



Communities
& Justice

Interim Care Model (ICM) – Operations Guide

For Interim Care Model Service Providers (ICM Service Providers) and Department of Communities and Justice (DCJ) practitioners supporting children in the Interim Care Model



Document approval

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1 Purpose of Guide

1.1 Purpose

The Interim Care Model (ICM) Operations Guide has been designed to guide Interim Care Service Providers (ICM Service Providers) and agencies with primary case responsibility (including DCJ and other Service Providers) supporting children¹ in the ICM program. The guide aims to promote consistency across all ICM providers by setting out standardised processes and clarify roles and responsibilities.

1.2 Background and policy links

This document was developed in consultation with the Interim Care Referral Unit (ICRU), DCJ staff involved in ICM and ICM Service Providers.

There are a range of resources for service providers delivering the Permanency Support Program (PSP) on the [DCJ website](#), including the following documents which should be read in conjunctions with this operations guide:

- [Interim Care Model Service Overview](#)
- [Permanency Case Management Policy \(PCMP\)](#)
- [Aboriginal Case Management Policy](#)
- [Away from Placement Policy](#)
- [Charter of Rights for children and young people in out-of-home care](#)
- [Critical events in statutory OOHC](#)

Other resources available on the DCJ website include information about the PSP funding model, contractual information, legislation and policy that informs PSP practice, record keeping, and sector workforce development and training.

1.3 Scope and application

The ICM Operations Guide applies to all ICM Service Providers and agencies with primary case responsibility (including DCJ and PSP service providers) including caseworkers who interface with the ICM and ICRU.

¹ For the purposes of this document child and children is inclusive of children and young people. Note that young people are not in the target age range of 9 – 14 years.

2 Definitions

The table below provides definitions of the main teams and meetings involved in the ICM program

Term	Description
Interim Care Referral Unit (ICRU)	The Interim Care Referral Unit (ICRU) is responsible for overseeing entries, transitions to and exits from ICM. ICRU assesses and determines the eligibility and suitability of a child for ICM and safeguards against unsuitable placements.
Agency with Primary Case Responsibility	The agency that exercises the primary casework relationship between the child, their carer/parents and family/kin. This agency could be a PSP service provider or a CSC/Metro ISS. Case management is retained by the primary agency for the duration of the ICM placement and requires a strong working relationship with the ICM Service Provider to provide direction on day to day care.
ICM Service Provider	ICM Service Providers provide the day to day care of children in ICM placements through: delivery of consistent and appropriately trained staff; a safe, child friendly and home-like environment; and through engaging children in everyday routines and links to community, cultural and social activities.
Short term placement	Within ICM short-term is defined as any period up to 12 weeks. In some cases a placement may not be found for the child within this timeframe, there are policies within this guide for how to manage placement extensions. The majority of placements are expected to be short term.
Referral meeting	Meeting to discuss with all parties involved the needs for the child being referred to enable service providers to make an informed decision on the referral.
Transition meeting	Plan the timeframe, activities and needs of the child before/or when moving into placement. Chaired by ICRU. Attendees: agency with primary case responsibility, ICM Service provider
Entry & 1 st goals meeting	Meeting held within week two of placement. Review information relevant for the child and planning for exit by identifying casework tasks to work towards. Chaired by ICRU. Attendees: agency with primary case responsibility, ICM Service provider, family, therapists
ICM Goal Planning	Occurring in weeks 2 and 6 measuring casework activities in line with exit plan, escalate and resolve any barriers. Chaired by ICRU. Attendees: agency with primary case responsibility, ICM Service Provider, family, therapists, other relevant stakeholders

Term	Description
Weekly House Meeting	Weekly discussion on how the child is managing in the placement, house dynamics and general information sharing. Meeting is minuted and notes shared with ICRU and local DCJ office. Chaired by ICM Service provider. Attendee: Agency with primary case responsibility
Placement Extension (if required)	Held in week 10 of the placement of their ICM placement to review tasks that have been completed and requesting an extension of the current placement because a more permanent placement has not yet been secured.

3 Interim Care Model

3.1 Service Overview

The ICM Service Overview and minimum service requirements are available on the DCJ website [here](#).

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

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

Support provided within this model includes:

- transitioning children at risk of entering or already placed in an Alternative Care Arrangement (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, who are predictable and reliable allowing for the development of appropriate routines for children. (Carers must have appropriate trauma informed care, cultural and disability support training)
- 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 and specific disability support needs) 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.

3.2 Target Group

The target group for the Interim Care Model is children in the Permanency Support Program who have been assessed as suitable by DCJ for an ICM placement and:

- have low or medium needs (as per the Child Assessment Tool [CAT] or based on professional judgement for those children that are a new entry to care)
- are aged between 9 and 14 years
- in, or would otherwise be at imminent risk of entering an ACA

All children who enter ICM must be under the Care of the Secretary *or* the Care of the Minister. The child must be:

- Subject to a Final or Interim Order Allocating Parental Responsibility to the Minister *or*
- In the Care of the Secretary, having just been Removed or Assumed

In exceptional circumstances, ICRU may consider a referral for a child under a Temporary Care Arrangement which has placed the child temporarily into the Care of the Secretary.

3.2.1 Age of 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 is considered for a child under the age of 12 years, a placement rationale must be documented showing all alternate care arrangements considered prior to requesting the placement in residential care.

The ICM Service Provider will be responsible for notifying the Office of the Children's Guardian (OCG) when a child aged under 12 years is placed in ICM within 24 hours of the placement.

3.3 Service Description

ICM Service Providers will establish and deliver the model in a home-like environment with direct care staff providing day to day support for the children. The placement is to accommodate up to four children and give consideration to the client mix based on each child's individual needs. Client mix can include individual children and/or sibling groups.

The model provides an interim placement option for up to 12 weeks². During this time, casework activities are undertaken by the agency with primary case responsibility in collaboration with the child's family and the ICM service provider.

The ICM Service provider provides day to day care for the child in placement and provides weekly communications on the progress of the child to the agency with primary case responsibility and ICRU. The ICM Service Provider is responsible to immediately report any incidents to the Helpline and case managing agency.

It is the role of the agency with primary case responsibility to progress the permanency goal for the child. This is managed through an agreed series of meetings (refer to Section 2 for more information):

- Referral/Transition meeting (pre arrival at the house, or on arrival)
- Entry and 1st goals meetings
- ICM Goal Planning (held weeks 2 & 6)
- Weekly house meeting
- Placement extension (if required held in week 10)
- An update report is also given at the bi-monthly contract meeting

Other focused case management activities (undertaken by the agency with primary case responsibility) for children in the model include

- **Case planning** – assessment of health and medical needs, developing social skills, educational needs, screening for disability, recreation and community engagement, connection to family, culture, religion, and sense of identity
- **Placement and permanency** – liaising with family and significant others, engaging in Family Finding and/or Family Group Conferencing processes. Where appropriate, liaising with Child and Family District Unit (CFDU), updating referral documents (Client Information Forms/Child Assessment Tool). Targeted carer recruitment activities
- **Services and additional supports** – referral to appropriate support services for example, Intensive Therapeutic Transitional Care (ITTC) outreach or clinical supports. Consideration of interim needs and planning for transition.
- **Foster Care recruitment** this includes regularly reviewing current carer pools; liaising with the ICM provider about their efforts to identify foster carers; identifying priority referrals that may be suited to a child; targeted recruitment; liaising with other agencies such as My Forever Family to determine potential matches

The agency with primary case responsibility will update the child's Cultural Support Plan (for Aboriginal children and children from culturally and linguistically diverse [CALD] backgrounds), recognising that the new Interim Care placement is a change for the child, their family and how their plan may need to be implemented.

² Placements over twelve weeks are to be reviewed prior to the 12 week period expiring at a Placement Extension meeting. Requests for extension are discussed and a request form completed. The form must be approved by the Deputy Secretary Child Protection and Permanency. Refer to Section 8 for more information.

3.4 Children with disability and Interim Care

3.4.1 Supporting entry to ICM

When working with children with disability, it is important to make sure they receive extra support through the transition. People with disability can find change especially hard so the more you can help them to prepare for change, the better.

Ensure the child understands what is happening in a way that makes sense to them (this may include using translators, pictures, preparing a social story or taking them to their new home multiple times). Check that everyone connected with the child or young person has the information they need to support them well and make sure the services needed are in place.

If the child or young person has a National Disability Insurance Scheme (NDIS) behaviour support plan (BSP), look for guidance in there about how to support them through the changes. If there are psychologists, therapists or behaviour specialists involved with the child or young person, work with them so that changes are supported by the whole team.

3.4.2 NDIS Plans and Interim Care

Where a child in the ICM program has an existing NDIS plan, the agency with primary case responsibility is responsible for implementation of the NDIS plan. This includes accessing appropriate services and supports through the NDIS plan rather than requesting complex needs funding from DCJ.

The NDIS plan should be reviewed to ensure it is providing all the support required to meet the child's needs. If not, a review of the plan should be organised with the NDIA.

If a child does not have an NDIS plan but is considered to be eligible, the agency with primary case responsibility will arrange to complete an assessment to ensure that the child's needs are met.

3.5 Aboriginal Children and Interim Care

Aboriginal staff should be engaged to provide care to Aboriginal children in the Interim Care Model. Non-Aboriginal providers should consider how they will partner with Aboriginal Community Controlled Organisations through NSW Child, Family and Community, Peak Aboriginal Corporation (AbSec) to engage Aboriginal staff to support children in ICM.

The agency with primary case responsibility should note their process of looking for other placements for Aboriginal children in line with Aboriginal Placement principles 13A. These aim to (if assessed as safe), ensure Aboriginal children are placed within their biological family, extended family, local Aboriginal community or wider Aboriginal community and culture. More information can be found [here](#). Notes on this process can be included in the Child Information Form (CIF) when it is completed.

The agency with primary case responsibility is responsible to update the child's Aboriginal Cultural Support Plan, recognising that the new ICM placement is a change for the child, their family and how their plan may need to be implemented and new supports required.

ICM Service Providers may consider engaging relatives, the extended community, and/or Aboriginal mentors to provide regular weekly 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.

All staff involved in the care of Aboriginal children in ICM need to be aware of the impact of repeated placement breakdowns, as the result of trauma and a consequence of it. For Aboriginal children multiple placement breakdowns may reinforce the inherited, inter-generational trauma added to trauma they have experienced through child protection and removal experiences.

4 Referral and Intake

The Interim Care Referral Unit (ICRU) is responsible for overseeing entries, transitions to and exits from ICM. ICRU determines the eligibility and suitability of a child for ICM and safeguards against unsuitable placements. Refer to the ICRU flow chart on page 13.

The agency with primary case responsibility and the Interim Care service provider both have responsibilities within the referral and intake period to ensure that the child is transitioned to the new placement with minimum disruption and appropriate support.

4.1 Referral, Intake and Transition Planning

4.1.1 Agency with primary case responsibility

The agency with primary case responsibility must demonstrate that they have exhausted all other avenues to try to secure a suitable placement for the child (including canvassing by the DCJ CFDU for potential family or Foster Care placements) and that the child is at imminent risk of being placed in an ACA if not in ICM. In order to support a smooth entry into the ICM program, the agency must:

- Provide all current documentation, ensuring it is up to date
- Identify any gaps in the documentation and provide updated information (case plan, BSP etc) prior to or at time of placement
- Document who has responsibility for implementing these plans (primary case responsibility agency or ICM Service Provider)
- Agency to share information regarding how the child presents, any behaviours to consider, interactions with other staff and children, their food likes and dislikes, bedtime routines - noting any items that provide comfort, including items to be brought from their previous placement
- Develop a fact sheet/talking points for parents/guardians with points on the ICM program
- Organise a family group conference and a permanency consult prior to or immediately after the child's entry to ICM

- notification requirements – school, health coordinator, parents, GP and other specialists
- Where possible ICM service provider staff to meet the child prior to entry, away from the house
- Ensure that there is transparency at entry i.e. understanding by the child of the temporary nature of the placement, time frames, what will happen during time in ICM house and what to expect when exiting. This could be included in a picture book pack.

4.1.2 ICM Service Provider

Supporting entry into an ICM house, the ICM service provider must:

- Ensure that staff are able to respond to the behavioural needs of the child
- All house staff have an overview of the young person before they enter (perhaps caseworker attended a team meeting), including copies of recent incident reports, house notes (if available from previous placement), in lieu of a BSP, a short summary on how best to support the child
- Staff understand identified needs and possible risks that could arise on transition
- Other children in placement are provided age-appropriate information on who will enter the house
- Develop a story book for each new occupant with information (photos or a walk through via video) introducing the child to the house and staff
- On arrival have a discussion with the child about what they should expect from the placement – length of stay, schooling, planning, nearby facilities (parks, shops etc), when they will see their significant others
- Have a welcome morning/afternoon tea, introducing the child to the house via a special event that is fun for the child
- Allow the child to contribute to house routine immediately for example choosing what to have for dinner, what to watch on television
- Have a two week review with the child after two weeks in the house – allow the child to have some ownership of their space such as decorating their room or choosing bed linen

4.1.3 ICRU

Where there is insufficient and/or conflicting information about the child in the documents received, ICRU may facilitate a pre-acceptance or referral meeting. These meetings which include the agency with primary case responsibility and ICM service provider can assist in better understanding the needs of the child. This also provides insight into the potential matching of the child requiring a placement with other children already in the home.

ICRU will monitor a child's progression through ICM to ensure that transition to a suitable permanency option remains the key priority.

ICRU will provide close oversight and monitoring for children in ICM to ensure that key activities are undertaken by the agency with primary case responsibility and the ICM Service Provider. Monitoring is ongoing for the duration of the placement and is an integral part of the model.



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

Step 1	Step 2	Step 3	Step 4
<p><u>Agency with primary case responsibility</u></p> <p>Refer child to CFDU for a placement</p>	<p><u>DCJ CFDU</u></p> <p>Email to ICRU requesting ICM placement if child meets eligibility criteria: 9-14yrs, low-med CAT, imminent risk of entering ACA.</p> <p>Referral info required: recent CAT, recent CIF, and child profile</p>	<p><u>ICRU Team</u></p> <p>Confirm eligibility of child and ICM vacancy. Provide feedback to DCJ or Service Provider and CFDU within 4 hours if eligible¹ Send child profile, including CIF and CAT to ICM Service Provider if vacancy available or impending</p>	<p><u>ICM Service Provider</u></p> <p>Conduct placement matching and provide response to ICRU within 4 hours of receiving referral²</p>

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

Step 1	Step 2	Step 3
<p><u>ICRU Team</u></p> <p>Advise CFDU and CW (DCJ/FSP) of placement acceptance</p>	<p><u>Agency with primary case responsibility</u></p> <p>Arrange transition of child into placement</p>	<p><u>ICRU team</u></p> <p>Support weekly monitoring meetings with ICM Service Provider and relevant casework team</p>

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.

5 Transition Planning – Entry to Interim Care

5.1 Prior to entry planning

Once a referral has been accepted by the Interim Care service provider, ICRU will convene a transition meeting to support entry to placement. Transition planning provides the agency with primary case responsibility the opportunity to share information about the child's individual needs and views to be considered during the transition process. For expediency and in the case of an immediate placement, the meeting may be facilitated via a teleconference.

There may be exceptional circumstances when a phased transition can occur. As most entries into ICM are for immediate placements the ICM service provider should have a welcome procedure for any new entries into the house, such as a picture book with information on the house and guided tour of the house on entry.

5.2 Who participates in the **prior to entry** transition meeting

The ICRU will facilitate the transition planning meeting between the referring casework team and the ICM Service Provider.

At a minimum the following key people should attend the transition plan meeting:

- ICRU representative
- Child's current case manager (from the agency with primary case responsibility)
- ICM house parent/manager and clinical support
- Optional people to attend could include the Casework Specialist, or DCJ Psychologist
- CFDU representative
- The agency with case responsibility should inform the child's school as soon as the placement is confirmed – a change in place could trigger behaviours at school

Supporting documentation that will be reviewed and considered as part of the ICM entry planning meeting includes any available copies of the child's:

- Current Case Plan
- Behaviour Support Plan
- CAT
- CIF
- Restrictive Practices Authorisations
- Cultural Plan
- Risk management and/or Safety Plans, if available – this could also include some kind of forecast document which outlines what may become a risk – “what to do if...?” type document (for example, if child has been living alone with staff for a period of time they may

demonstrate behaviours or anxiety when placed in a house with up to 3 other children – these are some strategies to try whilst waiting to engage with a clinician for support).

- Medication approvals and/or prescriptions, health management plan
- NDIS plan
- Current orders, if applicable (for example, AVO, bail conditions)
- Profile of child – likes and dislike
- List of names and contact details of who is important in child's life
- Family time plan
- Information regarding child's school and attendance.
- Genogram
- Exit planning

5.3 Safety and Risk

Risks should generally be planned for and considered for the duration of any placement, especially for the initial period of transition into the ICM house where there may be an escalation or change of behaviours.

During transition planning any known risks for the child and strategies to minimise or respond to those risks are shared with the ICM service provider.

Safety and risk planning should be guided by the child's BSP and any approved Restrictive Practices Authorisations (RPA).

For children that do not have an approved BSP, the risk assessment outcome and/or approved RPA will need to be clearly recorded and provided to the ICM provider. This should be provided on form 149B-K.

5.4 Supporting children already in placement with new entries

5.4.1 ICM Service Provider:

- Develop a house risk management plan that specifically deals with new entries. This should be updated each time a child enters and exits the house
- At all house meetings discuss the potential for new children entering the house, preparing them for when this happens
- Hold a house meeting with current children in the house and explain who is coming in. Show a photo of them if available. Discuss how to make the new child welcome, for example cooking a favourite meal for the child, welcome posters
- If there is an opportunity to meeting child prior to entry, this may be a helpful option for existing house members
- Staff should be prepared to accept a new child to the house at any time of the day or night
- Use a placement matching matrix to ensure introducing a new child will be of low risk to all residents

- Have a plan for securing additional staff if required for new entries to allow the house to settle in without risk

5.4.2 Agency with case responsibility:

- Prepare or commence a story book on the child that can be shown to house staff prior to entry and developed while in the house
- Case managers of existing children in the house should be informed of a new arrival and consider any potential risks and safety issues

6 Working Together to Support a Child's needs

Interim Care requires ICRU, the ICM service provider and the agency with primary case responsibility to work closely together to support the child's needs and pathway throughout the placement.

6.1 NSW Joint Protocol 2019

All staff working in an ICM house must be familiar with the [NSW Joint Protocol 2019](#).

The Joint Protocol was designed to try to reduce the contact young people in OOHC have with the criminal justice program. The protocol includes Annexure A – Procedures for Intensive Therapeutic Care (ITC) ITC and Residential OOHC services (page 22) which 'provides ITC and residential service staff with additional guidance for managing young people's behaviour, consistent with the principles of therapeutic care.'

This includes staff giving consideration to:

- The training provided to staff to: (a) manage challenging behaviour (b) identify the situations and behaviours that require police assistance (c) minimise client-initiated conflict, and (d) implement, review or refine the BSP.
- The routines in the household and environmental factors such as the provision of quiet spaces and privacy which can help regulate behaviour.
- The client mix in the household.
- Household strategies promoted to support residents to manage stressful and escalating situations.
- Strategies to improve the relationship between the household and the neighbourhood if police are being called by neighbours to deal with concerns about the residential service.

6.2 Placement grouping

The Interim Care Model requires a streamlined matching process as it offers time-limited placements for children with low and medium needs. Significant risks may be one of the main considerations that impact referral acceptance.

Current known risks, trauma information and therapeutic approaches will be the main consideration that may impact referral acceptance, however it is expected that risks can be managed in-house in most instances.

A grouping matrix tool could be used by DCJ and ICM Service Providers for determining suitability when multiple vacancies are available. The matrix tool considers:

- developmental needs, age and gender of children
- cultural and religious needs
- considering the impact of sibling groups and individual children in the one house
- geographical area to ensure children remain connected to family, community, country, school, social and extra-curricular activities
- risk management strategies (if applicable) to be implemented
- One to one placements in Interim Care should not be considered.

6.3 Behaviour Support

For children who have a Behaviour Support Plan (BSP) or similar, a copy of the plan must be provided to the ICM service provider prior to entry.

The agency with primary case responsibility is responsible to ensure the child has an effective BSP where necessary. If required, a BSP may be developed by the ICM Service Provider or an external behaviour support specialist, as negotiated. If the ICM Service Provider develops the BSP, it must be approved by the agency with primary case responsibility in line with OCG requirements.

The ICM Service Provider will work with the agency with primary case responsibility to ensure staff are appropriately trained in the BSP, implement identified behaviour support strategies, and collect relevant data to monitor the plan.

6.4 During the placement

6.4.1 ICM Service Provider

For the duration of the placement, the ICM Service Provider must maintain their focus on the child, via key activities designed to support and nurture the child and achieve their permanency goal.

ICM service providers work in collaboration with the child to include them in all daily activities and house planning in addition to discussing all aspects of their transition to their next placement. This includes:

- provide structure and routine on an individual basis
- provide agency with primary case responsibility information on achievements, significant events, friendships, and contribute to Life Story work
- flag any issues/concerns regarding the child with the agency with primary case responsibility

- Prepare a “Rules for Kids and Staff” template to develop a set of house expectations – for example, respecting boundaries (other people’s rooms), television time, use of phones and internet, hours to be at home each night.
- transport to and from school
- coordinate with agency with primary case responsibility to facilitate:
 - attendance at required appointments, for example attendance with psychologist, GP (for ongoing medical needs)
 - support opportunities for the child to re-engage in community activities, including social, educational, religious, and cultural, and develop their sense of identity
 - support contact and interactions with family, friends and significant others in consultation and collaboration with the agency with primary case responsibility
- consider and prepare an exit summary – providing the child’s next placement with an understanding of their life in the ICM house
- maintain day to day running notes, case notes

6.4.2 Data collection by ICM Service Provider

ICM service providers should record as much relevant information as possible during the child’s stay in ICM. This can be a daily sheet outlining activities for the day or it might focus on goals and outcomes.

Suggested information to be recorded includes:

- Activities and their outcomes focused on the child’s wellbeing and recorded by child
- Data regarding the implementation of an NDIS BSP, particularly where restrictive practices are used. Data can then be provided when the RPA is reviewed.
- If a child has a diagnosis of epilepsy it is important that charts of seizures and any medication given is recorded and stored
- A progress report for the entire placement including a summary of education, health, wellbeing, family contact, any worries or issues that come up and any strengths and developments that have been made.

These can also be recorded as updates, added to case plan reviews and/or recorded in ChildStory

6.4.3 During the placement: Agency with primary case responsibility

The agency with primary case responsibility for the duration of the ICM placement should continue to focus on the child and key activities designed to achieve their permanency goal

- On the child's entry to an ICM house, refer to the ICM Service Overview, plan and convene: Entry Transition meeting, Entry and 1st goals meeting, ICM Goals meeting and if required, Placement Extension Review meeting
- work with the ICM provider to continue to support the needs of children
- engage existing psychological supports or seek DCJ Psychologist consult to support ongoing placement
- briefing ICM service provider on any changes or updates to case plan, including NDIS Plan, Education, Learning Plan, Health Plan (dental, psych/psychiatric, Occupational Therapy, Speech Pathology, other specialist / practitioner) via regular meetings
- mandatory attendance at weekly meetings with ICM service provider
- negotiate transport and attendance at appointments, family time (if appropriate)
- for Aboriginal and CALD children, update their Aboriginal Cultural Support Plans or Cultural Support Plans to reflect how their needs will continue to be met in ICM
- support children to continue their connection with religious community, if applicable
- work with ICRU in regard to progress and updates
- work closely with other agencies to transition the child successfully via continued permanency planning
- coordinate additional costs and needs for ICM provider related to the child
- Agency requests fortnightly broadcasting is done by CFDU. Agency provides an updated profile of each child to CFDU in time for the broadcast
- Advise CFDU of all new referrals to ICM House. This ensures the child is placed on a Complex Care Panel if needed.
- Advise CFDU when additional children are entering an already occupied ICM, especially if the child comes from another region.

6.4.4 During the placement: ICRU

Throughout the duration of placement, ICRU supports intensive focused work for the child and assists with information sharing between stakeholders. This is achieved by:

- Applying the monitoring and [Quality Assurance Framework \(QAF\)](#) to all aspects of the work
- attend meetings with ICM service provider, agency with primary case responsibility and other stakeholders as required
- Convene Extension Review meetings in weeks 10 or 11 if a child has no confirmed exit plan
- Complete Extension Review Meeting template with agency with primary case responsibility and submit to Deputy Secretary for approval of placement extension, including the Placement Extension form.
- 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
Note: ICRU will ensure any information sharing respects the privacy of each child by not disclosing any unnecessary information.

6.5 Weekly Progress and ICM Goals meetings

Weekly progress meetings provide key stakeholders (including staff and people important to the child) with an opportunity to monitor, plan and review a child's passage through ICM. This is done through sharing insights and data collected by the ICM house staff. This is also an opportunity for the agency with primary case management to share the views of the child in placement.

The table below sets out the functions of Weekly Progress meetings and ICM Goals Meetings:

	<i>Weekly Progress Meetings</i>
Purpose	<ul style="list-style-type: none"> • 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 ICM service provider
Attendance	House staff, child and/or parent/guardian, case worker, therapist, others as required
Facilitator	House parent/manager
	<i>ICM Goals Meetings</i>
Purpose	<ul style="list-style-type: none"> • These meetings will happen at weeks 2 and 6 with extension meeting at week 10. • Measuring casework activities in line with exit plan, time to also escalate barriers. • Chaired by ICRU
Attendance	Agency with primary case responsibility, family, other service providers supporting the child and family, optional ICM service provider with input toward foster care where needed.
Facilitator	ICRU
Output	Meeting minutes with agreed actions
<i>Any changes to the Case Plan as a result of these meetings will be made by the agency with primary case responsibility</i>	

6.6 Weekly Meetings – suggested agendas

- reviewing and making variations to case plan and exit goals in the context of information being collated by the ICM Service provider
- reviewing child or young person's arrangements such as family contact time, education, general functioning
- discussing feedback and/or data collected from direct care about child or young person's daily functioning
- identify exit plan/strategy

- identifying what the child or young person's needs are going forward in relation to ongoing referrals, family and contact, education, disability requirements

If the ICRU representative is not available or required, the agency with primary case responsibility should forward minutes of the meeting to the ICRU.

7 Transition planning – exit from ICM

Exit planning should remain an ongoing focus from the start of placements and continue for the duration of the placement. ICRU will schedule the first exit planning meeting within the first 2 weeks of placement to review relevant information for the child and commence planning.

Considerations for the meeting include:

- exit timeframe or date
- engaging with the child, explaining the process
- how information about the child will be transferred between the agency with primary case responsibility, the ICM Service Provider and the new placement/care arrangement
- identifying supports required to transition to the new placement/care arrangement
- confirming date of case management transfer (if applicable)
- other logistical considerations
- notification or engagement with child or young person's school
- confirming that the agency with primary case responsibility will complete the necessary notifications to family, OOHC Education and Health Coordinators, and other key practitioners (including the NDIS where applicable)
- Family Group conference
- Permanency consult
- For children with disability, refer to Section 3.4 for suggestions to provide additional assistance with transition

7.1 Attendees

Transition Planning from ICM should include consultation or a meeting with the following people at a minimum:

- Child, family and significant others, if appropriate
- Current caseworker (agency with primary case responsibility)
- New care provider (parents/carers/care provider)
- ICM house parent/manager
- ICRU representative and ICRU psychologist (if relevant)
- Other relevant staff

7.2 Preparing for Transition

7.2.1 Agency with primary case responsibility:

- Ensure all plans have been reviewed and updated to record the ICM placement and what has occurred
- Once a placement is identified, an exit plan should be developed for the child for a 2 – 6 week period, depending on the child's progress
- Child to be included in (appropriate) discussions about the move and their wishes to be heard
- Case Manager is responsible for coordination of all the exit planning options and must communicate clearly with ICM service provider the plan and who facilitates what
- In conjunction with the ICM Service Provider arrange for:
 - Future carers to visit child in the ICM house, view their current space
 - Child visits carer in the new home (but does not stay over)
 - Child visits carer for a second or third time and does stay over
- Provide as much information as possible about the new carer/s
- Caseworkers should seek clinical advice on the individual needs for the child to successfully transition which may include additional visits to their new placement, additional supervision for the caseworker around strategies to help support transition
- Ensure during the transition that the child has adequate time with family to discuss the new placement and how the family will remain in contact
- Prepare a list of documents to be shared with the new carer on transition

7.2.2 ICM Service Provider

- Supports in place for the children remaining in the house to discuss what the transition/exit of another person means for them; the possibility that someone else will move in; when they will transition; what is being done for the remaining children to find their permanent placement
- Appropriate information is provided to the child (and therefore ICM staff) about where they are exiting to and what to expect
- Support the child to prepare for the move, decide what to take and what to leave (developing a leaving checklist to ensure nothing of significance is left behind)
- Ensure Lifestory work is up to date for the child before they leave
- Provide a small memento of the child's stay to help create a memory
- Small farewell gathering

7.3 Extension to an ICM placement

An ICM Extension Review Meeting must be held when a child is approaching the 12-week timeframe of their ICM placement and a more permanent placement has not yet been secured.

The meeting is held with the purpose of identifying a transition pathway from ICM.

This is achieved by:

- evaluating assessments, interventions, and their outcomes
- reviewing progress of family group conferencing and family finding
- reviewing placement referrals, and referral refusals
- reviewing ICM service provider and agency with primary case responsibility internal searches for Foster Care placement, as appropriate
- making recommendations for support, assessments and interventions, and

Key participants in this meeting are:

- ICRU
- ICM service provider representative
- agency with primary case responsibility
- Representative from the DCJ District, CSC or CFDU
- Permanency Coordinator
- Other relevant stakeholders
- Clinical team

If an extension to the 12 week ICM placement is required, an ICM Extension Review form is completed and submitted to ICRU. The form is then reviewed by the Deputy Secretary Child Protection and approved or other suggestions for a new placement are made.

While the extension request is being reviewed and up until a new placement is identified for the child the ICM Service Provider continues direct care for the child and provide regular updates on their progress.

7.4 Additional approaches to identify placements

In the event that a more permanent placement cannot be found for the child, additional avenues to explore might be:

- Agency with case responsibility to continue to keep CFDU informed so they can continue to canvass for a foster care placement
- Regular Family Group Conferences to discuss options and monitor if there are changes in circumstances
- Group supervision with all relevant stakeholders to discuss previous carers and determine if any might be suitable/circumstances have changed
- Reassess the child's CAT score, if they meet the criteria for a review or reassessment
- Consider the culture of the child and approach CALD foster care agencies that have close connections with the community to search for an appropriate carer

- For agencies that deliver foster care, (and where a foster care placement is needed) continue to scope available and suitable carers. All stakeholders to assist to scope out foster care availability not just the ICM provider.
- targeted recruitment
- DCJ partners with My Forever Family for targeted recruitment
- Assessment of current ICM staff as possible carers.

8 Critical events

All critical events involving children in the ICM program must be immediately reported by the ICM Service Provider in line with their organisation's policies.

A critical event is defined as an event that typically causes risk of harm or actual harm to a child or children in out of home care. A critical event always requires immediate reporting to one or more government agencies, for example DCJ, NSW Police, NSW Children's Guardian, the NSW Ombudsman or the NSW Coroner.

For more information, follow the link in the below table.

Incidents classed as critical, should be immediately reported as follows:

8.1.1 ICM Service Provider

- Follow the [PSP Critical events in statutory OOHC](#)
- Although not the agency with primary case responsibility, as the primary *carer* of a designated agency all critical events must be immediately reported and policy and statutory obligations fulfilled as summarised by this policy
- Follow contract obligations to report critical events to your contract manager; OCG and Ombudsman as appropriate
- Concurrently inform the agency with primary case responsibility and ICRU of the event.
- Ensure that the immediate needs of the child are met
- Together with ICRU and agency with primary case responsibility (Principal Officer, or delegate) ensure that next steps are identified and the most appropriate agency identified for each of these, for e.g. informing birth family, reviewing BSP's.

8.1.2 Agency with primary case responsibility

Once informed of the incident, the agency should:

- Follow the [PSP Critical events in statutory OOHC](#)
- Receive and review the notification of a Critical Event by the ICM service provider.

- If necessary, clarify to ensure that reporting requirements have been met. If there is any ambiguity as to which party has or should report, ensure a report is made.
- Work with the lead Contract Manager (Commissioning and Planning) for ICM service provider to ensure that the necessary actions identified to support incidence of event not to reoccur and that follow-up of incident has taken place and been documented

8.1.3 ICRU

Once notified of the incident, ICRU should:

- Ensure the Critical Event has been communicated to all parties, including the CFDU/CSC/District/Contract Manager, and in the case of a death or potential media coverage/event, Director Community Services (DCS).
- Ensure the immediate needs of children have been met by the most appropriate agency (agency with primary case responsibility is responsible, to follow-up or flag this)
- Once the immediacy of the event has been reported and immediate tasks undertaken, coordinate a meeting with the ICM service provider and agency with primary case responsibility (senior manager level) to identify and allocate the next steps and actions where appropriate.
- ICRU to liaise with the CFDU/CSC to ensure that the DCJ response is agreed and clear e.g. permission to operate or end-of-life planning.
- Consider the critical incident and its impact on new referrals as well as other children in the placement, if applicable.

9 External Supports

9.1 OOHC Education and Health Pathway

9.1.1 Educational needs while in ICM

Children must be supported to attend school while in Interim Care placements. The agency with primary case responsibility remains involved in the child's schooling and has decision making capacity, during the period the ICM service provider is responsible for direct care.

The agency with primary case responsibility may consider engaging the OOHC Education Coordinator, OOHC teachers and/or Network Specialist Facilitators for all children and young people in ICM, especially when school attendance and engagement is an identified issue. Access to these supports is via the child's School Principal.

To assist engagement in schooling, the agency with primary case responsibility can also engage therapeutic support in addition to working with the OOHC Education Coordinators.

9.1.2 OOHC Health Pathway Programs

The Health Pathway is a joint initiative of DCJ and NSW Health aimed to ensure that every child or young person entering OOHC receives timely and appropriate health screening, assessment, interventions, monitoring and review of their health needs.

Information and forms for entry to the pathway can be found [here](#).

10 Funding

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.

For further information, please refer to the [Interim Care Model fact sheet](#).

11 Data Collection and Record Keeping

11.1 Interim Care service provider

ICM service providers must maintain child focused documentation 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.

11.2 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.

11.3 Information shared with ICRU and agency with primary case responsibility

ICM service providers should provide a short weekly update to both ICRU and the agency with primary case responsibility detailing the day to day running of the house involving the child.

This can be given in dot point form under a heading for each day, expanding on any specific events, achievements, strengths identified, and including any events of note or consideration.

12 Additional ICM Documentation

Additional ICM documentation – tools and fact sheets can be found on the DCJ website [here](#).