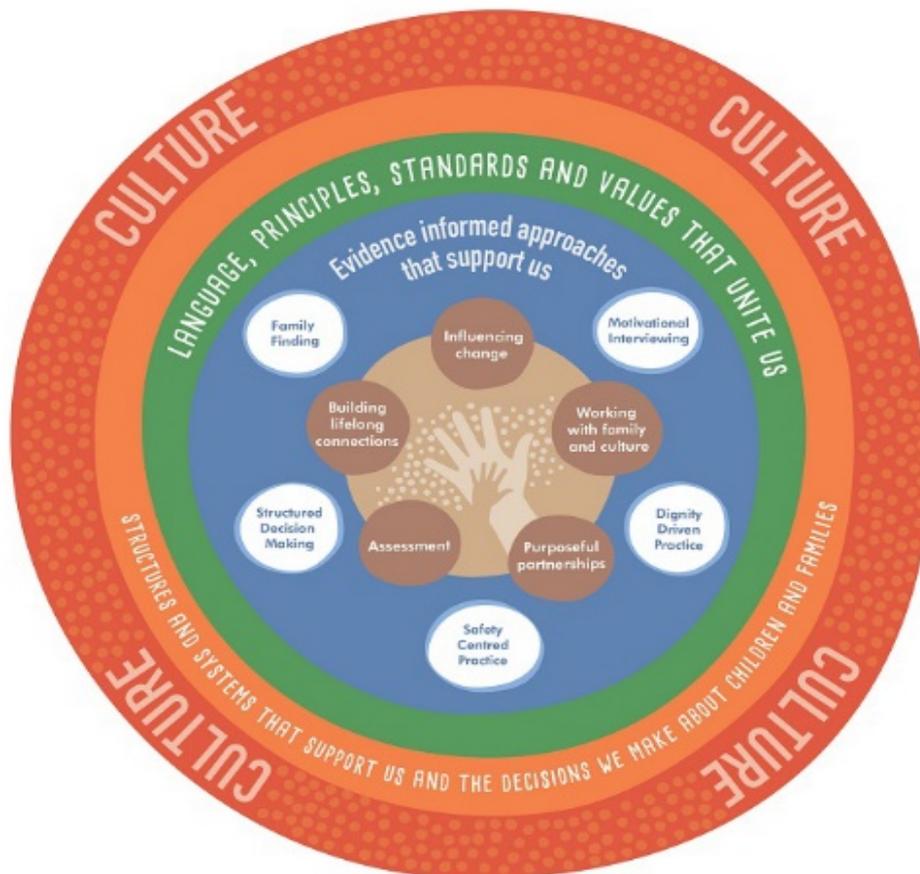


Working with Family and Community Services (FACS) Factsheet 2

Understand FACS practice framework, approaches and systems.



FACS NSW Practice Framework includes the principles, values, mandates, approaches and systems that underpin their work with children and families. The framework aims to show families, the community and other services what they should expect when working with a caseworker and/or another FACS employee. FACS model for child protection service delivery focuses on these principles:

- culture is ever-present
- language impacts on practice
- relationships create change and restore dignity
- critique leads to improved practice
- ethics and values are integral to good practice.

Practice points

- Does your client and service know about the Practice Framework? We recommend displaying the framework in your service, for staff and clients to view to inform them about FACS practice goals and values.
- Does your service have clear processes about sharing information between professionals and agencies?
- How well do you understand existing legislations and protocols about exchanging information?

For more details see www.community.nsw.gov.au/care-and-protection-practice-framework

Group supervision is a core component of FACS child protection practice. Every team across the state participate in weekly group supervision for around 3 hours and usually 1 to 3 families (cases) are discussed. Caseworkers, managers, casework specialists, psychologists and other specialist staff (including partner agencies such as local AOD services) participate in group supervision to discuss families, reflect on practice and plan future casework.

FACS group supervision is based on the Minnesota Group Supervision¹ model that uses specific questions and topics (like those listed below) to structure the case discussion that is usually led by the manager casework. All conversations about a family (clients) in group supervision should occur as if the family (clients) were in the room. Respectful language is an important part of group supervision.

Practice points

- If you are working with a client involved with FACS and haven't attended a group supervision—ask their case worker or manager casework if you can attend.
- Be familiar with the topics and group supervision approach to enhance your participation and capacity to advocate on behalf of your client and share information.

- 1. Purpose/focus of group supervision**—what do you want to achieve from group supervision?
- 2. Genogram/Ecomap**
- 3. Reason for referral**—why are child protection (FACS) working with the family?
- 4. Grey areas**— information that is incomplete or speculative and needs further detail and assessment.
- 5. Risk statements**—the worries (risks) about the children and family and the context of the worries.
- 6. Complicating factors**—situations or events that contribute to difficulty for family members, the worker and/or anyone else involved with the family.
- 7. Strengths/protective factors**—assets, resources, capacities that exist within the family and research based factors about these.
- 8. Safety**—protection demonstrated over time and patterns of exceptions.
- 9. Next steps**—future casework tasks and clear direction in response to the original purpose of the group supervision.
- 10. Purpose/focus of group supervision**—were your needs met from group supervision?

Group supervision aims to create more effective referrals, wrap-around services and case plans, enhance information sharing and transparency around decisions, and ultimately, better outcomes for clients.

For more details see Australian Institute of Family Studies - [Critical importance of supervision in child protection-harnessing the energy of teams](#).

Providing and requesting information effectively and confidently with FACS is important to enhance best practice and positive outcomes for your client. To do this, you must understand the protocols for exchanging information between professionals and agencies. It is common for workers to be fearful about sharing information but it is essential that agencies work together in a transparent to support a child's safety and wellbeing.

Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 establishes a scheme for information exchange between prescribed bodies and specified private health professionals and takes precedence over other legislation regulating information disclosure (e.g. Government Information (Public Access) Act 2009 and Health Records and Information Privacy Act 2002). Chapter 16A promotes coordination and collaboration between agencies and workers, respecting individual functions and expertise, so that children and families receive timely assistance. Consent is not necessary for exchange of information under Chapter 16A but it is best practice where possible to sought consent. **It is important to inform your client early on what information may be provided to other organisations, if practicable.**

To learn more see www.community.nsw.gov.au/kts/guidelines/info-exchange/provide-request.

¹ Lohrbach, S 2008, [Group supervision in child protection practice](#), *Social Work Now*, No. 40, pp. 19-24.

For more details and copies of these Factsheets go to <http://www.nada.org.au/>