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| Response Operational Start-up Guide |
| Victorian and Aboriginal Family Preservation and Reunification Response 2020-21  Version 2 - June 2020 |
| OFFICIAL |

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# Contents

[Contents 3](#_Toc74139671)

[Acknowledgement of Country 4](#_Toc74139672)

[Glossary of terms 4](#_Toc74139673)

[Preparation of this document 5](#_Toc74139674)

[About this guide 6](#_Toc74139675)

[Introduction 6](#_Toc74139676)

[1.1 Background 6](#_Toc74139677)

[1.2 The Victorian and Aboriginal Family Preservation and Reunification Response 7](#_Toc74139678)

[1.3 Policy context 10](#_Toc74139679)

[2.System, culture and practice features 11](#_Toc74139680)

[2.1 Overview of the Response features 11](#_Toc74139681)

[2.2 A child and family centred and empowering experience 12](#_Toc74139682)

[2.3 Advance Aboriginal self-determination and culturally safe and inclusive practice 13](#_Toc74139683)

[2.4 Find children and families for the Response earlier 14](#_Toc74139684)

[2.5 Cultivate a collaborative partnership approach for Child Protection and the Response 16](#_Toc74139685)

[2.6 Enhanced governance arrangements 18](#_Toc74139686)

[2.7 Practice and service delivery approach 20](#_Toc74139687)

[2.8 Embed evidence-informed practice and implementation science support 24](#_Toc74139688)

[3. Monitoring and evaluation 29](#_Toc74139689)

[3.1 Victorian Response monitoring and evaluation plan 29](#_Toc74139690)

[3.2 Aboriginal Response evaluation 29](#_Toc74139691)

[3.3. Cultural and ethical considerations 30](#_Toc74139692)

[3.4 Data collection 32](#_Toc74139693)

[3.5 Other reporting requirements 35](#_Toc74139694)

[4. Further information 35](#_Toc74139695)

[Appendices 36](#_Toc74139696)

[Appendix 1: List of service providers funded to provide the Response in departmental Areas and Aboriginal Response in Divisions 2020-21. 36](#_Toc74139697)

[Appendix 2: Guiding principles 39](#_Toc74139698)

[Appendix 3: Identification of children and families for the Response – eligibility criteria 40](#_Toc74139699)

[Appendix 4: Legislation, policy and practice frameworks 41](#_Toc74139700)

[Appendix 5: Key timelines 43](#_Toc74139701)

# Acknowledgement of Country

The Victorian Government proudly acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and waters on which we rely. We celebrate that Australia is rich in living Aboriginal culture, based on the values of reciprocity and respect for Elders and Country.

We acknowledge the ongoing leadership role of the Aboriginal community in creating services and supports to ensure that all Aboriginal children are raised in safe, healthy and culturally rich families and communities, and have every opportunity for a bright future.

We pay our respects to ancestors of this Country, Elders, knowledge holders and leaders – past, present and emerging. We give our gratitude to the many Aboriginal people who generously contributed their wisdom, experience, expertise and cultural authority during the development of this document. We also acknowledge the valuable input of the many non-Aboriginal people who very generously contributed to its development.

# Glossary of terms

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| Terms | Definitions |
| Aboriginal | ‘Aboriginal’ is used to describe First Nations Aboriginal and Torres Strait Islander peoples. We acknowledge the term ‘Aboriginal’ does not capture the entire diversity and complexity of Victoria’s Aboriginal and Torres Strait Islander peoples and cultures. Our intent is always to use terms that are respectful, inclusive and accurate. |
| AFPR services | Aboriginal Family Preservation and Reunification Response services |
| Aboriginal Response | Refers to the Response being delivered for Aboriginal children and families by Aboriginal Community Controlled Organisations (ACCOs) in each of the department’s four Divisions. |
| Aboriginal Cultural Elements | Aboriginal Cultural Elements have been co-designed with ACCOs based on extensive practice experience, wisdom and expertise working effectively with Aboriginal children and families. |
| Aboriginal Children in Aboriginal Care | ACCOs delivering Aboriginal Children in Aboriginal Care (ACAC) are authorised under *Section 18 of the Children Youth and Families Act 2005* to work with children, families, carers, the community and other professionals to develop and implement a child’s case plan and achieve permanency objectives in line with best interests and decision-making principles. |
| Aboriginal Community Controlled Organisations (ACCO) | Refers to Aboriginal organisations providing Aboriginal child and family services, including family preservation and reunification programs and the Response. |
| Aboriginal Child Specialist Advice and Support Service (ACSASS) | ACSASS provides advice on the best interests of Aboriginal children and young people when Child Protection are making decisions regarding children and young people's safety and wellbeing. Child Protection are required to consult ACSASS when making significant decisions about children. |
| Care team | 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, 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. |
| Children | Children in this paper includes infants (including the unborn child), children and young people under 18 years. |
| Child development | Child development is a core dimension for considering a child's best interests, covering areas of life where all children need safety, opportunities, encouragement and support throughout their childhood to develop to their full potential. |
| Community Service Organisation (CSOs) | CSOs describe organisations providing child and family services, including family preservation and reunification programs and the Response. |
| Department | The Department of Families, Fairness and Housing |
| Family | Family includes children, mothers, fathers, parents, siblings, kin and care families. Birth family refers to a child’s family of origin and is inclusive of Aboriginal concepts of family. |
| Family capability | Refers to the ability and strengths of a family (including parents and carers) to provide a safe and nurturing environment where children are supported to thrive, with meaningful connections to communities and cultures to strengthen resilience. |
| Family Preservation and Reunification practice modules and Elements | The practice modules are a combination of evidence-based practice techniques known to support placement prevention. This includes two foundational modules (Engagement and Preparing for Change) and intervention modules for priority groups of the Response. |
| FPR services | Family Preservation and Reunification services |
| Response | The Victorian Family Preservation and Reunification Response and the Aboriginal Family Preservation and Reunification Response. |
| Service provider | In this document, service provider refers to CSOs and ACCOs delivering the Response. |
| Victorian Response | The Victorian Response refers to the Response being delivered in partnership with ACCOs for both Aboriginal and non-Aboriginal children. |

# Preparation of this document

The Department of Families, Fairness and Housing (the department) acknowledges Aboriginal Community Controlled Organisations (ACCOs), Community Service Organisations (CSOs), the Centre for Excellence in Child and Family Welfare (CfECFW) and key stakeholders involved in co-design of the Response.

The Response reflects the diverse knowledge, creativity and experience of family preservation and reunification (FPR) Services, Family Services, Aboriginal Child Specialist Advice and Support Service (ACSASS), the Transitioning Aboriginal Children (TAC) to ACCOs project and the Aboriginal Children in Aboriginal Care program (ACAC), Aboriginal Family Services, Care Services, Child Protection, Early Childhood and Parenting Programs, and other associated specialist areas.

# About this guide

The Response Operational Start-up Guide (the Guide) is for practitioners CSOs, ACCOs, and the Department of Families, Fairness and Housing Areas (the department) including Child Protection to implement the Victorian Family Preservation and Reunification Response and Victorian Aboriginal Family Preservation and Reunification Response (the Response) in 2020-21.

The Guide is divided into three key parts:

Section 1: Introduction – Response context and overview

Section 2: System, Culture and Practice features

Section 3: Monitoring and Evaluation

The Guide is to be read in conjunction with the Response Guide for Practitioners – Practice Phases and Activities Guide (Attachment 1), Response Understanding and Planning Guide (Assessment Framework) (Attachment 2), Introduction to the Response practice modules (Attachment 3) and Implementation Start-up Pack (Attachment 4).

# Introduction

## 1.1 Background

On 23 April 2020, the Minister for Child Protection, Luke Donnellan announced $46.2 million, as part of the *“*[*More Support to Keep Families and Children Safe*](https://www.premier.vic.gov.au/more-support-keep-families-and-children-safe)*”* <https://www.premier.vic.gov.au/more-support-keep-families-and-children-safe> budget package, to increase capacity of the child and family services sector to provide outreach support to children and families, during the COVID-19 pandemic.

In 2020-21, this includes funding for the delivery of a new innovative model of support targeted to the most vulnerable families to keep children safely at home, prevent children’s entry to care and safely reunify children recently placed in care with their family.

The Response will improve outcomes for children and families, strengthen FPR services and address growing demand for Care Services. As of 30 June 2019 8,490 children lived in care in Victoria, up from 7,954 at the end of June 2018.[[1]](#footnote-1) Aboriginal children are 20 times more likely to live in care than non-Aboriginal children.

The coronavirus (COVID-19) pandemic[[2]](#footnote-2) has resulted in a health, social and economic global crisis, with profound impacts on already vulnerable populations. It has placed pressure on families resulting in financial challenges, social isolation and increasing risk of family violence and child abuse and neglect. The Response seeks to empower children and families within this challenging context to build child and family safety, capability and functioning and connect to culture and community.

The Response enables progress toward the Victorian Government’s vision of [*Roadmap for Reform: Strong Families, Safe Children*](https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) *(the Roadmap*) <https://www.DFFH.vic.gov.au/publications/roadmap-reform-strong-families-safe-children> to support children and young people to reach their full potential and advance Aboriginal self-determination. The Response aligns with objectives of [*Wungurilwil Gapgapduir Aboriginal Children and Families Agreement*](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement) *<*https://www.DFFH.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement>and is underpinned by the [*Beyond Good Intentions Statement*](https://www.cfecfw.asn.au/beyond-good-intentions/) *(2015)* <https://www.cfecfw.asn.au/beyond-good-intentions/>.

The Response is delivered by funded CSOs and ACCOs in partnership with Child Protection, in the 17 Areas of the department. An Aboriginal Response is delivered by ACCOs within the four departmental Divisions – North, East, South and West.

## 1.2 The Victorian and Aboriginal Family Preservation and Reunification Response

The Response is an innovative approach providing children and families with the right support, when and where they need it most and with the right team of people. It provides relational, evidence-informed and targeted support to children and families through a collaborative and coordinated partnership between service providers and Child Protection. An initial phase of rapid, intensive and flexible support is delivered, followed by sustained support and transitions to other services based on need.

The Response works with Aboriginal families and communities to advance Aboriginal self-determination, promote culturally safe and inclusive services to support cultural healing and acknowledges the unique needs, preferences and history of Aboriginal children and families.

Appendix 1 lists the service providers and partners delivering the Response in 2020-21.

### Overarching aim

The aim of the Response is:

*Strong families - with children who are safe, healthy, resilient and thriving; and parents and other care givers who are supported to create a safe and nurturing home environment.*

### Objectives

The key objectives include building capacity of parents, carers and community to keep children safe through:

* family preservation – creating safety at home and preventing removal and placement in care
* family reunification – safely and rapidly returning children to their home.

Importantly, the Response seeks to reduce the number of children entering and remaining in care (acknowledging the over-representation of Aboriginal children in care), by working with children and families to:

* **build safety for children and young people** by assertively addressing identified risks
* **improve parent child attachment** **and interactions**
* **address trauma and promote healing**, including impacts of colonisation, past policies and racism for Aboriginal people
* **strengthen cultural identity and cultural connection of Aboriginal children**, young people and families
* **strengthen cultural identity and connection of all children,** young people and families
* **build families’ motivation and capacity** to make and sustain change
* **improve health and wellbeing** of children, young people and families
* **connect children to early childhood education, care and school** and **young people and parents to education and employment**
* **connect and coordinate services for families, including within community**
* **build self-sufficiency** and empower families to lead self-managing change
* **create opportunities** for children, young people and families to live the life they want.
* In addition, the Response seeks to:
* strengthen **collaboration and coordinated practice** of service providers, Child Protection and relevant professionals working with children and families
* embed **evidence-informed practices** known to improve outcomes for children and families
* establish **stronger local governance arrangements**
* build the **evidence base for FPR services** to inform future policy and program design.

### Guiding principles

The principles underpinning the Response are derived from the *Roadmap for Reform* and *Wungurilwil Gapgapduir Aboriginal Children and Families Agreement* (refer to Appendix 2).

#### Response components and expected outcomes

\*Note a more detailed program logic is being developed for the Victorian Response and Aboriginal Response as part of the Response evaluation.

Response components and expected outcomes. 

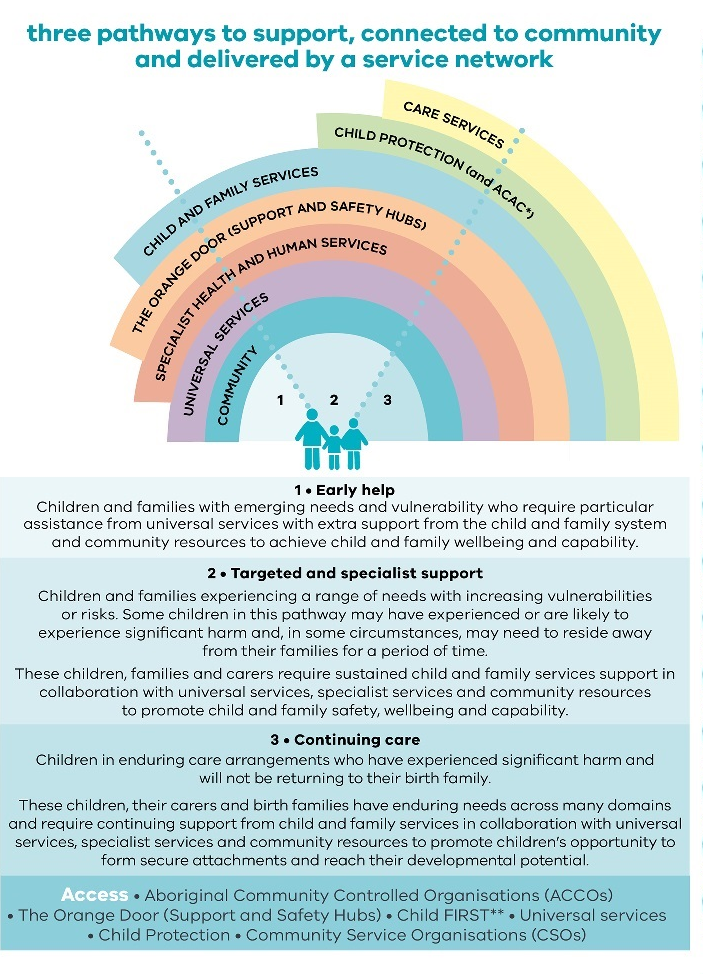

Figure 1 - Components and Expected Outcomes of the Response

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## 1.3 Policy context

### Roadmap for Reform

The Response targets children and families experiencing increasing vulnerabilities and risk who require support from a multidisciplinary team, including collaboration with universal and specialist services and community to promote children’s wellbeing and keep them safe from harm at home. This aligns with the Targeted and Specialist Support Pathwayoutlined in *Roadmap for Reform* (see Figure 2 below).



1 – Early Help

2 – Targeted and Specialist

3 – Continuing care

Figure 2 – Roadmap for Reform Three Pathways to Support

### Wungurilwil Gapgapduir Aboriginal Children and Families Agreement

The [Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement) <https://www.DFFH.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement> is a tripartite agreement between the Aboriginal Community, Victorian Government and CSOs. The agreement commits to better outcomes for Aboriginal children and young people, addressing the over-representation of Aboriginal children and young people in care and advancing Aboriginal self-determination.

### Beyond Good Intentions

The [Beyond Good Intentions Statement](https://www.cfecfw.asn.au/beyond-good-intentions/) <https://www.cfecfw.asn.au/beyond-good-intentions/> commits to driving collaboration and reform to create a fair, just and restorative child and family welfare system for Aboriginal children and moving beyond good intentions to better outcomes. The statement was endorsed in October 2015 by the Victorian Aboriginal Children’s Forum including the then Victorian Minister for Families and Children. It outlines the principles and commitment to how CSOs will support and advance Aboriginal community control over the care and protection of their children.

### Impact of Coronavirus (COVID-19)

During the COVID-19 pandemic, services and resources must be prioritised to the most vulnerable children and families and to provide the greatest impact to address local needs. This Guide has been prepared with the understanding that COVID-19 and the Roadmap for Reopening will affect areas and service providers differently. Consequently, staged implementation of the Response may be required in accordance with Local Area collaboration and as agreed in implementation plans between service providers and departmental Areas.

Service providers must adhere to the Victorian Government public health policy direction and industry restrictions. For up to date information refer to the following webpages:

* [Information for Community Services](https://www.dhhs.vic.gov.au/information-community-services-coronavirus-covid-19) - <https://www.DFFH.vic.gov.au/information-community-services-coronavirus-covid-19>
* [COVID-19 Restriction information](https://www.dhhs.vic.gov.au/victorias-restriction-levels-covid-19) - <https://www.DFFH.vic.gov.au/victorias-restriction-levels-covid-19>

# 2.System, culture and practice features

## 2.1 Overview of the Response features

The Response is comprised of system, culture and practice features that:

* Embed a ‘Relational Approach to Support’ where service providers, Child Protection, leaders and practitioners engage children, parents and caregivers in child focused and empowering ways to; Connect; Understand; Link-up; Build and Empower; Create Opportunities.
* Advance Aboriginal self-determination through culturally safe and inclusive work with Aboriginal people and organisations through practice, service delivery and governance of the Response.
* Find children and families for the Response at the right time to improve child and family safety, connectedness and self-sustaining family functioning and participation in community.
* Cultivate collaborative and coordinated practices and a strengthened partnership approach between Victorian/Aboriginal Response teams, ACAC and Child Protection supported by Child Protection Navigators.
* Enhance local area governance arrangements.
* Provide a rapid, intensive and flexible response based on the unique needs of children and families delivered through a lead practitioner model and care team approach.
* Embed evidence-informed approaches demonstrated to improve outcomes for specific groups of children and families.
* Incorporate mobile implementation teams to train, coach and support the use of fidelity tools by service providers to embed the practice modules as business as usual and use data for continuous improvement.

These features are described in detail below, including where applicable next steps for service providers, Child Protection, Victorian/Aboriginal Response practitioners and the department.

The Response Monitoring and Evaluation Plan described in Section 3 outlines how the implementation of these features will be assessed to build the evidence base for Aboriginal FPR and FPR services in Victoria.

## 2.2 A child and family centred and empowering experience

### What is the approach?

A Relational Approach to Support (the approach) seeks to promote a child and family centred and empowering experience at system, operational and practice levels. The approach provides a framework to consider the way children and families experience the child and family system.

The approach was co-designed with people with an experience of, who use, and/or deliver services within the child and family system. The approach signals a shift in language, behaviours and ways of working with children, young people, parents/caregivers and other professionals.

In a practice sense, this means a shift from ‘managing clients’, to building relationships with children and families to work collaboratively towards better outcomes using a person-centred approach cognisant of the unique experience and perspectives of children and families.

The approach comprises a whole-of-life, connected way of relating and engaging with children and families. It is anchored in relationships, community places and assets that naturally surround families, as well as universal and other services to achieve improved outcomes of child safety, permanency and family capability and functioning.

**How is this delivered for the** **Response?**

The approach includes five elements detailed below to guide departmental partners, service providers, leaders and practitioners in the design and delivery of the Response.

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| Relational element | Description |
| **Connect** | Children, and families with the right information and supports, when and where they need it and in ways that suit them. |
| **Understand** | Recognise that children, and families have unique needs, experiences and preferences. Take a holistic view of the person, family, culture and community. Acknowledge the historical, intergenerational and cumulative experiences of Aboriginal people. |
| **Link-Up** | Create coordinated and sustainable networks of family, friends, community and services. This includes continuity, transparent communication between Aboriginal and non-Aboriginal services and supported transitions when needed. |
| **Build safety and empower** | A strengths-based planning and response supports families to build on their skills, knowledge, confidence, resources and strengths to thrive. Provide the right mix, sequence and intensity of supports and interventions to achieve outcomes and work in self-determining ways. |
| **Create opportunities** | Value and invest in children, and families by creating opportunities to discover and pursue talents and aspirations. Recognise Aboriginal defined aspirations and measures of success. |

## 2.3 Advance Aboriginal self-determination and culturally safe and inclusive practice

### What is the approach?

Self-determination is the most fundamental of all human rights and is grounded in the idea that people have the right to control their own destiny. Self-determination is about promoting agency, voice and empowerment at both the individual and community level.

The Victorian Government has a commitment to recognising Aboriginal people as decision-makers on issues that affect their communities which is central to the principle of self-determination.[[3]](#footnote-3) This includes having meaningful input into decisions and planning about Aboriginal children and young people in the statutory child protection system who are entering care or at risk of entering care.

All providers delivering the Response will ensure services are culturally safe, inclusive and advance Aboriginal self-determination through respectful and equitable partnerships with ACCOs, adhering to the directions of *Wungurilwil Gapgapduir* and the commitments and principles outlined in the *Beyond Good Intentions Statement.*

These agreements formalise the need for CSOs, the department and Child Protection to listen to the Aboriginal community as the primary guide for improving practice, services and outcomes for Aboriginal families. It acknowledges that Aboriginal culture is to be honoured in all aspects of practice and service delivery and that Aboriginal children and young people have the right to be raised within their culture and community.

The Aboriginal Response being delivered by ACCOs in each Division will provide FPR services that are built on evidence of what works to prevent entries to care and enhance safe reunification for Aboriginal children and families. This evidence-base critically includes the knowledge, wisdom and experience of Aboriginal people.

CSOs delivering the Victorian Response model will ensure they have clearly articulated policies, procedures and practice guidelines in place to provide non-stigmatising and culturally safe services to Aboriginal children and families. CSOs must support and enable Aboriginal self-determination through genuine partnerships with ACCOs that value and respect Aboriginal knowledge, systems and expertise. This will provide Aboriginal children and families a voice to self-determine their outcomes in culturally safe and responsive ways.

### How is this delivered for the Response?

In delivering the Response, CSOs and Child Protection in working with Aboriginal children and their families will:

* actively engage, partner or co-deliver with local ACCOs and Aboriginal services, ensuring Aboriginal services participate in critical decision making, planning, design, operation and strategic management of services for Aboriginal children and families
* enable self-determination by recognising Aboriginal people are best placed to lead and inform the Response for Aboriginal children and families
* understand that preferences should be given to ACCOs when considering what services will best meet the needs of Aboriginal children and families.
* ensure connections are agreed in consultation with ACSASS
* where a family is identified as Aboriginal on the connection, seek information from family members about the involvement of any Aboriginal services
* actively promote local Aboriginal supports and services and respect family’s preferences
* deliver practices that will lead to the best outcomes for Aboriginal child and family safety and family functioning, including child and family led and empowering approaches aligned with Aboriginal Cultural Elements and practice considerations developed as part of the Response (see section 2.8)
* understand the connection between the legacy of intergenerational trauma caused by colonisation and forced child removal and current vulnerabilities. For Aboriginal community concepts of ‘protection’ and ‘intervention’ have not been associated with good outcomes for Aboriginal people, and there remains a deep sense of mistrust within Aboriginal communities.
* adopt a holistic approach that encompasses the social, emotional, spiritual and cultural wellbeing of individuals and the community as a whole
* ensure access to strengths-based integrated supports through culturally safe, non-stigmatising entry points and service delivery, this includes all understanding (assessment) and planning procedures
* empower families through timely Aboriginal Family-led Decision Making (AFLDM), encouraging family ownership of issues and solutions
* recognise cultural connection as a protective factor in keeping Aboriginal children safe within their families, by supporting Aboriginal children and families to connect with their community and culture, including cultural events such as Aboriginal ceremonies and cultural camps
* incorporate the principles outlined in the [Human Services Standards Aboriginal culturally informed resources tool](https://providers.dhhs.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word) <https://providers.DFFH.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word>
* use quality improvement systems to incorporate Aboriginal feedback into revised service responses.
* build evidence of what works to prevent Aboriginal children entering care and which enhance safe reunification, drawing on the knowledge, wisdom and experience of Aboriginal people.

## 2.4 Find children and families for the Response earlier

### What is the approach?

Three cohorts of children considered most at risk of entry to care are in scope for the Response and will be identified through effective data, professional judgement and consultation. This is critical to enable effective interventions that reduce entry to care, enhance Response outcomes and inform future investment.

Identification of children within the defined cohorts is also essential for the Response evaluation (described in Section 3) which will support future directions and investment in FPR services. To determine the Response effect on outcomes for children, a comparison group is required for children and families with similar characteristics

Importantly, the Response acknowledges previous FPR evaluations which reiterate the importance of earlier identification and activation of support to disrupt patterns of increasing risk and harm and optimise engagement where families are motivated to change. Response connections are to occur earlier within a crisis or statutory service response to prevent increasing risk, achieve case plan goals and maximise outcomes of child safety, permanency and development.

### How is this delivered for the Response?

#### Eligibility criteria

The three cohorts in scope of the Response are:

* women who are pregnant and subject to an unborn report
* children from birth to five years of age; and
* children and young people aged 10 to 15 years of age.

Children and families in these three cohorts, who meet specific criteria detailed in Appendix 3, are in scope for the Response. The child, parent/caregiver and case characteristics in Appendix 3 has been identified through data analytics as those most associated with children more likely to enter care.

For the Victorian Response, two-thirds of targets (families) are prioritised for young children (birth to five years, including unborn children) and one third for young people aged 10 to 15 years based on entry to care data. In addition, service provider will have a certain percentage of targets allocated for Aboriginal children and families. For the Aboriginal Response, there are no set percentages across the three priority cohorts.

Child Protection Navigators (including Aboriginal Response Child Protection Navigators), in consultation with ACSASS, ACAC and service providers will:

* use the eligibility criteria in Appendix 3 to identify families, and
* use professional judgement to determine if children are likely to benefit from the Response or if an alternate service is required to achieve permanency objectives.

#### Identification of Aboriginal children and families

Potential connections involving an Aboriginal child and family should be prioritised to an Aboriginal Response provider or partner ACCO delivering the Victorian Response, where there is capacity and it is the family’s preference to receive services from an Aboriginal Service.

Child Protection Navigators will work with ACSASS, ACCOs and ACAC providers and the Aboriginal Response team/ ACCO partner in the Victorian Response team to discuss and confirm the suitability of the Response for all Aboriginal children and families.

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| Next steps |
| Data and insights Data will be provided monthly to Child Protection Directors and Child Protection Navigators which identifies current open cases which fit the Response target cohorts and the parent/caregiver, child or case characteristics. Frequently asked questions A further frequently asked question document regarding identification and connection of families will be provided to Child Protection and service providers shortly. Review of eligibility criteria Following an initial implementation period, service providers, Child Protection Navigators and the data and policy team will work together to refine advice to identify the families at the right time. This analysis will be informed by work being undertaken by the University of Adelaide on what combination of parent/caregiver and child criteria leads children to be more likely to enter care. A revised set of identification criteria will be made available in the new year. |

## 2.5 Cultivate a collaborative partnership approach for Child Protection and the Response

### What is the approach?

Critical to the Response is the commitment of service providers and Child Protection working together to develop stronger collaboration and partnership approaches at a practice, governance and operational level to keep vulnerable children and young people safe from harm and with opportunities to thrive.

At a system and operational level, this involves establishing and promoting meaningful partnership relationships and developing shared organisational structures, policies and protocols to guide the Response. This is enacted through shared guidance, implementation activity and local and statewide governance mechanisms and community of practice opportunities.

At a practice level, this involves creating a sustainable culture and practice of shared understanding and working together to deliver targeted and effective multidisciplinary approaches for children and families with services and people they know and trust. It is important practitioners understand the unique perspectives each service brings, and that roles and responsibilities are clearly defined for independent or shared practice.

This practice will support a more seamless and relational experience for children, young people and their families, avoid duplication of effort, enhance an overall view to child and family safety and improve outcomes for children, their families and the workforce.

### How is this delivered for the Response?

#### A newly established role within Child Protection

The Child Protection Navigator is a newly established Practice Leader Position within Child Protection established through a shared commitment and investment of the Response and Child Protection. Child Protection Navigators will be available in the 17 departmental Areas for the Victorian Response, including the four departmental divisions for the Aboriginal Response.

The role is uniquely positioned to enhance the culture and partnership approach between Child Protection and the Response at a practice and operational level. Child Protection Navigators will encourage shared communication and build collaborative competence of practitioners within Child Protection and the Response to improve coordinated service provision to children and families.

A core aspect of the role includes effective identification of children and families in scope (as defined in section 2.4) through data and analytics, professional judgement and consultation. Facilitation of timely connections (referrals) by the Child Protection Navigator will enable children and families to receive the Response without unnecessary delay.

The Child Protection Navigator provides quality practice leadership and expert and specialist case practice advice to Child Protection, service providers and teams. This includes provision of mutual learning and reflective practice opportunities together with Response and Child Protection. They will also engage as a core member of the operational governance group for the Response.

#### Connected and collaborative practice of the Response and Child Protection

Children and families will be engaged by a collaborative team in culturally safe and inclusive ways through a coordinated approach. To achieve this, Victorian/Aboriginal Response practitioners and Child Protection Practitioners (including ACAC) will develop a coordinated approach to engage with families through regular communication, participation in care teams and agreed shared visits and practice opportunities.

Victorian/Aboriginal Response teams will allocate a Lead Practitioner who acts as a primary contact and coordination point for the child and family, carers and care team across the continuum of the Response. The care team approach acknowledges each person, including children and parents has a valuable role to play in keeping children safe and well cared for, and that varied relationships and perspectives enables a nuanced and holistic view of child and family safety.

The Lead Response Practitioner will coordinate, facilitate and deliver rapid, flexible and intensive services to the child and family. This includes comprehensive understanding and planning approaches and provision of therapeutic and evidence-informed supports that engages the voice and choice, cultural identity and lived expertise of children and their families and carers.

It is important to acknowledge connections to the Response are for specific groups of children and young people at imminent risk of entry to care, or recently in care. Therefore, a coordinated response from Child Protection and Victorian/Aboriginal Response teams will be required to address child safety and family capability.

Allocated Child Protection Practitioners continue to maintain statutory responsibilities as per their role in relation to these children and young people, including risk assessment, investigation, case planning and court requirements.

However, during delivery of the Response and where child safety and case plan goals are achieved and the care team is engaged, Child Protection may close statutory involvement with the child and family. In these instances, the Child Protection Navigator provides a point of continuity for Victorian/Aboriginal Response teams and a timely and seamless pathway into statutory involvement for children and families if required.

Further information regarding practice phases and activities along the Response continuum is detailed at section 2.7.

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| Next steps |
| Child Protection Navigators Child Protection Navigators are commencing in departmental areas, including Child Protection Navigators for the Aboriginal Response, with recruitment for remaining positions underway. Collaborative and coordinated practice Child Protection Navigators and Victorian/Aboriginal Response teams will work in partnership to develop connected and coordinated approaches to work with children and families involved in the Response. This includes a focus on the development of targeted mutual learning, reflective practice opportunities and community of practice sessions at a statewide and local level. |

## 2.6 Enhanced governance arrangements

### What is the approach?

Enhanced governance arrangements at the local, divisional and state-wide level will provide shared accountability for delivery of the Victorian Response and Aboriginal Response and promote improved outcomes for children and families and the child and family system.

### How is this delivered for the Response?

#### Local area governance

*Area governance – Victorian Response*

Each Area will have a group that oversees operational functions of the Victorian Response. This operations group is to include Victorian Response team representative/s, the partner ACCOs representative/s, and/or lead of the Aboriginal Response, Child Protection Navigator, Child and Family Alliance (Alliance) member (to connect into wider Alliance) and other departmental area representatives as required.

The exact composition and design of the operational group will be confirmed in discussion with ACCOs, CSOs, and department areas and will advance Aboriginal self-determination and autonomy through equitable participation and shared decision making.

Broadly, this group will oversee the following functions for the Response:

* oversee the delivery, implementation and operations, including connection, allocation and coordination protocols and processes
* design processes to promote a more coordinated system for children and families
* analyse outcomes data for continuous improvement
* liaise with Child FIRST / The Orange Door to ensure links into the wider child and family service system and to support smooth transition of families from the Response into other family services, as required
* leverage existing and forge new partnerships with wider Alliance to promote service integration
* promote opportunities for learning and reflective practice
* provide feedback on operational risks, trends in services and system issues.

Some Areas may have an executive level and operational team that will oversee these functions or may combine these functions with existing Area governance groups for FPR services.

The Operations Groups will have strong links with the local Alliance executive, which is responsible for strategic directions and planning in relation to service delivery for children and families and partnerships across Areas. It is important that Alliances have oversight of all child and family services, including FPR services. This allows for improved service planning to meet child and family needs within an Area.

As outlined in the [Alliance Planning and Oversight Policy](https://providers.dhhs.vic.gov.au/alliance-planning-and-oversight-policy-child-and-family-alliances-word) <https://providers.DFFH.vic.gov.au/alliance-planning-and-oversight-policy-child-and-family-alliances-word> FPR providers are to be members of the local Child and Family Alliance. This includes service providers delivering the Response.

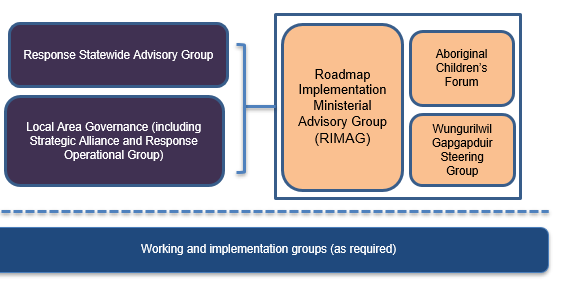
#### Aboriginal Response governance

An Operational Group (as described above) is required for the Aboriginal Response. As the Aboriginal Response covers multiple Areas within some divisions, agreement should be reached at the divisional and local area level regarding how governance of the Aboriginal Response will operate within Areas. This includes whether a divisional based governance meeting will be in place to provide divisional oversight for the Aboriginal Response.

An Area Operations Group may jointly oversee the Victorian and the Aboriginal Response where agreed. Where these arrangements are not in place, effort should be made to ensure there is coordinated processes between the Aboriginal and Victorian Response within Areas to support Aboriginal children and families.

##### State-wide governance

The State-wide Advisory Group (the Advisory Group) is the key advisory forum to provide strategic leadership, direction and monitoring of the Response implementation. The Advisory Group will include the department, the CfECFW, CEI, VACCA (Aboriginal Cultural Elements), Family Safety Victoria (FSV), ACCOs and CSOs. It will strategically link and support the key actions for the Aboriginal Children’s Forum, Wungurilwil Gapgapduir Steering Committee and Roadmap Implementation Ministerial Advisory Group.



*Figure 2 – External State-wide governance*

The Advisory Group provides a voice for the sector and enables the varied interests of child and family services stakeholders to be considered in government decision making processes to meet the aims of the Response. The Advisory Group’s role is to:

* provide strategic direction to support the effective operation of the Response and strengthen collaboration between key parties to the Response
* consider service data, implementation and client experience at a state, divisional and Area level to explore opportunities to continuously improve the Response
* ensure the Response advances Aboriginal self-determination and autonomy.

Area Operational governance groups will report and provide input into this Advisory Group on Response outcomes and performance.

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| Next steps |
| Local and Divisional Governance Most departmental Areas have now formalised Victorian and Aboriginal Response governance arrangements. This may be in the form of an operations group or local implementation group. Terms of reference for these groups should be agreed with all key members.  Structures will be put in place for reports on the Response outcomes and performance at both a divisional and state-wide level.  The department is planning further development of Child and Family Alliance policy, in collaboration with the sector in 2020-21. Statewide Governance The Advisory Group is being established in consultation with the CfECFW and the Aboriginal Children and Young Person’s Alliance.  CSOs and ACCOs will be asked shortly to nominate to be part of the Advisory Group, with the first meeting proposed for late November 2020. |

## 2.7 Practice and service delivery approach

### What is the approach?

The Response delivers safe, inclusive, quality and effective services coordinated by the right people, in the right place, at the right time according to the unique needs of the child and family. Children and families will be at the centre of practice.

Practitioners will use a relational approach to support, practicing in accordance with the Best interest’s case practice model, legislative requirements and relevant information sharing schemes. Core practice phases highlighted below will guide Child Protection and Victorian/Aboriginal Response Practitioners to deliver supports in a meaningful and coordinated way to promote successful outcomes with children and families.

Service providers will comply with legislation and policy requirements outlined in Appendix 4 and are guided by the service delivery length, intensity, operating hours and accessibility requirements outlined below.

### How is this delivered for the Response?

#### Service delivery duration and intensity

The Response funds an intervention phase of 200 hours of rapid and intensive service delivery which is to be delivered flexibly based on each family’s need and the service providers model of intervention, followed by up to 40 hours of step-down support.

The 200 hours is delivered intensively in the initial months from connection to address immediate child safety and wellbeing concerns and family need. Low caseloads are recommended during this period in respect of the unique needs of children and families and the intensive and dynamic nature of family preservation and reunification interventions. The intensity of service should reduce as levels of child safety and family capability increase.

The 40 hours is delivered by the Victorian/Aboriginal Response teams or integrated family services to promote continuity of relationships, enhanced connection to community and seamless transitions to alternate service pathways. These hours may occur within an extended time frame (i.e. 6 months).

Over the course of the Response it is expected that a practitioner’s caseload does not exceed over 5-6 families.

Where families require extensive support beyond 240 hours, consideration of the Response appropriateness will be explored.

#### Service operating hours and after-hours

Service providers will deliver the Response during core operating hours from 7:00 am to 7:00 pm Monday to Friday. Victorian/Aboriginal Response practitioners may work flexibly within these hours as determined by service providers and aligned with industrial awards.

Service providers will deliver an after-hours component of support for families in line with their Call for Funding Submission. The support will offer families a safe, responsive and reflective space to work through arising issues or concerns impacting on child and family safety or family functioning, constructively with the team or service provider known to them outside of normal hours. This does not replace the need for emergency services or crisis response service, such as after-hours Child Protection as required. Further work is underway to enable a more proactive after-hours response (see next steps below).

**Workforce requirements**

Service providers must have policies, processes and/or practices in place to ensure the Victorian/Aboriginal Response team leader coordinator and practitioners have the required skills, qualifications, knowledge, values, competencies and cultural competence for their positions and responsibilities, in order to meet the needs of vulnerable infants, children, youth and families. This includes relevant professional development and supervision practices to enable team members to gain any competencies they need to meet their job requirements, including the Response practice modules and implementation support described in section 2.8

Service providers’ policies and practices should promote professional development Service providers should refer to the [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.DFFH.vic.gov.au/program-requirements-family-and-early-parenting-services-victoria-word> for further information on employment requirements.

Specific to the Aboriginal and Victorian Response, service providers must ensure that FPR practitioners are able to:

* be trained in the delivery of the Response practice elements and Aboriginal cultural elements; or have demonstrated ability and experience in delivering an evidenced-based program with proven outcomes in family preservation and reunification
* provide a specialised response to priority cohorts including a response to infants, young children and adolescents, people with disabilities, and/or people experiencing family violence
* understand trauma and how it impacts on children and families
* are culturally competent and respect Aboriginal children and families right to self-determination
* provide a joint response to families with Child Protection, requiring:
  + extensive experience and comprehensive understanding of Child and Family Services, the Child Protection system and Court Orders
  + experience in developing strengths-based risk and needs assessments with families and holding risk.
* adhere to the requirements and standards outlined regarding safety planning for COVID-19 <https://fac.DFFH.vic.gov.au/covid-19-family-and-community-services>.

#### Service accessibility

The Response must ensure equitable, inclusive and accessible service delivery. Inclusivity is demonstrated by attitudes, behaviours, policies and practices that enable full and equal participation for everyone. Accessibility ensures that information, spaces, and service delivery extend to everyone within the eligibility criteria and are responsive to everyone’s needs.

Intersectionality creates additional barriers to service delivery. Intersectionality describes how systems and structures interact on multiple levels to oppress, create barriers and overlapping forms of discrimination, stigma and power imbalances based on characteristics such as Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, refugee or asylum seeker background, migration or visa status, language, religion, ability, age, mental health, socioeconomic status, housing status, geographic location, medical record or criminal record.

The Response will ensure access and engagement in services is viewed through the lens of the child and family’s diversity and intersectionality. This includes their unique experience, to remove barriers that may prevent them from receiving the right support. An active process of inclusion will create welcoming environments where eligible connections can access the Response meaningfully and equitably, including through use of interpreters.

#### Practice phases and activities

The following practice phases are informed by the Relational Approach to Support, which provides an organising structure for practice with children and families. Practice guidance on these interrelated phases and activities is detailed at **Attachment 1** and may be used in conjunction with the delivery of manualised evidence based programs.

* **Identifying children and families in focus** – find children and families in scope earlier through active and assertive approaches to disrupt patterns of increasing risk and harm, reduce likelihood of preventable entry to care and increase opportunities for reunification.
* **Connection** (Referral) – facilitate seamless connections to the Response to enable rapid activation of intensive supports when children and families need them most.
* **Engagement** – engage children and families through culturally safe, inclusive and evidence informed practices supported by lead practitioner and care team approach where clear roles and responsibilities are established and work with the family is shared and/or coordinated.
* **Understanding and planning** (Assessment) – empower children, families and carers voice, choice and lived expertise through individual and holistic understanding and planning approaches that promote child safety, development and permanency objectives and family wellbeing and capability (see Assessment Framework below).
* **Intensive support** – 200 hours of rapid, intensive and flexible supports delivered, facilitated and coordinated by a lead Response practitioner, including in home, virtual supports and outreach, evidence informed and therapeutic interventions, flexible funding and links to universal and specialist services.
* **Sustained support and transitions** – 40 hours of step-down support to prepare children and families for increasing independence to effectively maintain child and family safety, improve family functioning and participation in community. This phase will also address transitions to increasing support where required, alternate pathways for children and families, and closure of the Response.

The Response practice modules and elements described in section 2.8 are to be applied throughout these phases.

The Child Protection Navigator will have oversight of all Response connections to ensure consistency in demand management, prioritisation and collaboration between Child Protection and the Victorian/Aboriginal Response teams. A data collection tool will be available in November 2020 for Child Protection Navigators to support these connections and Child Protection’s involvement in them.

**Assessment Framework**

An assessment framework developed in alignment with BICPM and informed by consultation with Family Services providers is provided at Attachment 2. This provides an overview of key criteria and domains to be considered throughout initial and comprehensive assessment and planning.

Service providers f use existing assessment tools, such as the North Carolina Family Assessment Scale (NCFAS) to inform the assessment. Other early outcome measures to be used as part of the evaluation (identified in section 3) will also help inform a child and family’s assessment.

#### Flexible funding

Flexible funding is available for each child and family in consideration of their needs, safety and goals and is used to address material aid support and specialist services. The amount is determined on a case by case basis. The Victorian/Aboriginal Response team is responsible for allocation of flexible funding and will engage the family, Child Protection and relevant carers and professionals to ensure funding addresses needs identified and that resources or funding cannot be met through other means. For current [reporting requirements for flexible funding](https://providers.DFFH.vic.gov.au/flexible-funding-31437-word) see <https://providers.DFFH.vic.gov.au/flexible-funding-31437-word> and Attachment 1.

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| Next steps |
| Practice and service delivery approach A frequently asked question document is being established to support service providers and Child Protection in understanding the use of Response targets.  The Response Evaluation will consider the length and intensity of service required to support children and families effectively to prevent entry to care and to reunify families.  Service providers will be notified shortly about the establishment of a working group to discuss the development of a proactive statewide after hours approach for the Victorian and Aboriginal Response. In the meantime, after hour arrangements agreed as part of the Response procurement process should continue. Practice guidance and tools for Victorian/Aboriginal Response team and Child Protection Practice guidance for practitioners (Attachment 1) has been developed to support service providers and Child Protection to understand practice activities for implementation and consistent practice of the Response. Additional templates and resources will be developed and iterated as required.  The statewide connection template is available at <https://DFFHvicgovau.sharepoint.com/sites/FPRR/>.  The Child Protection Navigator Response data collection tool will be available in November 2020 on the Sharepoint site, alongside a flow chart with key activities for the Child Protection Navigator. Assessment framework The department will work with CSOs and ACCOs across the child and family system to develop culturally safe and appropriate tools for consistent practice, including assessment tools based on this framework. |

## 2.8 Embed evidence-informed practice and implementation science support

### What is the approach?

Service providers will use an evidence-informed approach to deliver support to children and families. Two broad approaches are being used across the state:

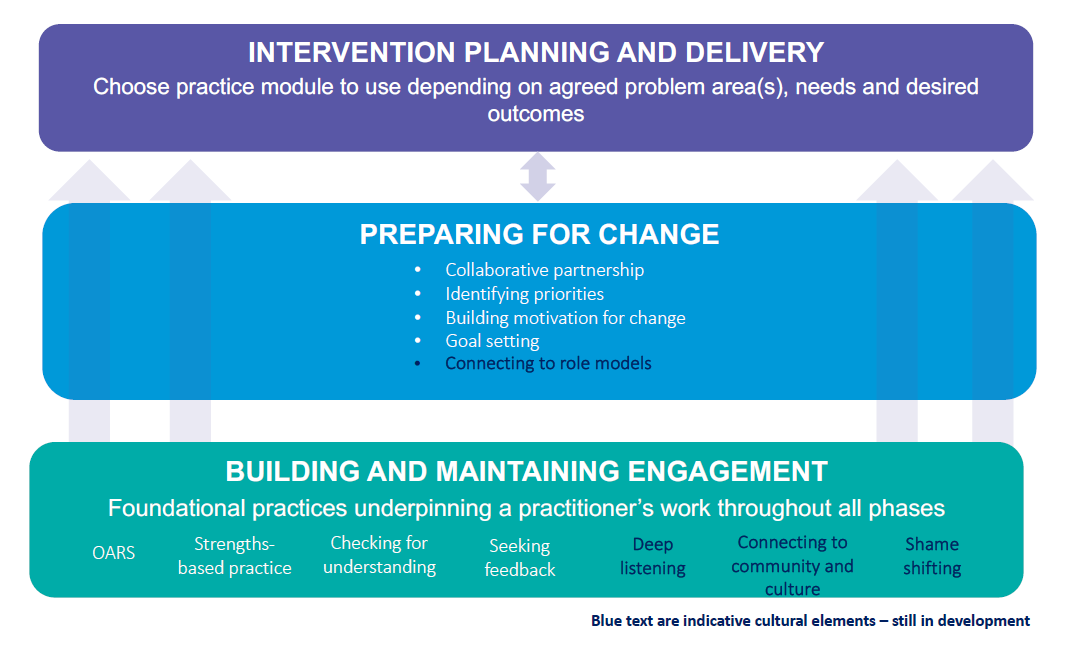
* Victorian Family Preservation and Reunification Practice Modules, including Aboriginal Cultural Elements, with implementation support outlined below.
* an existing Evidence-based program that includes practice elements that support FPR and implementation support.

Any significant changes to evidence-based approaches being delivered by service providers needs to be discussed with a service provider’s Agency Performance System Support (APSS) advisor, who will discuss this change with the department’s Children, Families, Communities and Families Division and the Centre for Evaluation, Research and Evidence (CERE).

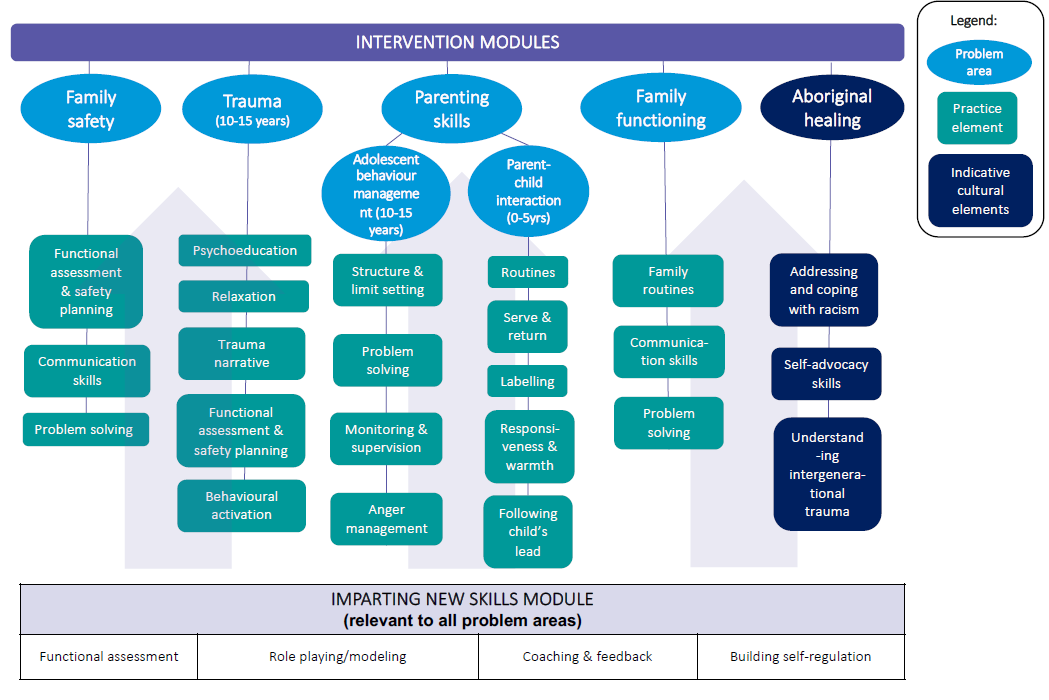
#### Victorian Family Preservation and Reunification Response Practice Modules

Victorian Family Preservation and Reunification Practice Modules (the practice modules) have been identified specifically for use in the Response to support improved outcomes for the three identified cohorts of children and families. Each practice module is comprised of evidence-informed practice elements identified and prioritised through a review of literature and expert advice on practice techniques effective in preventing and reunifying children for the defined cohorts. Practice elements are the granular, well-described practices that support practitioners to deliver supports that align with best practice, culturally safe and trauma informed principles and approaches, and others outlined in this Guide and BICPM.

Figure 3 & 4 lists the Response modules and the practice elements that sit within each practice module. Over time, the department hopes to expand on these modules to address additional priority areas and cohort groups.



*Figure 3 – Practice modules overview*



*Figure 4 – Intervention based practice modules*

#### Aboriginal Cultural Elements

The Aboriginal Cultural Elements are being co-designed with VACCA and other ACCOs, starting with the Aboriginal Foundational and Healing Practice Modules. The Aboriginal Cultural Elements describe the techniques known by Aboriginal organisations and community to be important to engaging and working with Aboriginal children and families.

The elements will be refined in the ACCOs delivering the Aboriginal Response and then extended across the sector, prioritising service providers that deliver services to a high number of Aboriginal children and families.

### How is this delivered for the Response?

#### Use of the practice modules

Service providers should refer to the Introduction to the Response practice modules overview document (Attachment 3) for a brief description of the modules.

Practice elements support practitioners to be transparent about the work they do with children and families and clearly describe their practice techniques. The practices identified can be used by practitioners in a flexible manner as needed and in conjunction with other effective strategies. A decision-making tool will support practitioners to identify the intervention modules to be used based on the risk and protective factors of each family.

Considerations or adaptations for using the practice modules with Aboriginal children and families, both in CSOs and Aboriginal services have been developed in consultation with VACCA and other ACCOs.

#### Implementation science and support

An important component of this Response is the use of implementation science strategies to embed implementation support for evidence-informed approaches. Implementation science is a field that describes the key stages, activities and tools required to promote the uptake of effective, well-described interventions into routine practice. Implementation support extends across the whole Response, from identification of families through to conclusion of the Response. Having strong implementation strategies in place is essential to optimising readiness for change and to supporting practitioners to consistently and effectively embed practices.

Mobile implementation teams (MIT) will support CSOs and ACCOs to embed practice and an implementation science approach that supports a continuous improvement approach. The MITs will incorporate and use implementation tools such as readiness assessments, fidelity checklists and implementation and outcomes monitoring. They will also support training and coaching for practitioners and team leaders in the practice modules. Activities will be tailored to the service context, consider practitioner experience and need, stage of implementation and the intervention being delivered.

The MITs will be supported by the Centre for Evidence and Implementation (CEI) and delivered in partnership with the CfECFW, VACCA and the department’s CERE. They comprise one practice lead and one implementation science lead. An Aboriginal practitioner will work with MITs to support implementation of the Aboriginal Cultural Elements as well as considerations when working with Aboriginal children and families using the practice modules.

For those CSOs and ACCOs delivering the practice modules, additional information regarding the implementation framework and support are available in the *Victorian Family Preservation and Reunification Response Practice Modules: Implementation Starter Pack* (Attachment 4).

Implementation support will also be provided through CEI to the Child Protection Navigators, through group coaching and self-directed learning opportunities.

#### Funding for evidence-informed program development

CSOs and ACCOs have been provided with an allocation of funding for evidence-informed program development as part of the Response. For service providers delivering the Response practice modules, this funding should be directed at the development of systems and processes to support implementation of the Response. Coaching and training provided by the MIT will be funded by the department directly.

Service providers delivering Evidence-based programs may use this funding for costs associated with licencing fees and implementation training. Service providers will need to acquit annually to the expenditure of this funding. A template for this will be provided shortly.

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| Next steps |
| Implementing the practice modules and Aboriginal Cultural Elements Implementation support will be individually tailored to each CSO and ACCO depending upon needs. Initial Implementation starter sessions were run by CEI in mid-October 2020. MIT teams commenced engagement with CSOs and ACCOs after these sessions.  Practice guides for the Preparing for Change and Building and Maintaining Engagement modules are available on the FPR Sharepoint site <https://DFFHvicgovau.sharepoint.com/sites/FPRR/>. Additional guidance and tools will be provided to practitioners as further training and coaching is rolled out. Training and coaching Practitioners who will be delivering the practice modules and Child Protection Navigators will receive training in two phases commencing from October 2020 (see Appendix 5 for the training timeline). It is important service providers discuss their staffing and anticipated future staffing prior to training, as ideally services all practitioners should attend training. It is also important that services allow adequate time for staff to be trained in the Response practice modules.  Phase one of training is focused on Engagement and Preparing for Change modules. This is being delivered remotely over two days and includes a self-directed learning component that takes approximately seven hours to complete. Follow up coaching to support practice fidelity will be provided by the mobile implementation teams as soon as this training occurs.  Phase two will focus on Intervention practice modules, with training mode to be confirmed. This phase will commence in early 2021.  Aboriginal Cultural Elements will be implemented in the ACCOs delivering the Aboriginal Response from December 2020. Training will occur for CSOs in 2021 as more time is needed for the Aboriginal response to test the coaching and fidelity of the Cultural Elements prior to rolling out to the Victorian Response. It also recognises that it is essential that all staff have a consistent starting point of cultural awareness prior to completing the cultural elements training to ensure quality services and practice for Aboriginal children and families who access the program. Evidence-based programs Where the department and service providers have agreed to deliver a manualised EBP, providers will be supported to comply with the department’s implementation, data gathering and evaluation requirements for the Response. The MIT will work with these providers to map the interventions to ensure consistency across the Response and to mutually determine if there are specific modules or practice elements that could be implemented to supplement and enhance the EBPs, such as the Aboriginal Cultural Elements. |

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# 3. Monitoring and evaluation

Quality monitoring and evaluation is critical to inform future direction and investment in FPR and AFPR services and to continually improve service delivery during implementation.

## 3.1 Victorian Response monitoring and evaluation plan

A comprehensive monitoring and evaluation plan will support the Victorian Response evaluation. The evaluation aims to understand:

* the ways the Response contributes to improved outcomes for children and families in the short and medium term, such as improved family functioning and parenting skills
* how the Response improves outcomes for Aboriginal children and families, including promoting cultural healing and connection to community and culture
* the Response effectiveness at improving longer term outcomes for children and families by reducing the likelihood of children being substantiated or being placed in care services and/or by increasing the likelihood of family reunification.
* the implementation process, particularly the ways in which the implementation support and the Child Protection Navigator role have contributed to Response implementation. This will include the extent to which the Response has been delivered with fidelity (meaning as intended). Fidelity measures will include whether practitioners received the correct number of hours of training, as well for example whether the Response was targeted to the priority cohorts.

The evaluation will draw on the knowledge and experience of Aboriginal people and organisations in the development of monitoring, evaluation and outcome measures to ensure these are culturally safe and to identify a range of measures specific to the Aboriginal Cultural Elements of the Response.

The evaluation will adopt a mixed methods approach drawing on a range of data sources, both quantitative and qualitative. Where possible administrative data will be used to reduce the data collection burden to determine longer impacts of the Response. Early outcome measures of engagement, parenting competency, parenting capacity and wellbeing will also be measured, through selected assessment tools, at program commencement, during and at completion (See section 3.4 for more information on the types of data to be collected for the Response). Qualitative data from practitioners, families and children will be collected by the evaluation team (subject to ethics approval).

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| Next steps |
| The Victorian Response Monitoring and Evaluation Plan will be distributed shortly that will further detail the program logic, measures and methods and phasing of the evaluation. The evaluation will commence in early 2021 once ethics approval has been gained. |

## 3.2 Aboriginal Response evaluation

The evaluation design and process for the Aboriginal Response must privilege the self-determination of Aboriginal communities and the methods and approaches must be congruent with this objective. To this end, the evaluation will be conducted by and with Aboriginal people. It will emphasise and value the existing strengths, assets and knowledge systems of Aboriginal agencies, practitioners, children, families and communities.

A holistic perspective is needed to be considered appropriate to Aboriginal service delivery and control in community services. Aboriginal voices, perspectives and views will be essential in developing the principles to inform priority setting, and in applying these principles to narrow in on what should be a high priority for evaluation. Community consultation and participation is an essential component in the design, and data collection process for the evaluation. As such, Aboriginal people are best placed to identify issues that might hinder or aid an evaluation and can help ensure that the design, data collection and reporting meet local needs.

Aspects of cultural approaches and measures within evaluations need to capture Aboriginal worldviews. These are often holistic and based on the centrality of culture and are child-centred and recognise culture as strength. Indigenous research and evaluation methodologies do not exclude western tools, but rather adopts a dual lens.

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| Next steps |
| The evaluation framework for the Aboriginal Response is being developed through a collaboration between the department’s Aboriginal Initiatives team, the CERE, together with VACCA and ACCOs delivering the Aboriginal Response. The framework will include a theory of change, program logic/s, as well as culturally appropriate assessment tools to measure outcomes for children and families receiving the Aboriginal Response.  The department will also engage with Aboriginal organisations to ensure that the delivery and evaluation of the Victorian Response to Aboriginal children and families when delivered through CSOs and ACCO partners is also culturally safe and inclusive.  The evaluation will commence in early 2021 once ethics approval has been gained. |

## 3.3. Cultural and ethical considerations

#### Privacy and ethical considerations

All evaluation and research projects undertaken by CERE are conducted in line with the requirements of the *National Statement on Ethical Conduct in Human Research (2007).* The *National Statement* consists of a series of guidelines made in accordance with the *National Health and Medical Research Council Act 1992*. CERE also strives to meet the standards of independence outlined in the Australian Evaluation Society’s *Guidelines for the Ethical Conduct of Evaluations (2010)[[4]](#footnote-4)*.

CERE will seek approval from the department’s Human Research Ethics Committee (HREC) prior to the commencement of the elements of the project that involve consultation, focus groups, surveys or interviews with the community and children and families and for collection of data and use of data from children and families for evaluation and continuous improvement purposes.

CERE will also undertake a Privacy Impact Assessment (PIA) for any component of the evaluation that involves the transfer of personal data in line with the Department’s requirements and our legal obligations under the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

#### Cultural considerations

The ongoing failure of much Indigenous policy means that Aboriginal and Torres Strait Islander people, as ever, must take matters into their own hands. Noted Indigenous academic and methodologist Maggie Walters captures this stating:

*The Indigenous data paradox mean that there is an enormous body of data about Aboriginal and Torres Strait Islander people but almost no data for or by Aboriginal and Torres Strait Islander people.[[5]](#footnote-5)*

As a result of this, data sovereignty considerations are to be negotiated with ACCOs as part of research agreements as appropriate. Data sovereignty it is about decision making, including who gets to decide and what to capture and count. Maiam Nayri Wingara is Australia's Indigenous data sovereignty and governance network which monitors and informs how data sovereignty will be implemented.[[6]](#footnote-6) Other key literature informing data sovereignty includes the ANU Monograph Indigenous *Data Sovereignty – Toward an Agenda[[7]](#footnote-7) and the Family Matters Report 2019* SNAICC.[[8]](#footnote-8)

A literature review is also being prepared for the inquiry of Romilie Mokak’s *Indigenous Evaluation Strategy* through the Productivity Commission which is due to be handed down late October. This will have further implications for government departments in evaluating Aboriginal services.

Consistent with the principals and policies of Aboriginal self-determination, the Aboriginal Response will be led by Aboriginal people. The following minimum requirements will also be adhered to in the conduct of the evaluation and continuous improvement of all parts of the Response. Reports and publications about the evaluation findings will:

* report on whether the study was Aboriginal led, designed and implemented
* report of levels of participation of Aboriginal people
* apply ethical principles for working with Aboriginal people, and report on adherence to these principles
* report on inclusion of Aboriginal social determinants
* be informed by Aboriginal ways of knowing
* be assessed for cultural acceptability
* be assessed by Aboriginal controlled organisations.

## 3.4 Data collection

The collection and analysis of data is critical to informing:

* monitoring and evaluation of the Response to support quality implementation, continuous improvement, and to understand outcomes for children and families
* government about performance, accountability and the value of its investment in services delivered to vulnerable children and families
* service providers about client needs, service capacity, service planning, operational management and service coordination
* practitioners and managers about allocation, prioritisation, supervision, workload and service responses.

The department is committed to collecting data and monitoring and evaluating outcomes to inform service planning and the design of the Victorian and Aboriginal Response. The following lists the type of data to be collected for monitoring, evaluation and continuous quality improvement purposes. Further advice detailing the monitoring and evaluation data set will be distributed shortly to service providers.

### Early outcome data

The evaluation will be informed by early outcome assessment tools and scales used to measure of engagement, parenting sense of competence and family functioning. These will be undertaken at Response commencement, during the Response and at completion.

Careful consideration is being given to balancing the demands of evaluation tools on service providers and the need to demonstrate outcomes, to understand what works best for FPR practice and cultural appropriateness.

Acknowledging that many service providers are already effectively utilising the [North Carolina Family Assessment Scale](https://www.nfpn.org/assessment-tools/ncfas-r-sample) <https://www.nfpn.org/assessment-tools/ncfas-r-sample>, the department is encouraging its continued use to determine parenting capability and family functioning. However, where service providers are using other tools such as the Outcome STAR, these can continue as required. Outcomes from these tools will be aggregated for the evaluation.

A range of other tools are being considered for use in the evaluation as they are rapid to complete, easy to use, reliable and valid. Where tools are not already being used as part of practice, the MIT will support the introduction and use of the tools.

The department is currently working with Aboriginal evaluators and ACCOs to consider and modify the application of these tools and/or identify equivalent tools and methods that are culturally appropriate and safe for Aboriginal children and families. Other tools developed specifically to measure Aboriginal child and family outcomes will also be used as part of the evaluation for Aboriginal children and families.

### Implementation data

Service providers are required to capture and provide implementation and fidelity data, such as staff training data. The MIT will work with service providers in gathering this information.

Child Protection Navigators will also collect a range of data on identification of children and families, prioritisation of connections and intersections between the Victorian/Aboriginal Response team and Child Protection. The data collection tool for Child Protection Navigators will be made available on the [Response SharePoint](https://dhhsvicgovau.sharepoint.com/sites/FPRR) site <https://DFFHvicgovau.sharepoint.com/sites/FPRR/>

### Administration data: IRIS

IRIS data – or ‘administration’ data - forms an important part of the evaluation, including identification of families receiving the response and intensity of service delivery. The data will be linked to child protection data to determine longer term outcomes for children and families.[[9]](#footnote-9)

The department is working with service providers to enable appropriate access to IRIS and required fields. Service providers are encouraged to contact their local APSS team if experiencing barriers to accessibility.

Service providers are required to complete the key data fields detailed below in an accurate and consistent manner.

| Data element and role in monitoring & evaluation framework | IRIS fields |
| --- | --- |
| Identify services funded as part of the Response.  Two new IRIS Funding Sources have been created to identify service delivery funded as part of the new Response. Service providers will need a new IRIS key from the IRIS helpdesk in order to access the two new funding sources.  The Family Services policy team will work with the IRIS helpdesk and service providers to coordinate the establishment of these funding sources. | IRIS Funding Sources   * **Family Preservation & Reunification** * **P&R maintenance -** For use where the Response service provider is involved in supporting a family after the original case has closed. For example, where a crisis has occurred later, and the Response provider works to engage or re-engage a family with alternative supports.   Providers of Family Services who are also providing supports to an eligible family but are not funded as part of the Response will use their usual IRIS funding source. |
| Identify children and young people who meet eligibility criteria for identified cohorts of the Response. | The **P & R priority cohort** field in the case details will flag in the data:   * Cases delivered by the Response team that meet all criteria * Any cases delivered by the Response team that do not meet all criteria * Cases delivered by other service providers that meet all criteria (most likely to be used where the Response was at capacity.) |
| Identify the children and young people who are the focus of the Response.  This allows analysis to exclude for example, children who are related but are not part of a reunification plan. | **Case objective** in the case tab, and  **Part of case objective** in the related persons tab. |
| Quantify the level of service/ service intensity of the Response and any subsequent Family Services support provided to families.  It is very important that the IRIS data dictionary’s advice is followed in relation to the recording of hours, as the monitoring and evaluation framework will draw conclusions from this data that will be less valid if hours are over or under reported. | Service activities – hours at the case level |
| Link and understand the service pathways of children between Child Protection, the Response and other Family Services | **CRIS ID** forchildren  Statistical Linkage Keys for parent/care givers and children |
| Capture the outcome of engagement with universal services | **Engagement tab** within Related Persons   * Antenatal care for unborn children * Maternal Child Health involvement * Engagement with early learning and education services |
| The evidence-informed programs and practices used | Specialist case type |
| Quantity of certain types of Service Activities, for example  Joint work between Child Protection & Family Services | Record all hours under ‘Service Type’ categories as accurately as is reasonably possible.  Some Service activities – especially those captured under the category of “**Consult with Child Protection”** are especially important. |
| Family Service provider’s high level assessment of closure outcomes | Point of closure  Closure reasons and  Closure outcome – make sure staff are familiar with the data dictionaries definitions of closure outcomes. |
| Tracking the impact of training and coaching | **Case Owner –** note that would need to be provided by agencies who can generate an IRIS extract with this information |

|  |
| --- |
| Next steps |
| Further advice detailing the monitoring and evaluation data set will be provided shortly to service providers, including the early outcome tools.  Over the next months, the Implementation Science leads will support service providers to embed data collection processes and use the data effectively for monitoring and continuous quality improvement purposes.  Data that is subject to ethics approval use will not be used for evaluation purposes into ethics approval is gained.  Simple dashboards will be developed based on the data being collected for monitoring and evaluation to assist all stakeholders to track important outputs and outcomes. The department will work with service providers and Local Areas on these dashboards. This will support operational monitoring and will also be available at the Local Area to support improved service planning. |

## 3.5 Other reporting requirements

Service providers are required to collect service data and provide data reports to the department in accordance with their service agreement and program requirements

### Service Delivery Tracking

As outlined in the department’s service activity descriptions, service providers must report monthly through Service Delivery Tracking on the Service Agreement Module in relation to key performance indicators for relevant activities that a service provider is funded for the Response.

### Critical **i**ncidents

Service providers must report critical client incidents to the department in line with departmental instructions. Service providers will have a system in place for reviewing aggregated reported incidents to learn from and prevent the reoccurrence of serious incidents. For more information regarding the Client incident management system visit our [Providers](https://providers.dhhs.vic.gov.au/cims) website <https://providers.DFFH.vic.gov.au/cims>.

# 4. Further information

Key next steps and timelines for implementation of the Response can be found in Appendix 5.

For specific enquiries about the delivery of the Response in your Local Area please contact your local APSS team and/or your local Child Protection Navigator.

For general information and enquiries regarding the Response, please email [ChildrenYouthFamilies@DFFH.vic.gov.au](mailto:ChildrenYouthFamilies@dhhs.vic.gov.au).

Frequently Asked Questions and Practice Implementation Advice Information Sheets will continue to be developed. Please refer to [Response SharePoint](https://dhhsvicgovau.sharepoint.com/sites/FPRR/%3e.) site for regular updates on the Response <https://DFFHvicgovau.sharepoint.com/sites/FPRR/>.

# Appendices

## **Appendix 1: List of service providers funded to provide the Response in departmental Areas and Aboriginal Response in Divisions 2020-21**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Division | Area\* | Response type | Service provider | ACCO partner | Collaborating with |
| East | Goulburn | Victorian Response | Children Australia (Oz Child) | Rumbalara (arrangements being determined) | NA |
| East | Inner East | Victorian Response | MacKillop Family Services | VACCA | O’Connell Family Centre  Odyssey |
| East | Inner East | Aboriginal Response | Victorian Aboriginal Child Care Agency (VACCA) | NA | NA |
| East | Outer East | Victorian Response | MacKillop Family Services | VACCA | O’Connell Family Centre  Odyssey |
| East | Outer East | Aboriginal Response | VACCA | NA | NA |
| East | Ovens Murray | Victorian Response | MacKillop Family Services | VACCA | Queen Elizabeth Centre (QEC)  Odyssey  Gateway Health |
| East | Ovens Murray | Aboriginal Response | VACCA | NA | NA |
| South | Bayside Peninsula | Victorian Response | MacKillop Family Services | VACCA | QEC  Odyssey House  NA |
| South | Bayside Peninsula | Aboriginal Response | VACCA | NA | NA |
| South | Inner Gippsland | Victorian Response | Key Assets: The Children’s Services Provider | Ramahyuck District Aboriginal Corporation (RDAC) | NA |
| South | Inner Gippsland | Aboriginal Response | VACCA | NA | NA |
| South | Outer Gippsland | Victorian Response | Uniting Vic Tas | Gippsland & East Gippsland Aboriginal Co-Operative (GEGAC) & RDAC | NA |
| South | Southern Melbourne | Victorian Response | MacKillop Family Services | VACCA | QEC  Odyssey House  NA |
| South | Southern Melbourne | Aboriginal Response | VACCA | NA | NA |
| North | North East Melbourne | Victorian Response | MacKillop Family Services | VACCA | QEC  Odyssey House |
| North | Hume Moreland | Victorian Response | MacKillop Family Services | VACCA | QEC  Odyssey House |
| North | Loddon | Victorian Response | MacKillop Family Services | Bendigo and District Aboriginal Cooperative (BDAC)/Njernda | CatholicCare  NA |
| North | Loddon | Aboriginal Response | BDAC | NA | NA |
| North | Mallee | Victorian Response | MacKillop Family Services | Mallee District Aboriginal Services (MDAS) | NA |
| West | Barwon | Victorian Response | Bethany Community Support Consortium  (Diversitat, Colac Area Health, Gateways Support Services, Barwon Health, City of Greater Geelong) | Wathaurong | NA |
| West | Brimbank Melton | Victorian Response | Children Australia (Oz Child) | NA | VACCA |
| West | Brimbank Melton | Aboriginal Response | VACCA | NA | NA |
| West | Western Melbourne | Victorian Response | Children Australia (Oz Child) | NA | VACCA |
| West | Western Melbourne | Aboriginal Response | VACCA | NA | NA |
| West | Central Highlands | Victorian Response | Child and Family Services Ballarat | Ballarat and District Aboriginal Cooperative (BADAC) | NA |
| West | Wimmera South West | Victorian Response | Bethany Community Support Consortium  (Brophy Family & Youth Services, Mpower, Warrnambool City Council) | Gunditjmara  Winda-Mara | Uniting Wimmera  Goolum Goolum |

## Appendix 2: Guiding principles

### Guiding principles from Roadmap for Reform:

1. **Best Interests of children –** this is paramount inadvancing the best interests of children, and requires a holistic realisation of their rights, including rights to safety, family, housing, health, education, culture and participation
2. **A focus on prevention** and ensuring families are supported and enabled to provide children with a safe and permanent home and a good start to life
3. **Intervening early** and providing the right assistance based on evidence to reduce the risks of harm, promote permanency of care and reduce costly interventions
4. **Improving the way services work together, provide** **continuity of care** and integration around the individual needs of children, young people and families
5. Supporting the **connection** of all children, young people and families **to their family, cultures and communities**
6. **Advancing Aboriginal self-determination -** Aboriginal communities have the capacity and capabilities, with the right support, to enable families to safely care for children. Self-determination will advance Aboriginal autonomy through equitable participation and shared decision-making
7. Recognising that families are the experts in their experience. Building **personal capacity to make choices** where appropriate and input to their care, guided by professional support
8. **Increasing the effectiveness of services**, that are **evidence-based** and linked to the delivery of defined outcomes
9. **Providing flexibility within and across service provision** to scale up / down and adapt interventions to meet the dynamic needs of all families over time.

### Guiding principles from Wungurilwil Gapgapduir:

1. **Families being at the centre of raising children -** family is the foundation of Aboriginal children’s social, cultural and emotional wellbeing and is their most important lifelong support
2. **Aboriginal Cultural Safety -** Aboriginal children and families culture will be honoured and respected in all aspects of practice and service delivery
3. **Protecting Aboriginal children’s right to live in culture -** Aboriginal children have the right to be raised within their culture and community. Children’s attachment to community, country and culture will be recognised and actively facilitated
4. **Trauma informed -** acknowledge the unique need for healing supports to address the impact of intergenerational trauma
5. **Intervening early** - providing the right assistance to reduce the risks of harm and strengthen family capacity to thrive and reduce costly interventions
6. **Connected services -** Improving the way services work together, provide continuity of care and integration around the individual needs of children and families to scale up/down and adapt interventions
7. **Building Aboriginal evidence –** documenting what works to prevent entries to care and which enhance safe reunification, drawing on the knowledge, wisdom and experience of Aboriginal people and linking this to the delivery of defined outcomes
8. **Collaboration and accountability** - Aboriginal people should be leading Aboriginal initiatives, with active, honest and respectful partnerships operating where Aboriginal communities participate equitably and with confidence alongside government and the children and family services sector to design, deliver and evaluate services. Accountability and ownership for just and equitable outcomes rests with all parties.

## **Appendix 3: Identification of children and families for the Response – eligibility criteria**

The below eligibility criteria are determined based on an analysis of data of children more likely to enter care.

|  |  |  |
| --- | --- | --- |
| Unborn Children | Children birth to five years | Children/young people 10-15 years |
| Is currently subject to an unborn report | The current report was substantiated within the last three months at which time there were five or more reports (including s38 consultations) across the child’s life or three or more in the last two years  OR  Had a first ever order within the last three months which was one of the following:   * Interim accommodation order * Family preservation order * Family reunification order \*2 | The current report was substantiated within the last three month at which time there were five or more reports (including s38 consultations) across the child’s life or three or more in the last two years  OR  Had a first ever order within the last three months which was one of the following:   * Interim accommodation order * Family preservation order * Family reunification order2 |

And at least ONE of the following:

|  |  |  |
| --- | --- | --- |
| Parent(s) have a history of care  Mother aged under 20 years at time of birth of child  Current report involves parental substance abuse (excluding alcohol)  Current report came from a nurse or a family member (excluding a parent)  Current Areas of Concerns include “Physical Development or Health” | Parent(s) have a history of care  Mother aged under 20 years at time of birth of child  Current report involves parental substance abuse (excluding alcohol)  Current report came from a family member (excluding a parent)  Current areas of concerns include “Physical Development or Health”  Previous unborn report  Previous report before the age of two years which is not an unborn report  Three or more substantiations across the child’s life OR one or more substantiations occurring at least two years ago | Parent(s) have a history of care  Mother aged under 20 years at time of birth of child  Current report involves parental substance abuse (excluding alcohol)  Current report came from a family member (excluding a parent)  Current areas of concerns include “Physical Development or Health”  Current areas of concern involve violent or aggressive behaviour by the child or young person  Current areas of concern involve any other challenging behaviour by the child or young person  Previous unborn report  Previous report before the age of two years which is not an unborn report  Three or more substantiations across the child’s life OR one or more substantiations occurring at least two years ago |

### Exemptions

Response providers can accept connections from Child FIRST, The Orange Door and family services (ACCOs or CSOs) without a current substantiated child protection report if the remaining criteria are met and the connection is supported by the Child Protection Navigator via a section 38 consultation. These connections are limited to 10 per cent of the Response provider’s connections.

Child Protection can make connections from Intake without a current substantiation or where the first order has been in place for more than three months, as long as the remaining criteria are met and a recent event or changed circumstances demonstrates the family would benefit from the Response. These connections are limited to 10 per cent of the Response provider’s connections.

## Appendix 4: Legislation, policy and practice frameworks

The following Legislation, Policy and Practice Frameworks are legislated and/or required and will govern the delivery of the Response to the extent possible during the current state restrictions as a result of the coronavirus (COVID-19) pandemic.

Legislation and Policy Framework

|  |  |
| --- | --- |
| Category | Detailed description |
| Legislation | Service providers delivering the Response are to be registered under the *Children, Youth and Families Act 2005* and operate in compliance with this Act. The Act promotes the safety, permanency and healthy development of children. It places a strong emphasis on the need to consider the impacts of cumulative harm and to preserve cultural identity. The Act requires registered organisations to meet and be accredited against the *Human Services Standards*. |
| Service Agreement Requirements | Service providers must also comply with the terms and conditions of its Service Agreement, including associated policies, procedures, performance reporting and data collection processes. This includes those requirements outlined in this document and detailed within the commissioning documents for the Response and the service activity requirements. |

Practice Frameworks

|  |  |
| --- | --- |
| Practice Framework | Detailed description |
| [Best Interests Case Practice Model](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) | The Best Interests Case Practice Model (BICPM) provides the unifying practice framework for the child and family system in their delivery of the Response.  The BICPM and associated specialist practice resources can be found on the Child Protection Manual Website at <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>. |
| [Wungurilwil Gapgapduir Aboriginal Children and Families Agreement](https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement) | <https://www.DFFH.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement> |
| [Aboriginal and Torres Strait Islander Cultural Safety Framework](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/aboriginal-torres-strait-islander-cultural-safety) | <<https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/aboriginal-torres-strait-islander-cultural-safety>> |
| [Aboriginal Child Placement Principle](https://providers.dhhs.vic.gov.au/sites/default/files/2017-08/aboriginal-child-placement-principle-guide-2002.pdf) | *<*https://providers.DFFH.vic.gov.au/sites/default/files/2017-08/aboriginal-child-placement-principle-guide-2002.pdf> |
| [Multi-Agency Risk Assessment and Management Framework (MARAM)](https://www.vic.gov.au/maram-practice-guides-and-resources) | *<*https://www.vic.gov.au/maram-practice-guides-and-resources>. |
| [Client Voice Framework](https://www.dhhs.vic.gov.au/publications/client-voice-framework-community-services) | *<*https://www.DFFH.vic.gov.au/publications/client-voice-framework-community-services> |

## Appendix 5: Key timelines

Staged Implementation of new Response

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Announcement of successful service providers | 7 August 2020 | DFFH Central |
| * Operational Implementation plan/s for each site developed with Local Areas, including partnership arrangements with local ACCOs | Late August - October 2020 | Local Areas - Service Provider |
| * Establishment of Local Operational Governance | Late August - October 2020 | Local Areas  Service Providers |
| * Establishment of State-wide Governance | November 2020 | DFFH Central |
| * Service Agreement variation | Processed in September 2020. | Local Areas |
| * Initial connections into the Response | As negotiated based on coronavirus (COVID-19) impacts between August-October 2020 | Local Areas  Service Provider |

Response Child Protection Navigators

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Recruitment of Child Protection Navigators for the Response | July – October 2020 | Child Protection |
| * Recruitment of Child Protection Navigators for Aboriginal Response | August – November 2020 | Child Protection |
| * Establishment of Navigator Communities of Practice | October 2020 | Child Protection |

Start-up Guide and program requirements

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Draft Start-up Guide released | Early September 2020 | DFFH |
| * Second version of Start-up Guide Released | November 2020 | DFFH in consultation with service providers |
| * Establishment of Response Operational Guidance (based on Start-up Guide) | December 2020 | DFFH in consultation with service providers |
| * Review of Operational guidance provided | As required (full review 31 July 2021) | DFFH in consultation with service providers |
| * Establishment of Afterhours Working Group | Late November 2020 | DFFH in consultation with service providers |
| * Establishment of assessment framework/tools and practice working group | Late November 2020 | DFFH in consultation with Service Providers |

Start-up meetings

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Initial kickoff workshops | 13 and 16 October 2020 | CEI, CERE, CfeCFW, DFFH service providers |

Evidence-informed practice and implementation support

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Finalisation of practice modules | September 2020 | DFFH |
| * Meetings to be held with service providers to confirm intervention model and supports required | Late August to September 2020 | DFFH |
| * Mobile Implementation Support team commence working with service providers | October 2020 | CfECFW and CERE |
| * Practice module training – Engagement and Preparing for Change | End October to November 2020 | CEI and Mobile Implementation Teams |
| * Coaching on Engagement and Preparing for Change | November 2020 | CEI and Mobile Implementation Teams |
| * Aboriginal Cultural Elements training and coaching | December 2020- Aboriginal Response  From early 2021 - targeted CSOs | CEI and Mobile Implementation Teams |
| * Intervention module training and coaching | From February 2020 | CEI and Mobile Implementation Teams |

Advice on Identification of families

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Initial targeting advice provided on risk and protective factors | September 2020 | DFFH Central |
| * Further refinement of targeting advice | January 2020 | DFFH Central |

Evaluation

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Discussion with service providers and Areas on monitoring and evaluation process | October 2020 | CERE DFFH |
| * Evaluation framework and tools commenced | From Early 2021 | CERE DFFH Service providers |

Monitoring and data collection

|  |  |  |
| --- | --- | --- |
| Activity | Timeline | Responsibility |
| * Organisation access to IRIS confirmed | September 2020 | DFFH |
| * Monitoring on IRIS commences | From service commencement | Service providers |

1. Report on Government Services 2020 [↑](#footnote-ref-1)
2. World Health Organisation (WHO) announced COVID-19 outbreak as a pandemic on 11 March 2020 https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19 [↑](#footnote-ref-2)
3. https://www.aboriginalvictoria.vic.gov.au/governments-commitment-self-determination [↑](#footnote-ref-3)
4. This includes: Using a rigorous design, data collection and analysis; providing details of methodology and the source of evaluative/research judgements; acknowledging those who contributed to the evaluation/research (unless anonymity is requested), includes appropriate reference to published and unpublished documentary sources; presenting findings of evaluations/research in a fair and balanced way so that stakeholders can easily understand the evaluation/research process and results; disclosing all relevant limitations; ensuring final reports reflect fully the findings and conclusions determined by the evaluator/researcher. [↑](#footnote-ref-4)
5. Refer to: <https://www.griffithreview.com/articales/voice-indigneous-data-for-or-by-Aboriginal-and-Torres-Strat-Islander-people> [↑](#footnote-ref-5)
6. Refer to: maiamnayriwingara.org [↑](#footnote-ref-6)
7. *Data Sovereignty – Toward an Agenda –* can be found at: *press-files.anu.edu.au* [↑](#footnote-ref-7)
8. *the Family Matters Report 2019* SNAICC- can be found at: familymatters.org.au/the-family-matters-report-2019/. [↑](#footnote-ref-8)
9. Research agreements will be formed with ACCOs on the linkage of this information. [↑](#footnote-ref-9)