



**Australian Government**

---

**Department of Social Services**

---

**Families and Communities Program**

---

**Intensive Family Support Service  
Operational Guidelines**

---

November 2016

## Preface

In 2010, the Commonwealth Government responded to the report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010, '*Growing them Strong, Together: Promoting the safety and wellbeing of the Northern Territory's children*' (the Bath Report). The Australian Government committed to boost measures to protect children from neglect and abuse in the Northern Territory. The Intensive Family Support Service (IFSS) and Child Protection Income Management (CPIM) were introduced as a package of supports to help the most vulnerable families to stabilise their financial situations and support them to make positive and sustained life changes to improve the health, safety and wellbeing of their children.

In South Australia, IFSS was established in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands to improve support services to families. Mental health and financial management services were also introduced as part of the package of supports to respond to concerns about child neglect.

The services delivered under IFSS complement other Commonwealth, State and Territory services that aim to improve the wellbeing of children and increase the capacity of parents and caregivers.

The IFSS Operational Guidelines (Guidelines) are intended to guide IFSS partners to provide a valuable service to families. This document outlines the key elements of the IFSS Program and clarifies policy and process questions that have arisen during the first implementation phase.

The Guidelines are a living document which will continue to be modified as necessary, where issues arise and enhancements to the IFSS program policy are made. Updates to this document will be circulated to all IFSS partners and published on the Department of Social Services' [Website](#)

IFSS partners should engage with the Grant Agreement Manager as the first point of contact with the Department. The Grant Agreement Manager will provide guidance to IFSS partners to assist them to comply with the reporting, accountability and contractual obligations detailed in the Funding Agreement.

The IFSS Operational Guidelines should be read in conjunction with the following:

- Families and Children Program Logic
- Families and Communities Program, Families and Children Guidelines Overview
- Funding Round Summary
- Questions and Answers Factsheets
- Grant Agreement
- Grant Agreement Terms and Conditions
- Each IFSS provider's documented IFSS Practice Model and Implementation and Capacity Support Service support plan.

## Version Control

VERSION #	DATE	DESCRIPTION
V1.0	2 September 2014	Approved operational guidelines
V2.0	7 November 2016	Updated approved operational guidelines

## Table of contents

1.	Introduction to Intensive Family Support Service (IFSS).....	6
1.1	Overview.....	6
1.2	Objectives.....	7
2.	Service delivery of Intensive Family Support Services (IFSS).....	7
2.1	Client Eligibility and Referral Model.....	7
2.2	IFSS Activities.....	8
3.	Implementation and Capacity Support Service .....	9
3.1	ICSS – Streams of Support.....	9
3.2	ICSS – Service Parameters .....	10
3.3	Needs Assessment Process and Support Plan .....	10
3.4	IFSS Workforce Development Strategy.....	10
3.5	IFSS Outcomes and Evaluation Framework.....	11
3.6	Duration of ICSS Relationship .....	11
4.	Implementation of IFSS Practice Model.....	11
5.	IFSS Delivery Parameters .....	12
5.1	IFSS Workers .....	12
5.2	IFSS Team Leaders.....	12
5.3	Caseload .....	12
5.4	Intensity of Service Delivery .....	13
5.5	Service Duration .....	13
5.6	Exit Process.....	14
5.7	Family Relocations and Flexible Service Areas.....	14
5.8	Reunification Cases and Out of Home Care.....	15
5.9	Maintaining Service Capacity and Waitlist.....	15
5.10	Outcomes Reporting .....	16
5.11	Service Establishment .....	16
5.12	Local Engagement.....	16
5.13	Relationships and Working Together .....	17
5.14	Orientation Workshop .....	18
5.15	Dispute Resolution.....	18
6.	Governance and Supports.....	19
6.1	Local Implementation Team.....	19
6.2	Central Implementation Team .....	19
7.	Data Reporting .....	19
8.	Critical Incidents .....	20
9.	Media .....	20

10.	Complaints .....	20
11.	Principles.....	20
11.1	Accessibility .....	20
11.2	Best interests of the child .....	21
11.3	Capacity building and sustainability .....	21
11.4	Collaboration.....	21
11.5	Community engagement.....	21
11.6	Contextual understanding .....	21
11.7	Continuous improvement and evidence informed approaches .....	22
11.8	Cultural competence.....	22
11.9	Local approach .....	22
11.10	Outcomes focus .....	22
11.11	Partnership.....	23
11.12	Respect and trust .....	23
11.13	Shared responsibility .....	23
11.14	Strengths-based, family focussed and tailored .....	23
12.	Glossary .....	23
Appendix A 28		
	Critical Incident Report Guideline & Template .....	28

# 1. Introduction to Intensive Family Support Service (IFSS)

## 1.1 Overview

### IFSS

IFSS is an innovative intensive home and community based family support service offered to vulnerable families living in selected communities in the Northern Territory (NT) and the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia.

The Australian Government funds non-government organisations to provide IFSS to parents and caregivers of children where child neglect is a concern, and supports these providers to establish and implement service delivery through an Implementation and Capacity Support Service<sup>1</sup> (ICSS).

IFSS provides practical parenting education and support to parents and caregivers in their communities and homes, to help them improve the health, safety and wellbeing of their children. IFSS is evidence-informed. Its impact is assessed by measuring service outcomes, including increased parental capacity, increased child wellbeing and reduced child neglect.

IFSS providers offer evidence informed locally adapted and culturally appropriate services to vulnerable families in those communities. IFSS acknowledges that the broad concept of parenting and caring includes extended families and kinship systems and respects Indigenous concepts of childhood and family whilst focussing on the best interests of the child.

IFSS workers work collaboratively with families to: identify existing strengths and networks of support; develop a plan of action; and support families to ensure children are healthy, safe and thriving. All IFSS partners<sup>2</sup> acknowledge that IFSS is delivered in a highly challenging context in which the cumulative effect of multiple historic and environmental stressors has contributed to profound social, health, and economic barriers particularly for many families living in remote settings in the NT and APY Lands. In this context, IFSS acknowledges that parenting is a learned skill and helps families to strengthen and/or build this skill through developing trust and respect.

IFSS acknowledges that relationships and collaboration are critical to achieving desired outcomes. The program is delivered in partnership with state and territory child protection authorities, service providers and the ICSS and promotes collaborative practice including ensuring systems and processes are in place to support the effective establishment and delivery of IFSS.

IFSS has a strong workforce development focus in response to the workforce challenges experienced across the sector in the NT and APY Lands. These workforce challenges include chronic skills shortages, significant absence of suitable

---

<sup>1</sup> The Department funds ICSS to assist IFSS service providers with support and tools so they can deliver an evidence-informed service that achieves IFSS intended outcomes. ICSS role provides support to organisations to enhance their practice with families, improve organisational capacity and increase the ability of the workforce to deliver a high quality service

<sup>2</sup> Partners include Department of Social Services, IFSS providers, state and territory child protection agencies and the ICSS.

local workers, low training levels and insufficient supervisory support. In order to alleviate these pressures, the IFSS model includes assistance provided or facilitated by the ICSS for local workers (including those without formal qualifications) to develop their capability to work with children and families, whilst building on their local expertise and knowledge.

Successful implementation of IFSS is reliant on a skilled and capable family support workforce.

## **ICSS**

The Department has funded the ICSS to assist IFSS providers. ICSS are responsible for providing the IFSS provider with support and tools, to help them to deliver an evidence-informed service that achieves the IFSS intended outcomes.

The ICSS provides three streams of support including organisational capacity strengthening, implementation support and workforce development and education. Support is provided to assist organisations to enhance their practice with families, improve organisational capacity and increase the ability of the workforce to deliver a high quality service.

The ICSS also facilitates meetings between stakeholders involved in the implementation of the Service through leading the work of a Central Implementation Team. This ensures ongoing communication between the different agencies to solve implementation risks.

## **1.2 Objectives**

The key outcome of IFSS is to reduce child neglect and improve child wellbeing.

To effectively achieve this outcome, IFSS is designed to:

- increase the capacity of parents and carers
- support the development and implementation of evidence-informed and outcomes focussed intensive family support services
- strengthen the capability of local organisations and the IFSS workforce to deliver IFSS.

## **2. Service delivery of Intensive Family Support Services (IFSS)**

### **2.1 Client Eligibility and Referral Model**

IFSS is available to families with children aged 0-12 years where child neglect concerns are present. Participation in IFSS is voluntary and families must live in the funded IFSS delivery areas to be eligible to receive the service.

There are three pathways into the IFSS program, with priority given to families on Child Protection Income Management (CPIM).

Referral access points are as follows:

- **Tier 1:** Families referred by the child protection authority to CPIM and IFSS due to child neglect concerns<sup>3</sup>
- **Tier 2:** Families on any measure of Income Management referred by the child protection authority to IFSS due to child neglect concerns, where service vacancies exist
- **Tier 3:** Community-referred families are accepted into IFSS where there are child neglect concerns and where service vacancies exist.

The use of tiers 2 and 3 referral pathways is to be negotiated with, and approved by the Department on a site-by-site basis. IFSS providers should approach their Grant Agreement Manager to request this consideration.

IFSS providers will develop local referral processes to work together with referring bodies and other services, particularly the local child protection authority/ies.

This referral process needs to be highly responsive, timely, collaborative and locally relevant in order to address the complex needs of the vulnerable client base.

Referral processes should be supported by a guiding document, developed by the IFSS Provider and the child protection authority. This document should clearly outline roles and responsibilities of the referrer and service provider, the intended frequency and purpose of joint meetings and client visits. This guiding document should be regularly reviewed.

Subject to referral criteria and service vacancies, the IFSS provider will consider all eligible referrals made to them. The IFSS Provider should make contact with the referred family as soon as practicable following the acceptance of a referral.

## **2.2 IFSS Activities**

IFSS sits within the Department's Families and Children (FaC) Activity. The FaC Program Logic outlines a list of eligible activities, including the following as relevant to IFSS:

- Intake / assessment
- Information / advice / referral
- Education and skills training
- Advocacy / support
- Outreach (see glossary)
- Family capacity building, and
- Community capacity building.

All IFSS providers will have a documented, evidence-informed IFSS practice model that aligns with the FaC Program Logic. This practice model will be developed in conjunction with the ICSS.

---

<sup>3</sup> For Tier 1 and Tier 2, the child protection authority jointly manages a case with an IFSS provider and maintains statutory responsibility for a case, while it remains open.



IFSS is an intensive service that aims to support families to make sustainable long-term behavior change, it is expected that each visit to the family will have a clear purpose.

IFSS providers and their employees are not responsible for the delivery of specialist, clinical or therapeutic interventions. IFSS is committed to working with families who have high and complex needs, and supporting them to access the appropriate specialist services. These specialist services may include drug and alcohol, domestic violence, mental health and therapeutic support services. The IFSS provider will work collaboratively with other service providers to ensure the family can access other supports they need.

Brokerage is not an element of IFSS so funding cannot be used towards the purchase of goods and services for families, except in exceptional circumstances.<sup>4</sup> Service providers should contact their Grant Agreement Manager for advice and agreement should a need for brokerage be identified.

The Department funds organisations to provide an Implementation Capacity Support Service (ICSS) to assist IFSS providers to build on their strengths and local expertise and to support the effective delivery of IFSS. IFSS providers are required to work with an existing ICSS provider or other providers approved by the Department who have been assessed as capable of delivering their own comparable ICSS.<sup>5</sup>

### 3. Implementation and Capacity Support Service

#### 3.1 ICSS – Streams of Support

There are three streams of support provided by the ICSS:

- **Organisational Capacity Strengthening<sup>6</sup>** – to focus on supporting governance, financial management, human resources management and administration
- **Implementation Support** – to support, through a range of mechanisms including coaching, case review and practice supervision, the effective implementation of a quality, evidence-informed, outcomes-focussed IFSS that is locally relevant and considers workforce skills and capabilities
- **Workforce Development and Education** – to support the skill development of IFSS workers through recruitment support, identification of a suitable local workforce, and identifying and/or delivering relevant training, including pre-employment and relevant accredited training.

---

<sup>4</sup> IFSS may dedicate a small part of their budget (up to 5%) to support families to access practical and material assistance if all other options, such as the Department of Social Services funded Emergency Relief programs, have been exhausted and the assistance is required to meet the goals of the family. IFSS providers will be required to keep a register for brokerage activities that the Department may request at any time, this registry must list the item purchased, cost, reason for purchase and all avenues exhausted prior to the provision of IFSS funded goods and services.

<sup>5</sup> Alternative options for support may be available to established IFSS providers on a case by case basis. Alternative arrangements will be negotiated with and determined by the Department prior to their consent by an IFSS provider.

<sup>6</sup> Please note that supports against the organisational capacity stream was only available to recent IFSS providers engaged in 2014-15 and 2015-16.

### **3.2 ICSS – Service Parameters**

The ICSS provider will deliver support to IFSS providers in a timely and appropriate manner, including regular face to face visits, noting the high needs nature of families IFSS providers are working with.

The ICSS provider will continue to embed and maintain its own improvement, action learning and feedback processes with each IFSS provider. This information will be used for the ICSS' continuous quality improvement as well as in future IFSS evaluation processes.

The ICSS provider has appointed two independent advisors to provide the ICSS with guidance on cultural and child protection matters.

Where the ICSS provider is unable to deliver the specific supports required by an IFSS provider, the ICSS provider will source and facilitate sub-contracting arrangements with other qualified and experienced providers where necessary to address specific needs.<sup>7</sup>

### **3.3 Needs Assessment Process and Support Plan**

The ICSS provider will work in partnership with each IFSS provider to identify their needs and strengths across the ICSS support streams. This process will identify what the IFSS providers currently have in place, what is working well and what could be strengthened to support the establishment and delivery of a quality service.

This will inform the development of a local and tailored *ICSS Support Plan* for each organisation, which includes an IFSS Workforce Development Strategy component. This plan will assist providers to deliver an evidence-informed service designed to reduce child neglect and improve child wellbeing.

It is expected that the ICSS and IFSS provider will jointly establish processes to monitor and review the ICSS Support Plan on a regular basis. IFSS providers and the ICSS are both accountable for progress made against the ICSS Support Plan.

### **3.4 IFSS Workforce Development Strategy**

The ICSS providers will develop and provide an overarching *IFSS Workforce Development Strategy* and associated reporting framework to IFSS providers. This Strategy provides the Department with an overview of the IFSS workforce, local workforce development strategies and associated progress in each site.

ICSS providers will work with IFSS providers to embed this Strategy including monitoring local development strategies and progress and conducting annual reviews.

While IFSS providers are responsible for the recruitment, development and retention of a capable and skilled IFSS workforce, the ICSS provider may offer assistance by

---

<sup>7</sup> Departmental approval is required for all subcontracting arrangements, prior to their commencement.

providing practice coaching that takes into account the IFSS providers existing Human Resources processes.

All IFSS providers (including those who do not work with the ICSS provider and have alternative support arrangements) are required to report to the ICSS provider on their workforce outcomes.

### **3.5 IFSS Outcomes and Evaluation Framework**

The ICSS provider is responsible for the development of an overarching IFSS Outcomes and Evaluation Strategy that measures IFSS parenting and child neglect outcomes. It will outline culturally appropriate data collection tools and methods, training for workers, coaching in the collection and use of data and continuous improvement, and planning for regular evaluations.

This framework will guide the work of ICSS with all IFSS providers (including those who do not work with the ICSS provider and have alternative support arrangements) to ensure accurate and consistent collection and recording of baseline and outcomes data. This data will include consideration of parenting skills, neglect and service data, and embedding of action research and continuous quality improvement processes.

IFSS program performance data will be recorded via the Department of Social Services Data Exchange (DEX) and will support the outcomes data identified through this Framework.

### **3.6 Duration of ICSS Relationship**

IFSS providers will be required to work in partnership with the existing ICSS provider or other providers approved by the Department for the duration of a support period.

It is expected that at the end of the negotiated support period, that existing IFSS providers will have embedded a range of strategies for effective implementation, and that the IFSS provider will be able to continue delivering without continuing ICSS support. Both the ICSS and the IFSS provider need to work towards achieving this goal and partnership.

## **4. Implementation of IFSS Practice Model**

The IFSS practice model is informed by evidence about what works to enhance a families parenting capacity to meet the care needs of their children. The IFSS practice model must consider workforce skills and competencies, and how these might be maintained or improved in the longer term. It must be locally relevant and designed to achieve measurable outcomes over time.

The ICSS provider is the central support for IFSS providers. IFSS providers will work with the ICSS provider to adapt, document and implement an IFSS practice model.

IFSS providers are required to ensure the following are in place:

- Documented practice models and resources
- Quality assurance and continuous improvement processes
- Outcomes reporting, including the use of outcomes measures
- Service collaboration and partnership strategies
- Strong and dedicated supervisory support including feedback processes
- Workforce development and supports
- IFSS workforce reporting
- Action learning.

The ICSS can assist IFSS providers in the establishment and implementation of these processes.

## **5. IFSS Delivery Parameters**

The following IFSS delivery parameters have been included as a guide to assist in delivering an intensive service to highly vulnerable families. It has been developed based on identified effective practices.

The ICSS is available to provide advice and support in making evidence-informed and data driven decisions about how to best deliver IFSS in each context.

### **5.1 IFSS Workers**

IFSS is usually delivered by a number of small teams, generally consisting of a family support worker and an Indigenous cultural support officer, working under close professional supervision. The team arrangement ensures a supported and culturally appropriate way of working with highly vulnerable families.

Teams may be combinations of locally employed professional and paraprofessional family support workers, with a focus on building the local paraprofessional workforce. IFSS providers should consider how they can engage males as part of their workforce to ensure the service meets the needs of families.

### **5.2 IFSS Team Leaders**

IFSS providers will be expected to allocate one full-time worker in a Team Leader role. The Team Leader is expected to hold relevant tertiary qualifications (e.g. social work or psychology) and have appropriate experience to provide strong supervision for IFSS workers. The IFSS Team Leader may not manage a case load but will be responsible for the close supervision, leadership, direction, guidance, oversight of case review and leading the development of relationships with child protection agencies and other service providers.

### **5.3 Caseload**

Caseloads will vary according to a variety of factors including the experience and skill level of the IFSS worker, the size and variation in structure of the families, the time needed to travel to families in some communities and the stage at which the

family is engaged in the program. However, it is common that each worker will have an approximate caseload of between 5-8 families on average across a year.

Caseloads for IFSS workers are expected to be lower than in other family support services, recognising the complexity and significance of needs of the client group and the intensive service response necessary to support behaviour change.

Extensions to the service provision period to families over 12 months and caseloads for IFSS workers are to be negotiated with and determined by the IFSS Team Leader, giving consideration to the objective of families to develop skill sets that are self-sustaining.

#### **5.4 Intensity of Service Delivery**

IFSS focuses on working intensively with a small number of families to support them to make the changes they need to improve outcomes for children.

IFSS providers will provide a level of service to families according to their needs and the best available evidence relating to intensity and behaviour change outcomes, commencing at 20 hours per week and scaling back as progress is made with each individual family. Service intensity must support the achievement of IFSS outcomes within caseload and service duration specifications. The level of intensity is to be monitored by the IFSS provider.

To best understand the impact of, and fidelity to the IFSS model, IFSS providers are expected to measure service intensity along with other indicators, with support from the ICSS provider.

#### **5.5 Service Duration**

Trained IFSS family support workers will work with families in their homes and local communities to develop and enhance their parenting skills for up to 12 months. Should improvements in parenting capacity be demonstrated but the identified goals of the family not yet be reached within that period, the IFSS provider must provide a business case to the Department about the need for ongoing service provision. This should include an indication of the length of time estimated to achieve their goals being documented.

During a family's involvement in the program, IFSS will refer families to community-based services to help them become more familiar and engage with other services and supports. It is also expected that where possible, IFSS works with families to develop strategies to deal with crises should they occur in the future.

Families are not expected to return to the IFSS program. IFSS providers are to notify the Department where a family returns to the service or where an extended period of support is required.

## **5.6 Exit Process**

Exit planning is an important part of IFSS and supports families to move from IFSS to other community-based or universal services.

When exit planning IFSS providers will work with the family to assist them to access other key services, to ensure that exiting families have adequate alternative supports in place should the family require them.

Communication with the referral source/s and other stakeholders forms part of effective IFSS delivery and coordination of care, in exit phase and throughout the IFSS delivery period.

Reasons for exit can vary and can include but are not limited to a family achieving their goals, or no longer wishing to participate in IFSS. Participants may exit IFSS at any time they choose.

Where a family agreed to participate in IFSS through the Tier 1 pathway, the child protection authority will decide when it is appropriate for this authority to no longer be involved in the family's case. The child protection agency will consult with the IFSS provider in making this decision.

The child protection authority and the IFSS provider will work together to develop an agreed exit plan, including associated timeframes. The child protection authority will only exit from the case when the risk or experience of neglect has reduced and this improvement has been sustained over an agreed period of time.

## **5.7 Family Relocations and Flexible Service Areas**

IFSS providers will work with client families in each of the sites identified in their Grant Agreement and report against each site separately. If the IFSS provider is not working with families within an area prescribed in their Grant Agreement they should keep the Department informed and account for the reason/s.

If a client family moves outside of the service area, the IFSS provider should work with the family and the new IFSS provider if there is one in the new location to ensure a smooth transition. If there is no IFSS provider in the new location, every effort should be made to refer families to other services in the new region where appropriate.

IFSS providers can also assess, on a case-by-case basis, whether they are able to continue to offer IFSS to the family in their new location while maintaining the quality and intensity of the service and managing community expectations in the new site.

The IFSS provider is required to seek the Department's approval prior to commencing IFSS with a new family in any new location. The IFSS provider must demonstrate that any expansion will not impact on the IFSS provider's capacity to deliver an intensive service within the existing locations.

The IFSS provider must detail the following to the Department:

- identified community need
- expected service intensity to families in the new location and their ability to service the new area over a sustained period of time
- any impacts to existing service areas (including impacts to service intensity)
- proposed approaches to engage community and local services to enable appropriate service establishment that is relevant to that community.

The Activity Work Plan must be updated to reflect the new service area should it be approved by the Department.

In situations when the IFSS family client leaves the region without notifying the IFSS provider and is not contactable, then the IFSS should notify the child protection authority and the Department should through the critical incident process outlined at section 8. It is expected that reasonable attempts will be made at locating the family by contacting other service agencies working with them beforehand.

## **5.8 Reunification Cases and Out of Home Care**

IFSS is not a reunification program. Reunification cases are not able to be referred to IFSS as they do not meet the IFSS eligibility criteria to commence service delivery.

However, for existing cases, on a case-by-case basis, IFSS can continue to support families after their child/children have been taken into out of home care if:

- joint agreement between the IFSS provider and the child protection authority is reached that the family, including the child, is likely to benefit from the continuation of IFSS during a defined period
- an active reunification plan is in place
- the child is spending significant time with the family, or there is a view for this to happen within a two month period.

If no or limited progress is made within the first month following the removal of the child into out of home care (e.g. it is unlikely that the child will return to the care of the parents/carers), and if there are no other children still living at home as part of the client family IFSS providers are to commence exit planning processes.

## **5.9 Maintaining Service Capacity and Waitlist**

IFSS providers must work towards full service capacity by raising awareness of IFSS, which can be achieved by developing and maintaining relationships with referring bodies and other services within the community.

Due to the highly vulnerable nature of IFSS families, concerns around privacy and relationships of workers within the community may influence the level and type of promotion that can take place.

Due to the vulnerable nature of the target group, IFSS providers are not permitted to hold a waitlist for families referred to IFSS by the State or Territory child protection authority.

## 5.10 Outcomes Reporting

IFSS partners are required to collect standardised baseline and outcomes data related to IFSS parenting and neglect outcomes. The Child Neglect Index (CNI) is a validated outcomes measure, which has been adapted for this program as a standardised measure of reduction in neglect and increases in parental capacity. Standardised data collection of outcomes will:

- be used in future IFSS evaluations
- help inform IFSS provider service delivery
- be a component of IFSS provider continuous improvement systems.

In addition, IFSS providers may choose to participate in the partnership approach in DEX to provide extended data focussed on outcomes. Further information can be obtained from the Fact Sheet – A Partnership Approach to reporting outcomes from the DEX portal. The translation matrix for the CNI is available on the DEX Portal at [Translation Matrix](#).

The extended data set will be supported within the Data Exchange web-based portal for those organisations wishing to use it. It will also be able to be extracted from an organisation's own (compatible) data capture tools using bulk uploads and system to system transfers to the Data Exchange.

Providers will work with the ICSS to prioritise and ensure that IFSS workers have access to the required training to enable the effective and appropriate use of outcomes measurement tools. It is the ICSS role to ensure that these practices are incorporated into the organisations existing procedures during the implementation stage.

## 5.11 Service Establishment

It is expected that IFSS may take some time to establish and become ready to commence service delivery with families (e.g. at least six months). This time should focus on recruitment, pre-service worker training, practice model development, and community engagement in partnership with the ICSS.

## 5.12 Local Engagement

Community support and 'buy-in' for IFSS is regarded as key to its success.

IFSS providers are expected to undertake community engagement activities to help support promotion of IFSS, especially in the establishment phase. IFSS providers should work with the community and other services in relation to their views and the community's aspirations for their children, in order to be able to successfully implement a locally relevant service. Local engagement will enhance the capacity of the IFSS provider to refer the family to specialised/targeted support services including, family counselling, financial counselling and alcohol and drug treatment services. It is expected that IFSS providers will work with relevant government and non-government services to ensure they are engaging with the community through



appropriate methods. Engagement will include using appropriate strategies to engage with local Elders, governance bodies and relevant local services.

## **5.13 Relationships and Working Together**

### *Child Protection Authorities*

IFSS providers are expected to develop and maintain strong and productive working relationships with the local child protection authority office/s under an agreed guiding document and referral protocol. This will support positive relationships and ensure effective referrals pathways into IFSS. This will strengthen joined-up service planning, problem solving, risk management and decision making during the delivery of IFSS.

The child protection authority retains statutory responsibility for the ongoing case management, risk assessment and risk management of the child (or children). The IFSS provider is required to participate in regular joint case management meetings for their family clients.

### *Australian Government Department of Human Services*

Where a family is on Child Protection Income Management, IFSS providers are expected to build strong and productive working relationships with the relevant Income Management contact officers. The Department of Human Services (DHS) will support the effectiveness of income management for families.

### *Communities for Children Facilitating Partner*

IFSS providers will develop and maintain relationships with the Communities for Children Facilitating Partner (CfC FP), if operating in their service delivery area. Through the relationship with the CfC FP, IFSS providers may seek membership on the CfC FP Committee, attend local meetings or events and contribute to community planning.

### *Stronger Communities for Children*

Stronger Communities for Children (SCfC) is an initiative of the Department of the Prime Minister and Cabinet. IFSS providers are encouraged to develop and maintain relationships with the SCfC Facilitating Partner and the Local Community Board, if these organisations operate in their service delivery area. If applicable, IFSS providers will participate in local Service Delivery Forums once established and may be required to attend meetings with the SCfC Facilitating Partner or the Local Community Board (if invited). IFSS providers may be required to contribute to the development and implementation of the SCfC Facilitating Partner's Service Delivery Plans, if requested.

### *Community Development Program (formerly Remote Jobs in Communities)*

IFSS providers are expected to link in with relevant job and training services in their community including the Community Development Program (managed by the Department of the Prime Minister and Cabinet). IFSS providers are expected to work

with Community Development Program providers where necessary to identify potential IFSS workers and coordinate relevant pre-employment training and employment pathways. ICSS is available to support this as part of the recruitment process.

### *Other Services*

IFSS providers should focus on developing and maintaining close links with a broad network of services including other Department funded Families and Children activities, State and Territory funded family support services, alcohol and drug treatment services, child care centres, schools, medical practitioners and health clinics, other health services (mental health, counselling, anger management) and nutrition services, housing agencies, employment services, Aboriginal legal services, community groups and other organisations that support the community.

## **5.14 Orientation Workshop**

Representatives from each new IFSS provider will attend an orientation day jointly run by the Department and the ICSS service provider that will provide an overview and information on IFSS and provide opportunities to establish networks with other IFSS providers.

## **5.15 Dispute Resolution**

IFSS and their partners will work to resolve any dispute that arises in relation to their collaboration with other parties or their service delivery. Their approach to dispute resolution will be based on an amicable, timely and solutions-focused approach. Should a dispute arise the following steps will apply:

**Step One** - The party claiming that there is a dispute will give the other party a written notice (includes email) setting out the nature of the dispute.

**Step Two** - The parties will try to resolve the dispute by negotiation within 20 business days from when the notice is given.

**Step Three** - Where resolution is not reached within 20 business days and steps 1 to 3 have been undertaken, the parties involved are to advise the Department and provide the following within a maximum of five business days.

**Step Four** - The original notice provided in Step One.

**Step Five** - A written account of the efforts made to resolve the issue within the 20 business day period by both parties, any associated issues and any relevant documentation between the parties.

**Step 6** - The Department will decide on how direct negotiations between the parties will be carried out to try to settle the dispute by direct negotiation between the parties (e.g. telephone, face to face meeting).

**Step Six** - If a party cannot attend direct negotiations they must send a representative who has the authority to attend these negotiations.

**Step Seven** - When an agreement is reached, the parties will document and finalise the agreement within five business days. The written record will be provided to involved parties and the Department for their records.

## **6. Governance and Supports**

A governance arrangement to support IFSS implementation incorporates a team structure including a Central Implementation Team and site based Local Implementation Teams. These teams serve as responsible groups to develop, monitor and sustain effective implementation of the IFSS model to achieve the intended outcomes for families receiving a service.

### **6.1 Local Implementation Team**

Local Implementation Team (LIT) meetings are managed and facilitated by an ICSS and held regularly at each participating site. The LIT is comprised of the IFSS Team Leader and representatives from IFSS provider management.

The role of the LIT is to ensure the service operates effectively ensuring any concerns or issues pertaining to the delivery of IFSS to client families as well as within the community more broadly are identified and addressed. Broader systemic issues and emerging trends are reported to the Central Implementation Team for consideration at the strategic overarching level.

### **6.2 Central Implementation Team**

The purpose of the IFSS Central Implementation Team is to serve as a focused, accountable structure for assessing the Territory-wide implementation of IFSS and making recommendations that will increase the likelihood of consistent, high-fidelity implementation of the intervention in every site.

The Implementation Team includes representation from:

- each IFSS Provider
- the Northern Territory Government Department of Territory Families
- the Department of Social Service Territory and National Offices
- an Implementation Capacity Support Service.

## **7. Data Reporting**

IFSS providers must meet data collection and reporting obligations and work in accordance with the requirements described in sections 2.9 and 2.10 of the Families and Communities Program, Families and Children Guidelines Overview.

It is important that IFSS clients are registered using the IFSS registration form and entered into DEX (see section [DSS Data Exchange Protocols](#)).

Any barriers to registering clients or concerns about registering their clients are to be raised with the Department so that they can be worked through and addressed.

## **8. Critical Incidents**

IFSS providers must notify the Department within one working day of any incidents such as client deaths, accidents, injuries, damage to property, errors, acts of aggression, unnatural death of participant/staff etc. that may adversely impact the delivery of services to IFSS participants or the Department. Incident reports will be required as they contribute to service improvement through analysis of critical incidents to inform the development and implementation of preventative measures and responses to adverse events.

A template and guidelines will be provided for this reporting requirement (Refer **Appendix A**).

## **9. Media**

The Department must be informed if IFSS providers are planning to engage with the media. Service providers must also inform the Department of any issues that may be of the interest to the media particularly those related to services to clients.

## **10. Complaints**

IFSS providers must have an internal complaints procedure in place and it must be prominently displayed.

Section 6 of the Families and Communities Program, Families and Children Guidelines Overview further outlines the process for dealing with complaints and escalation, including to the Department.

The Commonwealth Ombudsman can also investigate complaints about the actions and decisions of Australian Government agencies.

## **11. Principles**

All IFSS partners are committed to a set of practice principles that underpin delivery of support to both families and children, and IFSS providers. The principles are:

### **11.1 Accessibility**

Services are delivered in a way that promotes access and strategies are in place to engage with families who are traditionally less likely to engage with services. These strategies consider the impact of the possible service barriers that these families may be facing which include but are not limited to shame, stigma, prior negative experiences, mistrust of authorities and difficulties navigating the service system.

IFSS providers focus on timeliness of initial engagement and services are delivered through outreach - in homes or local meeting places.

## **11.2 Best interests of the child**

The best interest of the child underlies all activity taking place as part of IFSS.

## **11.3 Capacity building and sustainability**

IFSS partners are committed to capacity building and sustainability. Services encourage the development of personal agency and confidence, and provide practical support, mentoring and modelling to transfer skills to parents and caregivers in a way that does not create dependency. IFSS workers work side-by-side with families and do things with them, not for them. With the support of IFSS, families will learn ways to manage the difficulties in their lives, regain control and develop skills to help overcome future challenges.

IFSS partners also work to strengthen IFSS provider and worker capacity in a sustainable way.

## **11.4 Collaboration**

IFSS partners are committed to working together with a shared understanding of the value of collaboration and what it can achieve for children, families, IFSS providers, IFSS workers and other partners.

Collaboration is authorised at all levels, and governance actively supports this through communication and shared planning mechanisms and protocols. Collaborative practice and effort actively addresses local barriers to information sharing.

## **11.5 Community engagement**

IFSS partners build and maintain community relationships, trust and buy-in given that they are crucial to the success of IFSS. The community is consulted about local needs and local approaches related to child wellbeing and parenting capacity.

IFSS partners are part of a broader child wellbeing service system and are committed to community partnerships, including key child wellbeing service partners.

## **11.6 Contextual understanding**

All IFSS partners acknowledge that IFSS is delivered in a highly challenging context where structural neglect and the history of systemic dispossession and removal has led to profound social, health, economic and cultural impacts which can present barriers for Indigenous Australians.

IFSS acknowledges that parenting is a learnt skill and makes a long term commitment to families to help strengthen and/or build this skill.

## **11.7 Continuous improvement and evidence informed approaches**

All IFSS partners engage in an ongoing process of reviewing and refining service delivery and support to ensure services are of a high quality, achieve outcomes, evidence-informed, embed appropriate quality assurance and improvement processes, locally relevant and do no harm.

Action learning and feedback loop processes at various levels of service delivery are to be a central component of IFSS.

## **11.8 Cultural competence**

Cultural competence is embedded in IFSS partners' philosophy, policies, approach and practice.

IFSS partners understand a broad concept of parenting and caring that include extended families and kinship ties. Indigenous concepts of childhood and family are acknowledged and respected. The views of families and communities about children and childhood are acknowledged and respected. IFSS partners acknowledge Indigenous culture as a source of strength to children, families and communities.

IFSS partners have, or work towards building a strong understanding of the cultural profile of the community in which they work and deliver services in a way that effectively support Indigenous ways of learning, engaging and interacting, as well as respecting culture, language and identity.

## **11.9 Local approach**

IFSS partners recognise the importance of an approach that works in a locally relevant way. Policies recognise this and are flexible enough to enable the development of innovative community-based responses that are relevant in local contexts.

IFSS partners work to support the needs, priorities and accountabilities set by the local Indigenous communities and organisations to meet the outcomes of IFSS. Community values are acknowledged and represented in the planning and provision of services in communities by engaging with local Indigenous communities and organisations.

Local expertise is recognised as key to working towards IFSS aims and objectives and all partners recognise the diversity between and within IFSS communities.

## **11.10 Outcomes focus**

IFSS partners work towards outcomes that are observable and measurable. Services work with families to develop, monitor, review and achieve the family's goals, successful service strategies and supports.

Outcomes measures are used consistently, and provide a clear picture of change over time.

### **11.11 Partnership**

IFSS is a partnership between the Department of Social Services, IFSS providers, relevant state and territory child protection agencies and the ICSS. All partners work in a way that acknowledges and respects the key role of each partner. All IFSS partners acknowledge each other's complementary expertise and commit to sharing this knowledge and experience in a respectful way.

Attention is paid to the time and processes required for building strong relationships and partners recognise that strong relationships between government, community and service providers increase the likelihood of achieving intended outcomes.

In addition to IFSS partners committing to service collaboration and partnership with each other, IFSS providers work collaboratively with other key services, as well as communities.

### **11.12 Respect and trust**

IFSS and ICSS supports will be delivered in a way that shows respect and dignity. Commitment to this approach is a commitment to building trust in relationships with families, communities and IFSS partners.

### **11.13 Shared responsibility**

Improving the safety and wellbeing of children is a shared responsibility between the family, the community, the non-government sector and governments. However, the safety and wellbeing of children is primarily the responsibility of their families, who should be supported by their communities, services and governments to ensure children are raised in a safe and nurturing environment.

IFSS partners have a shared responsibility and accountability for the success of IFSS.

### **11.14 Strengths-based, family focussed and tailored**

IFSS partners recognise the importance of a family-centred focus that builds on the existing strengths of families in a way that is respectful and non-judgemental. Different members in a family have different needs, roles and strengths; and services and supports need to be tailored to the unique needs of individual adults and children.

## **12. Glossary**

**Activity** - means any tasks, activities, services or other purposes for which this funding is provided. The Activity is described in Item B of the Grant Agreement Schedule.

**Brokerage** - IFSS may dedicate a small part of their budget (up to 5%) to contribute towards supporting families to access practical and material assistance to meet family goals, provided all known alternative sources of funding have been explored.

IFSS will be required to keep a register for brokerage activities that the Department may request at any time.

**Caseload** - The number of families that an IFSS team is required to provide intensive support to at any given time.

**Child protection authority** - State and Territory governments are responsible for the administration and operation of child protection services. Legislative Acts in each state and territory govern the way such services are provided. Each state and territory child protection authority provides assistance to vulnerable children who are suspected of being abused, neglected or harmed, or whose parents are unable to provide adequate care or protection.

**Child Protection Income Management (CPIM)** - is a tool for child protection workers to encourage the responsible use of available financial resources to safeguard their clients' wellbeing in cases of neglect. CPIM works by ensuring that 70 per cent of income support and family assistance payments can be spent on food, rent, clothing and other essential items. Income managed money cannot be spent on alcohol, tobacco, pornography and gambling.

**Coaching** - Coaching is designed to develop and maintain staff competency and confidence on the job. All coaching activities have a clear focus and direct relevance to the current and specific tasks of practitioners and supervisors in their work with families. Coaches utilise multiple sources of information to assess practitioner's and worker's skills and promote skills development in their implementation of the practice in the field.

The aim of practice coaching is to improve staff performance to achieve child and family outcomes as specified by the IFSS practice model. Practice Coaches support the development of a paraprofessional workforce, actively working with practitioners within organisations implementing the IFSS program to support the implementation of the IFSS practice and service framework with a high level of fidelity

**Collaboration** - Local families and children's services work together effectively as a system - collectively sharing information that considers local needs, opportunities and constraints, service mix, and coverage in the local community. Services hold a united vision to provide more holistic, flexible and responsive services to ensure all clients get the level of assistance they need. Attention is paid to the time and processes required for building strong relationships recognising they are critical to any endeavour that seeks to increase collaboration.

**Communities for Children Facilitating Partners** - Communities for Children Facilitating Partners (CfC FP) are a Sub-Activity under the Families and Children Activity that aim to deliver positive and sustainable outcomes for children and families in disadvantaged communities throughout Australia. CfC FPs are place based and develop and facilitate a whole of community approach to support and enhance early childhood development and wellbeing for children from birth to 12 years.



**Culturally appropriate** - means respect for: people and their cultures; their rights to uphold and strengthen their cultural values, beliefs, traditions and customs; and of their rights to develop their own institutional structures. It involves cooperative communication and an acute awareness of power relationships. It means looking for appropriate ways to develop Indigenous people's capacity – individually and collectively – to grow and to meet challenges.

**Data Exchange (DEX)** - The Department's new approach to program performance reporting that was fully implemented on 1 July 2015.

**Evidence-informed** - working in an evidence-informed way is being guided by the best research and information available.

**Family** - a group of people identified by the child or parent and caregiver as their family. This includes all familial arrangements, such as same-sex relationships, kinship and de facto. Indigenous people have a complex system of family relations. It is the cultural norm for family, relatives and community to be involved in raising children. This can include parents, mother and aunts, fathers and uncles, grandparents, cousins and significant others such as Elders.

**Family Members** - any individuals identified by the child or parent and caregiver as part of their family.

**Families and Children (FaC) Activity** - is delivered under the Families and Communities Program and provides support to families to improve the wellbeing of children and young people to enhance family and community functioning, as well as increasing the participation of vulnerable people in community life.

**Families and Communities Program** - aims to strengthen relationships, support families, improve children's wellbeing and increase the participation in community life to strengthen family and community functioning, and reduce the costs of family breakdown. The program will provide a range of services, focussed on strengthening relationships, and building parenting and financial management skills, providing support for better community connections, as well as services to help newly arrived migrants in their transition to life in Australia.

**IFSS partners** - are IFSS providers, the ICSS, the State and Territory child protection authority/ies and the Department of Social Services.

**Implementation Support** - is a process of building organisations, teams and practitioners to effectively implement defined and evidence informed practices or programs to achieve intended outcomes.

**Income Management** - Income management is a budgeting tool to help people pay for essentials like food, rent, clothing, health care, utility bills and school expenses, for the benefit of themselves and their children. Income management directs part of a person's income support and family assistance payments towards essential items. Income managed funds cannot be spent on alcohol, tobacco, pornographic material

and gambling products. When combined with other support services such as financial counselling, money management education and/or health and wellbeing services, income management can be an effective, short-term way of building someone's confidence in meeting their family's most important needs.

**Indigenous** - person, who is of Aboriginal or Torres Strait Islander descent, identifies himself or herself as an Aboriginal person or Torres Strait Islander and is accepted as such by the Indigenous community in which he or she lives.

**Intensity of Service** - Is the amount of time and frequency of contact with a family involved with IFSS and will vary depending upon the needs of the children and family.

**Outreach** - means providing services to communities and outstations in areas where permanent primary services cannot be provided. Outreach can also enhance coverage for families with difficulty accessing services. While outreach is often associated with rural/remote areas, it is not restricted to geographical challenges. Services may be delivered to a client or group away from the usual premises, for example in the client's workplace, home or shopping centre.

**Program** - means the Families and Communities Program as referred to in these Guidelines and the Grant Agreement.

**Program Guidelines** - guidelines applicable to the IFSS application process. They provide an overview of the Program and the Activities relating to the Program including specific information on the Activity, Selection Criteria, Performance Management and Reporting. It should be read in conjunction with the Terms and Conditions of the Grant Agreement.

**Providers** - the non-government organisations funded by the Department to deliver IFSS in partnership with the ICSS (where relevant), child protection authority/ies and other service partners.

**Service Area** - refers to the geographically defined area in which a particular IFSS is delivered and in which clients of the IFSS must reside in order to qualify for services from that service provider.

**Service delivery** - means providing support, projects and activities to the community in accordance with these Guidelines.

**Stronger Communities for Children (SCfC)** - develop and facilitate a whole of community approach to support and enhance early childhood development. Services are funded by the Department of the Prime Minister and Cabinet and provide integrated family focussed early intervention and prevention support to disadvantaged remote communities.

**Timeliness** - services and supports are delivered with minimum delay, acknowledging the high vulnerability of families referred to IFSS.

**The Department** - the Commonwealth Department of Social Services (DSS).

**Wellbeing** - means basic needs are met and there is easy access to social, medical and educational services, where everyone is treated with dignity and respect. It recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual. Social wellbeing involves a person's relationships with others, a sense of belonging and how that person communicates, interacts and socialises with other people.

Intensive Family Support Service (IFSS)  
Family Policy and Program Branch (FPPB)  
Department of Social Services (DSS)

**Critical Incident Report Guideline & Template**  
*Updated November 2016*

## **Table of contents**

### **1 Introduction and aims**

#### **1.1 Scope**

#### **1.2 Aims**

#### **1.3 Relationship with service provider's internal incident reporting policy**

### **2 Roles and responsibilities**

#### **2.1 Local service level –IFSS provider**

#### **2.2 DSS Northern Territory Office**

#### **2.3 DSS – National Office**

#### **2.4 Implementation Capacity Support Service Provider**

### **3 When is a critical incident report required?**

### **4 Reporting a critical incident**

#### **4.1 Overview**

### **5 How to choose an incident type and category**

#### **5.1 Incident type**

#### **5.2 Category**

#### **5.3 Factors to consider in determining whether an incident is reportable**

### **6 Guidance for reporting death, assault and poor quality of care**

#### **6.1 Death**

#### **6.2 Assault**

## **1 Introduction and aims**

This guideline outlines the reporting requirements for critical incidents occurring during Intensive Family Support Services (IFSS) involvement. This guideline also extends to outlining reporting requirements for alleged incidents that involve IFSS staff.

### **1.1 Scope**

This guideline applies to all service providers directly funded by the Department of Social Services (DSS) to deliver the IFSS.

This guideline is not intended to limit IFSS provider obligations under the DSS Streamlined Grant Agreement General Grant Conditions and their current Streamlined Grant Agreement.

The guideline is intended to provide guidance on how communication requirements under clause 3.2(g) of the General Grant Conditions is to occur, in the case of critical incidents and is not intended to limit the obligation under clause 3.2 in any way.

IFSS providers are required to comply with this guideline under clause 3.1 of the General Grant Conditions.

### **1.2 Aims**

The aims of this guideline are to:

- support consistency across IFSS providers in the reporting of incidents;
- support the provision of high-quality services to clients through the transparent reporting of critical incidents; and
- ensure that IFSS providers inform the appropriate DSS officers of significant incidents affecting clients in a timely and accurate manner.

### **1.3 Relationship with IFSS provider's internal incident reporting guidelines and reports**

IFSS providers may have their own organisational critical incident reporting policies. IFSS providers must ensure consistency with IFSS guidelines and Departmental requirements.

## **2 Roles and responsibilities**

### **2.1 Local service level – IFSS provider**

The IFSS provider is responsible for addressing and managing critical incidents at the local service delivery level. This includes:

- complying with relevant Commonwealth, State and Territory legislation;
- responding to the immediate needs of individuals involved, including staff, and taking any remedial action necessary to re-establish a safe environment; this is the first priority where safety is threatened;

- communicating with the client and/or staff member, relatives, carers, friends or advocates and other service providers or authorities (e.g. child protection authority) as appropriate and in a timely manner;
- undertaking follow-up actions in relation to individual incidents;
- reporting critical incidents as defined in this guideline to DSS *Northern Territory (NT)* Office ; and
- developing and implementing improvement strategies and monitoring/reviewing the effectiveness of these strategies.

## **2.2 DSS –NT Office**

The responsibilities of the DSS NT Office include:

- advising DSS National Office of the incident;
- providing a copy of the critical incident report to both DSS National Office and the Implementation Capacity Support Service (ICSS) provider; and
- ensuring that IFSS providers are aware of and comply with this guideline.

## **2.3 DSS – National Office**

DSS National Office is responsible for reviewing incident data, in consultation with DSS NT Office and the ICSS provider, to inform policy development and continuous improvement of the incident reporting approach, practice guidelines and policy implementation.

DSS National Office is responsible for notifying the Minister where required.

## **2.4 Implementation Capacity Support Service Provider**

The ICSS provider will work in consultation with DSS to review incident data and engage and offer support to the IFSS Provider where required.

## **3 When is a critical incident report required?**

A critical incident report is required for critical incidents occurring during IFSS involvement that involve and/or have a significant impact upon clients (particularly children) and/or staff. These incidents would typically affect IFSS delivery.

A critical incident is considered to occur during IFSS involvement if it occurs:

- while a staff member is with the client, including when a staff member is providing in-home support or support in the community;
- when the client attends a service provider premises, including inside and around the building and locations that are within view of staff;
- when a serious allegation is made against IFSS staff;
- while the client is being transported in a service provider vehicle; and
- outside of service delivery but significantly impacts the future delivery of IFSS.

## 4 Reporting a critical client incident

### 4.1 Overview

This section provides a guide to IFSS providers in relation to the steps that can be taken to complete a critical incident report. DSS has developed a critical incident report that aims to provide the Department with an appropriate level of de-identified information (Attachment A).

The steps to complete a critical incident report

1. Incident occurs;
2. IFSS Provider responds to immediate needs of the individual/s involved;
3. IFSS Provider communicates with the client and/or staff member, relatives, carers, friends or advocates and other service providers or authorities (e.g. child protection authority, police etc.) as appropriate and in a timely manner;
4. IFSS Provider undertakes follow-up actions in relation to the incident as determined by them, including any internal organisational actions to prevent recurrence;
5. An IFSS provider staff member records the incident using the DSS critical incident report;
6. The delegated IFSS provider management representative quality checks the DSS critical incident report;
7. The completed DSS critical incident report is emailed to the DSS NT Office; and
8. IFSS provider liaises with the DSS NT Office to manage any possible service delivery, media or ministerial issues that may occur as a result of the incident.

#### 4.1.1 Respond to immediate needs and re-establish a safe environment

In the case of any incident, the first step is to make sure clients and staff is safe.

#### 4.1.2 IFSS staff member records the incident on the critical incident report

The appropriate IFSS staff member must complete the DSS critical incident report.

The DSS critical incident report should record all necessary factual details including:

- what happened;
- how, where and when the incident occurred;
- how many people were involved, their relationship and age if under 18;
- who (at a relationship level) was injured and the nature and extent of injuries (if applicable); and
- what action is being taken in response to the incident;

The IFSS staff member completing the incident report should use objective language and ensure that personal information of other individuals (i.e. names or other information about an individual whose identity is apparent or can reasonably be ascertained from the information) is not included in the report.



#### ***4.1.3 A management representative clears the critical incident report***

After the DSS critical incident report has been completed the delegated management representative quality checks the critical incident report, ensuring that appropriate level of information has been recorded and clears the report prior to its submission to the DSS NT Office.

#### ***4.1.4 Submit the completed critical incident report***

The delegated management representative of the IFSS provider submits the completed form to the DSS NT Office using the designated NT DSS email in accordance with the set timeframe.

- ***Category One*** critical incident reports must be sent to DSS NT Office as soon as possible and at the latest within one working day of the incident or one working day from first being told of the incident.
- ***Category Two*** critical incident reports must be sent to DSS NT Office as soon as possible and at the latest within five working days from first becoming aware of the incident.

Refer to section five on how to choose an incident type and category.

#### ***4.1.5 Timeframe for submitting DSS critical incident report***

The need to quickly submit the critical incident report may conflict with the time required to develop longer term or complex responses. In such cases, the critical incident report must be submitted in accordance with the set timeframes with a note on the form stating that a response is still being developed.

#### ***4.1.6 Sending information by email***

IFSS providers should send critical incident reports to the DSS NT Office. This can be done by email.

Please minimise risk of the non-receipt of the email by taking the following precautions:

- before sending an email call the intended recipient by phone and alert them of an incoming email;
- ask the recipient to ring to confirm receipt of the email;
- send only the minimum amount of information necessary;
- send only one incident report per email; and
- label the email subject heading 'private' or 'confidential', and mark it for the attention of the addressed recipient only.

#### ***4.1.8 Feedback from the DSS NT Office***

If the critical incident report contains insufficient information, the service provider will be notified by the DSS NT Office.

#### **4.1.9 Clients receiving multiple service types (shared clients)**

This guideline does not affect rights or obligations of the IFSS provider in relation to the sharing of information with, or reporting of information to, other service providers, authorities or government departments.

## **5 How to choose an incident type and category**

### **5.1 Incident type**

An incident type is simply a descriptor. For each incident, only one incident type must be selected. There is a set list of incident types that can be used in incident reports. When choosing an incident type, choose the incident type with the definition that best describes what happened in the incident, or the behaviour or circumstance that had the greatest impact. There is opportunity to clarify/detail an incident type at Part 5 of the critical incident report.

Types of incidents are outlined below:

- missing or absent for an unusually extended period of time (to be determined by the Service Providers);
- Injury;
- Physical Assault ;
- Suicide Attempt;
- Dangerous behaviour;
- Sexual Assault and Rape; and
- Death.

### **5.2 Categories of Reportable Incidents**

There are two categories of reportable incidents. In grading an incident, give consideration to the actual impact or apparent outcome for the client and the likelihood of recurrence.

**Category One** incidents are the most serious. A Category One incident is any event that has the potential to be subject to a high level of public scrutiny and includes:

- an occurrence that has resulted in a serious outcome, such as a client or staff death, severe injury or trauma; or
- allegations of sexual or physical assault made against IFSS staff members.

**Category Two** incidents involve events that threaten the health, safety and/or wellbeing of clients or staff. For example, serious threats made against clients or staff.

**Category Three** incidents occur where normal work and routine is interrupted, but the significance of the incident does not extend beyond the work place. They include incidences that can be adequately dealt with by the IFSS provider and have no further implications for

the department, region or community. Category Three incidents are **not** reportable under these guidelines.

It is expected that senior staff will use their professional judgement in considering the sensitivity and appropriate grading of incidents being reported.

### ***5.3 Factors to consider in determining whether an incident is reportable***

The following factors should be considered when determining whether an incident is reportable:

- Was the client or staff member hurt in the incident and to what extent?
- Is the client or staff member still at risk?
- Do you have to change your service delivery substantially as a result?

These factors are considered in more detail below.

#### ***5.3.1 Severity of outcome***

Consider:

- The nature and extent of the harm/trauma; and
- The level of distress caused to the victim.

For example, if a child is admitted to hospital as an inpatient as a result of a physical or sexual assault, serious injury, self-harm or possible overdose, the event is reportable as a Category One incident. If a staff member is admitted to hospital as an inpatient as a result of an IFSS related incident, the event is reportable as a Category One incident.

#### ***5.3.2 Vulnerability of client or staff member***

Consider the:

- age and stage of development, culture and gender of the client;
- balance of power or position between the alleged perpetrator and victim and the potential for exploitation; and
- client's or staff member's individual mental and/or physical capacity, understanding of potential risks and communication skills.

An incident involving the conduct of (or negligence by) a staff member that significantly impacts on or places at risk the health, safety and wellbeing of a client is reportable to FaHCSIA. Please note that the risk assessment process required under clause 19 of FaHCSIA's Terms and Conditions must still be followed and it is not the intention of this Guideline to replace or override clause 19.

#### ***5.3.3 Pattern and history of behaviour***

Consider:

- the history and pattern of offending or being offended against;
- the client or staff member's risk-taking behaviour;
- the frequency of the event (and how recent it was, if it is disclosed during service delivery); and
- the likelihood of recurrence.

## **6 Guidance for reporting death and assault**

### **6.1 Death**

As in the general population, people will pass away in or while in receipt of services. The death of a client or staff member of a service does not in itself constitute a Category One incident. However, if the death involves circumstances that are out of the ordinary, a critical incident report may be required. For example:

- the death of a client in unexpected circumstances;
- any deaths of a client under the age of 18 years;
- the death of a parent, guardian or carer in unusual or unexpected circumstances that places a client aged under 18 years at risk;
- the death of a staff member during the delivery of IFSS; and
- the death has a direct or obvious correlation to the service the person was receiving.

All deaths in the above circumstances are required to be reported as a Category One incident.

### **6.2 Assault**

Assaults of any type are unacceptable regardless of the intent of the person committing the violence. Any assault of a child or staff member during the delivery of IFSS must be reported. Assaults can vary in nature from life-threatening events to minor incidents. To assist staff with accurate categorisation of the incident in their report, further advice is provided below.

#### **6.2.1 Sexual assault**

Sexual assault includes rape, assault with intent to rape and indecent assault. An indecent assault is an assault that is accompanied by circumstances of indecency. Examples are unwelcome kissing or touching in the area of a person's breasts, buttocks or genitals. Indecent assault can also include behaviour that does not involve actual touching, such as forcing someone to watch pornography or masturbation.

If the behaviour is such that criminal charges are likely, then the incident must be categorised as Category One.

#### **6.2.2 Staff-to-client and client-to-staff assault**

Allegations of assault of a client by a staff member or of a staff member by a client must be reported as a Category One incident regardless of whether medical attention is required and

regardless of the type of assault alleged (for example, alleged rape or indecent assault). Please note that the risk assessment process required under clause 19 of the DSS General Grant Conditions must still be followed and it is not the intention of this Guideline to replace or override clause 19.

## Attachment A - Intensive Family Support Service (IFSS) Critical Incident Report

Complete this form to report incidents involving and/or impacting upon clients or staff involved in the delivery of the IFSS.

Incidents are categorised according to actual/alleged impact on clients or staff.

Use the Incident Report Guideline to assist in completing the form.

*Parts 1 – 7 are to be completed by an appropriate staff member of the IFSS provider, the ‘reporter’.*

### Part 1: Reporter details (IFSS Provider)

Organisation:

Reporting officer’s  
name:

Telephone number:

Position title:

Funded location:

### Part 2: Incident details

Date of incident:  
*DD/MM/YYYY*

/ /

Time of  
incident:

AM

PM

Date your organisation  
was first aware of the  
incident: *DD/MM/YYYY*

/ /

How was your  
organisation  
advised:

When was your organisation  
last in contact with the family  
prior to the incident

/ /

Location of incident:

*Where did it happen?*

Incident type

For incidents involving assault:

*Please mark one only.*

*'Other' refers to those who are not clients or staff but who were involved in the incident.*

☐ client to client

☐ client to staff

☐ staff to client **must be marked as Category 1 below**

☐ client to other

☐ other to client

Incident category:

Category 1

Category 2

### Part 3: Involvement of child protections authority

1	Was this an open child protection case	Y N
	If not:	
	Was this case a community referral	Y N
2	Were the child protection authority ever involved during the IFSS involvement	Y N
3	If child protection authorities were involved, and are no longer involved, please specify the date of exit	/ /

#### Part 4: Who was involved?

##### Clients: details

*Please complete for each client involved in the incident. Please do not include personal information (i.e. information or an opinion about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion). You are not required to fill in all or part of the table below if you believe that the table below will lead to people being identified.*

	Family Relationship / Kin	Age	Sex (M/F)	Participant/ Witness/ Victim/ (P/W/V) <i>(circle one only*)</i>	Injured <i>(circle one)</i>	Medical professional required <i>(circle one)</i>
1				P W V	Y N	Y N
2				P W V	Y N	Y N
3				P W V	Y N	Y N
4				P W V	Y N	Y N

##### Staff: details

*Please complete for each staff member involved in the incident, including any witnesses. Please do not record names of staff. You are not required to fill in all or part of the table below if you believe that the table below will lead to people being identified.*

	Position/title or other	Participant/ Witness/ Victim/ (P/W/V) <i>(circle one only)</i>	Injured <i>(circle one)</i>	Medical professional required <i>(circle one)</i>
1		P W V	Y N	Y N
2		P W V	Y N	Y N
3		P W V	Y N	Y N
4		P W V	Y N	Y N



## Part 5: What happened?

### Describe the incident and the response of staff.

*This section should be a brief, objective account of the incident. Please do not include personal information (i.e. information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information) such as names of clients or staff members. Include impact on client who was involved; who did what; the impact of incident on the client / worker relationship (if any); and extent of injuries (if applicable). What was the IFSS provider response to date? If applicable, what was the child protection authority response, or the response of any other service providers (e.g. health, DV or mental health services)?*

## Part 6: Follow up actions

**What additional/outstanding actions will be taken in response to the incident that are yet to be finalised and/or undertaken?**

*Please describe what actions have/will been taken to address the incident that have not already been reported and what will be done to prevent recurrence of the incident.*

Please do not include personal information (i.e. information or an opinion about an individual whose identity is apparent or can reasonably be ascertained from the information) such as names of clients or staff members.

## Part 7: Other areas informed

Line manager/CEO informed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time:	<input type="text"/> <input type="text"/> <input type="text"/> N/A
Child Protection Agency contacted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time:	<input type="text"/> <input type="text"/> <input type="text"/> N/A
Police contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time:	<input type="text"/> <input type="text"/> <input type="text"/> N/A
If contacted, police investigation:	<input type="checkbox"/> Yes	<input type="checkbox"/> Underway	Date: / /		<input type="text"/> <input type="text"/> <input type="text"/> N/A
Coroner contacted:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Date: / /	Case number:	
Other appropriate service/s contacted, If so, who?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /	Time:	<input type="text"/> <input type="text"/> <input type="text"/> N/A
<hr/>					
Report quality checked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<hr/>					
Signature of Manager:			Date : / /	Time :	

Forward completed incident report to the relevant DSS