

Intervention and Monitoring Procedure

1. Purpose

This procedure provides detailed guidance about the intervention and monitoring process for the Inala Community House (ICH) Family Intervention Services (FIS). Using the evidence-based Parents Under Pressure (PuP) Program, ICH FIS workers implement interventions to help service users achieve their goals and address child protection concerns to support family preservation or reunification.

2. Scope

This procedure applies to all employees, contractors, students and volunteers within ICH FIS. For the purpose of this procedure, these persons shall be referred to as workers.

3. Definitions

Child is an individual under 18 years (*Child Protection Act 1999*).

The Department refers to the Queensland Government Department responsible for Family Services programs and/or Child Protection or Child Safety.

Reunification is the safe return of a child or young person to the care of their family.

Active reunification refers to the case plan goal for a child or young person to be returned to the care of their family, within 12 months.

Service User is any parents or family, or carer named in the referral for whom services will be provided, including children.

Case Management is a collaborative process of assessment, planning, facilitation / implementation /coordination, advocacy, monitoring and evaluation for options and services to meet a service user's needs.

Family Action Plans (FAPs) is a six-month plan (using *6 Month FAP Template*) which is developed collaboratively with service users. It details the family's strengths and needs, the service user's goals, the agreed actions to assist families when addressing the child protection worries. A FAP is signed off by all parties to the plan, including service user, ICH FIS Worker and ICH FIS Manager and is reviewed at three-month intervals.

Interventions are activities documented in the service user's FAP. They are evidenced based, meaning the ICH FIS worker combines well-researched interventions with professional experience, ethics, service user preferences, and culture to guide and inform the delivery of treatments and services. Interventions can be provided directly by the ICH FIS worker, or broader FIS team (e.g., practical support, psycho education, parenting or other programs) or through referrals to other services.

Progress Report details the work families have been undertaking in order to meet their case plan goals (as identified in the FAP). These reports identify the work being undertaken, other services involved, an assessment of the family using the safety and wellbeing scale, and comments and recommendations for further interventions required.

Parents Under Pressure (PuP) is an integrated theoretical practice framework that guides how practitioners/caseworkers work with families. It is a case management program designed for families where there are multiple issues that impact on family functioning. It is individualised to suit the needs of each family with supporting materials to help put PuP into practice.

4. Procedure

4.1. Intervention planning

Interventions are tailored to the needs and preferences of the service user based on the outcome of the assessment process and are documented in the FAP, to help achieve the service user's goals and to address child protection concerns (refer to ICH FIS Case Planning Procedure). Interventions are also used in response to crisis situations that arise.

Following the development of the FAP, it is the role of the ICH FIS worker to engage with the service user to help identify the priority areas and support the implementation of the identified interventions.

The ICH FIS worker partners with service users (and service providers) so that interventions allow for the discovery and growth of self-advocacy skills. Refer to FIS Philosophy Statement for further details.

Examples of interventions include:

- Family time coaching and/or supervision, support with attachment building and education in emotion coaching and behaviour management
- Parenting programs and support groups
- Psychosocial education (e.g., teaching self-regulation skills, organisation and problem-solving skills, understanding the impact of trauma on children, managing substance misuse)
- Teaching life skills such as budgeting, diet/nutrition/health/hygiene/exercise, employment and education, housing, accessing the community supports, healthy relationships, transportation (using public transport, drivers license support)
- Emotional support during crisis, preparing for and engaging in meetings with Child Safety and other service providers or pre and post family time
- Practical support such as helping with household organisation and transportation
- The service user participating in an evidence-based program such as a drug and alcohol counselling, men's behaviour change, parenting programs, therapeutic counselling
- Liaison and advocacy with other stakeholder and service providers (e.g., housing providers, NDIS, Legal Aid, Centrelink, Child Safety, domestic violence services).

Prior to each home visit or meeting with the service user, the ICH FIS worker shall prepare for the visit. This includes following the guidelines as per the ICH FIS Personal Safety in the Community Procedure, undertaking any actions that the worker agreed to undertake, gathering all intervention resource material and being clear on the purpose for the visit and actions to be undertaken. The work must focus on progressing goal achievement in the FAP. However, it is recognised that it is not always possible to do the planned work and the ICH FIS worker will be client led and adapt the home visit or meeting to meet the presenting needs of the service user. It is good practice for the ICH FIS worker to periodically revisit the FAP with the service user to check on progress and next steps, outside of the formal three- and six-month review period.

ICH FIS workers must conclude a visit or meeting, or any intervention work, with confirmation of the next appointment details and intervention priorities moving forward. If an appointment time cannot be made at that point, the ICH FIS Worker will advise the service user when they will make contact to arrange the next appointment.

Good practice is that case notes are completed within two business days following each contact with a service user or another party in relation to the service users' case and recorded on their profile in SRS. See Guidelines for Case Noting for details.

4.2. Working with other service providers

Collaborative partnerships are an integral part of ICH FIS intervention process. ICH FIS workers are required to build and maintain positive relationships with other service providers to support service users to achieve their goals.

Service users are requested to provide their consent for ICH FIS to engage with other services for the purposes of releasing and exchanging family related information relevant to their FAP goals (refer to ICH FIS Assessment Procedure). This is initially done as part of the 'meet and greet'. Any additional authorisations of third-party service providers can be included later, and consent must be noted in a case note.

The types of services may include, but are not limited to:

- Cultural support services
- Mental Health services
- Health services other than mental health
- Domestic violence services
- Child Health services
- Counselling providers
- Drugs & Alcohol services
- Education services – schools, childcare centres
- Housing services
- Employment services
- Charitable services e.g., food hampers, household items, furniture
- Legal Aid.

Service users often need to engage with new service providers as part of their work towards achieving their goals and addressing child protection concerns. ICH FIS workers shall support the service user to contact relevant service providers and complete any referral forms (unless it has been agreed that the service user or another party will undertake this action).

ICH FIS workers will discuss with the service user their intention to contact a service provider prior to doing so and the rationale. This is to ensure transparency and service user empowerment. All communications with a service provider in relation to a service user must be recorded in case notes and copies of referral forms to the service must be stored on the service user's file.

4.3. Working with the Department

ICH FIS workers are expected to attend all meetings with the Department in relation to the cases they hold, as requested, including (but not limited to):

- Family Group Meetings
- Case Plan Review
- Practice Panels
- Various stakeholder meetings.

Any meeting with the Department as part of a specific case must be noted in case notes, including who was present, summary of discussion, and conclusions or decisions made related to the specific service user.

Regular Partnership Meetings take place with the Department as detailed in the Families Investment Specification. These meetings involve the Child Safety Service Centre Senior Team Leaders and the ICH FIS Manager (or their delegate), identifying and highlighting any specific case related concerns, priorities for the allocation of new referrals, potential closures and new referrals or requirements for subsequent referrals to extend the time for FIS involvement.

If a service user is subject to a statutory response resulting from a Child Safety Investigation and Assessment during an intervention, ICH FIS will continue to work with the family until the investigation is completed (providing it is safe for the service workers to do so). Following the outcome of the investigation and subsequent Child Safety intervention, ICH FIS will, in collaboration with Child Safety, determine if ICH FIS service should remain and if so, the future focus for the support.

4.4. Progress reporting

Monthly progress reports are provided to the Department and report on the service user's progress on meeting their goals identified in the FAP. Monthly reporting helps to provide evidence of the family's strengths and worries to inform the Department's decision making, and promote accountability, transparency and reinforces the importance and urgency of the intervention.

ICH FIS workers need to complete progress reports for each case they are assigned to, every calendar month. The draft report is to be completed by the 5th business day of each month and provided to the ICH FIS Manager for approval before being emailed to the Child Safety Officer and Senior Team Leader as soon as possible. If the draft report cannot be completed within the specified timeframe, the ICH FIS worker must negotiate with the ICH FIS Manager a revised timeframe for completion.

Note, service users allocated in the month do not require a progress report for that month as a FAP will be in development. Refer to the ICH FIS Case Planning procedure for further information.

In some instances, the ICH FIS Manager will approve the progress report being provided to Child Safety in an e-mail format, instead of the Progress Report template. This is typically when the FAP is in development or if the case is approaching closure and an exit report will be completed within a short period of time. The e-mail will provide a summary of the engagement with the service user for that month, including actions undertaken, progress, worries and the upcoming focus of the work. E-mail reports do not require the ICH FIS Managers approval prior to being sent, however the ICH FIS Manager must be copied in on the email and a copy saved on the SRS file.

Drafting the progress report

The ICH FIS worker is responsible for drafting the progress report as per the below process:

1. Complete the initial section of the Progress Report Form, including:
 - Service User Full Name
 - Child Safety details and period which the report covers, including start and end dates in Day/Month/Year format
 - Case Worker details and date FIS commenced working with the family.
2. Complete the *Progress Towards Goals* section, including:
 - Copying the goal statement directly from the current FAP
 - In the Actions to Date, include what work has occurred in the progress report period towards attaining FAP goals. Using third person, the ICH FIS worker shall write a summary of the work undertaken and where it is pertinent, identify the specific dates work was undertaken using bullet points (do not copy case notes).
 - Also include any relevant assessments and/or feedback from other service providers about the extent of change/improvement, worries, barriers and next steps.
 - If there has been limited work towards goals for that month, this should be indicated together with a statement as to why.
3. Complete the *Engagement with Family* section. This section should outline:
 - the date and the attempted or executed communication with the service user (particularly when contact has been attempted and not reciprocated by service users).
 - time spent during home visits / face to face contact or lengthy phone calls should be noted against the date of this contact. ICH FIS workers can use this as a prompt to seek feedback from service users about their engagement experience with FIS, which can also be documented in this section.
4. Complete the *Other Services Involved* section by outlining all stakeholders involved with the family during the period of the progress report.
5. Complete the *Safety and Wellbeing Scale* – which requires the ICH FIS worker to indicate a score from 1 to 10 on the scale as to where the case worker would rate the level of safety within the home for a child.

Note:

This scale is subjective. The scale serves as a tool to identify and observe change (positive or unfavourable) and it is important that the ICH FIS worker demonstrates their rationale. It is important to note if the scale has changed since the previous report and the rationale. It is best practice to provide a holistic assessment referencing protective factors, strengths as well as worries. There should be no new information in this section. This section should reference information previously provided in this report or previous progress reports.

6. Complete the *Overall Comments and Recommendations* section. The information included in this section does not need to be exhaustive, particularly if the previous sections of the report have been completed comprehensively.

ICH FIS workers:

- Provide their assessment of the current situation for the family, referencing evidence from elsewhere in the report.

- Outline planned work in the coming month
- Make clear recommendations for Child Safety's consideration such as recommending a review of contact, referencing evidence to support this, if relevant.
- Can recommend closure of the family to FIS due to non-engagement for a significant period of time, or if goals have been met.
- Can include requests for the Department (for example, a stakeholder meeting to occur within two weeks to discuss a certain issue).

Submitting the progress report

It is important that ICH FIS workers review their work to ensure all information is included, and that the report is accurate and respectful of the service user. ICH FIS workers should write Progress Reports with the understanding that service users can have access to this report. ICH FIS workers are to send the draft report to the ICH FIS Manager to review by close of business, on the fifth business day of the month.

The ICH FIS Manager provides feedback about the report if relevant, which the ICH FIS worker will need to address before finalising the report. Once approved, the ICH FIS worker will convert the Progress Report to PDF format and email it to the Department, copying in the Senior Team Leader and the ICH FIS Manager. The report must be submitted to the Department as soon as practical following the ICH FIS Manager's approval.

4.5 Documentation Compliance

ICH FIS use the Master Case Management Spreadsheet and SRS, and all assessment information is recorded within these two systems.

Final Progress Reports or email progress reports must be saved on the service users SRS profile. A word version of the reports must be saved in the workers Teams folder if it is to be used for future reporting.

5. Review

This procedure shall be reviewed in accordance with the ICH FIS Case Management Policy.

6. Related Documents

Policies

ICH Human Rights Policy
ICH FIS Case Management Policy
ICH FIS Philosophy Statement

Procedures

ICH FIS Assessment Procedure
ICH FIS Case Planning Procedure
ICH FIS Personal Safety in the Community Procedure
ICH FIS Sharing Personal Information Procedure

Other documents

Guidelines for Case Noting
SRS Checklist
Master Record Spreadsheet

Forms

Progress Report Template
ICH FIS Family Action Plan Template
ICH FIS Strengths and Needs Assessment

References

PuP Program Framework
Child Protection Act 1999 (Qld)
The Human Rights Act 2019 (Qld)
Qld Human Services Quality Framework
Investment Specifications