## **Family Support Services in Central Australia 2019**

Eligibility Criteria	Congress FSS: pauline.hickey@caac.org.au TFSS & IFSS 89594742	NPYWC IFSS: gemma.harvey@npywc.org.au 89582306	Catholic Care-NT IFSS: Cathleen.miller@catholicare.org.au (Ltyenty Apurte) 0459342100	Lutheran Community Care IFSS eflynn@lccare.org.au (Ntaria) 89567022	Tangentyere (IFPS) Access to Education Manager- Andrew Walder E: andrew.walter@tangentyere. org.au	WYDAC IFSS <u>leanna.wilson@wtdac.org.au</u> 0428 394 571
Child/ren aged:	TFSS (0-18) IFSS (0- 12)	0-12	0-12	0-12	0-18	0-18
Length of time agency can work with client	Case can remain open to IFSS for 12- 18 months -able to be extended subject to regular review.	Case can remain open to IFSS for 12- 18 months -able to be extended subject to regular review.	Case can remain open for 12 months, can extend if required. Cases are reviewed every 2 weeks with Parents Research Centre ( PRC )	Case can be open for 12 months, which can be extended. Cases are reviewed every 2 weeks with Parents Research Centre (PRC)	Open for up to 12 months Cases reviewed every 3 months	Open for up to 12 months- can be extended if required Cases reviewed regularly.
Capacity of Agency	22 Families	40-50	Various on complexity of family needs	10/12 families	Varies on complexity of family needs	10 families
Referral Process	Via Territory Families - referral priority Or Community Referrals	Territory Families DCP South Australia Community service providers and members	Via Territory Families - referral priority Or Community Referrals with no child protection involvement.	Via Territory Families – referral priority Or Community Referrals	There are two referral steams for families who would like to access from the program.  • Referrals from Territory Families	Via Self-referrals Territory Families, Community agencies
					Self-     referral/community     organisations can     referral via FACES     by contacting them     on 1800 999 900	
Specific criteria for program	Open Child Protection case requiring ongoing CP intervention where; -Parental Neglect has been identified as a concern with the family -Voluntary engagement by the family -Indigenous and non-Indigenous families OR -Community Referrals with Voluntary family engagement.	Voluntary engagement by families Indigenous and non-indigenous. Risk of neglect	Voluntary engagement by families Indigenous and non-indigenous. Aim of program is to decrease child neglect by helping families make changes in 5 important areas of child care and development	Voluntary engagement by families Indigenous and non-indigenous. Aim of program is to decrease child neglect by helping families make changes in 5 important areas of child care and development	The programs provides both early intervention and crisis support to families and covers the below areas  • Open child protection cases requiring ongoing CP intervention • Reunification • FACES- Early Intervention Support	-Voluntary engagement by the family OR -Community Referrals with Voluntary family engagement  Open Territory Families case requiring ongoing TF intervention where; -Parental Neglect has been identified as a concern with the family or TF referral prior to opening case, early intervention.
Area	Alice Springs	NT-Finke, Docker River, Imanpa, Mutitjulu SA- Ernabella, Amata, Indulkana, Mimili	Santa Teresa	Hermannsburg ( Ntaria)	Alice Springs	Yuendumu and Lajamanu
Referral not accepted	-Child/ren have been removed and there is no re-unification planService is at capacity	Conflict of interest-client being referred is a staff member of NPY Walytjapiti Child/ren have been removed and there is no re-unification plan Service is at capacity Referral reason outside of primary focus of neglect/risk of neglect Family does not consent	Service at capacity or not neglect identified. Presenting with a number of high risk factors and limited capacity to receive assistance.	Service at capacity or not neglect identified	Service at capacity Children have been removed and there is no re-unification plan	-family does not agree to work with IFSS -Service is at capacity -Child/ren have been removed and there is no re-unification plan.

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Assessment	-Family Strengths and Needs	Trauma Informed Assessment tool	Family Strengths and Family Information	Family Strengths and Worries	Family Preservation Plan	Case plan discussion/consultation
process	Assessment (FSNA)	created in collaboration with the	Gathering Tool (FIG)	through the Family Information	(FPP) to be reviewed every	fortnightly.
	-Child Neglect Index (CNI)	Australian Childhood Foundation.	Child Neglect Index (CNI)	Gathering Tool (FIG)	three months.	
	-Parents Under Pressure (PuP)	Completed after 6 weeks and	Review every two weeks and extend	Child Neglect Index (CNI)	Territory Families to review	-Psycho-Social/risk ax tool
	assessment tools.	thereafter every 3 months. Other	thereafter.	Eco-map, Genogram, Yarning Mat.	risk every three months.	-Child Neglect Index (CNI)
	Reviewed after 4 weeks and	engagement and information		Case review every two weeks.	IFPS case plan (signs of	-Case plan document
	thereafter every 3 months.	gathering approaches include			safety framework) reviewed	Reviewed every 3 months
		genogram, ecomap, tree of life.			every 3 months	
Service	Work in pairs( Aboriginal	Working Malparara Way (side by	Outreach Case Manager attends with	Strength based approach.	Assertive outreach	Work collaboratively with Warlpiri
Approach	Family Support Worker & Case	side)	Community Worker	IFSS Case Manager and Family	Child Centred Family	mentors for culturally appropriate best
	Worker)	Outreach Service		Support Worker visit families in their	Focussed	practice
	Relationship based	Assertive outreach	Strength based approach	homes ( Outreach)	Collaborative case	Relationship based
	Child Centred	Build on Family and Community			management	Strength focused
	Family focused	Strengths		The family and IFSS workers work	Strength based approach	Child Centred- Family focused
	Outreach	Collaborative case management		together to identify the areas of		Outreach/Home visits
	Collaborative case	approach where possible as limited		neglect to focus on.		
	management (PUP model)	access to services.		Case reviews fortnightly		
		Trauma Informed, Child Centred,				
		Family focussed, community				
		development and advocacy				