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| Family and early parenting services IRIS data dictionary  Guide for IRIS users |
| September 2019 |

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| To receive this publication in an accessible format [email Children, Youth and Families](mailto:email%20Children,%20Youth%20and%20Families) <ChildrenYouthFamilies@dhhs.vic.gov.au>  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services September 2019.  Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.  **ISBN** 978-1-76069-024-3  Available at <https://providers.dhhs.vic.gov.au/integrated-reports-and-information-system> |
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Please refer to Appendix 6 for a full list of terms.

# General overview

## Introduction

Family and early parenting services in Victoria are an essential part of the Child and Family Services continuum, working to support families to nurture and protect their children. Family and early parenting services, funded by the Department of Health and Human Services (hereafter referred to as the department), provide services to vulnerable children - from pre-birth to 17 years old - and their families, to promote children’s rights to safety, permanency and healthy development.

The target group for this activity is vulnerable children, 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.
* at imminent risk of placement.

Vulnerable children and families are likely to present with a diverse range of complex needs, and may be experiencing multiple problems, for example family violence, sexual abuse, mental illness, alcohol and drug abuse, disability and housing instability.

The Integrated Reports and Information System (IRIS) records key data about clients and service delivery for:

* Child FIRST (where Child FIRST is not integrated into The Orange Door), and
* services under the umbrella of ‘Family Services’ including Integrated Family Services, Cradle to Kinder, Intensive Family Services (200 hours), Changing Futures, Evidence-Based Programs, Families First, Aboriginal Family Preservation and Restoration and Stronger Families.

There is a need for consistent data that provides the department and agencies with a well-defined understanding of the client group, service provision, demand and complex needs. This data dictionary has been developed to promote greater consistency and reliability of IRIS Child FIRST and Family Services data. The dictionary’s structure follows the structure of IRIS, with one section per IRIS tab, and addresses each field in the order in which it appears in IRIS.

All previous versions of the IRIS data dictionary are superseded by this 2019 version.

## Data Entry

All IRIS data fundamentally derives from and reflects practice - from the initial referral and recording of client issues and service activities, to the case outcome and closure reasons.

For any given field in an IRIS report to be of value, the field must have a consistent interpretation. Family Services staff who enter the data are critical to achieving this consistency.

Different workers or different workplaces can develop different understandings of the meaning of fields over time. These differences affect the reliability and value of the data. The purpose of the IRIS Family and early parenting services data dictionary is to establish state-wide consistency of input into IRIS, and in the interpretation of IRIS data.

For data to be useful, and to support identification of issues that require additional policy development, the data must be an accurate reflection of the case and not inflated in any way to ‘look better’.

To maintain throughput, intensive program types utilising specific service models – including Intensive Family Services (200hours), Cradle to Kinder, Stronger Families, Changing Futures and Families First – are to be used as single interventions, and may be followed by a standard Family Services case type if the client requires support beyond the service model duration.

## Data use

It is not intended that data be collected for data’s sake or as a ‘tick a box’ requirement. The fundamental objective in collecting and analysing data is to learn and ‘tell a story’ to support decision making, to create visibility and accountability, and to promote continuous quality improvement in service delivery and policy.

The Community Services Quality Governance Framework (DHHS 2019) <https://www.dhhs.vic.gov.au/publications/community-services-quality-governance-framework> continuously refers to the use of data in every aspect of quality management and continuous improvement. It also makes this helpful observation on culture:

‘Just’ culture recognises that individuals should not be held accountable for system failings. It is a culture of trust, learning and accountability. It is a culture where frontline staff are not punished for actions taken by them that are proportionate to their experience, training and role, but where there is accountability for reckless behaviour and an absence of care.

To support this culture, we need to get IRIS data in front of the right people. IRIS is the primary source for information for any person, agency, Alliance or government body that seeks to understand the Family Service platform’s target cohort, service response, performance, capabilities and needs. In combination with Child Protection data, IRIS also provides an overview of client pathways through the Child and Family Service system.

Some IRIS data is available to the local agency. Aggregated state-wide IRIS data is increasingly made available to agencies, Alliances and Agency Performance & Systems Support (APSS) advisors in Family Services Information (FSI) Qlikview, which populates a set of key reports with exported IRIS data. All exported data, including data not included in FSI Qlikview is available in the IRIS ‘team room’ and accessible via APSS advisors.

IRIS data is used by the following agencies and people:

* funded Family Service agencies at practitioner, team leader and manager levels for managing allocation prioritisations, understanding and managing demand, capacity and workload, understanding client characteristics and workforce capability requirements, supervision and reporting on Key Performance Indicators (KPIs).
* Alliances in their role of system oversight and support at a local level for demand management, mapping the needs of the client cohort, program development, workforce capability development, strengthened referral pathways especially for priority groups, advocacy, service coordination, quality improvement and future planning.
* the department, to evidence the value of the investment in Family Services in Victoria, for internal quality, safety and oversight accountability processes, and to support reporting on KPIs to the Department of Treasury & Finance.

IRIS data is also important for all stakeholders in understanding client pathways. Increasingly, de-identified records can be linked across the children, youth and families service system to create data sets that provide valuable insight into pathways over time for different cohorts of children and families.

Family Services IRIS data must be interpreted in line with this data dictionary, as a resource to inform reflection and planning, and to support practitioners and service delivery. The vast majority of fields do not relate to KPIs; and unless explicitly stated in a service agreement or a Family Services policy document (for example, Alliance planning advice) there are no set benchmarks or targets.

It is important to note that Family Services IRIS data cannot be provided to parties external to the department beyond funded Family Services without permission from the department’s central Family Services policy team.

## Funding reform and IRIS

In 2018 the department initiated a project to introduce a new funding model, applied first to Family Services. The new approach involves a shift from activity structures based on programs, to activity structures based on the core service delivery functions that providers already undertake to support vulnerable children and families. Funding based on service delivery functions will enable providers to have more flexibility to shape support around the needs of vulnerable children and families.

The new funding model comprises seven new activities, five of which are applicable to Child FIRST and Family Services. Funding model reform is a necessary first step for subsequent changes towards a more unified child and family system, including future plans for ‘pathways’ of support for vulnerable children and families. The activities include:

* Intake and access - the provision of an initial contact response to individuals, children and families (Child FIRST).
* **Individual, child and family support** - includes case management functions, such as assessment and review of the needs of clients, as well as planning, facilitation and advocacy for services and supports. See below for more information about this function.
* Flexible funding - brokerage available to individuals, children and families for the purchase of items to address the holistic needs, outcomes and objectives identified in their case plans.
* Specialised interventions - highly specialised support or emerging interventions for individuals, children and families.
  + System enablers - system wide or state wide supports and initiatives that require discrete funding.

The Individual, child and family support function, **bolded above**, brings together the case management functions of the range of Family Services programs, including Integrated Family Services, 200 hours, Changing Futures, Families First, Aboriginal Family Preservation, Aboriginal Family Restoration[[1]](#footnote-1), Cradle to Kinder, Stronger Families, and so on. This data dictionary, reporting and analysis will increasingly recognise that these are all services under the one umbrella of ‘Family Services’.

Previously the central intake points of Child FIRST had established a record of all families referred into the catchment through Child FIRST and were able to report on catchment-wide client and service profiles for these cases. Agencies and the department were able to capture valuable history, including cumulative harm, and service response data. With the introduction of The Orange Door, cases will no longer be tracked to agencies via a central intake point. This means that an individual’s progressive Family Services history needs to be captured in other ways. The use of Statistical Linkage Keys (SLKs) and recording CRIS numbers in IRIS assists in addressing this issue.

## Additional resources

The IRIS platform, the client record and many of the drop-down lists are shared by a wide variety of service types from financial support to family violence services. Most, but not all fields are relevant to every service type, some fields carry different weight in different service types. This dictionary provides definitions and data interpretations relevant to Family Services.

User guides, newsletters, training dates and additional resources can be found at the systems page on the department website <https://fac.dhhs.vic.gov.au/systems>

A useful guide with links to other departmental documentation is provided at the end of this dictionary **Appendix 4.**

To enhance functionality of this document when open in the Word application, ensure that the navigation pane is in view. This function can be selected in the ‘view’ dropdown on the toolbar. This will help to navigate the document by terms and headings.

For additional support in applying the terms described in this data dictionary, please contact your local department APSS team.

It is recommended that in addition to being familiar with this dictionary, APSS advisors:

* have the IRIS training database installed on their own device (by emailing the IT Service Centre and the IRIS helpdesk) to assist their understanding of the fields in IRIS and the agency view of IRIS;
* attend IRIS training;
* are familiar with Team Room (internal department application); and
* are familiar with excel pivot charts, which are used to present data in Team Room. Relevant excel training is offered by the department.

# Key terms

| Term | Definition |
| --- | --- |
| Child FIRST  (Child and Family Intake Referral and Support Teams) | Provides the referral and intake point for Family Services. IRIS is the data system for Child FIRST, where Child FIRST has not been integrated into an Orange Door. Most definitions in this dictionary are applicable to both Family Services and Child FIRST.  Any advice which is only applicable to Child FIRST will state that it is Child FIRST specific advice and will be indicated by green text. Advice in green text is not to be followed by Family Services. |
| Family Services | References to ‘Family Services’ in this dictionary include any service that uses the Family Services or Cradle to Kinder IRIS case, this includes - Integrated Family Services, Stronger Families, Cradle to Kinder, 200 hours, Changing Futures, Families First, Aboriginal Preservation and Restoration, Evidence Based Programs, Families First and other local placement prevention models.  The Strategic Framework for Family Services states that every child should thrive, learn and grow, be valued and respected, to become an effective adult. Family Services’ focus is on supporting child wellbeing (safety, permanency and development), parenting capacity and family functioning, which are critical in promoting these outcomes for vulnerable children and families. |
| Clients-  under one family member representing the family | The client of Child FIRST and Family Services is the family receiving a service, with a focus on the best interests of children.  The client in IRIS (and in this document) is a record of one family member (usually a primary carer) who represents the family in the data system. The client record collects a small amount of demographic information about the individual who is selected to be the IRIS client.  Multiple cases can be attached to the client record in IRIS, building up a view of the history of services for that client (i.e. family) over time.  One family may be a client of multiple agencies, with the possibility of more than one IRIS client record and identity at each agency.  When the client’s names and DOB are entered consistently, the clients SLK code can link exported data belonging to the same client over different agencies and areas. |
| Related people-  Children, parents and partners. | Children are the most important individuals benefiting from Family Services interventions but are recorded in IRIS in the ‘related persons’ tab rather than as the ‘primary client’. It is critically important that they are recorded.  Partners – regardless of how parenting responsibility is shared, IRIS only records one person as the client. All parents and partners must be recorded in IRIS as a related person. |
| Statistical Linkage Key (SLK) | SLKs are created in IRIS for the primary client and for related people across all case types. SLKs are generated from the name and date of birth fields using a formula devised by the Australian Bureau of Statistics. Data records with the same SLK remain de-identified but are statistically likely to be the same person.  Accurate SLKs for children require precise recording of names and dates of birth as reflected in government documents such as Medicare cards. With high quality SLKs, data analysts can tell us (the Child and Family Services system) a lot about the pathways children are taking through early intervention and statutory services. This is valuable information for a system seeking efficient use of resources and earlier intervention. |
| Cases-  Episodes of support to a family | Cases are attached to client records with one IRIS case per episode of service delivery. Cases record the details of episodes of service delivery, and information about the family at the time of the episode.  One client record can have multiple cases and case types attached to it, visible to practitioners using IRIS in the agency the case/s belong to.  IRIS client codes and SLKs can be used to link cases to a single client (family) in the exported data. [Case set] reference codes in IRIS can link a Child FIRST case to the allocated Family Services case (where the case is tracked through IRIS).  Cases attached to clients are therefore crucial to tracking a child’s cumulative history within IRIS.  Number of cases is also a KPI. The counting rules count cases with service activity over the reference period (active cases). Inactive cases are excluded as these are assumed to be ‘open’ in IRIS only due to administrative errors or oversights in case closures. |
| Integrated service delivery and case numbers | Any single intake to Child FIRST or Family Services may result in several agencies providing services, with each agency’s effort recorded as a separate case for that client. IRIS is used to understand how many families receive how many episodes of support in what sequence. These cases may be concurrent or consecutive. It is important that the use of IRIS cases reflects the service mix delivered.  This means that different case types will be recorded separately. For example, where a program has a model that is time limited, but a family requires an extension of the same model, the case should never be closed and another opened. This would result in IRIS data providing misleading information on the length or intensity of support that families require.  Intensive program types utilising specific service models including Intensive Family Services (200 hours), Cradle to Kinder, Stronger Families, Changing Futures and Families First are to be used as single interventions and may be followed by a standard Family Services case type if the client requires support beyond the service model duration.  Increasingly SLKs will be used to create an understanding of the sequence and intensity of services children and families receive from the Family Services platform. |
| Hours and cases-  Counting for funding agreement purposes. | Each agency in its Funding Agreement has an allocated number of targets. For Family Services (once mapped to the new funding model) the primary performance measure is **‘number of hours of service’**, with **‘number of substantive cases’** a secondary measure.  Targets are reported for funding purposes as substantive cases open at the start of the period, and new substantive cases opened during the period.  Please refer to [Services Activities](http://providers.dhhs.vic.gov.au/human-services-activity-search) (activity description for Individual Child and Family Support) <http://providers.dhhs.vic.gov.au/human-services-activity-search> |
| Child and Family Action Plans (CFAP) | As a core element of practice, Family Services are committed to completing a Child and Family Action Plan, a specific document developed collaboratively with and co-signed by the family and the Family Service, in line with *The Strategic Framework for Family Services (2006).*  The Program Requirements for Family and Early Parenting Services 2018 describe the key requirements for the development and review of the Child and Family Action Plan. The Plan should:   * identify how the child’s safety, age, culture, gender and stage of development needs are being or will be met. * describe the family composition inclusive of all children. * describe the family members and roles of extended family and environmental issues such as housing. * be based on a thorough assessment of the child/young person’s and their family’s strengths, needs and risks (the length and complexity will vary according to the child’s and family’s needs and assessed parenting capability). * identify goals and objectives of intervention from a child-centred and family-focused perspective and support the safety, stability and development of children and young people and the capability of parents/families to provide effective care. * detail who will assume responsibility for tasks/goals and include timelines. * include case coordination across services, including roles and responsibilities of other services.   + be discussed and agreed (where possible) with the child, young person and family. |
| Issues and goals | The **IRIS Issues tab** reflects some key Family Services practice elements: assessments, planning and seeking community supports for families. It is important to note the caveats that these practice elements are not the only things Family Services does, and the IRIS issues options are high level and not organised around the Best Interest of Children Framework.   * Assessments are reflected in IRIS Issues: Information provided by referrers and information holders will be reflected in Child FIRST IRIS cases while Family Services IRIS cases will reflect more complete risk and needs assessments for families receiving more intensive support. * Child & Family Action Plans (CFAP) are a specific document that reflects the agreed priorities and actions of families and practitioners. ‘Goals in Service Plan’ and ‘Goal Achieved’ fields attached to each identified Issue to reflect the CFAP. |
| Case Closure Outcomes | The **IRIS Closure tab** has three fields that reflect some of the circumstances under which the case was closed.   * The ‘Closure Outcome’ reflects a high-level assessment at closure of the family’s journey in relation to the overall Family Services intent of improving the wellbeing of children. It is not directly related to the goals of the Issues tab. (The 2019 Family Services data dictionary changes the definition of the Closure Outcome field. Pre-2019-20 data cannot be interpreted with the 2019 definition).   **‘Point of Closure’** and **‘Reason for Closure’** provide additional context for this outcome. |
| Mandatory and Non-Mandatory fields | Fields within IRIS are separated into Mandatory and Non-Mandatory fields. Mandatory fields have been highlighted yellow in this dictionary. Although not all fields are mandatory, it is important to put as much information into IRIS as is known. This assists with case planning, agency planning, understanding your client’s demographics and outputs. It also supports DHHS planning and advocating for Family Services.  Mandatory fields are highlighted ‘yellow’ in IRIS. Cases will not be able to be closed if there are any unfilled mandatory fields. There will usually be an option of ‘unknown’ or ‘not applicable’ for mandatory fields however these should be used as an exception and the mandatory fields should indicate that this information is important to collect from clients.  Data analysts need to be aware that mandatory fields provide more reliable data than non-mandatory fields.  Throughout this data dictionary mandatory fields will be indicated by text and in yellow. |
| Data exporting to DHHS | IRIS collects data on an organisation-by-organisation basis. A state-wide aggregate is developed when each agency exports its de-identified data to DHHS, creating a data set that can be used for service planning and performance management. For data to be useful and to identify issues that require additional policy support, the data must be an accurate reflection of the case and not inflated in any way to ‘look better’.  Agencies export their data to the department monthly. The most recent data is the most important for understanding emerging trends and for reporting on KPIs. Therefore, it is important that staff review and update their IRIS cases regularly - and at least monthly - to ensure an accurate representation of clients and agency performance.  Missing information can be added retrospectively to open cases, but once a closed case has been exported changes will no longer be able to be made.  Regularly updating all fields in IRIS cases is particularly important for Cradle to Kinder and Stronger Families, which are a small number of longer cases, representing significant investment, and for which there may be little useful information if cases are only updated at closure. |

# Terms and definitions

## Client information record – Client view

screen cl02

Family Services’ focus is the best interests of children; however, IRIS uses a primary carer (usually) as a proxy ‘client’ under which to record case information. Where a family or client receives multiple episodes of support from the same agency, they will be attached to the single client record.

Screen cl02 is the only screen where the primary client’s data is entered on IRIS (other family member’s data is collected in ‘Related Persons’).

The registered client identity is the most critical data item in IRIS. It allows us:

* To track client history across serial case entries to Family Services and therefore to create a continuous and cumulative history of the child and family needs and service outcomes, enabling assessment of cumulative harm to the most vulnerable children.
* To realistically report on the demand for service on Family Services and to ensure that resources and funding are matched to need.

The Client List can be searched by several of the fields on this screen. This client information is also used to filter and populate client reports in Team Room and FSI Qlikview.

When you apply any of the client list functions of delete client, merge client or export client it is this client information that is respectively deleted, merged or transferred.

### Client Information record terms

#### First Name, Surname

Mandatory.

The name of the ‘representative person’ for the family – usually the mother or primary caregiver of the child.

| Counting and interpretation |
| --- |
| May or may not be the same presenting person for a subsequent referral.  A key priority is to record all contacts about the same children in a family under the same client name, wherever possible.  The primary clients SLK is locked from the first entry so accuracy of names and DOB should be prioritised. Use the spelling on the family’s Medicare card or other government record where ever possible (you do not have to sight the record but ask for this version/spelling).  If you are certain the name is incorrect and needs to be changed, use the ‘Edit’ name button on the screen.  Only one person’s name can be entered in this field to ensure SLK consistency. Other family names should be recorded in the related person’s tab. Other family names may be searched by using the ‘Find Similar’ tick box.  DHHS receives de-identified data only.  Where internal agency coding is used (i.e. assigning a code to the multiple clients in the same family group), this should not be added to the name fields as this will affect the SLKs. |
|

#### Date of Birth

Mandatory.

The date of birth of the client is recorded.

| Counting and interpretation |
| --- |
| Either enter the DOB or tick the DOB declined box.  Accurate Dates of birth will allow de-identified records for clients who present in different regions or catchments to be linked through the SLK in data exports.  Where the client declines to give their date of birth, tick the DOB declined box. DOB declined should only be used in exceptional circumstances.  The primary client’s SLK is locked from the first entry so accuracy should be prioritised.  If you are certain the date of birth is incorrect and needs to be changed, use the ‘Edit’ name button on the screen. |

#### Active

Tick box that will indicate whether the substantive record of the client is still active.

| Counting and interpretation |
| --- |
| Clients with the active box unticked will not appear in the primary search list. To search for an inactive client ‘include inactive’ will need to be checked on the search page.  If client is not active, the ‘include inactive’ box will need to be checked to search client.  Only active clients will receive a service through the group function Clients who do not attend a particular group session can be marked as temporarily ‘inactive’ while the service is applied and then made active again when they attend the next group session.  Marking a case inactive does not close the case. |

#### Gender

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Male  Female  Other | Select from list. |

#### Transgender

| Selections | Counting and interpretation |
| --- | --- |
| Yes  No  Not Known | Select from list. |

#### Agency code

Each agency’s code automatically appears in IRIS.

| Counting and interpretation |
| --- |
| This is a unique identifier code assigned to the agency by DHHS.  Catchment agencies will be able to identify partner agency input through the agency code. Agency codes are located at the bottom of any screen in IRIS. |
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#### Statistical linkage key (SLK)

SLKs follow a formula created by the ABS, IRIS automatically builds SLKS with the input of the client’s name and DOB and Sex.

| Counting and interpretation |
| --- |
| The SLK is automatically generated from the client’s name, DOB and gender.  SLK are used by data analysts to identify the same clients present at different locations across the State and within other programs, such as Child Protection. Note that individuals remain de-identified in linked data; CRIS also creates SLKs in the same format as IRIS. Linking data is important for understanding cohorts in Family Services, pathways and the effectiveness of services.  SLK’s are also generated for each ‘related persons’.  SLKs on the client page are ‘locked down’ the first time you save the name and DOB – if you update the name or DOB later the SLK won’t update (therefore care should be taken to enter these accurately). Wherever possible an agency should ask for the date of birth that an individual uses on their official ID documents such as a Medicare card. |
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#### Address

* Street name and number
* PO Box

| Counting and interpretation |
| --- |
| Entering client suburb and LGA is essential to undertaking place-based Alliance planning and to being able to provide reports specific to the different LGAs within the catchment for example to support LGA based allocation processes. |
|
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#### Suburb

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| List of Suburbs | Entering client suburb and LGA is essential to undertaking place-based Alliance planning and to being able to provide reports specific to the different LGAs within the catchment for example to support LGA based allocation processes. |

#### LGA

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Defaults to LGA once suburb is entered. | Entering client suburb and LGA is essential to undertaking place-based Alliance planning and to being able to provide reports specific to the different LGAs within the catchment for example to support LGA based allocation processes. |

#### DHHS Local Area

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Defaults to DHHS Local Area once suburb is entered. | Entering client suburb and LGA is essential to undertaking place-based Alliance planning and to being able to provide reports specific to the different LGAs within the catchment for example to support LGA based allocation processes. |

#### Home Phone, Work Phone, Mobile, Email

At least one contact mode should be entered.

| Counting and interpretation |
| --- |
| Entering client address/phone details helps to keep these details in a central place to support case management and planning. |
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#### Safety Alert

Tick box to flag a safety issue associated with a case or client.

| Counting and interpretation |
| --- |
| It is recommended that if a safety alert is identified and ticked, that the ‘Client Notes’ (tab on the client page) should be used to record the details of the alert, as this is accessible to all staff. |
|
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#### Country of Birth

Mandatory.

Country in which the client was born.

| Selections | Counting and interpretation |
| --- | --- |
| List of Countries | Select from list. |

#### Indigenous status

Mandatory.

Identify whether the client is Aboriginal and/or Torres Strait Islander or whether this could not be ascertained. Child FIRST or any Family Service is to directly ask at referral whether any members of the family are Aboriginal or Torres Strait Islander.

If yes, Local Alliance procedures should include an offer of Aboriginal specific support to families, and/or consultation with the local Aboriginal Community Controlled Organisation.

This is a priority cohort for Victorian human services, and effective earlier support is essential in reducing the over representation of Aboriginal children and families in Child Protection.

Aboriginal status of the primary client is captured here, and in the related persons tab for all children and family members involved in the case.

| Selections | Counting and interpretation |
| --- | --- |
| Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Neither Aboriginal nor Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client declined to answer | Select from list. |

#### First Year Arrival

| Counting and interpretation |
| --- |
| If the client was not born in Australia complete this field by entering year of arrival i.e. 1983. |
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#### Agency Client ID

Mandatory.

This is an identifier code assigned by the agency for new clients (new referrals for an existing client should be linked to the existing client and therefore already have a code).

| Counting and interpretation |
| --- |
| The agency client ID is created by agencies as a unique identifier for that client family within the agency. Agencies have developed their own coding conventions. All subsequent cases attached to the client name with this code will therefore have the same client code. The client list can be filtered and searched using the client code. The client code also provides a filter for Client Reports i.e.: Client Summary Report.  Any subsequent referrals or non-sub cases must be linked to existing clients to enable cases to be linked as a cumulative service history visible to the agency’s practitioners. To monitor cumulative history of children it is critical to link new cases to existing client names and codes where they exist. |
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#### User Code

Optional free text field for the agencies own use.

| Counting and interpretation |
| --- |
| Agencies may use this field to track client or program characteristics of internal value to the agency and or catchment. Examples of this are to use the user code:  to designate that your agency has primary case management responsibility when allocated to more than one agency.  to designate the assigned worker/case manager.  to designate that the case is receiving a holding service (also enter hours under ‘active holding’).  in Child FIRST to designate which outlet the case is allocated to. If allocated to two agencies both can be nominated.  Searching by \*user code will retrieve all clients with that code. Can also be used as a filter for reports.  Note that client codes only have relevance in the agency or Alliance in which they are identified. |
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#### Proficiency Spoken English

Mandatory.

If English is not a client’s first language, indicate how well the client speaks English.

| Selections | Counting and interpretation |
| --- | --- |
| Very Well | Select from list.  For clients whose first language is English use the ‘very well’ option. |
| Well  Not Well | Select from list. |
| Not at All | Select from list.  If an interpreter is required use the ‘not at all’ option. |

#### Proficiency Written English

Mandatory.

Agencies can indicate how well the client reads and writes English or whether this could be ascertained.

| Selections | Counting and interpretation |
| --- | --- |
| Very Well  Well  Not Well | Select from list. |
| Not at All | Select from list.  If translation is required or the client is illiterate use the ‘not at all’ option. |

#### Preferred Language

Mandatory.

Indicate the primary client’s preferred language.

| Selections | Counting and interpretation |
| --- | --- |
| List of Languages | Select from list.  Reported in the Family Profile statistics report. |

#### Partner Preferred Language

Indicate the client’s partner’s preferred language.

| Selections | Counting and interpretation |
| --- | --- |
| List of Languages | Select from list. |

#### Interpreter/Bilingual Worker

Mandatory.

Identifies whether interpreter or bilingual service are required for the client.

| Selections | Counting and interpretation |
| --- | --- |
| Neither Interpreter nor Bilingual Worker | Select from list.  Typing ‘N’ into the selection field will bring up the ‘neither’ option |
| Bilingual worker only  Interpreter only  Both Interpreter & Bilingual worker | Select from list |

#### Ancestry: CoB Mother, Ancestry: CoB Father

If mother and/or father were not born in Australia record Country of Birth

| Selections | Counting and interpretation |
| --- | --- |
| List of Countries | Select from list. |

#### **Eligible for NDIA** (National Disability Insurance Agency (i.e. Scheme)

**Note: Field is not currently mandatory BUT it is of high importance- prioritise its completion.**

Identify if the primary client is eligible for the National Disability Insurance Scheme. The related persons tab will record if partners and/or children are eligible.

With the implementation of NDIS it is anticipated that the service navigation role for vulnerable families once carried out by DHHS Disability Intake will become a role for Child FIRST and Family Services. This field enables us to track increases in demand for this cohort of families.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes- enrolled  Maybe- not enrolled | Select from list. |

#### Identity as LGBTI

Agencies are to identify if the Primary carer is LGBTI.

The LGBTI status of children and partners can be recorded in the Related Persons tab.

This field enables us to understand whether Family Services is being accessed by and meeting the needs of families with LGBTI parents.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Doesn’t want to say | Select from list. |

### Important reminders: Client information record

* Do always search substantive and non-substantive lists, and related people for both active and inactive clients, before creating a new client to avoid duplication and to ensure all service history for the child and family is accumulated under the one client identity in your agency.
* Do register clients as the family ’representative’ or ‘primary carer’ (usually mother) for the family (children) receiving service. This may or may not be the presenting person.
* Do use caution and agreed conventions when establishing the identity of the ‘registered client’ in IRIS. Only then can we have confidence that we are best collating the child’s cumulative service history under one identity (or more if the child lives between different families).
* Do record children and young people’s details in IRIS. Information about children’s identities is entered through related persons attached to the case for this client. Child FIRST and Integrated Family Services target vulnerable children, young people and families and as such the data needs to reflect the profile of the whole family.
* Do always search using ‘Find Similar’ or using \* and key letters in the family name(s) to maximise linking new cases to existing client identities in IRIS or to identify when same children are provided services within different household/family groups.
* Do select NDIA eligible if applicable to the primary client (and do the same for children and partners in the related persons tab).
* Do select LGBTI identity if applicable to the primary client (and do the same for children and partners in the related persons tab).
* Don’t add multiple names to the client names fields (this is for only the primary clients name). Related persons can be searched by selecting the ‘search related persons’ tick box.
* Don’t record nicknames, initials or abbreviated names. Whenever possible, non-alphabetical features should be collected as they appear in a name on official identification (including hyphens and spaces), as this is a feature which can improve the uniqueness of collected names.

## Non-Substantive Case

Screen nc01

The non-sub case type option exists because of the key KPI of number of hours: it captures direct client service hours where the creation of a full substantive case is not warranted. Non-sub data is only provided in Team Room for Child FIRST and Integrated Family Services

A non-substantive case is where less than 2 hours of service is provided (combined total of all staff service delivery) **and** one or more of the following is known:

* Insufficient information is known about the family to officially register the family with the agency and establish an official agency file.
* The family is assisted by a one-off intervention e.g. Advice Only.
* The agency does not make an assessment to identify the family’s issues or record children’s details as the family is not in scope.
* Only substantive cases are used in most analysis – including for assessing demand. For this reason the non-substantive cases should never be used where a referral for an eligible family (i.e. there are children) has been attempted. This includes L17s. Only Child Protection and Police queries, such as enquiring if a case is open, should be recorded as a non-sub and they MUST be attached to a client.
* Non substantive cases should be attached to a client record wherever enough is known to create a client record. Most non-subs will be attached to clients.
* Must be linked to any substantive cases to enable a full cumulative service history for the child. To do this: Search and ‘attach client’. A list of all Non-Substantive and all Substantive case records is provided by the client details report.
* Where there are no previous substantive cases, a client should be created, and a non-substantive case attached to the client.
* Are not to be used when there is an open substantive case.
* Are generally restricted to information and advice type enquiries, for both families and professionals.
* Are not counted in ‘Case Number Targets’. Only the ‘Hours’ are included in KPI counting rules.
* Should not be used where assessment phase has commenced (i.e. for Child Protection and Police Referrals (including L17s) because screening has already occurred as part of the referral).
* Can be used to track professional follow-up with Family Services after case closure.

### Non-Substantive case terms

Linking non-substantive cases to client records (along with substantive cases) is critical to establishing the full cumulative case history for families and children. Always search substantive and non-substantive lists before creating a new client. If the client has not previously been registered a client should be created to attach the non-substantive case to.

To link a non-substantive case to a client record, click ‘attach client’ once the client has been registered. If the non-substantive case is linked to an existing registered client, the name etc. will be automatically populated from the existing client record.

#### First Name, Surname

The name of the ‘representative person’ for the family – usually the mother or primary caregiver of the child.

#### Sex

| Selections | Counting and interpretation |
| --- | --- |
| Male  Female  Other | Select from list. |

#### Suburb

| Selections | Counting and interpretation |
| --- | --- |
| List of Suburbs | Select from list. |

#### LGA

| Selections | Counting and interpretation |
| --- | --- |
| Auto-populated | Defaults to LGA once suburb is entered. |

#### Interpreter

Identifies whether interpreter or bilingual service are required for the client.

| Selections | Counting and interpretation |
| --- | --- |
| Neither Interpreter nor Bilingual Worker  Bilingual worker only  Interpreter only  Both Interpreter & Bilingual worker | Select from list. |

#### Outcome

Mandatory.

This data describes the outcomes of non-substantive case responses.

| Selections | Counting and interpretation |
| --- | --- |
| Enquiry re CF/IFS- not client specific | Service enquiry not related to a client. |
| Consult/advice on appropriate service- client specific | Information provided to referrer/client to make self-referral elsewhere. |
| Referral- not eligible | Referral made/attempted but does not meet criteria for Family Services (e.g. no children) |
| Referral- does not reach threshold | Eligible but does not meet the ‘wellbeing’ threshold for Child FIRST/Family Services and an assessment has not been undertaken. |
| Unable to progress referral | There is not enough information to conduct further enquiries. |
| Information sharing: Family Violence perpetrator  Information sharing: Child Wellbeing Concern | Providing information to others only. If information is being sought by Child FIRST or Family Services, this is an assessment and should be recorded in a substantive case. |
| Family provided material aid/support <2 hours | Provide material aid only |
| Family provided advice | Advice provided direct to a client or family only. |
| Offer of Support declined | Client did not engage with intake. |
| Referral made to: Housing & Homelessness  Referral made to: Family Violence  Referral made to: Youth Service  Referral made to: Mental Health  Referral made to: Alcohol and Other drugs  Referral Made to: Other  Report made to: CP | DO NOT USE: This should be recorded as a substantive Case. |
| IFS only- ‘walk in’ family supported to access CF | Where no intake is provided by IFS agency, but a client presents. Client is supported to contact Child FIRST. |
| Not CF/IFS related | May be a family walk in but not presenting with wellbeing concerns. Some assistance may be provided i.e. support to access more appropriate service. |
| Other | Select only where no other field applies. |

#### Referral Source

Mandatory.

Refer to Substantive Cases for full drop down list.

| Selections | Counting and interpretation |
| --- | --- |
| Referral source list shared with Substantive Case for drop down list. | Select from list. |

#### Concern in Relation to Child/unborn

Mandatory.

Non-Sub cases should have minimal cases with Wellbeing concerns. These should be recorded as substantive cases where possible to allow for full cohort analysis.

| Selections | Counting and interpretation |
| --- | --- |
| No children  No concern  Wellbeing concern  Significant Wellbeing Concern | Select from list. |

#### Case Owner

The case owner is the case manager or the person in the agency responsible for the case. Only one case owner can be selected at a time.

Reports can be filtered by case owner e.g. to list all cases allocated to a selected worker. The case owner is reported as ‘staff’ in case reports and on the case screen.

(Note on the client screen and in client reports staff is the person who created the client record).

| Selections | Counting and interpretation |
| --- | --- |
| User Names list | Drop down list of staff or team roles (e.g. Intake). Agencies are required to ensure that all relevant staff members are set up on IRIS to enable selection as case owner. |

#### User Code

Agencies may use this field to track client or program characteristics of internal value to the agency and or catchment. Examples of uses of this code:

* to designate the assigned worker/case manager
* to designate that the case is receiving a holding service (also enter hours under ‘active holding')

| Counting and interpretation |
| --- |
| Optional free text field for the agencies own use. |

#### Outlet

Defaults to main office of agency. Drop down box can include other agency outlets.

#### Source of Funding

Select correct funding source for case type.

APSS advice: Only DHHS Family Services (Integrated Family Services) non-subs appear in IRIS Team Room.

| Selections | Counting and interpretation |
| --- | --- |
| *Child FIRST* | Only Child FIRST is to use the Child FIRST funding source. |
| DHHS (Family Services)  Cradle to Kinder  Stronger Families  200 hours  Changing Futures  Evidence Based Programs | Auto populates however can be edited by selecting edit button.  (Only the options the agency is funded for will appear). |

#### Case type

| Selections | Counting and interpretation |
| --- | --- |
| Case type is selected when creating the non-sub and cannot be edited. | Auto Populated |

#### Date

| Selections | Counting and interpretation |
| --- | --- |
| Date of referral | This will auto-populate to the day the case is created but can be altered.  Use Calendar or enter date in format: 1/01/2019 |

#### Duration (max 2 hrs)

Mandatory.

Non-substantive cases are not counted toward ‘number of cases’ target- but hours are counted. Recording all service hours is critical to performance accountability. Enter the duration excluding travel time.

| Selections | Counting and interpretation |
| --- | --- |
| Hours  Minutes | Length of service time |

#### Travel time

Duration plus travel time gives total hours. Maximum time of 2 hours including both travel and service time.

| Selections | Counting and interpretation |
| --- | --- |
| Hours  Minutes | Length of travel time |

#### Agency

| Selections | Counting and interpretation |
| --- | --- |
| Defaults to Agency number | Auto Populated |

#### Attach Client

To link a non-sub case to an existing client record: click ‘attach client’, search for client, then double click the relevant record (client details will auto-populate the non-sub case).

### Important reminders: Non-Substantive cases

* Only use the non-substantive case type where a substantive case is not feasible or sensible.
* Register a substantive case if more than 2 hours of service is provided, even for cases where only slightly more than two hours’ time is provided.
* Attach non-substantive cases to clients. Linking non-substantive to clients is critical to establishing the full cumulative case history for children, for analysis of non-substantive as part of client pathways, for example whether non-substantive represent maintenance of known families or families who have not had substantive support.
* Where possible, register the client if they are unknown to the service. Collect the mandatory client fields (name, DOB, gender, suburb, country of birth, ATSI status, proficiency in spoken English and preferred language) so that a client may be created, and the non-sub attached to the client.
* Search substantive and non-substantive lists before creating a new client.
* Don’t register a non-substantive case if there is already an open case (even if the case is open to another worker).
* Don’t record Child Protection Referrals as a non-substantive case. They are referrals not requests for information. There should be enough detail in the referral to register a client. This helps the department and agencies to understand and manage demand and uptake of Child Protection referred cases.
* Don’t record Police Referrals (including L17s) as a non-substantive case. They are referrals not requests for information. There should be enough detail in the referral to register a client. This helps the department and agencies to understand and demand and uptake of Police/L17 referred cases.

## Substantive Cases

### Cases

IRIS cases record all information about episodes of support. This includes referral source, related persons including children, issues, service activities, intake outcomes, and case outcomes. The case fields are used to populate the case reports in IRIS e.g. Case Summary; Case Details; Case Throughput; and Case Statistics reports.

Case type- when opening a new IRIS case the practitioner must first select a case type and funding source, they should choose the case type that relates to the service the family will receive. The case types available to a practitioner are directly related to the program types their agency delivers. Refer to [Systems](https://fac.dhhs.vic.gov.au/systems) <https://fac.dhhs.vic.gov.au/systems> page for list of Family Services funding source.

### Standard Case tab

(All cases except Cradle to Kinder)

Screen ca001

#### Funding Source

Select most appropriate.

| Selections | Counting and interpretation |
| --- | --- |
| Child FIRST  DHHS (Family Services)  Cradle to Kinder  Stronger Families  200 hours  Changing Futures   * Evidence Based Programs | Auto populates based on practitioner’s initial selection when opening the case however can be edited by selecting edit button |

#### Case Owner

Drop down list of staff or team roles (e.g. Intake). Agencies are required to ensure that all relevant staff members are set up on IRIS to enable selection as *case owner*.

| Selections | Counting and interpretation |
| --- | --- |
| User Names list | The *case owner* is the case manager or the person in the agency responsible for the case. Only one case owner can be selected at a time (it can be changed if case manager changes).  Reports can be filtered by case owner e.g. to list all cases allocated to a selected worker. The case owner is reported as ‘staff’ in *case* reports and on the case screen. (Note on the client screen and in *client* reports *staff* is the person who created the client record).  A secondary worker can be added as the *service provider* against the relevant service activity (reports can also be filtered by service provider).  The case owner is the case manager or the person in the agency responsible for the case. The case owner shows on the case screen and in case reports. (Note on the client screen and in *client* reports ‘creator’ or ‘created’ relates to the person who created the client record). A secondary worker can be added as the *service provider* against the relevant service activity. |

#### Outlet

Defaults to main office of agency. Drop down box can include other agency outlets.

#### Reference Code

| Selections | Counting and interpretation |
| --- | --- |
| Automatically generated by IRIS based on agency code, outlet code and unique auto generated digits. | The *reference code* is automatically generated for every case opened (or open) in IRIS following the upgrade of April 2007.  The reference code is automatically generated by IRIS every time a new case is established in IRIS.  Family Services cases that are tracked from Child FIRST share a reference code.  Agencies in Orange Door catchments are creating cases at Agencies without any tracking- they will not have a common reference code.  Reference codes are included in data exports and can be searched for in IRIS. This makes them useful – if data exports show anomalies the specific cases can be looked up by the agency. |

#### Referral Date

Date of referral that initiates new case.

| Counting and interpretation |
| --- |
| Use Calendar or enter date e.g.: 1/01/2019.  This will auto-populate to day case created but should be altered to reflect referral date if there is a delay in creating the case on IRIS. |

#### Referral Source

Mandatory.

Identifies agency or relationship.

Referral source (less intra-catchment referrals) will be counted as the number of new referrals (intakes) to Family Services

| Selections | Counting and interpretation |
| --- | --- |
| Aboriginal Agency | No further description required. |
| Aboriginal Children in Aboriginal Care | This new option reflects the implementation of section 18 of the Children Youth and Families Act (2005). When Aboriginal Children in Aboriginal Care is selected the ‘CP status’ also becomes mandatory – ‘Protective order’ will always be selected. |
| Bushfire Case Management Service | No further description required. |
| Child Care Centre | No further description required. |
| Community Health Service | No further description required. |
| Community Welfare: Drug and Alcohol Service | No further description required. |
| Community Welfare: Family Service | No further description required. |
| Community Welfare: Family Violence Service | No further description required. |
| Community Welfare: Financial Counselling Service | No further description required. |
| Community Welfare: Gambling Service | No further description required. |
| Community Welfare: Health Service | No further description required. |
| Community Welfare: Housing | No further description required. |
| Community Welfare: Legal Service | No further description required. |
| Community Welfare: Mental Health Service | No further description required. |
| Community Welfare: Other | No further description required. |
| Community Welfare: Parenting Service | No further description required. |
| Community Welfare: Women’s Refuge, shelter | No further description required. |
| Community Welfare: Youth Service | No further description required. |
| DHHS: Child Protection | No further description required. |
| DHHS: Disability Services | No further description required. |
| Early Childhood Intervention Service | No further description required. |
| Early Parenting Centre | No further description required. |
| Family, friend | No further description required. |
| Hospital: General | No further description required. |
| Hospital: Social Work Department | No further description required. |
| Hub- CP Intake | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- CP Post Intake | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- Other Professional | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- Police | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub Self/Community referral | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Integrated Placement Prevention and Re-unification | Use this when the case has been referred from an intensive Family Service type dedicated to preventing placements e.g. Stronger Families, Families First or Aboriginal Family Preservation and Restoration. |
| Internal from this agency | Allows free text to provide detail of the service type referring. Consider using Integrated PP&R referral source if applicable. |
| Intra-catchment referral | Use for all referrals between partner Family Service agencies. |
| Kinship Care Service | No further description required. |
| Local Government Service | No further description required. |
| Local Government Welfare | No further description required. |
| Maternal & Child Health Service | No further description required. |
| Medical: GP | No further description required. |
| Medical: Specialist Doctor | No further description required. |
| Other Referral Source | Allows free text for the referral sources. |
| Police: L17 | No further description required. |
| Police: Other | No further description required. |
| Preschool | No further description required. |
| School, primary | No further description required. |
| School, secondary | No further description required. |
| Self | For referrals where a client refers themselves.  Where another party supports a client to make a referral (i.e. they wouldn’t have made the referral without support/warm referrals) it should be recorded as a referral from the other source.  Where another party has only provided information or advice (i.e. were provided a phone number or brochure) it should be recorded as a Self-Referral. |

#### Ref Src Int/Other

Free text for the referral sources- Internal from this agency and Other.

#### Case Code

A non-mandatory free text field that can be used to designate case types of interest to the agency. These cases can then be reported on as the case code is a filter for Case Reports e.g. Case Summary report.

| Selections | Counting and interpretation |
| --- | --- |
| Code entered by agency. | Free text.  Agencies have several established uses for this field. Cannot search client list by case code but it is used to filter case reports.  When using *intra-catchment referral*, agencies can increase capacity to track cases for the same clients across agencies by manually entering the IRIS generated *Reference Code* as the *Case Code* in the new case at the next agency. |

#### Related Persons

| Selections | Counting and interpretation |
| --- | --- |
| Auto Populated | Indicates that the numbers of Children, Partners and Related persons are registered under the related person’s tab. |

#### Household Type

Mandatory except Not Mandatory in Child FIRST cases.

| Selections | Counting and interpretation |
| --- | --- |
| Couple with children | 2 parents, in a relationship with children, with parents providing most care to children. |
| Single Parent | 1 parent with children, with parents providing most care to children. |
| At home with other family (Aunt/Uncle/Grandparent/Sibling | Children living in an unofficial kinship arrangement with no orders, with family members other than a parent providing most parenting. |
| Out of Home Care- Statutory foster or kinship care | On a protective order in official foster or kinship placement. |
| Couple without children | Couple without children - ineligible for Family Services unless an independent child is being supported by Family Services (is used by other service types). |
| Family- Other | Anything not included in other options- Household members are related. |
| Single Person | Single person without children - ineligible for Family Services unless an independent child is being supported by Family Services (field is used by other service types). |
| Group Household | Share House including unrelated people. |
| Other Household | Anything not included in other options. |
| Unknown | Should only be used in exceptional circumstances when household type has not been ascertained. |

#### Housing Type

Mandatory except Not Mandatory in Child FIRST cases.

| Selections | Counting and interpretation |
| --- | --- |
| House, flat apartment or unit  Homeless, incl car, rough sleeping, couch surfing  Refuge or emergency accommodation  Boarding or rooming house  Caravan  Transitional housing  Hotel/motel/bed and breakfast  Prison, correctional facility  Hospital incl. psychiatric, rehabilitation  Special residential (hostel, aged care accommodation)  Immigration detention centre  Other  Not Stated/inadequately described  Unknown | Select from list.  Important data for demographic analysis and evaluation.  Other should only be selected if no other field applies. |

#### Housing Tenure

| Selections | Counting and interpretation |
| --- | --- |
| Boarding  Homeless  Occupied rent free  Owned  Purchasing  Renting – Private  Renting – Public  Transitional housing | Select from list.  Other should only be selected if no other field applies. |

#### Source of Income

One Selection is Mandatory.

This is Household Income- All primary sources of income in the family/household that are contributing to children should be recorded. i.e. both parents. Up to four selections can be made.

| Selections | Counting and interpretation |
| --- | --- |
| Employment – permanent full-time>35 hours per week | No further description required. |
| Employment – permanent part-time <35 hours per week | No further description required. |
| Employment – cas. Short trm contract full time >35 hrs/wk | No further description required. |
| Employment – cas. Short trm contract part time <35 hrs/wk | No further description required. |
| Self Employed – business | No further description required. |
| Self-funded – investment, superannuation | No further description required. |
| Sharing in household income | Other non-parent members of the household are contributing to supporting primary client/children financially. |
| Work cover | No further description required. |
| Child Support/maintenance | No further description required. |
| Veterans affairs pension | No further description required. |
| Other government pensions or benefits | Any government payment not already mentioned e.g. Parenting payment, Family tax benefit, New start, disability pension, aged pension. |
| No income | No further description required. |
| Parent/Carer | An option intended for other service types, unlikely to be used by Family Services. |
| Unknown | Any other source of income. |

#### CP Status

Mandatory field when Child Protection are selected as the referral source.

| Selections | Counting and interpretation |
| --- | --- |
| Intake  Investigated, not substantiated  Substantiated, no protective order  Protective Order  Not involved with CP | Select from list.  Do not use “Not involved with CP”. (This is used for other service types and should not be used in Family Services). If the referral source of Child Protection has been selected, then the family is involved with CP. This option is meant for other case types where the CP status is always mandatory (i.e. not dependant on the referral source). |

#### Does the referrer have a significant concern for the wellbeing of child/ren and/or unborn child?

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Yes  No | Relates to the referrer’s level of concern for a child, unborn child or an unborn child after their birth – the threshold is a more than minor concern. The intent of the Children, Youth and Families Act is that that referrers with concerns can feel confident to make a referral to a support service with the option of this being confidential.  This referral type is a ‘moment in time’ and the classification cannot be changed in IRIS once it is saved.  Referrals for minor concerns are also eligible for support.  This is not to be confused with the practitioner’s assessment of the wellbeing of the child or unborn child.  Refer to:  [Child FIRST and Family Services Policy and Practice Advice: Identifying and recording a ‘significant concern for the wellbeing of a child’](https://providers.dhhs.vic.gov.au/child-first-and-family-services-policy-concern-wellbeing-child-word) and unborn referral types. <<https://providers.dhhs.vic.gov.au/child-first-and-family-services-policy-concern-wellbeing-child-word>> |

#### Referrer identity

Mandatory.

Protected is to be selected only when the referrer has a significant concern about the wellbeing of a child and the referrer does not consent to his or her identity being disclosed (S.41) Children, Youth and Families Act (2005).

| Selections | Counting and interpretation |
| --- | --- |
| Protected or Not Protected  Yes  No | When protected identity is selected, the referrer identity cannot be disclosed outside of the Child FIRST that receives the referral or to Child Protection.  In practice, Child FIRST and Family Services intake will seek consent to disclose the identity of the referrer as in most cases this assists engagement and trust and enables the involvement of the referrer. |

#### Intake Outcome

This field is mandatory for all cases because Child FIRST and Family Services share a case, but the data is only meaningful when looking at the outcome of initial contact with the Child FIRST and Family Services system.

Intake outcomes are based on Children, Youth and Families Act (2005) (S.33) responses to a referral by a community-based Child and Family Services.

Child FIRST uses it to reflect the outcome of all referrals.

Family Services uses it to reflect the outcome of a direct referral (which may or may not progress to an episode of support).

| Selections | Counting and interpretation |
| --- | --- |
| Advice and information to caller | Not used for self-referrals and indicating no contact by Child FIRST or Family Services with family.  If Intake or Child & Family Services facilitates a referral by direct contact with another service, use the Referral to Other Service Intake Outcome (below) and also complete “Referral to” service activity. |
| Advice and assistance to family | Child FIRST and Family Services intake interventions, with family contact, and closed after providing some assistance, without allocating to a Family Service.  If any referrals are advised or directly facilitated record via the ‘Referral to’ service activity (i.e. not the ‘’Referral to” intake outcome). If support consisted primarily of a referral use the Referral to” intake Outcome”. |
| Referral to other service | Contact made by Child FIRST or Family Services intake with another service on behalf of family or caller, with the intention the other service provides support, and with this referral being the primary activity undertaken.  Also complete the ‘Referral to’ service activity (and hours). |
| Family Service Allocation | Allocated to Family Services for a support service.  When cases are set up in local Family Services agencies not tracked via Child FIRST, the Intake Outcome must still be completed. Should select Family Service allocation.  For Family Services cases allocated from Child FIRST always select ‘Allocated to Family Services”. |
| Report to Child Protection | Child/ren in need of protection and reported to Child Protection. Used when the referral to Child FIRST or Family Services meets the Child Protection threshold and the Child FIRST Intake will close involvement at this point. Complete any hours of service under the service activity of Report to Child Protection.  Child Protection and Child FIRST will not concurrently assess risk. CP may make subsequent referral to Child FIRST after completing their assessment. |

#### Children Recorded

Prompt to remind worker to ensure that all children’s details are recorded in related persons as soon as a child’s identity becomes known.

| Selections | Counting and interpretation |
| --- | --- |
| Yes  No | Auto- populated when children are added to the related persons tab, it is mandatory to add children. |

#### Unborn referral

The Children, Youth and Families Act (2005) (S.32) indicates that; ‘A person who, before the birth of a child, has a significant concern for the wellbeing of the child after his or her birth may refer the matter to a community-based Child and Family Service’.

| Selections | Counting and interpretation |
| --- | --- |
| Yes  No | Answer yes whenever the referrer has a significant concern for the wellbeing of an unborn child, or a child once born.  Includes Unborn Referrals from Child Protection.  Refer to:  [Child FIRST and Family Services Policy and Practice Advice: Identifying and recording a ‘significant concern for the wellbeing of a child’ and unborn referral types.](https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Child-FIRST-and-family-services-policy-significant-concern-for-wellbeing.docx)<https://providers.dhhs.vic.gov.au/sites/dhhsproviders/files/2017-06/Child-FIRST-and-family-services-policy-significant-concern-for-wellbeing.docx> |

### Important reminders: Substantive Cases

* Record all referrals that are not simply information exchange as a Substantive Cases.
* Complete as many fields as possible. There should be no/minimal ‘unknown’ fields selected in Family Services.
* Child FIRST may select ‘unknown’ fields if the information is not yet assessed/or limited information is provided in the referral and unable or unreasonable to be obtained.
* To ensure consistency Team Leaders set up cases in IRIS initially and case manager’s add content.

### Cradle to Kinder case page

Cradle to Kinder is a long-term service and practitioners have ample time to collect the information relevant to the IRIS case.

Because cases can run for several years it is very important to system oversight that;

* All fields relating to the ‘Client background’ section are completed as soon as the information is known – rather than at the end of the case.
* All fields in the ‘Child Details” section are updated monthly, to reflect the progress of children and key outcomes of the intervention.

#### Funding Source

Select Cradle to Kinder.

| Selections | Counting and interpretation |
| --- | --- |
| Cradle to Kinder | Auto populates however can be edited by selecting edit button.  These are visible in IRIS reports. |

#### Case Owner

Drop down list of staff or team roles (e.g. Intake). Agencies are required to ensure that all relevant staff members are set up on IRIS to enable selection as *case owner*.

| Selections | Counting and interpretation |
| --- | --- |
| User Names list | The *case owner* is the case manager or the person in the agency responsible for the case. Only one case owner can be selected at a time (it can be changed if case manager changes).  Reports can be filtered by case owner e.g. to list all cases allocated to a selected worker. The case owner is reported as ‘staff’ in *case* reports and on the case screen.  A secondary worker can be added as the *service provider* against the relevant service activity (reports can also be filtered by service provider).  The case owner is the case manager or the person in the agency responsible for the case. The case owner shows on the case screen and in case reports  A secondary worker can be added as the *service provider* against the relevant service activity.  (Note: on the client screen and in *client* reports *staff* is the person who created the client record). |

#### Outlet

Defaults to main office of agency. Drop down box can include other agency outlets.

#### Reference Code

| Selections | Counting and interpretation |
| --- | --- |
| Automatically generated by IRIS based on agency code, outlet code and unique auto generated digits. | The *reference code* is automatically generated for every case opened (or open) in IRIS following the upgrade of April 2007.  The reference code is automatically generated by IRIS every time a new case is established in IRIS.  Family Services cases that are tracked from Child FIRST share a reference code.  Agencies in Orange Door catchments are creating cases at Agencies without any tracking- they will not have a common reference code.  Reference codes are included in data exports and can be searched for in IRIS. This makes them useful – if data exports show anomalies the specific cases can be looked up by the agency. |

#### Referral Date

Date of referral that initiates new case

| Counting and interpretation |
| --- |
| Use Calendar or enter date e.g.: 1/01/2019.  This will auto-populate to day case created but should be altered to reflect referral date if there is a delay in creating the case on IRIS. |

#### Referral Source

Mandatory.

Identifies agency or relationship.

Referral source (less intra-catchment referrals) will be counted as the number of new referrals (intakes) to Family Services.

| Selections | Counting and interpretation |
| --- | --- |
| Aboriginal Agency | No further description required. |
| Aboriginal Children in Aboriginal Care | This new option reflects the implementation of section 18 of the CYF Act. When Aboriginal Children in Aboriginal Care is selected the ‘CP status’ also becomes mandatory – ‘Protective order’ will always be selected |
| Bushfire Case Management Service | No further description required. |
| Child Care Centre | No further description required. |
| Community Health Service | No further description required. |
| Community Welfare: Drug and Alcohol Service | No further description required. |
| Community Welfare: Family Service | No further description required. |
| Community Welfare: Family Violence Service | No further description required. |
| Community Welfare: Financial Counselling Service | No further description required. |
| Community Welfare: Gambling Service | No further description required. |
| Community Welfare: Health Service | No further description required. |
| Community Welfare: Housing | No further description required. |
| Community Welfare: Legal Service | No further description required. |
| Community Welfare: Mental Health Service | No further description required. |
| Community Welfare: Other | No further description required. |
| Community Welfare: Parenting Service | No further description required. |
| Community Welfare: Women’s Refuge, shelter | No further description required. |
| Community Welfare: Youth Service | No further description required. |
| DHHS: Child Protection | No further description required. |
| DHHS: Disability Services | No further description required. |
| Early Childhood Intervention Service | No further description required. |
| Early Parenting Centre | No further description required. |
| Family, friend | No further description required. |
| Hospital: General | No further description required. |
| Hospital: Social Work Department | No further description required. |
| Hub- CP Intake | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- CP Post Intake | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- Other Professional | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub- Police | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Hub Self/Community referral | In Hub sites there is no longer any tracking between intake and Family Services. Family Service organisations must create all cases. In order to achieve some data continuity new high-level referral sources have been introduced. Family Services in Hub sites should use these to reflect the origin of a Hub referral. |
| Integrated Placement Prevention and Re-unification | Use this when the case has been referred from an Intensive Family Service type dedicated to preventing placements e.g. Stronger Families, Families First or Aboriginal Family Preservation and Restoration. |
| Internal from this agency | Allows free text to provide detail of the service type referring. Consider using Integrated PP&R referral source if applicable. |
| Intra-catchment referral | Use for all referrals between partner Family Service agencies. |
| Kinship Care Service | No further description required. |
| Local Government Service | No further description required. |
| Local Government Welfare | No further description required. |
| Maternal & Child Health Service | No further description required. |
| Medical: GP | No further description required. |
| Medical: Specialist Doctor | No further description required. |
| Other Referral Source | Allows free text for the referral sources. |
| Police: L17 | No further description required. |
| Police: Other | No further description required. |
| Preschool | No further description required. |
| School, primary | No further description required. |
| School, secondary | No further description required. |
| Self | For referrals where a client refers themselves.  Where another party supports a client to make a referral (i.e. they wouldn’t have made the referral without support/warm referrals) it should be recorded as a referral from the other source.  Where another party has only provided information or advice (i.e. were provided a phone number or brochure) it should be recorded as a Self-Referral. |

#### Ref Src Int/Other

Free text for the referral sources- Internal from this agency and Other.

#### Case Code

A non-mandatory free text field that can be used to designate case types of interest to the agency. These cases can then be reported on as the case code is a filter for Case Reports e.g. Case Summary report.

| Selections | Counting and interpretation |
| --- | --- |
| Code entered by agency. | Free text.  Agencies have several established uses for this field. Cannot search client list by case code but it is used to filter case reports.  When using *intra-catchment referral*, agencies can increase capacity to track cases for the same clients across agencies by manually entering the IRIS generated *Reference Code* as the *Case Code* in the new case at the next agency. |

#### Related Persons

| Selections | Counting and interpretation |
| --- | --- |
| Auto Populated | Indicates that the numbers of Children, Partners and Related persons are registered under the related person’s tab. |

#### Household Type

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Couple with children | 2 parents, in a relationship with children, with parents providing most care to children. |
| Single Parent | 1 parent with children, with parents providing most care to children. |
| At home with other family (Aunt/Uncle/Grandparent/Sibling | Children living in an unofficial kinship arrangement with no orders, with family members other than a parent providing most parenting. |
| Out of Home Care- Statutory foster or kinship care | On a protective order in official foster or kinship placement. |
| Couple without children | Couple without children- ineligible for Family Services unless an independent child is being supported by Family Services (field is used by other service types). |
| Family- Other | Anything not included in other options- Household members are related. |
| Single Person | Single person without children- ineligible for Family Services unless an independent child is being supported by Family Services (field is used by other service types). |
| Group Household | Share House including unrelated people. |
| Other Household | Anything not included in other options. |
| Unknown | Should only be used in exceptional circumstances when has not been ascertained. |

#### Housing Type

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| House, flat apartment or unit  Homeless, incl car, rough sleeping, couch surfing  Refuge or emergency accommodation  Boarding or rooming house  Caravan  Transitional housing  Hotel/motel/bed and breakfast  Prison, correctional facility  Hospital incl. psychiatric, rehabilitation  Special residential (hostel, aged care accommodation)  Immigration detention centre  Other  Not Stated/inadequately described  Unknown | Select from list.  Important data for demographic analysis and evaluation.  Other should only be selected if no other field applies. |

#### Housing Tenure

| Selections | Counting and interpretation |
| --- | --- |
| Boarding  Homeless  Occupied rent free  Owned  Purchasing  Renting – Private  Renting – Public  Transitional housing | Select from list.  Other should only be selected if no other field applies. |

#### Source of Income

One Selection is Mandatory.

This is Household Income- All primary sources of income in the family/household that are contributing to children should be recorded. i.e. both parents. Up to four selections can be made.

| Selections | Counting and interpretation |
| --- | --- |
| Employment – permanent full-time>35 hours per week | No further description required. |
| Employment – permanent part-time <35 hours per week | No further description required. |
| Employment – cas. Short trm contract full time >35 hrs/wk | No further description required. |
| Employment – cas. Short trm contract part time <35 hrs/wk | No further description required. |
| Self Employed – business | No further description required. |
| Self funded – investment, superannuation | No further description required. |
| Sharing in household income | Other non-parent members of the household are contributing to supporting primary client/children financially. |
| Work cover | No further description required. |
| Child Support/maintenance | No further description required. |
| Veterans affairs pension | No further description required. |
| Other government pensions or benefits | Any government payment not already mentioned e.g. Parenting payment, Family tax benefit, New start, disability pension, aged pension. |
| No income | No further description required. |
| Parent/Carer | An option intended for other service types, unlikely to be used by Family Services. |
| Unknown | Any other source of income. |

#### CP Status

Mandatory field when Child Protection are selected as the referral source.

If the referral source of Child Protection has been selected, then the family is involved with CP. This option is meant for other case types where the CP status is always mandatory (i.e. not dependant on the referral source)

| Selections | Counting and interpretation |
| --- | --- |
| Intake  Investigated, not substantiated  Substantiated, no protective order  Protective Order  Not involved with CP | Select from list.  Do not use “Not involved with CP”. (This is used for other service types and should not be used in Family Services) |

#### Client Background

Entered on referral, capturing a snapshot at time of referral.

#### First time Mother?

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Select Yes of No. Do not use other options.  At time of referral. |

#### Referral for Antenatal Service

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Select Yes of No. Do not use other options.  At time of referral. |

#### Gestation Period

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| 1-50 Weeks | Enter Number.  Gestation time at referral. |

#### Mother’s Education Level

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Pre-primary education  Primary education  Secondary education  Certificate level  Advanced Diploma level  Bachelor Degree level  Graduate diploma and graduate certificate level  Post Graduate degree level | Select from list.  At time of referral. |

#### Mother currently in OOHC (Out of Home Care)

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Select Yes of No. Do not use other options.  At time of referral. |

#### Mother previously in OOHC (Out of Home Care)

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Select Yes of No. Do not use other options.  At time of referral. |

#### Current Children CP History

Mandatory.

The unborn child or other children in the case (including children who may not currently live with the mother) have a Child Protection history at the time of referral.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Select Yes of No. Do not use other options.  At time of referral. |

#### Child Details

| Selections | Counting and interpretation |
| --- | --- |
| Select ‘New’ for each new child born into C2K | The fields below must be updated Monthly to reflect case progress, and be accurate at closure. |

#### First name, Surname

Mandatory.

The name of the related persons.

| Counting and interpretation |
| --- |
| Add the primary child to the record once born. Use the spelling on the family’s Medicare card or other government issued documentation. |

#### Sex

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Male  Female  Other | Select from list. |

#### DOB

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| The date of birth of the person is recorded. | Accurately enter the child’s DOB. This should be known to Cradle to Kinder.  Date of birth is a key field for Cradle to Kinder. It also allows de-identified data for clients who present in different regions or catchments to be linked through the SLK. |

#### Age at closure

Auto-populates.

#### COB

Mandatory.

Country in which the child was born.

| Selections | Counting and interpretation |
| --- | --- |
| List of Countries | Select from list. |

#### Statistical Linkage Key (SLK)

SLKs follow a formula created by the ABS, IRIS automatically builds SLKS with the input of the client’s name and DOB and Sex.

| Counting and interpretation |
| --- |
| The SLK is automatically generated from the name, DOB and gender.  SLKs are used by data analysts to identify the same clients/children presenting at different locations across the State and within other programs, such as Child Protection. Note that individuals remain de-identified in linked data; CRIS also creates SLKs in the same format as IRIS. Linking data is important for understanding risk, cumulative harm and the effectiveness of services.  SLKs are also generated for the primary client.  The SLK field in the Cradle to Kinder case tab will updates if the name and DOB are updated, improving accuracy for data linkage.  Wherever possible an agency should ask for the date of birth that an individual uses on their official ID documents such as a Medicare card. |

#### Indigenous Status

Mandatory.

Identify whether the child is Aboriginal and/or Torres Strait Islander or whether this could not be ascertained. Child FIRST or any Family Service is to directly ask at referral whether any members of the family are Aboriginal or Torres Strait Islander.

If yes, local Alliance procedures should include an offer of Aboriginal specific support to families, and/or consultation with the local Aboriginal Community Controlled Organisation.

This is a priority cohort for Victorian human services, and effective earlier support is essential in reducing the over representation of Aboriginal children and families in Child Protection.

This information should be obtained as soon as possible and should be accurate for Cradle to Kinder children.

| Selections | Counting and interpretation |
| --- | --- |
| Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Neither Aboriginal nor Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client declined to answer | Select from list. |

#### Attended 3yo Kinder

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Leave blank until the child is 3 years old, then select No or Yes.  Check accuracy regularly.  Select Yes or No. Do not use other options.  If the case closes prior to the child turning 3 ‘Not applicable’ should be selected. |

#### Attended 4yo Kinder

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Leave blank until the child is 4 years old, then select No or Yes.  Check accuracy regularly.  Select Yes or No. Do not use other options.  If the case closes prior to the child turning 4 ‘Not applicable’ should be selected. |

#### Most Recent KA & S

Maternal Child Health-Key Ages and Stages consultation.

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| None Completed  Home Consultation  2 Weeks  4 Weeks  8 Weeks  4 months  8 months  12 Months | Record the most recent Key Ages and Stages consultation.  Select most appropriate and keep updated. |

#### Child Report made to CP

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not Known  Not applicable  Not required for this case | Asks whether the child has been reported to CP by C2K during the intervention.  Select No or Yes. Do not use other options |

#### CRIS Client Id

Record the CRIS number in every case that the child is known to Child Protection.

### Important reminders: Cradle to Kinder case page

* Team Leaders set up case initially and case manager’s add content to ensure consistency in how cases are set up.

### Related Persons

screen ca00-2

NOTE: Cradle to Kinder case does not have the ‘engagement’ tab, some of this information is captured for the target and subsequent children in the case tab.

For Cradle to Kinder cases all children born during the service (or referred in the first few weeks after birth) should be recorded in the case page. Partners, older children and other family members should be recorded as ‘related persons’.

### Related Persons functions

Select option to add a new related person.

#### New Child

| Selections | Counting and interpretation |
| --- | --- |
| Child, own with current partner  Child, own with former partner  Child, step  Child, foster  Grandchild  Unborn child | All children must be entered, including name and age, for all cases.  A prompt for this is provided through the new mandatory field: Children recorded? Yes/No.  Children’s names and ages may also be extracted in agency level IRIS reports. These reports will support allocation prioritisation decisions, or to more accurately understand a worker’s case load (i.e. working with five children of varied ages as opposed to a single child).  **Unborn Child Instructions:** Unborn children must be registered as a related person. Remember to also record an unborn referral at the referral screen if the referral is in relation to concerns for the unborn.  After the child is born add a new ‘child’, do not alter or convert the original unborn person. This is necessary because IRIS does not maintain a record of who was referred as an unborn child, and this is a priority cohort that is currently difficult to understand in IRIS data.  Recording all children will support oversight of children within the IRIS data, this is, consistent with the focus of the Family Services system on children’s best interests. |

#### New Partner

| Selections | Counting and interpretation |
| --- | --- |
| Partner, current  Partner, former  Perpetrator: partner, current (do not use)  Perpetrator: partner, former (do not use) | Partners who are living in the home or having contact with the children should be recorded.  Biological parents (former partners) not living in the home or having contact with children should also be recorded.  Perpetrator codes available within IRIS are not for use by the Family Services program (they are included for Sexual Assault and Family Violence users of IRIS). |

#### New Related

| Selections | Counting and interpretation |
| --- | --- |
| Parent, own  Parent, step  Parent, foster  Grandparent  Sibling, own  Sibling, step  Sibling, foster  Aunt  Uncle  Cousin  Father-in-law  Other relative  Mother-in-law  Sister-in-law  Brother-in-law  Unrelated person: not specified  Acquaintance  Boyfriend  Business client  Carer  Clergy  Coach  Friend  Girlfriend  Health worker  Manager or supervisor  Neighbour  Residential worker  Stranger  Teacher  Work colleague  Other | Also record other family members and other persons if they are relevant to the case.  The relationship is to the client as registered on IRIS: e.g. if grandparent selected, this is the grandparent of the registered client. |

### Related Persons tab

Enter details for each related person.

#### First name, Surname

Mandatory.

The name of the ‘related person’.

| Counting and interpretation |
| --- |
| Wherever known use the spelling on the family’s Medicare card or other government issued documentation.  Accuracy is important for subsequent searches of the local IRIS data base, and for accurate SLKs. |

#### Address

* Street name and number
* PO Box

| Counting and interpretation |
| --- |
| Entering related persons address/phone details helps to keep these details in a central place to support case management and planning. |

#### Suburb

| Selections | Counting and interpretation |
| --- | --- |
| List of Suburbs | Select from list. |

#### Home, Work phone, Mobile, Email

| Counting and interpretation |
| --- |
| Entering related persons address/phone details helps to keep these details in a central place to support case management and planning. |

#### Statistical Linkage Key (SLK)

SLKs follow a formula created by the ABS, IRIS automatically builds SLKs with the input of the client’s name and DOB and Sex.

| Counting and interpretation |
| --- |
| The SLK is automatically generated from the name, DOB and gender.  SLKs are used by data analysts to identify the same clients/children presenting at different locations across the State and within other programs, such as Child Protection. Note that individuals remain de-identified in linked data; CRIS also creates SLKs in the same format as IRIS. Linking data is important for understanding risk, cumulative harm and the effectiveness of services.  SLKs are also generated for the primary client.  The SLK field in the related persons tab will update if the name and DOB are updated, improving accuracy for data linkage.  Wherever possible an agency should ask for the date of birth that an individual uses on their official ID documents such as a Medicare card. |

#### Gender

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Male  Female  Other | Select from list. |

#### Date of Birth or Age

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| The date of birth of the person is recorded. | Date of Birth should be accurate for children and partners, age is minimum requirement. Date of Birth impacts on SLK, affecting data linkage.  Avoid using ‘DOB estimated’ for children unless absolutely necessary, and update DOB when the information is gathered.  If age is estimated: For children less than one year enter age as 0. The age of children does not update within IRIS, therefore, enter the age at date of referral. Current age should subsequently be calculated based on the referred date.  ‘0-17’ should not be selected for adult guesstimate entries, as this will activate the mandatory engagement tabs. |

#### Indigenous Status

Mandatory.

Identify whether the child is Aboriginal and/or Torres Strait Islander or whether this could not be ascertained. Child FIRST or any Family Service is to directly ask at referral whether any members of the family are Aboriginal or Torres Strait Islander.

If yes, Local Alliance procedures should include an offer of Aboriginal specific support to families, and/or consultation with the local Aboriginal Community Controlled Organisation.

This is a priority cohort for Victorian human services, and effective earlier support is essential in reducing the over representation of Aboriginal children and families in Child Protection.

This information should be obtained as soon as possible and should be accurate for children.

| Selections | Counting and interpretation |
| --- | --- |
| Aboriginal but not Torres Strait Islander  Torres Strait Islander but not Aboriginal  Neither Aboriginal nor Torres Strait Islander  Both Aboriginal and Torres Strait Islander  Client declined to answer  Did not meet. Could not ascertain | Select from list.  Use the value ‘did not meet client could not ascertain’ only where there is still uncertainty on the part of the referrer. If this value is used a case note should also be made so that this value is updated when the uncertainty is resolved. This information should be obtained as soon as possible. |

#### Living with Client

| Selections | Counting and interpretation |
| --- | --- |
| Yes  No  Not Known  Not applicable | Select from list. |

#### *Demographics Tab*

Optional fields for all related persons.

#### Country of Birth

| Selections | Counting and interpretation |
| --- | --- |
| List of Countries | Select from list. |

#### COB Mother, COB Father

If mother and/or father were not born in Australia record Country of Birth.

| Selections | Counting and interpretation |
| --- | --- |
| List of Countries | Select from list. |

#### Eligible NDIA

National Disability Insurance Agency (National Disability Insurance Scheme – NDIS).

Note: Field is not currently mandatory BUT it is of high importance- prioritise its completion.

Identify if the related person is eligible for the National Disability Insurance Scheme. The client record will record if the primary carer is eligible.

With the implementation of NDIS it is anticipated that the service navigation role for vulnerable families once carried out by DHHS Disability Intake will become a role for Child FIRST and Family Services. This field enables us to track increases in demand for this cohort of families.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes- enrolled  Maybe- not enrolled | Select from list. |

#### Identify as LGBTI

Agencies are to identify if the related person is LGBTI.

The LGBTI status of the primary carer can be recorded in the client record page.

This field enables us to understand whether Family Services is being accessed by and meeting the needs of families with LGBTI family members.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Doesn’t want to say | Select from list. |

#### Proficiency Spoken English

If English is not a related persons first language, indicate how well the client speaks English.

| Selections | Counting and interpretation |
| --- | --- |
| Very Well | Select from list.  For clients whose first language is English use the ‘very well’ option. |
| Well  Not Well | Select from list. |
| Not at All | Select from list.  If an interpreter is required use the ‘not at all’ option. |

#### Proficiency Written English

Agencies can indicate how well the related person reads and writes English or whether this could be ascertained.

| Selections | Counting and interpretation |
| --- | --- |
| Very Well  Well  Not Well | Select from list. |
| Not at All | Select from list.  If translation is required or the client is illiterate use the ‘not at all’ option. |

#### Preferred Language

Indicate the related persons preferred language.

| Selections | Counting and interpretation |
| --- | --- |
| List of Languages | Select from list. |

#### CRIS Client ID

**Note: Field is not currently mandatory BUT it is of high importance- prioritise its completion.**

| Counting and interpretation |
| --- |
| Supports linking Child FIRST and Family Services case data with Child Protection data to support system oversight.  **While not indicated as mandatory in the IRIS fields, practice advice is that this field IS MANDATORY for all Child Protection referred cases.** |

#### *Engagement Tab (not for Cradle to Kinder Cases)*

Records engagement of key childhood services at commencement and completion of case.

#### Antenatal Care

Mandatory for all Unborn cases.

Does the mother report attending antenatal appointments regularly?

| Selections | Counting and interpretation |
| --- | --- |
| At allocation  Yes  No  Not known | At Allocation’ - in some cases Child FIRST will select ‘Not Known, but Child FIRST should be in a position to answer these questions where a referrer has a significant wellbeing concern and the risk assessment includes contacting Antenatal Care etc.  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |
| At closure  Yes  No  Not known | Child FIRST should not complete the ‘at closure’ section for any cases they are tracking to IFS, as the field will not show up as incomplete in the IFS case, making it less likely to be updated at the conclusion of the IFS case. Child FIRST cases should reflect the work done at Child FIRST and do not need to update with IFS outcomes upon closure. (i.e. will have the same answer for ‘At Allocation’ as ‘At closure’ because they were likely captured at the same time).  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |

#### MCH

Mandatory for all children aged 0-4 years.

Does the family report involvement at the last ages and stages?

| Selections | Counting and interpretation |
| --- | --- |
| At allocation  Yes  No  Not known | At Allocation’ - in some cases Child FIRST will select ‘Not Known, but Child FIRST should be in a position to answer these questions where a referrer has a significant wellbeing concern and the risk assessment includes contacting MCH etc.  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |
| At closure  Yes  No  Not known | Child FIRST should not complete the ‘at closure’ section for any cases they are tracking to IFS, as the field will not show up as incomplete in the IFS case, making it less likely to be updated at the conclusion of the IFS case. Child FIRST cases should reflect the work done at Child FIRST and do not need to update with IFS outcomes upon closure. (i.e. will have the same answer for ‘At Allocation’ as ‘At closure’ because they were likely captured at the same time).  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |

#### Day Care, Education and Employment

Mandatory for all children aged 0-18 years.

If children are in a combination of these services, choose the option with the highest educational value. In order from highest to lowest this is Kindergarten, Long Day care, Family Day care. For example, where an older child is in school and also working - generally chose the option the child/young person spends most of their time in i.e. – if a young person is at school 5 days per week and has a part time job, IRIS should reflect school.

| Selections | Counting and interpretation |
| --- | --- |
| At allocation- Days attending  Kinder  Long day care  Family day care  School (inc Primary/Secondary/VCAL/VET)  Alternative education  Specialist School  Employed  Adult training  Not enrolled or employed  Unknown | Days attending = Number per week/Unknown  At Allocation’ - in some cases Child FIRST will select ‘Not Known, but Child FIRST should be in a position to answer these questions where a referrer has a significant wellbeing concern and the risk assessment includes contacting schools etc.  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |
| At closure- Days attending  Kinder  Long day care  Family day care  School (inc Primary/Secondary/VCAL/VET)  Alternative education  Specialist School  Employed  Adult training  Not enrolled or employed  Unknown | Days attending = Number per week/Unknown  Child FIRST should not complete the ‘at closure’ section for any cases they are tracking to IFS, as the field will not show up as incomplete in the IFS case, making it less likely to be updated at the conclusion of the IFS case. Child FIRST cases should reflect the work done at Child FIRST and do not need to update with IFS outcomes upon closure. (i.e. will have the same answer for ‘At Allocation’ as ‘At closure’ because they were likely captured at the same time).  Family Services should be able to answer these questions for most cases, and all cases where there is a significant investment of hours. |

#### Notes Tab- free text for any additional information on about person.

Free text for any additional information on about person.

### Important reminders: Related Persons

* Register Every Child and prioritise accuracy of names and Date of Birth
* Make every effort to register accurate Dates of Birth for all related persons, if this is not possible an age.
* Guestimate adult ages where it is not possible to gain this information.
* Enter ‘0’ or ‘99+’ as an unknown age.
* Don’t ‘convert’ unborn children record into children. Instead Re-add them to the case as a new related person when born.

### Issues tab

screen ca00-3

IRIS issues are the primary quantitative means of understanding and reporting on the characteristics of children, young people and families presenting to Child FIRST and Family Services. Issues data is used in a number of important ways to assist in advocacy and in service planning.

The information used in data analysis is usually the Issue category and the Goal Achieved field. These fields will be included in FSI Qlikview.

The structure of the ‘Issues’ fields suggest a linear relationship between issue, service plan goal and case outcome that is not always reflective of practice or a family’s experience. Practitioners should be guided by the best interests of children and best practice social work principles when setting goals with families – IRIS fields should not drive goals setting, but rather be used to record issues and goal setting to the best of its ability.

Child and Family Action Plans are agreed goals with the family and there may be other issues for the family that they are not yet ready to address directly. Whether an issue is related to a goal or not, they have an impact on case complexity and can have a bearing on intensity of service. It is important that IRIS captures the ‘Issues’ which impact on service delivery regardless of whether they are a primary focus of intervention.

In summary this data is not taken as indicative of service effectiveness, but rather provides a useful window into the issue’s families are facing and their journey of change.

Enter all issues in IRIS where:

* + **it has been assessed the issue is impacting on child/unborn wellbeing, family functioning or parenting capacity.**
  + **There is a related goal in the Child and Family Action Plan.**

#### Issue Type

Mandatory.

| Selections | Counting and interpretation |
| --- | --- |
| Selected from a pop-up menu when <New> is selected- this then auto-populates the Issue type field. | Refer to table below for Issue definitions. Enter any issue impacting on child wellbeing, parenting capacity or family functioning, PLUS any issue with a goal in the Child &Family action Plan (i.e. identified by the family as a priority) |

#### Identified

Issues may be identified at Intake, Assessment & at a Later Stage (via review processes) through the life of the case.

| Selections | Counting and interpretation |
| --- | --- |
| Intake  Assessment  Later Stage  Not required for this case. | Select the most appropriate option for when the issue was identified.  Child FIRST - should select ‘Intake’.  Assessment should be selected for Child and Family Assessments undertaken by Family Services prior to the development of the first action plan.  Later Stage should be selected when the issue is identified at further review points in the intervention. |

#### Goal in the service plan

Child and Family Action Plans are agreed plans with the family.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not known  Not applicable  Not required for this case | In general, only use Yes or No  Child FIRST referrals to Family Services- Leave blank for tracking.  Child FIRST cases should reflect the work done at Child FIRST and do not need to be updated with Family Services outcomes. Therefore, may select ‘Not required for this case’ after Family Service closure.  Child FIRST cases not tracked to Families Services may complete as per Child FIRST activities.  If Family Services assess that an issue opened by Child FIRST is not in fact relevant to the case, they may close it off as ‘Not required for this case’. |

#### Goal Achieved

Select best option.

Child FIRST- cases tracked to Family Services- Leave blank for tracking.

Child FIRST cases not tracked to Families Services, where short intervention completed, may complete as per case plan.

| Selections | Counting and interpretation |
| --- | --- |
| Fully | Goal was set and there is no need for further intervention from Family Services as it is not affecting child wellbeing, parenting capacity or family functioning. Underlying issues may still be present but effective connection to other services are in place. |
| Partly | Goal was set- Some change achieved. |
| Not at All | Goal was set- No change achieved. |
| Not applicable | No goal was set- i.e. Family did not agree to address this issue, or it was not a priority of the intervention. |
| Not required for this case | No goal was set - issue is selected as a demographic- e.g. ‘History of Child Protection’.  Child FIRST cases should reflect the work done at Child FIRST and do not need to be updated with Family Services outcomes. Therefore, may select ‘Not required for this case’ after Family Service closure.  If Family Services assess that an issue opened by Child FIRST is not in fact relevant to the case, they may close it off as ‘Not required for this case’. |

#### Referred to specialist agency

Select the best option.

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not known  Not applicable  Not required for this case | Child FIRST referrals to Family Services- Leave blank for tracking.  Child FIRST cases should reflect the work done at Child FIRST and do not need to be updated with Family Services outcomes. Therefore, may select ‘Not required for this case’ after Family Service closure.  Child FIRST referrals to external agencies- may select ‘Yes’.  Family Services should select Yes where referrals to specialist agencies have been made, otherwise select No. |

#### Issue still present at closure

| Selections | Counting and interpretation |
| --- | --- |
| No  Yes  Not known  Not applicable  Not required for this case | For the purpose of IRIS, we record when we have alleviated the impact of issues on Child Wellbeing, Family Functioning and Parenting Capacity.  Select Yes or No.  ‘No’ indicates the issue does not affect child wellbeing, parenting capacity or family functioning at the time of closure.  ‘Yes’ may indicates the issue still affects child wellbeing, parenting capacity or family functioning. i.e. If select ‘Goal Achieved- Not at all’ with ‘Issue still present at closure- Yes’.  ‘Yes’ may also indicate that family has capacity to address issue without Family Services intervention. i.e. If select ‘Goal Achieved- Fully/Partly’ with “Issue still present at closure- Yes’.  Family Violence History or Child Protection History will never be resolved- there will always be a history. Family Services will not ‘cure’ a disability. This field asks if they are impacting Child Wellbeing etc.  Child FIRST referrals to Family Services- Leave blank for tracking.  Child FIRST cases should reflect the work done at Child FIRST and do not need to be updated with Family Services outcomes. Therefore, may select ‘Not required for this case’ after Family Service closure.  Child FIRST referrals to Family Services select ‘Not required for this case’.  Child FIRST cases not tracked to Families Services, where short intervention completed, may complete as per case plan. |

### Issues details (Issue categories)

Issues categories are classified as either ‘Complex’ or ‘Other’ for aggregated IRIS data analysis purposes. The ‘number of complex issues categories’ in a case is a strong predictor of the intensity of service a family will receive and of the investment that is likely to be made in actively or assertively engaging the families. See category classification table below.

| Complex Issues category | Other Issues category |
| --- | --- |
| Alcohol and other drugs  Child Protection  Disability – Intellectual  Disability - Physical  Family violence  Housing  Mental health  Sexual Assault | Service Access  Behaviour  Disasters  Education  Financial  Gambling  Health  Household Management  Isolation  Legal  Migrant/ Refugee  Parents may be unwilling to engage  Parenting Skills  Relationships  Separation  Grief and Loss |

Note that when developing a Child and Family Action Plan it is useful to print out a Case Details Report (accessed through the client’s individual case record) – select ‘print preview’ once in a case record. This report will provide a full list of client issues and IRIS service history for the client. (for paperless files PDF can be selected as a printer preference and saved to the clients file).

#### Definition of persons in issue types):

| Selections | Counting and interpretation |
| --- | --- |
| Adult – primary carer | Either parent or primary caregiver of the child/youth (i.e. both parents living in the home). |
| Adult | Significant adult within the context of the Family Services intervention. May be step-parent, grandparent, significant other etc. over 18 years. |
| Child | Aged: 0-11 years |
| Youth | Aged: 12–17 years |
| Foetal/Infant\* | Aged: Unborn – 3 years \*Used only in Physical Health category. |

#### Alcohol and other Drugs

Complex issue category.

The issue of alcohol and/or other drug use is:

* reflected is a goal in child and family action plan
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult – primary carer  Adult  Child  Youth | The threshold here is substance use issues are impacting child wellbeing, parenting capacity or family functioning.  Can be entered multiple times if impacting different members of the family. |

#### Behaviour

Other issues category.

The behaviour of a child or youth is identified as an issue within the context of the Family Services intervention and is:

* reflected in a goal in the child and family action plan
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Child  Youth | This issue category relates to issues in the home or community (behavioural issues in the education setting are captured in “Education – behaviour at school”).  In the case where there are multiple children or youth within the family experiencing behavioural issues, values may be selected for each child/youth for whom this is an identified issue. |

#### Child Protection

Complex issue category.

A member of the family has current or previous Child Protection involvement.

This should always be recorded if applicable and does not have to have current impact on child wellbeing, family functioning or parenting capacity or be goal in the Family Service intervention.

Where ‘History of’ is selected no goal is required unless there is a current impact.

| Issue type detail | Definition |
| --- | --- |
| Current report – emotional abuse  Current report – neglect  Current report – physical abuse  Current report – sexual abuse  History of CP involvement – adult  History of CP involvement – child/youth  Unborn report | Current report should be used selected when the case is referral from any phase of CP or there is a CP case (post intake) at any time concurrent to the Child FIRST or Family Services case.  ‘History of CP involvement – child/youth’ should be selected when there has been known previous involvement of the child/youth with Child Protection.  ‘History of CP involvement – adult’ should be selected if an adult has had known previous involvement with Child Protection. This may be either as an adult within a different family context, or the adult’s historical involvement with Child Protection as a child/youth.  Multiple options may be selected if more than one applies. |

#### Disability – Intellectual

Complex issue category.

An intellectual disability, either diagnosed or requiring assessment, is an issue within the context of the Family Services intervention and is:

* reflected in a goal in the child and family action plan.
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult – diagnosed  Adult – requiring assessment  Adult – primary carer: diagnosed  Adult – primary carer: requiring assessment  Child – diagnosed  Child - requiring assessment  Youth – diagnosed  Youth – requiring assessment | The Disability Discrimination Act (1992) defines disability (intellectual) as:  (a) total or partial loss of the person’s mental functions; or  (f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or  (g) a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgment or that results in disturbed behavior.  To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.  May be selected as either ‘diagnosed’ where a formal diagnosis has been undertaken, or ‘requiring assessment’ where the disability is yet to be formally diagnosed or is suspected.  Where the Family Services intervention is supporting to link with NDIS, ‘requiring assessment’ should be selected.  In the case where there are multiple persons within the family for who this is an identified issue, values may be selected for each person.  Autism spectrum disorder (ASD) is a neurological disorder and is now accepted as an ‘intellectual disability’ as per amendment to Victorian legislation in 2009. Though the majority of assessment and diagnosis, and some treatment services for ASD are provided by Mental Health Services, issues pertaining to ASD should be recorded under ‘Intellectual Disability’ category.  Developmental delay is a delay in the development of a child under the age of 6 years that is attributable to either a mental or physical impairment or a combination of these. Developmental delay results in substantial functional limitations in areas of major life activity such as self-care, receptive and expressive language, and cognitive or motor development. Issues regarding developmental delay can be recorded under both/either physical and intellectual disability dependent upon the nature of the causal factors and impact of the developmental delay. |

#### Disability – Physical

Complex issue category.

A physical disability, either diagnosed or requiring assessment, is an issue within the context of the Family Services intervention and is:

* reflected in a goal in the child and family action plan
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult – primary carer: diagnosed  Adult – primary carer: requiring assessment  Adult – diagnosed  Adult – requiring assessment  Child – diagnosed  Child - requiring assessment  Youth – diagnosed  Youth – requiring assessment | The Disability Discrimination Act (1992) defines disability (physical) as:  (a) total or partial loss of the person’s bodily functions; or  (b) total or partial loss of a part of the body; or  (c) the presence in the body of organisms causing disease or illness; or  (d) the presence in the body of organisms capable of causing disease or illness; or  (e) the malfunction, malformation or disfigurement of a part of the person’s body;  To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.  May be selected as either ‘diagnosed’ where a formal diagnosis has been undertaken, or ‘requiring assessment’ where the disability is yet to be formally diagnosed or is suspected.  Where the Family Services intervention is supporting to link with NDIS, ‘requiring assessment’ should be selected.  In the case where there are multiple persons within the family for who this is an identified issue, values may be selected for each person.  Developmental delay is a delay in the development of a child under the age of 6 years that is attributable to either a mental or physical impairment or a combination of these. Developmental delay results in substantial functional limitations in areas of major life activity such as self-care, receptive and expressive language, and cognitive or motor development. Issues regarding developmental delay can be recorded under both/either physical and intellectual disability dependent upon the nature of the causal factors and impact of the developmental delay. |

#### Disasters

Other issues category.

The impacts of a disaster are an issue within the context of the Family Services intervention and:

* there is a goal in child and family action plan
* is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| NA | Examples of disasters - bushfires, house fire, floods, storms, drought etc. |

#### Education

Other issues category.

Behavioural issues within an education environment are identified, including engagement and/or retention in education services, or specific learning issues are identified as issues within the Family Services intervention and are:

* reflected in a goal in the child and family action plan
* or are assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Child/youth behaviour at school  Identified learning issues  Non-attendance/interrupted schooling | Issues for children in formal and alternative educational settings.  These may be in addition to behavioural issues at home which will be selected under the Behaviour category.  Issues regarding access to education services should be recorded under Service Access – Education, training and employment  Adult education: IRIS will not capture instances where the Family Services intervention aims to address issues regarding adult education needs.  Multiple options may be selected if more than one applies. |

#### Family Violence

Complex issue category.

There is current or historical family violence experienced by members of the family, regardless of assessed impact or goal setting

**‘Current’** is defined as one or more of the following;

* a Family Violence incident within current family arrangements in the past 6 months.
* Perpetrator still in the home.
* Current IVO.

**‘Current youth family violence’** is selected where an abuse type identified in the *Family Violence Protection Act* 2008, is perpetrated by a young person towards a parent or sibling. For conflict within the family that does not meet the criteria of the *Family Violence Protection Act 2008*, record under Relationships category.

History and Current should both be selected if applicable.

‘**History** **of**’ is defined as any Family Violence prior to the last 6 months and no current risk.

Family Violence history should always be recorded, regardless of assessed current impact on Child Wellbeing, Family Function or Parenting Capacity.

| Issue type detail | Definition |
| --- | --- |
| Current economic abuse  Current emotional or psychological abuse  Current physical abuse  Current youth family violence  History of | The definitions of emotional or psychological abuse, physical abuse and economic abuse are those outlined in the Family Violence Protection Act 2008.  Emotional or psychological abuse can include:  repeated derogatory taunts, including racial taunts;  threatening to disclose a person's sexual orientation to the person's friends or family against the person's wishes;  threatening to withhold a person's medication;  preventing a person from making or keeping connections with the person's family, friends or culture, including cultural or spiritual ceremonies or practices, or preventing the person from expressing the person's cultural identity;  threatening to commit suicide or self-harm with the intention of tormenting or intimidating a family member, or  threatening the death or injury of another person.  Economic abuse can include:  coercing a person to relinquish control over assets and income;  removing or keeping a family member's property without permission, or threatening to do so;  disposing of property owned by a person, or owned jointly with a person, against the person's wishes and without lawful excuse;  without lawful excuse, preventing a person from having access to joint financial assets for the purposes of meeting normal household expenses;  preventing a person from seeking or keeping employment.  Multiple options may be selected if more than one applies. |

#### Financial

Other issues category.

Financial issues within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan
* or assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Budgeting  Debt Management  Material aid | Financial issues which impact on meeting basic needs (eg food, housing, health and mental health) and the ability to participate in community will have an impact on the family unit and will likely be recorded as an issue.  Multiple options may be selected if more than one applies. |

#### Gambling

Other issues category.

Gambling issues within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| NA | An individual in the family unit spends more time or money gambling than they can afford to, and it is having a negative impact on their relationships and ability to meet basic needs. |

#### Health (Physical)

Other issues category.

Physical health issues, chronic or acute, within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult  Adult – primary carer  Child  Foetal/infant health  Youth | In the case where there are multiple persons within the family for whom this is an identified issue, issues may be selected for more than one person.  Foetal/infant health value should be used when there are physical health issues relating to a child (unborn child through to 3 years of age). For example, this value may be selected for physical health issues relating to low birth weight, premature birth, or failure to thrive as diagnosed by a relevant health professional (GP, Paediatrician, Maternal & Child Health Nurse etc). |

#### Household management

Other issues category.

Household management issues within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Household cleanliness/hygiene  Household routines | The threshold here is household management issues are impacting child wellbeing, parenting capacity or family functioning.  If both environmental neglect/hygiene and routines are present both may be selected. |

#### Housing

Complex issue category.

Housing issues within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

Any homelessness or inadequate housing will have an impact on the family and therefore if present is likely to be recorded.

| Issue type detail | Definition |
| --- | --- |
| Homelessness  Inadequate/inappropriate | For the purposes of Family Services data, we use the ABS definition of homelessness which is informed by an understanding of ‘home’lessness, not ‘roof’lessness.  A person is considered homeless if their current living arrangement:  is in a dwelling that is inadequate (streets, cars, deserted buildings); or  has no tenure, or if their initial tenure is short and not extendable (friends, emergency accommodation, refuges, hostels); or  does not allow them to have control of, and access to space for social relations (e.g. unsafe or not private)  Homelessness is therefore a lack of one or more of the elements that represent  ‘home’: a sense of security, stability, privacy, safety and the ability to control living  space.  Homelessness may be episodic, short-term or long term.  Inadequate/inappropriate housing may be selected when other housing issues are affecting child wellbeing, parenting capacity of family functioning. This may refer to the size of the house and age inappropriate sharing of rooms, proximity to support or services, building requiring repair etc. This may also be selected if there is a risk of homelessness. |

#### Isolation

Other issues category.

Social or physical isolation within the context of the Family Services intervention is:

* reflected in a goal in the child and family action plan.
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Physical  Social | Both may be selected if both are present.  Social isolation refers to limited social supports and connections. This might be due to such things as being new to an area, fractured family and friendship relationships, mental health preventing participation.  Physical refers to a person’s ability to access supports, due to such things as, not having a license and poor public transport. |

#### Legal

Other issues category.

Current or historical legal proceedings or orders within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or are assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Children’s court  Criminal proceedings  Family law issues  Intervention Order  Youth Justice involvement | Multiple options may be selected if multiple legal issues are present. |

#### Mental Health

Complex issue category.

Mental Health issues within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult – diagnosed  Adult – primary carer: diagnosed  Adult – primary carer: requiring assessment  Adult – requiring assessment  Child – diagnosed  Child - requiring assessment  Youth – diagnosed  Youth – requiring assessment | Mental Health category should be selected for both high-prevalence mental health issues (for example depression, anxiety etc) as well as low-prevalence mental illness (for example schizophrenia, bi-polar mood disorder etc).  Mental Health category should be selected for a range of mental illnesses including ADHD, ADD, OCD and conduct disorders.  Autism Spectrum Disorder (ASD) is a neurological disorder and is now accepted as an ‘intellectual disability’ as per amendment to Victorian legislation in 2009. Though the majority of assessment and diagnosis, and some treatment services for ASD are provided by Mental Health Services, issues pertaining to ASD should be recorded under ‘Intellectual Disability’ category.  May select as either ‘diagnosed’ where a formal diagnosis has been undertaken, or ‘requiring assessment’ where the mental health issues is yet to be formally diagnosed or is suspected.  Where the Family Services intervention is supporting to link with NDIS, ‘requiring assessment’ should be selected.  Where the Family Services intervention is supporting to link with NDIS, ‘requiring assessment’ should be selected.  In the case where there are multiple persons within the family for who this is an identified issue, values may be selected for more than person.  Where mental health is well managed and monitored, having no impact on the family it does not need to be recorded. |

#### Migrant/Refugee

Other issues category.

The migration or refugee status within the context of Family Services interventions are:

* reflected in a goal in the child and family action plan.
* or are assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| History of torture or trauma  Immigration/settlement issues | It is recognised that refugees and migrants are different groups of people, with different pre-arrival experiences. Refugees are people who have been forced to leave their countries because they have been persecuted, whereas migrants make a conscious choice to change countries.  Immigration/settlement issues refer to specific issues faced by migrant/refugees regarding settling within a new environment such as income support, housing, employment, education, health care and family reunion.  Both may be selected if both are present and impacting. |

#### Parenting Skills

Other issues category.

Parenting skills are an issue within the context of the Family Services intervention and are:

* reflected in a goal in the child and family action plan.
* or are assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

It is reasonable to assume that where there is a lack of parenting skills this will always impact on parenting capacity and if present will be recorded.

| Issue type detail | Definition |
| --- | --- |
| Bonding and attachment  Chronic neglect  Infant Care  Underdeveloped parenting skills | Bonding and attachment should be selected where there are concerns regarding the quality of the bonding and attachment or warmth between the primary caregiver and child.  Chronic neglect should be selected if an issue is identified regarding failure to provide the child with an adequate standard of nutrition, medical care, clothing, shelter or supervision to the extent where the health or development of the child is impaired or placed at serious risk.  Infant Care should be selected where there are specific issues regarding the caregiver’s abilities/skills to provide basic and adequate care for an infant required for their health, wellbeing and development. This may relate to things such as settling, sleep routines and feeding for example.  Underdeveloped Parenting Skills should be selected where there are identified issues regarding lack of parental skills in caring appropriately for their child/youth. This may relate to a lack of understanding of child behaviour, setting limits and boundaries for example.  Multiple options may be selected if multiple issues are identified. |

#### Parenting

Other issues category.

Concerns for a pregnancy is an issue within the context of the Family Services intervention and:

* + there is a goal in the child and family action plan.
  + it is assessed to have an impact on the unborn child, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Unborn/pregnancy concerns | No further description required. |

#### Parent may be unwilling to engage

Other issues category.

If families are referred for wellbeing concerns and will not engage with an important service it is likely to impact on the family, therefore if present this issue type should be selected.

| Issue type detail | Definition |
| --- | --- |
| NA | Parents unwilling to engage with  Family Service  Or with a specialist support service important to creating sustainable change.  Engagement of vulnerable families is critical to Family Services work and adds to the complexity of family situations.  This issue is not likely to become a goal but indicates that active engagement strategies may be required. |

#### Relationships

Other issues category.

Inter-family relationships are an issue within the context of the Family Services intervention and:

* there is a goal in the child and family action plan.
* they are assessed as likely to impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult – Child  Adult – Youth  Adult – Adult  Sibling – Sibling | May select from primary relationship/s where issues have been identified. Select the most appropriate value.  In the case where there are several relationships within the family where this is an identified issue, select all that apply. |

#### Separation, Grief and Loss

Other issues category.

Issues relating to separation, grief and loss within the context of the Family Services intervention are:

* reflected in a goal in the child and family action plan.
* or are assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Adult  Adult – primary carer  Child  Youth | Select the person/s within the household to whom issues relating to separation, grief and loss have been identified. Select the most appropriate value.  Where there are multiple persons within the family with this identified issue, select for each person. |

#### Service Access

Other issues category.

A lack of access to one of these support services is an issue within the context of the Family Services intervention and is:

* reflected in a goal in the child and family action plan.
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Alcohol and other Drugs  Disability  Early Childhood Services  Education, training and employment  Family Violence  Housing Support  Mental Health  Physical Health | Service Access should be used where a client is willing but unable to access specialist services due to:  physical location of services  lack of transport  high thresholds and waiting lists. |

#### Sexual Assault

Complex issue category.

Sexual assault or a history of sexual assault within the context of the Family Services intervention is:

* reflected in a goal in the child and family action plan.
* or is assessed to have an impact on child/unborn wellbeing, family functioning or parenting capacity.

| Issue type detail | Definition |
| --- | --- |
| Victim/survivor – adult  Victim/survivor – child  Victim/survivor – youth | Where this is an identified issue for multiple persons within the family, the issue type may be selected for each person.  Current sexual abuse must be reported to the relevant authorities. |

**Important reminders: Issues**

* Enter issues on IRIS as soon as practicable after they are assessed in practice including;
  + - * + issues identified at Intake
        + all issues that are included in the action plan.
        + all issues which impact on the wellbeing of children/unborn children, family functioning or parenting capacity.
* Remember that the key information for all reports (analysis) is issue category and the goal achieved field.
* Update issues across the case life as new issues emerge.
* There is no maximum number of issues required; the total number of issues will depend on the level of complexity assessed by the worker.
* Issues identified by Child FIRST:
  + - * + Keep Issues which tracked from Child FIRST open if current. These should be reviewed and updated according to the Family Services assessment and case plan.
        + Close any issues off (by making use of the ‘Not required’ options) if Family Services find that an issue is resolved or not impacting on service delivery, the child, family functioning or parenting capacity.
* Record Autism Spectrum Disorder as ‘Disability- Intellectual’ (where there is a goal, or it is affecting child wellbeing, family functioning or parenting capacity).
* Do not update the Child FIRST case with Family Services Closure information when the case is tracked back. When cases are tracked back from Family Services to Child FIRST, case closure information does not automatically update. The Child FIRST case does not need to be updated to reflect the Family Services data. Child FIRST and Family Services cases are analysed separately, and Child FIRST cases are treated as containing ‘entry level data’ and should reflect where Child FIRST finished involvement.

### Services and Hours or Services

screen ca00-4

The IRIS service hours data serves two purposes – reporting against the ‘number of hours’ target and providing insight into operations and needs of the service system. This supports agencies and the department better support practitioners and families.

IRIS data collection is oriented to recording the support clients receive. Client specific support provided by practitioners is recorded in IRIS via the Services tab. Supervisor and Team Leader functions do not need to be recorded in IRIS– supervisor time should only be recorded in IRIS where they carry a case load or are carrying out a client specific support activity that could otherwise be carried out by a practitioner.

Hours and length of service provides a means to understand the support needs of clients and families. Workload intensity and case load information supports decisions about agency and worker capacity to accept new cases for allocation, as it is not only the numbers of cases open in an agency that effects allocation capacity, but also the varying intensity of service required. The department uses the hours data from IRIS extensively in understanding and advocating for the Family Services platform.

The activity Service Types, when used consistently, provide insight and tracking over time of important elements of Family Services such as access to Community Based Child Protection or the amount of time that is dedicated to supporting cases in Active Holding.

#### Preferred activity Service types for Child FIRST and Family Services

There is a hierarchy of preferred activity types to use when an activity type could be classified in multiple ways. For example, if it could be, ‘case work’ or ‘active holding’: choose active holding. A printable memory aid is included in **Appendix 3.**

* Outreach to engage client/family
* Active Holding
* Prepare Action Plan
* Review Action Plan
* Case conference
* Section 36 Consultation – Information holder (Family Services case only)
* Consult Aboriginal Organisation
* Report to CP
* Consult Child Protection: s38 consultation
* Consult Child Protection: s36 consult (now section 193 under the Children Youth and Families Act)
* Referral to:
  + Consult ECD worker (Family Services case only)

screen *location* IE.

Additional service activity data such as Location (At client/family home; By Telephone; Other than client/family home, office/centre) is collected in IRIS and exported. These fields add additional depth to the information available about Family Services practitioners support to families.

### Service details

#### Date

Will default with date entering service but can be back dated.

| Counting and interpretation |
| --- |
| Must ensure referral date predates service date.  Date of first contact (or attempted contact) should be recorded within 5 days of allocation. |

#### Location

Mandatory.

Service location provides a means of analysing where/how Family Services is delivered.

| Sub-Category | Counting and interpretation |
| --- | --- |
| At client/family home  Other than at client’s/family’s home e.g.: Office/Centre  By telephone  By email  By SMS  By Post | Select best option.  Office/Centre is used for any professional location. |

#### Interpreter/Bilingual Worker

Mandatory.

| Sub-Category | Counting and interpretation |
| --- | --- |
| Neither interpreter/Bilingual worker  Bilingual worker only  Interpreter only  Both Interpreter and Bilingual Worker | Select best option.  Typing ‘N’ into the options box will select the ‘Neither’ option. |

#### Duration

Mandatory.

‘Hours of service’ is a key measure of agency performance and provides an important insight into the support needs of children and families. Practitioners must accurately represent all minutes/hours of client specific service delivery to ensure agency effort is accurately represented in KPI reports and in data analysis.

| Counting and interpretation |
| --- |
| Can be recorded in hours and minutes.  Hours of service include time for support tasks undertaken in relation to the client specific activity i.e. Case notes and data entry.  Use the Duration field to record all hours *minus* travel hours – travel hours are recorded separately. |

#### Travel time

| Counting and interpretation |
| --- |
| Can be recorded in hours and minutes.  Travel time refers to staff travel time, not clients’ travel. |

#### Service Provider

Will auto default with details for who is logged into IRIS but can be changed to another provider.

#### Suburb

| Sub-Category | Counting and interpretation |
| --- | --- |
| Select from list/type name | Suburb (or town) *where the service was delivered.*  Note: - this will default to the agency outlet. The suburb/town can be changed if a home visit is made, or service is delivered at a different location. |

#### Client/Family Participation

Mandatory.

(Family Service IRIS case type only – i.e. these fields are not available in the Cradle to Kinder case).

| Sub-Category | Counting and interpretation |
| --- | --- |
| Female Parent  Male Parent  Children  Adolescent  Other related persons  No client participation | Select at least one option but select multiple options if multiple people participate.  This is an important field for understanding practice in Family Services, including how often children, mothers and fathers are directly involved in service delivery. |

#### Expenditure

(Cradle to Kinder case type only).

| Counting and interpretation |
| --- |
| Dollar amounts can be allocated against various support types e.g. Child Care, Material Aid.  Use these fields only if advised by your agency – be aware that any expenditure entered in this section cannot be extracted in reports. Official flexible funding acquittal occurs via the *Family Services flexible funding acquittal tool* (excel). |

### Service Activities

#### Referral and Intake

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Referral and Intake Processes. | A new case is in the intake phase, prior to the Intake Outcome being completed and allocation to Family Services being completed (if appropriate). | Child FIRST: Referral and Intake processes are recorded as a distinct phase within Child FIRST.  Child FIRST may use any other category relevant to work. I.e. outreach, consult with Child Protection, referral to.  Weekly allocation meetings are to be recorded under the value of Allocation to Family Services.  Family Services: local intake (i.e. direct referrals or ‘walk ins) to their Family Services program should be recorded under this activity type. |
| Allocation to Family Services. | Use for completing referral processes once the intake outcome is determined. | Child FIRST: allocation to Family Services is to be selected for activities pertaining to the allocation of a case to a partner agency.  Family Services: record the time for allocations from Child FIRST/Orange Door to Family Services program i.e. Team Leaders time setting up IRIS case, reading cases and allocation processes to allocated worker.  Family Services/Child FIRST: weekly allocation meetings. Divide the time recorded for Allocation to Family Services by the number of cases received at that meeting and place the proportion of time against each case. In instances where weekly allocations meetings were attended but no cases received, add this time to the next recording of Allocation to Family Services. |

#### Outreach to engage client/family

| Select for: | Definitions/Additional direction |
| --- | --- |
| Outreach activities to actively engage the client/family with service. | Outreach to engage client/family is to identify those activities where active engagement approaches are used to engage vulnerable children, young people and their families who may not otherwise actively seek services.  Outreach may include, letters, texts, phone calls, home visits announced by letter or text but not agreed by the client (in the case where you may not have been able to make contact), unannounced home visits, liaison with other services to support engagement.  Outreach to engage client/family is to be selected by the practitioner during initial engagement with family, post intake. |

#### Active Holding

| Select for: | Definitions/Additional direction |
| --- | --- |
| Case is in an active holding phase. | Cases in Active Holding are either;  Awaiting allocation from Child FIRST to Family Services (Child FIRST holding) or;  After allocation to a Family Service but awaiting allocation to a practitioner (Family Services holding). |

#### Initial Assessment Phase

| Select for: | Definitions/Additional direction |
| --- | --- |
| Needs assessments in preparation for the initial case planning activities are undertaken by the allocated Family Services worker (post intake phase). | Selected when initial assessment/case planning activities are undertaken by the allocated Family Services worker to inform the Family Services intervention and development of the Child and Family Action Plan.  These case planning activities include initial information gathering to inform analysis and planning;  Information gathering- in line with Best Interest Principles.  The holistic identification of a child or young person’s risks needs and strengths in the context of their family situation, parenting capacity, individuality, developmental stage, social circumstances and cultural or Indigenous identity.  Understanding the history and progression of a child’s, young person’s and family’s risks and needs, and the nature of previous engagements with Child Protection, Family Services and related services.  This value is not to be selected by Child FIRST, or Family Service providers who are screening local intakes (direct referrals/walk ins). |

#### Child and Family Action Plan

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Prepare Child and Family Action Plan. | The activity is directly related to drafting or completing the Child & Family Action Plan, e.g. a meeting with the family to agree to goals. | A Child and Family Action Plan identifies the objectives and goals of intervention, details the intervention 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 the intervention will be discussed and agreed with the child, young person and their family. |
| Review Child and Family Action Plan. | The activity is directly related to reviewing and updating the Child & Family Action Plan, e.g. a meeting with the family to review and adjust goals. | Child and Family Action Plans are reviewed and updated with families at regular intervals.  The updated Child and Family action plan should be completed with the family, signed by the client and a copy provided for their records.  This activity can include attendance at catchment inter-agency case review meetings. |

#### Case Work

Working with clients may involve several different interventions within the one contact. In many cases Direct Support or Support Activities could be appropriate, however it is important to ensure that the most suitable overall value is selected for that contact, refer to **Appendix 3 for** a list of activity types that should be used in preference.

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Access to FSPs  (Cradle to Kinder case only) | Use when completing applications for Flexible Support Packages and indicate the main type (Child care, dental etc.). | No Further definition required. |
| Case Conference | Use this option when one of the following applies:  Professional Case Conference (more than one other service, and all key services involved are represented)  Care Team Meeting. | Family Led Decision Making Conference (all family members relevant to the case are present, the meeting has a strict agenda and focus on child wellbeing). |
| Consult others (client attends) | Consults (meetings, Phone calls, emails) to other professionals with the client present. | Consults with Child Protection should not be recorded here. All interaction with Child Protection should be recorded under ‘Consult Child Protection’.  Consults with Aboriginal Agencies should not be recorded here. All Aboriginal consults should be recorded under ‘Consult- Aboriginal Organisation’. |
| Consult others re: client (client doesn’t attend) | Consults (meetings, phone calls, emails) with Professionals (aside form Child Protection or and Aboriginal organisation) without the client present. | All consults with Child Protection should be recorded under ‘Consult Child Protection’.  All Aboriginal consults should be recorded under ‘Consult- Aboriginal Organisation’. |
| Counselling (more than one worker) | Use this option when one of the following applies:  Counselling  Mediation. | No further definition required. |
| Counselling (one worker) | Use this option when one of the following applies:  Counselling  Mediation. | No further definition required. |
| Direct support | Direct Support should be selected for those activities (not Case conference, consult others or counselling) where a direct contact has been made with the family. | This may be crisis intervention, attending medical appointments, family skills training, family decision making, in home support, support provided at an alternative venue, phone calls or emails/texts. |
| Support activities | The value of Support activities should be selected to identify those activities that are NOT direct contact with families but are activities to support the Family Services intervention. | Examples of this may be preparation of reward charts, purchasing items or accessing material aid on behalf of the client. |

#### Consult ECD worker (not available in the Cradle to Kinder case)

| Select for: | Definitions/Additional direction |
| --- | --- |
| A consultation has occurred with an Early Childhood Development Worker. | For this category the ECD worker is a specifically funded position in some Alliances. |

#### Groupwork

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Groupwork (more than one worker | Groupwork activities are provided by more than one worker, in conjunction with other Family Services activities/responses by Family Services when the client meets the criteria for an Family Service response (i.e. vulnerable children and families). | The use of the Group Work functionality in IRIS will allow workers to save worker data entry time; and ensure that IRIS is able to calculate both the number of hours of service an individual client receives through group work (client view in statistics report) and the numbers of hours the agency spends on the group as a whole (agency view in statistics report).  This category (and values) can be selected within the Group Work functionality which will automatically apply the hours to all clients registered for that group. |
| Groupwork (one worker) | Groupwork activities are provided by one worker, in conjunction with other Family Services activities/responses by Family Services when the client meets the criteria for a Family Services response (i.e. vulnerable children and families). | The use of the Group Work functionality in IRIS will allow workers to save worker data entry time; and ensure that IRIS is able to calculate both the number of hours of service an individual client receives through group work (client view in statistics report) and the numbers of hours the agency spends on the group as a whole (agency view in statistics report).  This category (and values) can be selected within the Group Work functionality which will automatically apply the hours to all clients registered for that group. |

#### Joint work

(Cradle to Kinder case only)

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| *List of options of specialist support services available* | The Cradle to Kinder practitioner and specialist or other service are working directly together with a family. | Cradle to Kinder practitioner and another specialist service practitioner are directly collaborating either with the client present or not present. Would usually reflect that the client is an active client of both services and there is joint responsibility for a goal in a shared action plan.  Indicates a higher level of cooperation than making a referral or consulting another service. |

#### Consult – Aboriginal Organisation

| Select for: | Definitions/Additional direction |
| --- | --- |
| A consultation has occurred with an Aboriginal Organisation regarding the making of a decision or taking an action in relation to an Aboriginal child. | For this category, Aboriginal organisation means an organisation that is managed by Aboriginal persons and that carries on its activities for the benefit of Aboriginal persons.  Consult with Aboriginal Organisation should never be recorded under another category.  Aboriginal Organisation should also use this service type to record their service delivery hours when providing a consultation to a non-Aboriginal organisation. |

#### Section 36 Consultation-Information Holder

(Family Services case only – not available in Cradle to Kinder case).

| Select for: | Definitions/Additional direction |
| --- | --- |
| A consultation with a third party (other than Child Protection) has occurred. | NOTE: S36 is now relating to Section 193 in the Children, Youth and Families Act  A section 193 consultation is a consultation (or seeking information) by a community-based Child and Family Service for the purposes of assessing risk and determining which agency is the appropriate body to provide assistance. A section 193 consultation may include consultations with a range of information holders (defined in the CYF act 2005).  Information holders include:  another community-based Child and Family Service  service agencies (other government sectors and services like disability, health, psychiatric, and drug or alcohol)  information holders (key professionals like police, principals and teachers, doctors and nurses, psychologists, child care, and drug and alcohol).  For consults with Child Protection see next section.  All consultations must be separately entered, including multiple contacts with other parties following up a same issue. |

#### Consult Child Protection

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Section 36 Consultation | An information exchange with Child Protection has occurred. i.e. History Check. | NOTE: S36 is now relating to Section 193 in the Children, Youth and Families Act. A section 193 (previously s36) consultation is a consultation by a community-based Child and Family Service, for the purposes of assessing risk and determining which agency is the appropriate body to provide assistance. A section 193 consultation may include consultations with a range of information holders, however this IRIS category is for recording consultation with the Secretary (Child Protection) only.  A Section 193 consult with Child Protection is commonly referred to as a history check. It is not to be used for consultation or joint work with Child Protection. |
| Section 38 Consultation | A consult with Child Protection has occurred. | A section 38 consultation is a consultation between a community-based Child and Family Service and the Secretary (Child Protection) in relation to any matter relating to the purposes of the community-based Child and Family Service as set out in Section 22 of the Children, Youth and Families Act 2005. This can occur at any stage of the intervention.  Section 38 Consultation is used to record:  Any Consultation/Discussion/Joint Work with Community Based Child Protection (which is not a History Check).  Any Consultation/Discussion/Joint Work with an Open Child Protection Worker.  All interactions with Child Protection should be recorded as either a S36 or a S38.  Consult with Professional should not be used for any activity involving Child Protection.  All consultations must be separately entered, including multiple contacts with Child Protection following up a same issue. Section 38 consultations will be reported on by case. |

#### Report to Child Protection

| Select for: | Definitions/Additional direction |
| --- | --- |
| A report has been made to Child Protection. | In practice, where ever feasible, Family Services will consult with Community Based rather than make a report to CP Intake, however it is important to track the number of families requiring Child Protection interventions while receiving a Family Services.  Therefore, this category should be used when either;  a direct report is made from Child FIRST or Family Services to Child Protection Intake or;  a consultation with Community Based Child Protection has occurred and a decision has been made for Community Based to register a report directly to Child Protection Investigation and Response.  A family may be reported multiple times to Child Protection throughout the duration of the intervention, this should be entered multiple times.  A Report to Child Protection may involve multiple contacts/discussions but this category should be selected once only per report indicating that the one report was made.  Subsequent conversations with Child Protection once the case has opened with Child Protection should be recorded as Consult with Child Protection- Section 38. |

#### Referral to

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Aboriginal Co-operatives  Aboriginal Health Services  Aboriginal Housing Services  Community Health Service  Community-welfare: Other  Cradle to Kinder  DHHS: Disability Service  DHHS: Housing  Drug and Alcohol Service  DEECD: Early Childhood Intervention Service (ECIS)  Early Parenting Centre  Kindergarten  Long Day Care  Maternal and Child Health Service  Occasional Care  Family Day Care  Family Support Service  Family Violence Support Services  Financial Counselling Service  Hospital: Doctor  Hospital: Social Work Department  Housing Support  Internal to this agency  Kinship Services  Legal Service  Local Government Service  Local Government Welfare  Medical: GP  Medical: Specialist Doctor  Mental Health Service  Other  Outside School Hours Care  Parenting Service  Police  Problem Gambling Service  School, Primary  School, Secondary  Women’s Refuge, Shelter  Youth service | A worker directly facilitates a referral to another service. | To be entered every time a Family Services worker facilitates a referral to another service.  Multiple contacts may go into making a referral, these will each be reported under the “referral to” an agency type*.*  The definition of ‘facilitates a referral to another service’ includes the activities undertaken by a Family Services practitioner where the primary purpose of those activities is to facilitate and support a referral to that service. This may include a range of activities including completing a referral on behalf of a client, assisting the family to complete a referral form, through to provision of supports whose primary purpose it is to assist a client engage with the referred service.  All activities with a primary purpose of facilitating and supporting a referral should be recorded under this field. Practitioners are required to exercise professional judgement as to whether or not the activity has the primary purpose of facilitating and supporting a referral and record it appropriately. |

#### Case Related Support

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| Supervision | The case worker is involved in activities that support their case work and aid their practice. | IRIS should reflect practitioner time spent in client specific components of supervision.  This may include supervision, secondary consultations, consultative panels or case reviews. This may be formal or informal supervision. This may also be group supervision, where client issues are discussed. Only the hours of the case worker should be recorded.  Divide the time spent in supervision by the number of families in your caseload at the time and spread the hours across all cases.  Supervision time related to the worker, or program requirements (such as processes, professional development, staff wellbeing etc.) should not be included. |
| Client related meetings/discussion | The case worker is involved in activities that support their case work and aid their practice. | Client related meetings/discussions should be selected for case discussions outside of regular supervision activities such as consultation panel, case practice reviews etc. Only the hours of the case worker should be recorded.  Team meetings or other process-based meetings (such as staff meetings, operations, governance meetings) are not client specific and do not need to be recorded in IRIS. Attendance at weekly allocation meetings must be recorded under the Referral and Intake category. |
| Client related professional development | The case worker is involved in activities that support their case work and aid their practice. | Client related professional development can be selected to record the hours when a worker undertakes client related training or professional development. Professional development that is not client related (e.g. OH&S induction) does not need to be recorded.  Divide the time spent in professional development by the number of families in your caseload at the time and spread the hours across all cases. |

#### Case Closure

| Select for: | Definitions/Additional direction |
| --- | --- |
| Activities relating to case closure are being undertaken. | Record closure activity and time spent. This activity can be used more than once to identify multiple tasks undertaken to close the case.  Includes case note and administrative recording tasks including writing closure summaries, updating IRIS, preparing file for closure and Team Leader case file review.  Note that selecting this activity does not close the case – closure details must be completed under the Closure tab. |

#### No Show

| Sub-Category | Select for: | Definitions/Additional direction |
| --- | --- | --- |
| With notice | Worker time has been lost due to a client not attending an appointment. | Record the time lost due to worker’s inactivity due to the failure of a client to attend an appointment.  The time recorded should be the period of time up to the point where the caseworker could resume other activities. For example, on return from a home visit where the client did not attend. |
| Without notice | Worker time has been lost due to a client not attending an appointment. | Record the time lost due to worker’s inactivity due to the failure of a client to attend an appointment.  The time recorded should be the period of time up to the point where the caseworker could resume other activities. For example, on return from a home visit where the client did not attend. |

#### Information Sharing- FV perpetrator

(Family Services case only – not available in C2K case).

| Select for: | Definitions/Additional direction |
| --- | --- |
| Requesting or providing information regarding Family Violence under the Information sharing schemes (FIS). | To record time when making a request or responding to a request in relation to the FIS. |

#### Info Sharing- Child Wellbeing

(Family Services case only – not available in C2K case).

| Select for: | Definitions/Additional direction |
| --- | --- |
| Requesting or providing information regarding Child Wellbeing under the Information sharing schemes.(CIS) | To record time when making a request or responding to a request in relation to the CIS. |

### Important reminders: Service Activities

* Record all hours of service as duration and travel time against service activities. Direct Service + Travel Time = Total Hours.
* Accurately record type and hours of service, giving precedence to the use of priority service types.
* Ensure that data is kept up to date, at least monthly, for data export to ensure data currency.
* Include the time taken to record case notes and other administrative tasks (such as writing up an assessment or closure summary) associated with services. These should be attributed to the relevant service activity.
* Don’t record everything under ‘direct support’. While most case work will fall into this category the IRIS data is of less value if applicable activity types are not used.
* Don’t record non-client related activities in IRIS.
* Don’t record supervisors time for activities such as supervision. (They may record their own direct service hours when they carry a caseload).
  + Don’t include hours related to staff/agency business. Only include supervision hours related to case direction.

### Closure

screen ca00-5

Every child should thrive, learn and grow, be valued and respected, and become an effective adult (Strategic Framework for Family Services) Family Services has a critical role in promoting these outcomes for the most vulnerable children and families, who are often characterised by multiple risk factors and where families may be unwilling to acknowledge the need for, or to seek, assistance.

The fields in the case closure tab in IRIS provide an indication of the family’s journey against the overall Family Services objective of improving child wellbeing, family functioning and parenting capacity.

At the conclusion of each case consider where the family is on their journey. Consider:

* 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.

The closure tab has three main fields:

* Case Outcome
* Point of closure
  + Reason for closure

Taken together, the closure tab details are more descriptive than when considered individually. For example, ‘goals met partially’ with a point of closure ‘at assessment’ and a closure reason of ‘family withdrew’ tells a different story to ‘goals met partially’, closed ‘at ‘assessment’ and ‘transferred to another agency’.

Support for families may be episodic, and future cases will build on the foundations of prior cases. Rather than seeing these fields as a ‘performance measure’, they should be used for reflecting on the pathways and challenges for vulnerable families and the service system. Careful use of the closure tab to record outcomes against Family Services’ ultimate mission of child wellbeing, the data can provide insight into the journey of families and can be used to support continuous improvement.

#### Case closure when changing Family Service case types/programs/funding sources:

IRIS uses the ‘funding source’ field to indicate which ‘program’ within Family Services a case belongs to. Programs generally indicate a priority cohort and intensity of support. A family may move from one program to another (for example from Stronger Families to Integrated Family Services, which is less intensive). In these situations, the original case should be closed, the closure outcome carefully recorded to reflect the family’s journey at that point in time, and a new case opened in the new service type. Cases should not be closed and re-opened in the same funding source at the same agency in order to ‘meet targets’, because this misrepresents what it takes to support families.

Intensive program types utilising specific service models including Intensive Family Services (200hours), Cradle to Kinder, Stronger Families, Changing Futures and Families First are to be used as single interventions and may be followed by a standard Family Services case type if the client requires support beyond the service model duration.

The ‘200 hour’ program is testing joint work with Child Protection. Close a 200-hour case type if/or when Child Protection closes their case. If Family Services support is still required, plan for this case to be supported via IFS funding, close the 200 hours case and open a new one under the Family Services-DHHS funding source.

#### Date of closure

Mandatory.

| Counting and interpretation |
| --- |
| Select date of closure. |

|  |
| --- |
| Point of Closure Mandatory. Select one of the following. |

#### At Screening

| Definition | Counting and interpretation |
| --- | --- |
| Child FIRST intakes, without proceeding to any information gathering.  Closed without allocation for ongoing Family Service casework (i.e. all intake outcomes other than Family Service allocation). | Child FIRST only where there is no Family Service allocation.  Family Services would not use this except for direct referrals or ‘walk ins’ that are not allocated through to their own Family Service. They may use it if the family is re-directed to Child FIRST. |

#### Assessment Attempted

| Definition | Counting and interpretation |
| --- | --- |
| During the process of assessment, but prior to a child and family action plan being developed. | After the referral has been accepted but before the assessment could be carried out.  Child FIRST or Family Services might use this. |

#### After Assessment

| Definition | Counting and interpretation |
| --- | --- |
| At the completion of risk and needs assessment, but prior to a child and family action plan being developed. | During the process or at completion of assessment, but prior to a child and family action plan being developed.  Child FIRST or Family Services might use this. |

#### Before action plan agreed with family

| Definition | Counting and interpretation |
| --- | --- |
| The child and family action planning (goal setting) process has been initiated but was there was no finalised and agreed action plan with family when the was case closed. | For Family Services use only- when Child and Family Action Plan is developed.  See ‘Key terms’ for a definition of the Child and Family Action Plan. |

#### Before satisfactory completion of action plan

| Definition | Counting and interpretation |
| --- | --- |
| The child and family action plan was developed and agreed, however actions and goals important to child wellbeing have not been met. | For Family Services Only- when Child and Family Action Plan has been developed.  See ‘Key terms’ for a definition of the Child and Family Action Plan. |

#### At satisfactory completion of action plan

| Definition | Counting and interpretation |
| --- | --- |
| The child and family action plan was developed and agreed on with family. Goals related to changes that are important to the wellbeing of children have been met | When a decision has been made to close the case as all goals have been achieved that are important to the wellbeing of children.  See ‘Key terms’ for a definition of the Child and Family Action Plan. |

#### Not required for this case

| Definition | Counting and interpretation |
| --- | --- |
| NA | Do not use. Point of closure should be reflected by using one of the other options. |

|  |
| --- |
| Reason for ClosureMandatory. Select one of the following. |

#### Client/family completed service plan activities

| Definition | Counting and interpretation |
| --- | --- |
| When a family has completed all service plan activities | Planned Closure. |

#### Application for support Family is ineligible

| Definition | Counting and interpretation |
| --- | --- |
| When a family is found to be ineligible for support. i.e. client may have no children, client may live in another catchment. | Mostly used by Child FIRST.  Planned Closure. |

#### Client died

| Definition | Counting and interpretation |
| --- | --- |
| When a client has died and no further involvement with the family is required. | Planned Closure.  When a family requires other supports to assist with ongoing needs, referrals should be made and ‘referred to other agency’ should be selected. |

#### Client/Family illness

| Definition | Counting and interpretation |
| --- | --- |
| When a client or family suffers an illness or injury which will mean working on Family Services goals will not be appropriate. | Planned Closure.  When a family requires other supports to assist with medical needs, referrals should be made and ‘referred to other agency’ should be selected. |

#### Client/Family moved from area

| Definition | Counting and interpretation |
| --- | --- |
| When a client/family moves to another area and the service is no longer involved with the family. | Planned closure.  When a family moves from the area. If the agency is aware that the family is engaged with another service ‘referred to other agency’ should be selected. |

#### Client/family referred to another agency

| Definition | Counting and interpretation |
| --- | --- |
| Where gaols important to child and family wellbeing are not met – and the family is referred to another agency/service and no further service is planned by this Family Services agency. | Planned closure.  Use this option if the other agency is continuing the professional’s role in the Child & Family Action Plan.  If the referral is part of the action plan, and the family is well engaged in that service, record the closure reason as ‘Completed Service Plan Activities. |

#### Client/family withdrew

| Definition | Counting and interpretation |
| --- | --- |
| When the family advises the agency that they are withdrawing from the service, and goals important to the wellbeing of children are not yet met. | Planned closure. |

#### Family did not engage (prior to action plan)

| Definition | Counting and interpretation |
| --- | --- |
| Following all attempts to engage the family, no contact that is meaningful to change has been made, or service is declined. | Not a planned closure.  Family has ceased contact during early stages of engagement, or prior to any goals being established |

#### Family disengaged (post development of action plan)

| Definition | Counting and interpretation |
| --- | --- |
| When the family ceases contact without notice to the agency. | Not a planned closure.  Family Services and family have agreed on goals, but family has ceased contact without achieving any change. |

#### Agency withdrew

| Definition | Counting and interpretation |
| --- | --- |
| When an agency decision is made to withdraw service for any reason. | May be planned or unplanned closure.  This may be selected when the agency withdraws due to conflict of interest or it is unsafe for the agency to engage with the family. |

#### Other

| Definition | Counting and interpretation |
| --- | --- |
| To be selected when no other category is appropriate. | All other categories should be considered first. |

#### Child placed in out of home care

| Definition | Counting and interpretation |
| --- | --- |
| When Child Protection are involved, and the children are placed on a protective order and removed from the home. | May be planed or unplanned closure, decision to close will occur in consultation with Child Protection.  This may be selected if it is known that the children will not return home for some time  If the children are only on a short-term order and the plan is to return home, then Family Services in consultation with Child Protection may choose to remain open.  This may be selected if in consultation with Child Protection it has been determined that the family require more intensive supports to facilitate reunification, this case will close, and another program will continue to work with the family. |

#### Allocated to Family Services (CF only)

| Definition | Counting and interpretation |
| --- | --- |
| For Allocation from Child FIRST to Family Services. | For Child FIRST use only, to record that Child FIRST has allocated the family to Family Services. |

#### Adequately supported by universal/other services

| Definition | Counting and interpretation |
| --- | --- |
| When a family has more targeted supports through other services or a comprehensive care team which addresses all issues. | Planned closure.  Intended for use early in case - assessment processes have identified other services are currently involved and are managing any child wellbeing issues. Family Services support is not required. A Child & Family action Plan was not required.  Where the Family Services intervention has had a role in establishing the support use “client referred to another agency” or “Client/family completed service plan activities” |

#### Not required for this case

| Definition | Counting and interpretation |
| --- | --- |
| NA | This should only be used as an exception.  Reason for closure should be accurately reflected by one of the other fields. |

|  |
| --- |
| CASE OUTCOME (re-defined in mid 2019) Mandatory. Select one of the following.  The fields in the case closure tab in IRIS provide an indication of the family’s journey against the overall Family Services objective of improving child wellbeing (safety, stability and development), family functioning and parenting capacity. |

#### Goals reached fully

| Definition | Counting and interpretation |
| --- | --- |
| **Making it work.**  No current child wellbeing concerns. Parents have capacity to meet the needs of their children and/or seek assistance independently to address any issues that may arise. | Based on information available for the current situation, the children and family are doing well.  Family Services involvement in the future may be required if circumstances change. |

#### Goals reached substantially

| Definition | Counting and interpretation |
| --- | --- |
| **Working on it**.  No current child wellbeing concerns. Family may need or be receiving further support to maintain child wellbeing and/or build family functioning and/or parenting capacity. Family may need support in seeking assistance if issues arise. | Based on information available for the current situation such as:  Family might be linked with other services for ongoing recovery support.  Family Services involvement may be required in the future.  Issues and/or underlying complicating factors may still be present however family is highly engaged with other services and/or are currently managed (such as mental health, trauma-based behaviours, transgenerational issues).  Protective factors are in place- such as children engaged in school, good social supports, linked with supports etc. |

#### Goals reached partially

| Definition | Counting and interpretation |
| --- | --- |
| **Trying in some areas.**  Family has acknowledged key areas impacting child wellbeing, family functioning and/or parenting capacity.  Some small change has occurred, but key issues are not resolved and a transition plan that will address issues has not been agreed to with the family. | Based on information available for the current situation such as:  these children are more likely to have substantiated Child Protection cases in the future compared to the above two closure outcomes.  Family is likely to need Family Services involvement in the future.  Some issues may be resolved, or managed but key issues are still present, and no plan is in place to address.  Issues and/or underlying complicating factors present that affect child wellbeing or parenting capacity, which are not being addressed or meaningful engagement with other services is unlikely.  Protective factors may or may not be in place- such as children engaged in school, good social supports, etc. who are able to monitor protective concerns.  Therapeutic relationship may have been established making future engagement with Family Services more likely. |

#### No goals reached

| Definition | Counting and interpretation |
| --- | --- |
| **Understanding but no change.**  Family has acknowledging key areas impacting child wellbeing, but this has not resulted in changes that will improve Child Wellbeing, Family Functioning and/or Parenting Capacity. | Based on information available for the current situation such as:  Issues have been acknowledged  An action plan may or may not have been agreed to  some education regarding services may have been provided which may improve access in the future.  Therapeutic relationship may have begun to be established  Family has not made changes |

#### Not applicable- No goals set

| Definition | Counting and interpretation |
| --- | --- |
| **No Change and no meaningful engagement**.  No acknowledgement of issues.  No progress in key areas of Child Wellbeing, Family Functioning or Parenting capacity. | Child FIRST should select ‘Not Applicable’ when case is allocated to Family Services.  Family Services - use this option when a case closed before an acknowledgment of issues that impact child wellbeing. |

### Important reminders: Closure

* Use the closure tab to record progress against the overall Family Services objectives of improved Child Wellbeing, Family Functioning and Parenting Capacity.
* Use professional expertise to make an informed judgement about the degree to which service objectives were reached. It is important to have an accurate reflection of the case outcome in the IRIS data.
* Close cases if they have not received a service within a three-month period.
* Remember that a case is not closed until the details in the closure tab/screen have been completed/saved and ‘Closed’ shows in the case status field (top left of the screen).
* Remember that a case may be re-opened after closure by selecting ‘update case status’ and then ‘reopen case’ in the pop up. This can only be done if the case closure data has not been exported to DHHS.
* Change the IRIS ‘funding source’ when a family changes programs by closing the current case and opening a new case in the new funding source.
* Don’t use the closure section to record against service delivery/action plan goals, these will be recorded in the issues tab.
* Don’t close and reopen cases for the sake of targets if a case has exceeded the ‘funded hours’. The Key KPI is hours, not cases. While demand & performance management strategies need to be in place to avoid case drift and to ensure throughput of cases, it is important to understand the needs of clients receiving services.

### Case Notes

It is not mandatory to record case notes on IRIS. IRIS has been designed primarily as a data collection system and has limited capacity to manage case notes.

Notes can be recorded in three places in IRIS

* **Client details screen** - The Client details screen only allows for a brief note, up to 2000 characters or about half a page, of text. These will remain on the client record across case types. It may be a useful place to record safety alert information.
* **Case notes** - Can be recorded on a tab in the Case Notes screen.

IRIS allows for one long list of case notes to be created, which are separated only by the timestamp. Although this screen has a great deal of capacity (volume) it is not infinite. This screen should only be used to save up to about 20 pages of text. If a case has been open for some time and many notes have been added, practitioners should be aware of this limitation.

* **Service details -** Notes can be recorded in the Service Details screen for each activity undertaken. IRIS only allows for a brief note, up to 2000 characters or about half a page, of text.

These three different locations do not reference each other, so if case notes are being recorded care should be taken to develop agreed local practices so that practitioners know the notes are present. There is no marker on the system that indicates that notes have been entered.

If case notes are recorded, practitioners must ensure that these notes are recorded in accordance with their organisation’s recording standards and procedures (noting that they make up the client record and can be subpoenaed).

Case Notes do not transfer when cases are tracked to and from Child FIRST.

## Group Work

screen gp01

All families/clients who are recorded as participating in a group conducted by a Family Service must be assessed as meeting the criteria for Family Services, have an open substantive case recorded on IRIS and be registered in the group as per the below fields. Workers can then automatically update the group service activity and hours for each client when the worker attends group sessions. New clients can be added to the group after the group has commenced. Do not remove clients from the group if they leave or stop attending to ensure the group hours are still attributed to the client. Once the group is closed you can close the client.

The IRIS statistics report will be able to report on both ‘client hours’ and ‘agency hours’ in relation to the group work delivered.

A group work activity is generally referred to as *special purpose,* e.g. an anger management or parenting group. A wide variety of group work can be provided with groups being short or long term with fixed or changing membership. Groups can provide an education focus, provide skills training or offer therapeutic or self-help intervention (see page 65 – 66 *A new strategic framework for Family Services – 2006*).

For more advice about the Group Work function, enrol in an Intermediate IRIS training course (IRIS training schedules can be viewed on the web site:<https://fac.dhhs.vic.gov.au/systems> or contact the IRIS Helpdesk).

Select **<New>** icon to create group & select case type from list

#### Name

Mandatory.

| Definition | Counting and interpretation |
| --- | --- |
| Name of Group | No further explanation required. |

#### Start

| Definition | Counting and interpretation |
| --- | --- |
| Date group commenced | No further explanation required. |

#### End

| Definition | Counting and interpretation |
| --- | --- |
| Date group ended | Including an end date will indicate that the group is closed. Leave the end date blank until group has finished. |

#### Group Active

| Definition | Counting and interpretation |
| --- | --- |
| Tick box that will indicate if the group is active. | A group by default is active and there is a tick in the box. If a group finishes or ceases to function the box can be un-ticked and the group will no longer show in the Group List screen.  The Group List screen has a ‘Show Active Only’ box which by default has a tick in it. Only active groups will show in the screen. Un-tick the Show Active Only box to view all groups (active and inactive). |

#### Case

| Definition | Counting and interpretation |
| --- | --- |
| Family Services – DHHS | Selected before you can create group. |

#### Case Type

| Definition | Counting and interpretation |
| --- | --- |
| Family Services | Selected before you can create group. |

#### Order by First Name

| Definition | Counting and interpretation |
| --- | --- |
| Tick box that will order clients by first name. | Clients within a group list can be ordered by first name. Clients will be ordered in the group list by surname if the box is not ticked. |

#### Source of Funding

| Definition | Counting and interpretation |
| --- | --- |
| DHHS  Child FIRST (Child FIRST provider only) | Selected before you can create group. |

#### Add Client

| Definition | Counting and interpretation |
| --- | --- |
| Select client’s name from the substantive client list | Selecting ‘Add Client’ will raise the substantive client list. More than one client can be selected by holding down the Ctrl and highlighting the client names.  Clients must be created as clients and have an open case (see Client Information record and Substantive case sections) to add to a group. |

#### Remove Client

| Definition | Counting and interpretation |
| --- | --- |
| Individual clients can be removed from the client list within the group. | Not further explanation required. |

#### New Service

| Definition | Counting and interpretation |
| --- | --- |
| Always select group work from the ‘Select Type for New Service’ option, other than a no show for those clients that did not attend the group session.  (Refer to Services and Hours in Substantive Cases for more information about recording service details). | A service details box will appear once the service type is selected. Follow the prompts and ensure all time is included.  Include preparation and case notes as groupwork hours. |

#### Client is Active

| Definition | Counting and interpretation |
| --- | --- |
| Tick box that will indicate whether the substantive record of the client is still active. | Only active clients will receive a service through the group function, clients who do not attend a particular group session can be marked as temporarily ‘inactive’ while the service is applied and then made active again when they attend the next group session. |

#### Delete Group

| Definition | Counting and interpretation |
| --- | --- |
| If no services have occurred in relation to the group, the group can be deleted. | No further explanation required. |

## Projects

*Screen pr01*

While Project hours do not count towards the ‘number of hours’ KPI they can be used to track other projects which are undertaken by agencies. This can assist with agencies tracking their own investment of hours.

#### Name

Mandatory

| Options | Definition |
| --- | --- |
| Free text | Name of Project – Mandatory field. |

#### Case Type

| Options | Definition |
| --- | --- |
| Family Services | Auto-selected when user creates the project case type. |

#### Case

| Options | Definition |
| --- | --- |
| Options reflect available funding sources | Auto-selected when user first creates the project case type. |

#### Source of Funding

| Options | Definition |
| --- | --- |
| Options reflect available funding sources | Selected by user before when they first create the project case type. |

#### Edit

| Options | Definition |
| --- | --- |
| Allows the Source of funding to be edited. | No further explanation required. |

#### Project Active

| Options | Definition |
| --- | --- |
| Tick box that will indicate if the project is active. | A project by default is active and there is a tick in the box. If a project finishes or ceases to function the box can be un-ticked and the group will no longer show in the Group List screen. |

#### Agency Code

| Options | Definition |
| --- | --- |
| Auto fills with agency code | No further explanation required. |

#### Details:

#### Project Type

Mandatory.

| Options | Definition |
| --- | --- |
| Community Development  Community Education  Community Support  General Project  Prf Sup: Audiologist  Prf Sup: Community Worker  Prf Sup: Couns: Drug & Alcohol  Prf Sup: Couns: Family  Prf Sup: Couns: Financial  Prf Sup: Couns: Prob. Gambling  Prf Sup: Couns: Rehabilitation  Prf Sup: Couns: Student  Prf Sup: Couns: Other  Prf Sup: Dietitian  Prf Sup: Medical GP  Prf Sup: Medical Specialist  Prf Sup: Minister of Religion  Prf Sup: Maternal & Child Health  Prf Sup: Other nurse  Prf Sup: Occupational Therapist  Prf Sup: Orthoptist  Prf Sup: Physiotherapist  Prf Sup: Psychologist  Prf Sup: Social Worker  Prf Sup: Speech Pathologist  Prf Sup: Teach: Hearing Impaired  Prf Sup: Teach: Sight Impaired  Prf Sup: Teach: Pre-primary School  Prf Sup: Teach: Primary School  Prf Sup: Teach: Secondary School  Prf Sup: Teach: Special Education  Prf Sup: Teach: Special needs  Prf Sup: Family Support Worker  Prf Sup: Welfare Worker  Prf Sup: Other Worker  IIHS: caring for children: benefits of breastfeeding  IIHS: caring for children: benefits of immunisation  IIHS: caring for children: keeping safe from harm/injury  IIHS: caring for children: positive parenting - play  IIHS: caring for children: positive parenting of 0 & 1 yo’s  IIHS: caring for children: positive parenting of 2yo’s  IIHS: caring for children: positive parenting of 3yo’s  IIHS: caring for children: reading to children  IIHS: caring for children: transition to playgroup  IIHS: presentation by MCH nurse  IIHS: risks of smoking/alcohol-substance abuse | Select Most Appropriate. |

#### Staff

| Options | Definition |
| --- | --- |
| Drop down list of registered IRIS users | Select key worker. |

#### Project User Code

| Options | Definition |
| --- | --- |
| Free Text | No further explanation required. |

#### Start Date

| Options | Definition |
| --- | --- |
| Date project commenced | No further explanation required. |

#### End Date

| Options | Definition |
| --- | --- |
| Date project ended | Including an end date will indicate that the group is closed. Leave the end date blank until group has finished. |

#### Activities tab: Select <New>

#### Date

| Options | Definition |
| --- | --- |
| NA | Use Calendar or enter date e.g.: 1/01/2019. |

#### Activity Type

| Options | Definition |
| --- | --- |
| Preparation  Delivery  Follow-Up  Management  Supervision of workers  Clerical/admin support  Other activity  Purchases to support project  Brokerage to support project | Select Most Appropriate. |

#### Staff

| Options | Definition |
| --- | --- |
| Automatically the user sign in | No further explanation required. |

#### No.Staff

| Options | Definition |
| --- | --- |
| Free Text. | Indicate the number of staff participating. |

#### User Code

| Options | Definition |
| --- | --- |
| Free Text | No further explanation required. |

#### Activity Suburb

| Options | Definition |
| --- | --- |
| List of Suburbs | Suburb where the project is run. |

#### Males

| Options | Definition |
| --- | --- |
| Free Text | Indicate the number of male participators. |

#### Females

| Options | Definition |
| --- | --- |
| Free Text | Indicate the number of female participators. |

#### Duration

Mandatory.

| Options | Definition |
| --- | --- |
| Minutes | While Project hours do not count towards the ‘number of hours’ KPI they can be used to track other projects which are undertaken by agencies. This can assist with agencies tracking their own investment of hours. |

#### Travel Time

Mandatory

| Options | Definition |
| --- | --- |
| Minutes | While Project hours do not count towards the ‘number of hours’ KPI they can be used to track other projects which are undertaken by agencies. This can assist with agencies tracking their own investment of hours. |

#### Expenditure

| Options | Definition |
| --- | --- |
| Free Text | No further explanation required. |

#### Activity Notes

| Options | Definition |
| --- | --- |
| Free Text | No further explanation required. |

#### Notes

| Options | Definition |
| --- | --- |
| Free Text | No Further explanation required. |

# Appendix 1: Mandatory fields memory aid

Have visible to prompt gathering all mandatory information to set up a client and case. The Client fields must be completed to save the client record. The other fields should be updated as soon as known and must be completed by case closure.

While it is best practice to fill in ALL FIELDS in IRIS these are the mandatory fields. Agencies may want to flag especially important non-mandatory fields to their practitioners.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client | Non-Sub | Case Details | Related Persons | Issues | Services | Closure |
| First Name | Outcome | Referral Source | First Name | At least 1 Issue must be recorded. | At least 1 Service must be recorded. | Date of Closure |
| Surname | Referral Source | Household Type | Surname | Identified | Location | Point of Closure |
| Date of Birth | Concern in Relation to Child/Unborn | Housing Type | Gender | Goal in Service Plan | Int/Bilingual Worker | Reason for Closure |
| Gender | Duration | Source of Income | Date of Birth | Goal Achieved | Duration | Case Outcome |
| Suburb |  | Significant Wellbeing | Indigenous Status | Referred to specialist agency | Client Participation |  |
| County of Birth |  | Referrer Identity | Living with client | Issue still present at closure |  |  |
| Indigenous Status |  | Intake Outcome | Engagement Tabs- Children |  |  |  |
| Agency Client ID |  | Children Recorded |  |  |  |  |
| Proficiency Spoken English |  | Unborn Referral |  |  |  |  |
| Preferred Language |  |  |  |  |  |  |

|  |
| --- |
| Client details are required for both substantive cases and non-substantive cases to enable non-substantive cases be attached to a client. |

# Appendix 2: Mandatory fields memory aid: Cradle to Kinder

This may be useful for staff to keep visible when having conversations with clients, to prompt gathering all mandatory information to set up a client and case.

The Case details refer to the mother and family’s status at referral and should be updated as soon as known.

Child details should reflect the child’s outcomes in real time – accuracy should be checked monthly and must be completed at case closure.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Client | Case Client background | Child Details | Related Persons | Issues | Services | Closure |
| First Name | Referral Source | First Name | First Name | At least 1 Issue must be recorded. | At least 1 Service must be recorded. | Date of Closure |
| Surname | Household Type | Surname | Surname | Identified | Location | Point of Closure |
| Date of Birth | Housing Type | Sex | Gender | Goal in Service Plan | Int/Bilingual Worker | Reason for Closure |
| Gender | Source of Income | DOB | Date of Birth | Goal Achieved | Duration | Case Outcome |
| Suburb | First Time Mother? | COB | Indigenous Status | Referred to specialist agency | Client Participation |  |
| County of Birth | Referral for Antenatal Service | Indigenous Status | Living with client | Issue still present at closure |  |  |
| Indigenous Status | Gestational Period | Attended 3yo Kinder | Engagement Tabs- Children |  |  |  |
| Agency Client ID | Mother’s Level of Education | Attended 4yo Kinder |  |  |  |  |
| Proficiency Spoken English | Mother Currently in OOHC | Most Recent KA&S |  |  |  |  |
| Preferred Language | Mother Previously in OOHC | Child Report made to CP |  |  |  |  |
|  | Current Children CP History | CRIS Client ID |  |  |  |  |

|  |
| --- |
| Client details are required for both substantive cases and non-substantive cases to enable non-substantive cases be attached to a client. |

# Appendix 3: Service Hours memory aid

This is to help staff decide how service hours should be recorded.

* If an activity fits the description of one of the activities listed below it must always be selected.
  + If it doesn’t fit the below then the most appropriate option should be used.

|  |  |
| --- | --- |
| Outreach to engage client/family | Consult Aboriginal Organisation |
| Active Holding | Report to CP |
| Prepare Action Plan | Consult Child Protection: s38 consultation |
| Review Action Plan | Consult Child Protection: s36 consult (i.e. section 193) |
| Case conference (check specific definitions in service activity section) | Referral to: |
| Section 36 Consultation – Information holder (Family Services case only) | Consult ECD worker (Family Services case only) |

# Appendix 4: Administrative and user guides

Useful links:

| Options | Definition |
| --- | --- |
| [A Strategic Framework for Family Services](https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf) | <<https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf>> |
| [Changing Futures Service Model Family and Early Parenting Services](https://providers.dhhs.vic.gov.au/changing-futures-service-model-family-and-early-parenting-services-word) | <https://providers.dhhs.vic.gov.au/changing-futures-service-model-family-and-early-parenting-services-word> |
| [Child and Family Action Plan- Template](https://providers.dhhs.vic.gov.au/child-and-family-action-plans-word) | <https://providers.dhhs.vic.gov.au/child-and-family-action-plans-word> |
| [Child and Family Services new funding model](https://providers.dhhs.vic.gov.au/child-and-family-funding-reform) | <https://providers.dhhs.vic.gov.au/child-and-family-funding-reform> |
| [Community Services Quality Governance Framework](https://www.dhhs.vic.gov.au/publications/community-services-quality-governance-framework) | <https://www.dhhs.vic.gov.au/publications/community-services-quality-governance-framework> |
| [Human Services Activities Search](https://providers.dhhs.vic.gov.au/human-services-activity-search) | <https://providers.dhhs.vic.gov.au/human-services-activity-search> |
| [Intensive Family Services Program Guide](https://providers.dhhs.vic.gov.au/intensive-family-services-program-guidelines-word) | <https://providers.dhhs.vic.gov.au/intensive-family-services-program-guidelines-word> |
| [Iris User Guides](https://fac.dhhs.vic.gov.au/systems) | <https://fac.dhhs.vic.gov.au/systems> |
| [NDIS-Child and Family System Interface: Practice Guidelines for Child FIRST, The Orange Door, Integrated Family Services, Child Protection and Out of Home Care](https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf) | <<https://providers.dhhs.vic.gov.au/strategic-framework-family-services-pdf>> |
| [Policy Funding Guidelines](https://dhhs.vic.gov.au/publications/policy-and-funding-guidelines-health-and-human-services) | <https://dhhs.vic.gov.au/publications/policy-and-funding-guidelines-health-and-human-services> |
| [Procedural Requirements for Referral and Consultation: Child Protection and Child FIRST/Integrated Family Services](https://providers.dhhs.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated) | <https://providers.dhhs.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated> |
| [Program Requirements for Family and Early Parenting Services in Victoria](https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word) | <https://providers.dhhs.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word> |
| [Roadmap to Reform](https://dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) | <https://dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children> |

# Appendix 5: Recording non-traditional case management

Examples of non-traditional case management service include out posting, early help initiatives, community education.

* Is there a child wellbeing issue? Record as a Substantive case.
* Do you want to understand impact of your intervention? Record as a Substantive case.
* Might you want to track the clients progress/cumulative harm/service history? Record as a Substantive case.
* Do you want to understand the cohort you are working with? Record as a Substantive case.
* Do you want your service to be captured/count towards your case targets? Record as a Substantive case.
* Do you only want to record hours (without applying any meaning)? Record as a Non-Substantive case.

Agencies are able to create up to four additional ‘Source of Funding’ types (via the Agency Case Maintenance tab) for Family Services- DHHS funded cases. The department has advised that one of these should be used to create an ‘Assessment’ Case for when completing work on behalf of Child FIRST This is useful if you are using Innovative models of support to evaluate their impact.

# Appendix 6: Screen view and record types index

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1. Families First, Aboriginal Family Preservation and Aboriginal Family Restoration will transition from Specialised Interventions to the Individual, child and family support funding type in late 2019. [↑](#footnote-ref-1)