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| Practice phases and activities guide |
| Family Preservation and Reunification Response  OFFICIAL |

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# Purpose

This guide outlines the key practice phases and activities of the Family Preservation and Reunification Response (the Response) and aims to guide practitioners collaborative work with families. The guidance is for Response/Aboriginal Response Practitioners and Team Leaders, Child Protection Practitioners and Child Protection Navigators. The intended practice culture and experience for children and families and key practice activities of the Response are organised within six phases detailed below.

# How to use this guide

While each phase presents a logical flow to undertake a continuum of practice with children and families, phases are interrelated and therefore some practice activities may occur consecutively, concurrently or cyclically. Some practice activities clearly define timeframes and responsible leads, where other practice activities require tailored and collaborative approaches based on the unique situation presenting for each child and family.

Evidence-informed practice elements and cultural elements will also be used across the continuum of practice. Some manualised evidence-based programs or interventions may also have prescribed processes that differ in duration and timing from that outlined below.

Practitioners will undertake practice activities outlined in the guidance in alignment with the Relational Approach to Support (described in section 3 of the Start-up Operational Guide), the Best Interests Case Practice Model (BICPM) and according to the Children Youth and Families Act 2005 and relevant information sharing schemes.

# Phase 1: Identifying children and families in focus

## What does this mean for practice with children and families?

Finding children and families earlier through an active approach means we can prevent or disrupt patterns of increasing risk and harm to children and enhance engagement with families at a point where they are motivated to change. Identification of the right children and families is led by the Child Protection Navigator through use of the eligibility criteria professional judgement and in consultation with key professionals.

## How might this look different for practice with Aboriginal children and families?

Aboriginal children are considered a priority across the defined cohorts and some children may be identified for the Response by Aboriginal Children in Aboriginal Care (ACAC) providers. Decision-making continues to occur for Aboriginal children as required by Victorian legislative and policy requirements and all potential connections of Aboriginal children and families are consulted on with the Aboriginal Child Specialist Advice Service (ACSASS) or relevant ACAC provider.

| Key Activities for practice | Who | Timeframe |
| --- | --- | --- |
| * 1. **Identify connections – Child Protection Navigator** * The Child Protection Navigator identifies eligible children and families through use of data analytics and insights, professional judgement and specialist consultation with key partners including Child Protection and ACSASS, ACAC and Family Services and Child FIRST/The Orange Door. * For Aboriginal families, ACCO’s can identify Aboriginal families who may benefit from the Aboriginal Response however they must fit the eligibility criteria and be connected into the Response in consultation with the Navigator. * ACCOs can provide advice to the Navigator if the need arises to connect an Aboriginal family to a mainstream service provider. | **Lead:** Child Protection Navigator/ACAC | As early as possible within the context of the eligibility criteria for children and families in focus. |
| * 1. Identify connections – Child Protection * The Navigator will attend team meetings, undertake data analysis, and support Child Protection Practitioners to connect suitable cases to the Response. * Child Protection in consultation with ACSASS may identify Aboriginal children and families eligible for the Response. This must occur before the connection is made.  1. If eligible, Child Protection, in consultation with their Team Manager, will discuss the connection with the Child Protection Navigator to determine suitability. This discussion will confirm eligibility, suitability (readiness) and timeframes for Response service delivery. There may also need to be a discussion around prioritisation of families. | **Lead:** Child Protection Practitioner  **Partner:** ACSASS and Child Protection Navigator | Anytime |
| 1.2 Identify connections – ACAC   1. Aboriginal Children in Aboriginal Care (ACAC) providers may identify eligible Aboriginal children and families for connection to the Response. 2. ACAC can engage the Aboriginal Response directly for a pre-connection consultation for connections of eligible Aboriginal children and families. Where possible, this includes the relevant Child Protection Navigator. | **Lead:** ACAC  **Partner:** Child Protection Navigator and Aboriginal Response | Anytime |
| **1.3 Suitability meetings**  Suitability meetings with Response providers will occur regularly.  It is recommended that these meetings occur once or twice a week and be chaired by the Navigator.  The purpose of these meetings is to:   * Discuss proposed connections with Response providers and obtain agreement that a pre connection meeting can proceed with identified families. * To identify any issues that might impact on the connections being made in a timely manner.   Suitability Meetings with Aboriginal Community Controlled Organisations (ACCO’s) delivering the Response may occur separately if preferred by the Area’s ACCO(s).  Suitability meetings facilitate effective and streamlined communication between the Navigator and Response Team Leaders to share information and identify emerging issues at the earliest opportunity.  This meeting is not a forum for discussing performance issues within agencies or issues within Child Protection. Where these require further exploration and support, they will be addressed in a different forum.  It is critical to note there may be a need to make connections outside the suitability meetings to connect families in a timely manner. | **Lead:**  Child Protection Navigator  **Partner:**  Response providers | Up to twice per week. Ad hoc connections can be made at any time. |
| **1.4 Pre-connection consultation**   * Child Protection Navigators or ACAC will engage Response team leaders in a **pre-connection consultation** to discuss:   + suitability and in principle acceptance of the connection to the Response   + availability and matching of a lead Response practitioner   + capacity of the Response to commence work with the family within two business days. * share a comprehensive file review, usually completed by the Navigator, with the Response Team Leader or Practitioner if time permits. * The **Connection Form** detailed further below, can be used by Child Protection or the Response to support the discussion and to commence essential information gathering for the Response. * If the connection is accepted – the Child Protection Navigator or ACAC will engage the referrer to discuss the nature of the Response. * If the connection is not accepted due to **capacity** issues – the Child Protection Navigator or ACAC will support the referrer to identify and engage an alternate service response for the child and family. The details of these pre-connection consultations will be recorded using the Child Protection Navigator **Response record of connections collection tool** (see 1.5 below). * If the connection is not accepted due to suitability issues – the Child Protection Navigator or ACAC will support the referrer to identify and engage an alternate service response for the child and family. | **Lead**: Child Protection Navigator or ACAC  **Partners:** Response Teams | **Required:** Within 24 business hours of identifying the eligible connection |
| **1.5 Capacity monitoring and prioritisation**   * Response team leaders provide Child Protection Navigators and ACAC with regular updates regarding Response capacity and availability of practitioners to enable new connections. * Child Protection Navigators maintain oversight of all connections into the Response to ensure consistency in demand management and prioritisation in the local Area. * Capacity monitoring and the process for prioritisation of connections is an agenda item on the Response Operational Group within each Area. | **Lead:** Child Protection Navigator  **Partners:** Response Teams | **Required:** Minimum fortnightly basis and ongoing |
| 1.6 Record of connections   * Child Protection Navigators keep a record of all pre-connection consultations and successful connections for all children and families to the Response (including eligible connections who were unable to receive the Response due to capacity issues). * The **Response** **record of connections collection tool** is available for Child Protection Navigators atSharePoint site. | **Lead:** Child Protection Navigator | **Required:** Within 24 business hours for each connection |

# Phase 2: Connection (referral)

## What does this mean for practice with children and families?

Children and families are connected and prepared to experience the right service when they need it most. This occurs through a streamlined and coordinated connection (referral) process where Child Protection and the Response work in partnership to share information, activate the Response quickly and develop a plan for coordinated work with families.

## How might this look different for practice with Aboriginal children and families?

Aboriginal people have the knowledge, expertise, strengths and right to lead change for their own children. Therefore, preference should always be given to Aboriginal services when thinking about what service will best meet the needs of Aboriginal children and families.

Similarly, Aboriginal families will be offered connection to the Aboriginal Response in the first instance with opportunity to indicate their preference of service provider. Their voice, choice and preference is respected by all.

| Detailed description / Key Activities | Who | Timeframe |
| --- | --- | --- |
| 2.1 Connection acceptance and allocation to Response   * Following the pre-connection consultation and in principle acceptance of the connection, the Response provider will confirm formal acceptance of the connection and: * confirm formal acceptance of the connection via email and co-ordinate a time for a confirmation of connection meeting, usually within 24 hours of the Pre connection meeting.   + allocate the lead Response Practitioner who will work with the child and family and care team   + allocate a secondary Response Practitioner to support the lead practitioner and family as required (and in consideration of reduced staff capacity due to COVID-19).   **Child Protection/Navigator** **will;**   * complete the connection form detailing relevant and contemporary family information that can be discussed at the Confirmation of connection meeting. * confirm the case plan and case plan goals and who is undertaking case planning responsibilities, (Team Manager, navigator, or Practice Leader case planner) * confirm who is the allocated child protection practitioner and responsible Team Manager. It needs to be clearly stated if the Navigator has been allocated the case to support the connection. | **Lead:** Response Team Leader/ Child Protection Navigator | **Required:** Within 24 business hours of pre-connection consultation |
| 2.2 Confirmation of connection meeting   * The Response Practitioner will coordinate and chair the **first professionals meeting** to enable required sharing of information and begin to establish the professional’s component of the child and family’s care team. * The meeting may occur in person (where possible), virtually or via phone and include the: * Lead Response Team Leader * Allocated Child Protection Practitioner and the Team Manager * Navigator   Child Protection or ACAC will provide the Response Practitioner with the following documentation:   * + The child or young person’s profile – available on CRIS   + The child or young person’s intake document – available on CRIS   + The child or young person’s case plan, including any court ordered conditions (if applicable) and the case plan actions table.   As detailed above, the connection form can be used to gather essential information required in collaboration and may form the record of this meeting.  The purpose of the meeting is:   * To provide the comprehensive child protection view of the case including case plan goals and how they intersect with the Response Goals * Clarify and confirm roles and responsibilities of all professionals involved throughout the Response * Determine in what form and how often the allocated child protection practitioner and the Response Practitioner will communicate * Formalise care team meetings. These need to be set up prior to the end of the handover meeting * Discuss how significant issues are escalated if this becomes necessary * Next Steps   At this point, in most cases the Role of the Navigator will end unless other roles and responsibilities have been determined or when the Navigator also has a time limited role as allocated practitioner.  There will be occasions where the Navigator may be asked to assist with a case that they have connected.  Child Protections role in the Response, throughout the proposed 240 hours will continue.  Significant advice and support to ensure that the broader Child Protection program is supported to perform these functions will follow shortly.  This will include detailed information in relation to the elements of the Response and key intersection points. | **Lead:** Lead Response Practitioner or Response Team Leader | **Required:** Within 24 business hours of connection acceptance |

# Phase 3: Engagement

## What does this mean for practice with children and families?

Children and families are engaged in culturally safe, respectful and inclusive ways by the right team of people through evidence informed, collaborative and coordinated practice that empowers families to lead meaningful change. Child Protection and the Response work together to plan collaborative practice activities to engage families, including joint visits and regular care teams.

The Lead Response Practitioner provides a primary contact and coordination point for the family and care team, in addition to intensive in home and outreach support. Importantly, the care team approach supports enhanced engagement of children and families by respecting their unique needs and experience and improves capacity for information sharing, clarity of roles and responsibilities, transparent decision making and a more holistic view of child and family safety. This approach also provides an opportunity to celebrate successes of the family and problem solve together to reach improved outcomes.

## How might this look different for practice with Aboriginal children and families?

Building trust and rapport with Aboriginal children and families is an important aspect of effective engagement. However, trust and rapport may not occur in a straightforward way and can be impacted by past experiences, policies and systems, including concerns regarding child removal.

Aboriginal cultural elements designed with Aboriginal organisations for the Response will promote engagement. Importantly practitioners will engage in deep listening, respectful and reflective curiosity and inquiry into the varied views, experiences and perspectives of Aboriginal peoples and their culture and community.

| **Detailed description/key activities** | **Responsible Lead/Partners** | Timeframe |
| --- | --- | --- |
| **3.1 Initial engagement**   * The lead Response Practitioner will contact the parent / caregiver to make introductions and initiate the Response work with the family, including a planned first joint visit/contact. | **Lead:** Lead Response Practitioner | **Required:** Within two working days of connection acceptance |
| **3.2 First joint contact with the family**   * The Lead Response Practitioner and Child Protection will coordinate a first joint contact (visit) with the family, with attendance by the:   + Lead Response Practitioner - required   + allocated Child Protection Practitioner (or ACAC if applicable) - required   + referrer or Community Based Child Protection - if appropriate to support engagement * This meeting with the family will:   + enable introductions and explanation of the Response   + provide clarification of roles and responsibilities, including the nature of the care team approach and what families can expect   + seek to understand the family’s preferences, motivations and high-level goals focused on immediate safety and supporting engagement (i.e. use of flexible funding where appropriate).   + explore the family’s understanding of the concerns, Child Protection’s involvement and the case plan direction (if applicable)   + provide clarification for children and families on above points as needed to promote strong understanding. | **Lead:** Response Practitioner/ Child Protection Practitioner  **Partners:** referrer and/or Child Protection Navigator | **Required:** Within first week of connection acceptance |
| **3.3 Assertive engagement and evidence-informed approaches**   * Response Practitioners deliver culturally safe and respectful assertive outreach to support engagement. * Assertive engagement may include;   + phone calls/texts   + planned home visits   + unannounced home visits   + joint visits with Child Protection   + collaboration with other services already engaged. * The Response Team delivers evidence-informed approaches to support engagement as outlined in the Engagement module of the Response. These practice techniques can support the development of co-productive relationships with mutual trust and respect. * The secondary Response practitioner may attend a subsequent contact/visit with the Lead Response Practitioner to provide the family with a second point of contact when their lead Response Practitioner is not available. | **Lead:** Response Practitioner  **Partners:** Child Protection, Care team, Secondary Response Practitioner | **Required:** Ongoing |
| **3.4 Establish care team around the child and family**   * A care team[[1]](#footnote-1) will be established around the child and family at commencement of the Response. * Children, parents and carers will be recognised as core members of the care team whose opinions and lived expertise are valued and respected. * Care team meetings will be convened in creative ways that meet the needs of the child/ren and family and will occur regularly to promote a shared understanding and view to safety. * Care teams are critical to promote shared communication, information sharing, decision-making and planning with the child and family and coordinated practice of the Response and Child Protection. * The care team is coordinated by the Response Practitioner and includes the child (as appropriate) and family, carers, Child Protection, care services (for children in care) and other important people (to child and family) or key stakeholders as deemed appropriate. * Each person will have a clear understanding of their role and responsibilities, noting the role of professionals and intensity of a service may change over time according to the child and family’s needs. * At all times, the safety of children and family members will be a paramount consideration, including cultural safety. | **Lead:** Response Practitioner  **Care team members:** Children, parents and carers, Child Protection Practitioner,Care Services, other stakeholders | **Guide:**  **Initial:** weekly basis  **Mid (200hrs):** weekly orfortnightly basis  **Transition (40hrs):** based on needs of child and family |
| **Joint visits of the Response and Child Protection**   * Child Protection Practitioners and Response Practitioners will communicate regularly and coordinate shared visits with the child and family. * Child Protection Practitioners are not required to attend each visit with the Response, rather the Response Practitioner may attend visits with the family planned by Child Protection. | Child Protection Practitioner and Response Practitioner | **Minimum guide:**  once per week (for high risk infant or high risk) or fortnightly determined in consideration of Child Protection requirements |

# Phase 4: Understanding and Planning (Assessment)

Note: comprehensive details about assessment, planning and review can be found in the Understanding and Planning Guide <https://providers.dffh.vic.gov.au/understanding-and-planning-guide-november-2020-word>. This section should be read in conjunction with this guide.

## What does this mean for practice with children and families?

Children and families will experience **understanding and planning** (assessment) approaches to explore their individual and holistic needs, preferences and experiences, including safety. Their voice and choice are respected, and they will have opportunities to lead or contribute to planning and decision making that impacts their lives. The unique experience and perspectives of carers and care team members are valued and respected in understanding and planning.

As families gain confidence and achieve progress towards goals, this will be acknowledged and celebrated by the care team. In turn, this enables quality reviews of the level of service provision intensity, including decreases that are proportionate to the needs of families and reflective of development towards increasing self-management and connection in community.

The understanding and planning guide <https://providers.dffh.vic.gov.au/understanding-and-planning-guide-november-2020-word> provides a framework for practitioners to undertake understanding and planning activities in partnership with children and families, care team members and other relevant stakeholders. Children’s rights, safety, development and permanency are central to development of plans, considering their age, stage, culture and identity and with respect to family connection, wellbeing and capability.

## How might this look different for practice with Aboriginal children and families?

Assessments with Aboriginal children and families must understand the impact of colonisation and historical policies on Aboriginal families and communities. Subsequently, concepts of ‘protection’ or ‘intervention’ have not been associated with good outcomes for Aboriginal people, and there remains a deep mistrust of people who offer services based on concepts of ‘protection’ or best interests’.

For all actions concerning children, their best interests should be the paramount consideration and ensuring their safety is essential. Advancing the best interests of Aboriginal children requires a holistic realisation of their rights, including rights to safety, family, housing, health, education, culture and participation.

The Response will ensure that the best interests of Aboriginal children are informed by Aboriginal people as a paramount consideration in all decisions about their care and protection and actively promote the inclusion of children’s voice (where appropriate) in all decisions that affect them.

The Response seeks to identify from the family, their definition of who is ‘family’ or who forms ‘community’ for an Aboriginal child and family and who is to be involved in assessments, services and planning activities.

For Aboriginal children in care, the care team (in consultation with the Senior Advisor Aboriginal Cultural Planning) will develop or review a cultural plan and ensure this is implemented and provided to the child.

| **Detailed description/key activities** | **Responsible Lead/Partners** | **Timeframe** |
| --- | --- | --- |
| **4.1 Initial Assessment**  * Information gathering for the initial assessment begins during the connection process, building on the connection form, first professionals meeting and first joint visit with the family (refer to section 2). * The initial assessment is documented by the Response Practitioner in part two of the connection form or other locally developed forms in line with the assessment framework and can be completed through collaboration with the family, Child Protection / ACAC and other service providers as relevant. * The purpose of this assessment is to understand the family’s strengths, needs and risks and rationale for connection to the Response. The assessment will reflect the family’s motivation for change, known barriers and resources to build upon and child and family safety planning. * Worker safety and engagement considerations will also be explored. | **Lead:** Response Team & Child Protection (where open)/ ACAC  **Partners:** IFS, CF/TOD, other service providers | **Time:** completed in 1 week |
| **4.2 Comprehensive Assessment**  * The comprehensive assessment is led by the Response Practitioner engaging in relational ways with the family and care team (and other professionals), while building upon the initial assessment. * The purpose of this assessment is to establish a strengths-based and trauma informed view of child development, family functioning and family capability, including individual and holistic strengths, risks and needs and wellbeing of each family member to inform development of the child and family action plan. * A focus on identification and development of children, families and carers familial, peer and community support networks are required to create and strengthen supportive, nurturing and enduring relationships. * The comprehensive assessment may be documented in any format. The key domains outlined in the Understanding and Planning Guide (Assessment Framework) should be used to guide what needs to be covered in this assessment (attachment 2). * The assessment should be informed by family outcome measures/scales, such as NCFAS or other culturally appropriate outcomes tools. * The Response Practitioner will share the comprehensive assessment with Child Protection. * Assessment is ‘point in time’ and ‘builds’. The idea is to gather enough information to make decisions about planning and ensure children’s needs are clear and then add to it at reviews. * The framework is not intended to be prescriptive. It is a guide and not all points in the Understanding Guide will apply to every family. * Although the guidance needs to include the variety of needs families present with, it will always be up to professional judgement to assess and prioritise the most prominent issues for each family. | **Lead:** Response Practitioner  **Partners:** care team, other professionals as required | **Time:** completed by week 3 |
| **4.3 Planning (child and family action plan)**   * Building on the comprehensive assessment, the Response Practitioner facilitates development of a child and family action plan. * Children (as appropriate), families and carers are engaged to lead, co-develop and contribute to goals within their plan. Care team members and professionals may also contribute in formal or informal ways. * The Response Team will deliver evidence-informed approaches to support planning as outlined in the Preparing module of the Response, including Aboriginal cultural elements. * The Response Practitioner will document the child and family action plan and share this with the family and Child Protection.   Further advice regarding [Child and Family Action Planning](https://providers.dhhs.vic.gov.au/child-and-family-action-plans-word) can be found at <https://providers.dhhs.vic.gov.au/child-and-family-action-plans-word> | **Lead:**  Response Team  **Partners:** Child Protection, other services | **Time:** completed by week 3 |
| **4.4 Review**   * Review is ongoing during the Response intervention. Formal Review points provide the opportunity to summarise changed or new information related to the assessment domains, progress to goals and barriers to change. Formal reviews also support sharing information as relevant. * Due to the level of risk and potential for escalation as well as the intensive nature of the Response, formal reviews should occur monthly to ensure good case oversight. * The review may be documented in any format provided it aligns with domains in the comprehensive assessment as outlined in the Assessment Framework (attachment 2). * A review is completed by the Response Practitioner in collaboration with Child Protection or ACAC and other service providers as relevant. * The reviews should be shared with Child Protection where there is an open Child Protection case. | **Lead:** Response Team  **Partners:** Child Protection | **Time:** monthly |
| **4.5 Child Protection case planning**   * Whether a first case plan or review, Child Protection will engage children and families, carers, Response Practitioners and other important people and professionals in case planning. * This can occur through informal meetings and discussions or formal meetings if required, with case plans to be submitted for endorsement by the case planner. | **Lead:** Child Protection | **Required:** as per Child Protection Practice Requirements |

# Phase 5: Intensive Support

## What does this mean for practice with children and families?

Children and families will experience up to 200 hours of intensive supports delivered flexibly and tailored to their unique circumstance, reflective of the co-developed goals of the child and family plan and linked to statutory case plans (if applicable). Supports will primarily be coordinated, facilitated or delivered by the Lead Response Practitioner through quality engagement and collaboration with the child and family and care team. Support may include access to flexible brokerage to address child and family needs and goals and access specialist supports.

Response Practitioners will be trained in and deliver evidence informed intervention practice elements and Aboriginal cultural elements to develop consistent ways of working, shared language and capability of practitioners.

## How might this look different for practice with Aboriginal children and families?

The approach to Aboriginal families will recognise the unique culture, lived experience and impacts of history and have a strong emphasis on building trusting partnerships and co-developed solutions. Meaningful and sustainable change will only be achieved when families are empowered as experts in their own lives and motivated to make changes for themselves. As trust is built up, the Lead Response practitioner will introduce more targeted interventions and work with families to determine the right mix of practical, educational and therapeutic healing supports to build family capacity, confidence, self-esteem and agency.

The Response must engage with processes of individual and community healing. Practitioners need to understand that connection to culture, country and community is embedded in Aboriginal healing and builds resilience. Work must not only focus on increasing the family functioning and building stability for children, it should also aim to strengthen the families cultural and community connections.

| Detailed description/key activities | Responsible/ timeframe |
| --- | --- |
| 5.1 Intensive support  The Response Team delivers intensive and evidence-based / informed interventions as outlined within their funding submission and agreed through negotiations with Local Areas and reflected in their funding agreement. This may be through applying the relevant Family Preservation and Reunification practice modules and Aboriginal Cultural Elements or through an existing evidence/based program. These interventions:   * allow for frequent and agile engagement and be delivered in way that benefits the family and is attuned and responsive to their needs and circumstances. For example:   + pregnant women should be provided with antenatal interventions   + parent/ care givers with young children should be provided with early parenting interventions   + young people using violence should be provided with behaviour support services * provide therapeutic and trauma-informed support that is rapidly applied, centred around creating wellbeing and safety for a child, focused on building parental/ caregiver capacity and improving family functioning. * prioritise working with families in their home settings and/or use virtual technologies to support families (as required under coronavirus (COVID-19) restrictions. See [Information for Community Services Coronavirus COVID-19](https://www.dhhs.vic.gov.au/information-community-services-coronavirus-covid-19) <https://www.dhhs.vic.gov.au/information-community-services-coronavirus-covid-19>). * Service Providers may engage specialists to support and address families’ needs as required, including therapeutic, Family Violence or Mental Health supports. These professionals may also act as secondary consults. | **Lead:** Response Team  **Partners:** Child Protection, other services  **Time:** 200 hours (flexible) |
| 5.2 Flexible Funding   * Flexible funding is used to address the needs of the child, young person and family, including;   + any immediate goods or services required   + acquiring therapeutic supports where otherwise unavailable including engaging specialists to support and address families’ needs as required, including therapeutic, Family Violence or Mental Health supports. * For current [reporting requirements for flexible funding](https://providers.dhhs.vic.gov.au/flexible-funding-31437-word) see <https://providers.dhhs.vic.gov.au/flexible-funding-31437-word>. * [The Flexible Funding acquittal tool](https://providers.dhhs.vic.gov.au/family-services-flexible-funding-acquittal-tool-xls) is located at <https://providers.dhhs.vic.gov.au/family-services-flexible-funding-acquittal-tool-xls> | **Lead:** Response Team |
| 5.3 Linkages and Coordination   * The Response Practitioner works collaboratively with children, young people and families to empower the family to advocate for their needs. * As appropriate, they will facilitate families to link families in with:   + Health and community services such as General Practitioners, Maternal and Child Health   + National Disability Insurance Scheme   + Family violence, drug and alcohol and mental health services and housing and homelessness supports   + Educational settings including childcare. | **Lead:** Response Team  **Partners:** Child Protection, other services |

# Phase 6: Sustained support and transitions, including closure

## What does this mean for practice with children and families?

Children and families will receive 40 hours of sustained and transitional support to enable self-managing behaviours of increased child and family safety, family functioning and connection to culture and community. As the family transitions to more self-sustaining and community-oriented supports, practitioners will support the family to recognise what to do when problems emerge, and what options are available to them and how they might access support in future.

The focus will include a staged reduction of the Response intensity to connect families to more self-sustaining supports in community and mainstream services.

A facilitated referral pathway to more intensive services may be required where family preservation and reunification services are not conducive to the child or young person’s permanency needs.

## How might this look different for practice with Aboriginal children and families?

When practitioners are preparing Aboriginal families for closing their involvement, it’s important to celebrate all the successes the family have made. One way may be to organise a whole of family recreational activity to celebrate their achievements.

| Detailed description/key activities | Responsible/ timeframe |
| --- | --- |
| **Sustained support up to 40 hours**   * Intensity of support can be reduced as children and their families:   + reach improved levels of child safety and wellbeing   + self-managing parent/caregiving capabilities * The Response package provides up to 40 hours of funding to enable an experience of continuity of care for families, for example it may be used to support the transition to more sustainable community and self-managing supports. * Dependant on the needs of the child, young person and family this may be provided by:   + the same Response lead practitioner where the service provider can allocate targets to both Response and Family Services and is able to manage caseloads to support shared target types   + a different practitioner within the same Service Provider where caseloads are split depending on target types   + another service provider who provides Family Services where there is a transfer of targets. * There is an expectation that there is a transition period to ensure service continuity for families and support the transition to a new practitioner. | **Lead:** Response Team or IFS  **Partners:** CP & ACAC  **Time:** 40 hours |
| 6.1 Closure – goals met   * Response providers should make decisions regarding closure in consultation with the family, Child Protection / ACAC and other services where Child Protection is open * Closure is indicated when families;   + have met case plan goals, including those from the Child Protection/ACAC case plan   + can self-identify new issues   + can recognise and use their strengths   + can maintain community connections (including self-referral)   + can successfully self-manage. * Children and their families should be supported and prepared for closure, including being involved in a closure meeting. * The Lead Response Practitioner, in collaboration with Child Protection or ACAC if open and other professionals as relevant should develop a closure summary which summarises progress to goals, barriers to change, ongoing needs, links and referrals. * The closure summary should be shared with Child Protection/ACAC either via the open allocated practitioner or the Child Protection Navigator. | **Lead:** Response Team & Child Protection and ACAC (where open) |
| 6.2 Closure – safety goals not met   * Closure may also be indicated where:   + the Child Protection/ACAC case plan no longer supports reunification   + the family have not engaged with the Response Team after assertive outreach and active engagement   + following the intensive Response intervention, the family have not made progress towards goals meaning that the family needs/risk are too intensive for a Family Services transition. * The Lead Response Practitioner, in collaboration with Child Protection or ACAC if open and other professionals as relevant should develop a closure summary which summarises progress to goals, barriers to change, ongoing needs, links and referrals. * The closure summary should be shared with Child Protection/ACAC either via the open allocated practitioner or the Child Protection Navigator. * Where closure is indicated in these circumstances a closure conference should occur to plan and approve the management of risk post closure. | **Lead:** Response / Child Protection/ACAC  **Partners:** Other service providers |
| 6.3 Transition   * Transition to Family Services (or other services) is indicated where there has been progress to goals in the Response however the family would benefit from a level of continued support through a Family Services intervention. When transitioning, Response Practitioners should ensure there is;   + a warm handover between services   + work with the family to manage knowledge transfer and handover to the new practitioner   + allow for secondary consults with the new practitioner   + check in with families. * The Lead Response Practitioner should remain engaged during a transition to Family Services and may act as an ongoing consult to the Family Services practitioner for a period of 4 weeks. * The Family Services practitioner should join the team supporting the child and family at the later stages of intensive intervention before the transition. * The Lead Response Practitioner, in collaboration with Child Protection or ACAC if open and other professionals as relevant should develop a closure summary which summarises progress to goals, barriers to change, ongoing needs, links and referrals. * The closure summary should be shared with the Family Services team and Child Protection either via the open allocated worker or the Child Protection Navigator. * The Response Team should also provide the Family Services team with copies of progressive assessments, reviews and plans with goals achieved. * The Response Team will work with children, young people and families to ensure they are guided by them and support and prepare children, young people and families for transitions. This includes being involved in a transition/handover meeting. | **Lead:** Response Team  **Partners:** IFS, Child Protection/ACAC |

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| To receive this publication in an accessible format please [email the Children, youth and families reform team](mailto:childrenyouthfamilies@dffh.vic.gov.au) <childrenyouthfamilies@dffh.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Families, Fairness and Housing, September, 2021.  Except where otherwise indicated, the images in this publication show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This publication may contain images of deceased Aboriginal and Torres Strait Islander peoples.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  Available at the  [Providers website](mailto:https://providers.dffh.vic.gov.au/victorian-and-aboriginal-family-preservation-and-reunification-response) <https://providers.dffh.vic.gov.au/victorian-and-aboriginal-family-preservation-and-reunification-response> |

1. A ‘care team’ in this document refers to a multidisciplinary group of professionals established around the child and family’s individual and holistic needs. Children, young people, parents and carers are valued and respected members of the care team. Care teams are coordinated by Practitioners delivering the Response and include Child Protection, placement agency workers (for children in care) and other members as agreed. [↑](#footnote-ref-1)