



Western Australian Family Support Networks

Operating Framework

Contents

Glossary and Acronyms	1
1 Executive Summary	6
1.1 Development of the Operating Framework	6
1.2 The Operating Framework elements	7
1.3 Key resource documents	8
1.4 Key attributes for enhancing service integration and coordination – experiences from other jurisdictions	8
2 Background	13
2.1 Policy and legislative context	13
2.2 Contemporary policy directions in working with vulnerable children, youth, families and communities	14
2.3 Contemporary service directions in working with vulnerable children, youth, families and communities	15
2.4 Assisting families with complex needs	17
2.5 Secondary Family Support Networks – the concept to date	18
2.6 The Operating Framework	18
3 Insert district name Family Support Network	19
4 Family Support Networks: An overview	20
4.1 Principles underpinning Network	20
4.2 Conceptual model	21
4.3 Partner Agencies	22
4.4 Role of other human services	23
4.5 The Network target group	23
5 Governance Framework for the Network	25
5.1 Governance for the Network	25
5.2 Key components of the Governance Framework	28
6 Network operations – supporting client and practice approaches	30
6.1 Operating model	30
6.2 Common entry point	31
6.3 Client screening	33
6.4 Common approach to assessment	34
6.5 Case allocation	36
6.6 Managing the capacity of the Network	38

6.7	Provision of support	39
6.8	Service intensity	42
6.9	Linkages with Child Protection	45
6.10	Client consent and information sharing	48
7	Service quality, accountability and planning	49
7.1	Service standards	49
7.2	Ongoing monitoring and evaluation	49
7.3	Service planning	52
A	Practice approaches to working with vulnerable children youth and families	54

Glossary and Acronyms

Term	Definition
CPFS	Department for Child Protection and Family Support
FSN	Family Support Network
WA	Western Australia

Term	Definition
Aboriginal	The term Aboriginal has been used in this document and includes people that identify as being of Aboriginal or Torres Strait Islander decent.
Assessment	Identification of a family's strengths in caring for the child or children, encompassing immediate family skills and resources, external formal and informal supports; demonstrated parenting knowledge and skills; relevant background and experiences of family members. Identification of additional supports and resources that may be available to the family to assist them in caring for the child or children. Identification of the limitations or stressors adversely affecting the family's ability to care for the child or children, and support the social, emotional, cognitive and physical development of the child or children.
Case coordination	Coordination of the delivery of many different services involved with each client.
Case coordinator	The case coordinator is a primary role with the responsibility for ensuring that services are coordinated, resources are allocated and overall progress in the client's response is being made.
Case management	Case management is a collaborative process of assessment, planning, facilitation and advocacy. The aim of case management is to develop options and services to meet an individual's needs through communication and available resources in order to promote quality cost effective outcomes.
Casework framework	<p>A casework framework is where services are delivered within a framework comprising the core functions of screening, assessment, planning, action, review and closure. The role of the caseworker within the framework is to ensure that each of these functions occurs in the delivery of the service and that the family is supported in assuming a key decision-making role at all times. Where there is multi-service or multi-agency involvement, the family may indicate a desire or need for assistance in negotiating and coordinating their involvement with these services. In such situations the case manager's role will extend beyond their service and the case manager may assume an advocacy, negotiation, coordination and monitoring role on behalf of the family. This will involve:</p> <ul style="list-style-type: none">• the worker developing a mutually acceptable action plan with

Term	Definition
	<p>the family agreeing the services to be provided, when and by whom;</p> <ul style="list-style-type: none"> • providing a single contact for the family to obtain information about available services and to discuss satisfaction with the services being provided and any changes they would like to make in relation to the current child and family action plan; • ensuring that, across the service system, the functions of screening, assessment, planning, implementation, review and closure occur and that duplication of these functions is minimised; • ensuring that the family is aware of and has given prior consent to any information being shared between services, except where this is permitted by legislation; and • facilitating continuity of care.
Caseworker/manager	<p>The caseworker is the person allocated the primary responsibility of overseeing implementation of the child and family action plan.</p>
Case Plan	<p>A case plan is the document that results from the assessment process. It identifies the objectives and goals of intervention and the roles and responsibilities of the child, young person, family and each of the organisations providing services to the family. It suggests that the range of secondary and specialist services involved with a family will act in a coordinated and complementary manner. The plan will address:</p> <ul style="list-style-type: none"> • resources and services needed and identify who will provide the resources and services; • tasks to be undertaken and identify the person/s responsible; • timelines for tasks to be undertaken; • timelines for review; and • any need for case coordination across services. The length and complexity of the service plan will vary according to the family's needs and the type of service being provided.
Child in need of protection	<p>In accordance with the <i>Children and Community Services Act 2004</i>, a child is in need of protection if:</p> <p>(a) the child has been abandoned by his or her parents and, after reasonable inquiries —</p> <ul style="list-style-type: none"> (i) the parents cannot be found; and (ii) no suitable adult relative or other suitable adult can be found who is willing and able to care for the child; <p>(b) the child's parents are dead or incapacitated and, after reasonable inquiries, no suitable adult relative or other suitable adult can be found who is willing and able to care for the child;</p> <p>(c) the child has suffered, or is likely to suffer, harm as a result of</p>

Term	Definition
	<p>any one or more of the following —</p> <ul style="list-style-type: none"> (i) physical abuse; (ii) sexual abuse; (iii) emotional abuse; (iv) psychological abuse; (v) neglect, <p>and the child’s parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm, of that kind; or</p> <p>(d) the child has suffered, or is likely to suffer, harm as a result of —</p> <ul style="list-style-type: none"> (i) the child’s parents being unable to provide, or arrange the provision of, adequate care for the child; or (ii) the child’s parents being unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child.
Children and young people	A child or young person aged 25 years or younger who is receiving support from Family Services.
Child focused, family-centred	A child focused, family-centred approach brings together the specialist resources provided by a professional and the knowledge, skills, concerns, decisions and plans of the family. Family centred services are those where the family is central to all decision-making, including choices about the resources and services they need. Control over the goals and content of intervention always remains with the family. In addition, the immediate family and community networks provide potential resources and support which will be taken into account in service planning and delivery.
Child Protection System	The range of services provided to protect children and young people from the risk of abuse or neglect. This includes services delivered by the Department for Child Protection and Family Support, non-government organisations and other agencies and professionals.
Culturally competent services	Cultural competence goes beyond awareness and understanding and implies that this will translate into effective practice. Developing culturally competent services will be a key activity of each secondary family support.
Crisis	A crisis is an adverse incident or series of events that have the potential to severely impact on a person and has potential long-term impacts.
Cumulative harm	Harm caused by patterns of family behaviour over a period of time.
District	The geographical area within the CPFS district boundaries.
Early intervention	Or intervening earlier– this term is used to apply to intervention that occurs when a child, young person or family’s vulnerability has been

Term	Definition
	identified. Secondary family support services will provide critical, timely and responsive services before risks and concerns escalate and lead to Child Protection intervention. By contrast, the term “early intervention” refers to intervention at a stage before vulnerability has been identified and therefore applies to more universal services.
Goal	A stated objective or expectation which can be clearly defined and measured. A goal could be the development of a particular skill, gaining of specific knowledge or achieving a change in behaviour.
Integration	A desire to enhance collaboration and service provision with integrated approaches between community sector agencies, and where necessary with Child Protection.
Network	State-wide network of high quality, integrated services that support children, individuals and families to appropriately address the risks and crises that they experience
Outcome	A change in a person's skills, knowledge or behaviour, or a change in the environment which occurred as a result of preceding conditions or action taken.
Practitioner	A staff member with professional qualifications or experience providing casework services to children, youth and families.
Prevention	Means to prevent risk from escalating and to prevent matters being reported to Child Protection and Family Support or escalating within the Child Protection system. In this context it does not refer to prevention of vulnerability or harm.
Procedure	Written prescriptions of behaviours.
Progress report	Six monthly report on activities and outcomes as required under CPFS Service Agreements.
Review	Review involves an assessment by the family and worker as to whether or not the goals and outcomes specified in the service plan have been achieved. Inherent in the process is an evaluation of the strategies implemented. The review phase may lead to planning the development of alternative strategies for achieving the family's goals and outcomes, altered or new goals or case closure.
Service Agreement	Contractual arrangements between CPFS and non-government services for the provision of secondary family support services.
Screening	Assessment of eligibility and appropriateness of the referral to the family service or another appropriate service. It may also include the collection of information to assess the urgency of need for service.
Service coordination	Service Coordination will be undertaken by the Network to coordinate service delivery among Network partners at a regional or

Term	Definition
	local area level.
Stage One Assessment	A component of the common assessment and planning framework to gather information about client need and risk.
Stage Two Assessment	A stage two assessment is an assessment that will build upon the stage one assessment for clients presenting with complex needs.
The Department	The Department for Child Protection and Family Support.
Universal services	Services established for and accessed by a large proportion of the population, for example: schools; general medical practices; and maternal and child health services.

1 Executive Summary

Timely and effective identification of risk factors is critical in minimising negative impacts on children and young people. In addition, where a combination of risk factors exists, particularly where risks accumulate over time, there is potential that they may lead to an increase in the child's vulnerability. Therefore, providing timely, targeted and effective support is fundamental to ensuring that children, young people and their families do not fall into crisis, leading to a more intensive (and expensive) response. Early intervention and prevention is not only effective for the child and family, it is also effective in providing efficient responses to those most vulnerable in the community.

1.1 Development of the Operating Framework

Background

The development of the *Secondary Family Support State Plan 2010–2013* (the State Plan) was a recommendation contained in the Ford Review 2007. The stated vision from this plan is to develop a State-wide network of high quality, integrated services that support children, individuals and families to appropriately address the risks and crises that they experience.

The Department for Child Protection and Family Support (CPFS) and the community service sector have worked in partnership to develop strategies for providing quality, integrated services to children and their families. This has included collaborating on the development of the State Plan and raising issues for debate to assist with the implementation of the Networks.

In undertaking this collaborative work, a number of governance mechanisms provided input and oversight, including the:

- Community Sector Roundtable;
- Child Safety Directors Group; and
- Secondary Family Support Networks Steering Committee.

Further to these groups, CPFS and the community service sector joined together to develop a range of supporting mechanisms for the Networks, including:

- information sharing and client consent protocols;
- a common assessment framework; and
- communication and support for the sector.

These processes were time limited in nature; however they played a powerful role in the change and reform process.

The Operating Framework

The Operating Framework provides the structure for implementation of Family Support Networks (Networks) in Western Australia and the move towards improved coordination and integration of agencies to support families.

In developing the Operating Framework, a series of one-day workshops were held involving members from the community sector, CPFS and other government departments. At the conclusion of each workshop, the papers discussed and emerging issues raised were written up and placed on the www.whereto.org.au website to ensure a transparent developmental process.

The Operating Framework was developed through a process of iteration with the community service sector over the series of workshops. This document presents the key directions agreed through this process.

To support the Network reform process, a range of parallel processes were undertaken jointly between CPFS and the community service sector. These involve the following key activities:

- development of a structure for the local network to guide the development and implementation of the Networks;
- development of service specifications for Network intake points;
- development of a common assessment framework for use by the Networks and CPFS;
- development of guidelines for information sharing between CPFS, the Networks and the wider service system, consistent with current legislation;
- development of a quality assurance strategy that includes practice standards and compliance monitoring; and
- investigation of standardised information management systems for use across all Networks.

1.2 The Operating Framework elements

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

- provide a flexible response which recognises that:
 - 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 Network 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 in the Network; and
- allow for collaboration and coordination with other services (both universal and tertiary) in the Network area in order to provide a more coordinated response to children, young people and families.

This document covers the following areas:

- governance of the Network – how the Network will be governed and each party’s roles and responsibilities;
- client target groups and agency services in the Network – including who the Network will provide assistance to, how the Network will prioritise services and what services will be involved;
- practice approaches for working with clients – providing an overview of some of the services that would be expected in the Network; and

- operational workings of the Network, including allocation processes, client pathways and entry points, client consent and accountabilities of the Network.

1.3 Key resource documents

In addition to this Operating Framework, the following documents have been developed to assist in the establishment of Family Support Networks in Western Australia:

- Family Support Networks – Summary of Model;
- Service Standards;
- Roles and Responsibilities;
- Memorandum of Understanding;
- Assessment and Planning Framework and tools;
- Secondary Services Working Together - Information Sharing Protocol.

These documents can be accessed at www.whereto.org.au.

1.4 Key attributes for enhancing service integration and coordination – experiences from other jurisdictions

Current national and international policy trends in child and family, and other human services, demonstrates that service responses should be integrated, coordinated and have a shared approach. Current models which incorporate these areas have been described below. Key attributes which have informed the development of the Operating Framework for Family Support Networks in WA are highlighted.

1.4.1 Australian examples

The following Australian examples have been chosen to highlight contemporary practice in working with vulnerable clients (across a spectrum of health and human services):

- Armadale Family Support Network in WA;
- Child FIRST in Victoria;
- Gateway Services in Tasmania;
- ACT Community Health Intake; and
- Family Referral Services, NSW.

These examples have been in progress across a range of timeframes, from the very recent (NSW Family Referral Services) to the long term over 10 to 15 years (ACT Community Health Intake) and are outlined in further detail below.

Western Australia – Department for Child Protection and Family Support, Armadale Family Support Network

The Department of Child Protection and Family Support implemented the Armadale Family Support Network (AFSN) in 2012. The AFSN was intended as a pilot site for the rollout of Networks across the State in accordance with the *Secondary Family Support Plan 2010 – 2013*.

The implementation of the AFSN was intended to improve integration of service delivery for secondary family support in the Armadale region. This was to provide a reduction in referrals to CPFPS and the improvement of outcomes for children, young people and families residing in the area. The core Common Entry Point Team in Armadale consisted of:

- an Alliance Manager;
- Assessment and Support Officers; and
- Leader Child Protection.

Evaluation

An evaluation of the AFSN was completed in 2013. The evaluation report can be found at <http://where.to.org.au/content.php?CID=42>.

Victoria - Department of Human Services (child protection), Child FIRST

The Department of Human Services (DHS) in Victoria implemented the Child and Family, Information, Referral and Support Teams (Child FIRST) and the broader integrated family service system reforms between 2006 and 2007. Child FIRST was specifically established in regional catchments across Victoria and provides a community based referral point into family services, essentially as a central access point.

The implementation of Child FIRST and the Integrated Family Services system aims to provide a stronger emphasis on: creating a visible point of access; organising family services into catchments; stronger partnerships; working more closely with Aboriginal Family Services; integrated networks; providing earlier intervention; and the appropriate targeting and prioritising of services to more vulnerable children, young people and families.

This model also includes the use of an alliance governance structure which includes a range of service providers and stakeholders.

Evaluation

An evaluation of the Child FIRST program was completed in 2011. A comparison was completed in the service delivery between 2005/06 and 2010/11. Some key findings in 2010/11 compared with 2005/06 were:

- 36 per cent more families were supported;
- families are demonstrating twice as many complex risk characteristics;
- an increase of 16 per cent of cases that receive 40+ hours of support; and
- twice as many service hours were provided to families.

Further information regarding the evaluation can be found online at: http://www.dhs.vic.gov.au/_data/assets/pdf_file/0007/724759/Evaluation-of-C-and-FS-Reforms-Phase-2-Summary-attachment-1.pdf.

Tasmania - Department of Health and Human Services, Gateway Services

Tasmania's Department of Health and Human Services (DHHS) commenced the Gateway Service model in 2009. This model provides a single entry point for all family and disability services in Tasmania. Features of the model include:

- a central number and central entry point for family, disability and specialist disability services;
- the provision of information, advice and referral generation;
- a monitoring needs register and short term crisis response; and
- data collection for future planning activities¹.

The basic high-level gateway service model is depicted in the figure below.

Figure 1 - DHHS Gateway Service model



Source: DHHS

Evaluation

The Midterm Review of the Gateway Services was completed in 2012. The following outcomes were achieved by the Gateway Services:

- there has been a reduction in the number of admissions to out-of-home care;
- less than seven per cent of child protection cases from the six month period of data collection were admitted to out-of-home care in the six months following this initial six month period; and
- consistent client feedback regarding the positive change to their lives attributed to the implementation of the Gateway Services.

Further information regarding the review can be found at - http://www.dhhs.tas.gov.au/disability/projects/gateway_and_family_support_services_mid-term_review.

¹ Department of Health and Human Services (no date). Gateway Services, accessed September 2013 from http://www.dhhs.tas.gov.au/disability/gateway_services.

New South Wales - Family Referral Services

The Family Referral Services (FRS) emerged as a service response post the Wood Commission of Inquiry². After considering the reforms in Victoria, NSW adapted the model to form a key plank in improving responses for vulnerable children, youth and families. The FRS is intended to assist children, young people and families who do not meet the statutory threshold for a child protection intervention. However, these clients would benefit from receiving a service to address current issues that would prevent escalation to a crisis response, and would build resilience and a nurturing environment.³

The services were piloted for 12 months beginning in May 2010. From April 2011 there has been an implementation of FRS across NSW, including Metropolitan, regional and remote areas. FRS is guided by Best Practice Service Standards and is run by NSW Health. They employ two types of services:⁴

- a telephone referral service; and
- an augmented service (that is, a service with capacity to coordinate active referrals, including some case management and supplementary access to support with the use of brokerage funding).⁵

Evaluation

An evaluation of FRS was completed in 2011. The key learning's from this evaluation were:

- augmented services have been essential in developing trust with Aboriginal communities, including Brokerage funds to Aboriginal organisations;
- meeting a target of 48 hour referral target has been unachievable;
- complex cases have been much higher than initially expected; and
- the service requires a child protection worker to operate effectively.

Further information regarding the evaluation can be found at http://www0.health.nsw.gov.au/resources/initiatives/kts/pdf/frs_evaluation.pdf.

ACT - Community Health Intake

The ACT Community Health Intake (CHI) was established in 2003 bringing together all the various intake points across the Community Health Program. Underpinning this program were a range of single access points for child and family, alcohol and drug and home nursing services that had been in existence since 1998.

The CHI's purpose is to:

- provide a single point of entry to community health/community care services;

²

www.dpc.nsw.gov.au/publications/news/stories/special_commission_of_inquiry_into_child_protection_services_in_new_south_wales.

³ http://www.keepthemsafe.nsw.gov.au/new_systems_and_services/family_referral_services - accessed September 2013

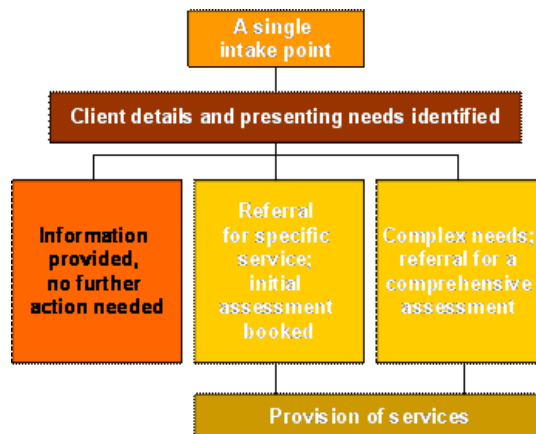
⁴ Ibid

⁵ More information can be found at: www.keepthemsafe.nsw.gov.au/new_systems_and_services/family_referral_services

- provide a consistent, responsive and quality service to individuals seeking assistance; and
- provide common screening process and referral process across the community health/community care system in the ACT.

The CHI model is outlined in the figure below. Essentially it allows for a single intake point for all community health programs and allows the client to navigate the system in a streamlined manner.

Figure 2: ACT Community Health Intake model



Benefits from this integrated approach to service delivery include:

- better matching services with client needs;
- better controls on resource utilisation and client flows in the community health/community care system; and
- supporting a stronger focus on client outcomes that can reduce client capture by the system/clinician.⁶

⁶ More information can be found at: <http://www.health.act.gov.au/health-services/community-based-health-services/>

2 Background

2.1 Policy and legislative context

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

- *The National Framework for Protecting Australia's Children 2009-2020*.⁷ 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 years⁸.
- *The Ford Review of the former Department for Community Development in 2007*.⁹ 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*¹⁰. This report recommended reforms to the way that human services are provided and also called for the establishment of six-trial community Networks throughout the State.
- *The Secondary Family Support State Plan 2010-2013*.¹¹ 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 outlines the high-level framework and strategies for the development of the Network including aims and objectives, guiding principles, key stakeholders to be included, secondary services within scope, governance frameworks and support structures required¹². This document has guided the development of the State-wide Operational Framework.
- *The Children and Community Services Act 2004*. This Act is CPFS's primary legislation and outlines the Department's 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.
- *Department of Child Protection and Family Support (CPFS) Strategic Plan 2012 – 2014* – The CPFS is in a period of consolidating reforms that have been implemented over the last six years. In addition, further integration and streamlining of services is a focus for CPFS. The key focus areas for the CPFS are building service capacity across the state, improve

⁷ http://www.coag.gov.au/sites/default/files/child_protection_framework.pdf - accessed September 2013

⁸ Department of Education, Employment and Workplace Relations. Policy Agenda, accessed September 2013 from http://www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Pages/home.aspx.

⁹ http://www.merredin.com/merredin/d/Residents/Your_Community/Government_Portal/Department_for_Child_Protection/Downloads/FXQZZ639L6QKMT12KI2P3UA9UC4CZ/0A2UICTV6IL2OM3.pdf/DCDRPTFordReview2007.pdf - accessed September 2013

¹⁰ http://www.dpc.wa.gov.au/Publications/EconomicAuditReport/Documents/eac_final_report.pdf - accessed September 2013

¹¹ www.whereto.org.au – accessed September 2013

¹² Department for Child Protection, Draft Secondary Family Support State Plan 2010 – 2013.

performance of services, align service delivery with CPFS policy frameworks and strengthen the learning capacity of people providing support and protection to families.

2.1.1 The Children and Community Services Act 2004

Underpinning the *Children and Community Services Act 2004* are the following guiding principles that formed the foundation for way the Networks 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 (taking action to bring a child into CPFS's 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.

2.2 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 also informed the development of the Networks. 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 children¹³;
- **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 milestones¹⁴;
- **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 environments;¹⁵
- **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 development¹⁶;
- **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 effectively¹⁷; and
- **services should address the cultural needs of Aboriginal and Torres Strait Islander children and families** – with research stating that Aboriginal and Torres Strait Islander children are almost five times more likely to be placed in out-of-home care compared with non-Indigenous children¹⁸. Aboriginal children and their families also have specific needs including ensuring that children are culturally safe¹⁹, while mainstream agencies also have a role in ensuring their services are culturally competent and appropriate in providing suitable and safe responses.

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

There are two key areas relating to best practice in the delivery of services for vulnerable children, youth, families and communities. These include:

- integration of secondary family support services; and
- addressing families with complex needs.

¹³ Sykora, J (2005). *Off to a Better Start: What we Know About Early Intervention Services*.

¹⁴ <http://www.msdc.govt.nz/documents/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj26/26-pages117-130.pdf> - accessed September 2013

¹⁵ Shonkoff, J.P and Phillips, D, *From Neurons to Neighbourhoods: the science of early childhood development*, pg.5. 2010, National Academy Press.

¹⁶ Ibid.

¹⁷ Social Exclusion Task Force (2007). *Reaching Out: Think Family*; UK.

¹⁸ Australian Institute of Health and Welfare (2007).

¹⁹ Australian Institute of Family Studies (no date). *Indigenous Responses to Child Protection Issues*.

These best practice areas are discussed below.

2.3.1 Integration of secondary family support services in Western Australia

Following a recommendation from the Ford Review in 2007,²⁰ an overarching key driver for the development of the Network concept is the development of a more integrated family support system.

An integrated service approach can:

- improve the experience of those people seeking assistance through streamlined service delivery;
- allow for a personalised, comprehensive and coordinated approach to addressing complex and interrelated challenges;
- unify service approaches towards shared outcomes;
- strengthen the links between services by incorporating agreed processes; and
- assist people with complex needs to be supported through integrated case management over a longer period of time.

Specifically, an integrated response within the Network model is hoped to have the following benefits for service providers and children and families:

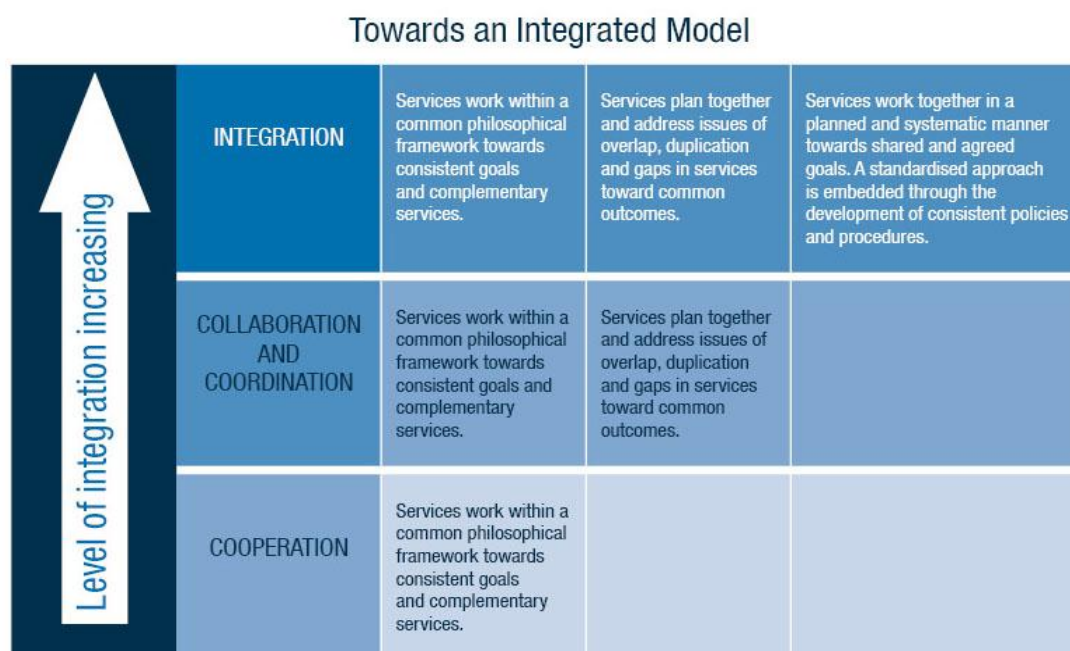
- use of a common assessment framework;
- joint planning and role clarity for all agencies;
- a genuine commitment from all agencies to success;
- strong local leadership and relationships;
- development of sustainable systems; and
- a process of review and continuous improvement.

These are summarised in the figure below.

²⁰

http://www.merredin.com/merredin/d/Residents/Your_Community/Government_Portal/Department_for_Child_Protection/Downloads/FXQZZ639L6QKMTE12KI2P3UA9UC4CZ/0A2UICTV6IL2OM3.pdf/DCDRPTFordReview2007.pdf - accessed September 2013

Figure 3: Towards an integrated model



Source: Secondary Family Support State Plan 2010 – 2013 - (Adapted from *Integrated Practice on the Front Line: a Handbook, research in practice 2009.*)

2.4 Assisting families with complex needs

Secondary family support services are part of the secondary service tier aimed at assisting individuals and families who are at risk or in crisis. These children and families have needs that are generally too complex for primary services and they require a targeted secondary service response to prevent their situation worsening and to mitigate the emerging risks.

Family support is a way of strengthening families to overcome their problems while responding to children’s needs. Family support services can improve family functioning and are most effective when early in the development of a problem. Participation in decision making by the child (where age appropriate), the family and individuals on issues that affect them is central to the assessment and case planning processes that underpin family support services.

It is intended that the Networks will demonstrate best practice as they will connect clients to specialised services that work with vulnerable children and families. They will also have a role in establishing formal linkages to relevant adult services so that a holistic and networked approach is undertaken in responding to the needs of children and families at risk or those who are vulnerable.

The Networks will also bring secondary services together in each region so they can work in an integrated and coordinated way in responding to existing and emerging needs at a client and system level. Through an integrated approach clients will be able to find support and assistance far more readily and will be able to access more integrated responses than have traditionally been available.

Further information can be found in Appendix A regarding working with vulnerable youth and families.

2.5 Secondary Family Support Networks – the concept to date

The development of the *Secondary Family Support State Plan 2010–2013* was a recommendation contained in the Ford Review 2007. The stated vision from this plan was to develop a State-wide network of high quality, integrated services that support children, individuals and families to appropriately address the risks and crises that they experience.

CPFS and the community sector have been working in partnership to develop the responses to providing quality, integrated services for children and their families. This has included collaborating on the development of the State Plan and raising issues for debate to assist with the implementation of Networks. The conceptual model was developed by the CPFS in preparation of the deployment of Networks across the State.

The Armadale Family Support Network was implemented as an innovation site in April 2012. This Network was evaluated during 2013 and the results of the evaluation are available at <http://whereto.org.au/content.php?CID=28>. A second Family Support Network is planned for Mirrabooka in 2014. This is the next step in the rollout of Networks across the state, by the CPFS.

A third Network is being implemented in the Midwest through external funding. Operational funding is not provided by CPFS; however, CPFS will provide a staff member in the role of the Leader Child Protection.

2.6 The Operating Framework

This document covers the following areas:

- local district information (inserted as chapter three by each network);
- governance of the Network;
- client target groups and agency services in the Network;
- practice approaches for working with clients; and
- operational workings of the Network, including client consent and accountabilities of the Network.

3 **Insert district name Family Support Network**

Local information relevant to the implementation and operation of the Family Support Network will be inserted here by the Lead Agency, in consultation with Partner Agency's/local Steering Group.

4 Family Support Networks: An overview

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

- the guiding principles underpinning the Network;
- the conceptual model for the operation of the Network;
- the locations and member services involved in the Network; and
- the Network target group.

4.1 Principles underpinning Network

The guiding principles outlined in the *Secondary Family Support - State Plan 2010-2013* provide direction for the development and operations of the Networks and include:²¹

- **Integration** – services work together in a planned and systematic way toward agreed, shared goals. The focus for agencies will be to promote the integration of services locally, regionally and between sectors.
- **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.
- **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.
- **Child centred** – children’s unique vulnerabilities are placed at the centre of assessments and actions, including when the direct recipient of the service is a parent.
- **Family focused, client directed and community based** – families are supported to address the issues they experience and strengthen their connection to their community.
- **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.
- **Evidence based approaches** – agencies commit to designing high quality services using research evidence and good practice and will evaluate the effectiveness of their services.
- **Non-stigmatising** – services are provided to individuals and families in a respectful way that encourages them to seek help when needed.
- **Inclusive and holistic** – services respond to the diversity of culture in the population and work to meet the needs of children, individuals and families.
- **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.

²¹ Department for Child Protection, *Secondary Family Support State Plan 2010-13*, Page 2. 2010
Western Australian Family Support Networks Operating Framework

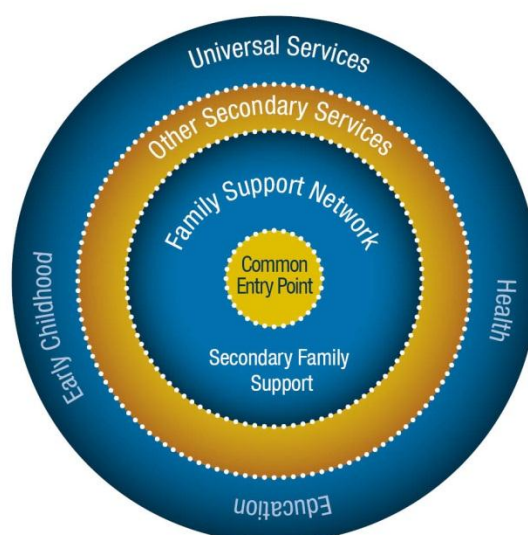
The ten principles outlined above underpin:²²

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

4.2 Conceptual model

As described in the *Secondary Family Support - State Plan 2010-2013*, the Network comprises a range of family support services in each district. The diagram below illustrates how each Network will link with other relevant secondary services, universal services and tertiary services.

Figure 4: Original conceptual model of Network



Source: CPFS State Plan

Each Network will develop formal linkages with the appropriate universal services in each of their locations. It is expected that there will a specific focus on developing relationships with:

- education services;
- health services; and
- early childhood services.

It will be necessary for each Network to develop referral pathways to and from these services when it has been identified that the issues being experienced require a secondary family support response, or that those families involved with the Network would benefit from a universal service.

²² Ibid

While the Networks will comprise secondary family support services, strong collaborative relationships will need to be developed with other secondary services including:

- drug and alcohol services;
- mental health services;
- child and adolescent health services;
- housing support;
- community based justice services;
- disability services (including carer services);
- targeted employment services; and
- other relevant secondary services.

The establishment of the Networks will make seeking support for families easier and less threatening. However, the safety and wellbeing of children must always be the focus. To assist the Network in assessing and monitoring those families with low protectiveness, the Network will include a Leader Child Protection and direct support from CPFS when needed. The role of the Leader Child Protection is described in further detail in Section 6.9.1.

4.3 Partner Agencies

Services purchased by the Department for Child Protection and Family Support will utilise, where available, Family Support Networks to facilitate referral of clients to secondary family support services.

Secondary family support services operating in Districts supported by a Family Support Network will actively participate as partner agencies of the Family Support Network.

The service groups to be included in within the Networks are described in the diagram below.

Figure 5: Service groups to be included within the Network

Family Support Networks - Service Groups



Source: CPFS State Plan

It is important to note that while components of the homelessness and domestic violence service groups are included within the Network, the specific crisis response services in each of these service types will not be included.

Crisis services will continue to operate outside of the Network, providing a crisis response. They will have the capacity to make a referral to the Network when it is identified that a secondary response is required.

4.4 Role of other human services

There are a range of human services not directly involved in the Network, including:

- universal/primary services (i.e. maternal health nurses, child care, GPs); and
- specialist services (i.e. crisis response services, specialist medical).

While not directly related to the Network, these services provide key avenues for referral and have the capacity to effectively respond to the needs of vulnerable children, young people and their families.

In developing the Network, these agencies have the potential to play an important role. Consequently they should be involved in discussions about how to effectively work with the Network in responding to the needs of vulnerable children, young people and families. In some circumstances it may also be worthwhile including these services in the MOUs developed by the Network so there is some formal agreement about the role, relationship and referral pathways between these other human services and the Network.

4.5 The Network target group

The target group for the secondary family support system is:

- vulnerable children;
- young people (i.e. up to 25 years of age); and
- families.

These children, young people and families will have needs that are too complex for universal services and they require a targeted secondary response to prevent their situation from worsening. In addition, they are:

- likely to experience greater challenges because the child or young person's development has been affected by the experience of risk factors and/or cumulative harm; and/or
- at risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.

4.5.1 Characteristics of the target group

The following provides a guide in relation to breadth of issues that may be encountered by vulnerable for children, young people and families referred to the Network:

- the presence of factors which impact on the capacity of parents to provide for the physical and emotional needs of children. These factors may include substance and alcohol misuse, mental health problems, physical or intellectual disability;

- family conflict, family breakdown (including separation or divorce or bereavement) which is impacting on the wellbeing and development of the child; and/or
- financial or social hardships (such as isolation) that create a negative environment that impacts on the development of the child.

This client group of vulnerable children, young people and families are likely to be characterised by²³:

- multiple risk factors and long-term chronic needs, potentially leading to developmental deficits;
- children, young people and families at high risk of long term involvement in specialist secondary services, such as alcohol and drugs, mental health, family violence and homelessness services, and Child Protection;
- disadvantage and poverty cycles that can result in chronic neglect and cumulative harm;
- single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances; and
- single/definable risk factors that may need specialised one-off, short term or episodic assistance to prevent or minimise the escalation of risk.

The target group for family support services includes circumstances where concerns may have been raised about the safety, stability, development and overall wellbeing of children, but where families are unwilling to acknowledge the need for, or seek, assistance.

The common assessment framework will assist in determining the eligibility and priority of access for services from the Network.

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

²³ Department of Human Services 2006, *Strategic Framework for Family Services*.

5 Governance Framework for the Network

The following section describes the Governance Framework developed to support the implementation and ongoing management of the Network along with the roles and responsibilities of each element. There are two core areas including the:

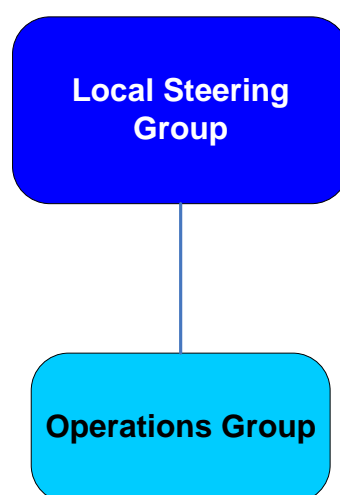
- governing committees and groups; and
- key components.

Each of these areas is discussed below.

5.1 Governance for the Network

Governance for the WA Family Support Networks involves two tiers – the Local Steering Group, and the Operations Group. These two governance mechanisms are known collectively as the Alliance Structure for the Network and have accountability for the overall operation of the Network. These structures are illustrated in the figure below.

Figure 6 – Alliance structure for the Network



5.1.1 The Local Steering Group

The Local Steering Group has responsibility for oversight of the establishment and implementation of the individual Network within each District. The role of the Local Steering Group is to:

- develop and implement interagency agreements including Memoranda of Understanding (MOUs) and information sharing protocols between Network partner agencies;
- review processes and procedures within the Network to ensure that they are effectively meeting their stated objectives;
- oversee local area service mapping and planning;
- identify and address emerging and systematic issues impacting on the quality and effectiveness of service delivery by the Network; and
- provide a mechanism for conflict resolution.

Membership

Members of the Local Steering Group will be drawn from the agencies involved in the Network. The Local Steering Group may comprise of the most senior local area managers (with the highest level of decision making authority) from all of the Network member agencies, the manager from the Common Entry Point Team, the chairperson from the Operations Group, the CPFS District Director and other local services (i.e. those services that may not be directly involved in the Network but will be a key provider of services in the Network location, such as universal services or specialist services).

The Local Steering Group may also wish to invite a representative of a key stakeholder group from the community that is not involved in the Network, such as an Aboriginal service or organisation representing people from culturally diverse backgrounds within the District.

The Lead Agency (or other as identified in the MOU developed to support the Network'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 work papers ahead of meetings, type up 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 will be necessary for the Steering Group to meet on a more regular basis, such as monthly, to ensure the successful establishment of the Network.

5.1.2 The Operations Group

The second tier of this structure, the Operations Group has the responsibility for development, implementation and monitoring of the operational processes, procedures and activities undertaken by the Network.

The Operations Group will have responsibility for the:

- development, implementation and coordination of operational processes, and procedures such as client screening, assessment, prioritisation, referral and allocation to support the activities of the Network;
- identification, promotion and implementation of learning and development strategies for staff working in the Network;
- monitoring of the availability of service capacity across the Network;
- development and maintenance of a service directory to support Network activities;
- development and monitoring of strategies to ensure culturally competent practice across the Network;
- perform active reviews on a quarterly basis to ensure clients are not retained on active holding for an inappropriate length of time;
- coordination and facilitation of the use of data across the Network so that demand, capacity and reporting can be undertaken effectively; and
- convening of time limited and specific purpose standing committees to undertake key projects on behalf of the Network.

Membership

Members of the Operations Group will be drawn from the Network agencies. It is envisaged that the Operations Group will meet on a regular basis during the establishment of the Network. Beyond this initial period, it is anticipated that meetings will need to occur on a monthly basis so that matters associated with the Network's operations can be identified, addressed and resolved in a timely manner.

The Operations Group will comprise of senior operational managers of Network member agencies, the Leader Child Protection and nominated member of staffs from the Common Entry Point Team, including those not involved in the intake/assessment function.

The Lead Agency (or other as identified in the MOU) will be responsible for providing secretariat support the Operations Group.

5.1.3 Standing Committees (as required)

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

The development of Standing Committees will provide a mechanism by which specific projects and issues can be responded to collaboratively within the Network, 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 Network;
- developing new and innovative practice strategies across the Network;
- managing special projects and activities;
- providing a mechanism for sub-District planning; and
- in regional areas, Standing Committees may be established in sub-Region locations for localised service coordination.

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

Membership

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

Membership of the Standing Committees is expected to involve staff of member agencies within the Network, Common Entry Point Team representatives, the Leader Child Protection and other key stakeholders from the community, as determine by the objectives of the Standing Committee.

5.1.4 Monthly performance reporting

Processes and procedures will need to be developed by the Operations Group to report 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 on a monthly basis by the Network and this information should be collated and fed upwards to the Operations Group and Steering Group.

5.2 Key components of the Governance Framework

There are three further key elements of the Governance Framework, including:

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

Each of these areas is outlined in further detail below.

5.2.1 Lead Agency

Each Network will be managed through a Lead Agency model. The Lead Agency will have a key role in:

- bringing secondary family support services together across each District in an integrated and coordinated way;
- educating the community about the role and purpose of the Network;
- establishing protocols and working relationships that bring together services from the universal and tertiary sector in response to the needs of vulnerable children, young people and families within the District;
- establishing and convening a Local Steering Group and Operations Group to oversee each Network; and
- coordinating a common entry point.

Each Network will have a common entry point into the local secondary family support service system. Common entry points will be located 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 Network Alliance. To clarify the role of the Lead Agency and other agencies/organisations within the Network, a MOU which will formally link agencies to an agreed approach to service provision will be developed for each Network.

5.2.2 Memorandum of understanding

Each Network will operate under a MOU, which will outline an agreed approach to service provision. An MOU will exist between the Network 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 requirements; and
- incorporate a conflict resolution procedure and protocol.

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

5.2.3 Terms of reference

In establishing the Network, the Lead Agency will be required to work with the Local Steering Group and Operations 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.

6 Network operations – supporting client and practice approaches

The following section describes the Network operational model and the practice approaches that support Network operations. It details:

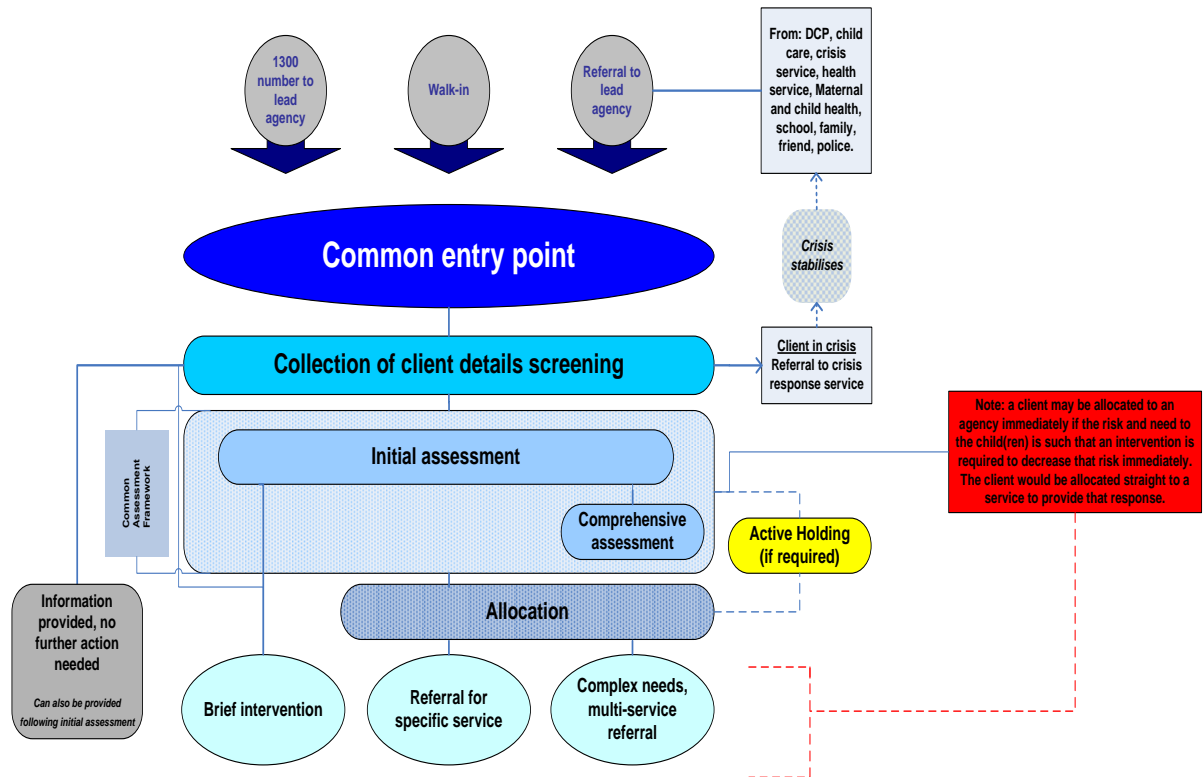
- the common entry point;
- client screening;
- assessment;
- case allocation;
- service provision;
- links to child protection; and
- client consent.

This model is intended to guide the operation of each Network to ensure that there is consistency of intake, screening, assessment, allocation and referral processes across the secondary family support sector across the state. This framework recognises that client pathways to the Network are varied, however, once a client accesses the Network, processes and procedures across the agencies involved in the Network should be consistent.

6.1 Operating model

The following figure provides a diagrammatic representation of the operational model for the common entry point of the Network and each component of the model is described in further detail in the sections below.

Figure 7 – Common entry point model for the Network



As indicated in the model, clients can access the Network via the common entry point through a number of pathways including:

- calling the local 1300 telephone number;
- “dropping into” any Partner Agency of the Network including the Lead Agency – although this is not the preferred option and will likely be less regular over time when the Network become established in the community; and
- being referred by anyone including CPFS, child care service, crisis services, maternal and child health service, schools or a family friend.

All client responses provided by the Network are voluntary and as appropriate, client consent should be gained when making a referral for support. For further details on client consent and information sharing refer to Section 6.11.

6.2 Common entry point

6.2.1 Background

Families often find it difficult to navigate the secondary family support system and engage with the most appropriate service responses to meet their needs. Similarly, providers of universal, other secondary and tertiary services within the community face the same challenges in identifying and accessing the most appropriate secondary family support responses for families and individuals with specific needs.

A key strategy of the Network is to provide a common entry point into local services.

Services that form part of the Network will be required to adopt a ‘no wrong door’ philosophy to connect people with the services they require. This means that clients who contact a Network Partner Agency but do not require that specific service will be referred to the appropriate service in the Network or to the common entry point for assessment and referral. The emphasis will be on supporting clients to access the right service, as soon as possible. Some initial work will be on developing referral pathways to those services not involved in the Network, but may be referred to the Network initially – this is particularly pertinent for those clients in crisis.

Benefits of having a centralised, local process for intake and assessment (i.e. a common entry point with a ‘no wrong door’ philosophy), include:

- a central intake reduces the requirement for referrers to establish and maintain relationships with the vast array of secondary family support services within a District;
- there may be a reduction in the need for clients and referrers to make multiple telephone calls;
- there may be a reduction in the tendency for clients to be waitlisted for multiple secondary family support services;
- it may enable clients to make a choice as to which service they enter; and
- it may formalise and extend local relationships between service providers.

6.2.2 The Operational model

Each Network will have a common entry point into the local integrated family services system. 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 District. The common entry point will operate during business hours, 8.30am to 5.00pm; Monday to Friday, and will be the central point of coordination for services involved in the Network.

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.

It is expected that the far majority of referrals will come through the 1300 number or via referrals from other services/professionals.

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 Network and a note indicating that people can leave their details and the Network will call them back the next working day.

The Network will also ensure that it makes 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 Network outlining the available crisis services and their contact details in the District.

6.2.3 Access to services within the Network

Access to the Network will be determined based on the risk and need of the client which will be ascertained during assessment. Referrals will be transitioned based on this risk and need, with those most vulnerable and at-risk to be prioritised.

6.3 Client screening

Once a client or family makes contact with the Network, or a referral is received through the common entry point, client information will be collected to determine if the Network is the most appropriate service response to meet the needs of the client and/or family.

A client can enter the common entry point in a number of ways to ensure there is local flexibility for clients. If a client comes through the '1300' number, or is referred to the Network Lead Agency directly, the common entry point team will undertake the initial client screening. If, however, the person walks-in into a Partner Agency of the Network, that agency will undertake the initial client screening (consistent with Network protocols). Where such situations arise, the Partner Agency will be required to immediately liaise with the common entry point team to agree the next steps.

At this initial screening stage, verbal consent will be requested for the client's information to be shared on the Network database. The client will be explained that their information will be shared by the Network with Partner Agencies. Further protocols regarding sharing of information can be found in section 6.10.

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 such situations it is proposed that the Partner Agency connect the potential client to the 1300 number for the Network so that the initial screening process can take place by phone.

Initial information to be collected at the client screening stage includes information such as:

- client demographic data such as name, address, date of birth;
- cultural background;
- family structure;
- previous service history; and
- presenting issue.

This information can be collected from the data received from the referring agency, by telephone or via a face-to-face visit.

Once the information is received and collated for screening purposes, a practitioner will determine the most appropriate pathway by which the referral is to be progressed.

If the practitioner determines that the child, young person or family requires a response from the Network, they will proceed to a stage one assessment.

However, if the member of staff determines that the Network is not the most appropriate response for the child, young person or family, they will be advised of alternative service responses that may be more appropriate, such as mental health services, disability support services or community health services.

On occasions individuals may contact the Network and require what is commonly known as a brief intervention. A brief intervention is where the provision of information and limited advice is all that is required to respond to their presenting issue. Where the need emerges for a brief intervention at initial screening – and it is appropriate for the Network to respond, that support will be provided by the Network to ensure that the individual/family’s needs are met.

If through the client screening process it is identified that the client requires a crisis response, the member of staff will provide direct support to the client to link them into an appropriate crisis response outside the Network service to meet their needs.

A client who presents in crisis cannot be adequately assessed until their immediate needs are addressed. Once the crisis issues are resolved and/or stabilised, the client may re-enter the Network through the common entry point.

6.4 Common approach to assessment

The *WA Family Support Networks Assessment and Planning Framework* (the assessment framework) will provide a mechanism by which risk and need of each client can be effectively identified. It is expected that all Networks will use the assessment framework to ensure consistency of approach between Networks.

The assessment framework provides for initial screening and assessment to determine client needs, strengths and service responses. It is holistic in its approach and includes a focus on:

- child (ren);
- family/parent;
- social;
- culture;
- environmental;
- economic;
- safety, and
- wellbeing.

This shared approach to screening and assessment across the Networks, including common language and a focus on risks, needs and strengths, is used to inform the development of a coordinated and integrated response to client needs.

Information received through the common assessment framework will inform the development of a case plan and be provided to the agency(s) involved in providing support to client(s).

6.4.1 Stage one and two assessment

The common approach to assessment will provide a framework for an initial assessment and, if required, a more comprehensive assessment to determine client need.

Stage one assessment

A stage one assessment will include:

- an understanding of the experiences of the child, particularly in identifying negative patterns and trends in their lives and lifestyle;
- assessment of the child’s developmental progress against what is expected for their age and stage;

- assessment of family or individual risk factors in the child’s life that may increase the impact of the harm;
- history of risks and needs – and interaction with other services (including any statutory responses);
- identification of what will be addressed for the young person (and their family) to reduce the risks and improve well-being;
- summary and outcome of the consultation with Leader Child Protection (if undertaken);
- objectives and goals for intervention;
- identification of the brief intervention or singular service response to be provided;
- identification of requirement for more complex assessment; and
- identification of the most appropriate organisation to lead the responses.

It is expected that a stage one assessment will be actioned within three days of receipt of the referral.

If, following the stage one assessment, it is determined that a brief intervention is required and the practitioner undertaking the assessment has the skills and capacity to deliver this intervention, it can be provided immediately without the need for the case to be referred through to the Network’s allocation process. If this is not possible, then the client will be immediately transferred to a practitioner who is available to provide the short response (this may be the Lead Agency, or in some instances, one of the Partner Agencies).

If the practitioner determines that a referral for a specific service is required, the member of staff would determine which service is most appropriate (i.e. intervention) and then the client would either be immediately allocated to the relevant service or placed into the “active holding response” until the service became available.

If a more comprehensive assessment is required, the practitioner undertaking the initial assessment would determine what was required for this assessment to be undertaken (outlined further below). This assessment would begin immediately if there are high-level concerns.

Stage two assessment

A stage two assessment may be required for those clients that present with:

- complex needs;
- entrenched, intergenerational issues;
- potential child protection concerns;
- extensive history of previous service access;
- significant well-being concerns;
- requiring additional support to access services; and/or
- requiring multi-service response.

The need for a stage two assessment should be identified through the stage one assessment process and is likely to include wider discussions amongst service providers and member of staffs in response to presenting issues. A key focus of these discussions will be seeking advice

from specialist practitioners and the Leader Child Protection to inform the comprehensive assessment process.

The stage two assessment will use the stage one assessment as the foundation and then:

- bring together a range of practitioners to discuss the issues and provide advice to the Lead Agency practitioner (or the person undertaking the stage one assessment);
- should include a session with the young person/family to discuss ongoing issues in person (and could include co-consultation with practitioners);
- determine which agency would be the lead case manager; and
- seek secondary (or co) consultation as required to support assessment and responses for the client.

The stage two assessment should be done as soon as possible to reduce the risk of the clients' needs intensifying further, or the client falling into crisis. It is expected that a stage two assessment is actioned within seven days of receipt of the referral.

6.4.2 Development of the initial case plan

At the conclusion of the assessment phase, a high-level case plan should be developed in consultation with the client. The plan should identify the client's goals and objectives, a high level summary of the outcomes of the assessment process and proposed ways to effectively respond to the client's needs.

The high-level case plan will determine what service responses should be considered in responding to the client's presenting needs. The high-level case plan will inform the case allocation process and determine the client's priority of access and service pathway.

6.5 Case allocation

Each Network will develop a process for case allocations. The development of a joint decision making process for case allocation will ensure referrals are allocated with due consideration to their priority of access (based on greatest risk and need) and agency capacity to respond (ensuring a timely response).

There are a number of case allocation options that can be implemented by each Network and the most appropriate model should be determined by each Network's Operations Group. Options for consideration include:

- all member agencies of the Network included in an Allocation Committee;
- development of Allocation subcommittees based on geographical area;
- development of an Allocation Committee that includes representatives from a number of selected member agencies/or professional groups; or
- member agencies providing authorisation for the Lead Agency to allocate some or all cases.

Any case allocation process that is implemented should also include the Leader Child Protection and allow for flexibility so that the Lead Agency can directly refer to partner agencies in certain circumstances. Agreement on a protocol on how to respond to cases that need to be allocated outside the agreed meeting process should be developed and endorsed by all parties early on in the Network's operations.

An example of a situation where the Lead Agency will directly refer to a Partner Agency is provided in the following case example:

Case study
<p><i>Scenario (Steele, Julie and Ralph)</i></p> <p>Steele, aged fifteen has been arguing with his mother Julie and stepfather Ralph for approximately three months regarding Steele's lack of attendance at school and his behaviour towards his other step-siblings at home. Steele is of the view that Ralph picks on him and that he is not treated the same as his step-siblings by either Julie or Ralph. As a result, Steele has started missing school and has been moody and angry with step-siblings.</p> <p><i>Actions of the Network</i></p> <p>After gaining consent from the family, the school contacts the Network via the common entry point 1300 number to refer the family for support. The Assessment and Support Officer commences the Initial Screening and then contacts the family directly to introduce themselves and to provide information about the Network and the Partner Agencies involved. The Assessment and Support Officer completes the Initial Screening over the phone and arranges to meet with the family to complete the Stage One Assessment. Following the completion of the Stage One Assessment, the Assessment and Support Officer supports the family to develop a Case Plan which outlines the family's priority of linking into some parent/adolescent conflict mediation sessions.</p> <p>The Assessment and Support Officer is aware that there is one Partner Agency of the Network that provides parent/adolescent mediation services, and that the service has capacity to take on new clients. The Assessment and Support Officer discusses the case with the Alliance Manager and contacts the Partner Agency to advise of the family's desire to be linked to their service.</p> <p>The Partner Agency confirms that they can commence intervention immediately and the service is allocated to the Partner Agency with case management transferring to the allocated worker. The family is contacted by the Assessment and Support Officer who informs them of the case manager's name and advises that the case manager will contact them directly to arrange for the service to commence.</p>

The case allocation process implemented for the Network should incorporate the following:

- the identification of a coordinator position to lead the allocation process;
- where an Allocation Committee is to be convened, the Committee should meet once a week or more frequently on an as needs basis;
- such meetings should be conducted either face to face or via phone;
- at the Allocations meeting, advice should be provided about cases that have been assessed and allocated directly by Lead Agency;
- a review of those cases that are being 'actively held'; and

- a review of the capacity of member agencies to accept new referrals.

The length of these meetings will be dependent on the number of cases to be allocated from intake and a review of the cases that have been actively held.

6.6 Managing the capacity of the Network

The Networks will be required to implement effective coordinated demand management systems and strategies at the Network level. Network agencies will no longer be required to maintain individual waiting lists for those services in the Networks – rather these will now be maintained and updated by the Lead Agency for all services that form the Network²⁴. However, this is only for those services in the Network, for agencies with multiple services and programs which may not necessarily all be in the Network, this would not apply to those services and programs.

Similar requirements will be placed upon the Lead Agency, as with all agencies involved in the Network, to manage capacity. Allocation processes for clients will be transparent and report regularly to the Operations Group.

The principles of demand management and prioritisation to be used by the Network include:²⁵

- initial screening to determine appropriateness of the referral and course for action;
- initial assessment to determine risk and need;
- referrals to be transitioned based on priority of need (most vulnerable and at-risk first);
- case allocation to be decided jointly by service providers within the Network;
- the most relevant service or Lead Agency within the Network identified to provide an ‘active holding’ service to client/s when an immediate response cannot be provided (*please refer to Section 6.6.1 for further information on active holding*); and
- the most appropriate response to demand management to be implemented – in accordance with the strategy developed by the Operations Group and Local Steering Group.

From a local planning perspective, demand management will focus on identifying areas of unmet demand, including:

- needs unable to be met by the existing secondary support services;
- areas where existing systems (such as funding or policy guidelines or the lack of shared responsibility for client care) is preventing access for those with a defined need;
- system capacity issues, such as waiting lists for services; and
- system gaps, such as a lack of early intervention services or employment options.

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.

²⁴ It is expected that the management of capacity by the Network will only relate to services funded by DCP. It is recognised that the agencies/organisations may receive funding from other sources against which capacity for delivery will need to be managed.

²⁵ Victorian Department of Human Services, *Strategic Framework for Family Services*, pg.52. 2006

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

6.6.1 Active holding

Capacity management will be supported by the provision of an active holding response – moving away from the traditional waiting list functions. In some cases the service in the Network in the best position to meet a child, young person or family's identified needs will not be able to immediately allocate a case worker or provide a service response. As a consequence, the child and family will be required to receive an active holding response, such as a one off intervention and/or low level monitoring and support until the case is allocated.

Active holding responses are the responsibility of the Lead Agency, however at times it will be more appropriate for this function to be carried out by the Partner Agency receiving the referral; particularly if the family requires a single service response. This provides an opportunity for the receiving service to develop a relationship with the family and enables a smooth transition into service delivery.

Active holding activities may include:

- telephone monitoring – weekly phone call to the family to touch base and assess if the family's situation has changed;
- group work – engagement in supported playgroups, mother's groups or parenting support groups;
- referral to universal services;
- initial home visit;
- case conferencing;
- the development of a plan of action that can be implemented by the family; and
- brokerage of other support services (where funding is available for this purpose).

The active holding response may also provide short-term intervention that leads to case closure. Families being supported by the active holding response will be actively reviewed and prioritised based on need, alongside new and existing referrals for the Network as part of capacity management.

Where a client is placed in an active holding response it is critical that they are advised as to why this has happened and those discussions are undertaken to clarify expectations for support during the active holding phase. For each actively held case, an Assessment and Support Officer will be assigned to manage their needs while waiting for their preferred service.

6.7 Provision of support

It is expected that the services that comprise the Network will offer access to a range of services to their clients including but not limited to those outlined in Table 1. Please note that existing capacity may need to be increased (and resourced) across Networks, as the full range of services may not be currently available, or delivered in each location.

Table 1: Practice approaches

Practice approaches		
• Access to universal/primary services	• Active Engagement/ Outreach	• Advocacy
• Counselling	• Case Management	• Casework
• Practical in home assistance/ Skills development	• Group work	• Information, advice and referral
• Brokerage		• Secondary consultations

Source: Victorian Child FIRST and Tasmanian Gateway

Some of these are outlined in more detail below.

Active engagement and outreach to families

Outreach approaches may be required to engage vulnerable families who may not otherwise actively seek services. The Network will develop a range of “non-traditional”, active engagement strategies to ensure families have every opportunity to engage in the support they require. Many of these are already used by family services in their day-to-day activities with clients.

Outreach includes the provision of regular home visits or community based visits to families who may not have otherwise sought contact with services. Outreach may include accompanying other professionals, such as the Leader Child Protection, to visits in order to maximise opportunities for engagement – however, this should be a case-by-case decision and only where there is capacity to do so.

Active engagement strategies²⁶ that influence the initial uptake of services by families at the caseworker level include:

- prompt initial response;
- quick follow-up;
- face to face contact;
- frequent maintenance of contact;
- multiple follow ups if no response;
- active community outreach; and
- joint outreach with a trusted universal service or partnership with a Leader Child Protection.

Case coordination

Case coordination includes an assessment of needs, development of a child and family plan, implementation of the plan, monitoring and review of progress and case closure.

²⁶ Victorian Department of Human Services, *Strategic Framework for Family Services*, pg.52. 2006
Western Australian Family Support Networks Operating Framework

Family Services will primarily operate within a case coordination framework where there are multiple services involved in responding to the needs of an individual/family. The case coordinator will be responsible for overseeing the child and family plan and coordinating each agency's involvement. A local case coordination framework for clients receiving services from the Network agencies will need to be developed to assist Network's work where such situations arise.

The case coordination model adopted by the Network will need to take into account how long term support to very vulnerable families will be managed and delivered. A key feature will be to ensure families with complex or chronic issues will have access to longer-term service delivery and are able to smoothly re-engage in more intensive support at key stages in the child and family life cycle, as appropriate.

Casework

Casework is a combination of interventions or strategies used to work with families. These interventions or strategies can be used singularly or in combination to address the child, young person or family's assessed need.

Casework interventions or strategies are determined by an assessment of need and development of a child and family plan – using the common assessment framework as the foundation of the plan. This plan determines the goals and details of the interventions to be undertaken. Timelines for the length of intervention, monitoring and review are also contained in the plan.

Casework includes but is not limited to:

- active engagement and outreach;
- family decision making/family group conferencing;
- advocacy, information and advice;
- crisis intervention (only if this arises during intervention);
- group work;
- counselling; and
- parent-adolescent mediation.

Counselling

Counselling may be undertaken with individual family members or families as a group. This intervention should be solution focussed and aim to enhance relationships, social functioning, quality of life or health outcomes for children, young people or families.

Where specialist counselling services are available to address the issue, such as sexual assault services or drug and alcohol services, the individual and/or family should be referred to the specialist provider for further intervention.

Group work

Group work can be an effective mechanism to maximise the availability of services in the context of limited resources. A wide variety of group work can be provided with groups being short or long term with fixed or changing membership.

Groups can be developed to undertake a wide range of supports including skills training for parenting/building resilience and confidence or offer therapeutic or self-help intervention for specific client groups (for example, a young mothers' group or a parenting group for parents of children with Attention Deficit Disorder).

Information, advice and referral

Provision of accurate information and advice at a time when families require support to address their needs may prevent escalation of the issue and reduce the need for further or more intensive intervention. The aim of this intervention is to prevent escalation of the issue and reduce the need for longer-term intervention.

This service type may include the provision of advocacy to assist families to access services or supports and includes short-term casework responses to address an immediate crisis or traumatic event.

Practical in-home assistance/skills development

The provision of practical in home assistance for issues such as household management, finance/budget management, nutrition or parenting will be a major service type in each Network. Practical in-home assistance will enable families to build skills, implement behaviour management programs and/or enhance relationships and communication skills. In home assistance is designed to increase family capacity, independence and existing strengths so as to build resilience.

Secondary consultation

Agencies within the Network will provide secondary consultation to universal and/or other secondary services that are working with children, young people and their families.

Secondary consultation is the provision of advice to/consultation with professionals who are working directly with a family. Provision of information to other service providers facilitates the delivery of support and/or intervention to families without the Partner Agency being directly involved.

This service type may be beneficial for specialist ethno-specific or Indigenous organisations and more remote or isolated services to facilitate them in supporting children, young people and families.

6.8 Service intensity

The level of service intensity will be determined during the assessment and case planning process.

The agency that receives the referral will develop a detailed case plan (building off the high level 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.

As indicated in Table 2, service responses should be provided within one of four levels of intensity:

- 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 and 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 and in-home support. Focus on longer term support for children, young people and families with chronic and complex needs. As such, the movement between short and complex response will most likely relate to the time over which support is required, in order to effect positive change in family relationships and care giving capacity, to ensure the safety, stability and development of children and young people.
- Level 3a: Low intensity case management, support and brief intervention. This support will be used to keep a 'watching brief' over some clients who may be at risk of falling into crisis on a frequent basis. This may include some follow up phone calls/visits on a regular basis (i.e. monthly), and the provision of some short term interventions (such as episodic counselling).

The table below provides further description of the client characteristics within each level of intervention, the type of assessment they are likely to have received and the expected duration of service responses within each level.

Monitoring services

A monitoring service will be available to clients that have already received a service response from the Network and will involve:

- semi regular contact – monthly, either by phone, home visit, or meeting in a place that is comfortable for the client;
- be ongoing over a period of time, up to 12 months in the first instance;
- keeping the client engaged with appropriate services; and
- providing an early warning sign as to whether the client is facing increasing risk and falling into crisis.

Such services are provided for individuals and families that have a range of complex factors that may place them at risk in the medium term.

Table 2: Service intensity

Level of Intensity	1 Brief intervention	2 Single intervention	3 Multi-response intervention	3a Monitoring
Type of assessment	Initial screening or initial assessment	Stage one assessment	Stage two assessment	Not Applicable
Type of intervention	Information, support and/or brief intervention	Referral to one type of service response for medium intensity case coordination, group work and/or case work intervention	Referral to multiple services following the identification of complex needs. Service responses are likely to include high-intensity case management, case work interventions and in-home support	Low intensity case coordination, support and brief intervention.
Client characteristics	Children, young people and families: <ul style="list-style-type: none"> • that may not have accessed the service system before; • require one-off interventions to prevent issues from escalating; or • that require information to access other services and supports. 	Children, young people and families: <ul style="list-style-type: none"> • who are at risk of entering the child protection system; • experiencing family dysfunction or parent/adolescent conflict; • at risk of crisis; or • that require a single service response to meet their needs. 	Children, young people and families: <ul style="list-style-type: none"> • with complex needs; • that have entrenched, intergenerational issues; • have existing child protection concerns; • require additional support to access services; or • require a multi-service response to meet their needs. 	Children, young people and families: <ul style="list-style-type: none"> • that have already received a single or multi-service response; or • require ongoing, episodic support from a member of staff to avert crisis and ensure sufficient stability to prevent the need for substantive Network interventions or a referral to CPFS.
Service duration	<i>One-off</i> Up to four hours	<i>Time limited or episodic</i> More than four but less than a total of 34 hours	<i>Episodic or continuous</i> More than 34 but less than a total of 100 for all services involved with the client	<i>Monitoring</i> Up to three hours per month

6.8.1 Case coordination

It is expected that the Network will require a stronger emphasis on case coordination²⁷, particularly when:

- the issues facing clients are complex;
- there is significant risk to a child, adult or family;
- multiple services are involved; and
- clients are assessed as needing additional support to access services.

Case coordination will assist with:

- navigating the service system, especially where services need to be accessed outside of the Network;
- coordinating services that clients require so that interventions are integrated;
- review, monitor and assist to integrate any changes that impact of the strategies outlined in the client's case plan²⁸; and
- assist clients to exit the Network in a planned and coordinated way.

The decision as to which agency or service will case coordinate/manage a particular client, will differ depending on the needs and risks identified through the assessment process.

Multi-service case coordination

Multi-service case coordination involves a range of multidisciplinary responses from services that are both inside and outside the Network.

Many vulnerable children, young people and families accessing secondary family support services require a network of coordinated services across the continuum of support to meet their complex needs.

The oversight and coordination of case plans will be undertaken by the agency nominated as the case coordinator. The case plan for clients requiring a multiple service response should be reviewed regularly and adapted to meet the family's changing needs.

6.9 Linkages with Child Protection

A Leader Child Protection will be engaged by CPFS for each Network. Referrals to CPFS from the Network 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.

²⁷ Case coordination is defined in the Glossary

²⁸ The review of case plans and strategies for clients is undertaken by the agency (and practitioner) who are involved with the client – it is not the lead agency responsibility unless the lead agency has been allocated the primary case management/coordination role.

The Leader Child Protection will assist the Network 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 Network.

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

- the child has been abandoned by his or her parents;
- the child's parents are dead or incapacitated and no suitable adult relative or other suitable adult is willing and able to care for the child;
- 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;
 - neglect;and the child's parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm, of that kind; 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.

6.9.1 The Leader Child Protection

The Leader Child Protection plays a significant role within the Network including:

- the development of strong links and collaborative working relationships between Network Partner Agencies and CPFS;
- the provision of education to Partner Agencies and the local community about current legislative, policy and practice requirements, protection orders and other roles and responsibilities of CPFS;
- the provision of education to CPFS regarding the role and responsibilities of secondary family support services;
- improvement in the two-way referral process between existing secondary family support services and CPFS; and
- providing child protection advice and assistance to the secondary family support services when assessing families with complex needs.

Role of the Leader Child Protection

The Leader Child Protection within each Network will be an authorised officer of CPFS, incorporating the full range of statutory powers. The Leader Child Protection will be supervised by a CPFS Assistant District Director or District Director. The role of the Leader Child Protection will include:

- consultation regarding incoming referrals which allows the Leader Child Protection to: participate in relevant discussions about the family's issues; share relevant CPFS involvement, including prior interventions and outcomes and other services that are engaged with the family; and also assist the Network partner agencies to develop a plan to address the family's issues;
- where appropriate, undertaking client history checks on the CPFS client data base on behalf of the Network (i.e. for patterns of previous reports, involvement and child and family related risks) for those clients where there is concern for safety and wellbeing and in the best interests of the child and share information that is relevant to the family's circumstances;
- supporting the assessment officers through participation in joint home visits when child protection advice is required;
- assisting with compilation and completion of assessments through the provision of consultation reports and Signs of Safety reports;
- facilitation of referrals between CPFS and the Network;
- consultation with universal, secondary and other specialists services;
- local community education of service providers within the Network, services not directly involved in the Network and other relevant sectors (i.e. Education, Health);
- education of Partner Agencies on the processes and procedures of the Network, including the Network data base; and
- participating in the governance structures of the Network.

The Leader Child Protection will have a critical role in advising on levels of need and risk in relation to the range of referrals received from CPFS. The Leader Child Protection will also be responsible for facilitating appropriate exchange of relevant information and explaining the nature of CPFS's involvement and current role, which could be different for each individual child in a family.

Referral points from CPFS to the Network

Cases that are currently being managed by CPFS, will not be engaged with the Network. There may be occasions when services within the Network will be provided to CPFS clients; however these cases will be maintained by CPFS and not be incorporated into the Network.

Referral points from CPFS to the Network where the Networks take over case management responsibility

The circumstances in which CPFS would refer directly to the Networks or ask the client to make contact directly could occur at the following stages:

- Duty interaction – where from the initial contact it is obvious that the report does not warrant a child protection response;
- Initial inquiry – post the initial contact, but after looking at the information provided it is deemed that the response required is secondary support; and

The expectation for these cases is that the Network would undertake assessments and/or allocation as normal and make recommendations as to the best course of action for the child(ren) and family.

Further information regarding linkages with child protection will be provided in a separate document – *The Interface between Western Australian Family Support Networks and the Department for Child Protection and Family Support*.

6.10 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 Network's clients. The information sharing protocol *Secondary Services Working Together – a guide to information sharing for WA Family Support Networks* has been developed to provide guidance to Networks 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.

7 Service quality, accountability and planning

There is an emphasis on quality and accountability for service delivery within the Network environment. This will lead to building the capacity within a Network and between Networks 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;
- the Network service standards;
- approaches to service planning;
- ensuring the Networks are monitored and evaluated effectively; and
- outcomes for children, families and their communities are articulated and understood within the new environment.

7.1 Service standards

The Western Australian Family Support Network Service Standards have been developed by CPFS, in partnership with the community service sector, to ensure quality service is being delivered to all clients. These service standards have the following objectives:

- empower children, families and individuals by defining what standards they can expect when accessing services in the Networks;
- provide clarity for key agencies and their staff by outlining the expectations and responsibilities for good practice;
- guide operations and provide consistency in approach across the State;
- inform the development of local Family Support Network policies and procedures; and
- provide a basis for assessing performance and improving service quality.

The standards fall into eight broad categories;

1. Safety and wellbeing.
2. Assessment, planning and referral.
3. Access and equity.
4. Responding to need.
5. Service integration.
6. Accountability and governance.
7. Staff recruitment, training and development.
8. Complaints and disputes.

7.2 Ongoing monitoring and evaluation

Evaluation of WA Family Support Networks will be ongoing to assess the effectiveness of the Networks in terms of implementation, integration, systems/processes and stakeholder experience.

Evaluation mechanisms will consider:

- **process evaluation** – which examines how the Networks are implemented in practice, including the extent to which implementation is occurring as planned;
- **impact/effectiveness evaluation** – assessing the extent to which the Networks 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 Networks. It is important that this is well understood in order to appropriately support decisions about future funding for the Networks.

Key areas of evaluation will include:

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

7.2.1 Performance indicators

Evaluation will consider key performance indicators that provide a snapshot of Network 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 Family support Networks include:

- number of referrals to Network 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 Networks who are CPFS clients;
- number of children/families receiving a service who are not CPFS clients;
- outcomes for children/families receiving support from the Networks; and
- efficient service provision.

7.2.2 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 in regards to 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 Network level in relation to Network 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 as outlined above.

Outcome measures could consider the impact that Family Support Networks 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, Network and statewide level. This will lead to continuous service improvements over time.

7.2.3 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 Network should develop processes to ensure that client feedback is gathered. However, these are quite difficult undertake and need to well planned in advance of the Networks coming into operations 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 Network;
- client interviews;
- possible pre and post testing with a sample of clients; and
- conducting client interviews with a sample of clients following intervention.

7.2.4 Six monthly performance reporting and monitoring

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.

7.2.5 Monthly performance reporting

Processes and procedures will need to be developed by the Steering Group to report 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 on a monthly basis by the Network and this information should be collated and fed upwards to the Operations Group and Local Steering Group.

7.3 Service planning

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

Core features of local area plans will be consistent across the state, while concurrently reflecting local Network 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 Network District;
- agreed performance indicators and outcome measures against which the success of the Network 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 region or catchment critical to the Network's operations.

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

- description of processes for assessment, prioritisation, referral, accountabilities and outcomes;
 - outlining a strengthened focus on earlier intervention and prevention approaches to be undertaken by services across the Network;
 - details of the strengthened pathways between the agencies in the Network;
 - 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.

A Practice approaches to working with vulnerable children youth and families

This section provides an overview of shared service delivery approaches which should be implemented to enable the effective coordination and integration of Network services. These shared approaches include addressing:

- the impact of cumulative harm;
- the best interests of children and clients;
- practice principles that balance the needs of children whilst working with clients; and
- culturally competent practice approaches for Aboriginal and CALD children, families and communities.

A.1 Cumulative harm

Cumulative harm occurs when children experience an ongoing pattern of environmental circumstances that impact on their development and wellbeing. Continual negative experiences for the child results in harm that is ‘layered’ and that is across a range of developmental domains affecting social, emotional and intellectual growth.²⁹ Cumulative harm often results in families where there is chronic neglect of the needs of children – this is important to note given the operating context of the expansion of mandatory reporting.

Understanding and identifying cumulative harm requires:

- a detailed understanding of the experiences of the child, particularly in identifying negative patterns and trends in their lives and lifestyle;
- a comprehensive assessment of the child’s developmental progress against what is expected for their age and stage; and
- the identification of factors in the child’s life that may ameliorate the impact of the harm.

Analysis undertaken in the context of chronic neglect identified the need for approaches that:³⁰

- assess and respond to lack of change within the family, using a goal-directed approach and formal periodic review of progress;
- maintain a persistent, sustainable approach to practice, in which case review, case conferences and supervision are used to change direction and strategy as required; and
- refer to secondary support services in a proactive, supportive manner, which acknowledges the family history of participation with services, and ensures meaningful engagement has occurred prior to any case closure.³¹

A.1.1 Relevance to the Network

Family Support Networks will need to give consideration to the risk associated with cumulative harm during screening and assessment processes. Further resources that can inform member of staffs on the nature and impact of cumulative harm can be found at by Department of Human

²⁹ http://www.cyf.vic.gov.au/data/assets/pdf_file/0010/43012/ecec_best_interest_cumulative_harm.pdf - accessed October 2010

³⁰ Ibid

³¹ Department of Human Services, 2006. *A strategic framework for Family Services*.

Services in Victoria³², including a guide on cumulative harm containing research references for further reading.

A.2 The best interests of children and clients

The best interests of children should underpin all decision making by Network agencies. A child's best interests should always be informed by an understanding of the development of the child against normative milestones. Best interests decisions should also be evidence based and informed by what children want (if age appropriate) – that is, where appropriate allowing them to be included in the decision-making process.

Learning from the Victorian Best Interest Framework³³ – the concept of best interests is built on the following four dimensions of a child's experience:

- age, stage, culture and gender;
- safety;
- stability; and
- development.

Together these dimensions constitute the basis from which the child's best interests can be considered in terms of:

- parent/carer capability to protect and promote a child's best interests;
- the relevance of the broader family composition and dynamics to a child's best interests;
- the impact of community participation, social and economic environment on the protection and promotion of a child's best interests;
- the child's age, stage, culture and gender of life provide an overarching context for assessing a child's best interests;
- the safety elements which draw attention to the link between the impact of abuse and neglect on a child's development - without these safety elements, a child may need protection;
- the stability elements which identify factors that build resilience in children. Resilience is enhanced by connectedness to family/carer, school, community and culture; and
- the developmental elements, including the core life domains that affect any individual such as health, education, identity and self-care skills.

All interventions with children and families across the child and family services sector should be informed by an approach that considers each of the above elements in the context of the child's culture and age and stage of life. The emphasis given to these elements will vary depending upon the needs and particular circumstances of each child and family.

³² http://www.cyf.vic.gov.au/data/assets/pdf_file/0010/43012/ecec_best_interest_cumulative_harm.pdf

³³ http://www.cyf.vic.gov.au/data/assets/pdf_file/0008/44864/strategic-framework-for-family-services-2007.pdf
accessed 31st October 2010

A.2.1 Relevance to the Network

The focus of all intervention by the Network should be centred on what is best for any children within the family. While work with parents will frequently occur - this must always be focussed on improving functioning with a view to enhancing the experience of the child.

As such, a child-centred, family-focussed approach should:

- always focuses on the best interests of the child;
- acknowledge the importance of the family in bringing about positive outcomes for children;
- identify and build on strengths evident in the family; and
- ensure that the child's voice is heard and their needs understood within the family arena.

In essence, the actions of the agencies in providing interventions should always be understood in terms how it will impact on the child (ren) in the family. This concept is illustrated in the case study below:

Case study - David, Simone and Leslie

Scenario

David, aged thirty-three, has one child aged seven (Leslie). David and his wife, Simone, have been having difficulties in their marriage due to David's substance abuse. This has led to numerous confrontations in the home, of which Leslie has been a witness. This has been ongoing for a couple of years. As a result of witnessing these confrontations Leslie has begun to act out in terms of behaviour and Simone is finding it difficult to manage Leslie's increasing mood swings and anger.

Actions of the Network

The school is concerned with Leslie's behaviour and notices that David is sometimes affected by substances when he picks up Leslie from school. The school principal decides to contact the Network, after informing the family of their intention, to discuss the matter on the 1300 number. The Network common entry point records the details and contact Simone and Leslie to discuss the matter that has been reported. The Network intake undertake a stage one assessment and present a recommendation that David and Simone attend some family counselling sessions (which can be done by an agency within the Network) and that David attend drug and alcohol services to seek assistance - this is allocated to the most appropriate service in the Network to provide drug counselling. The agency that provided the family counselling becomes the case manager for the family and also undertakes an assessment of Leslie to identify the behavioural issues and anger management concerns. This will also assist in identifying the best course of action in the best interests of Leslie.

In determining the most appropriate course of action, the agency should ask themselves the following questions:

- What will the impact be on the child (ren) if we proceed with this course of actions?
- Will undertaking these actions have a positive impact on the child and reduce the likelihood of further risk and exposure to harm?

A.3 Practice principles

Six key practice principles reflected in the *Secondary Family Support – State Plan 2010-2013* guide the practice of agencies in the Networks. These practice principles are:

- **A focus on strengthening children’s resilience**

This recognises that cumulative and significant harm can over time impact on a child (ren)’s developmental milestones and ability to operate functionally in the community.

- **Accessibility**

Children and their families should be able to access the services they require to assist and address their needs. Priority should be given to those who are most vulnerable and who face greatest risk to safety.

- **Working in partnership with each other is standard practice**

Agencies should not only work in partnership with each other to deliver the most appropriate service, but also with the child (ren) and their families in order to best address their needs.

- **Inclusive service delivery**

Children and their families are included in the development of actions and the decisions made about the service response.

- **Early intervention is the foundation for service delivery**

Identification and intervention early when risk and harm are evident is critical to the success of preventing crisis and being reactive to crisis.

- **Cultural appropriateness**

Improving access, equity and responses to Aboriginal and CALD people by providing tailored services to meet the needs of these client groups.

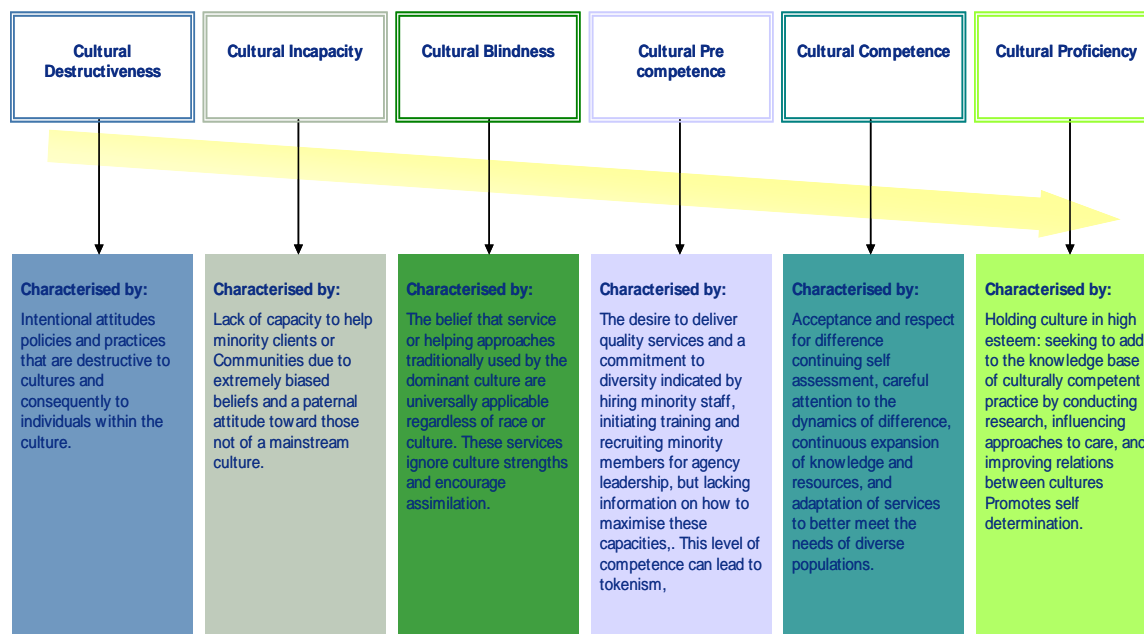
A.4 Cultural competent practice

The *Secondary Family Support – State Plan 2010-2013* indicates that a stronger focus be provided on meeting the needs of vulnerable children, young people and their families from:

- Aboriginal communities; and
- CALD communities.

The figure below presents the concept of a cultural continuum. Cultural competence and proficiency are the optimal approaches to providing a response that engages and meets the needs of Aboriginal children, families and their communities as well as those required for responding to the needs of children and families from CALD communities.

Figure 8: Cultural competence and proficiency continuum



Source: Operational Framework for Disability Services, Tasmania – adapted from the Victorian Aboriginal Child Care Agency (2008), Building the Bridge: Making Partnerships real between Aboriginal and mainstream services, Presentation provided by CEO Muriel Bamblett.

A.4.1 Relevance to the Network

Initiatives will need to be developed collaboratively as part of the Network service planning process to improve the availability and delivery of culturally appropriate interventions and services. As part of the development of a local service plan for each Network, the needs of children, young people and their families from Aboriginal and CALD communities will be required to be specifically addressed.

Such plans will be required to include strategies to address the cultural training needs for staff in the Regional and will define the preferred approach for mainstream, Aboriginal and CALD organisations to provide integrated services to vulnerable children, young people and families that may access the Network.

A.4.1.1 For Aboriginal families

Each Network in developing their approach should include (but not be limited to):

- recognising the specific and unique needs of Aboriginal children, young people and families in the local area;
- actively involving respected Aboriginal community members in planning and decision-making;
- recognising the preferred method of accessing services as well as allowing Aboriginal children and families the choice of mainstream and/or Aboriginal services;
- encouraging the use of leading practice approaches that best engage, effectively intervene and support Aboriginal children, young people and families to reduce vulnerability and risk;

- identifying service capacity within the Aboriginal service system and supporting the development of an approach to managing increased demand and prioritisation of access;
- identifying how Aboriginal organisations can support mainstream agencies to develop more culturally competent services;
- identifying how mainstream organisations can support Aboriginal organisations to provide services to Aboriginal children and families;
- fostering a culture of partnership, mutual understanding and continual learning between mainstream and Aboriginal organisations within the Network locations; and
- designing initiatives which more adequately address the over-representation of Aboriginal children in Child Protection and out of home care.

The Network and the services involved, including Aboriginal organisations and communities, are best placed to determine approaches to meet the local need.

A.4.1.2 For culturally and linguistically diverse families

Each Network in developing their approach should include (but not be limited to):

- understanding the needs of the children, young people and families in the Network location and gathering information about cultural diversity of the area. This may indicate a need to develop new strategies targeted to certain cultural groups or target interventions to tackle particular issues;
- partnerships with multi-cultural services to support more responsive and effective service delivery to CALD communities;
- developing and maintaining a culturally diverse and aware workforce. Services may consider employing staff that speak other languages, or come from backgrounds which reflect the cultural mix of the catchment in order to improve awareness and sensitivity to the community it supports; and
- enabling ways to actively engage with and include CALD communities in service planning and delivery.