

The Family Referral Service model and KTS

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On 14 November 2007 The Special Commission of Inquiry into Child Protection Services in NSW was established. The Hon. James Wood was appointed to conduct the inquiry to determine what changes within the child protection system were required following a series of high profile events that highlighted deficiencies in the system. Justice Wood provided his report in November 2008.

“Keep Them Safe” (KTS) is the NSW whole of government action plan in response to the 111 recommendations contained in Justice Wood’s Report. KTS is centred on the principle that, “Child protection is the collective responsibility of the whole of government and of the community.” Changes to the system resulting from the KTS initiative included:

- raising of the statutory threshold from “Risk of Harm” to “Risk of Significant Harm”
- implementation of Child Wellbeing Units for government agencies
- changes to the NSW Children and Young Persons (Care and Protection) Act including the introduction of Chapter 16A which allows for the exchange of information regarding the safety, welfare and wellbeing of children and young people between prescribed bodies
- the transfer to NGO’s of OOHC and early intervention services
- implementation of Family Referral Services.

The Family Referral Service (FRS) is a key initiative of KTS. It assists vulnerable and at risk children, young people and families below the statutory threshold of risk of significant harm through provision of information and links to supports and services in order to address concerns and prevent escalation.

The main accountabilities of the FRS are:

- determining appropriate services for children and families and building capacity
- driving improved links between local government and non-government services
- providing advice to agencies to support better realignment of local services.

The Newcastle Family Referral Service, now known as Hunter Central Coast FRS, was one of three pilot programs across NSW. The service trialled an augmented model of service from April 2010 – March 2011. A central telephone intake service worked with outreach teams in 3 locations, to provide assessment and referral services to families. Community development work was also undertaken with identified communities of need. In the spirit of the Keep Them Safe reforms, these activities upheld the principle that “it takes a community to raise a child”. Work was also undertaken with service providers in the sector to promote both service connections and a family sensitive model of practice.

The Family Referral Service (FRS) Model offers a unique opportunity to address family vulnerability, build community capacity and provide service mapping of needs to inform future policy and planning.

The Hunter Central Coast (HCC) program was established with separate intake and outreach teams and referrals were primarily made to the FRS through a 1300 phone intake. When families presented with multiple complex needs and/or barriers to engagement, intake workers could recommend allocation to an outreach worker.

Following the pilot period the model moved to teams of co-located intake and outreach. Each of these teams has a team leader to support staff, manage workload and assist with the collaboration between the program and government and non-government agencies and services.

The change in the model has allowed the program to provide families with a consistent approach and to deliver a service where families are less likely to engage with multiple workers and consequently need to retell their story many times. It has also provided the ability to engage with families where complex needs and/ or barriers to engagement are identified to outreach at an earlier point. This change has also enabled us to offer a more localised response to both families and the sector. Workers in each team gain knowledge and understanding of the services and supports in their area and build relationships with key stakeholders.

In 2012 The Benevolent Society, in partnership with Burran Dulai, a local Aboriginal service provider, implemented the FRS on the Mid-North Coast of NSW and in mid-2012 the HCC expanded its program to include the Lithgow area.

During the past almost 3 years, as the program has been implemented, we have needed to develop and evolve the service model, tools, practice, recruitment and training. Throughout this process the safety, welfare and wellbeing of children and young people has remained at the centre of the FRS.

The Program

The FRS connects vulnerable and at risk children, young people and families through assessment, referral and follow up. Engagement with the FRS is voluntary and short term, with a period of engagement of up to 6 weeks. This brief intervention is focused on assessing strengths, needs and risk and on developing an ongoing support plan in cooperation with families and does not provide ongoing case management.

Assessment can occur via phone or face to face. Referrals are made to the FRS through a variety of pathways including, from government and non-government agencies and practitioners, Child Wellbeing Units, the general public and self-referrals. Intake occurs through a 1300 intake phone line and face to face through ‘shop fronts’, at events and through outreach with playgroups and other programs.

Assessment gathers information from a range of sources, assists in unpacking a family’s story, conducts risk assessment, provides information and recommends if further assessment may be needed through allocation to an outreach worker.

Referral planning involves collaboration between worker and family. Referrals are targeted and issues such as eligibility and capacity for services are considered. This can also include assisted or “warm” referrals where an FRS worker can assist in connecting families to services and supports through joint handover meetings or accompanying a family to an initial visit. The FRS does not refer onto waiting lists. Since however waiting lists for some services do exist the FRS will remain involved with a family until they are engaged with the referred agency or practitioner. This can result with extended support offered beyond 6 weeks.

Following a family’s engagement with a service or support, the FRS follows up at 2 weeks and 6 weeks post engagement. This allows for the worker to ensure that the engagement is active and is meeting the needs of the child, young person and/ or family. It also assists in identifying when a referral may not be the correct fit or if a link needs further support. Follow up also occurs with the referrer if the referral into the FRS was not a self-referral.

Throughout this engagement, the FRS plays a major role is assisting families to navigate the system, helping to connect them to the correct person or advocating on their behalf for extra assistance.

In order to support best practice for children and families, the FRS also supports agencies and practitioners who may be currently engaged with the family. This reduces the need for families to retell their stories and move unnecessarily between services. This also builds capacity within services for their

ongoing work. The FRS aims to contribute to system change so referrals for families are made more effective with quality referrals in a child centred way with agencies taking broad responsibility for child protection as Justice Wood intended.

The FRS like other agencies, is frequently faced with the challenge of managing strengths and risks, of engaging and building relationships with families whilst being transparent about risks and reporting child protection concerns.

To assist with risk assessment for children, young people and families the FRS regularly liaises with government and non-government agencies that families have had previous contact with or are currently involved with. While whenever possible we do this with the consent of families. Changes in legislation as part of KTS enable us to share information regarding the safety, welfare and wellbeing of children and young people under Chapter 16A of the NSW Children and Young Persons (Care and Protection Act 1998.

Engagement with the FRS is voluntary and consent is required for referrals. We do acknowledge however that voluntary participation with support services is complex and this complexity can increase as vulnerabilities and risks increase for families. There are times when families feel they have to agree to involvement to avoid escalation to a statutory response.

How is FRS different to other family programs offering assessment and referral?

The design of FRS included a focus on “hard to engage” families who traditionally don’t access services. FRS Workers will always follow up with clients and services to ensure that the client has in fact engaged with the service and that the service is meeting their needs. Other service providers who may refer to other agencies do not necessarily have the time to do this. Since FRS is not a case management service but purely a referral service connecting people with services, they are able to take the time to do this and acknowledge it is part of their role.

Should the original service not be meeting the family’s needs, the FRS is able to assist the client with other referrals that will best meet their needs. If a client has not engaged with a service, the FRS can discuss with the client any barriers and assist the client in addressing these barriers so that they are able to effectively engage.

The FRS also provides feedback to the referring agency. This is in line with the Keep Them Safe reforms to ensure that all services are working together towards the safety, welfare, and wellbeing of children by sharing information.

The FRS may not necessarily make a referral to an agency. During the assessment phase, the FRS Worker will take a holistic view looking at any existing systems that the client can use for support to address any needs. This may include family, friends, neighbours, and cultural ties such as a church or other religious organisation, ethnic groups etc.

The benefit of utilising existing systems rather than an external service are that:

- it does not clog up the already under-resourced services that exist
- it allows clients to realise that they are not as isolated as perhaps they thought
- external services are only temporary whereas existing systems will be available long term.

It is commonly accepted that In modern western society we have lost the concept of “Village” responsibility for children and generally focus on the nuclear family unit. The modern nuclear family may have only one parent, may be a blended family and/ or may be living far away from extended family supports. In working with these families, it is likely we will be engaging with external services.

There are of course some cultures where the community concept thrives such as Asian families and some Indigenous cultures. Within these cultures we find many strengths and acknowledge that the risks to children lessen due to the shared responsibilities and the ability to pass on important knowledge and wisdom. It is important that our services remain culturally appropriate and acknowledge and affirm existing community and cultural supports.

The statistics show that Aboriginal children continue to be over-represented in the child protection system. This may seem to dispute the previous statement . However, in working with Aboriginal families, we must acknowledge the effects of intergenerational trauma and the role of former government policies which have impacted on subsequent parenting capacity. Working with Aboriginal families involves an awareness of these effects and the risks they represent as well as a commitment to connecting to cultural supports where possible.

We are all aware of the many challenges of working in regional and rural areas. Some of the challenges, FRS has been able to reframe and use as a strength, but there are other challenges where we are still searching for ways to address.

The FRS is a regional area service. The Mid-North Coast FRS covers 7 LGAs and the Hunter Central Coast covers 13 LGAs. We work within several government areas as their boundaries differ to ours. This can also be challenging for government services. For example both the Mid-North Coast FRS and the Hunter Central Coast FRS work with New England Health. Although The Benevolent Society is the service provider for both areas, the offices are very separate and the teams run differently as they deliver the core program based on a locally relevant response. For example, The Mid-North Coast FRS is run in partnership with Burrin Dalai.

From July, FaCS will realign their districts to match the Health districts to assist with collaborative work and building strong relationships and partnerships.

On a smaller scale, a challenge for the FRS is working with many service providers across a wide area. This creates challenges when building relationships as there are so many service providers, FRS representatives need to attend multiple meetings so that we can work collaboratively and provide input as well as hear from others, and remain aware of all the service providers and their staff.

As the FRS works across a large region, it can also pose difficulties when needing to do home visits as this can mean travelling 3.5 hours each way to meet the client. Another challenge of working in regional and remote areas is that not all services provide outreach and are often based in town centres. With the lack of public transport, many clients are unable to access important services.

The benefit of the FRS being regional versus place based is that we can inform other areas of positive initiatives occurring throughout the region and of other services they can link with to augment their service capacity.

One of the goals of FRS is to build bridges with services and build collaboration between services. FRS also seeks to continue to educate services that we are all “working with risk” and remind service providers of the shared responsibility. One of the major challenges occurs with adult services who are often so focussed on the adult that they do not think of the risks to the child who is attached to that adult. The Hunter Central Coast FRS ran an engagement program in the Maitland area during the pilot phase which focussed on engaging adult services with child protection issues. While some successes resulted from this project, this engagement presents an ongoing challenge and remains part of the FRS brief.

For some the introduction of the KTS reforms was a huge shift in their practice and some have had difficulty embracing it. We need to remind ourselves that we are often asking our clients to make huge changes to their lives, we should be able to make changes too.

The FRS utilises an asset based approach in building collaboration. Our role may include gathering services together to map out assets and record gaps in service. Once this information is gathered, services can then see the benefits of pooling resources, and working more closely together. For example, one service may offer transport to take a client to an appointment at another service. A service may have established that there is a need for a particular group eg. PPP or a course for new fathers, and there is another worker in another organisation who can co-facilitate this group and another agency may offer the venue. We need to remember that team work is more than the immediate team in an organisation but extends to other stakeholders.

Data collection to inform service direction

Finally the FRS has an additional brief beyond service provision and service linking. Each FRS collects data regarding their referrals, engagements with families and services available. This data is fed back quarterly and yearly to the Ministry of Health.

The raw data collected by 11 FRS services across NSW provides a clear picture of the demographic breakdown in particular communities and service strengths and weaknesses in the area.

With a clear pathway of this information to government decision makers, opportunities for informed service planning are enhanced.

The value of this data has recently been recognised by Federal government agencies and some planning is underway to make this data available outside of the Ministry of Health to inform service planning more broadly.

A challenge for FRS managers is to keep front line staff focused on the various aspects of their role: direct client work, community engagement and data collection. Each role is vitally important in delivering the model.

It is these three aspects of the model that make the FRS a unique service and one well placed to champion the Keep Them Safe initiative.