organisational policy.</p> <p><b>Interaction with Co-Workers –</b> Interacts and communicates with fellow employees in a manner that promotes a harmonious and cooperative working environment.</p> <p><b>Health and Safety-</b> Demonstrates knowledge of and practices, Organisational health and safety policies and procedures, including but not limited to fire safety and emergency response plans and incident reporting.</p> <p><b>Facilities and Equipment –</b> Is respectful of and appropriately maintains, the facilities and equipment and supplies of the Organisation, including information technology hardware and software. Reports potential maintenance problems or damage to facilities to ensure prompt corrective action to minimise risk to youth families and staff.</p>
<b>Communication and Documentation Specific Competencies</b>		
<p><b>Synthesis of Client Information-</b> Presents clear, informative, accurate, and prompt observations (written and verbal) in relation to Family Case Planning goals/objectives.</p> <p><b>Writing Skills –</b>Completes all written reports in a timely and concise manner that clearly conveys the information to be communicated.</p> <p><b>Adherence to Deadlines-</b> Demonstrates knowledge and skills in presenting timely written documentation such as assessment, Case plans, Incident Debriefings, Progress Reports, Progress Notes, and case notes.</p> <p><b>Computer Proficiency –</b> Possess a competency and proficiency with computers to meet internal and external deadlines.</p> <p><b>Confidentiality –</b> Maintains confidentiality in accordance with Organisational policies and complies with state privacy guidelines.</p>		

### **Standard Operating Referral Protocol - NSW Police Child Wellbeing Unit and the Family Referral Services**

#### **Objective**

This protocol is to guide referral practice from the NSW Police Child Wellbeing Unit (CWU) and the Family Referral Services (FRS) in New South Wales. This protocol is to help maintain a shared focus on the safety and wellbeing of children, young people and families experiencing vulnerabilities.

#### **Responsibilities and Authorities**

The CWU Directors and the eight FRS organisations are responsible for ensuring that:

- All staff and contractors are aware of and comply with this protocol;
- Appropriate systems and communication mechanisms are in place to support this protocol; and feedback and review mechanisms are coordinated and facilitated to support the implementation of, and ongoing compliance with this protocol

#### **Referral Guidelines**

The Police CWU will not refer to the FRS if:

- The issues experienced by the family or young person are simple/straightforward,
- The assessment officer or the Domestic Violence Liaison Officer in the Local Area Command, has referred/ identified a local support service which may address the vulnerabilities experienced by the child/ young person or their families.

The Police CWU will refer to the FRS if the family or young person:

- Has complex or multiple support needs;
- May be engaged with services but has not sustained engagement,
- The family/young person has entered and exited services multiple times and/or for short periods of time; and/or
- Requires a multiagency approach identified by other CWU's (Department of Education and Training, Human Services or Health)

*The Police CWU may contact the FRS for information on the support services available in the local area of the family/young person*

#### **Referral Process**

The Police CWU will:

- Discuss the family/child or young person's needs initially by phone with FRS staff if required
- Provide clear and concise information electronically to the FRS, with the assistance of the agreed referral form
- Follow this initial discussion up with email communication if required

#### **The FRS will:**

- Seek further information, if required, from an appropriate source, which may be the local Domestic Violence Liaison Officer or the Police CWU Assessment Officers;
- Provide feedback via the Police email collection point ([childwbrefferal@police.nsw.gov.au](mailto:childwbrefferal@police.nsw.gov.au)) to the

Police CWU regarding the outcomes of their referral to the FRS, within 2 weeks, which may include, but not be limited to:

- action taken by the FRS;
- status of family/young person's engagement with the FRS;
- type of service(s) the family/young person was referred to; and/or
- whether the family/young person has taken up the support offered