A strategic framework for Family Services
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1 Executive summary

This new strategic framework for the Department of Human Services-funded Family Services program is an opportunity for a contemporary approach to responding to vulnerable and at-risk children and their families. This framework is consistent with the significant reform agenda that led to new policy and legislation in 2005. This policy is outlined in the white paper: Protecting children—the next steps (July 2005).

Two new Acts legislate the new approach to children and their families:

• Child Wellbeing and Safety Act 2005
• Children, Youth and Families Act 2005.

The Victorian Government’s vision is that every child should thrive, learn and grow, be valued and respected, and become an effective adult. The government’s aspirations, articulated in its Outcomes Framework for all Victorian Children and Youth, are the same for vulnerable children and youth as for all children. Many families need occasional support to realise these aspirations, especially where their capacity to support and care adequately for their child is impaired. They may also require the additional support and targeted interventions of Family Services.

Family Services has a critical role in promoting outcomes for vulnerable children and families, and provides a range of service interventions with a whole-of-family focus, to:

• strengthen parent capability to provide basic care, ensure safety and promote their child’s development
• improve the family’s community connections and access to community resources.

This requires building and supporting a reliable network of ongoing services, strong linkages and sustained engagement with relevant universal and adult services, and supporting these services to work effectively with vulnerable children and families.

The strategic framework provides the context for and an overview of the future service system that best reflects the intent of the policy and legislation, through descriptions of Family Service approaches and interventions to improve outcomes for vulnerable children, young people and families. It also describes the integration of Family Services and Family Support Innovation Projects into a single service description, and includes roles and responsibilities of the new Child and Family Information Referral and Support Teams, Child FIRST (community-based intake), being established across Victoria from 2007 to 2009.

1.1 Evidence to support the changes

Early childhood safety, stability and development are the foundations for learning, behaviour and health through school years and into adult life. Children who have negative experiences in their first three years can have long-lasting effects on brain development and are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and practise poor parenting. Adequate nutrition and positive nurturing enhances physical, emotional, social and intellectual wellbeing.
Timely and effective identification and management of risk factors is critical to minimise negative impacts on children’s and young people’s safety, stability and development. A combination of risk factors may lead to an increase in the child’s vulnerability, particularly if risks accumulate over time. The interaction between risk factors and protective factors is complex, but protective factors can reduce the likelihood of negative outcomes.

In order to minimise negative experiences on children and young people’s safety, stability and development, intervention should occur as soon as the vulnerability or risk has been identified.

Family Support Innovation Projects (FSIPs) have been established across the state since 2002-03. The evaluation of the FSIPs gives a strong understanding of key service system characteristics required to support effective local responses to children and families. Key characteristics include:

- a network of coordinated community-based services that share responsibility for service delivery
- a mix of low, medium and high-intensity services that are comprehensive and flexible
- an approach to service delivery with capacity for:
  - assessment of the needs of children and young people to determine an appropriate service response
  - working with resistant and hard-to-engage families
  - focusing on working with parents to address children’s needs.

Our increasingly complex social environment contains many families who face growing issues raising their children, including family violence, mental illness and alcohol and drug abuse. Ongoing social, economic and demographic changes place further burdens on families, making them more vulnerable due to a lack of support. Many human services are reporting an increasing complexity of clients accessing services, including individuals and families with multiple problems and needs. These families often have simultaneous contact with multiple services, which need a better-integrated and coordinated service response.

Outcomes for children, young people and families improve if services are integrated, coordinated and provided flexibly to meet individuals’ needs. Methods to improve coordination and integration of services include the development of service networks, casework and planning approaches that involve all agencies working together, co-location of services to improve communication, single publicised entry points to the service system, and common assessment frameworks to improve identification of need and matching to appropriate service responses. The new Family Services strategic framework brings these factors together in one overarching approach.
1.1.1 Aboriginal families and communities

When considering the strategic framework, community service organisations need to understand the context for Aboriginal children and families. Aboriginal child and family welfare in Victoria is characterised by:

• over-representation in Child Protection and placement services
• under-representation in universal and preventative services
• under-use of family services
• a short and episodic pattern of engagement between Aboriginal children and families and family services
• a lack of sufficient Aboriginal-specific family services and culturally responsive mainstream services
• a lack of services targeted to vulnerable older Aboriginal children and young adolescents
• a lack of Aboriginal-specific therapeutic services.

Victoria needs to support Aboriginal communities to build service capacity and to support Aboriginal families and communities to access culturally competent mainstream and Aboriginal-specific universal and family services.

This strategic framework identifies some of the issues affecting Aboriginal children, young people, families and communities, and their interactions with broader society and mainstream services. It also reflects culturally sensitive practice approaches.

1.1.2 Culturally and linguistically diverse communities

Culturally and linguistically diverse (CALD) communities are not homogeneous. The needs of each cultural community vary significantly, and should be supported by a culturally sensitive service system. The needs of both established and newly arrived communities should be considered in service system responses.

CALD communities are often disconnected from mainstream family services. This strategic framework identifies a range of strategies, including the development of catchment plans, which require an integrated response to the needs of children, young people and families from CALD communities.

The strategic framework shows that culturally appropriate services responses will be available within the service system. Further details regarding how these responses should be made available are included in the Standards for Family Services, developed concurrently with the strategic framework (see Section 5.2).
1.2 The strategic framework

The aim of Family Services is to promote the safety, stability and development of vulnerable children, young people and their families, and to build capacity and resilience for children, families and communities.

The Family Services framework supports and enables:

• a primary focus on the best interests of the child or young person in the context of their family and community
• a flexible response that recognises:
  - some children, young people and families may need ongoing support
  - some children and young people may occasionally require alternative care outside the family
  - ongoing movement in and out of the family service
  - services need to adjust to the changing needs of children, young people and families
• the development of a strong focus on meeting the needs of vulnerable children and families from Aboriginal and CALD communities
• purposeful collaboration with other child and family services agencies, and other sectors
• flexibility of funding arrangements through family services sharing funding information with partners in the Child and Family Services Alliance to support needs.

The Family Services strategic framework identifies:

• ‘best interests’, which focus on the safety, stability and development of children and young people, and support positive relationships between children, young people, parents and families, and that these are at the core of the way family services practitioners work with children, young people and families
• a focus on child-centred, family-focused practice, which recognises that a range of means exist to engage children and young people, and that services need to identify and consider their wishes and needs within the context of family circumstances and through interventions that focus on the family as a whole
• a broadening of thinking to include potential for cumulative harm caused by patterns of family behaviour over a period of time
• a common assessment approach for the Child Protection and Family Services sector, in order to strengthen services’ capacity to manage complexity and risk and redress harms
• the provision of a range of services tailored to meet the individual needs and deliver specific outcomes for the family
• the need to work collaboratively with Child Protection to develop effective diversionary responses that try to prevent families’ progression into the statutory Child Protection system
• a family-strengthening response to those families seeking reunification, promoting children’s stability
• the importance of providing culturally appropriate services for families from CALD communities and links with appropriate services to do so
• a strong focus on meeting the needs of vulnerable children from Aboriginal communities using culturally competent service delivery approaches.

The strategic framework focuses on improving outcomes for vulnerable children, young people and families. In line with Protecting children—the next steps, outcomes focus on:
• safety, stability, health, development and learning of children and young people
• cultural connection for Aboriginal children, young people and families
• capacity of families to provide effective care, and of communities to support them
• effectiveness of the supports and services in meeting the changing needs of children, young people and families.

Outcomes will be measured at a statewide, catchment and individual/family level.

The components of the strategic framework are presented in the following table.
### Table 1 Family Services strategic framework

<table>
<thead>
<tr>
<th>Components</th>
<th>Description</th>
<th>Additional information</th>
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<tbody>
<tr>
<td>Legislative context</td>
<td>The Children, Youth and Families Act 2005 provides a contemporary legislative base for the delivery of Family Services, Child Protection and Juvenile Justice. The Act sits within the overarching framework provided by the Child Wellbeing and Safety Act 2005.</td>
<td>Relevant sections of the Act include: Section 10 states that the best interests of the child must always be paramount, and gives an overview of the factors and issues that need to be considered when making a decision or acting. This includes the need to protect and promote an Aboriginal child’s cultural and spiritual identity and development by building connections to their Aboriginal family and community. It is also included a focus on the effects of cumulative harm on a child’s safety and development. Section 22 provides the basis for an integrated response, which identifies need, addresses risk and supports the changing needs of children, young people and their families. It includes a point of entry into a local service network and allows Family Services to receive referrals and undertake assessments in relation to vulnerable children and families. Sections 31 and 32 provide for referrals to be made to Family Services where there is significant concern for the wellbeing of a child. Section 41 protects the identity of the referrer. Section 61 states that Family Services must provide services in a manner that is in the best interests of children, and ensures the services are accessible and known to the public. Services must participate collaboratively in the local service network.</td>
</tr>
<tr>
<td>Best Interests framework for vulnerable children and youth</td>
<td>The Best Interests framework for vulnerable children and youth creates a shared understanding, a common language and a consistent approach to ensuring the best interests of vulnerable children, young people and their families.</td>
<td>Three core work functions are: assessment, which informs planning, which guides action, which benefits the child. Four dimensions of a child’s experience must be considered when determining best interests: safety, stability, development and culture, and age and stage of life. The Best Interests framework for vulnerable children and youth contains a detailed overview of core work functions and dimensions and other relevant factors to guide decision making about best interests.</td>
</tr>
<tr>
<td>Family services principles</td>
<td>In addition to the Best Interests principles outlined in the Children, Youth and Families Act 2005, family services are guided by a set of nine principles.</td>
<td>1. Children’s wellbeing and safety is everybody’s responsibility. 2. The service system will intervene earlier to protect children and young people and improve family functioning. 3. All services will strengthen their focus on children’s developmental needs. 4. Services will focus on building the capacity of parents, carers and families. 5. Children’s and family services will be integrated and coordinated. 6. Flexible, timely and solution-focused services will be provided to improve family functioning. 7. Culturally competent service responses will be available for Aboriginal children and families. 8. Culturally sensitive service responses will be available for children and families from culturally and linguistically diverse groups. 9. Family Services will be outcomes focused in their service delivery and practice approaches.</td>
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### Table 1 Family Services strategic framework (continued)

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<th>Components</th>
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<tr>
<td>Target group</td>
<td>The target group for Family Services is vulnerable children and young people and their families who 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. The intention is to provide services to the target group earlier to protect children and young people and improve family functioning.</td>
<td>A referral to Child FIRST may be the best way of connecting children, young people and their families to the services they need, where families exhibit any of the following factors that might affect a child’s safety, stability or development: • significant parenting problems that may be affecting the child’s development • serious family conflict, including family breakdown • families under pressure due to a family member’s physical or mental illness, substance abuse, disability or bereavement • young, isolated and/or unsupported families • significant social or economic disadvantage that may adversely affect a child’s care or development.</td>
</tr>
<tr>
<td>Governance of child and family services</td>
<td>To support the effective operation of child and family services at a catchment level, Child and Family Services Alliances will be established, which include Family Services, Child FIRST, Child Protection, Department of Human Services partnerships staff and, where capacity exists, an Aboriginal-controlled family service. Other sector representatives will be invited to participate, as decided by the alliance partners. Strategies to establish partnerships with other secondary services (such as drug and alcohol services and mental health services) should be considered. Alliances will align their coverage, where possible, with other networks, such as Best Start, Family Violence Networks and Primary Care Partnerships. Child and Family Services Alliances will be progressively phased in to coincide with the phased introduction of Child FIRST across the state.</td>
<td>At a sub-regional catchment level Child and Family Services Alliances are responsible for: • catchment planning-including development of a catchment plan that leads to a more integrated and coordinated service system, earlier intervention and prevention, strengthened referral processes and pathways, improved focus on enabling culturally competent services for Aboriginal persons, a focus on quality improvement and improved training and workforce planning • operational management-involving implementation of the catchment plan, developing processes and procedures for intake, assessment, prioritisation and allocation of children, young people and families to Family Services, and an MOU to underpin the agreed service approach • service delivery coordination-involving implementation and management of processes and procedures at a catchment or local level, including referral, prioritisation, allocation and decision making criteria to support allocations, information sharing, mechanisms for monitoring availability of family services, delivery of culturally competent and sensitive service responses and dispute resolution mechanisms.</td>
</tr>
<tr>
<td>Child FIRST (Child and family information, referral and support teams)</td>
<td>To meet the legislative requirement of the Children, Youth and Families Act 2005, Child FIRST teams are being established in catchments across Victoria. These create the ‘point of entry to an integrated local network’ prescribed by Section 22 of the Act. Child FIRST will support referral pathways to be clearly defined and accessible for vulnerable children, young people and families and those professionals that refer. Child FIRST will be key partners of the Child and Family Services Alliance.</td>
<td>The key functions of Child FIRST in the catchment will be to: • provide a single telephone number • provide information and advice • undertake initial needs identification and assessment of underlying risk in consultation with Child Protection, Family Services and other services/professionals • identify the Aboriginal and Torres Strait Islander status of children, young people and families • identify differentiated service responses for families related to the assessment of needs and underlying risks • actively engage with the child, young person and their family • determine the priority of a response, and allocation of families to family services, in consultation with family services and Child Protection (where required) • deliver timely responses through the provision of or oversight of ‘active holding responses’ involving short-term work with children and families, before allocation of family services. Implications for Child FIRST operations and practice are included in Section 3.7.</td>
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Table 1 Family Services strategic framework (continued)

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<td>Child FIRST and Aboriginal children, young people and families</td>
<td>Given Aboriginal children and families are more likely to access the organisations they know and trust, intake arrangements will be flexible to ensure Aboriginal children and families can readily access and receive timely and appropriate family services regardless of their first point of contact.</td>
<td>Child and Family Services Alliances, of which the Aboriginal-controlled organisation will (where capacity exists) be a partner, will develop agreed approaches for referrals to and from Aboriginal services to support service coordination activities such as prioritisation and allocation.</td>
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<td>The relationship between Child FIRST and Child Protection</td>
<td>Child FIRST and Child Protection will work closely together to develop agreed processes and procedures. Referrals from Child Protection to Child FIRST will be considered and prioritised alongside other referrals. There will be many families where Child Protection and Family Services are working in a coordinated manner to support the family to achieve agreed outcomes.</td>
<td>Processes and procedures will define: • the role of Child Protection in the Child and Family Services Alliance • referral pathways and protocols for Child Protection to refer matters to Child FIRST (statewide) and vice versa • procedures for joint decision making and joint visiting/contact with children, young people and families (regional and catchment). The community-based Child Protection worker will contribute to the effective operations of Child FIRST for children, young people and families who may have higher vulnerabilities and risks. This will include participating in the Child and Family Services Alliances to identify strategies to strengthen relationships amongst alliance partners and the wider service system. Roles and responsibilities are documented in a statewide agreement between Child FIRST and Child Protection, within which regional arrangements can be agreed and documented.</td>
</tr>
<tr>
<td>Demand management and prioritisation</td>
<td>Effective prioritisation of referrals received by Child FIRST and Family Services will enable demand to be managed at a catchment level. This will enable referrals to be acted on based on priority of need. This reflects the shift in focus for Family Services to respond to more complex, vulnerable and at-risk children, young people and families.</td>
<td>In order to determine priority of response, each child or young person will undergo an initial assessment. Case allocation will then occur in partnership across the catchment through the Child and Family Services Alliance service coordination activity. The agency that is in the best position (from both a case load and service delivery perspective) will be allocated the case, allowing casework to commence at the earliest possible time following referral. In determining demand management and prioritisation, the role of small and specialist agencies will have been identified by the Child and Family Services Alliance catchment planning processes. Demand management and prioritisation will be underpinned by the provision of an active holding response.</td>
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<tr>
<td>Service delivery approaches</td>
<td>A child-centred, family-focused approach is the preferred approach to service delivery. In addition, listening to the child or young person within the family, and taking their wishes and needs into account in assessment and planning, is important. Practice approaches will be underpinned by assessment, planning and action guidelines in the Best Interests framework. This will provide a common assessment process that will inform decision making about the need for intervention and/or support from Family Services due to the impact of past, current, future or cumulative harm. Family Services provide a comprehensive range of services and approaches, including: • a strengths-based approach and comprehensive needs and risk assessment • identification of pathways and key transition points that focus on earlier intervention, prevention and diversion • capacity to provide intensive, multidisciplinary responses. Service duration and intensity will vary according to the needs of individual children, young people and their families. Family Services are delivered through a casework framework that includes therapeutic home-based interventions such as: parent education programs; family skills training and family therapy interventions; short-term responses; family decision making to support children, young people and families to participate in discussions and influence decisions; advocacy, information and advice; crisis intervention; group work; counselling and parent-adolescent mediation. A range of practice approaches and activities will be available across the service system, including: • active engagement to support vulnerable families that do not actively seek services to engage with services • ongoing outreach and in-home support to engage families in their home or community environment • multi-component interventions • practical support to build skills in parenting and household management • brokerage funding to provide flexibility in service responses • promoting participation in universal services • volunteer coordination • secondary consultation.</td>
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<tr>
<td>Cultural responsiveness</td>
<td>The strategic framework needs services to place a greater focus on meeting the needs of vulnerable children, young people and their families from Aboriginal and CALD communities. The Children, Youth and Families Act 2005 includes decision making principles for Aboriginal children, and the Aboriginal child placement principles. This creates a legislative lever for mainstream services and Aboriginal-controlled organisations to come together mutually to plan and deliver coordinated culturally competent services to Aboriginal children, young people and families. The strategic framework contains suggestions to consider when determining approaches to meet local need. Family services will be accessible and sensitive to the needs of CALD communities. The Child and Family Services Alliances will identify the needs of CALD groups in the catchment and define the preferred approach for mainstream and CALD services to provide an integrated response to vulnerable children, young people and families.</td>
</tr>
<tr>
<td>Information sharing</td>
<td>Under the Children, Youth and Families Act 2005, registered family services can share information for the purposes of risk assessment and determining the appropriate service to engage the family. Anyone referring to Child FIRST can have their identity protected, although they are encouraged to assist the family to engage with Family Services. All other information sharing will occur with the consent of the family. Sharing information to promote children’s safety and development under the Children, Youth and Families Act 2005 (Guidelines for professionals) provides advice to professionals who come into contact with children and families in the course of their work, and who may therefore come into contact with Family Services and Child Protection.</td>
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### Table 1 Family Services strategic framework (continued)

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<td>Service system accountability</td>
<td>Family Services will be underpinned by a culture of quality and continuous improvement. The Children, Youth and Families Act 2005 includes: • establishment of performance standards • registration of providers capable of meeting the agreed standards of care • monitoring compliance with the standards • actions that can be taken when services do not meet the agreed standards. New standards for Family Services are: • Standard 1- Leadership and management provides clarity of direction, ensures accountability and supports quality and responsive services for children, youth and their families. • Standard 2- Promoting a culture that values and respects children, youth and their families, caregivers, staff and volunteers. • Standard 3- Staff and carers have the capacity to support positive outcomes for children, youth and their families. • Standard 4- Creating a welcoming and accessible environment that promotes inclusion of children, youth and families. • Standard 5- Promoting the safety, stability and development of children and youth. • Standard 6- Strengthening the capacity of parents, carers, and families to provide effective care. • Standard 7- Providing responsive services to support the best interests of children and youth. • Standard 8- Creating an integrated service response that supports the safety, stability and development of children and youth.</td>
<td>Once registered, the Act indicates that a family service must provide its services in the best interests of the child, ensure services are accessible and known to the public, prioritise based on the needs of vulnerable children, young people and families, and participate collaboratively with local service networks to promote the best interests of children. Annual self-assessments and external reviews within a three-year period against the standards will occur and lead to action plans to be agreed on by the community services organisation and the department. Family services data will continue to be collected and monitored through IRIS until the introduction of CRISSP.</td>
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<td>Supporting quality improvement; organisational risk management</td>
<td>Leadership in Family Services and Child Protection will be important in demonstrating the value of collaborative relationships, which then leads to shared responsibility for service delivery to vulnerable families.</td>
<td>Quality improvement will be supported through reflective practice and adapting service responses to emerging evidence and the changing needs of families and communities, and underpinned by a culture of learning focusing on improving quality and safety of services in an open and blame-free environment.</td>
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2 Background

In considering the strategic framework for Family Services, it is useful to understand:

- the policy and legislative context
- early years science, risk and protective factors
- the needs of Aboriginal and CALD families and communities
- the evidence base for family services
- the evidence base for partnerships, integration and coordination of services to improve outcomes for families and communities
- strategies included in the Family and Placement Services Sector Development Plan.

2.1 Policy and legislative context

A range of documents provide the overarching policy and legislative context for the new strategic framework for Family Services, including:

- Growing Victoria Together
- A Fairer Victoria
- Strategic Directions for the Office for Children and Family and Placement Services Sector Development Plan
- The white paper: Protecting children—the next steps (July 2005)
- Child Wellbeing and Safety Act 2005

The new legislation will be enacted in April 2007, and provides new directions and principles for the delivery of family services. These will be presented in further detail in the following sections.

Appendix 1 contains an overview of these policy and legislative documents, as well as a description of the universal, secondary and tertiary levels of the child and family services system.

2.2 Early years science, risk and protective factors

2.2.1 Early years development

A strong evidence base now shows that:

- early childhood safety, stability and development is the foundation for learning, behaviour and health through school years and into adult life
- negative experiences in the first three years of life can have long-lasting effects on brain development
- children who experience negative experiences in early years are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and subsequently demonstrate poor parenting in later life
- adequate nutrition and positive nurturing enhances physical, emotional, social and intellectual wellbeing.
What young children learn, how they react to the events and people around them, and what they expect from themselves and others are deeply affected by their relationships with parents, the behaviour of parents, and the environment of the homes in which they live.

(Shonkoff and Phillips, 2000)

Researchers have identified the intersection of neuroscience, developmental psychology and the economics of human capital formation and how this can advance the healthy development of young children. Nurturing and responsive relationships build healthy brain architecture, which creates a strong foundation for learning, behaviour and health. When protective relationships are not present, elevated levels of stress hormones disrupt brain architecture by impairing cell growth and interfering with the formation of healthy neural circuits.

The impacts of strong and prolonged activation of the body’s stress management systems in the absence of the buffering protection of adult support can be significant. Precipitants include extreme poverty, physical or emotional abuse, chronic neglect, severe maternal depression, substance abuse and family violence. Any disruptions to brain architecture can lead to stress management systems that respond at relatively lower thresholds, thereby increasing the risk of stress-related physical and mental illness. This affects children throughout the course of their life—from infancy through adolescence to adulthood—and affects learning, behaviour and physical and mental health. The earlier it is stopped, and the sooner remedial action begins, the higher the likelihood of success.

Services should respond to this impact-preventing it and addressing it when it happens. Services provided by Family Services should reflect our knowledge of the science. Prevention or reduction of harm through strengthening of positive, nurturing, stable relationships will enable healthy development early in life.

Our increasingly complex social environment contains many families who face growing issues raising their children, including family violence, mental illness and alcohol and drug abuse. Ongoing social, economic and demographic changes place further burdens on families, making them more vulnerable due to a lack of support. It is important that family services respond to this need.

2.2.2 Risk factors and development of protective factors

The management of risk factors and the provision of opportunities to maximise development and enhance individual and family resilience are central factors to ensuring the safety, stability and development of children.

Risk factors make a negative event more likely. They can be person-specific, be attributed to families, arise in response to the availability (or lack) of support and services or be found in the local community. Examples of risk factors associated with parental capacity include:

• relationship to child
• disabilities
• parental isolation
• parental education and unemployment
• welfare dependence
• lack of parental discipline
• poverty
• inadequate parenting skills
• poor health
• substance abuse
• mental illness
• family violence and conflict
• offending and imprisonment
• history of abuse and neglect
• grief and loss
• trauma
• stolen generations with previous history of removal.

While risk by itself is not causal, risk factors can reasonably be used to predict future behaviour. The ability to predict outcomes is increased if multiple, reinforcing risks are present alongside low levels of protection. A combination of risk factors may lead to an increase in the child's vulnerability, particularly if risks accumulate over time.

Several longitudinal studies identify risk factors associated with an increased likelihood of negative outcomes, and protective factors associated with a decreased likelihood of these. The Pathways to Prevention Report (1999) groups risk and protective factors across the dimensions of child factors, family factors, school context, life events and community and cultural events. Appendix 2 contains tables that list some protective and risk factors.

Specific risk factors for children and families from Aboriginal communities include:

• where a child's heritage becomes a source of risk if society is intolerant of diversity, has had a negative experience or has negative stereotypes, which then lead to discrimination
• a loss of family and community support networks, which leads to marginalisation and a sense of isolation.

Risk and protective factors have a complex interaction. Risk factors often co-occur, and may have a cumulative effect over time. The presence of several factors early in life that may be protective for children include the presence of a competent, stable caregiver attuned to the child's needs, who can provide sufficient nurturing to allow the child to establish a basic sense of trust.

The identification of factors of risk and protection provides a framework for earlier intervention in order to prevent adverse outcomes for children. Assessment processes need to incorporate the identification of risk and protective factors at the individual, family and community level.
2.3 Needs of Aboriginal families and communities

There has been a historic lack of culturally sensitive responses in Victoria to the needs of Aboriginal children and their communities. The context for Aboriginal child and family welfare in Victoria has been characterised by:

- over-representation in Child Protection and placement services
- under-representation in universal and preventive services
- under-use of family services
- a short and episodic pattern of engagement between Aboriginal children and families and family services
- a lack of sufficient Aboriginal-specific family services and culturally responsive mainstream services
- a lack of services targeted to vulnerable older Aboriginal children and young adolescents
- a lack of Aboriginal-specific therapeutic services.

Australian Institute of Health and Welfare data indicates that 7,014 child abuse substantiations were recorded in Victoria in 2004-05. Aboriginal children were significantly over-represented in this data, with a rate of 63 substantiations per 1,000 Aboriginal children, compared to a rate of 5.8 substantiations for non-Indigenous children. Aboriginal children are similarly over-represented in rates of children on care and protection orders and in out-of-home care.

These figures confirm that Aboriginal children and young people are significantly over-represented in the Child Protection and placement system. Contributing factors include the forcible removal of children in the past (the stolen generation), lack of knowledge regarding Aboriginal child-rearing practices and a lack of Aboriginal support services. Recent studies indicate a correlation between poverty and families likely to come into contact with Child Protection. Aboriginal communities are amongst the poorest and most disadvantaged communities in Australia, according to a range of socioeconomic factors.

A history of the forcible removal of Aboriginal children has resulted in Aboriginal families often being suspicious of health and welfare services, and concern that their children will continue to be removed on the basis of race.

Despite very high rates of Child Protection activity with Aboriginal children and families, until recently there has been limited investment in strategies designed to support Aboriginal agencies to intervene earlier with these families. Before 2003 only four Aboriginal community services organisations (CSOs) received Family Services funding. With the progressive establishment of Indigenous Family Support Innovation Projects, 11 Aboriginal CSOs are now funded to provide family services. Many of these CSOs are relatively new to the family services sector, often with limited experience in this type of work.
The strategic framework demonstrates an understanding of the issues affecting Aboriginal children, young people, families and communities and their interactions with broader society and mainstream services. The framework also recognises the need to support Aboriginal communities to build service capacity and to support Aboriginal families and communities to access culturally competent mainstream and Aboriginal-specific universal and family services.

Section 4.4 Cultural responsiveness discusses further strategies for supporting Aboriginal families and communities.

2.4 Needs of children and families from CALD communities

Culturally and linguistically diverse communities are not homogeneous, and the needs of each cultural community should be supported by a culturally sensitive service system. This includes understanding and meeting the needs of established and newly arrived communities. Newly arriving communities include families of a refugee background and other migrants. The needs of people of a refugee background are often very significant, given their experiences of dislocation, torture and other forms of trauma.

CALD communities can better access family services when there are organisational policies and practices in place that actively promote culturally competent work practices.

A range of strategies need to be considered, including:

- understanding clients and their needs, which may include an analysis of service usage patterns, and strategies to engage and elicit views of CALD community groups
- regularly reviewing service access and service delivery models to ensure that services are culturally sensitive and that staff are trained in culturally competent practice
- identifying opportunities for formal and informal collaboration between mainstream and multicultural and ethno-specific organisations
- increasing the capacity of multicultural and ethno-specific organisations to provide secondary consultation to mainstream services
- developing recruitment and workforce strategies that seek to increase the number of bilingual/multilingual and/or CALD staff working in family services
- ensuring that all family services staff understand the importance of effective language services provision and are trained to recognise when interpreters and translated and/or other multilingual resources are required and how to use them.

The Department of Human Services (DHS) has a range of resources to assist services to respond better to the needs of CALD families. These include:

- the Cultural Diversity Guide
- the language services policy
- Making the Connection - a multimedia language services training tool.
2.5 An evidence base for family services

2.5.1 Family Support Innovations Projects (FSIPs)

Since the 2002 strategic framework, the Family Service Innovation Projects (FSIPs) were developed and were an enhancement to the existing Family Services program and related universal and secondary supports.

The FSIPs were implemented in response to the growing number of notifications and re-notifications to Child Protection, and the over-representation of Aboriginal children in the Child Protection system. The FSIPs are an innovative service response that improve outcomes for vulnerable families by:

- diverting a significant proportion of families from Child Protection to more appropriate community-based services
- minimising the progression of families into Child Protection
- reducing the growth in demand for out-of-home care services
- providing improved service capacity for vulnerable families at a community level.

Evaluations of FSIPs identified several key service system characteristics required to support effective local responses to children and families, including:

- a network of coordinated community-based services
- a shared sense of responsibility across community services organisations for vulnerable children and families
- a mix of low, medium and high-intensity services that are comprehensive and flexible
- an approach to service delivery with capacity for:
  - assessment of the needs of children and young people to determine an appropriate service response
  - active engagement of families, for the purpose of offering services, where significant concerns for the wellbeing of a child have been identified
  - working with resistant and hard-to-engage families
  - focusing on working with parents to address children’s needs
  - focusing on the strengths of children, young people and families to build resilience
  - focusing on a family’s broader context so that there is a supportive network of informal and formal supports
  - provision of flexible funds that can be used to meet the immediate needs of families and support creative service interventions
- the availability of sustained, enduring support that can be provided on a long-term basis when required
- responses that can be tailored to sub-regional/catchment area needs
- trained, professional and experienced staff.

These characteristics are discussed throughout the strategic framework.
The evaluation of Family Support Innovation Projects also found that outcomes for vulnerable children and families were improved through:

- a centralised intake system involving shared dialogue, processes and decision making, with a focus on identifying high-need referrals and targeting the development of a coordinated response

- strong partnerships, characterised by tangible changes in service delivery, such as joint planning and delivery of services, joint client outreach activities, joint management of cases that improved information sharing, joint training and development, and staff co-location.

Between 2002-03 and 2005-06 FSIPs were rolled out to 44 LGAS in areas that account for 62 per cent of the state’s Child Protection notifications. This represents 39 projects and includes 12 Aboriginal projects. Additional funding was received in the 2006-07 budget to enable a statewide rollout by 2008-09.

Thus the FSIPs have set the stage for new policy directions in family support, and the establishment of legislation to support this change. This new strategic framework for Family Services embeds the successful approaches evidenced through Family Support Innovations Projects into the new single-service framework for all family services.

### 2.6 Partnerships, integration and coordination of services

There is a need to build partnerships between parents, communities and services to provide more responsive programs. Participation of children and parents in decisions that affect their lives is a critical component of forming partnerships between services and families. Participation in decision making is also necessary for supporting self-determination of Aboriginal children, families and communities.

Examples of efforts to improve partnerships, linkages and coordination of services exist across a range of policy and program areas, including primary health, child and family services, multiple and complex needs clients and mental health services. Service systems that provide unrelated responses often fail to provide coordinated care, particularly for people with multiple needs. Likewise, concerns about clients’ confidentiality and privacy may impede information sharing, joint case planning and opportunities for coordinated responses. Outcomes for individuals and families improve if service delivery is integrated, coordinated and provided flexibly to meet individuals’ needs.

Methods used to improve coordination and integration of services have previously included:

- introduction of community-based service networks to build stronger linkages between services

- implementation of casework and planning approaches that respond to the holistic needs of children, young people and families and involve all agencies working together

- co-locating services to achieve improvements in communication and to streamline service delivery
• use of publicised community intake points to enable easier navigation of the service system
• common assessment frameworks to minimise the number of times people need to tell their story, and to improve identification of need and matching of appropriate service responses.

The evaluation of the Family Support Innovations Projects added significant weight to the evidence base supporting the importance of partnerships to achieve a coordinated, integrated service system.

2.7 Family and Placement Services Sector Development Plan

The Family and Placement Services Sector Development Plan states that in order to support best possible outcomes for children, young people and their families, a robust and effective services sector is needed, which works in partnership with government.

Some of the critical characteristics of service delivery identified in the sector development plan are:

• listening to children, young people and families, as a means to promote service quality, inclusion and greater responsiveness to needs
• being outcomes driven, with a focus on assessing services according to the outcomes they achieve for children, young people and families, as well as to support continuous quality improvement
• stronger service models, with an emphasis on flexibility, innovation and evidence, informing and enabling more effective models of care
• greater emphasis on research and improved evidence
• a stable and effective paid workforce, contributing to better outcomes for children and young people
• strengthening of Aboriginal organisations
• partnership approaches, with funded community services and the Department of Human Services working collaboratively to achieve best outcomes for children, young people and families.
3 The new Family Services framework

3.1 Overview

This section provides an overview of the new Family Services framework, and includes:

- the legislative context
- the Best Interests framework that will guide assessment of children and families across all child and family services
- principles for Family Services practice
- the target group for Family Services
- the Family Services operating model and governance arrangements through the establishment of child and family services alliances to support an integrated and coordinated service response for vulnerable children and families
- the establishment of child and family information, referral and support teams (Child FIRST community-based intake)
- approaches to demand management and prioritisation.

Service delivery and practice approaches are also key components of the Family Services framework and are presented in Section 4.

The aim of Family Services is to promote the safety, stability and development of vulnerable children, young people and their families and to build child, family and community capacity and resilience. Developing systems and implementing approaches to service provision that apply Best Interests and Family Services principles will achieve this aim. Success will result in improved parenting, relationships, development for children and young people, and improved social connectedness and life skills.

The Children, Youth and Families Act 2005, together with the Family Services Innovation Projects and learning derived from other research and practices, has signalled the need for a new way of supporting vulnerable children, young people and their families—a new Family Services model that will demonstrate:

- an understanding of the requirements of the Children, Youth and Families Act 2005
- ‘best interests’—which focus on the safety, stability and development of children and young people, and support positive relationships between children/young people and parents and families—at the core of the way family support practitioners work with children, young people and families
- a focus on child-centred, family-focused practice, which will recognise a range of means to engage children and young people, and identify and consider their wishes and needs within the context of family circumstances and through interventions that focus on the family as a whole
- a broadening of thinking to include consideration of the potential for cumulative harm caused by patterns of family behaviour over a period of time
- a common assessment approach for the Child Protection and Family Services sector, to strengthen services’ capacity to manage complexity and risk and redress harms
• provision of a range of services tailored to meet individual needs and deliver specific outcomes for the family
• working collaboratively with Child Protection to develop effective diversionary responses that prevent families’ progression into the statutory Child Protection system, and to create change for the most complex families through integrated service responses
• providing a family strengthening response to families seeking reunification, supporting stability planning for the child
• recognition of the importance of providing culturally appropriate services for families from CALD communities and links with appropriate services to do so
• a strong focus on meeting the needs of vulnerable children from Aboriginal communities using culturally competent service delivery approaches.

These issues are discussed in the following sections.

3.2 Legislative context
The Children, Youth and Families Act 2005 (Section 22) outlines the basis for an integrated service response that addresses risk and supports the changing needs of children, young people and their families, through creating a new regulated capacity within registered community-based child and family services to:

a) provide a point of entry into an integrated local service network that is readily accessible by families, that allows for early intervention in support of families and that provides child and family services;
b) receive referrals about vulnerable children and families where there are significant concerns about their wellbeing;
c) undertake assessments of needs and risks in relation to children and families to assist in the provision of services to them and in determining if a child is in need of protection;
d) to make referrals to other relevant agencies if this is necessary to assist vulnerable children and families;
e) promote and facilitate integrated local service networks working collaboratively to coordinate services and supports to children and families; and
f) provide ongoing services to support vulnerable children and families.

Other relevant sections of the Children, Youth and Families Act 2005 include:
• Section 31, which provides for referrals to be made to a community-based child and family service where there is significant concern for the safety, stability and development of a child
• Section 32, which provides for referrals to be made to a community-based child and family service in relation to a child before their birth where there is significant concern for the safety, stability and development of a child after their birth
• Section 33, which specifies that a community-based child and family service may respond by:
  - providing advice to the person who made the report
  - providing advice and assistance to the child or family of the child
  - referring the matter to an agency to provide advice, services and support to the child or the family of the child

• Section 41, which includes provisions to protect the identity of an individual who reports concerns about the safety and wellbeing of a child or young person to a community-based child and family service

• Section 61, which states that a registered community service must:
  a) provide its services in relation to a child in a manner that is in the best interests of the child; and
  b) ensure that the services provided by the service are accessible to and made widely known to the public, recognising that prioritisation of services will occur based on need; and
  c) participate collaboratively with local service networks to promote the best interests of children.

The Child Wellbeing and Safety Act 2005 also includes a set of principles for children that will be considered in the development and provision of government, government funded and community services for children and families, and these are listed in Appendix 1.

### 3.3 Best Interests framework for vulnerable children and youth

#### 3.3.1 Best Interests principles

The Best Interest principles outlined in the Children, Youth and Families Act 2005 provide the legislative basis for services provided to children, young people and families. Section 10 of the Act states that:

• the best interests of the child must always be paramount
• when determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect their rights and to promote their safety, stability and development (taking into account their age and stage of development) will always be considered
• in determining what decision to make or action to take in the best interests of the child, consideration will be given to the following, where they are relevant to the decision or action:
  - the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society, and to ensure that intervention in that relationship is limited to that necessary to secure the safety, stability and development of the child
- the need to strengthen, preserve and promote positive relationships between the child and the child’s parent, family members and persons significant to the child
- in relation to an Aboriginal child, the need to protect and promote their Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community
- the child’s views and wishes, if they can be reasonably ascertained, will be given such weight as is appropriate in the circumstances
- the effects of cumulative patterns of harm on a child’s safety and development
- the desirability of continuity and stability in the child’s care
- that a child is only to be removed from the care of their parent if there is an unacceptable risk of harm to the child
- if the child is to be removed from the care of their parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered
- the desirability, when a child is removed from the care of their parent, to plan the reunification of the child with their parent
- the capacity of each parent or other adult relative or potential caregiver to provide for the child’s needs and any action taken by the parent to give effect to the goals set out in the care plan relating to the child
- in order to promote attachment, safety and wellbeing, access arrangements between the child and the child’s parents, siblings, family members and other persons significant to the child
- the child’s social, individual and cultural identity and religious faith (if any) and the child’s age, stage of development, sex and gender identity
- where a child with a particular cultural identity is placed in out-of-home care with a caregiver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture
- the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation, and to participate in appropriate social opportunities
- the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance
- the possible harmful effect of delay in making the decision or taking the action
- the desirability of siblings being placed together when they are placed in out-of-home care.

The shift towards a focus on the best interests of children effectively places the child in the context of its family as the client for Family Services, with the best interests of the child being addressed based on the policy and legislative provisions outlined above. Community-based child and family services will position outcomes for the child as the main focus for interventions.
3.3.2 Best Interests framework for vulnerable children and youth

To place children and young people’s interest at the heart of all decision making and service delivery.

(Protecting children: the next steps, 2005)

This statement has practical implications for how child and family services work with children, young people and families.

To reflect this significant cultural and practice change, and to operationalise this new approach, the Department of Human Services’ Office for Children has developed The Best Interests framework for vulnerable children and youth. The framework is consistent with the Best Interests principles, and creates a shared understanding, a common language and a consistent approach to ensuring the best interests of vulnerable children, young people and their families across the three core work functions involved with vulnerable children, young people and their families, namely:

• Assessment-which informs...
• Planning-which guides...
• Action-which benefits the child.

The Best Interests framework also:

• gives the needs and interests of Aboriginal children and their families appropriate attention and prominence, and drives the development of more coherent and integrated service responses
• provides the basis for assessing the outcomes for vulnerable children, young people and their families
• establishes the means for evaluating the effectiveness of the overall service response in relation to the best interests of vulnerable children and young people.

The Best Interests framework is built on the following basic concepts:

• four dimensions of a child’s experience:
  - age, stage, culture and gender
  - safety
  - stability
  - development.

Together these constitute the basis from which the child’s best interests can be considered:

• 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 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 identify factors that build resilience in children. Resilience is enhanced by connectedness to family/carer, school, community and culture.

The developmental elements are the seven life domains identified in the Looking After Children (LAC) framework.

All interventions with children and families across the child and family services sector (which includes Child Protection, out-of-home care and Family Services) will be informed by an approach that considers all 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.

3.4 Family Services principles

The Family Services principles are consistent with the policy and legislative principles included in Protecting children-the next steps, and provide a specific focus for Family Services service delivery and practice approaches. These principles are presented in the context that families work voluntarily with Family Services.

The principles will underpin the way services work with families in order to enable better outcomes for children and young people. These principles will be considered along with the Best Interests principles outlined in the Children, Youth and Families Act 2005 and presented in Section 3.3.

1. Children’s safety, stability and development is everybody’s responsibility

Identifying and supporting vulnerable children, young people and families is a shared responsibility of families, across the community and all service providers. Children’s safety, stability and development should not be seen as the sole responsibility of Child Protection. All family services agencies will prioritise the most vulnerable clients to address their safety, stability and development.

2. The service system will intervene earlier to protect children and young people and improve family functioning

Many families are not effectively accessing services early enough, resulting in notifications being made to Child Protection. There will be clear pathways for vulnerable families to identify and access appropriate services. Likewise, the range of family services, along with the wider community, will be able to identify vulnerable families earlier and link them to an appropriate service response. Links between Family Services, early years services and statutory Child Protection services will be established and/or strengthened.
3. All services will strengthen their focus on children’s developmental needs

A focus on children’s developmental needs will enhance assessments of, and service responses provided to, vulnerable children and families. This will lead to earlier identification of problems and risks (including cumulative harm), the development and implementation of child and family action plans that directly support and enhance children’s development, and will improve outcomes for children.

4. Services will focus on building the capacity of parents, carers and families

The capacity of parents, families and carers to provide effective care strongly influences outcomes for children and young people. A strengths-based approach encourages and empowers families to take responsibility for their lives.

5. Children’s and Family Services will be integrated and coordinated

Services will actively support the development and provision of an integrated and coordinated response at the local level. This may include a common point for referral into community child and family services, clear pathways to access services and establishing a shared responsibility for children’s safety, stability and development.

6. Flexible, timely and solution-focused services will be provided with the intention of improving family functioning

Flexible, timely and solution-focused services have the potential to facilitate more effective responses to children and families. This will lead to improved family functioning and better outcomes for children.

7. Culturally competent service responses will be available for Aboriginal children and families

Services will understand and respond to the needs of Aboriginal children, young people and their families. Agencies will recognise the spiritual, cultural and social needs of Aboriginal children, young people and families and adapt service delivery accordingly.

Culturally specific service responses are currently limited, with many Aboriginal children and families accessing mainstream services. The further development of culturally specific services should reduce Aboriginal over-representation in Child Protection and out-of-home care systems and strengthen self-management.

Culturally competent service responses for Aboriginal communities will:

- always ask if a child or family member is Aboriginal
- enable self-determination for Aboriginal communities
- respect and understand Aboriginal cultures (including child rearing practices, kinship systems and cultural practices) and embed this into all aspects of service delivery
• understand the historical and contemporary context (including social, economic and health disadvantage, and the past relationship between government agencies and Aboriginal people regarding the Bringing Them Home report and the Royal Commission into Aboriginal Deaths in Custody) in which Aboriginal children and families engage with government agencies, service providers and family services
• provide positive and mutually respectful engagement between Aboriginal agencies, their services and mainstream services, which is reflected in organisational structures, practice and skills development
• acknowledge and recognise the value of the cultural knowledge and understanding held by Aboriginal agencies and staff, and how this positively influences engagement with Aboriginal children and families
• take a holistic approach in working with Aboriginal children and families
• recognise that connection to culture is a protective factor for Aboriginal children.

8. Culturally sensitive service responses will be available for children and families from culturally and linguistically diverse groups
Services will be sensitive to the particular needs of culturally and linguistically diverse children, young people and their families, and adapt services accordingly. The particular needs of established and newly arrived migrant families will be addressed in developing culturally sensitive service responses.

9. Family services will be outcomes focused in their service delivery and practice approaches
Family Services will focus on:
• the safety, stability, health, development, learning and wellbeing of children and young people
• the capacity of families to provide effective care, and of communities to support them
• the effectiveness of the supports and services in meeting the changing needs of children, young people and families.
These principles provide the overarching directions to guide Family Services under the new strategic framework.
3.5 Target group

Into the future, family support services will have a more targeted role to assist the most vulnerable children, young people and families.

…The Children, Youth and Families Bill goes further to build a shared responsibility for protecting children and young people, but also to actively promote their development and longer-term wellbeing.

Our approach is based on building a flexible and graduated range of service responses. It involves major system reform to bring the earlier intervention and child protection sector together, and link them to early childhood services to form a more coordinated framework.

Extract from Minister Garbutt’s Second Reading Speech, 6 October 2005

Accordingly, Section 61 of the Children, Youth and Families Act 2005 requires Family Services to prioritise services based on need. The primary target for Family Services is vulnerable children and young people and their families who 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
• at risk of concerns escalating and becoming involved with Child Protection if problems are not addressed.

Vulnerable children, young people and families are likely to be characterised by:

• multiple risk factors and long-term chronic needs, meaning that children are at high risk of 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
• cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
• single/definable risk factors that need an individualised, specialised response to ameliorate their circumstances
• 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 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 to seek, assistance. While acknowledging the voluntary nature of family services, active engagement of families will be demonstrated. This is more fully described in Section 4 Practice approaches.
Children, young people and families experiencing these types of challenges need support and intervention in relation to:

- emotional and behavioural development, cognitive and educational development, socialisation and connectedness, building capacity for self-care and identity
- making healthy choices about how they live their lives
- maintaining and strengthening cultural identity, especially for Aboriginal children and young people, and also for children and young people from CALD backgrounds
- enhancing family capacity to provide appropriate safe, developmentally appropriate and stable care.

The intention is to provide services to the target group earlier, to protect children and young people and improve family functioning. This is consistent with the third Family Services principle outlined in Section 3.4. Earlier intervention occurs when a child, young person or family’s vulnerability has been identified. Family services will provide critical, timely and responsive services before the risks and concerns escalate and lead to Child Protection intervention. By contrast, in this context, the term ‘early intervention’ refers to intervention at a stage before vulnerability has been identified and is seen to be the primary responsibility of universal services.

A differentiated and flexible range of responses will be available within the suite of family services to match the needs of vulnerable children, young people and families. These are described in Section 4.

**Case study 1**

‘Nada’, a young woman from a CALD community, settled in Australia several years ago with her then husband, from whom she is now divorced. She currently lives in public housing in metropolitan Melbourne with her new partner. Nada had no wider family support in the area. Her older two children, aged 5 and 7, were living temporarily with their father until the birth of her third child.

Nada’s baby had a health concern at birth, which the hospital arranged to be followed up. Before discharge from hospital the social worker made a referral to Child FIRST. The social worker identified that Nada needed practical and emotional supports in relation to isolation, addressing family violence issues and mental health issues.

Child FIRST arranged a case conference at the hospital with the mother, hospital social worker, family services agency worker, cultural worker, community-based Child Protection worker, paediatrician and enhanced maternal and child health nurse. This nurse made arrangements for home visiting post-discharge to monitor both mother and baby’s safety and wellbeing.

The family services agency took on the lead caseworker role and continued to consult with the community-based Child Protection worker to ensure that the immediate medical concerns of the infant and the safety concerns regarding family violence were monitored. The cultural worker supported the family services agency to engage appropriately with the father of Nada’s older children to facilitate ongoing living arrangements for these children.
3.5.1 Implications of prioritising the target group for family services

With the increased focus on vulnerable children, young people and families, there has been some concern that some clients currently receiving services may be excluded from the service system in the future. That effect is not intended or desirable. However, family services will need to demonstrate that service provision is effectively targeted and that vulnerable children, particularly those at higher risk, do not miss out on timely access to services. In addition, family services will need to consider the effects of cumulative harm to the child when prioritising service access.

3.5.2 Outcomes for children, young people and families

The Victorian Government’s vision is that every child should thrive, learn and grow, be valued and respected, and become an effective adult. The government’s aspirations, articulated in its Outcomes Framework for all Victorian Children and Youth, are the same for vulnerable children and youth as for all children. Many families need support occasionally to realise these aspirations, especially where their capacity to support and care adequately for their child is impaired. They may also require the additional support and targeted interventions of Family Services.

Family Services has a critical role in promoting outcomes for vulnerable children and families, and provides a range of service interventions with a whole-of-family focus to:

- strengthen parent capability to provide basic care, ensure safety and promote their child’s development
- improve the family’s community connections and access to community resources.

This requires building and supporting a reliable network of ongoing services, strong linkages and sustained engagement with relevant universal and adult services, and supporting these services to work effectively with vulnerable children and families.

The white paper: Protecting children—the next steps states that having an outcomes focus means that those involved in helping vulnerable children and young people have a shared set of outcomes toward which they work. These outcomes will focus on the:

- safety, stability, health, development, learning and wellbeing of children and young people
- cultural connection for Aboriginal children, young people and families
- capacity of families to provide effective care, and of communities to support them
- effectiveness of the supports and services in meeting the changing needs of children, young people and families.

The outcomes framework is set out in Figure 1.
Outcome measures will be identified as follows:

- statewide population-based outcomes that determine improvements in the general population in relation to safety, stability and development of children and young people
- identification of outcomes at a catchment level in relation to catchment plan objectives, such as evidence of an effective integrated and collaborative service model and a decrease in the number of children and young people being referred to Child Protection
- outcomes for individual children, young people and families as outlined above.

Outcome measurement processes for Family Services will be developed. Outcome measurements will include mechanisms to measure statewide, catchment and individual outcomes. They may draw on the client outcomes tool developed for the evaluation of the Family Support Innovation Projects and could include modules that can be selected by the worker which measure:

- 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, safety, stability and development
• client-worker relationships
• family violence
• drugs and alcohol.

Where possible, data will be collected from the worker, child and the parent. The outcome measurement tool will be linked to the Best Interests framework. The use of an outcome measurement tool will be an important element in evaluating outcomes for children, young people and families at an individual, catchment and statewide level. This will lead to continuous service improvements over time.

3.6 Governance of child and family services

3.6.1 Governance overview

Family Services will provide services that are aligned with the directions described in the Family and Placement Services Sector Development Plan, developed by the Department of Human Services in conjunction with the sector. One mechanism to achieve this will be through the establishment of clear governance arrangements to oversight the child and family services operating model. The operating model is a key element of the Family Services strategic framework.

Governance of the child and family services system can be characterised by activities undertaken at three levels:
• statewide-coordinated and led by the Office for Children, in conjunction with key advisory groups, sector stakeholders and peak bodies
• regional-coordinated by the Department of Human Services and community services organisations, and responsible for monitoring and performance of services
• sub-regional catchments-Child and Family Services Alliances responsible for catchment planning, operational management and service coordination.

Child and family services, in conjunction with the Department of Human Services, are best placed to determine the operating model in each catchment.

3.6.2 Statewide and regional activities

Statewide activities coordinated through the Office for Children include:
• the establishment of mechanisms to focus on the outcomes of children and young people:
  - Victorian Children’s Council, made up of professionals and experts
- the Children’s Services Coordination Board, made up of secretaries of the departments of Treasury and Finance, Premier and Cabinet, Human Services, Education and Training, Justice, Victorian Communities and the Chief Commissioner of Police
- the Ministerial Advisory Committee for Vulnerable Children and Families and
- the Child and Family Services Advisory Group

• development of a statewide plan for children
• development of quality frameworks for early years services, child and family services and youth justice
• development of the Family and Placement Services Sector Development Plan (refer to Section 2.7)

At a regional level, the Department of Human Services and community services organisations are responsible for:

• partnering to implement the child and family services reforms outlined in the policy and legislation, including determining catchment areas within the region
• monitoring of funded agency performance under funding and service agreements
• collection and collation of data using IRIS/CRISSP.

3.6.3 Catchment activities—Child and Family Services Alliances

To support the effective operation of child and family services at the catchment level, Child and Family Services Alliances will be established. These will include partners from Child FIRST, all funded family services, Child Protection, Department of Human Services partnerships staff and, where capacity exists, an Aboriginal-controlled family service. In catchments where an Aboriginal-controlled family service does not exist or does not have capacity, alliance partners should make all efforts to consult with the Aboriginal community on alliance activities.

Other sector representatives can be invited to participate in activities as determined by the alliance partners. Partnerships with universal services will be a particularly important aspect of Child and Family Service Alliance activities to support identification, prevention and intervention with children experiencing chronic neglect. Strategies to establish partnerships with other secondary services, such as drug and alcohol services and mental health services, should also be considered by alliance partners.

Alliances will have three key functions:

• undertake catchment planning
• provide operational management
• coordinate service delivery at the catchment or local level.
Alliances will be established in each sub-regional catchment area. The determination of catchments will occur collaboratively between the Department of Human Services, community services organisations and other funded child and family services. Catchments will be based on the needs of communities and will, where possible, align with the Primary Care Partnership catchments, Child Protection catchments, Best Start partnerships, education networks, Family Violence networks and other key networks that may already exist.

While alignment of catchment areas will not be mandated, decisions about catchments will consider distribution of relevant services and possible synergies that could be achieved across health and community services providers.

Existing Family Support Innovations networks may be used as the starting point for establishing the alliances. Alliance partners will review existing child and family networks and partnerships in the catchment and reconfigure if necessary to achieve the objectives of the Family Services operating model and the catchment plan.

Catchments may determine the location of activities and responsibilities based on identified needs and the alliance partners’ preferred approaches. Descriptions of catchment planning, operational management and service coordination are provided as a guide for alliances, and are not intended to be prescriptive. The implementation of a preferred approach to delivering each of the three key functions will be a critical decision of each Child and Family Services Alliance when established.
Facilitation of the alliance

For coordination and collaboration to be established and to operate effectively, an alliance facilitation function will be established in each catchment. The function will be flexible and based on catchment needs. This role may be performed by the Child FIRST agency or be shared across portfolios of key family services managers or agencies. The methodology is likely to differ across Child and Family Services Alliances.

Alliance facilitation will occur under direction of the alliance partners, and may:

- support and facilitate implementation of the catchment plan
- coordinate and facilitate the use of data across the Child and Family Service Alliance
- develop and maintain directories for child and family services for the alliance
- develop and maintain partnerships with other relevant sub-regional catchment networks, partnerships and services
- support and facilitate workforce development and training.

The Child and Family Services Alliances will be progressively phased in to coincide with the phased introduction of Child FIRST across the state.

3.6.4 Catchment planning

The Child and Family Services Alliance partners will develop the Child and Family Service Alliance’s catchment plan. Senior representatives (chief executive officers and senior managers) from the regional Department of Human Services partnerships staff, Child Protection and Child FIRST and Family Services will sign off the catchment plan. The catchment plan will guide the changing and developing service system at a strategic level. Partnerships with universal services such as Maternal and Child Health, and other sectors, such as Family Violence Services will be an important aspect of Child and Family Service Alliance activities.

The Child Protection and Child FIRST Agreement on Local Procedures and Requirements will form a component of the catchment plan, and will provide the core statewide features, within which further specification of local arrangements can be made.

Where possible, alliances should build on existing place-based planning and community building activities such as Municipal Early Years plans, Municipal Health plans and Neighbourhood Renewal projects which will provide information about population and service needs and inform catchment planning. It is not intended that catchment plans duplicate these existing activities.

Alliances will invite and mutually support a representative from the local Aboriginal service to participate, recognising that in some areas the capacity of Aboriginal services to participate may currently be limited.
Core features of catchment plans will be consistent across the state, while also reflecting catchment conditions and circumstances. The purpose of catchment planning will be to enhance service system capacity by:

- promoting children’s safety, stability and development
- improving outcomes for children and families
- aligning service planning and development
- identifying catchment priorities to determine service needs
- identifying approaches to support and enable capacity building within Aboriginal-controlled services
- developing a catchment plan, including core features, to bring together agencies and the Department of Human Services, to achieve:
  - a more integrated and coordinated service system, inclusive of processes describing assessment, prioritisation, referral, accountabilities and outcomes
  - improved earlier intervention and prevention approaches
  - strengthened pathways between family services and other sector services
  - strong linkages with local place-based community building initiatives
  - an improved focus on enabling provision of culturally competent services for Aboriginal persons and those from CALD backgrounds
- working collaboratively to support quality improvement, performance measurement and use of data for service planning
- developing a catchment child and family services training and workforce strategy.

The catchment plan may also include:

- population and service needs for the catchment
- performance and outcome measures for the catchment
- strategies to support services to meet catchment plan objectives, which could also include incentives and strategies to address service performance issues
- identified and implemented linkages and coordination points with other networks and partnerships within the region or catchment.

The catchment planning group will consider developing capacity building and mutual mentoring strategies to support Aboriginal and mainstream family services to provide more culturally competent services.

Consideration will be given to identifying funding within agencies that can be used to support capacity building for mainstream agencies and Aboriginal services to respond to the particular needs of Aboriginal children, young people and families.
3.6.5 Operational management

A key role of operational management will be the development of a formal agreement or Memorandum of Understanding between all child and family services in the alliance, which includes:

• the alliance’s roles and functions in relation to catchment service delivery
• protocols on consultation, information sharing and cooperation
• processes for cooperative prioritisation and allocation of referrals
• the role of the community-based Child Protection worker within the alliance
• expectations regarding development of culturally competent services for Aboriginal children, young people and families
• mutual accountability between all alliance partners.

Family services CEOs and senior Department of Human Services managers that form the Child and Family Services Alliance will endorse the MOU. This will act to ‘bind’ the partners into supporting and implementing the new operating model.

For effective operational management and service coordination, alliance partners will cooperatively identify the organisation that is best positioned to take the facilitating partner or coordinating role. Without the endorsement and support of the alliance partners, the identified organisation will not have the authority to undertake their roles and responsibilities, rendering operational management and service coordination ineffective. The organisation may include small, medium and larger organisations, and may be a Child FIRST and/or a Family Services organisation. In areas that have established Family Support Innovation Projects, the identified organisation may have already been appointed.

Operational management functions will include:

• implementing the catchment plan
• developing agreed processes and procedures that are consistent with statewide and regional policies and processes for activities such as intake, assessment, prioritisation, allocation of children and families to agencies, monitoring demand, and conflict resolution
• implementing processes and procedures that include culturally competent practices for child and family community services organisations providing services to Aboriginal children, young people and families
• establishing strategies to support capacity building in Aboriginal-controlled services, such as secondments between mainstream services, mutual mentoring and joint training
• monitoring and reviewing operations of family services in the catchment
• collection and consideration of data against identified outcomes, in relation to operational and planning issues
• preparing workforce development strategies
• responding to and managing day-to-day issues that arise at an operational level.
3.6.6 Service delivery coordination

The key function of service coordination is, on a day-to-day basis, to implement and coordinate service delivery activities. Alliance partners will identify team leaders and staff to participate in service coordination activities. Representatives of Child FIRST, Family Services, Child Protection and the Aboriginal Family Service (where capacity permits) will participate in service delivery coordination, with universal/primary, other secondary and tertiary services invited to participate as appropriate. Collaboration and coordination of services will enable the alliance to achieve its identified priorities. Without the active participation and support of alliance partners, the alliance will have difficulty meeting the expected improvement in outcomes for children and families in the catchment.

While operational management will generally be undertaken at a catchment level, the Child and Family Service Alliance will determine if service delivery coordination is best undertaken across a catchment or local government area.

Purpose of service delivery coordination

The purpose of service delivery coordination will be to implement and manage:

- processes and procedures developed by the Child and Family Services Alliance for the operation of the Family Services system in the catchment or local area, including:
  - referral pathways, including those specifically for Aboriginal children, young people and families
  - criteria to determine priority for service access (consistent with statewide policy on demand management and prioritisation based on greatest need)
  - allocation processes and decision making criteria
  - disclosure of capacity at agency level
  - mechanisms for monitoring availability of Family Services to provide a range of interventions at any point in time
  - information sharing
  - culturally sensitive service responses for children and families from CALD communities
  - culturally competent service responses for Aboriginal children and families
  - dispute resolution mechanisms between Child and Family Services Alliance partners (Child FIRST, Family Services and Child Protection)

- identification of gaps in the range of available services to meet client needs
- provision of professional development and/or peer supervision at catchment level
• identifying issues impacting on service delivery at the local and/or catchment level to inform catchment planning.

The development of the above activities will be guided by the catchment plan and undertaken as part of operational management functions.

**Service coordination and other services**

The core members of the alliance, including Child FIRST and all family services (including Aboriginal and CALD family services) and Child Protection will undertake service delivery coordination.

In addition, a range of other services may also be engaged occasionally in service coordination activities, including:

• universal services (such as early years, schools and school support staff, and health)

• other secondary services (such as mental health, alcohol and drug treatment, disability, and Commonwealth-funded family relationship centres)

• tertiary services (such as out-of-home care, police, family violence, Juvenile Justice and housing)

• other key referral groups, community building activities such as Neighbourhood Renewal projects and local initiatives.

The involvement of universal services will be particularly important when responding to the needs of children experiencing chronic neglect and cumulative harm.

The Child and Family Services Alliance partners will determine the participants in service coordination activities. A key operational management and service coordination task will be to ensure close linkages with other locally based services and networks to support integrated service delivery for vulnerable children, young people and families.
Case study 2

A homelessness service contacted Child FIRST with concerns regarding ‘Ally’, a 14 year old who had been seeking support from the homelessness service since leaving home several days prior, after an altercation with her mother. Further information gathering indicated that Ally and her family had involvement with both Child Protection and Family Services previously for a range of issues, including substantial emotional trauma for Ally, associated with alcohol abuse by her father, physical and verbal abuse and high-risk self-harming behaviour. Ally had not attended school for the previous six months and was associating with older males.

Ally’s mother Betty was invited to meet with the homelessness service and Child FIRST. Ally was also invited but did not attend. Betty indicated in this meeting that she was at a loss as to how to manage Ally’s increasingly challenging behaviours and was unsure of her ability to ensure Ally’s safety in the family home, even if Ally was willing to return. Betty did indicate a willingness to receive support from a family services agency.

The homelessness service agreed to provide short-term accommodation and support for Ally, on the understanding that she attended parent-adolescent mediation with her mother. A family services agency that provides this specialist service delivery approach (adolescent mediation) was allocated the case and initial separate meetings were held between the family services caseworker and Ally, and the caseworker and Betty. Both family members agreed to engage with mediation and a first session was planned. The homelessness worker and the family services worker arranged regular contact to ensure that once the mediation sessions were underway, there was capacity for further case planning in relation to Ally’s risk-taking behaviour and school attendance.

Local governments play a key role in local area planning and service delivery and representatives will be invited to participate in the alliance. Similarly, community health centres provide a range of services to children and families, including family services, and this perspective will be captured at the catchment level.

Family relationship centres, funded by the Commonwealth, are currently being established in Victoria. These will provide counselling and support services to separating couples and families. It will be mandatory for couples with children who are separating to have contact with a family relationship centre before proceeding to the Family Court. The role of family relationship centres will be considered as part of the wider service system that may participate in the delivery of child and family services. They could also be invited to participate in the service coordination activities, where appropriate.
The Department of Human Services Mental Health Branch is implementing the FaPMI Strategy (families where a parent has a mental illness), which will also provide services to vulnerable children and families. The FaPMI strategy:

- improves the capacity of services to respond to the needs of families where a parent has a mental illness through the introduction of capacity building roles within Mental Health services
- promotes the engagement of infants, children, young people and parents in mainstream services that are better able to recognise and respond appropriately to their particular needs.

A key part of the strategy is to develop more systematic approaches to the provision of early supports for parents experiencing a mental illness, and to enhance prevention and early intervention responses for children who may be at increased risk of such problems themselves. Regional coordinator positions will be located in primary mental health teams. These coordinators could be invited to participate in the activities of the Child and Family Services Alliance to consolidate practice level opportunities for collaborative service delivery supported by the new policy directions.

3.7 Child FIRST-Child and family information, referral and support teams

3.7.1 The importance of clearly defined and accessible referral pathways

For some families, knowing how and where to access the service system is challenging. Professionals may also have difficulty navigating the service system to refer children, young people and families to an appropriate service that will meet their needs. This difficulty has inadvertently led to the Child Protection system often becoming a default point of contact for many vulnerable children and families requiring support and intervention to reduce risk and promote stability.

To facilitate access to family services, an identifiable point of entry to services is needed in each catchment. Studies show that many families were at crisis point before they knew of the existence of support services. For example, the Maroondah Intake Final Report indicated that two-thirds of clients surveyed did not know how to access the family services support they needed.

Family Services referral data shows that approximately one-third of referrals are self-referrals, with another five per cent of referrals being from family and friends. This indicates that around sixty per cent of referrals come from a range of other sources, principally community welfare and local government services. Child Protection accounts for approximately 12 percent of direct referrals to family services.

Clearly defined referral and service access pathways are a critical component of more effective service delivery to vulnerable and at-risk children, young people and their families.
3.7.2 Scope and purpose of Child FIRST
The primary purpose of Child FIRST (child and family information, referral and support teams) is to ensure that vulnerable children, young people and their families are linked effectively into relevant services.

Child FIRST will establish a strong profile within the catchment, with a particular focus on key professional groups and organisations.

It is likely that a wider group of families, beyond vulnerable families, will access or be referred to Child FIRST. Child FIRST can play an important preventive role by providing advice and information to these families, or to the professionals or organisations that may have referred them. This will focus on linking or connecting the families to relevant universal or secondary services that can meet their needs. Child FIRST is not intended, and will not have the necessary capacity to, provide a service response beyond the provision of basic information and advice to such families.

3.7.3 Child FIRST functions
The functions of Child FIRST were formulated on the basis that clearly visible and accessible entry into family services in a designated sub-regional catchment needs these functions:

• a single telephone number
• provision of information and advice
• initial needs identification and assessment of underlying risk to the child or young person in consultation with Child Protection and other services
• identification of the Aboriginal and Torres Strait Islander status of children, young people and families
• identification of CALD status
• identification of differentiated service responses for families related to the assessment of needs and underlying risks
• active engagement with the child, young person and their family
• determination of the priority of a response, and allocation of families to family services, in consultation with Family Services and Child Protection (where required)
• timely responses through provision of or oversight of ‘active holding responses’ involving short-term work with children and families before allocation of family services.

There may also be a limited capacity for family services within a sub-regional catchment to pick up direct referrals. This capacity will be subject to agreed arrangements governing assessment, prioritisation, allocation and coordination of data set out by the sub-regional catchment Child and Family Services Alliance.
Case study 3

A primary school principal contacted Child FIRST regarding concerns about seven year old Matthew. His attendance at school was becoming irregular and when he did attend he appeared hungry and without adequate clothing. The principal was aware that Matthew has a four year old sister, Amy, and that the parents have a history of misusing alcohol and prescription medication.

Following a joint visit to the family home by a Child FIRST staff member, the parents agreed that the children required alternative care until they were able to stabilise their alcohol use and had their medication assessed. Respite care was arranged with extended family and the parents agreed to attend a case conference to make further plans for the ongoing care of Amy and Matthew.

A family services agency was allocated the case and called the case conference. Those participating included Amy and Matthew’s parents, extended family, Child FIRST, community-based Child Protection worker, kindergarten teacher, school principal, alcohol and drug counsellor, GP and priest. The family services agency took on case management of the family and a plan was put in place that ensured the parents met their appointments with the appropriate psychiatric and alcohol and drug support services.

It was also identified that although Amy was eligible to attend a kindergarten program she was not enrolled. The family services agency sought a place for Amy and assisted her family with the enrolment process, including information about access to fee subsidy, and worked with the centre to develop a fee payment plan that was manageable for the family. The agency maintained regular contact with the kindergarten and the school to monitor the ongoing safety, stability and development of the children, and with the priest, who arranged practical supports to meet the material needs of the family.

The children returned to the care of their parents. The family services agency was the first point of contact for any of the support services if further concerns arose regarding the safety, stability and development of the children.

3.7.4 Operation of Child FIRST

Child FIRST will be key partners of the Child and Family Services Alliance in each catchment, and will contribute to:

- ensuring consistent standards of intake and assessment across services
- promoting an understanding and awareness of the Child FIRST service
- implementing timely and effective referral pathways between all services
- providing advice about the interface with Child Protection, including protocols and procedures for decision making and day-to-day relationships with the community-based Child Protection worker
- providing advice about the interface with universal and other secondary services
• implementing processes, in conjunction with an Aboriginal family service, to consult on the cultural needs of children, young people and families referred to Child FIRST, and to involve an Aboriginal family service in decision making and planning, either directly or through secondary consultation (where this can occur within information sharing provisions)

• implementing processes to ensure that the needs of children and families from CALD communities are actively considered during intake and assessment

• providing advice about information management and capacity to share information, as specified in legislative provisions

• developing processes to identify a lead organisation or caseworker for each child and family following initial assessment

• establishing and maintaining strong linkages with the Department of Human Services regional Child Protection and Family Services programs within the catchment.

In practice, the operation of Child FIRST will mean that:

• Over time, it is likely that an increasing proportion of referrals, particularly from professionals, will come through Child FIRST. However, Family Services will continue to receive direct referrals and request for services from children, young people and families, particularly where an established relationship exists, or where a family self-refers to an organisation. These self-directed referrals will be subject to the catchment service coordination processes for assessment, prioritisation, allocation, monitoring and review. All referrals must be included in the catchment’s entry-level data.

• While service delivery may be coordinated on a LGA basis, family services agency participation in catchment processes is intended to enable a range of broader service responses that may be available across the sub-regional catchment, to meet needs of families better.

• Family services organisations and the regional Child Protection program will need to actively participate in Child FIRST arrangements, and in the Child and Family Services Alliance activities, and in particular, service coordination activities.

• There will be a clearer, more consistent and better-defined process for moving through the phases of prioritisation assessment, referral and service provision for vulnerable children, young people and families.

Family services receiving direct referrals will need to participate in service coordination activities to enable all referrals to be prioritised and allocated based on greatest need.

Establishment of Child FIRST is not intended to change or alter current service delivery arrangements. The majority of family services casework interventions are currently delivered at a single LGA level, and this remains the preferred locus of service delivery.
3.8 Child FIRST and Aboriginal children, young people and families

Aboriginal children, young people and families may not access Child FIRST at the same level as non-Aboriginal children, young people and families. They are more likely to access the organisations they know, trust and have had previous positive engagement with. For many Aboriginal children and families, such organisations are Aboriginal.

For this reason, intake arrangements will be flexible to ensure Aboriginal children and families can readily access and receive timely and appropriate family services regardless of whether their first point of contact is with Child FIRST or through an organisation of their choice. Assessment processes will be culturally engaging and competent, identifying the Aboriginal status of family members and information about the involvement of any Aboriginal services. To achieve this, Child and Family Services Alliances will include representation from either Aboriginal-controlled services or community, where possible, and should plan and coordinate their approach to intake for Aboriginal children and families accordingly. Developing agreed approaches to referral with local Aboriginal services will be an important component of this work.

Case study 4

‘Jessica’, a 16 year old Aboriginal girl, lived with her mother and two young brothers. Jessica’s mother and brothers were not Aboriginal. Both the boys were displaying significant behavioural problems at home and at school. The family led a transient lifestyle, but appeared to be settled at their current address. Jessica’s father was Aboriginal and had little contact with his daughter. Jessica had not seen her father for approximately two years. Before this Jessica visited her father on two occasions but both times he was alcohol affected and verbally abusive towards her. As a result Jessica did not want to have any further contact with him.

The relationship between Jessica and her mother was volatile and her mother had difficulty managing Jessica’s behaviour. Jessica had been expelled from two secondary schools and had been involved with police due to her aggressive behaviour.

The primary school social worker, where the boys attended school, made a referral to Child FIRST. Child FIRST undertook an initial assessment and after consideration of the referral by the Child and Family Service Alliance partners, which included the local Aboriginal cooperative, it was agreed to refer the matter to a mainstream family service. They undertook a detailed assessment with the family, including Jessica’s father, and developed a child and family action plan. The service consulted with the Aboriginal cooperative to enable reconnection and links with the Aboriginal community to be fostered and supported for Jessica.
Jessica was referred to a mainstream community youth access program that offered vocational guidance, educational classes and life skills, and attended regularly. Jessica also commenced involvement with the Aboriginal community through a ‘young Aboriginal girls group’ and participated in community programs and camps. The Aboriginal cooperative also helped Jessica establish contact with members of her paternal extended family. Jessica now has regular contact with this side of her family. Jessica’s brothers and mother were also provided with the opportunity to participate in NAIDOC and school holiday activities organised by the Aboriginal cooperative to gain an understanding and awareness of Jessica’s heritage.

The mainstream family service and the Aboriginal cooperative continued to work in partnership to monitor and review the child and family action plan and to support Jessica, her family and extended family.

3.9 When to refer to Child Protection or Family Services

Professionals involved with vulnerable children, young people (0-17 years) and their families, including families with an unborn child, may occasionally consider they should report or refer a concern either to the Victorian Child Protection Service or the new Child FIRST being progressively established across the state.

A guide for professionals has been developed to support decision making regarding the most appropriate referral pathway. The guide includes:

**What circumstances and factors should determine whether to make a report to Child Protection or refer to Child FIRST?**

There may be many factors, or combinations of factors, within family life that adversely affect children’s safety, stability and development. You may already have considered these factors, and the following lists are intended to provide some further basic guidance on how to decide whether to refer a matter to Child FIRST or make a report to Child Protection.

**A referral to Child FIRST may be the best way of connecting children, young people and their families to the services they need, where families exhibit any of the following factors that may affect a child’s safety, stability or development:**

- significant parenting problems that may be affecting the child’s development
- serious family conflict, including family breakdown
- families under pressure due to a family member’s physical or mental illness, substance abuse, disability or bereavement
- young, isolated and/or unsupported families
- significant social or economic disadvantage that may adversely impact on a child’s care or development.
A report to Child Protection should be made in any of the following circumstances:

- serious physical abuse of, or non-accidental or unexplained injury to, a child (mandatory reporters must report)
- a disclosure of sexual abuse by a child or witness, or a combination of factors suggest the likelihood of sexual abuse—the child exhibiting concerning behaviours, for example, after the child’s mother takes on a new partner or where a known or suspected perpetrator has had unsupervised contact with the child (mandatory reporters must notify)
- serious emotional abuse and ill treatment of a child affecting their healthy development
- persistent neglect, poor care or lack of appropriate supervision, where there is a likelihood of significant harm to the child or their development
- serious or persistent family violence or parental substance misuse, psychiatric illness or intellectual disability—where there is a likelihood of significant harm to the child or their development
- where a child’s actions or behaviour may place them at risk of significant harm and the parents are unwilling or unable to protect the child
- where a child appears to have been abandoned, or where the child’s parents are dead or incapacitated, and no other person is caring properly for the child.

Many cases will not neatly fit into these categories, and it may be harder to determine whether the level and the nature of any risk are such that the child needs protection. The following questions may help resolve the best course of action in such cases:

- What specifically has happened to the child that has caused your concerns, and what is the impact on their safety, stability and development?
- How vulnerable is the child?
- Is there a history or pattern of significant concerns with this child or other children in the family?
- Are the parents aware of the concerns, and capable and willing to take action to ensure the child’s safety and promote their health, wellbeing and development?
- Are the parents able and willing to use support services to promote the child’s safety, stability and development?

A referral to Child FIRST should be considered if, after consideration of the available information, you are, on balance, more inclined to form a view that:

- the concerns currently have a low to moderate impact on child and the immediate safety of the child is not compromised.

On receiving a referral from a professional or community member, the Child FIRST team will conduct further assessment of the family and may consult an experienced community-based Child Protection worker based in each Child FIRST
team. This assessment may lead to the involvement of a local family services organisation. In most circumstances, Child FIRST will inform you of the outcome of your referral.

Where a Child FIRST team or a registered family services organisation forms a view that a child or young person needs protection they must report the matter to Child Protection.

A report to Child Protection should be considered if, after consideration of the available information you are, on balance, more inclined toward a view that:

• the concerns currently have a serious impact on the child’s immediate safety or development, or the concerns are persistent and entrenched and likely to have a serious impact on the child’s development

Upon receipt of a report containing such factors, Child Protection will seek further information, usually from professionals who may also be involved with the child or family, to determine whether further action is required. In determining what action to take, Child Protection will also consider any previous concerns that may have been reported about the child or young person. In most circumstances Child Protection will inform you of the outcome of your report.

3.9.1 Relationship between Child FIRST and Child Protection

The Children, Youth and Families Act 2005:

...promotes stronger relationships between family support and child protection services. Recognising that family circumstances change, consultations are permitted while a family is involved with a family support service. This will enable child protection to provide support, advice and referrals between services as necessary. If a family support agency forms a belief that a child may be at risk of significant harm, they will be required to inform child protection.

Extract from Minister Garbutt’s second reading speech, 6 October 2005

In recognition of this, a statewide agreement between Child FIRST and child protection has been developed, detailing clear processes and procedures for referral and consultation, including the role of the community-based child protection worker. Regional arrangements will be agreed and documented on the basis of this statewide agreement. The agreement describes:

• the role of Child Protection in the Child and Family Services Alliance
• referral pathways and protocols for Child Protection to refer matters to Child FIRST (statewide)
• referral pathways and protocols for Child FIRST to report matters to Child Protection (statewide)
• procedures for joint decision making and joint visiting/contact with children, young people and families (regional and catchment).
Referrals from Child Protection to Child FIRST will be considered alongside other referrals and will be prioritised based on the assessed needs of the child or young person. Similarly, referrals from placement services and/or Child Protection to Child FIRST for services to support the reunification of the child or young person home will be considered based on priority of need. A child or young person’s legal status, if subject to a Children’s Court Order, should not preclude referrals being made to Child FIRST for reunification support.

There will be many families where both Child Protection and Family Services are working in a coordinated manner to support the family to achieve agreed outcomes.

**Community-based Child Protection worker**

Community-based Child Protection workers will work collaboratively with Child FIRST and Family Services to support their work with more vulnerable children, young people and families. The community-based Child Protection worker will also operate using the proposed Best Interests framework outlined in Section 3.3. Along with the unit manager, community partnerships, they will also have a critical role in the operation of the Child and Family Services Alliance in identifying strategies to strengthen the relationships between Child Protection, Family Services and the broader service system. It is important that the community-based Child Protection worker has sufficient expertise to deliver these roles within the community.

### 3.9.2 Demand management and prioritisation

Family Services and Child FIRST will implement effective systems and strategies for managing demand that move away from traditional waiting list models and facilitate the linking of timely and responsive support for children, young people and families.

Principles of demand management and prioritisation will be equally applicable for Child FIRST and all other family services, to take into account that the majority of referrals will come through Child FIRST. The principles do not apply to referrals seeking information and advice only which can generally be responded to and closed.

Key principles of demand management include:

- Referrals will be acted on based on priority of need. This reflects the emphasis on responding to more complex, vulnerable and at-risk, children, young people and families.
- In order to determine priority of response, each child or young person will undergo an initial safety and needs assessment.
- Actively engaging children, young people and families at the point of referral and, if appropriate, providing initial brief interventions that address immediate needs (preventing the need to refer on to a family service).
• Case allocation will occur in partnership across the catchment area through the Child and Family Services Alliance service coordination functions. This will ensure that the organisation, in the best position from both a case load and service delivery perspective, will be allocated the case, allowing casework to commence at the earliest possible time following referral.

• The most appropriate service within the catchment will be identified for the active holding response.

• In the context of demand management, Family Services will participate in collaborative planning, working together within the Child and Family Services Alliance to manage current demand better and build an understanding of changing demand. Child FIRST will have a coordinating role in this process.

**Demand management in relation to smaller organisations**

There are currently 99 state-funded community child and family services organisations. About 50 of these organisations receive less than $100,000 in family services funding annually, and together represent less than 10 per cent of total Family Services funding.

These organisations fall into several categories, including:

• Aboriginal organisations funded to deliver family services, Family Support Innovation Projects and, in some cases, both service types

• a small number of local government and community health-provided family services, which often operate within a broader suite of services delivered by these organisations

• CALD organisations providing services to one or more CALD communities

• organisations delivering a specialist function or service to a specific, identified client group.

Although small, the services provided by these organisations can play an important, specialist role within catchments or Child and Family Services Alliances. However, as these organisations are generally funded for less than one full-time staff, there may be insufficient capacity or the wide-ranging skills and competencies to provide effective casework to highly vulnerable children, young people and their families. These services may also not be in a position to participate in all operational management and service coordination activities in the catchment, due to limited capacity.

**Active holding response**

Demand management and prioritisation will be supported by an active holding response. In some cases a family service in the best position to meet a child’s, young person’s or family’s identified needs will not be able to allocate a caseworker immediately or provide a service response through the range of available practice approaches. The child and family will receive an active holding response, such as a one-off intervention and/or low-level monitoring and support until the case is allocated. The active holding response may include phone contact with the client, an initial home visit, case conferencing, provision of brokerage
funding, participation in a group, volunteer support, negotiation with other service providers and/or client advocacy. The active holding response will also provide short-term intervention that leads to case closure.

The Child and Family Services Alliance’s catchment planning role will determine the point of delivery of the active holding response. Families being supported by the active holding response will be reviewed and prioritised based on need alongside new and existing referrals for family services as part of demand management.
4 Service delivery approaches for family services

This section provides an overview of service delivery for family services, and includes:

- a child-centred, family-focused approach
- the importance of considering the effects of cumulative harm
- assessment, planning and action within the context of the Best Interests framework
- a range of intervention approaches, informed by the Family Services principles
- a stronger focus on achieving culturally competent practice approaches for Aboriginal children, families and communities
- a stronger focus on achieving culturally sensitive practice approaches for CALD children, young people and families
- the importance of information sharing to support the needs of vulnerable children, young people and families.

These service delivery approaches are key components of the Family Services framework.

4.1 An overview

The Family Services framework brings together Family Services and Family Support Innovation Projects into one service model, which is characterised by:

- a primary focus on the best interests of the child or young person in the context of their family and community
- a flexible response that recognises:
  - some children, young people and families may need ongoing support
  - some children and young people may occasionally need alternative care outside the family
- there could be ongoing movement in and out of the Family Service
- services can adjust to the changing needs of children, young people and families
- the development of a strong focus on meeting the needs of vulnerable children and families from Aboriginal and CALD communities
- purposeful collaboration with other child and family services agencies, and other sectors
- flexibility of funding arrangements to support needs.

4.1.1 Child-centred, family-focused practice

A child and young person-centred, family-focused approach is the preferred approach to service delivery, which:

- recognises that the best interests of children and young people are paramount
- recognises the crucial significance of the family in achieving positive outcomes for children and young people
- builds on family strengths, and seeks to build a partnership approach between families and professionals.
Listening to the child or young person (via direct or indirect means) within families, and taking their needs and wishes into account in the assessment and planning processes, is important. Effective child-inclusive practices include:

- appropriate, safe and user-friendly service environments that meet the needs of children and young people of all ages
- intake and assessment processes that are welcoming, professional and flexible to deal effectively and appropriately with the client’s first contact with the agency
- effective direct or indirect work with children that builds on strong initial assessments
- flexible and professional approaches to work with families, utilising:
  - effective engagement between workers and clients
  - an inclusive model of listening to children
  - application of family systems and development perspectives
  - culturally appropriate approaches
  - clear feedback to families on objectives and progress.

### 4.1.2 Cumulative harm

Assessment and planning will be historically grounded. This recognises that behaviours associated with ongoing neglect and repeated emotional abuse result in cumulative harm, and that the child’s safety, stability and development may be affected.

The Children, Youth and Families Act 2005 established a focus on cumulative harm through the Best Interest principles (Section 3.3 of the framework). All actions and decisions must take account of ‘the effects of cumulative patterns of harm on a child’s safety and development’ (Section 10(3)(e) of the Act). This involves understanding the interactional patterns of connectedness within the family as part of a repeating pattern, which may have serious consequences on the child’s safety, stability and development. Practitioners should view neglect and abuse in a historical context, taking into account the experiences of all the children in the family, rather than as discrete, unconnected episodes.

Concerns about the impact of the under-recognition of cumulative harm has highlighted:

- The need for a framework that operates across the child and family services sector. Currently under development by the Office for Children, this framework will enable the identification and analysis of the complexities of neglect and attachment to occur in a way that supports effective and timely intervention and the provision of the most appropriate support.
- The need for a whole-of-community approach in responding to children, young people and families. For Family Services, this includes the promotion of shared responsibility for the safety, stability and development of the child across family, community and service sectors, which includes a high level of collaboration and
communication between agencies, cross-cultural training and the use of external consultancies to develop reflective case practices. It also involves skilful working in partnership with children, families and communities around the sharing of responsibility for supported change.

The Victorian Child Death Review Committee undertook an analysis of child deaths and developed recommendations to guide effective responses to chronic neglect. Best practice principles were developed and these will guide assessment, planning and action for children exposed to chronic neglect. This approach will:

- ameliorate and redress harms to children arising from chronic neglect
- assess and respond to lack of change within the family, using a goal-directed approach and formal periodic reviews of progress
- maintain a persistent, sustainable approach to practice, in which case reviews, case conferences and supervision are used to change direction and strategy as required
- 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 case closure.

Greater explanation of how these approaches will align with the core functions of Family Services-assessment, planning and action—is discussed in the following sections.

4.2 Assessment, planning and action

4.2.1 Assessment

Effective intake, initial assessment and ongoing assessment are fundamental to positive intervention. They facilitate the engagement of children, young people and families to understand all the factors that affect children’s, young persons’ and families’ functioning, so that these can be collectively addressed to support the safety, stability and development of children and young people.

Purpose of initial assessment

The purpose of initial assessment is to commence the development of a child and family action plan, including:

- identifying the Indigenous status of a child, young person and/or their family
- holistically identifying a child or young person’s risks, needs and strengths in the context of their family situation, individuality, developmental stage, social circumstances and cultural or Indigenous identity
- understanding the history and progression of the child’s, young person’s and family’s risks and needs, and the nature of the previous engagements with Child Protection, Family Services and related services
- highlighting the issues (for both the child and family unit) that will be addressed in order to ensure the child’s or young person’s safety and stability, and improve their emotional, physical and psychological wellbeing
• defining objectives and goals for intervention cooperatively with children, young people and their families and other agencies involved
• identifying the range and type of service responses needed
• identifying the family services, and other related universal, secondary and specialist services within the catchment that are best positioned to support the children, young people and family involved
• determining an appropriate lead caseworker or organisation (in the case of referral from Child FIRST to a family services organisation)
• seeking secondary consultation to support assessment.

Best Interests framework for Child Protection, Child FIRST and Family Services

The Department of Human Services Office for Children is currently developing the Best Interests framework for vulnerable children and youth, which will form the framework for integrating the concepts associated with Best Interests principles. It will apply to Child Protection, including placement services, Child FIRST and all family services, to reflect the requirements of the Children, Youth and Families Act 2005, and will be further supported by an assessment and practice framework.

The Children, Youth and Families Act 2005 allows community-based child and family services to receive referrals and take appropriate action where there is a concern about the development of a child. This creates an alternative pathway from Child Protection intake for vulnerable children, young people and their families, and changes the basis for Child Protection intervention.

An assessment and practice framework applied across the child and family service system will help to inform whether a child needs intervention and/or support from Family Services due to the impact of current, future or cumulative harm. A common assessment framework will also support a consistent and integrated approach across the child and family services system, considering the best interests of children and young people.

The use of a common Best Interests assessment and practice framework by all family services within the Child and Family Services Alliance will improve transition and transfer between services, and will support coordinated and integrated service delivery, which will in turn lead to improved outcomes for children, young people and families.

Overall, common assessment will strengthen services’ capacity to manage complexity and risk, and will improve their ability to assess and address need and to undertake effective and consistent interventions.

Ongoing assessment

Ongoing assessment is a critical aspect of service delivery, planning and regular case reviews. The continuous process of assessment of children and young people in the context of their family-then goal setting, putting in place service interventions and monitoring and reassessment-will ensure that support provision and interventions continue to be appropriate and that outcomes are achieved.
Child and family action plans
A child and family action plan identifies objectives and goals of intervention, details the interventions to be undertaken, and the roles and responsibilities of the child, young person and family and each of the organisations providing services to the family. The assessment and goals of intervention will be discussed and agreed (where possible) with the child, young person and their family.

The child and family action plan also contains timelines for the length of intervention and for monitoring and review. The frequency of review will increase for high priority cases, consistent with duty of care expectations.

4.3 Practice approaches
Family Services provides a comprehensive range of services and approaches, including:

- a strengths-based approach and comprehensive needs and risk assessment
- identification of pathways and key transition points that focus on earlier intervention, prevention and diversion
- capacity to provide intensive, multidisciplinary responses
- authorisation to consult with or make reports to Child Protection when a child is believed to be in need of protection.

Whether a child and family are referred to Family Services or Child Protection, the first option for support and intervention should always begin from the strengths-based premise that, given appropriate support, families will make changes in their child’s best interests. At the same time, a conjoint understanding of risks that the child is or may be exposed to ensures that the primary focus is always the safety of the child.

However, focusing on risk does not preclude strengths-based beliefs about families and their potential for change. The CYFA 2005 includes varied responses that provide the capacity to escalate responses. These may range from general family services referrals to the reporting of significant concerns about the wellbeing of a child to Family Services, or to a Child Protection report, if change is not realised and concerns for the child continue.

In order to support the needs of more vulnerable children, young people and families, Family Services will use active engagement approaches to service provision, by:

- engaging children, young people and families in their family environments and communities, where they are most likely to be comfortable and receptive
- providing culturally responsive practices for Aboriginal children, young people and families, which focus on cultural connection
- working with universal services to develop joint prevention, diversion and earlier intervention responses to community needs
- working with secondary and tertiary services to provide specialist and intensive support to the most vulnerable families
• working in a culturally responsive way with children, young people and families from CALD communities
• enacting legislative authorisations regarding significant concerns about the wellbeing of children (see below)
• make reports to or consult with Child Protection about children believed to be in need of protection.

4.3.1 Significant concerns about wellbeing referrals to Family Services

All children eligible to receive support from Family Services are vulnerable, and therefore there are associated duty-of-care requirements for quality service. Referrals of children with significant concerns about wellbeing constitute a subgroup of vulnerable children. For these children, responses to better ensure the safety, stability and wellbeing require escalated statutory authority, to:
• provide the option of protecting the identity of the referrer (Sections 40, 41)
• consult with specified bodies for the purposes of risk assessment or to determine the appropriate service (Section 36)
• consult with Child Protection about any purpose of the community-based child and family service (Sections 38, 39).

Where one or more of these authorities are indicated or required, a child and family are assessed as having significant concerns about wellbeing. As with all Family Services interventions, the emphasis is on taking action to provide support to better ensure the safety, stability and healthy development of the child or young person.

Children with significant concerns about their wellbeing require heightened vigilance to better ensure their safety and promote their development and stability. This may include regular assessment and case planning, focusing on cumulative patterns of harm and the child’s age, stage of development, culture and gender, and the other principles consistent with the child’s best interests (Section 10 of the Act).

4.3.2 Casework framework

Casework will be provided in a way that enables family services to meet the Family Services standards. An overview of the proposed standards is included in Section 5.2 of this document. The components of casework and approaches to service provision described below will be evaluated to determine the efficacy of interventions to achieve improved outcomes with vulnerable children, young people and families. The evaluation will focus particularly on the efficacy of responses to the impact of cumulative harm resulting from chronic neglect.

Casework is the framework within which family services will be delivered. Casework practice includes an assessment of needs, establishing objectives and goals, development of a child and family action plan, ongoing engagement, ongoing assessment, implementation of the plan, monitoring and review, and case closure.
Family Services casework uses a range of different intervention modes and approaches to effect change for children and families. Therefore, the implementation of the child and family action plan may include the worker undertaking a range of intervention activities within their casework. These are described as the ‘intervention modes and approaches’ below.

Good casework practice also emphasises multidisciplinary/multi-agency collaborations to support coordinated service planning and delivery. Implementation of the child and family action plan also includes the development and coordination of a system of comprehensive services targeted to families who have a range of presenting issues. Collaborative approaches will be coordinated by a lead caseworker where there are services involved other than family services. The Family Services caseworker is expected to undertake the key role in the ongoing coordination and monitoring of multidisciplinary (cross-sector) services pertaining to the goals within the child and family action plan, unless an alternative lead caseworker with these responsibilities is agreed to and designated within the plan.

The casework approach for Aboriginal children and families will also focus on providing culturally competent services. To achieve this, there will be:

- continual and effective involvement of Aboriginal agencies in casework
- effective use of family decision making in establishing goals, desired outcomes and strategies to achieve these.

### 4.3.3 Service duration and intensity

The emphasis placed on each stage of the casework process will be determined by the characteristics of the individual child, young person and family and the complexity of the needs to be addressed. Casework will operate as a cyclical process of goal setting, intervention, monitoring and reassessment in response to the changing needs of children, young people and their families. Casework will also connect families to universal services and their community.

Service intensity and duration will vary according to the needs of individual children, young people and their families. The service model includes short-term or one-off interventions, that may occur face to face or by telephone. Some families may need support at transition points or critical life stages, and may therefore need several episodes of service delivery.

Other families with complex and diverse needs may need longer-term support, and they may cycle through maintenance or intervention phases of service delivery. Some families may need assistance to support the transition of their child from out-of-home care to the family home.

Service intensity and duration will be determined through ongoing assessment of each child’s, young person’s and their family’s needs. In consultation with the child and their family, Family Services will develop and review a child and family action plan specifying goals and types of services to be provided. More intensive and specialised services will be provided to children and families where harm may have occurred, with the aim of preventing a recurrence.
4.3.4 Intervention modes and approaches

Vulnerable children and families often require a range of supports to meet their diverse and complex needs. Casework draws on a range of interventions to achieve Family Services’ objectives of enhancing:

- parenting skills and capacity
- parent-child relationships
- child physical, social, emotional, intellectual and cultural development
- social inclusion and connectedness to family and community, in order to promote the safety, stability and healthy development of the child.

Family Services interventions are used singularly or in combination to address the child, young person’s or family’s assessed need. Research indicates that:

…the strongest evidence base that supports positive outcomes for children and families emerges from home-based services to prevent abuse and neglect, while promoting maternal and child health, using social support and instructional interventions at all system levels. Approaches use parent management skills and training; cognitive-behavioural strategies to improve parenting practices for physical abuse, neglect, and sexual abuse; and techniques for strengthening parent-child interactional and relational skills.

(Thomlison, 2003)

Casework interventions are determined by an assessment of need and development of a child and family action plan to address the needs identified. This plan determines the goals of intervention for the child and family and details the interventions to be undertaken.

Intervention modes and approaches to enhance parenting capacity and skills, parent-child relationships, child development and social connectedness include:

- advocacy, information and advice
- active engagement
- practical support and/or material aid
- outreach
- short-term service responses
- in-home support
- family decision making, family group conferencing
- crisis intervention
- group work
- counselling
- skills enhancement
- parent-child interaction
- a youth focus
- community connection and social inclusion
• brokerage
• access to universal services
• cross-sectoral interventions
• secondary consultations
• ongoing support.

Information, advice and advocacy
This involves provision of accurate information and advice at a time when children, young people and families need support to address their needs. It may enable more effective or informed decision making, prevent escalation of the issue and reduce the need for further or more intensive intervention.

Active engagement
Active engagement approaches will engage many vulnerable children, young people and families who may not otherwise actively seek services. Family Services will continue to develop a range of non-traditional active engagement strategies, to ensure families have every opportunity to engage in the support they need.

Following initial contact, some children, young people and families may be unwilling to participate in continued engagement. These families often experience repeat notifications to Child Protection. Family Services will offer a commitment and level of expertise in persevering with families who may be difficult to engage over the medium to longer term, and will use innovative strategies to bring about change.

While active engagement may be resource intensive, this approach is necessary to ensure that vulnerable families with high needs can access services and support to address issues that would otherwise affect their children’s health and development. Active engagement strategies are needed to address high refusal rates, high attrition rates and barriers to accessing services. They aim to increase the initial uptake of services and increase the retention of families within the service system. Active engagement strategies 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 there is no response
• active community outreach
• joint outreach with a trusted universal service or partnership with a community-based child protection worker.
To increase retention rates, active engagement strategies include:

- a focus on the importance of the communication style, such as respecting the family, being supportive and non-punitive, starting ‘where the family is at’, using verbal encouragement, including the family in decisions
- providing practical, material support early
- providing services in a way that is easily accessible for parents
- maintaining contact with the family.

**Practical support and/or material aid**

This involves the provision of practical, hands-on assistance and support for issues such as parenting and household management. Modelling will be undertaken to build skills, change specified behaviours and improve relationships or communication skills. It also includes practical assistance to access services, travel to appointments or receive material aid. Practical or material support early in intervention is a key strategy in fostering initial engagement by the family (Berry, 2005).

**Outreach**

Outreach provides support for children, young people and families in the family home or community environment. It may be the preferred approach for ongoing work with the family, due to issues of transport, disability or when the home is the appropriate venue for intervention.

In addition, to enhance family capacity it is important that family services understand how the child, young person and their family operates in their environment or the community. While centre-based services may be appropriate for group work, some interventions are more effective if conducted in the family environment. Family Services will provide outreach to enhance outcomes for children and families.

**Short-term service response**

Some children, young people or families have lower-level needs and will require one-off or short-term assistance to address these. Sometimes family needs are complex, but the family is only willing or able at the time to commit to short, goal-focused intervention. Short services include mediation, crisis intervention or single-session therapy. Referral to follow-up services may form part of the closure. Catchment planning will identify the location of short-term service responses within the service system.

**In-home support**

In-home support assists families to build skills, implement behaviour management programs and/or enhance relationships and communication skills. It is designed to increase family capacity, independence and strengths. Evidence suggests that in-home support is an effective active engagement strategy.
Family decision making

Family decision making and family group conferencing models are an effective way of empowering children and young people, parents and other family members, by supporting them to participate in discussions and influence decisions. Providing children with a voice is a strong contributor to children and young people’s stability, because they are more likely to respond and engage with services when they have had the opportunity to be involved in their design and implementation.

Crisis intervention

This involves flexible and immediate casework responses that address the needs of families faced with an immediate crisis or traumatic event. In the context of earlier intervention, these events will be planned for as much as possible, with strategies implemented to minimise crises. Crises may recur across the cycle of intervention, and when risk is increased, may necessitate active safety planning and community-based child protection worker involvement.

Group work

A wide variety of group work can be provided, with short- or long-term groups that have fixed or changing membership. Groups can provide an education focus, provide skills training or offer therapeutic or self-help intervention. Group work will not replace in-home support when this has been assessed as the preferred method of intervention. Groups may involve several family members (for example, a parent and child at a playgroup), or only one member of the family (for example, young mothers or fathers at a parenting group).

Group work can be used in a structured manner as an active holding response, which supports engagement and builds a trust relationship with clients until the case is allocated. Group work can also provide social inclusion activities aimed at reconnecting with community and universal sectors. Group work can be an effective mechanism to maximise the availability of services in the context of limited resources.

Counselling

Counselling approaches include applying techniques such as reflection, constructive confrontation and problem solving. The aim is to improve interpersonal relationships, health, social functioning and/or quality of life. Counselling can be undertaken with children, young people, and parents or carers or families as groups. Family therapy has a role in improving family communications, family control imbalances and family relationships. Where specialist counselling or therapy services are available to address an issue (such as sexual assault services or drug and alcohol services), the individual or family will be referred to the specialist provider by the family services provider for intervention. The family service provider will remain in contact to ensure that engagement with the specialist agency occurs. This will be particularly important in providing treatment for children and young people to address the impact of abuse and emotional deprivation.
Skills enhancement
Numerous programs are available, for example:

Parent education programs
Parent education programs assist families primarily by increasing parental knowledge and reducing parental stress. Parent education programs achieve these results by training parents in behavioural management techniques, problem solving and personal coping skills. Several researchers provide further intervention models with effective outcomes in increasing parenting skills and capacity (see for example, Berry, Charlson and Dawson and Thomlison).

Parent-child interaction
This involves several different interventions, often employing a range of modalities (for example, one-to-one, in-home, group work and family), which are aimed at improving the parent-child relationship. This may include:

Parent-adolescent mediation
This involves planned intervention that enables family members in dispute (in particular, young people and their parents) to reach a point of understanding and agreement, resulting in an enhanced capacity for resolving conflict and agreeing on decisions for the future.

Family skills training
This involves providing structured activities that help to improve parent-child bonding or attachment, for example, where parents are coached in special therapeutic play to improve parent-child attachment and improve child behaviour. This approach is effective in families with psychiatrically disturbed and behaviourally disordered children (work by Kumpfer and Alvarado, Thomlison and Berry provides further examples).

Youth-focused
For hard-to-reach and at-risk young people, research (such as that of Cameron and Karabanow) suggests that single-pronged interventions are less effective than those that employ a range of different approaches to intervention. These include programs that build social competency, connection to peers, family and community, as well as access to drug and alcohol, health, pregnancy, education and individual, family or group counselling services.

Community connection and social inclusion
Family Services practice approaches aim to increase children’s, young people’s and their family’s connection to their community through social inclusion and resilience building activities. Activities could include a drop-in centre, where parents can share and access information, information sessions on a range of topics of interest, and training and information to members of a CALD community to enable them to support their own community within the context of local service systems. Community connection activities can support the inclusion of children, young people and their families in a range of universal services. Social network interventions are well supported in the literature as effective interventions for strengthening informal networks and improving parenting adequacy for families with chronic neglect.
Securing extended family support
This involves building the capability of the extended family to provide support and
strengthen informal networks.

Volunteer support
This utilises the skills and support of suitably experienced persons to provide a
narrow range of supports to families (or individuals within families), usually after a
more formal period of intervention has occurred (or at least a formal assessment).
Programs include volunteer support workers integrated with paid workers, providing
separate or combined service delivery functions to families. Some Family Support
Innovation programs have used volunteers creatively to assist with initial
engagement or with practical support before formal allocation.

Establishing strong linkages with local, place-based initiatives
Family services should proactively seek opportunities to support community
building activities such as Neighbourhood Renewal projects.

Brokerage
Services have the flexibility to set funds aside for brokerage to utilise new
approaches to working with the client group. Brokerage can be an effective tool for
engaging families, alleviate short-term hardship and provide developmental
opportunities for children experiencing emotional deprivation and chronic neglect.
Brokerage funds can be allocated for the following purposes:
- purchase of a specific service to address the client needs, for example specialist
  assessment, specialist short term counselling, respite foster care, or child care;
- provision of one off payment to address immediate hygiene or safety issues in
  the client home or immediate environment; or
- assistance with one-off payment of utilities or material aid. Family Services will
  be expected to meet their service delivery targets inclusive of brokerage funds.

Accessing universal services
Family Services have an important role in promoting families’ participation in
universal services. This includes assisting children and their families to participate
in the maternal and child health service, playgroups, childcare, kindergarten and
school, and to establish a regular and consistent general practitioner.

To increase the earlier intervention capacity of family services, organisations may
seek a range of supports to be provided for families in partnership with universal
services, and/or may use universal services as the platform for service delivery. This
includes activities such as facilitating a bonding and attachment group in partnership
with community health, providing specialist support to a maternal and child health
postnatal depression group, or linking volunteer mentors with children in primary
schools. Supports may be provided in partnership with schools and neighbourhood
houses. This will encourage children, young people and families who may not
otherwise access support services to participate in programs, without the stigma
associated with seeking services from more traditional ‘welfare’ organisations.
It also enables families to develop further their ability to assess their own needs, and utilise and access local services. A close relationship with universal service providers will assist in the identification and referral of families in need of additional support.

**Cross-sectoral interventions**
This involves a range of multidisciplinary and cross-sectoral models of service, which may include accessing universal services or counselling services as described above. The increased incidence of multiple presentations of family violence, substance abuse, mental illness and disability in Child Protection investigations, along with the high rates of re-notifications, were major contributors to the initial development of the Family Support Innovation Projects. Many vulnerable children and families accessing family services required a network of coordinated community-based services across the continuum of support to meet their complex needs. As described previously, oversight and coordination for these cross-sectoral service plans is undertaken by a Family Services case worker, unless another lead worker is identified in the plan, and reviewed and adapted to the family’s changing needs.

**Secondary consultation**
Family Services will provide secondary consultation to universal and/or other secondary services on working with children, young people and their families. This involves advice/consultation to professionals working directly with a family. Provision of information to other service providers facilitates the delivery of support and/or intervention to children, young people and families without the family services organisation being directly involved.

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

**Ongoing support**
The strategic framework for Family Services integrates the capacity for sustained, intensive interventions previously introduced as part of Family Support Innovations Projects funding, to the integrated platform of Family Services. Family Services’ capacity to provide ongoing support to vulnerable children and families was legislated as a primary purpose of community-based child and family services within the Section 22(f) of the Act. A key component of ongoing support is the ‘capacity to keep working with hard-to-engage and resistant families’.

### 4.4 Cultural responsiveness

The strategic framework indicates that there should be a stronger focus on meeting the needs of vulnerable children, young people and their families from Aboriginal and CALD communities.

Initiatives will need to be developed collaboratively as part of the catchment plan to improve the availability and delivery of culturally appropriate interventions and services.
4.4.1 Aboriginal children and families

The Children, Youth and Families Act 2005 and the Child Wellbeing and Safety Act 2005 specify decision making principles for Aboriginal children. These apply to community-based child and family services. Section 12 of the Act states:

In recognition of the principle of Aboriginal self-management and self-determination, in making a decision or taking an action in relation to an Aboriginal child, the Secretary or a community service must also give consideration to the following principles:

- in making a decision or taking an action in relation to an Aboriginal child, an opportunity will be given, where relevant, to members of the Aboriginal community to which the child belongs and other respected Aboriginal persons to contribute their views;
- a decision in relation to an Aboriginal child, will involve a meeting convened by an Aboriginal convener who has been approved by an Aboriginal agency and, wherever possible, attended by the child, the child’s parents, and members of the extended family of the child and other appropriate members of the Aboriginal community as determined by the child’s parent;
- in making a decision to place an Aboriginal child in out-of-home care, an Aboriginal agency must first be consulted and the Aboriginal Child Placement Principle must be applied.

The Act also includes the Aboriginal Child Placement Principle (Section 13) and further principles for the placement of an Aboriginal child (Section 14). These sections of the Act must also be complied with by community-based child and family services placing Aboriginal children on a voluntary basis.

The white paper Protecting children—the next steps specifies that a charter for Aboriginal children’s safety, stability and development will be developed by the Department of Human Services, Aboriginal communities and community-controlled agencies and mainstream health and community services. The charter will describe roles and responsibilities of families, communities, community-controlled agencies and mainstream services in making a positive difference in the lives of Aboriginal children and young people.

The number of Aboriginal children and young people involved with Child Protection is a serious issue. With the shift in focus of family services to prioritising services based on need, both mainstream services and Aboriginal services will need to develop an appropriate localised response.
A statement quoted in Protecting children-the next steps provides a caution for developing a Family Services approach for Aboriginal children, young people and families:

_A key to the successful reform of children’s and family services for Aboriginal communities will be ensuring they are developed in an holistic manner. It will not be sufficient to add an Indigenous element to, for example, the assessment and investigation procedure or to make modifications to the out-of-home care processes for Aboriginal children without considering whether the system as a whole is inclusive of Indigenous cultures and values. This will necessitate a greater recognition than is currently the case that the Indigenous communities should be able to exercise a significant measure of control over the provision of services delivered to their communities._

(Freiberg, Kirby and Ward, 2004)

Protecting children-the next steps states that the government is committed to strengthening Aboriginal community-controlled organisations to enable a broader range of child, young persons and family services to be delivered to Aboriginal people by Aboriginal people. In addition, strategies are provided for improving the responsiveness of mainstream services that include the development of practice guidelines, developed in consultation with Aboriginal communities.

In developing culturally competent family services, the Child and Family Services Alliance and Aboriginal services should mutually ensure that there is an ongoing forum to bring together Aboriginal services and communities and mainstream services in the catchment. The purpose of this ongoing forum will be to:

- determine a coordinated culturally appropriate approach to providing family services to Aboriginal children, young people and families within the catchment or local area, which may include sharing and pooling resources across agencies
- reduce duplication of services and over-intervention
- assist in identifying improvements in access to mainstream services.

An approach will be developed that:

- recognises the specific and unique needs of Aboriginal children, young people and families in the local area
- actively involves respected Aboriginal community members in planning and decision making
- recognises their preferred method of accessing services, as well as allowing Aboriginal children and families the choice of mainstream and/or Aboriginal services
- encourages the use of leading practice approaches that best engage, effectively intervene and support Aboriginal children, young people and families to reduce vulnerability and risk
- identifies service capacity within the Aboriginal service system and supports the development of an approach to managing increased demand and prioritisation of access
• identifies how Aboriginal organisations can support mainstream agencies to develop more culturally competent services
• identifies how mainstream organisations can support Aboriginal organisations to provide services to Aboriginal children and families
• fosters a culture of partnership, mutual understanding and continual learning between mainstream and Aboriginal organisations within the catchment
• considers a cultural perspective of neglect of children in Aboriginal communities and develops responses that address the impact of cumulative harm
• designs initiatives that more adequately address the over-representation of Aboriginal children in Child Protection and out-of-home care.

The above list is not exhaustive. The Child and Family Services Alliances and Aboriginal organisations and communities are better placed to determine approaches to meet the local need.

4.4.2 Culturally and linguistically diverse families

As part of the development of a catchment plan, the needs of children, young people and their families from CALD communities will be specifically addressed. Family services are expected to be accessible and sensitive to the needs of CALD communities. The catchment plan will include cultural training needs for staff in the catchment and will define the preferred approach for mainstream and culturally and linguistically diverse organisations to provide integrated services to vulnerable children, young people and families.

In developing a preferred local approach to Child FIRST, consideration will be given to the needs of children, young people and families. This will include an emphasis on the following issues:

• Understanding the needs of the children, young people and families in their catchment. Gathering information about cultural diversity of the catchment is a key aspect of planning for the service needs of CALD communities. This may indicate a need to develop new strategies targeted to certain cultural groups or target interventions to tackle particular issues.

• Partnerships with multicultural services. In order to support more responsive and effective service delivery to CALD communities, Child FIRST will identify all relevant culturally and linguistically diverse services in the catchment and seek to develop appropriate community linkages partnerships.

• Developing and maintaining a culturally diverse and aware workforce. Family Services will consider employing staff who speak other languages, or come from backgrounds that reflect the cultural mix of the catchment in order to improve awareness and sensitivity to the community it supports.

• Ways to include CALD communities in service planning and delivery. For example, through establishing a multicultural reference group or preparing a newsletter to inform the community about CALD-specific child and family services activities.
4.5 Information sharing

Strengthened information-sharing provisions are fundamental to building coherent and effective alliances of child and family services, to enable earlier intervention and prevention and to strengthen collaboration between secondary and tertiary services.

The development of trusting relationships with children, young people and families requires that they be responded to with dignity and respect. Family services will be provided on a voluntary basis that is underpinned by consent and choice.

Under the Children, Youth and Families Act 2005, (Part 3.2 Concern about the child), registered community child and family services will have the capacity to share information. It provides for referral to community-based child and family services:

• where a person has a significant concern for the safety, stability and development of a child, or an unborn child, they can refer the child to a registered child and family service (Child FIRST and Family Services) (Sections 31, 32)
• for the purposes of assessing risk and determining which is the appropriate service to engage the family, child and family services are authorised to consult with a range of services including Child Protection, universal, adult and specialist services specified in the Act
• anyone referring to Child FIRST has their identity protected, although they are encouraged to disclose and assist with engaging the family with Family Services
• legal and professional indemnities also apply.

Ongoing disclosure of information between agencies for the purposes of coordinating service delivery will need the consent of the family.

Sharing information to promote children’s safety and development under the Children, Youth and Families Act 2005 (Guidelines for professionals) provides advice to professionals who come into contact with children and families in the course of their work, and who may therefore come into contact with Family Services and Child Protection.
5 Service system operating model-accountability

This section:
• establishes the need for a quality culture
• provides an overview of registration requirements and standards
• specifies the importance of focusing on outcomes for children, young people and families
• indicates that outcome measures developed at an individual, catchment and statewide level will lead to continuous service improvement
• indicates that data will continue to be collected to support monitoring of performance against these outcome measures.

5.1 The need for a quality culture

The Victorian Government’s policies Growing Victoria Together and A Fairer Victoria provide a strong context for a focus on quality. A Fairer Victoria focuses on ‘creating the sort of society we want for Victoria’s future’, by addressing disadvantage for children, young people and families (and other disadvantaged groups), and strengthening the community as a whole.

This emphasises that all Victorians share an interest in addressing disadvantage, and in supporting access to quality services for vulnerable children and young people, as a means to achieve this. Underpinning this is the need for a culture of quality and continuous quality improvement.

To support a focus on culture, both A Fairer Victoria and the Growing Victoria Together policy emphasise the importance of working closely with communities and measuring progress, to enable continuous improvement in terms of service responsiveness, effectiveness and outcomes.

This focus will be maintained in relation to community, child and family services, with services using the new Standards for Family Services to support compliance, and a culture of innovation, flexibility and continuous improvement in the quality of service provision to children, young people and families.

5.1.1 Legislative basis for quality

The quality assurance processes established by the Act will support the establishment of a more integrated service system, with the aim of improving the quality of services.

The white paper: Protecting children-the next steps states that a quality framework will be developed for child, young persons and family services, with the objective of building a strong culture of shared responsibility for children among families, communities, service providers and Child Protection.
The Children, Youth and Families Act 2005 includes the following changes to the accountability practices, which will affect family services and out-of-home care providers:

**Establishment of performance standards**

The legislation extends and enhances the powers of the minister to set outcomes based standards for all child, family and placement services in relation to:

*Organisation issues:*
- governance
- probity
- information management
- financial viability
- pre-employment checks and pre-placement checks
- privacy and confidentiality
- complaints management
- human resource management
- compliance with the Children, Youth and Families Act 2005 and the associated regulations.

*Client and delivery issues:*
- client care, including cultural standards applicable to client care
- service delivery and casework

*Registration of providers who are capable of meeting agreed standards of care:*
- this provides a stronger mechanism for entry-level registration of government funded family services, out-of-home care services and specialist support services
- it will ensure that entry-level requirements are comparable with the level of risk and responsibility involved in delivering these services
- relevant services are required to reapply for registration every three years.

*Monitoring compliance with the standards:*
- this provides new powers for the minister to instigate a review of a service
- it ensures that relevant providers are monitored by an independent, external reviewer, as verification of the standard of care and support being provided.

*Actions where providers do not meet agreed standards:*
- where services fail to comply with standards, the minister has powers to impose consequences
- these include the appointment of an administrator and directing an organisation to comply with government policy.
The new quality assurance mechanisms will apply to family services, out-of-home care and other relevant child and family services that will be required to be registered under the new legislation.

As a requirement of the new legislation, the annual declaration of compliance will lead agencies and services to examine their performance and report failures to meet standards every year. This will enable the secretary of the Department of Human Services to undertake further examination and remedial action if needed. Monitoring of standards will also be enhanced by the ministerial power to instigate an independent review at any time, enabling an effective response to any exceptionally adverse reports or incidents.

5.2 Registration and standards

5.2.1 Registration

The Children, Youth and Families Act 2005 states that the Secretary must maintain a register of out-of-home care providers and may require community-based child and family services to be registered.

Policy development is currently being undertaken to guide the application of the registration requirements to community child and family services. It is likely that registration requirements will apply:

- once community child and family services reach a defined threshold in terms of funding received from the Department of Human Services
- to all agencies performing the Child FIRST function
- to all agencies taking a lead role in work with vulnerable children and families.

Once registered, the Children, Youth and Families Act 2005 indicates that a community-based child and family service must:

- provide its services in relation to a child in a manner that is in the best interests of the child
- ensure that the services provided by the service are accessible to and made widely known to the public, recognising that prioritisation of services will occur based on need
- participate collaboratively with child and family services alliance to promote the best interests of children.

These registration requirements provide a clear overview of key activities to be undertaken by family services and support the approach to service delivery and service system governance outlined earlier in this document.
5.2.2 Standards for family services

New standards for family services were developed concurrently with the strategic framework. The standards and performance measures will:

• support a focus on quality outcomes for children, young people and their families
• ensure consistency of quality in family services for children, young people and families
• define the minimum standard of care or support that children, young people and their families can expect to receive
• provide guidance about best practice approaches to support children, young people and families
• enable community-based providers to assess performance, and consider ways to continuously improve the quality and responsiveness of services to the needs of children, young people and families.

Organisational and programs standards for family services are as follows:

• Standard 1-Leadership and management provides clarity of direction, ensures accountability and supports quality and responsive services for children, youth and their families (Leadership and management).
• Standard 2-Promoting a culture that values and respects children, youth and their families, caregivers, staff and volunteers (Organisational culture).
• Standard 3-Staff and caregivers have the capacity to support positive outcomes for children, youth and their families (Staff capacity).
• Standard 4-Creating a welcoming and accessible environment that promotes inclusion of children, youth and families (Welcoming and accessible environment).
• Standard 5: Promoting the safety, stability and development of children and youth (Safety, stability and development).
• Standard 6: Strengthening the capacity of parents, carers and families to provide effective care (Strengthening caregiving capacity).
• Standard 7: Providing responsive services to support the best interests of children and youth (Responsive services).
• Standard 8: Creating an integrated service response that supports the safety, stability and development of children and youth (Integrated service response).
Format for the standards
Each standard has four components:

• a statement of rationale, indicating why the standard is important
• practice outcomes, describing the expected outcomes for children, young people and their families
• performance criteria, outlining the strategies organisations need to put in place to achieve the standard
• examples of practice evidence that will assist organisations to demonstrate compliance with the standards.

Monitoring compliance with standards
The quality assurance strategy for family services and out-of-home care services will include:

• annual self assessments against the standards, with an action plan to be developed and agreed between the CSO and the department
• external review or audit within a three-year period, with an action plan to be developed and agreed between the CSO and the department
• statewide overview monitoring and evaluation conducted by the Office for Children.

5.3 Data collection
Family services activity will continue to be collected and monitored through the Integrated Reporting Information System (IRIS) until the introduction of CRISSP in 2008-09. IRIS will be modified to capture data required by the new strategic framework. Child FIRST will use an enhanced IRIS data collection until CRISSP is made available. The data collection system will continue to identify the family as the client, but will be modified to enable each child in the family to be recorded.
A strategic framework for Family Services
6 Supporting service quality improvement and organisational risk management

Community intake is very welcome, giving us some of the benefits enjoyed by European systems for many years, but in a society which...plays the ‘blame game’ very hard when things go wrong, there are obvious risks associated with shifting risk. We need to find ways of sharing responsibility so that community-based organisations feel safe enough to partner the State in this enlightened approach.

(Dorothy Scott, Director, Australian Centre for Child Protection, University of South Australia, Every Child, Every Chance Function, Federation Square, 13 April 2006)

Leadership in Family Services and Child Protection will be important in demonstrating the value of collaborative relationships, which then leads to shared responsibility for service delivery to vulnerable families. This will be supported through reflective practice and adapting service responses to emerging evidence and the changing needs of families and communities.

Children’s and young people’s safety depends on an open and non-punitive environment where information is freely shared and responsibility broadly accepted.

This is particularly important because the Children Youth and Families Act 2005, creates a need for:

• joint decision making with Child Protection about whether Family Services can provide an appropriate response, or alternatively the matter should be referred to Child Protection
• joint responsibility for managing cases.

This means that Family Services and Child Protection will be addressing the issue of risk to children and young people in a linked way. However, this will also lead to new challenges for the child and family services sector as a whole, and individual catchments to develop consistent approaches to addressing and managing risk. This will require leadership from within Family Services and Child Protection to encourage:

• a focus on the ‘system’ in which family services are delivered
• a culture of collaboration and shared responsibility
• a culture of learning.

6.1 Systems focus

Experience with quality improvement, both in Australia and internationally, has highlighted the importance of a stronger focus on the system within which care is delivered for improving the quality and safety of care.
6.2 Collaboration and shared responsibility

Leadership in Child Protection and Family Services demonstrates the value of collaborative working relationships and role modelling. Using this approach, staff working in Child Protection and Family Services start to share responsibility for service delivery to vulnerable families.

An important part of creating shared responsibility for managing risk in this new environment will be the way community-based Child Protection workers and Family Services work together in a collaborative way-to-identify, understand, manage and, wherever possible, design risk out of system performance. Leaders in Child Protection and Family Services need to endorse these directions, and operationalise them in their day-to-day practice.

_We cannot change the human condition but we can change the conditions under which people work._

(James Reason, 2000)

6.3 A culture of learning

Family Services and Child Protection workers will be encouraged to take an approach that supports bringing mistakes out into the open, sharing responsibility appropriately and learning from these. In this manner, the different cultural approaches to risk in Child Protection and Family Services can be drawn together to create shared expectations, which will ultimately support the safety, stability and development of children and young people.
Appendix 1 Policy and legislative context

The following documents provide the broader policy context for the new strategic framework for Family Services.

Growing Victoria Together

The Victorian Government’s Growing Victoria Together (GVT) policy outlines a vision for making ‘Victoria a stronger, more caring and innovative state’. The focus is on working closely with the Victorian community to continuously improve services, community life and infrastructure. Strategies that provide directions for family services include:

• Working towards a fairer society that reduces disadvantage and respects diversity. The emphasis is on strengthening opportunities for all Victorians for an equal chance in life, recognising that lack of opportunity for children and young people can affect outcomes throughout life.

• Supporting greater public participation and more accountable government. The focus is on actively involving people in decision making when issues affect their communities and local services. This focus on inclusion and providing children, young people and families a voice in decisions that affect them is an important direction for family services.

The policy also highlights the government’s focus on monitoring progress towards achieving the best possible outcomes for the community, which sets a strong context for working towards better quality and more responsive child and family services.

A Fairer Victoria

A Fairer Victoria, launched in April 2005, outlines the Victorian Government’s plan to address disadvantage within Victoria by creating opportunities and reducing barriers to full participation in daily life experienced by those who are disadvantaged. The five- to ten-year plan outlines the key social principles and the actions that will be taken to improve the lives of disadvantaged people. The Victorian Government acknowledges that the needs of some groups will be met by providing better access to mainstream services, while other groups with more complex needs will require more targeted, innovative responses.

The following specific actions from A Fairer Victoria provide directions for family services:

• ensuring universal services provide equal access to all

• reducing barriers to opportunity through earlier intervention and prevention

• providing a more coordinated and more localised services

• strengthening assistance to disadvantaged groups and higher areas of risk

• involving communities in decision making, to make it easier to work with government.
Strategic Directions for the Office for Children

The Office for Children (OfC) was established in 2005 to support the Minister for Children to ensure that children are given higher priority across all government policies, programs and activities. The mission of the Office for Children is to maintain and improve the safety, health, development, learning and wellbeing of all Victoria’s children—particularly children and young people who are fairing poorly or at risk of harm or of harming others—by providing the resources, and building the systems of support that parents and carers need to give their children the best start in life.

The OfC provides a new model through which the Victorian Government, and the Victorian community, can focus their efforts to help parents and children get the best possible support during the early years and beyond. The office will support the development of a more integrated child, young persons and family service system, a system in which all family services, including Child Protection, will work collaboratively to protect children from harm and promote their healthy development.

Policy context

The strategic framework has been developed based on the extensive policy and legislative reform work that has been undertaken over the past five years, and presented in the following documents:

- An Integrated Strategy for Child Protection and Placement Services, September 2002
- A Strategic Framework for Family Services, October 2002
- The ministerial statement: Putting Victoria’s Children First, June 2003
- Protecting Children: the Child Protection Outcomes Project, September 2003
- The report of the panel to oversee the consultation on Protecting Children: The Child Protection Outcomes Project, April 2004
- Protecting Children: ten priorities for children’s wellbeing and safety in Victoria, August 2004
- Technical options paper, August 2004
- Protecting children—the next steps, July 2005.

The Integrated Strategy specifically identified the need for:

- earlier intervention and prevention
- better integration of services delivered to vulnerable children and families
- more flexible and intensive responses to better meet complex and chronic family needs.

In response to the findings of the Integrated Strategy and findings of a review of home-based care, the Minister for Community Services released the ministerial statement: Putting Victoria’s Children First in June 2003. This committed the government to work on a comprehensive approach to improve Child Protection through a review of policy, practice and legislation in Victoria.
Protecting Children: the Child Protection Outcomes Project identified the need for a broader approach to the protection of children, combining policies on children’s safety, improving children’s lives as a whole and enhancing family functioning. This report also reiterated some of the key themes of the Integrated Strategy, namely:

- promoting greater inclusion of vulnerable families in their local communities
- clearer entry points and focus on engaging vulnerable families into community-based services and supports
- clearer pathways between voluntary and statutory responses.

The Child Protection Outcomes Project report also emphasised the importance of continuous improvement of family support services and out-of-home care. The department then commissioned an independent panel to oversee stakeholder consultations regarding the findings of the Child Protection Outcomes Project report.

The report of the panel to oversee the consultation on Protecting Children: The Child Protection Outcomes Project recommended a slightly modified set of priorities for reform, which included:

- a child-focused approach to reform
- embedding children’s developmental needs in an expanded range of services and programs
- a stronger focus on the stability of vulnerable children
- the need for consultation with Aboriginal communities on how best to address severe over-representation of Aboriginal children in the Child Protection system
- a greater focus on solutions in protective interventions.

The discussion paper Protecting Children: ten priorities for children’s wellbeing and safety in Victoria (August 2004) provided a strategic framework for change aimed at producing measurably better outcomes for vulnerable children. A more detailed Technical options paper, which discusses options for policy, system, practice and legislative change, supported the discussion paper. Together, these two documents examined the next steps in reforming children’s and family services in Victoria.

The above documents led to the development of the white paper: Protecting children—the next steps (July 2005) and the new legislation.

Protecting children—the next steps

The white paper: Protecting children—the next steps, released in July 2005, indicates that the main directions for reform include:

- placing children and young people’s best interests at the heart of all decision making and service delivery across the service system
- focusing on achieving stability for children and young people who cannot live safely at home, in a timely way, to ensure their healthy development
- increasing earlier intervention where families have problems
- child, youth and family services forming an integrated service system so that families receive the mix of services they need in a coordinated way
• targeting secondary services at the most vulnerable groups and communities in Victoria
• strengthening cultural responsiveness of services so that community services are inclusive of children and young people from Aboriginal and other cultural backgrounds
• keeping Aboriginal children and young people connected to their culture and community.

This document provides a comprehensive overview of policy for child, youth and family services and is referred to throughout this strategic framework.

New legislation

Child Wellbeing and Safety Act 2005

The Child Wellbeing and Safety Act 2005 creates an overarching legislative framework designed to encourage and support a shared commitment toward children, by:

• articulating overarching objectives and principles that are relevant to the broad range of universal, secondary and tertiary services delivered to children, young people and their families in Victoria
• establishing the Victorian Children’s Council to provide the Premier and the Minister for Children expert independent advice about policy for Victorian children
• establishing the Children’s Services Coordination Board to further cross-government collaboration to achieve positive outcomes for children, particularly the most vulnerable
• providing the legislative functions and powers of the Child Safety Commissioner.

Part 2 of the Act specifies the following principles for children:

1. The development and provision of services for children and families should be based upon the fundamental principles that
   a) society as a whole shares responsibility for promoting the wellbeing and safety of children;
   b) all children should be given the opportunity to reach their full potential and participate in society irrespective of their family circumstances and background;
   c) those who develop and provide services, as well as parents, should be given the highest priority to promotion and protection of a child’s safety, health, development, education and wellbeing;
   d) parents are the primary nurturers of child and Government intervention into family life should be limited to that necessary to secure the child’s safety and wellbeing, however, it is the responsibility of Government to meet the needs of the child when the child’s family is unable to provide adequate care and protection.
2. Services for children and families should be designed and developed:
   a) to readily identify harm and damage to the child and to provide for intervention by providers of services to remove or ameliorate the causes of that harm or damage and to strengthen the capacity and efforts of parents, their families and communities to support the child as early as possible in the child's life;
   b) to accord with the needs of each local community with the active involvement of that community's cultural groups, and to be accessible and responsive to the particular cultures, languages and circumstances of the community and to be properly planned and coordinated with services provided by other local and regional communities;
   c) to give the highest priority to making appropriate and sufficient levels of assistance available to children and families in communities or population groups that are known to have the greatest need;
   d) to promote continuous improvement in the quality of those services, based on the best available knowledge of the needs of children and their stages of development.

3. The providers of services to children and families should:
   a) protect the rights of children and families and, to the greatest extent possible, encourage their participation in any decision making that affects their lives;
   b) acknowledge and be respectful of the child's individual identity, circumstances and cultural identity and be responsive to the particular needs of the child;
   c) make decisions about intervention by the providers of services into a child's or family's life and about access by a child or family to those services in a timely manner being mindful of any harmful effects that may be caused to the child by a delay in making decisions or providing services;
   d) ensure that families are made aware of the services available to them and of the benefits these services can provide, especially to those families in most need of assistance;
   e) cooperate with other services or professionals to work in the interests of the child and family.
The Children, Youth and Families Act 2005


Key reform measures included as part of the Children, Youth and Families Act 2005 include:

- common principles to guide practice and decision making, including the use of a ‘best interests’ principle to guide service delivery and decision making by all child and family service providers, Child Protection and the Children’s Court
- pathways to connect vulnerable children and families to the prevention and earlier intervention services they may need
- more flexible Child Protection responses to reports, including a requirement to provide the most appropriate response: investigation by Child Protection of those matters assessed by the Child Protection practitioner as meeting the threshold for notification providing a service response through the community intake or providing advice and closing the matter
- a new focus on cumulative harm
- maintaining vulnerable Aboriginal children within their communities
- promoting stability in care arrangements and beyond
- a capacity to intervene in cases where children aged over 10 but under 15 years are engaging in sexually abusive behaviours
- a capacity to receive pre-birth notifications where there is a likelihood that a newborn infant may be subject to serious and immediate risk
- powers and orders of the Children’s Court
- a framework for registration and quality assurance of community services and carers
- clearly authorised information sharing to promote children’s safety, stability and development.

The new legislation:

- formally positions Family Services as part of a continuum of child and family services and establishes community-based intake (Child FIRST)
- establishes a set of principles and regulatory requirements to underpin the future delivery of family services
- seeks to embed new approaches that have emerged in the Family Support Innovation Projects
- enables information flows to support earlier intervention.
The broader child and family services system

There are many different definitions of the child and family service system. One definition that encompasses the health, community and early childhood services is presented in Protecting children—the next steps. These services play a critical role in supporting children, young people and their families and are split into three major categories:

- universal services, such as kindergartens, maternal and child health services and education services that provide the critical foundations for health and learning for all children, including vulnerable children and young people and their families
- secondary and specialist services, such as family services, early childhood intervention services, drug and alcohol, health, mental health, disability and housing services, which provide more intensive and targeted support where a problem has been identified
- tertiary child protection and out-of-home care services for children and young people who need protection.

Family services in Victoria fit within the secondary tier of the continuum and should have effective links with both tertiary and universal services. They are provided by a diverse range of providers, including community services organisations, community health, local government, Aboriginal agencies, CALD and specialist services.
## Appendix 2 Protective and risk factors

The tables below provide a list of protective and risk factors.

### Protective factors

<table>
<thead>
<tr>
<th>Child factors</th>
<th>Family factors</th>
<th>School context</th>
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<tbody>
<tr>
<td>social competence</td>
<td>supportive, caring parents</td>
<td>positive school climate</td>
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<tr>
<td>social skills</td>
<td>family harmony</td>
<td>pro-social peer group</td>
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<tr>
<td>above-average intelligence</td>
<td>involvement of extended family and strength of kinship system</td>
<td>responsibility and required helpfulness</td>
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<tr>
<td>attachment to family</td>
<td>more than two years between siblings</td>
<td>sense of belonging/bonding</td>
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<tr>
<td>empathy</td>
<td>responsibility for chores or required helpfulness</td>
<td>opportunities for some success at school and recognition of achievement</td>
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<tr>
<td>good problem solving</td>
<td>secure and stable family</td>
<td>school norms regarding violence</td>
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<tr>
<td>optimism</td>
<td>supportive relationship with other adult</td>
<td></td>
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<tr>
<td>school achievement</td>
<td>small family size</td>
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<tr>
<td>easy temperament</td>
<td>strong family norms and morality</td>
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<tr>
<td>internal locus of control</td>
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<tr>
<td>moral beliefs</td>
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<td>values</td>
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<td>self-related cognitions</td>
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<td>good coping style</td>
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<tr>
<td>strong sense of cultural identity</td>
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### Life events

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<tr>
<th>Community and cultural factors</th>
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<tbody>
<tr>
<td>meeting significant person                                        access to support services</td>
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<tr>
<td>moving to new area                                                  community networking</td>
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<tr>
<td>opportunities at critical turning points or major life transitions  attachment to the community</td>
</tr>
<tr>
<td>participation in church or other community group                   community/cultural norms against violence</td>
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<tr>
<td>a strong cultural identity and ethnic pride</td>
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## Risk factors

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<thead>
<tr>
<th>Child factors</th>
<th>Family factors</th>
<th>School context</th>
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<tbody>
<tr>
<td>preterm birth</td>
<td>parental characteristics:</td>
<td>school failure</td>
</tr>
<tr>
<td>low birth weight</td>
<td>• teenage mothers</td>
<td>normative beliefs about aggression</td>
</tr>
<tr>
<td>disability</td>
<td>• single parents</td>
<td>deviant peer group</td>
</tr>
<tr>
<td>prenatal brain damage</td>
<td>• psychiatric disorder, especially depression</td>
<td>bullying</td>
</tr>
<tr>
<td>birth injury</td>
<td>• substance abuse</td>
<td>peer rejection</td>
</tr>
<tr>
<td>low intelligence</td>
<td>• criminality</td>
<td>poor attachment to school</td>
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<tr>
<td>difficult temperament</td>
<td>• antisocial models</td>
<td>inadequate behaviour management</td>
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<tr>
<td>chronic illness</td>
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<tr>
<td>insecure attachment</td>
<td>• family violence and disharmony</td>
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<tr>
<td>poor problem solving</td>
<td>• marital discord</td>
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<tr>
<td>beliefs about aggression attributions</td>
<td>• disorganisation</td>
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<tr>
<td>poor social skills</td>
<td>• negative interaction/social isolation</td>
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<tr>
<td>low self-esteem</td>
<td>• large family size</td>
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<tr>
<td>lack of empathy</td>
<td>• father absence</td>
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<tr>
<td>alienation</td>
<td>• long-term parental unemployment</td>
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<tr>
<td>hyperactivity/disruptive behaviour</td>
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<tr>
<td>impulsivity</td>
<td>• poor supervision and monitoring of child</td>
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<td></td>
<td>• harsh or inconsistent discipline style</td>
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<td>• rejection of child</td>
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<td></td>
<td>• abuse</td>
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<td>• lack of warmth and affection</td>
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<td>• low involvement in child’s activities</td>
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<td></td>
<td>• neglect</td>
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### Life events

<table>
<thead>
<tr>
<th>Life events</th>
<th>Community and cultural factors</th>
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<tbody>
<tr>
<td>divorce and family break-up</td>
<td>socioeconomic disadvantage</td>
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<tr>
<td>war or natural disasters</td>
<td>population density and housing conditions</td>
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<tr>
<td>death of a family member</td>
<td>urban area</td>
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<td></td>
<td>neighbourhood violence and crime</td>
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<td></td>
<td>cultural norms</td>
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<td></td>
<td>considering violence as acceptable response to frustration</td>
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<td></td>
<td>media portrayal of violence</td>
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<td></td>
<td>lack of support services</td>
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<td></td>
<td>social or cultural discrimination</td>
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### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Aboriginal</td>
<td>The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders.</td>
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<tr>
<td>Action</td>
<td>Strategies and interventions put in place by CSOs to support the best interests of children and young people.</td>
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<tr>
<td>Assessment</td>
<td>Identification of the strengths of the family in caring for the child or young person, encompassing: immediate family skills and resources; external formal and informal supports; demonstrated parenting knowledge and skills; relevant background and experiences of family members.</td>
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<tr>
<td></td>
<td>Identification of additional supports and resources that may be available to the family to assist them in caring for the child or young person.</td>
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<td></td>
<td>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.</td>
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<tr>
<td>Best interests</td>
<td>As outlined in Section 10 of the Children, Youth and Families Act 2005.</td>
</tr>
<tr>
<td>Casework framework</td>
<td>Services are delivered within a framework comprising the core functions of screening, assessment, planning, action, review and closure. The role of the caseworker is to ensure that each of these functions occurs in the delivery of the family 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 the family service, and the case manager may assume an advocacy, negotiation, coordination and monitoring role on behalf of the family. This will involve:</td>
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<td></td>
<td>• the worker developing a mutually acceptable child and family action plan with the family agreeing on the services to be provided, when and by whom</td>
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<td></td>
<td>• providing a single contact for the family to obtain information about available services and 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</td>
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</tbody>
</table>
• 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
• facilitating continuity of care.

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**Caseworker/manager**

The person allocated the primary responsibility of overseeing implementation of the child and family action plan.

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**Catchment planning**

Activity undertaken by the Child and Family Services Alliance. The purpose of catchment planning will be to enhance service system capacity to promote children’s, young people’s and families’ wellbeing and improve outcomes for children, young people and families.

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**Child and family action plan**

The document that results from assessment and planning with the family. The child and family action plan will address:
• resources and services needed and who will provide them;
• tasks to be undertaken and the person/s responsible;
• timelines for tasks to be undertaken;
• timelines for review;
• case coordination across services (if required).

The length and complexity of the child and family action plan will vary according to the family’s needs and the type of service being provided.

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**Child and family services**

The range of services provided to protect children and young people from the risk of abuse or neglect, including services delivered by the department, CSOs and other agencies and professionals.

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**Child and Family Services Alliances**

These will be established in each catchment and will include Child FIRST, Family Services, Child Protection, Department of Human Services partnerships staff and representatives from other sectors/professional groups, as agreed by the core members. Representation will include an Aboriginal service representative where there is capacity and need for this to occur. Alliances will provide operational management, service delivery coordination and catchment planning.
**Child FIRST**  
Child and family information referral and support teams.

This is the entry point into integrated family services in a designated sub-regional catchment. Children and families are referred to Child FIRST where there are concerns about their safety, stability and development. Child FIRST will assess the risk to and needs of the child and the family and prioritise accepted referrals on the basis of need, then allocate to 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 extended family and community networks provide potential resources and support, which will be taken into account in service planning and delivery.

**Children and young people**  
A child or young person aged 17 years or younger who is receiving support from Family Services.

**Children, Youth And Families Act 2005**  
Victorian legislation that governs the child and family services sector.

**Community service organisation (CSO)**  
A non-government organisation funded to deliver a designated service to the community.

**Community-based child and family service**  
A body registered under Section 46 of the Children, Youth and Families Act 2005. The Secretary of the Department of Human Services may register a body as a community service if they are satisfied that the body: is established to provide services to meet the needs of children requiring care, support, protection or accommodation and of families requiring support; and will be able to meet the performance standards applicable to community services of that kind.
Community-based Child Protection workers will be assigned to each Child FIRST site to undertake a range of key functions, including:

- facilitation of referrals from Child Protection to Child FIRST
- provision of consultation and advice on specific cases to Child FIRST and Family Services in the sub-regional catchment, including safety planning to enable ongoing case management
- provision of advice to the Child FIRST catchment Child Protection staff regarding making referrals to Child FIRST.
- participation in local professional and community education initiatives
- identification of cases within Child Protection requiring enhanced referral.

CRIS

Client Relationship Information System—the electronic records and data system for Child Protection.

CRISSP

Client Relationship Information System for Service Providers.

Cultural competence

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 family service.

Cumulative harm

Cumulative harm refers to repeated patterns of circumstances and events in a child’s life which diminish and harm a child’s sense of safety, stability and wellbeing.

Earlier intervention

Applied to intervention that occurs when a child’s, young person’s or family’s vulnerability has been identified. Family 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. This definition is consistent with the Family and Placement Services Sector Development Plan, March 2006.

Family

A child or children and the persons responsible for providing the necessary care and support to facilitate the social, emotional, cognitive and physical development of that child or children.
**Goal**  
A stated objective or expectation that 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.

**Integrated Reporting Information System (IRIS)**  
The data collection system used by DHS funded child and family services.

**Memorandum of Understanding**  
A written document signed by the parties, setting out their mutual intent.

**Operational management**  
Child and Family Services Alliances will undertake operational management through bringing together senior managers from each of the alliance partners. These partners will develop and implement agreed process for the operation of the Child FIRST and family services system in the catchment.

**Outcome**  
A change in a person's, system's or community's skills, knowledge or behaviour, or a change in the environment, which occurs as a result of preceding conditions or action taken.

**Parent education**  
The development of skills and knowledge in all aspects of parenting. Parent education is responsive to the varying needs of parents for educative support, building on their level of knowledge and skill, and on cultural and personal experiences of parenting. The content is always relevant to the current developmental stages of their child or children. Parent education may be formal or informal, professionally facilitated or provided through the family’s community network.

**Review**  
Review involves an assessment by the family and worker as to whether or not the goals and outcomes specified in the child and family action 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 coordination**  
This will be undertaken by Child and Family Services Alliances to coordinate service delivery among alliance partners at a catchment or local area level.
### Significant concern; significant concern for the development of a child

This term is used in the Children, Youth and Families Act 2005 (Sections 22, 31 and 32). For the purposes of the strategic framework for Family Services, significant concerns for the development of a child can be defined as those vulnerable children and young people who are the specified target group.

### Specialist services

Services with specific expertise that cater for a defined group of consumers with similar concerns, for example, Child Protection, drug and alcohol services, mental health services.

### Strategic plan

A documented approach or plan of action for achieving the goals of the service or partners in a catchment, or for addressing issues relating to aspects of service delivery. Strategic plans developed by Family Services are part of the quality improvement process, and therefore will focus on strategies for improving the standard, efficiency and effectiveness of services provided to the children, youth and families.

### 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.

### Vulnerability

For family services, vulnerability means the specified target group as described in Section 5.3.
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Coordination