



Communities
& Justice

Permanency Support Program

Service Overview – Interim Care Model



Document approval

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Approved: 26 November 2020

Document version control

Distribution: Internal and external

Document name: Interim Care Model – Service Overview

Trim Reference:

Version: Version 1.0

Document status: FINAL

File name: Interim Care Model – Service Overview

Authoring unit: Child and Family, ITC Commissioning

Date: 26 November 2020

Next Review Date: 26 November 2021

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1 Introduction

1.1 Background

The Department of Communities and Justice (DCJ) introduced the Interim Care Model (ICM) as a new placement type under the Permanency Support Program (PSP). Interim Care was designed to meet placement needs for children in out-of-home care (OOHC) with low and medium needs currently placed in alternative care arrangements (ACA) or at risk of imminent entry into an ACA because a suitable kinship, relative, foster care placement or other permanency option is not available.

The target cohort for ICM are not suited for residential care on an ongoing basis. The model aims to provide children and young people with as close to a home-like environment as possible. It is complemented by continued intensive casework activities to support transition to kinship or relative care, foster care placement and/or work towards the child's permanency goals.

1.2 Purpose

This Service Overview aims to:

- outline a shared, consistent and clear view of the ICM across the sector
- identify and define key practice and operational requirements
- define the roles, responsibilities and relationships between DCJ, the agency with primary case responsibility and ICM service providers
- outline how different stakeholders for the child work together to support transition from ICM placements.

1.3 Objectives

The ICM aims to provide short-term care (up to three months) that is holistic, individualised and takes a team-based approach to the complex impacts of abuse, neglect, separation from families and significant others, along with other vulnerabilities.

This is achieved through the provision of a care environment that is evidence driven, culturally responsive and provides positive, safe and healing relationships and experiences to address the complexities of trauma, adversity, attachment and developmental needs.

Key objectives for children supported through this model include:

- transitioning children at risk of entering or already placed in an ACA to more suitable safe and secure, home-like environments while a foster care, kinship/relative care or other placement option is identified
- providing care led by a consistent team of trained carers (including carers with appropriate cultural training), who are predictable and reliable allowing for the development of appropriate routines for children

- case planning focused on achieving a child’s permanency goal
- greater oversight of placements to focus on transition to preferred placement option
- greater understanding of a child’s needs (including cultural planning) to inform planned transition for restoration, relative/kinship care, guardianship, foster care, and adoption
- continued support to maintain or establish family, culture, community, and social relationships in collaboration with the agency with primary case responsibility.

2 Service Overview

2.1 Eligibility for Interim Care Model

Eligibility for placement in the ICM includes children in the Permanency Support Program who:

- have low or medium needs
- are aged between 9 and 14 years; and
 - are in or would otherwise be at imminent risk of entering an ACA
 - have been assessed as suitable by DCJ.

2.2 Age of eligible Children

The model is targeted for children aged between 9 and 14 years, however children outside of this age range will be considered on a case by case basis, particularly if they are part of a sibling group.

Where any form of residential care, including the ICM, is considered for a child under the age of 12 years, placement rationale must be documented, detailing all placement options considered prior to requesting the placement. The Principal Officer (of agency that has case responsibility for the child) must approve this rationale prior to requesting the placement referral. The Interim Care Model Service Provider is responsible for notifying the Office of the Children’s Guardian (OCG) when a child is placed in the ICM within 24 hours of the placement.

2.3 Referral Pathway

The referral pathway for entry to the ICM is delivered through the centralised ICRU, following a request for placement being made through the Child and Family District Unit (CFDU). For further details see Section 6 - ICRU.

The relevant placement principles should be considered for all children referred to the ICM. Refer to Section 10A [for all children](#), and [Section 13](#) specifically for Aboriginal and Torres Strait Islander children.

Key considerations prior to referral for placement in ICM include:

- Any exit planning and/or steps to restore to previous placement (if appropriate)
- Additional PSP packages to support placement stability, for example application of Complex Needs payment and/or Additional Carer Support package to ensure a family or carer is able to receive a higher level of support to meet the needs of a child in their care

- Other PSP service types to support foster care placement stability, for example Therapeutic Sibling Option Placement (when one of the children in a foster care placement has high needs)

Considerations for case planning following placement entry should include:

- Ongoing Family Finding activities including progress and/or outcomes
- Family Group Conference arrangements or status, including application of Aboriginal Child and Young Person Placement Principles
- Consideration for referral to Intensive Therapeutic Transitional Care (ITTC) Outreach or a Trauma Treatment Service to support placement stability.

2.4 Placement grouping

Current known risks for children will be the main consideration that may impact on referral acceptance; however it is expected that risks can be managed in most instances.

A grouping matrix tool (see Appendix) can be used by DCJ and Interim Care service providers for determining suitability when multiple vacancies are available. The matrix tool considers:

- Developmental needs, age and gender of children and young people including consideration of the placement grouping based on each child's individual needs
- Cultural needs
- Balance of sibling groups and individual children in the one home
- Geographical area to ensure children remain connected to family, community, school, social and extra-curricular activities
- Risk management strategies (if applicable) to be implemented

Individual placements, where children require a ratio of one staff member to one child (1:1) to meet their needs should not be considered for Interim Care.

2.5 Children with high needs

The ICM was designed to support children with low and medium needs. Following entry to ICM placements and with any form of transition, children may display a range of behaviours of concern related to previous trauma experiences; moving into a grouped setting with other children; and/or settling into a new environment with new carers supporting them. The agency with primary case responsibility and the ICM provider will need to jointly consider and respond to a child's changing support needs during an ICM placement. In some circumstances, a child's escalating needs may require a review of their Child Assessment Tool (CAT), and if assessed as having high needs, consideration of referral to the Central Access Unit (CAU) for assessment of eligibility and suitability for placement in Intensive Therapeutic Care (ITC).

2.6 Managing placement vacancies

2.6.1.1 Keeping placements open in ICM

A placement should only be kept open for a child in ICM when:

- they have temporarily left the placement and are expected to return¹, and
- a clear transition plan has been developed by the agency with case responsibility in consultation with the ICM provider, and the ICRU, and
- the best interests of all children in placement have been considered and holding the placement open is not considered a risk.

2.6.1.2 When to close an ICM placement:

The decision to close an ICM placement is not automatic and should only be made when the ICRU, the ICM service provider and the agency with primary case responsibility (DCJ or a service provider) agree that:

- the child is no longer occupying or residing in the placement
- the child is not expected to return to the placement
- the child is preparing to, or has exited to a more permanent placement
- the risks of continuing the placement are assessed as being too high, or not manageable
- the placement can no longer meet the needs of the child
- continuing the placement is not in the best interests of, or poses risks to other children in the house
- consultation has occurred with the agency (Principal Officer) with primary case responsibility for the child and they agree to end the child's placement.

2.7 Supporting children with transitions

Interim Care is an emergency placement model and children may experience a range of transitions related to:

- entering and exiting from Interim Care
- changes with staff and other children's movements into and from the home, and
- individual experiences of trauma, grief and loss from previous placement (including from family and/or kin)

Transition is a temporary point on a continuum towards permanency and is not the end point. Work towards finding a suitable placement does not stop on entry to the ICM. It is critical that children are provided developmentally appropriate information about the transitional nature of Interim Care and given the opportunity to express their views about the placement.

Collaboration between the ICM provider and agency with primary case responsibility can ensure a planned approach to transitions for children and minimise further disruption to their lives. Planning is dependent on the type of transition (for example, entry/exit/movement of other children) and the timeframe that is required. For example, for some children transition planning may need to occur immediately (on the day of referral to Interim Care). The ICRU will assist in coordinating key stakeholders in transition planning.

¹ When a child or young person is away from their authorised placement (for a temporary period of time) or not in placement for longer periods of time the [PSP Away from Placement Policy](#) should be applied. It should however be noted that as ICM placements are short term in nature, approving a not in placement period for a prolonged period of time would be only be made in extraordinary circumstances.

At a minimum, transition planning should include the:

- agency with primary case responsibility
- ICM Service Provider, and the
- ICRU

If a child has existing therapeutic supports, or other people important to them, those stakeholders should also be included in transition planning where possible, and if participation does not impact on immediate placement requests or exits from Interim Care.

Casework teams should consider engaging or consulting with a psychologist or relevant clinician to consider and plan for the emotional needs of a child entering and transitioning from Interim Care.

3 Service description

ICM service providers deliver Interim Care in a home-like environment for up to four children through the provision of consistent direct care staff (or authorised carers for carer-led homes) who provide day to day support for children.

As Interim Care placements are for up to three months², casework activities are focused on actively seeking a suitable foster care or relative/kinship placement and working towards the child's permanency goal. In exceptional circumstances, children may require Interim Care placements for more than three months which requires stakeholders to work together flexibly to meet the needs of children.

3.1 Roles and responsibilities

The ICM requires the ICM service provider, the ICRU and the agency with primary case responsibility to work closely together and maintain ongoing communication to support the child's needs and pathway through the placement.

To support the child's transition and ensure communication and role clarity, the below information must be exchanged between the agency with primary case responsibility and the ICM service provider:

- key contacts for both agencies and agreed communication protocols
- arrangements and details about family time and sibling contact, school attendance and other appointments
- case plan goal
- routines, current engagement with the cultural support plan including social and community activities
- medication requirements, if applicable
- level of disclosure to the family
- any current Apprehended Violence Orders (AVO) for compliance
- any current court action and responsibility for providing placement reports

² Placements over three months require Deputy Secretary approval.

- behaviour support plan (BSP) (if applicable). Note, a BSP is required at the start of the placement for any child that has medication related to behaviour support needs.

3.1.1 Agency with Primary Case Responsibility

The referring agency will retain primary case responsibility to maintain continuity of care and support to the child and family or prospective carers (when restoration, guardianship, adoption, or long term care are the permanency goal). The agency with primary case responsibility (DCJ or PSP provider) will continue with all casework activities identified in the child's case plan in addition to intensive case management activities identified in this section.

Activities include:

- progressing Family Finding and Family Group Conference arrangements if not completed
- ongoing liaison with CFDU to identify a foster care placement or targeted recruitment of foster carers, as appropriate
- updating Cultural Support Plans for Aboriginal and Culturally and Linguistically Diverse (CALD) children to reflect how their needs will continue to be met in the ICM placement (assistance can be provided where required by Aboriginal units within DCJ or from AbSec sourced support)
- participating in weekly ICM house meetings and other casework goal meetings convened by the ICRU, to align with the Monitoring Framework. See Appendix.
- support, arrange, and supervise (if required) family time in collaboration with the Interim Care provider, unless negotiated with ICM service provider.
- progressing work to support permanency outcomes, including transition and exit planning.

Agency with primary case responsibility will continue to access the relevant PSP payment package including:

1. Case Plan Goal Package (Restoration, Guardianship or Adoption/Long Term Care)
2. Child Needs Package
3. Case Coordination package
4. Other Specialist Packages (as applicable).

For further details on primary case responsibility, refer to the [Permanency Case Management Policy \(PCMP\)](#) and the [Aboriginal Case Management Policy](#).

3.1.2 Interim Care Model Service Provider

The Interim Care Model service provider plays an integral role in supporting children in Interim Care by:

- providing direct care and support to children
- providing updates to the child's case manager about their needs and engagement in activities with family, friends, staff and peers. This may be through coordinated regular house meetings.

- maintaining child-level information records (for example - daily/weekly observations, strengths, key activities, concerns) for sharing with agency with primary case responsibility
- integrating case plans developed by agency with primary case responsibility into child's daily routines
- working closely with the agency with primary case responsibility to support plans for family time, as appropriate
- providing progress updates to ICRU and primary case management agency

3.1.3 Interim Care Referral Unit (ICRU)

Refer to Section 7 for further details.

3.2 Aboriginal children in Interim Care Model

Aboriginal staff should be engaged to provide care to Aboriginal children in Interim Care. Non-Aboriginal providers should consider how they will partner with Aboriginal Community Controlled Organisations through AbSec to engage Aboriginal staff to support children in Interim Care.

Interim Care Model providers are required to demonstrate how Aboriginal children's cultural needs will be supported, particularly if no Aboriginal care staff are immediately identified. This includes providing training and support to non-Aboriginal staff to implement Cultural Support Plans. Providers may consider engaging relatives, the extended community, and/or Aboriginal mentors to provide regular support in the home or ensure that there is regular engagement of family or other community members within the home and in the child's daily routine.

The agency with primary case responsibility should update the child's Cultural Support Plan following a child's entry to ICM. This is in acknowledgement that the ICM placement is a change for the child, their family and how their plan may need to be implemented.

It should be acknowledged that many children in Interim Care, including Aboriginal children have experienced previous placement breakdowns. For Aboriginal children multiple placement breakdowns may reinforce the inherited, inter-generational trauma, on top of trauma they have experienced through child protection and removal experiences.

3.3 Minimum Service Expectations

Interim Care providers will be expected to meet the expectations outlined in the [Permanency Support Program](#) requirements.

3.3.1 Facilitate immediate placements

Interim Care providers will be required to work closely with DCJ (CFDU and ICRU) and the agency with primary case responsibility to facilitate immediate placements. This includes providing timely responses to placement requests and support to transition children into placements.

The model is intended to divert children from ACA and requires providers to be responsive to emergency situations when children require immediate placements.

3.3.2 Home environment

A key aspect of the ICM is the establishment of homes that are safe and provide child-friendly environments that cater to the individual needs of the children.

Agencies delivering Interim Care Model placements must ensure that the home environment provides children:

- their own bedroom that can be personalised (or shared bedroom for siblings, where appropriate)
- access to age-appropriate toys, activities and experiences
- a dining area to share home-cooked meals together with siblings, staff and/or other children
- a lounge room or communal areas to play, socialise, and experience everyday activities, and
- outdoor space suitable for play and social interaction.

3.3.3 Staffing requirements

Service providers should use authorised foster carers as a preference over direct care staff wherever possible.

Trained, experienced and consistent direct care staff will provide day to day support to children based on a house routine and structure designed to meet their individual needs. Providing a consistent team of direct care staff will help support children to develop trusting and healing relationships.

Management and oversight of individual homes is provided by an on-site House Parent who is responsible for establishing consistency, routines and engagement of children throughout their stay in this placement.

House parent and direct care staff roles are responsible for a range of activities, including

- Ensuring a child's individual needs, including cultural supports are integrated into the day to day operation of the home. This may also include support with personal care (as required) and bedtime routines.
- Supporting children with homework activities and after school/weekend activities (extra-curricular, social outings)
- Being available at key transition points, for example after family time visits; attending significant events such as award assemblies at school/sports presentations (in consultation with caseworker)
- Supporting Life Story work
- Convening and participating in weekly update meetings
- Key contact for the agency with primary case responsibility
- Supporting children with meal planning, preparing meals, school lunches
- Shopping, household duties such as washing children's clothing and other cleaning duties
- Transporting to and from school and other extra-curricular activities within business hours and after hours.

3.3.4 Rostering

Staffing rosters must include:

✓	two staff members during the day when children are present in the home (one of whom may be the House Parent)
✓	one sleepover/overnight staff member with flexibility for an awake night shift when required to meet emergency placement and child-related needs
✓	'on-call' staff available after hours (including weekends).

Staff rostering will need to be reflective of the developmental needs of individual children, particularly for younger children requiring additional support with activities of daily living and care.

Limiting the number of adults involved in the children's lives is important. Providers will need to consider a limited pool of staff to be identified as the main support and interface for the children in Interim Care to ensure consistent staffing and predictability in routines.

There should be a written and verbal hand over system across shifts to ensure staff know the child's needs and interests on each day.

Staffing rosters should always be consistent and ensure the safety and wellbeing of children. Only in exceptional circumstances should casual agency staff be utilised.

3.3.5 Qualifications

Direct care staff play a critical role in providing consistent, safe and nurturing relationships for children and young people. Therefore, staff experience and training should reflect understanding of child abuse, impacts of trauma, and providing trauma-informed care.

ICM service providers will need to ensure that staff are:

✓	Appropriately trained and experienced. This may include staff with a background in early childhood development and/or education, nursing/health, or other community welfare caring role.
✓	Matched according to the child's developmental, health, education, social, emotional and cultural needs
✓	Completed training for providing Culturally Competent Care for Aboriginal and CALD children



The House Parent must hold a relevant Bachelor degree

4 Monitoring and review

To ensure transition planning for children from Interim Care remains a focus for all stakeholders, a range of monitoring and review functions will apply to Interim Care Model placements.

4.1 Transition meeting (entry and exit planning)

Prior to a child's entry into an ICM placement and where possible, the ICRU will convene a transition meeting to outline the timeframe, activities and needs for the child to support the placement at the point of entry and exit. For children requiring an immediate placement, transition meetings may need to be tailored and focused on critical information to support entry. Further transition activities may need to occur once the placement has commenced.

4.2 House Meetings

Weekly house meetings will be convened and include participation from the ICM service provider, the ICRU (where possible), and the agency with primary case responsibility for the child. The purpose of the house meetings is to share information about the child's progress in placement and any relevant group dynamics in the home.

4.3 ICM Goals Meetings

The ICRU will also convene regular ICM Goals Meetings that are focused on casework activities being undertaken by the agency with primary case responsibility in line with the child's case plan goal and exit planning.

In addition to updates regarding relevant case plan details, the ICRU may seek updates where appropriate on:

- Behaviour Support Plan development (if applicable)
- NDIS access and/or planning (if required)
- Educational and health needs
- Cultural Support Planning (if required)
- Family Group Conference actions
- Family Finding activities
- Transition and Exit Planning
- Considerations for restoration to previous carer or placement (if appropriate)
- Referrals/broadcasts for foster care (frequency)
- Interim Care provider's Foster Care capacity

ICRU will have a role in monitoring a child's progression through Interim Care Model to ensure that transitioning to kinship/relative care, foster care or other permanency option remains the priority. Monitoring will be ongoing for the duration of the placement.

5 Wrap-around supports

Children in the Interim Care Model will have access to the necessary wrap-around supports required through the agency with primary case responsibility.

For children in Interim Care who may have experienced multiple placement breakdowns, Intensive Therapeutic Transitional Care (ITTC) units can provide outreach support and assistance. The scope of support provided by ITTC outreach is focused on review, referral and recommendations to guide case plan goals, rather than the delivery of full assessments and associated interventions.

The Interim Care baseline package also includes funding for casework and additional therapeutic supports which can be used flexibly by the Interim Care provider to meet the needs of children in placement.

5.1 Behaviour Support

The agency with primary case responsibility is responsible for ensuring children have appropriate behaviour support and management plans where necessary, and the Interim Care provider has a copy of any plans at the time of placement.

The plan may be developed by the agency with case responsibility, the ICM service provider or an external behaviour support specialist, as negotiated. If the ICM service provider develops the behaviour support plan, it must be approved by the agency with primary case responsibility.

The Interim Care provider must:

	work with the agency with primary case responsibility to ensure staff are appropriately trained in the plan
	implement identified behaviour support strategies
	collect relevant data to monitor the plan

6 Funding Arrangements

The ICM service provider receives the:

- Baseline Package – Interim Care
- In exceptional circumstances (by approval), Interim Care service providers may be able to access Complex Needs, following discussion with the DCJ contract manager and before utilising funding or making arrangements for services.

Providers may also receive a placement capacity payment for vacancies to meet the fixed costs of running the home and a one-off establishment payment to assist with the costs of establishing the house.

7 Interim Care Referral Unit (ICRU)

7.1 ICRU function

The ICRU (part of DCJ State-wide Services) operationalised in July 2020. The ICRU has a role in:

- Assessing and determining the eligibility and suitability of a child or young person for ICM and safeguard against unsuitable placements.
- Providing feedback for placement groupings in Interim Care homes.
- Providing close oversight and monitoring for children in ICM to ensure that key activities are undertaken by the agency with primary case responsibility and the Interim Care provider.
- Monitoring for the duration of the placement until the child exits from ICM to a suitable permanency option.
- Supporting transitions from ICM within the maximum three month placement timeframe.

7.2 Oversight role

The ICRU will provide oversight for Interim Care placements. This will involve:

- Obtaining updates from the agency with primary case responsibility and ICM provider about progress against transition activities. This is to occur weekly to track progression of agreed activities.
- Linking in with existing District-based panels (for example ACA or Complex Case/Needs panels) to:
 - seek and/or share information about vacancies (or upcoming entries)
 - obtain/provide updates about children currently placed in Interim Care
 - ensure attendance/engagement of Interim Care provider at panels
 - engage ACWA, AbSec and other stakeholders, as necessary.
- Consulting with internal and external stakeholders such as Psychological and Specialist Services, Office of the Senior Practitioner (OSP), Child & Family or other service providers, as required to progress transition activities.
- Sharing information with Commissioning and Planning teams (Interim Care contract manager) regarding any identified service performance and/or system capacity issues.
- Assisting with options to widen the search for a permanency goal/solution by working with other central office units, Child and Family District Units, Districts and the PSP Board.

- Maintaining recording system for children and young people in Interim Care. This includes information collected to support Interim Care provider payments (processed through State-wide Contracts).

8 Data Collection and Record Keeping

8.1 Interim Care service provider

ICM service providers must maintain child-level records for all children in Interim Care placements. This data will be used to support Lifestory work and support the information sharing around the house relationships and wellbeing of children while in placement.

Child and house-level information may be shared through regular meetings with the ICRU and agency with case responsibility as part of the monitoring of all children in Interim Care.

The data collected must be made available to the agency with primary case responsibility for the child, to another service should the child or young person transition to another placement, or to any other agency upon request by DCJ. Weekly reporting is to be provided to ICRU to be added to the child's ChildStory records.

8.2 DCJ (including ICRU)

In addition to monitoring individual children and young people in Interim Care, the ICRU will collate information to help identify and escalate any system issues impacting on Interim Care objectives.

Examples of information that may be collected include:

- Length of time in alternative care arrangement (ACA) and then in Interim Care.
- Actions being taken to achieve their permanency goal – family searches, discussions with other Districts (for example, if the child has family or connections to another geographical area)
- Patterns/trends regarding transition barriers.

9 Appendix

9.1 Example placement grouping matrix

Profile Summary	Client A	Client B	Client C	Client D
Current known risks which may impact on placement				
Age				
Developmental needs				
Part of a sibling group				
Gender				
Preferred location				
Cultural needs				

9.2 Interim Care – Monitoring

Outlined below is the overarching structure for ICRU's monitoring activities.

Weeks 1 – 4

The agency with primary case responsibility will coordinate a weekly meeting with the Interim Care provider, with the support of the ICRU, to discuss how the child is settling into the placement and set a plan of casework milestones that need to be addressed through the placement.

ICRU will attend the existing district-based panels along with representatives from ACWA and AbSec (as required), in a role to support and consult. These meetings will review and highlight the progress of each child or young person within the Interim Care home as well as any potential vacancies or possible referrals that are to be considered.

The meetings will be focused on the key monitoring domains (see Section 3) and will also provide a general update and observations on each child and young person.

Weeks 5 – 8

In consultation with the District, ICRU will confirm during Week 6 that all activities to support transition from Interim Care are occurring (such as relevant foster carer broadcast, targeted recruitment, where appropriate and family finding). If options to transition from Interim Care

are exhausted by the Week 8 meeting, a new agenda item 'Escalation action' will be included that details the next steps for ICRU. Escalation action may include convening a meeting with the agency with case responsibility, Commissioning and Planning, and other stakeholders to consider other approaches.

Weeks 9 - 12

Meetings continue, with the additional focus on escalation activities (if applicable). Within week 10 an extension form will be completed by the child's casework team and approved by the Principal Officer for the agency with primary case responsibility. This form will be reviewed and considered for approval by the Deputy Secretary Child Protection and Permanency, District and Youth Justice Services.

If a foster care place or other permanency arrangement has been identified, the Interim Care home can be an environment for carers to engage directly with children to plan the transition to their new placement.

Weeks 13 - 24

Meetings continue to review progress against agreed transition plans.

Interim Care can be extended for up to 6 months (24 weeks) with approval from the Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services if no placement has been found, or if the child has an identified exit date or plan. The ICRU will assist the agency with primary case responsibility to seek approvals for these extensions.

From 24 weeks

If no placement has been identified for a child after five months in Interim Care, the ICRU will facilitate a meeting with the Interim Care provider, agency with case responsibility and representatives from ACWA and AbSec, if appropriate to discuss next steps.

The ICRU is responsible for notifying the Deputy Secretary that an Interim Care placement is approaching 6 months with no resolution and seek further placement extension approval.

ICRU will work with the existing Interim Care service provider and agency with case responsibility to determine if a change in case responsibility is required and whether case management transfer (CMT) to the Interim Care provider is in the best interests of the child or young person. Considerations may include:

- All options for an alternative placement have been exhausted
- There are no viable options for permanency
- The child or young person and their family have been consulted
- Health and Education outcomes can be achieved
- Agreed step-down plans are in place which ICRU will continue to monitor.

9.3 ICRU Referral Flow Chart

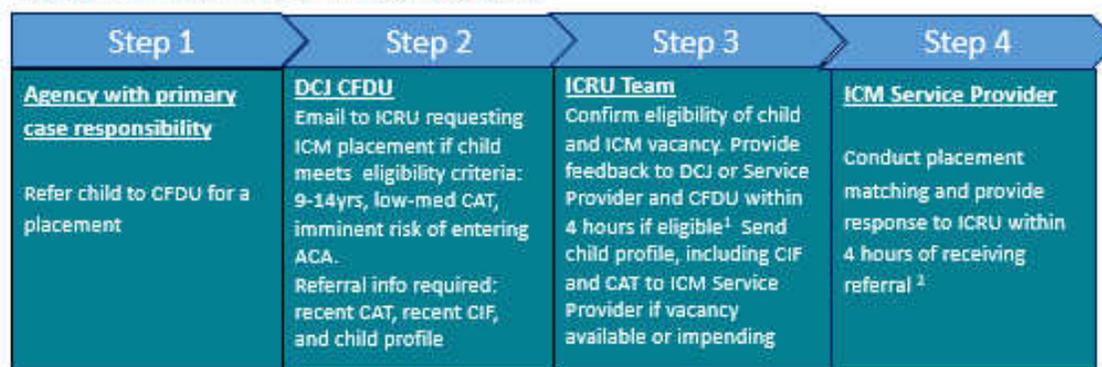


Interim Care Model: Referral Process with the Interim Care Referral Unit (ICRU)



Prior to referral: The Agency with primary case responsibility must demonstrate that they have exhausted all steps to secure a more suitable placement and that children will be at imminent risk of entering an ACA if an ICM placement is not secured. A transition plan and exit option along with what is hoping to be achieved for the child within the 3 month ICM placement, must be identified.

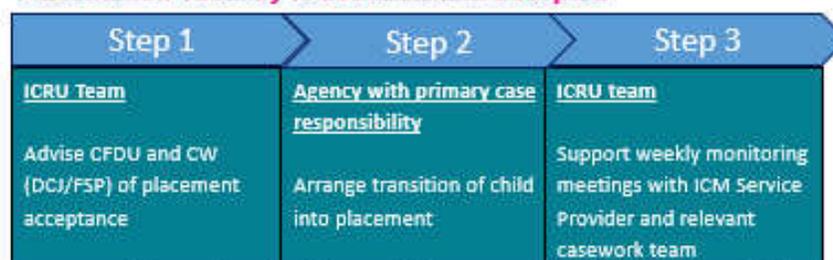
Referral for Interim Care Model Placement



Referral Meeting

A referral meeting may need to be held to discuss the needs of the child, to assist ICM Service Provider to determine matching. This to include agency with primary case responsibility, ICM Service Provider, ICRU, and where possible the child's existing therapeutic supports etc.

Placement if vacancy is available and accepted



Extension of placement

ICRU convenes an **Extension Review Meeting** in weeks 10-11. The agency with primary case responsibility completes the **Extension of Placement form** in preparation for the meeting. ICRU submits the form to the Deputy Secretary, Child Protection and Permanency, District and Youth Justice Services, for approval. In exceptional circumstances, placements can be approved beyond 6 months.

Please note – It is a requirement of placement for the agency with primary case responsibility and the ICM service provider to attend weekly monitoring meetings. Focus of these meetings to be on the progress of CYP within the placement, progress towards what was hoping to be achieved for CYP, support required and monitoring progress towards transition to a suitable placement. Refer to Monitoring Functions document for further detail.

¹: Dispute resolution or escalation point: should a decision or recommendation be made and there is disagreement this can be escalated through the relevant Directors or Principal Officers for review.

²: Dispute resolution or escalation point: should a decision or recommendation be made and there is disagreement this can be escalated through the relevant Directors or Principal Officers for review.

Prior to referral: The Agency with case management must demonstrate that they have taken all steps to secure a more suitable placement and that CYP will be at imminent risk of entering an ACA if ICM placement is not secured. An exit option and what is hoping to be achieved for CYP within the 3 month ICM placement, must be identified.

Once in Placement

Step 1	Step 2	Step 3
<p><u>Agency with primary case responsibility</u></p> <p>Is responsible to work with ICM service provider and provide direction on day to day care</p>	<p><u>ICM Service Provider</u></p> <p>Provide day to day care for the child in placement, provide weekly communication for progress of the child to agency with primary case responsibility & ICRU, notify Helpline and case managing agency of any incidents³</p>	<p><u>ICRU Team</u></p> <p>Support and monitor the case work activities for each child to ensure that they are progressing toward their exit plan.</p>

Points of Escalation

Pathway for escalations during placement:

- Concerns around practice escalate to ICRU > DCJ (MCS), if needed will then proceed to Director/PO
- Concerns with contracting escalate to Contract Manager & ICRU to support resolution
- Critical events to be managed in line with the Critical Events Policy

Meetings and frequency once child is in placement

<p><u>Prior to entry Transition meeting</u></p> <p>Plan the timeframe, activities and needs for the child before and once moved into the placement. Chaired by ICRU</p>	<p><u>Entry & Exit planning meeting</u></p> <p>Meeting held within first 7 days in placement. Review information relevant to the child and planning for exit. Chaired by ICRU</p>	<p><u>ICM Goals meeting</u></p> <p>These meetings will happen at weeks 3, 6, and 9. Measuring casework activities in line with exit plan, time to also escalate barriers. Chaired by ICRU <i>Point of Escalation</i></p>	<p><u>Weekly House meetings</u></p> <p>Weekly meetings where ICM service provider and agency with primary case responsibility meet to discuss how the child is going in the placement, house dynamics and information sharing. Chaired by either ICM Service Provider or ICRU <i>Point of Escalation</i></p>	<p><u>Placement Extension meeting</u></p> <p>This meeting will occur between week 10 & 11 of placement, to discuss the request for extension. Chaired by ICRU <i>Point of Escalation</i></p>
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³: PSP Critical events policy <https://www.facs.nsw.gov.au/data/assets/file/0004/676453/PSP-Critical-Events-Policy-v02-Oct-2020.pdf>