



Western Australian Enhanced Family Support Networks

Operating Framework

Updated August 2017

Subject to review as required

Introduction

In September 2016, the now Department of Communities (the Department) released the *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy* (the EIFS Strategy) to more effectively focus the Department's workforce and funded services to divert families from the statutory child protection system and safely reduce the number of children entering out-of-home care.

The EIFS Strategy aims to align and coordinate government services to have a local and shared role in identifying families who are most in need and require earlier intervention. Shared responsibility and collective effort of government agencies and community sector services needs to be increased to prevent these families requiring tertiary intervention.

The EIFS Strategy is focused on the needs of vulnerable Aboriginal children and families experiencing significant disadvantage and adverse consequences, including over-representation across a range of negative education, housing, health, child protection and criminal justice outcomes.

In the last 10 years the number of Aboriginal children in care has increased from 873 in 2006 to 2,480 in 2016. This rate of growth and discrepancy between Aboriginal and non-Aboriginal children is continuing. Despite comprising only 6.7 per cent of the Western Australian population, 54.3 per cent of all children in care are Aboriginal.

The EIFS Strategy will align resources to deliver intensive, effective and coordinated services to at-risk Aboriginal families; to divert them from the child protection system and reduce the rate of Aboriginal children entering out-of-home care (OOHC).

The EIFS Strategy aims to align a suite of community sector services including Family Support Networks (FSN), Aboriginal In-Home Support Services (AISS), Intensive Family Support Services (IFSS) and At-Risk Youth Services.

Through the EIFS Strategy, the FSN model has been enhanced and expanded to cover the metropolitan area. In addition to the current Assessment and Coordination service, the Lead Agency also provides an Intensive Case Management service for families referred by the Department.

Western Australian (WA) FSN summary

WA FSNs are a partnership of community sector services and the Department. FSN's deliver earlier, targeted support to families so they can keep their children safely at home.

Through the EIFS Strategy, the FSN model has been enhanced and expanded to cover the metropolitan area. In addition to the current *Assessment and Coordination* service, the Lead Agency also provides an *Intensive Case Management* service for families referred by the Department.

The enhanced FSNs are culturally appropriate and prioritise the needs of Aboriginal families.

The FSN includes a Lead Agency and integrated Partner Agencies. The Partner Agency services include, but are not limited to: intensive family support, counselling, parenting support, drug and alcohol services, homelessness services, family and domestic violence intervention, services for young people, and targeted community support.

The FSN model provides an integrated range of services for families tailored to their unique and diverse needs. The *Assessment and Coordination* service is available to families who may be stepping down from Department involvement, but still require support, or for families who are accessing multiple services and require a targeted and coordinated response.

The *Intensive Case Management* service is for families who have been identified by the Department as being at risk of entering the child protection system, who are involved with or known to multiple agencies, and who require family support services to improve their wellbeing and strengthen their family unit.

A specialist child protection worker is also located within the FSN to provide consultation and advice on child protection matters, across both service streams.

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1 The Operating Framework

The Operating Framework provides the structure for implementation of FSNs in WA.

1.1 The Operating Framework elements

The Operating Framework provides information on how the FSNs will work at the local community level. In practice, the FSNs should:

- provide a flexible response that recognises:
 - families often have multiple, complex issues and changing needs
 - some children, young people and families may need ongoing support;
 - some children and young people may require alternative care outside the family from time to time;
 - there may be ongoing movement in and out of the FSN services; and
 - services need to adjust to the changing needs of children, young people and families;
- allow for collaboration and coordination with other secondary family support services within the FSN; and
- allow for collaboration and coordination with other services (both universal and tertiary) in the FSN area to provide a more coordinated response to children, young people and families.

This document covers the following areas:

- service environment;
- governance;
- client target groups and referral to the FSN;
- the intensive case management model;
- assessment, planning and service provision; and
- operational workings of the FSN, including roles and responsibilities, client consent and accountabilities of the FSN.

2 Policy and legislative context

2.1 Policy and Legislation

A range of legislation, government priorities, strategic plans and policies have informed the development of the Operating Framework for WA FSNs, including:

- *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy (2016)*. The Strategy provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home care (OOHC). This includes a strong focus on achieving positive outcomes for families with complex and multiple needs, and preventing children from entering OOHC.

- *Aboriginal Services and Practice Framework (2016-2018)* recognises that improving outcomes for Aboriginal children, families and communities that come into contact with the child protection system means valuing and respecting Aboriginal cultural systems and beliefs in all Department work. The Foundation Elements of the framework are Cultural respect, Consultation, collaboration and leadership, Self-determination and autonomy, and Holistic and strengths based. The Guiding Principles include Equity and access, Cultural safety and security, Accountability, Aboriginal community control and engagement, and Partnership.
- *The National Framework for Protecting Australia's Children 2009-2020*. The National Framework outlines two outcomes and associated strategies that focus on strengthening the capacity of families to support children through the bringing together of services; and the implementation of an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need.
- *The National Early Years Agenda*. Currently the Australian Government has focused on the importance of the early years through the development of a number of policies and strategies which promote children's development and protective factors for those aged before birth to eight years.
- *The Ford Review of the former Department for Community Development in 2007*. This Review recommended the development of a plan to better coordinate and integrate the wide range of family support services across Western Australia.
- *The Western Australian State Government's Economic Audit Report Putting the Public First in 2009*. This report recommended reforms to the way that human services are provided and also called for the establishment of six-trial community FSNs throughout the State.
- *The Secondary Family Support State Plan 2010-2013*. The Plan was developed as a framework to shape the development of state-wide-integrated secondary services model for vulnerable and at-risk children, young people, their families and communities. This document underpinned the original development of the FSNs including aims and objectives, guiding principles, key stakeholders to be included, secondary services within scope, governance frameworks and support structures required.
- *The Children and Community Services Act 2004*. This Act is the Departments primary legislation and outlines the mandate in relation to the provision of support and assistance for families in caring and promoting the safety and wellbeing of children. This Act is explored further below, given its relevance to the Operational Framework.

2.2 The Children and Community Services Act 2004

Underpinned by the principles of the *Children and Community Services Act 2004*, the following guiding principles form the foundation for the way the FSNs will operate:

- parents, family and the community of a child have the primary role in safeguarding and promoting the child's wellbeing;
- the preferred way of safeguarding and promoting a child's wellbeing is to support the child's parents, family and community in the care of the child;
- every child should be cared for and protected from harm;
- every child should live in an environment free from violence;
- every child should have stable, secure and safe relationships and living arrangements;
- intervention action (action to bring a child into care) should only be taken in respect of a child in circumstances where there is no other reasonable way to safeguard and promote the child's wellbeing;
- a child who is removed from his/her family should be given encouragement and support to maintain contact with the family and significant others, so far as is consistent with the child's best interests;
- decisions about a child should be made promptly having regard to the age, characteristics, circumstances and needs of the child;
- decisions about a child should be consistent with cultural, ethnic and religious values and traditions relevant to the child;
- a child's parents and significant others in the child's life should be given an opportunity and assistance to participate in decision-making processes under the Act that are likely to have a significant impact on the child's life; and
- a child's parents and significant others to the child be given adequate information in a manner and language they can understand about;
- decision-making processes under the Act that are likely to have a significant impact on the child's life;
- the outcome of any decision about the child; including an explanation of the reasons for the decision; and
- any relevant complaint or review procedures.

2.3 Contemporary policy directions in working with vulnerable children, youth, families and communities

A number of policy directions detailed within current literature on working effectively with vulnerable children, youth, families and communities have informed the development of the FSNs. For example, the development of service models which aim to deliver integrated and coordinated interventions to vulnerable children and families are seen to be increasingly effective as:

- **there is a need for earlier and responsive intervention and prevention:** research has shown that high-quality programs that are delivered earlier indicate long-term and positive outcomes for children¹;
- **there is need for a holistic view of the child with a focus on development and best interests:** particularly looking at safety and stability of children and their development milestones²;

¹ Sykora. J (2005). *Off to a Better Start: What we Know About Early Intervention Services*.

² <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj26/26-pages117-130.pdf> - accessed September 2013

- **brain development in the early stages of life is particularly key in the development and outcomes of children and young people into adulthood:** early childhood development can be seriously impaired by social, economic and regulatory environments³;
- **services should support both families and children:** evidence suggests that if parents experience difficulties and issues, the impact for children can be negative across the lifespan. The context of the family should therefore be considered when delivering services to children. Furthermore, family members are key resources for children's ongoing needs and development;
- **there is a need for services to be coordinated and have a shared approach:** encompassing services across the service continuum such as specialist and universal services, to ensure that key professionals are consulted at key points, to provide one entry point for families, to engage families more systematically and to target client problems more effectively⁴; and
- **services should address the cultural needs of Aboriginal and Torres Strait Islander children and families:** with research showing that Aboriginal and Torres Strait Islander children are almost five times more likely to be placed in out-of-home care than non-Indigenous children. Aboriginal children and their families also have specific needs including ensuring that children are culturally safe, while mainstream agencies have a role in ensuring their services are culturally competent and appropriate in providing suitable and safe responses⁵.

3 The Operating Framework

3.1 FSN: standards and partnerships

This section provides an overview of the FSNs, from the strategic and management levels, to the operational and guiding parameters. Included in this section are:

- principles and standards underpinning the FSN;
- Partner Agencies;
- service environment;
- referral; and
- governance.

3.2 Principles and standards underpinning FSN

Principles

The following guiding principles support and underpin FSN service standards and operation:

³ Shonkoff, J.P and Phillips, D, From Neurons to Neighbourhoods: the science of early childhood development, pg.5. 2010, National Academy Press.

⁴ Social Exclusion Task Force (2007). Reaching Out: Think Family; UK

⁵ Australian Institute of Family Studies (no date). Indigenous Responses to Child Protection Issues.

1. **Integration:** services work together in a planned and systematic way toward agreed, shared goals. The focus for agencies is to promote the integration of services locally, regionally and between sectors;
2. **Early intervention:** the identification of risk and appropriate intervention early in the life of a child, early in the formation of a family and early in the development of a problem is critical to success;
3. **Strengths based:** even in the most difficult of circumstances, individuals and families possess knowledge and resources that can form part of the solution to their current situation;
4. **Child centered:** children's unique vulnerabilities are placed at the centre of assessments and actions, including when the direct recipient of the service is a parent;
5. **Family focused, client directed and community based:** families are supported to address the issues they experience and strengthen their connection to their community;
6. **Policy connects to practice:** the development of policies to address risk and crisis maximise benefits to individuals, families and service providers. Strategic policy connects directly with service delivery and with related policy in other agencies;
7. **Evidence based approaches:** agencies commit to designing high quality services using research evidence and good practice and will evaluate the effectiveness of their services;
8. **Non-stigmatising:** services are provided to individuals and families in a respectful way that encourages them to seek help when needed;
9. **Inclusive and holistic:** services respond to the diversity of culture in the population and work to meet the needs of children, individuals and families; and
10. **Accountable and transparent:** agencies operate in a way that is accountable to clients and other agencies. Processes and systems are clear and easy to understand.

In addition to the above principles, the FSNs are also guided by the following:

- **A culturally competent service system:** A system that is safe and responsive to the needs of Aboriginal families; and
- **Diverting families from the child protection system:** A system that identifies families that are vulnerable to involvement with the statutory child protection system, and provides early and intensive support.

The principles outlined above underpin:

- practitioners' approaches to families;
- agencies' approaches to service design and delivery;
- the operations of the FSN; and
- priorities of government when investing in secondary family support services.

Service Standards

Service Standards for FSNs are vital in ensuring that FSN agencies maintain and improve the quality of their services. These service standards have been designed to

support the effective functioning of agencies operating within FSNs. The best interests of children, young people and families accessing services from the FSN were considered paramount in the development of these standards.

Upon signing the FSN Memorandum of Understanding (MOU) to become a Partner Agency of a FSN, agencies agree to adhere to the WA FSN Service Standards as a minimum for operation across the State.

Standard 1 Safety and wellbeing

FSNs will support vulnerable children, young people and families to resolve crises and promote the safety and wellbeing of themselves and their family members:

- FSNs provide vulnerable and at-risk families with a level of service delivery and case management that is flexible and reflective of their needs;
- children are involved in the process of ascertaining and promoting their safety in accordance with their age, capacity and development; and
- children, young people and families are empowered and supported to participate in identifying and resolving their own issues.

Standard 2 Assessment, planning and referral

FSNs have a common and consistent process for identifying the needs of vulnerable children, young people and families and referring them appropriately to services:

- FSN Lead and Partner Agencies operate within the *WA FSN Assessment, Planning and Referral Framework* when assessing and referring vulnerable children, young people and/or families;
- the assessment, planning and referral process is transparent and inclusive of children, young people and families;
- children, young people and families are aware of information that is recorded and how they can access it;
- children, young people and families are supported to access the most appropriate services as soon as possible;
- children, young people and families receiving services will be advised of processes and timeframes and what they can expect from the service;
- agencies forming the FSN are guided by the WA Family Support Networks Information Sharing Protocol when undertaking assessments and referring vulnerable children, young people and families both internally and externally to the FSN;
- families are aware of the role of the Leader Child Protection within the FSN and will be informed if the Leader Child Protection worker is consulted during the assessment process. The reason for their involvement will be communicated in a clear, respectful and transparent manner; and
- established referral pathways are identified between the FSN partner agencies and other universal, secondary and tertiary services to reduce duplication of service delivery and maximise access for families.

Standard 3 Access and equity

Family Support Networks have strategies to maximise access for vulnerable children, young people and families:

- each FSN is easily accessible and provides vulnerable children, young people and families entry into the local service system;
- FSN's operate under a local 1300 telephone number;
- information dissemination, promotional strategies and service design will reflect the nature of the FSN's target population and local community; and
- the Lead Agency and other service delivery agencies are sensitive to diversity and responsive to differences in culture, religion, language, gender, and the needs of people from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander peoples. FSNs are inclusive and where appropriate services are tailored to meet the needs of people with a disability.

Standard 4 Cultural appropriateness

FSNs provide Aboriginal families and children with a culturally appropriate and responsive service:

- the safety, wellbeing and best interests of a child or young person are paramount and all interactions with an Aboriginal child or young person will be respectful of their culture and identity;
- services actively engage and develop meaningful working relationships with the Aboriginal community and/or Aboriginal Community Controlled Organisation (ACCO); and
- services continually aim to improve culturally appropriate service provision including providing staff with ongoing training and development to meet the cultural needs of an Aboriginal child and young person.

Standard 5 Responding to need

FSNs respond effectively to the needs of children, young people and families and support them to achieve positive outcomes:

- children, young people and families have their needs assessed based on their level of priority;
- case management will be provided to families based on the referral type and intensity of service provision required;
- decision making processes will be undertaken in partnership with the child, young person and family; and
- FSNs adopt a child centered and strengths based approach to practice that positions children at the center of all interactions.

Standard 6 Service Integration - practice and services

FSNs work collaboratively and provide an integrated service response to meet the needs of vulnerable children, young people and families:

- FSNs will share information as appropriate, consistent with relevant legislation and approved Information Sharing Protocols;
- FSNs are well networked with strong linkages and referral pathways to other universal, secondary and tertiary services and families are supported to access the services that can best meet their needs; and
- the local governance structure reviews processes and procedures and carries out joint planning for FSN operations.

Standard 7 Accountability and governance

FSNs are accountable and provide clear leadership and management:

- FSNs operate in accordance with a Memorandum of Understanding which formally binds each agency to an agreed approach to service delivery and clearly outlines the local approach to the operation of the FSN;
- FSNs are guided by local Steering Groups with membership from government and community sector agencies and service providers;
- the lead agency is responsible for the establishment and management of the FSN.
- all partner agencies have policies and procedures that enable staff to carry out their responsibilities and enable the delivery of services that support vulnerable children, young people and families; and
- FSNs, services users and key stakeholders participate in evaluation activities as required in determining the efficiency and effectiveness of each FSN.

Standard 8 Staff Recruitment, training and development

FSN staff have the knowledge and skills to support positive outcomes for vulnerable children, young people and families:

- recruitment strategies are targeted to attract appropriately qualified; and/or experienced staff to deliver the required services;
- staff are supported to participate in professional development and training;
- all staff have current screening prior to commencing employment, including Criminal Record checks and where applicable, a Working with Children Check.

Standard 9 Complaints and disputes

Children, young people and families are free to raise and have resolved complaints or disputes they have with the service provided:

- FSNs implement processes into their service model to encourage children, young people and families to provide comment and feedback on the standard and adequacy of the service they receive;
- Each Partner Agency has a documented complaints procedure that is accessible to families; and
- FSNs encourage an environment where complaints are seen as an opportunity for

service improvement and will be taken seriously without judgement or blame.

²¹ Department for Child Protection, *Secondary Family Support State Plan 2010-13*, Page 2. 20

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3.3 Partner Agencies

The Department

The Department recognises that effective case management requires a collaborative effort to enable joint planning at all stages of the continuum of support. The Lead Agency will work in partnership with the Department and other identified stakeholders to support and facilitate the implementation of plans developed through the FSN as they relate to the child or young person and family.

The Department's *The Signs of Safety Child Protection Practice Framework, September 2011* (Signs of Safety) outlines: "*Constructive working relationships between professionals and family members, and between professionals themselves, are the heart and soul of effective practice in situations where children suffer abuse.*"

Secondary Family Support Services (SFSS)

SFSS purchased by the Department will participate in the alliance of Partner Agencies that form the FSN. These services will actively participate as Partner Agencies of the FSN. Active participation includes but is not limited to:

- all referrals for a secondary family support service being uploaded to the FuSioN database;
- Partner Agencies together with the FSN Lead Agency and family, ensure all components of the Case Plan are addressed;
- Partner Agencies working in a collaborative and integrated way to provide the most appropriate service to the family;
- sharing relevant client information between stakeholders to support the needs of the family; and
- actively and meaningfully participating in the FSN case conference process.

The collection of Partner Agencies presently participating in the FSNs is included on www.wafsn.org.au. Strong collaborative relationships form the basis of these partnerships.

As new and expanded FSNs are established the Lead Agency will review and re-negotiate Partner Agency participation based on local need.

Aboriginal Community Controlled Organisations

A critical component of the enhanced service model is the expectation that the Lead Agency will prioritise and increase direct service provision to Aboriginal children and families and actively work towards engaging with the local Aboriginal community. To engage with and develop meaningful relationships with the Aboriginal Community it is necessary for the Lead Agency to work alongside Aboriginal services and adapt a more culturally responsive approach.

To achieve this, the Lead Agency will engage Aboriginal services including the Aboriginal In-Home Support Service to become active Partner Agencies of the FSN. This may include

attendance at FSN case conferences for joint families, and working collaboratively through joint visits to families in their home or community.

3.4 FSN Service environment

The FSN service environment will recognise the impact of multiple traumas on the child or young person's development and behaviours, and the critical importance of safety and quality in relationships. Physical and psychological safety, self-regulation skills and strengths-based development of the child or young person are a focus across all activities. It is expected that the families accessing this Service will have experienced significant trauma and family challenges and will require extensive supports to improve their wellbeing and stability.

Organisational environments need to support a trauma informed way of working and be responsive to specialist supports when required. Healthy relationships and good communication between all stakeholders must also be supported. For Aboriginal children, these aspects need to ensure the Aboriginal and Torres Strait Islander Child Placement Principle⁶ is enacted to meet their additional cultural needs.

The therapeutic and practical value of connection to culture, family and community are an important consideration for Aboriginal families of this Service. It is important to understand the concepts of 'family' and 'kinship' as they exist for Aboriginal people. The traditional Aboriginal family structure is significantly different to the Western view of a family unit.

Traditionally the Aboriginal family was a collaboration of clans composed of mothers, fathers, uncles, aunties, sisters, brothers, cousins and so on. In today's terms, it is known as an extended family. For Aboriginal people, their family provides psychological and emotional support which is important to their wellbeing. Children are often raised not just by their biological parents, but their entire community. One of the significant impacts of recent history for Aboriginal people is that many have become disconnected from their families, communities, culture and country, especially as a result of forced re-locations and child removal. Racism has further exacerbated this and many Aboriginal people may also not identify with their culture because they experience feelings of shame⁷.

Reconnection to culture, community and country is vital to the healing journeys of Aboriginal people, providing opportunities for them to understand and be proud of their culture and draw support from their community. Responses that address cultural connection are also part of the critical response to inter-generational trauma that commonly impacts on Aboriginal people. It is important for the Service to acknowledge the impact of history on a family, community and an individuals' current situation, and work with families to access appropriate culturally safe support networks.

⁶ Children and Community services Act 2004, Section 12

⁷ Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2017. *Stronger, Safer, Together: A reflective practice resource and toolkit for services providing intensive and targeted support for Aboriginal and Torres Strait Islander families.*

3.5 The FSN referral

Intensive Case Management

Referrals to the FSN *Intensive Case Management* service will only come from the Department. The Department or District Leadership Groups (DLGs) will support the work of the FSNs by identifying families most at risk, and in need of the FSN *Intensive Case Management* service.

A case may be open to the Department during a transition phase. The Leader Child Protection will work closely with the FSN Alliance Manager to identify and allocate priority referrals.

The priority target group will be families whose children are at risk of coming into the child protection system and Aboriginal families and children. At a minimum, service delivery should reflect the percentage of Aboriginal children in care, in the areas being serviced.

Referral criteria include:

- families where there is a risk children may come into care without intensive family supports being provided, and
- families involved with or known to multiple agencies or who may have had significant previous involvement with the Department, and who require family support services to improve their wellbeing and strengthen their family unit;
- difficult to engage and hard to reach families;
- intergenerational trauma;
- family has the ability to enhance parenting skills which will promote healthy child development;
- acknowledgement that children are at risk of entering OOHC if problems are not addressed; and
- significant complicating factors impacting the families' ability to implement and sustain change (i.e. risk of homelessness, drug and alcohol issues, family and domestic violence etc.).

Assessment and Coordination

Families can be referred to the FSN *Assessment and Coordination* service common entry point, in a number of ways enabling flexibility of access for families. These include:

- contacting the local 1300 number;
- Department referral;
- walk-ins (including the lead agency or partner agencies); and
- referral from another service.

Referrals for this service will not require intensive case management by the Lead Agency, but will require assessment of service need and coordination of services. It is anticipated that some families will require a case management service from the FSN's Partner Agencies.

The FSN will have processes that outline how families will be supported, based on the need to prioritise Aboriginal families and referrals from the Department.

Referral criteria for the *Assessment and Coordination* service is:

- vulnerable children and families;
- young people aged up to 25 years;
- families involved with or known to multiple agencies and/or who have had previous involvement with the Department;
- demonstration that the Safety Plan is working (for Departmental referrals);
- fewer services are required to support the family (for Departmental referrals);
- ongoing complicating factors still impacting on the family; and
- evidence the family is developing enhanced parenting skills which will promote healthy child development.

The FSN will not be a substitute for child protection. The FSN will respond to those children, young people (up to 25 years of age) and families who require secondary support assistance and interventions.

3.6 Governance

The following section describes the Governance Framework developed to support the implementation and ongoing management of the FSN along with the roles and responsibilities of each element. Governance for the WA FSNs comprises of the local DLG and the Local Steering Group. The DLG provides an interagency leadership function and the Local Steering Group has overall accountability for the implementation and operation of the FSN.

There are two core areas including the:

- governing committees and groups; and
- key components.

Each of these areas is discussed below.

District Leadership Group (DLG)

DLGs are located in each of the Departments districts. Membership varies from district to district, however comprises a range of government and non-government senior human service providers, including District Directors and ACCO's. In the enhanced structure, the FSN Alliance Managers will attend the relevant DLG's (within their prescribed corridor) as the representative of the local FSN.

The role of the DLG is to support FSNs through enabling across sector information sharing and a whole of government response to families at risk. DLGs support the identification of families who are most vulnerable to involvement with the statutory child protection system,

and suitable for the FSN *Intensive Case Management* service. Families are then referred to the FSN through the Department's consistent intake. DLGs also assist the Alliance Manager and key FSN stakeholders to address emerging and systematic issues impacting on the quality and effectiveness of service delivery by the FSN.

In addition to the above functions, dependent on local need and strategic priorities, DLGs may also:

- coordinate effort and resources on key local initiatives and priorities;
- develop long-term and collaborative partnerships with Aboriginal corporations, Aboriginal leaders and other Aboriginal representatives from across the region to ensure access to, and inclusion of, a diversity of views;
- foster partnerships within the region to link services, measure impact and share expertise and resources; and
- ensure the timely and accurate flow of information with key stakeholders across the corridor;
- share information and data across agencies that demonstrates the delivery of key outcomes for the FSN and other services.

DLG Membership

The typical membership of a DLG may include:

- representative(s) from human services State Government agencies operating in the region;
- representative(s) from the Commonwealth Government;
- senior members from not-for-profit organisations;
- a representative from the local shire;
- additional representation from local government depending on the meeting location;
- representatives from local Aboriginal Corporations;
- an Aboriginal youth representative;
- senior Aboriginal representation, and
- other representatives as required.

FSN Local Steering Group

The Local Steering Group is a decision making body within the governance structure that consists of senior Department staff, Lead Agency staff and key stakeholder representatives. The Local Steering group's role is to review and monitor the strategic direction of the FSN in accordance with the identified outcomes. The Group also provides direct advice on implementation barriers and operational matters. There is one Local Steering Group per FSN.

The Local Steering Group will have responsibility for:

- development, implementation and coordination of local operational processes, and procedures such as client screening, assessment, referral and allocation to support the activities of the FSN;
- monitoring of service availability and capacity across the FSN;

- monitoring of strategies to ensure culturally competent practice across the FSN;
- coordination and facilitation of the use of data across the FSN so that demand, capacity and reporting can be undertaken effectively;
- convening of time limited and specific purpose standing committees to undertake key projects on behalf of the FSN;
- development and implementation of interagency agreements including MOUs and information sharing protocols between FSN partner agencies;
- review of processes and procedures within the FSN to ensure that they are effectively meeting their stated objectives;
- local area service planning;
- identify and address emerging and systematic issues impacting on the quality and effectiveness of service delivery by the FSN, and
- provide a mechanism for conflict resolution.

Prior to the enhancement of the FSNs in 2018, the governance structure included an Operations Group. Functions of the previous Operations Group have been absorbed into the Steering Group and FSN team meetings. This framework does not set the FSN team meeting agenda, but relevant considerations for inclusion in those meetings are outlined below. The Leader Child Protection will attend team meetings, alongside FSN staff. Areas that should be included within the team meeting, to support operational process are:

- implementation of operational processes and procedures such as client screening, assessment, referral and allocation to support the activities of the FSN;
- identification, promotion and implementation of learning and development strategies for staff working in the FSN;
- review the active holding waitlist on a regular basis to ensure clients are not retained for an inappropriate length of time; and
- development and implementation of strategies to ensure culturally competent practice across the FSN.

Local Steering Group Membership

Members of the Local Steering Group will be drawn from the agencies involved in the FSN. The Local Steering Group may comprise of the local area managers from all the FSN member agencies, the Alliance Manager, District Directors, the Aboriginal In-Home Support Service Manager, relevant ACCO to the area, and other local services (i.e. those services that may not be directly involved in the FSN but will be a key provider of services in the FSN location, such as universal services or specialist services).

The Lead Agency (or other agency as identified in the MOU developed to support the FSN's operations) will be responsible for providing secretariat support to the Local Steering Group, which will likely involve the need to organise and plan meetings, distribute working papers ahead of meetings, draft and circulate meeting minutes and other documentation as a result of the meetings.

The Local Steering Group is expected to meet on a quarterly basis, with the option of extraordinary meetings to be called as required. However, during the implementation and

set-up phase it may be necessary for the Steering Group to meet on a more regular basis, such as fortnightly or monthly, to ensure the successful establishment of the FSN.

Standing Committees (as required)

An optional component of the local governance structure of the FSN includes the creation of time limited and issue specific Standing Committees.

The development of Standing Committees provides a mechanism to enable specific projects and issues to be responded to collaboratively within the FSN, on an as needs basis. Examples of some of the roles that Standing Committees could perform include:

- developing operational processes to ensure the consistency of practice across the FSN;
- developing new and innovative practice strategies across the FSN; and
- managing special projects and activities.

The Lead Agency (or other agency as identified in the MOU developed to support the FSN's operations) will be responsible for providing secretariat support to any Standing Committees that are established.

To ensure that Standing Committees are integrated into the governance structure of the FSN, they should always include a representative from the Local Steering Group.

Membership of the Standing Committees is expected to involve staff of member agencies within the FSN, Assessment and Coordination representatives, the Leader Child Protection and other key stakeholders from the community, as determine by the objectives of the Standing Committee.

Monthly performance reporting

The Lead Agency Alliance Manager will report to the Local Steering Group, monthly, on the following core activities:

- referral source and number of clients accessing services;
- allocations;
- reported capacity of member agencies;
- types of issues of presenting clients;
- intensity and duration of client responses;

Key components of the Governance Framework

- the Lead Agency;
- MOUs; and
- terms of reference.

Each of these areas is outlined in further detail below.

Lead Agency

Each FSN will be managed by a Lead Agency. The Lead Agency will be responsible for:

- managing the overall coordination of both the FSN *Intensive Case Management* service and the *FSN Assessment and Coordination* service - including the common entry point for families, managing the integrated governance arrangements (including links with DLGs) and the development of partnerships;
- provide a common entry point - a single point of entry through a common telephone number and/or face-to-face location;
- adhere to the common assessment framework which embeds the WA Signs of Safety Child Protection Practice Framework to identify and respond to the risks and needs for each family;
- develop MOUs with Partner Agencies that are consistent with the FSN Operating Framework and related resources;
- coordinate case management of families who are involved in multiple services and/or agencies;
- establish and maintain effective working relationships with Department district offices to promote and facilitate referrals and share information, and
- provide training to meet the service requirements of the FSN.

Each FSN will have a common entry point into the local secondary family support service system. Common entry points will be in the community, and as stated above, will be coordinated by the lead agency.

Though the Lead Agency is responsible for the day-to-day operations of the common entry point, it is important to recognise that the lead Agency is an equal member of the FSN Alliance. To clarify the role of the Lead Agency and other agencies/organisations within the FSN, a MOU which will formally link agencies to an agreed approach to service provision will be developed for each FSN.

Memorandum of Understanding

Each FSN will operate under an MOU, which will outline an agreed approach to service provision. An MOU will exist between the FSN Lead Agency and each Partner Agency.

Each MOU will:

- identify and address the local governance arrangements;
- outline the roles and responsibilities of each agency and the common entry point;
- document referral pathways and procedures;
- appropriately address information sharing arrangements;
- outline data collection and sharing requirements; and
- incorporate a conflict resolution procedure and protocol.

The Lead Agency for the FSN will be responsible for the maintenance of the MOUs and will work through the Local Steering Group which will provide oversight and advice on FSN management, operations and accountability responsibilities.

Terms of reference

In establishing the FSN, the Lead Agency will be required to work with the Local Steering Group to develop terms of reference for each element of the local governance framework. Key tasks involved in this process would include:

- clarification of aims and objectives;
- delineation of roles and responsibilities;
- the duration of the terms of reference (i.e. when it will be reviewed);
- membership and use of proxies;
- decision making processes;
- meeting frequency and duration; and establishing the process for variation and, or amendment to the terms of reference.

4 Operating model

Each FSN will have a common entry point. Common entry points will be located in the community and coordinated by the Lead Agency. The common entry will provide a visible entry point for families and professionals to access secondary family support services within the corridor.

The common entry point will deliver the majority of service activities during core business hours Monday to Friday 52 weeks per year. However, for the *Intensive Case Management service* hours of case support can be flexible (between 6.00am to 9.00pm) and should recognise the nature of the service to be provided and the critical times when families need supports (early mornings and evenings).

Common entry points will deliver:

- staffing of a local '1300' number;
- face-to-face advice and support to clients;
- initial screening and assessment of clients; and
- facilitated referral pathways for services and clients.

For after-hours responses, the common entry point will provide a voicemail message response that indicates the opening hours, the types of services available from the FSN and a note indicating that people can leave their details and the FSN will call them back the next working day.

The FSN will be clear that the services provided are not crisis services and that people who are in crisis should contact the relevant crisis services. To assist with this process for clients in crisis there may be benefit in the FSN outlining the available crisis services and their contact details in the corridor.

4.1 Intensive Case Management and Assessment and Coordination Service interface

The FSN model provides an integrated range of services for families tailored to their unique and diverse needs. The *Assessment and Coordination* service is available to families who may be stepping down from Department involvement, but still require support, or for families who are accessing multiple services and require a targeted and coordinated response. *Assessment and Coordination* referred families benefit from access to the FSN expertise and direct input from the Leader Child Protection, alongside the partnership arrangements. The *Intensive Case Management* service is for families who have been identified by the Department as being at risk of entering the child protection system, who are involved with or known to multiple agencies, and who require family support services to improve their wellbeing and strengthen their family unit. In particular, families accessing the *Intensive Case Management* service benefit from FSN partnerships and streamlined access to a range of services.

These two services work side by side to provide the continuum of support for families to divert them from the child protection system.

4.2 Intensive Case Management Model

To maintain quality of service, the FSN Lead Agency will provide a professionally recognised case management model that is focused on the cultural needs of the family, and incorporates a trauma informed approach. The Lead Agency must be flexible and innovative in engaging with families. The type of support and assistance required will be tailored to the individual needs of the family and will include in home practical support.

The Lead Agency will develop a case plan with the family that will outline the interventions required based on the referral information and clearly articulate the goals and the length of intervention together with the timelines for review. This plan will be developed from information contained in the referral from the Department and with the family. The case plan will include a step-down approach, enabling a clear focus on exit and transition planning. The focus of the service response will be intensive initially, with a clear step-down plan to medium/low intensity and this will occur within a 12 month time frame.

Lead Agency and Partner Agencies will utilise the shared IT system, FuSioN. This system allows client information to be recorded and shared by all agencies working with the family. This includes case information such as assessment, case notes, case planning and case review information. FuSioN reduces the duplication of all services maintaining their own records and prevents the need for the family having to provide the same information to multiple agencies.

As part of this intensive case management model, the Lead Agency will:

- provide active and persistent case management;
- coordinate services through case conferencing;
- provide direct service provision including in home practical support, and home visits;
- engage with the co-located Leader Child Protection worker who will assist in identifying risks and referring families back to the Department if required;

- jointly work with other professionals/services to provide a coordinated and comprehensive case management service;
- support two very hard to reach and intensive families within the *Intensive Case Management* service, who require housing support;
- provide culturally responsive services to families to build their capacity and achieve positive outcomes for their children and families, and
- develop and maintain strong community partnerships to support the service delivery model.

Active and persistent case management

The Lead Agency will provide active and persistent case management to achieve the case plan goals. Active and persistent case management includes making repeated attempts to engage with families who are hard to reach or difficult to make contact with. This will include home visits, phone calls, and contact with other services. It is recognised that initial attempts to contact families may not be successful and multiple attempts through various avenues will continue to be made in an effort to establish contact with the family. Contact will be maintained frequently and consistently over time, and attempts will be made to reach families when they disengage.

The service will recognise that the skills of workers required to undertake this work will be critical, and recruitment of suitably qualified and skilled workers is essential for successful outcomes.

Active and persistent engagement with the family will include:

- prompt initial response following the receipt of the referral within two days;
- quick follow-up after phone calls and meetings;
- regular face-to-face contact;
- frequent maintenance of contact; and
- following up when a family disengages or fails to respond

The Lead Agency will provide in home practical support to address the case plan goals, and support families to keep their children safely at home. Activities may include:

- practical parenting and engaging children in the school system;
- basic budgeting, meal planning, cleaning, getting children to school, establishing routines and home management skills;
- parenting and child management education;
- providing education and modelling of protective behaviours;
- providing education and modelling of personal and social skills.

4.3 Assessment, Planning and Service delivery process

The stages of the assessment and coordination process include:

- initial screening;
- assessment;
- allocation to Partner Agency for case management if required;
- case plan development;
- case review; and
- case closure.

Assessment and planning is an ongoing process. Information gathered during the initial screening process is used and built upon during the assessment, where complex needs are identified to help inform the development of a holistic case plan to address the family's needs.

Families accessing the *Assessment and Coordination* service will move through all the stages outlined above. However, those families accessing the *Intensive Case Management* service will go straight to case plan development. Departmental referrals for this service will include relevant history and assessment information to enable a timely service response from the FSN.

Each of the steps listed above are completed using the Family Support Networks Referral, Assessment and Planning Forms. *Figure 1* outlines the *Intensive Case Management* process specifically, including case review and the step-down approach. *Figure 2* outlines the interface and process flow between the *Assessment and Coordination* service and the *Intensive Case Management* service.

Data and information gathered during the assessment and planning process must be entered or uploaded into FuSioN, the FSNs IT system.

Assessment and Coordination Initial Screening

Initial screening commences once a family makes contact with the FSN, or a referral is received through the common entry point via the lead agency or Partner Agency.

Initial screening is an important step in the process and will determine a pathway forward for the family. Initial screening information can be collected by telephone or via a face-to-face visit.

If a client comes through the '1300' number, or is referred to the FSN Lead Agency directly, the Lead Agency will undertake the initial client screening. If, however, the client 'walks into' a Partner Agency of the FSN, that agency will undertake the initial client screening. Where this occurs the Partner Agency should immediately liaise with the lead agency to agree on next steps.

In some circumstances where a client has 'walked in' to a Partner Agency, it may not be possible for staff of that agency to undertake the initial screening process.

In these situations, the Partner Agency should connect the client to the 1300 number for the FSN so that the initial screening process can take place by telephone.

Initial screening will include:

- client demographic data such as name, address, contact phone numbers, date of birth;
- cultural background;
- family structure:
 - marital status
 - number of children – name, age, gender, ethnicity etc.
- current living situation;
- financial situation – employed/unemployed/income support/no income etc.;
- service history; and
- presenting issues.

Brief intervention

Some families may require a brief intervention, where the provision of information and limited advice is all that is required to respond to their presenting issue. Where the need for a brief intervention emerges at initial screening – and it is appropriate for the FSN to respond, that support will be provided by the FSN to ensure the family's needs are met.

If no further action is required after the initial screening process is completed, details of outcomes will be recorded for information and evaluation purposes.

However, if it is determined that access to services within the FSN is the most appropriate response to meeting the presenting needs of the family, the assessment process will proceed to the assessment.

Assessment and Coordination assessment

If initial screening determines that the client requires further assistance from the FSN, the assessment will commence. Department referrals and Partner Agency referrals will be prioritized for the assessment.

This process builds upon the initial screening information and is focused on determining what the family's current situation is (concerns, strengths, resources, etc.), what the family identifies as the presenting problem/issue(s) and what they feel could assist them. The FSN assessment team is required to consider the presenting information and identify any concerns or risks that may present at all stages of the assessment and planning process.

During the assessment, a series of questions using Appreciative Inquiry (AI) methodology in the broadest context is used to guide the gathering of further information. In this context AI refers to a strengths based approach to working with families. It focuses on what is working well for the family, what individual or combined strengths exist, and what the family wants to achieve; rather than concentrating solely on the problems. AI then draws on these strengths to develop a plan of action, in this case the family's case plan.

Assessment questions and prompts are designed to elicit relevant information from the family to:

- understand the experiences of the child, particularly in identifying negative patterns and trends in their lives and lifestyle;
- gauge the child's developmental progress against what is expected for their age and stage;
- assess how the family is functioning and identify factors in the child's life that may ameliorate the impact of the harm;
- provide a history of risks and needs – and interaction with other services (including any statutory responses);
- identify what needs to be addressed for the family to reduce the risks and improve wellbeing;
- identify objectives and goals through assessment and planning;
- identify whether a brief intervention or single service response will meet the needs of the family;
- identify whether there is a need for more complex assessment; and
- identify the most appropriate agency to lead the service response.

Consultation with the Leader Child Protection

Each FSN has a Leader Child Protection attached to the corridor. The Leader Child Protection works collaboratively with FSN staff to support vulnerable children and families.

From time to time FSN staff may seek the professional advice or practical support of the Leader Child Protection regarding case related matters. Consultation with the Leader Child Protection may occur where:

- safety and wellbeing concerns are identified through assessment and case planning;
- there are emerging safety issues and concern that the risk of harm could be escalating.
- an immediate safety issue or harm-causing incident has been identified which may require child protection intervention;
- cumulative harm/safety issues are identified, that relate to observable impacts for a child/young person's safety/development/stability and that have not improved despite intervention;
- there is a need to gather and discuss relevant information that may be held by the Department;
- chairs case discussions, panels and reviews for complex family matters;
- facilitates a Signs of Safety mapping when required;
- advises and liaises with Department district offices aligned to the FSN to build strong relationships between the parties and support appropriate referrals;
- support referrals to the district office when child protection issues are identified;
- management and prioritisation of Departmental referrals;
- in consultation with the Alliance Manager supports, mentors, coaches and advises on child protection practice;
- contributes to staff learning and development;

- collaborative case work, including supporting engagement, home visits and case conferences with the common entry point and partner agencies; and
- participates in FSN governance activities.

Where a consultation with the Leader Child Protection occurs, both parties will record the consultation.

Outcome of Assessment and Coordination assessment

The assessment and subsequent case plan will:

- guide the required service response;
- guide planning to inform and mobilise the range of services required to support the family;
- include a session with the family to discuss ongoing issues (and could include co-consultation with other service providers);
 - determine which agency is best placed to undertake case management and coordination, facilitating access to a range of services (including those outside of the FSN); and
 - seek secondary (or co) consultation as required to support assessment and responses for the client.

The assessment should be completed as soon as possible to reduce the risk of the person's needs intensifying further.

The assessment will inform the allocation process by determining the client's service pathway and priority of access. After the assessment, the case will be taken to the FSN allocations meeting where the appropriate Partner Agency case manager will be assigned. The case manager will be responsible for completing the case plan with the family.

Case Planning for FSN families

For the *Assessment and Coordination* service, at the conclusion of the assessment process, the family is allocated to a Partner Agency for case management. The Partner Agency case manager is responsible for developing a holistic case plan in consultation with the family.

The case plan will consider the needs of all the family members to enable a whole of family response. The case plan should identify the family's goals and objectives, as well as a summary of the outcomes of the assessment process and proposed ways to effectively respond to the client's needs.

The case plan determines which service responses should be considered from within the FSN as well as other relevant supports that could assist the family.

For the *Intensive Case Management* service, the case plan is developed and progressed by the FSN Lead Agency. The Lead Agency will activate relevant Partner Agency support through attendance at the FSN allocation meeting. Ongoing work with Partner Agencies is

then undertaken through a case conference approach to enable accountability and timely responses to the family's needs. In-home practical support is targeted towards the family's case plan goals.

For those families that are Aboriginal or culturally diverse, the case management approach maintains a focus on supporting and strengthening cultural networks as identified in the case plan. The agency responsible for the case plan will ensure this is a focus within the case plan.

Cultural planning is a critical element of the case plan and sets out culturally appropriate strategies to facilitate support networks to extended family, community and culture. Where possible the cultural planning should be prepared by Aboriginal people for Aboriginal children and young people. The cultural case plan:

- helps increase the knowledge and understanding of family members kinship and community structure;
- helps nurture and support family members while strengthening their cultural identity and facilitating connections; and
- assists with the family's understanding of their community networks and cultural heritage.

Case Conference

As part of the intensive case management approach, or to support the coordination of multiple services through the *Assessment and Coordination* service, the Lead Agency will coordinate the range of services working with the family. This could include a case conference with the family, relevant Departmental worker/s, and relevant Partner Agencies to provide an efficient and integrated multi-service response that addresses the case plan goals. Together with the family, these services will determine the most appropriate case work required and the number of anticipated case conferences.

Assessment and Coordination allocation to partner agency

After the assessment process, the client is allocated to the relevant FSN service/s for case management or support, as described in the MOU.

Case allocation processes support cases being allocated with due consideration to their priority of access (based on Department and Partner Agency status) and agency capacity to respond (enabling a timely response).

Allocation process

Making an allocation:

- provide information regarding partner agencies to the client;
- obtain client consent to share information and allocate to a Partner Agency for service delivery;
- complete client referral form, ensuring all relevant intake and assessment detail is

- included in the referral; and
- forward to partner agency.

Receiving an allocation:

- acknowledge receipt of the allocation;
- contact allocated client; and
- complete case plan with client and conduct review processes.

Urgent allocations

A client may be allocated to an agency immediately (outside of the allocation process) if the risk to and needs of the child/ren is such that an intervention is required to decrease that risk immediately. The client is allocated straight to a service to provide that response. Urgent allocations are recorded in allocation meeting records.

Service intensity

All families in the *Assessment and Coordination* service that are referred through for case management to a partner agency- will be provided with a **Level 2** response.

All families in the *Intensive Case Management* service are provided with a **Level 3** response initially over approximately four months, with a step-down approach leading to a level 2 response and then maintenance, over approximately six months.

The agency that receives the referral develops a detailed case plan (building on the case plan developed as part of the assessment process) that outlines the interventions required and clearly articulates the length of intervention, together with the timelines for review.

- **Level 1: Information, support and/or brief intervention.**

Depending on the individual client needs, services received may include: provision of information and advice; initial needs identification and assessment of underlying risk; identification of an appropriate service response based on assessment outcomes; active engagement, determination of priority of response and other related services;

- **Level 2: Medium intensity case management, group work, case work intervention.**

Services may be one-off, episodic or related to transitional stage issues. This could include active engagement and casework that may comprise crisis intervention, short term service responses; family decision making/family group conferencing; advocacy; group work; counselling; and mediation;

- **Level 3: High intensity case management, case work interventions, in home**

support.

Active and persistent case work is required for a period up to twelve months and children, young people and families present with chronic and complex needs. As such, this approach requires regular visits, possibly daily in the initial phase. This intensive approach facilitates trusting working relationships, and enables a focused and targeted approach.

Over the twelve month time frame, a step-down approach is taken which results in a gradual reduction in service provided. The family is supported to achieve their goals, remain connected to their cultural support network and be self-sufficient.

Case Coordination held by the Department

In some circumstances, the FSN and the Department will both have case management responsibilities. Cases open to the Department with child protection concerns, may receive support from the FSN, however the Department will maintain full case management responsibility. Current services will remain involved to provide ongoing support and avoid further disruption to the family. In these circumstances, a meeting should be held between relevant parties such as key Lead Agency FSN staff, key partner agencies and the Department, to assign clear responsibilities and communication strategies.

Transition

When closing a case, the Department may identify further support needs of the family, and with the family's consent, refer them to the FSN for the provision of secondary family support services. This will involve a period of transition, where the case remains open to the Department for a short period, while the family is introduced to the FSN and the FSN take over the case coordination responsibility.

If a case is closed to the FSN due to safety and wellbeing concerns, discussion regarding the role of the FSN during the transition of the case back to the Department should also occur. If the Department decides not to re-open the case, and the family has not been engaging with the FSN, consultation will occur with the Leader Child Protection regarding case direction.

When a case is being transitioned from the Department to the FSN, the Leader Child Protection must have access to the safety plan, where one exists. The immediate child safety issues must have been addressed by the Department. With the involvement and consent of the family, appropriate support services should be planned and put in place by the FSN, which will enable the case to be closed by the Department.

Non-engagement of families in Intensive Case Management

Where a family does not, or ceases to, engage with the FSN and the FSN considers that there are safety and wellbeing concerns for a child or children, the FSN must

consult with the Leader Child Protection. A joint visit to the family with the leader child protection may be appropriate.

The Lead Agency will actively attempt to develop a relationship with the family and implement engagement strategies. For those families that are Aboriginal, and where there is non-engagement, the Lead Agency will actively engage Aboriginal Partner agencies or relevant Aboriginal services to assist in the engagement process. If efforts to engage the family are unsuccessful, the following will occur:

- The Lead Agency will consult with the Leader Child Protection.
- If at the consultation it is agreed that the level of risk can be managed, the Leader Child Protection and Intensive Case Manager will negotiate other engagement strategies to be undertaken. If the family fails to engage after these strategies are implemented, the Leader Child Protection will inform the Department's Consistent Intake unit or relevant Department District Office. The Department will make the final decision regarding the withdrawal of the referral.
- If at the consultation point it is decided that the level of risk is a significant concern, the Leader Child Protection will inform the Department's Consistent Intake unit or relevant Department District Office that the family have not engaged, including details of the attempts to engage the family. The Department will make the final decision regarding the withdrawal of the referral.
- If it is determined by the Leader Child Protection that the risk level is too high to be managed by the FSN, the Department will use the assessment and information provided by the FSN and may undertake further assessment if required to determine what action is to be taken. If a case is reopened by the Department, the role of the FSN will be negotiated based on the needs of the family.

4.4 Managing the capacity of the FSN

FSN agencies will be transparent and report on their capacity regularly, through the allocation meeting process and to the Steering Group.

The principles of prioritisation to be used by the FSN include:

- referrals for Intensive Case Management Service will be prioritised by the Leader Child Protection;
- initial screening of Assessment and Coordination referrals to determine appropriateness of the referral, course for action and prioritisation status (Department referrals prioritised);
- case allocation to be decided jointly by service providers within the FSN;
- the most relevant service or Lead Agency within the FSN identified to provide an 'active holding' service to client/s when an immediate response cannot be provided, and
- the most appropriate response to be implemented – in accordance with the strategy developed by the Local Steering Group.

There should then be the capacity to build this information into the local planning process, distribute existing resources appropriately or develop a case for additional funds to enable new service development and innovation.

An early task in the establishment of the FSN will be to identify the capacity of each agency so that this can be monitored as cases are allocated and cases are closed.

4.5 Linkages with Child Protection

A Leader Child Protection will be engaged by CPFS for each FSN. Referrals to CPFS from the FSN will be made, in consultation with the Leader Child Protection.

The role of the Leader Child Protection is to assist with decision making regarding the safety and well-being of children, particularly for those cases that do not fall neatly above (or below) the threshold for a child protection response.

The Leader Child Protection will assist the FSN in managing risk to children and their families and will be an active participant in assessing risk and need for referrals made to CPFS through the FSN.

A referral to the Department should be made through consultation with the Leader Child Protection, where circumstances include or indicate that:

- the child has suffered, or is likely to suffer, harm as a result of any one or more of the following:
 - physical abuse;
 - sexual abuse;
 - emotional abuse;
 - psychological abuse; and
 - neglect.
- and the child's parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm; or
- the child has suffered, or is likely to suffer, harm as a result of:
 - the child's parents being unable to provide, or arrange the provision of, adequate care for the child; or
 - the child's parents being unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child.

4.6 Roles and responsibilities within the FSN

Alliance Manager

- management and leadership of Lead Agency staff;
- local area planning and partnership development;
- develop strong partnerships with the Department and community agencies;
- facilitates alignment of network services and partnerships;
- identify and addresses gaps in service areas;
- responsible for reporting and monitoring requirements;
- maintains a culturally responsive service, including actively engagement with Aboriginal services and the Aboriginal community to seek feedback and develop meaningful relationships that inform the FSN service delivery environment;
- manage and monitor MOUs and FSN relationships, and actively seeks opportunities to

- develop and expand formal partnerships locally (through MOUs);
- develops and participates in evaluation processes as required;
- holds decision making authority regarding assessment and referral;
- develops, manages and monitors referral, intake and allocations systems and work practices;
- maintains up to date information on capacity of member agencies;
- identifying emerging issues and trends, and
- ensuring practices within the FSN comply with relevant legislation, funding and service agreements and other external requirements.

Case Worker (Assessment and Coordination service)

- receives initial FSN referrals for the *Assessment and Coordination* service;
- client screening – collection of client information, including demographic data, cultural background, family structure, previous service history and presenting issue;
- identify the service responses required for families related to the assessment of needs;
- brief intervention – this may include:
 - information;
 - advice;
 - advocacy;
 - brief therapeutic intervention (for example, single counselling session over the phone);
- referral to a universal service or other service outside the FSN; and
- case allocation - actively engage with families to determine the priority of a response and allocation of families to secondary services, in consultation with secondary services and Leader Child Protection (where required):
 - referral for specific service (into or out of FSN).
 - complex needs, multi-service referral (into or out of FSN).

Case Worker (Intensive Case Management Service)

- persistent and active case management that is flexible and adaptable to the family's needs;
- liaison with the Department in the development of the case plan and to enable sound case direction in developing safety goals for the family;
- attendance at meetings with other services or with the Department to assist the referral, or development of the case plan;
- development of a robust case plan for the family;
- in-home practical support for families, supporting them to keep their children safely at home;
- linkage and coordination of services based on family need, this may include attendance at allocation meetings or facilitating case conferences;
- ongoing community engagement;
- ongoing assessment of safety and risk for families in consultation with the Leader Child Protection and other relevant services/professionals, and
- identify service responses required for families related to the assessment of needs and risk.

Administration Officer

- provides administrative support to lead agency staff;
- administrative duties may include:
 - reception duties;
 - data entry; and
 - compilation of reports.

4.7 Client consent and information sharing

The effectiveness of the common entry point will be dependent on the ability of services to share information in the best interests of the FSN's clients. The information sharing protocol *Working together for a better future for at risk children and young people*⁸ has been developed to provide guidance to FSNs regarding client consent and information sharing. Information sharing is critical to:

- enable services to intervene early;
- manage risk appropriately; and
- deliver coordinated and effective services to families.

Areas that must be considered in relation to privacy, confidentiality and consent include the following:

- obtaining client consent for collection, use and disclosure of sensitive and personal information;
- ensuring the quality of information held, including accuracy and currency;
- ensuring security and safe storage of client information;
- regulating the openness with which information within the agency is handled;
- understanding clients' rights to access and correct personal information about them held by the agency;
- facilitating this access in accordance with organisational procedures;
- understanding data identifiers and their use;
- understanding the provisions for anonymity;
- clarity regarding children's rights to privacy and parents' rights to know about their children; and
- handling client complaints

⁸ Department for Child Protection and Family Support (2015). *Working together for a better future for at risk children and young people: A guide on information sharing for government and non-government agencies*. Perth: Western Australia.

5 Service quality, accountability and planning

There is an emphasis on quality and accountability for service delivery within the FSN environment. This will lead to building the capacity within and between FSNs while creating a focus on delivering better outcomes to children and their families. This section outlines:

- the need to build capacity in the integrated family service system;
- approaches to service planning;
- ensuring FSNs are monitored and evaluated effectively; and
- outcomes for children, families and their communities being articulated and understood within the new environment.

5.1 Ongoing monitoring and evaluation

The Enhanced FSN services are subject to an evaluation and the service provider will be required to contribute to the development of the evaluation process and participate in the evaluation of the services. This will be an active evaluation process that may highlight the need for modifications to service responses. This will also include the requirement for data sharing (at a client level) and for participation in the evaluation as requested

Evaluation mechanisms may consider:

process evaluation: which examines how the FSNs are implemented in practice, including the extent to which implementation is occurring as planned;

impact/effectiveness evaluation: assessing the extent to which the FSNs are contributing to improved safety and wellbeing of children and families. Initially, the evaluation framework will place an emphasis on understanding impacts but, as evaluation progresses, long-term outcomes will be explored; and

efficiency evaluation: this involves determining the relative costs and benefits of funding the FSNs. It is important that this is well understood to appropriately support decisions about future funding for the FSNs.

Key areas of evaluation may include:

- implementation;
- integration;
- systems and processes;
- stakeholder experience;
- outcomes and objectives; and
- future directions.

Performance indicators

Evaluation will consider key performance indicators that provide a snapshot of FSN performance against clearly defined criteria. Key performance indicators by their very

nature will focus on variables that are easily measured and provide an indication of whether the program is meeting basic targets.

Some examples of key performance indicators for FSNs include:

- number of referrals to FSN intake points;
- number of children/families receiving a holding service;
- number of children/families receiving a case management service;
- number of children/families being supported by the FSNs who are CPFS clients;
- number of children/families receiving a service who are not CPFS clients;
- outcomes for children/families receiving support from the FSNs; and
- efficient service provision.

Outcomes for clients

The key performance indicators also include outcomes focused measures to ensure the impact of the service provision is measured and evaluated in conjunction with service activity (or outputs). It must be noted that outcome measures are difficult to measure in the short-term as service response impacts need time to gain traction, not only regarding the individual and their family, but also importantly in the community in which the service is being delivered.

Outcome measures will be identified as follows:

- statewide population based outcomes that determine improvements in the general population in relation to the safety and development of children and young people (for example the Australian Early Development Index (AEDI) has the potential to assist in the area with outcome measurement);
- identification of outcomes at a local level in relation to FSN planning objectives such as evidence of an effective integrated and collaborative service model and a decrease in the number of children and young people being reported to CPFS; and
- outcomes for individual children, young people and families in relation to whether they remain safely at home or have contact with the child protection system.

Outcome measures could consider the impact that FSNs have had on:

- school attendance;
- parent child relationship;
- stability of housing;
- personal safety (child safety);
- financial security and access to material necessities;
- parental skills;
- connectedness /social capital;
- general health and wellbeing;
- client worker relationships;
- family violence; and
- drug and alcohol issues.

Where possible, data will be collected from the worker, child and the parent. The use of the measurement indicators will be an important element in evaluating outcomes for children, young people and families at an individual, FSN and state-wide level. This will lead to continuous service improvements over time.

Client feedback

Client feedback is an essential strategy across all sectors to ensure that service responses are meeting the needs of the target group for which they are intended. Services within the FSN should develop processes to ensure that client feedback is gathered. However, these are quite difficult to undertake and need to be well planned with the FSNs coming into operation. Options for consideration include:

- client suggestion boxes;
- regular client surveys, including those post service provision, and follow-up at intervals including six and 12 months after exiting the FSN;
- client interviews;
- possible pre and post testing with a sample of clients; and
- conducting client interviews with a sample of clients following intervention.

Six monthly performance reporting and monitoring to the Department

The Lead Agency will be required to provide the following data to CPFS within their six monthly progress report:

- the number of hours per week the service was available and the number of weeks the service operated in the reporting period;
- description and explanation of any periods when the service was not available at 100% funded capacity;
- the number of individual consumers assisted with a breakdown of age, family structure, gender and ethnicity;
- the number of consumers formally referred by CPFS;
- the number of cases worked on during the reporting period; and
- the number of one-off contacts.

Monthly performance reporting to the Steering Group

Processes and procedures will need to be developed by the Steering Group, with the Alliance Manager reporting on the following core activities:

- number of clients accessing services;
- allocations;
- capacity of member agencies;
- status of clients that are being 'actively held';
- types of issues of presenting clients;
- intensity and duration of client responses; and
- referral source and community education activities.

Reporting on these activities should occur monthly by the FSN and this information should be collated and fed upwards to the Local Steering Group.

Service planning

In addition to the above reporting requirements each FSN will be required to map the current service system and develop a local service plan to support the operations of the FSN.

Core features of local area plans will be consistent across the state, while concurrently reflecting local FSN operating environment and circumstances.

The local area plan should include:

- a demographic analysis of the local population and service needs of those who live in the corridor;
- agreed performance indicators and outcome measures against which the success of the FSN can be monitored;
- strategies to support services to meet local plan objectives, emerging areas of need and areas of unmet need;
- strategies to improve service/system performance issues; and
- linkages and coordination points with other networks and partnerships within the corridor critical to the FSN's operations.

In addition it is expected that local FSN plans will include:

- outlining a strengthened focus on earlier intervention and prevention approaches to be undertaken by services across the FSN;
- description of processes for assessment, prioritisation, referral, accountabilities and outcomes;
- details of the strengthened pathways between the agencies in the FSN;
- links with local place based community building initiatives;
- strategies for strengthening culturally competent services for Aboriginal persons and those from CALD backgrounds;
- strategies to support a focus on continuous quality improvement; and
- strategies for supporting an effective local workforce.

Figure 1 Family Support Network Intensive Case Management process flow chart

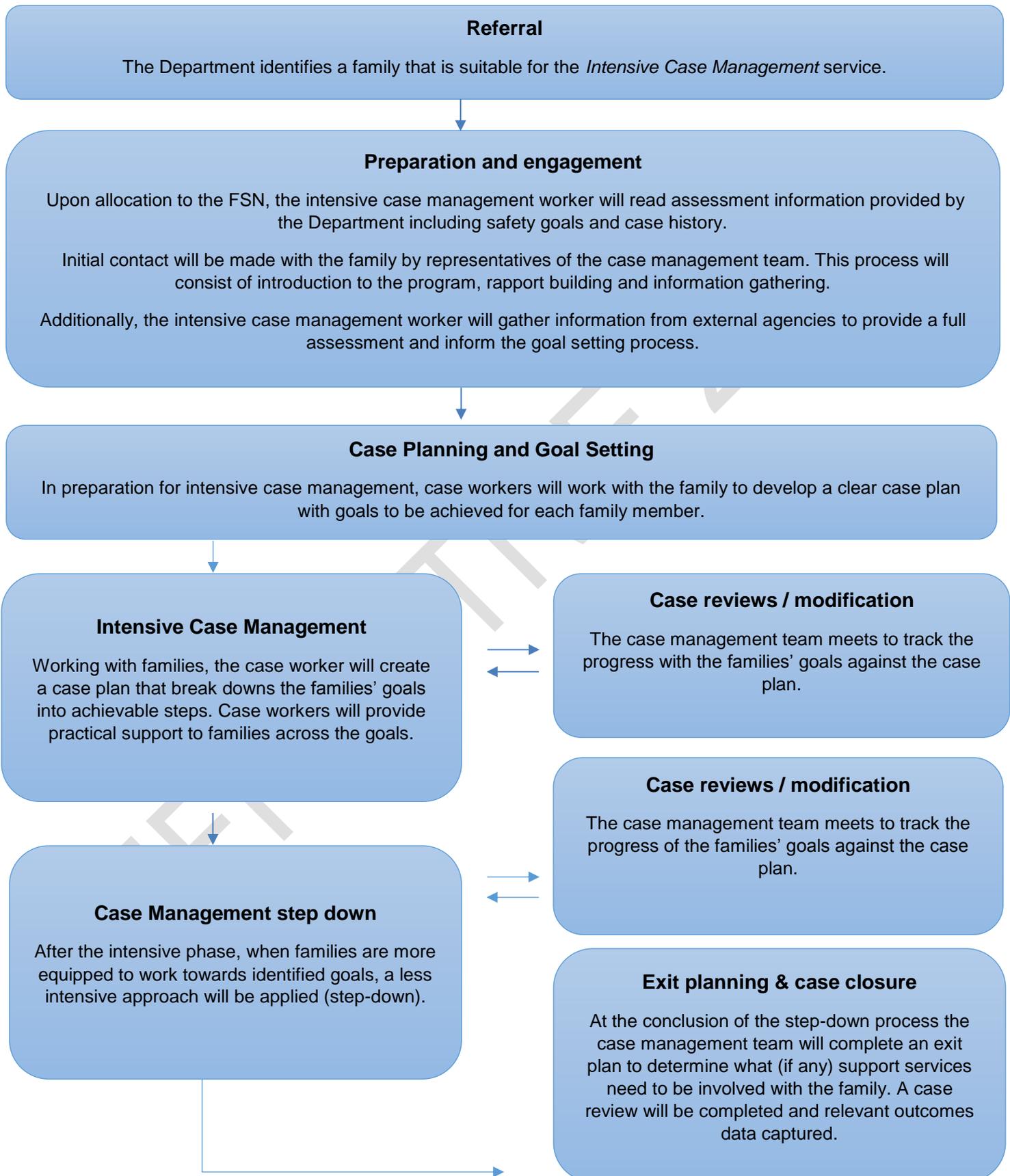


Figure 2. Interface between Assessment and Coordination and Intensive Case Management

