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| Family Preservation and Reunification Response  Operational Guide |
| 12 September 2021  Version 2 |
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## 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.

## About this guide

The Operational Guide (Guide) is designed to support the delivery of the Family Preservation and Reunification Response. It is written for practitioners, team leaders and managers of Response providers, as well as Child Protection and other departmental and sector staff involved in implementation support and operational management of the Response.

The Guide is divided into four key parts:

* Section 1: Building stronger children and family services
* Section 2: System features
* Section 3: Practice features
* Section 4: Operational management

The Guide is to be read in conjunction with the [Response Guide for Practitioners – Practice Phases and Activities Guide](https://providers.dffh.vic.gov.au/practice-phases-and-activities-guide-doc) <https://providers.dffh.vic.gov.au/practice-phases-and-activities-guide-doc>; [Response Understanding and Planning Guide](https://providers.dffh.vic.gov.au/understanding-and-planning-guide-doc) <https://providers.dffh.vic.gov.au/understanding-and-planning-guide-doc>; [Brief description of the practice elements and cultural elements](https://providers.dffh.vic.gov.au/brief-outline-practice-modules-doc) <https://providers.dffh.vic.gov.au/brief-outline-practice-modules-doc> ; and [Implementation Start-up Pack](https://providers.dffh.vic.gov.au/implementation-starter-pack-doc) <https://providers.dffh.vic.gov.au/implementation-starter-pack-doc>. *Note some of the related documents are subject to review and will be updated as part of Phase 2 implementation (August 2021 – February 2022).*

The Guide, together with the related documents will continue to be refined as the Response is implemented and evaluated. Providers should refer to the [Response SharePoint site](https://dhhsvicgovau.sharepoint.com/sites/FPRR) <https://dhhsvicgovau.sharepoint.com/sites/FPRR> for the most up to date version of these documents.

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

## Terms used in this document

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| Terms | Definition |
| **Aboriginal** | Describes First Nations Aboriginal and Torres Strait Islander peoples. We acknowledge the term ‘Aboriginal’ does not capture the 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. |
| **Aboriginal Children in Aboriginal Care (ACAC)** | Refers to Aboriginal Community Controlled Organisations (ACCOs) authorised under *Section 18* of the *Children, Youth and Families Act 2005* to work with Aboriginal children and their families, carers, communities and other professionals to develop and implement the child’s case plan and achieve permanency objectives in line with best interests and decision-making principles. |
| **Aboriginal Child Specialist Advice and Support Service (ACSASS)** | Refers to services provided by ACCOs advising on the best interests of Aboriginal children and young people when Child Protection makes decisions regarding their safety and wellbeing. Child Protection is required to consult ACSASS when making significant decisions about children. |
| **Aboriginal Community Controlled Organisations (ACCO)** | Refers to Aboriginal organisations providing Aboriginal child and family services, including the Aboriginal Response. |
| **Aboriginal cultural elements** | Refers to the discrete, culturally informed techniques and strategies to be used by practitioners when working with Aboriginal children and families. These practices and techniques are commonly used when working with Aboriginal families to achieve outcomes that are important to Aboriginal people.  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 Family Preservation and Reunification Response (Aboriginal Response)** | Where specified, refers to the Response delivered by Aboriginal Community Controlled Organisations to Aboriginal children and families in in the 17 departmental areas across Victoria. |
| **Agency implementation support role** | Identified roles or part roles at agencies who are key contacts for the Implementation Leads and drive implementation science activities at their agencies |
| **Care team** | 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, Care Services (for children in care) and other members, as agreed. |
| **Child** | Inclusive of children and young people, from pre-birth and up to the age of 18 years. |
| **Child development** | 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. |
| **Child Protection Navigators (CP Navigators)** | Refers to practice leader positions within Child Protection, operating in the 17 departmental areas, whose primary focus is the effective and timely identification and connection of children and families to the Response.  This role is uniquely positioned to enhance the culture and partnership approach between Child Protection and Response providers at a practice and operational level, through shared communication and cross sector capability building to improve coordinated service provision to children and families. |
| **Community Service Organisation (CSO)** | Refers to organisations providing child and family services, including the Response. |
| **Cultural Practice Lead and Practice Lead** | Roles that provide coaching support across the sector for the Practice Modules and the Aboriginal Cultural Elements. |
| **Department of Families, Fairness and Housing (department)** | Refers to the department that leads policies and services dedicated to community wellbeing and social recovery in Victoria, inclusive of the Family Preservation and Reunification Response.  The departmental structure also supports Family Safety Victoria, Homes Victoria and Respect Victoria. |
| **Family** | Inclusive of children and young people, parents, siblings, kin and care families. This definition recognises 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 Response (Response)** | Refers to the Response delivered by Community Service Organisations and Aboriginal Community Controlled Organisations to children and families in the 17 departmental areas across Victoria. |
| **Implementation science** | Refers to a field that describes the key stages, activities and tools required to promote the uptake of effective, well-described interventions into routine practice. |
| **Implementation Science Lead** | Department roles that support implementation science activities across the sector, working with Agency Implementation Support roles. |
| **Practice modules** | Refers to the combination of evidence-based practice elements and cultural elements, which aim to achieve specific outcomes or address specific needs.  Inclusive of foundational modules (*Engagement* and *Preparing for Change*) and intervention modules. |
| **Practice elements** | Refers to the specific evidence-informed practice techniques that can be clearly and behaviourally described.  Practice elements align with best practice, culturally safe and trauma-informed approaches, Multi-Agency Risk Assessment and Management Framework and the Best Interest Case Practice Model. |
| **Team Leader** | Roles located at agencies who lead practitioner teams delivering the Response. |
| **Service providers (providers)** | Refers to Community Service Organisations and Aboriginal Community Controlled Organisations delivering the Response and Aboriginal Response. |

## Preparation of this document

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

The Response reflects the diverse knowledge, creativity and experience of child and family services, early years and parenting services, care services, Child Protection as well as community and specialist partner agencies.

## Further information

For specific enquiries about the delivery of the Response in local areas, please contact the relevant local Agency Performance and System Support (APSS) team and/or Child Protection Navigator.

For general information and enquiries regarding the Response, please [email the Children, Youth and Families policy team](mailto:ChildrenYouthFamilies@dhhs.vic.gov.au) <ChildrenYouthFamilies@dhhs.vic.gov.au>

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# Building stronger children and family services

## 1.1 Background

### Establishment of the Response (Phase 1)

The coronavirus (COVID-19) pandemic[[1]](#footnote-1) 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.

On 23 April 2020, the Minister for Child Protection 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 support children and families during the COVID-19 pandemic.

The budget package included an investment of $39.6 million for an intensive model of support for families to keep vulnerable children and families together safely where possible, and to support children in care to return home safely.

At the same time, work was underway to design a contemporary, evidence-informed, integrated service model for children at risk of entry to care, using practice elements known to be effective in family preservation and reunification, under *Roadmap for Reform: Strong families, safe children (the Roadmap)*.

The Family Preservation and Reunification Response (Response) was subsequently established and trialled by a small number of Community Service Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) in each of the 17 operational areas.

The establishment of the Response marks an important milestone in the reform journey, bringing together a range of system, service and practice changes into the service delivery environment, and laying the foundation for building and scaling evidence-informed service models across the into the child and family services platform.

### Expansion of the Response (Phase 2)

In the 2020-21 State Budget, the Victorian Government announced $335 million over four years to continue the transformation of the children and families service system, to focus on early intervention and prevention, including the expansion of the Response.

Through the expansion, several previously funded placement prevention and reunification programs were transitioned into the Response, increasing the number of evidence-based, outcome-focused services, while reducing complexity of referrals and improving service collaboration and coordination.

This transformation also allows for:

* an ability to offer an Aboriginal-specific Response in each of the 17 areas across the State
* the expansion of the Response to reach an increased number of children and families across Victoria
* the extension of Intensive Family Services to reach a broader group of children and families in need of more intensive support.

Phase 2 significantly increased the number of funded CSOs and ACCOs delivering the Response. There are now 34 funded CSOs and ACCOs, in partnership with Child Protection, delivering the Response in 17 areas across Victoria. This includes an Aboriginal Response in each area (See **Appendix 1** for a full list of Response providers).

## 1.2 Policy context

### Roadmap for Reform: Strong Families, Safe Children

The Response progresses the Victorian Government’s vision for children and young people to reach their full potential and to advance Aboriginal self-determination, as laid out in the [*Roadmap for Reform: Strong Families, Safe Children*](https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) *<*https://www.dhhs.vic.gov.au/publications/roadmap-reform-strong-families-safe-children>.

The three ‘pathways to support’ represent a model for the child and family system that puts the child and family at the centre and shapes the service system around their needs and their journey to support, recovery and thriving. The ‘pathways to support’ model brings all parts of the child and family system together to support children and families experiencing vulnerability while also looking at how the system connects with universal and specialist services, including adult services.

The pathways to support model reflects the varied journeys and needs of a child or family (see Figure 1 below).

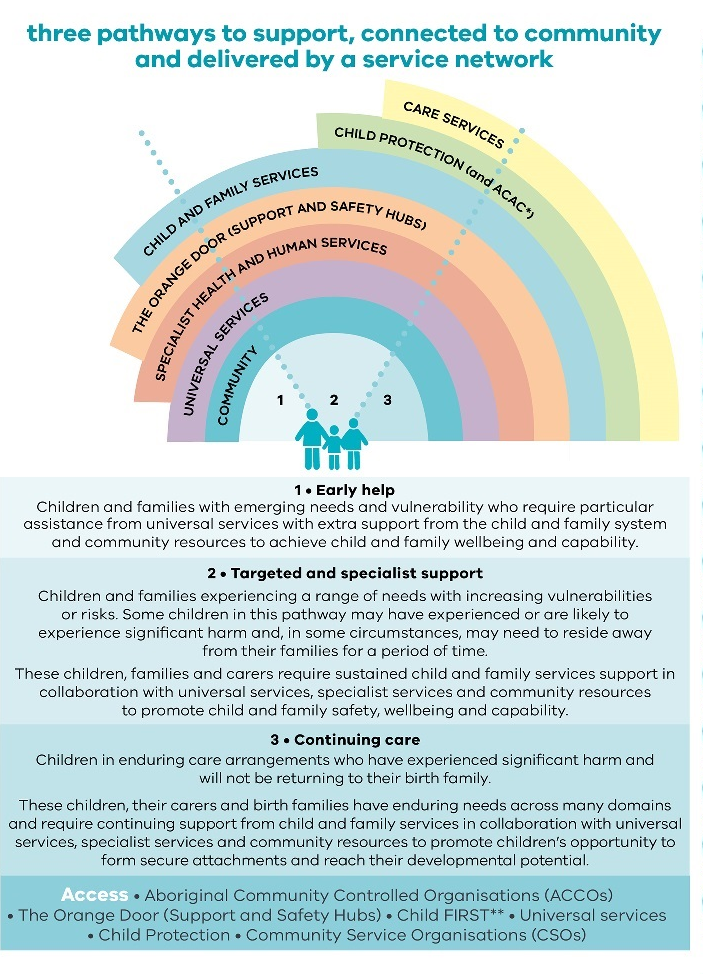
The **early help** pathway will support children and families with emerging needs and vulnerabilities.

The **targeted and specialist support** pathway will provide more intensive supports for families with complex needs so children can remain safely in the family home and are supported to thrive.

The **continuing care** pathway will provide stability, enable healing and support a strong transition to independent adulthood for children and young people living outside the family home.

All three pathways connect to the natural and enduring relationships and resources that exist in every community.

The Response is a service offering in the **targeted and specialist support** pathway, targeting children and families experiencing increasing vulnerabilities and risk and who require support from a multidisciplinary team, including collaboration with universal and specialist services and community.



*1 – Early Help*

*2 – Targeted and Specialist*

*3 – Continuing care*

Figure 1 – 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.dhhs.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.

Additional information on legislative and policy frameworks can be found at **Appendix 2**.

## 1.3 Overview

### Overarching aim and guiding principles

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.**

The Response is underpinned by the principles outlined in the *Three Pathways Conceptual Framework* and *Wungurilwil Gapgapduir Aboriginal Children and Families Agreement* (See **Appendix 3** for further details on the guiding principles).

### Objectives

The Response is an innovative approach providing children and families with the right support, when and where they need it 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 child and family service providers and Child Protection.

Families receive an initial phase of rapid, intensive and flexible support, followed by sustained support and transitions to other services, as needed.

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.

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.

### Features

At the **system level**, the Response seeks to engage across systems to:

1. *Advance Aboriginal self-determination* through *culturally safe and inclusive* work with Aboriginal people and organisations in practice, service delivery and governance of the Response.
2. *Embed evidence-informed approaches* demonstrated to improve outcomes for specific groups of children and families and incorporate *mobile implementation teams* to train, coach and support implementation.
3. *Enhance local area governance* arrangements and strengthen collaboration and coordinated practice of service providers, Child Protection and relevant professionals working with children and families
4. *Build the evidence base* for what works in the delivery of child and family services in Victoria to inform future policy and program design.

At the **practice level**, the Responses seeks to work in partnership with children and families to e*mbed 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*:*

1. Connect:
   * + Find children and families at the right time, supported by Child Protection Navigators.
2. Understand:
   * + Engage and plan with children and families.
     + Build families’ motivation and capacity to make and sustain change.
3. Link -up:
   * + Support connections of 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.
     + Cultivate collaborative and coordinated practices and a strengthened partnership approach between Response providers, Aboriginal Children in Aboriginal Care (ACAC) and Child Protection.
4. Build safety and empower:
   * + Provide rapid, intensive and flexible responses based on the unique needs of children and families, delivered through a lead practitioner model and care team approach.
     + Build safety for children and young people with assertive support to address identified risks.
     + Improve health and wellbeing of children, young people and families.
     + 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.
5. Create opportunities:
   * + Build self-sufficiency and empower families to lead and self-manage change.
     + Increase connectedness and participation in community for children, young people and families to improve their life opportunities.

### Expected outcomes

The Response seeks to deliver individual and system level outcomes as described in Figure 2 below.

Response components and expected outcomes. 


Figure 2: Components and Expected Outcomes of the Response

# System features

## 2.1 Aboriginal self-determination and culturally safe, 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 supporting Aboriginal people as decision-makers on issues that affect their communities which is central to the principle of self-determination.[[2]](#footnote-2) This includes Aboriginal people leading 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 Area will provide services built on evidence about what works for Aboriginal children and families to prevent entries to care and enhance safe reunification. This evidence base critically includes the knowledge, wisdom and experience of Aboriginal people.

CSOs delivering the Response will ensure clearly articulated policies, procedures and practice guidelines are 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 working with Aboriginal children and their families in the delivery of the Response, practitioners, leaders and managers will:

* actively engage, partner or co-deliver with local ACCOs and Aboriginal services, ensuring Aboriginal services lead 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 Aboriginal Child Specialist Advice and Support Service (ACSASS)
* where a family is identified as Aboriginal at the point of connection, seek information from family members about the involvement of any Aboriginal services
* actively promote local Aboriginal supports and services and respect families’ 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
* understand the connection between the legacy of intergenerational trauma caused by colonisation and forced child removal and current vulnerabilities, noting that 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 people’s feedback into revised service responses
* build evidence of what works to prevent Aboriginal children entering care and enhances safe reunification, drawing on the knowledge, wisdom and experience of Aboriginal people.

## 2.2 Evidence-informed approaches and implementation support

### What is the approach?

#### Scope

The Response reflects a commitment to evidence-informed service delivery, including both a practice elements approach and manualised, Evidence-based Programs (EBPs).

Response providers use an evidence-informed approach to deliver support to children and families, through two broad approaches:

* Family Preservation and Reunification Response practice modules, including Aboriginal cultural elements, with implementation support.
* an EBP that includes practice elements that support the Response, with implementation support provided by the purveyor.

The Response enables the delivery of an evidence-informed approach that uses practice elements as the building blocks of effective services. This approach enables evidence-informed interventions to be designed in a flexible and modular way, tailored to the Victorian context and communities.

The delivery of the Response also includes programs with an established evidence base to improve child and family outcomes such as SafeCare®, Functional Family Therapy – Child Welfare ® and Multisystemic Therapy – Psychiatric ®.

These different approaches to providing support for vulnerable families exist on a continuum of evidence-informed practice — from individual practice elements that can be used flexibly at one end, through to fully structured and manualised EBPs at the other.

These two approaches are complementary. The implementation team and evaluation team are working towards a consistent approach to monitoring and evaluating these two approaches.

Any significant changes to evidence-informed approaches being delivered by service providers needs to be discussed with the relevant local Agency Performance System Support (APSS) team in consultation with the Children, Families, Communities and Families Division (CFCD) and the Centre for Evaluation, Research and Evidence (CERE).

[A guide to implementing the evidence-informed approach](https://providers.dffh.vic.gov.au/implementation-starter-pack-doc) is available at our website <https://providers.dffh.vic.gov.au/implementation-starter-pack-doc>

#### Practice modules

To support providers to deliver a consistent evidence-informed approach to families, the Response includes a targeted and intensively therapeutic suite of practice modules that aim to address the needs of children and families with high levels of complexity.

Practice modules have been identified and developed specifically for use in the Response to support improved outcomes for identified cohorts of children and families. These have been developed by a team of expert practitioners and researchers and are based on a detailed analysis of practice known to keep families safely together and to sustain change. Practice modules are not a ‘new’ approach, rather they build on and strengthen the existing skill set and best practice of the workforce.

Foundational and intervention practice modules are illustrated in Figures 3 and 4 below. Over time, these will be expanded to address additional priority areas and cohort groups.



*Figure 3 Foundational practice modules to be implemented in the Response*



Figure 4 – Intervention practice modules to be implemented in the Response

#### Practice elements

Practice elements are the granular, well-described practices grounded in evidence, that form the building blocks for tailored interventions and services that flexibly meet the needs of service users.

Practice elements are the ‘active ingredients’ commonly found within programs and include:

* techniques that are foundational to all human service delivery, such as techniques for enhancing service user engagement or supporting behaviour change.
* techniques that are targeted to address specific problem areas, for example trauma, family safety, parenting skills.

Practice elements provide practitioners with a shared language to describe their practice techniques and support working transparently with families. They are delivered flexibly by practitioners, providing the optimal mix, sequence, and intensity of support, to meet the individual needs of families. Practice elements can be adapted and tailored to feedback and emerging evidence or supplemented with new practices for different needs as new learnings are identified.

Benefits to using practice elements as the building blocks of effective interventions, include:

* **Evidence is accessible and usable:** Practice elements are ‘released’ from the prescribed structure often used with manualised programs. This means evidence-informed techniques are freely available, can be tailored to context and can be used in conjunction with other effective strategies.
* **Flexibility:** Practice elements can be ‘bundled’ into modules and used in flexible ways to address specific problems or needs. Evidence shows that this approach is highly acceptable to practitioners due to the flexibility it provides them in their work with families.
* **It builds workforce capacity:** This approach builds the capacity of practitioners to consistently use evidence-informed techniques in their day-to-day practice. They can be used alongside other effective techniques, rather than replace existing programs or ways of working.

The aim is for practice modules, practice elements and Aboriginal cultural elements to become ‘business as usual’ and for services to have monitoring and evaluation processes in place to provide continuous insight into the barriers and successes of the Response.

More detailed information on the practice and cultural elements is available in the [Brief description of the practice elements and cultural elements](https://providers.dffh.vic.gov.au/brief-outline-practice-modules-doc) <https://providers.dffh.vic.gov.au/brief-outline-practice-modules-doc>. You can also refer to the short video describing the practice elements approach [CEI practice elements video](https://www.youtube.com/watch?app=desktop&v=EBZGmVYV3_0&feature=youtu.be) <https://www.youtube.com/watch?app=desktop&v=EBZGmVYV3\_0&feature=youtu.be>

#### Aboriginal cultural elements

Aboriginal cultural elements describe the techniques known by Aboriginal organisations and community to be important to engaging and working with Aboriginal children and families. These have been co-designed with the Victorian Aboriginal Child Care Agency and other ACCOs, and include Aboriginal Foundational and Healing practice modules.

Aboriginal practitioners with deep experience working with Aboriginal children and families have had input into the development of the practice elements. This process had a particular focus on incorporating considerations or adaptations for using the practice elements with Aboriginal children and families, both in CSOs and ACCOs.

The cultural elements are intended to be delivered in an integrated way with the practice modules, rather than considered as a discrete set of practices. Aboriginal Practice Leads will work with ACCOs and CSOs to determine how best to support this integration, acknowledging that a fully integrated model of practice will take time to achieve.

### How is this delivered for the Response?

#### Implementation support

An important component of the Response is the use of implementation support roles and activities to effectively embed the evidence-informed approaches across the sector. Having strong implementation strategies in place is essential to optimise readiness for change and to support practitioners to embed practices consistently and effectively.

Implementation roles and activities have been designed to build sector capability through training, coaching and support to embed data-led decision making by a team of practice and implementation specialists.

Implementation processes are provider-led and extend across the whole Response, from connection through to creating opportunities.

#### Implementation roles

***Implementation and practice specialists***

Funded roles including Implementation Leads, Practice Leads and Cultural Practice Leads work directly with providers to support consistent implementation capability build at a local level.

These roles work in partnership with providers and agency implementation support roles or key contacts to develop a localised plan to embed the Response, with consideration to the context in which providers are operating.

Cultural Practice Leads work with providers to support the implementation of the Aboriginal cultural elements as well as the considerations when working with the practice elements with Aboriginal children and families.

***Agency implementation support roles***

A requirement of the evidence-based program development funding is to build implementation support and implementation science capability within agencies to ensure implementation efforts are sustained (see also Section 4.7).

Providers are required to identify a role or existing position within the agency that will be the key contact for implementation support. This is the agency’s implementation support role and is the conduit to building implementation science capability and driving and sustaining the successful implementation of the Response at an agency level.

Agency implementation support roles work collaboratively with Implementation and Practice Leads to ensure that the sector has ownership over effective delivery of the Response and make decisions about key implementation issues. This will involve determining a sustainable implementation model at an agency level, commensurate with need, including the development of an implementation plan, and learning materials and guidance to build staff capacity and key competencies.

Working with Implementation Leads and Practice Leads, these roles apply a range of tailored implementation support strategies and methods, to influence and change processes and systems to drive high-quality implementation of the Response. Primary activities of this role include to establish and coordinate provider’s local implementation team, including identifying appropriate members, scheduling meetings and preparing required papers or documentation.

***Local implementation teams***

Local implementation teams (LITs) are established at an agency level and support the implementation process. LITs focus on issues that impact practitioners’ ability to work with families including the practices themselves, the operational model, organisational challenges, and system challenges.

Meetings are held regularly, based on provider preferences, and involve each member bringing implementation barriers and enablers for discussion to identify opportunities for local solutions. Providers may want to extend the membership to Child Protection Navigators or invite as needed.

Key activities include:

* developing a tailored implementation plan to enable staff and leadership to embed practice modules, practice elements and Aboriginal cultural elements to drive practice change
* establishing systems and processes for making data-led decisions, including the collection of implementation quality indicator data, and using relevant information to adapt and tailor service delivery to increase the likelihood of positive outcomes for children, young people and families
* identifying what is working well and building on these strengths
* identifying challenges or barriers to implementation and undertaking problem solving to mitigate issues
* connecting with the local operational governance group to discuss successes and escalate implementation issues
* supporting local monitoring, reviewing and reporting on implementation progress, including implementation quality and client outcomes, using the department’s implementation and evaluation framework
* highlighting voice of practitioners and families in the delivery the Response.

#### Implementation activities

***Training***

All teams delivering the Response need to complete training in all practice modules, practice elements and Aboriginal cultural elements. Training comprises two stages:

* self-guided learning
* facilitated training.

Self-guided learning is completed prior to facilitated training. The training is structured so that most of the content is delivered through self-guided learning, with facilitated sessions used as an opportunity to reflect on and practice skills covered in self-guided learning.

Facilitated training is delivered at regular intervals, enabling flexibility for service providers to engage in training and accommodating practitioners who may need additional time to build their skills while working with families, or those that want to train more intensively.

As the practice modules build on practitioners’ skills, practitioners use their existing skills to work with families and concurrently train in the practice modules at a pace that enables the continuity of work with families.

***Coaching***

Coaching is a key implementation strategy to build the skills and confidence to use the practice modules with families. Coaching to the practice modules commences after practitioners and team leaders have completed self-guided learning and facilitated training.

To support sustainability of the model, a coach-the-coach model is being employed that focuses on Practice Leads building the capability of team leaders to coach practitioners to the practice modules. Service providers are encouraged to incorporate coaching capability in the practice modules into existing supervision structure and activities.

Cultural Practice Leads support the coaching and practice capability build in the cultural elements. These roles work to develop a coaching approach that can support practitioners working primarily with Aboriginal children and families.

This coaching approach will be supplemented by:

* dedicated training for team leaders that focuses on coaching skills
* Practice Leads working with team leaders to further develop their coaching skills through a mix of intensive 1:1 coaching session and co-facilitated group coaching sessions with their team
* communities of practice designed for staff to share approaches and resources for sustaining practice changes
* data collection to continuously monitor the effectiveness of the approach and make adaptations where appropriate.

Where possible coaching strategies will be tailored to service providers’ needs and circumstances. For instance, strategies will be adapted if a service provider does not have a dedicated team leader.

* For the best outcomes, team leaders and practitioners are strongly encouraged to attend every scheduled coaching session and come prepared to actively participate in the sessions.

## 2.3 Enhanced governance arrangements

### What is the approach?

Enhanced governance arrangements at the local, divisional and state-wide level provide shared accountability for delivery of the 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

It is acknowledged that areas will vary in their local governance arrangements, however as illustrated in Figure 5 below, all share a fundamental responsibility for local area executive oversight, strategic planning and operational management.

Area-based operations governance groups are expected to be in place in each local area to oversee and drive the strategic and operational implementation of the Response. These groups are made up of Response and Aboriginal Response providers, along with Child Protection Navigator, Child and Family Alliance and departmental representation at the local level. The exact composition and design of the operational group varies by area.

Broadly, these groups:

* oversee implementation and service delivery, including connection, allocation, service intensity and coordination processes
* analyse outcomes data to inform learning and continuous improvement
* coordinate links and promotes service integration into the wider child and family service system
* identify and act on operational risks, trends in services and system issues.

In the short term, these groups may be set up with a dedicated focus on the Response but will have strong linkages to children and families alliances and local implementation teams to inform strategic directions and planning. 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> Response providers are to be members of the local children and families alliances.

In the medium to longer term, areas should work towards integrating Response governance into broader child and family services governance structures.

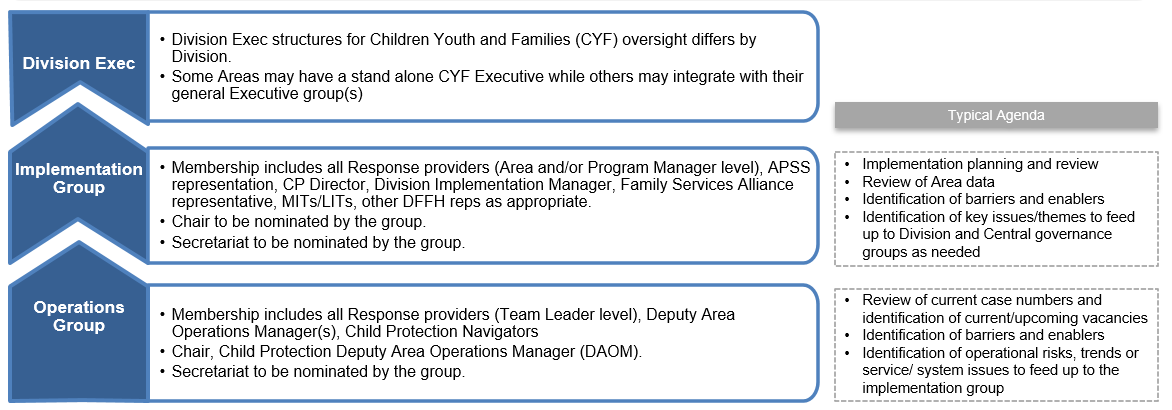


Figure 5 Different levels of governance that typically operate in each local area

Local area operational groups will need to establish, or build on, area-based allocations and prioritisation processes capable of managing rapid connections. The allocations process must enable Child Protection Navigators or ACAC to engage Response team leaders within 24 hours of identifying a connection, to discuss:

* suitability and in principle acceptance of the connection to the Response
* availability and matching of a lead Response practitioner
* capacity of the Response to commence work with the family within two business days.

Local area operational groups will need to determine how Response services will be coordinated across each area and how they will report into divisional and state-wide governance groups. These discussions should also include analysis of cohort needs and consideration as to how any specialisation can be used to best support families.

Where agreed, Response and Aboriginal Response services may be overseen by a combined operational group. Where these arrangements are not in place, every effort should be made to ensure there is coordinated processes between Response and Aboriginal Response governance groups within areas to support Aboriginal children and families.

Local area operational governance groups are expected to report and provide input into state-wide governance groups, through existing Community Services Operations Divisions governance structures.

#### State-wide governance

The State-wide Advisory Group is the key advisory forum to provide strategic leadership, direction and monitoring of the Response implementation. It includes representatives from CSOs and ACCOs delivering the Response, as well as from the department, the Centre for Excellence in Child and Family Welfare and the Centre for Evaluation and Implementation.

The State-wide 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. Its role includes 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.

The State-wide Advisory Group is strategically linked with other state-wide governance groups, including *Aboriginal Children’s Forum, Wungurilwil Gapgapduir Steering Group* and *Roadmap for Reform Implementation Ministerial Advisory Group*, as depicted in Figure 6 below.

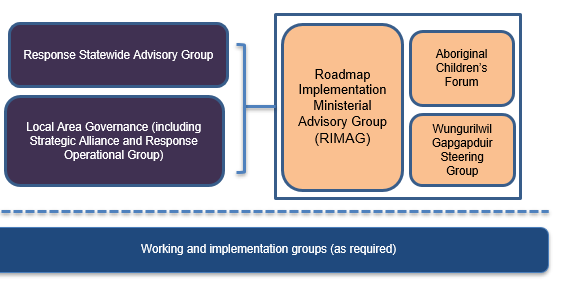


Figure 6 – Linkages between Response and other state-wide children and families governance groups

## 2.4 Building the evidence base

### What is the approach?

#### Aim

Evaluations commonly focus on determining how an intervention has produced changes in individual outcomes. However, to establish long-term improvements in the health of communities and sustain interventions at scale, it is beneficial to evaluate the effect of implementation at organisational and system levels.

The primary aims of the evaluation approach for the Response, therefore, are to understand the effectiveness of:

* the Response in improving outcomes for the children and families
* implementation support strategies to improve targeting and delivery of services to children and families.

In addressing these aims, the evaluation will add to the body of evidence around what works, helping to inform service delivery and future funding decisions regarding family preservation and reunification.

#### Scope

The evaluation covers the period from October 2020 (when Phase 1 services first started to be delivered) to 30 June 2023, with annual, interim reports in November 2021 and November 2022, and a final report in November 2023. The first interim report (November 2021) will focus on aggregating data from the pre-expansion providers.

#### Study design

The evaluation will be based on the general premise of hybrid designs, that is, the simultaneous assessment of implementation and effectiveness outcomes. This design is especially pertinent for evaluating child and family service interventions because it can be used to explore associations between implementation quality and model effectiveness at individual, organisational and system level. This dual focus also provides the department with opportunities to monitor and review the delivery of the Response, as well as understand the impact of the intervention over time.

The evaluation is guided by four overarching evaluation questions:

* To what extent has the Response improved outcomes for children and families?
* Are there key features of the Response that can be identified as contributing to outcomes for children and families?
* To what extent has the Response been delivered as intended?
* How well has the Response implementation been supported?

#### Aboriginal self-determination

Aspects of cultural approaches and measures within evaluations need to capture Aboriginal worldviews. These are often holistic and based on the centrality of culture, are child-centred and recognise culture as strength.

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 meets local needs.

The evaluation design and process privilege the self-determination of Aboriginal communities, and methods and approaches are 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 service providers, practitioners, children, families and communities.

To ensure the evaluation approach is culturally appropriate, the outcomes and evaluation questions of importance for Aboriginal families have been self-determined by the ACCOs delivering the Response. Consistent with the department’s emphasis on amplifying client voice, the evaluation will include interviews with Aboriginal children and families who have experienced the Response. These will be undertaken by an Aboriginal evaluator[[3]](#footnote-3).

### How is this delivered for the Response?

#### Data sources

A variety of data collection sources and methods for both quantitative and qualitative data will be used to answer the evaluation questions, inclusive of social investment modelling, surveys, and interviews with staff and families.

To assess the effectiveness of the Response, indicators such as client engagement, perceived benefits of participation from the family, child protection involvement (substantiations and visits), family functioning and child wellbeing will be used. Similarly, the implementation of the Response will be assessed through a combination of indicators, such as fidelity, reach, acceptability, appropriateness, and feasibility.

#### Data collection

A *data collection matrix* has been developed, identifying necessary indicators that will assist in answering the four key evaluation questions and 39 sub-questions. This matrix will be appended to the evaluation plan.

An overarching *Quantitative Data Protocol* has also been developed through a series of consultations with individual providers. The Protocol is an extension of the evaluation plan for the Response and provides practitioners, providers and departmental audiences with information on how quantitative data for the Response’s evaluation will be managed, including:

* data collection
* provision and transfers
* storage
* organisation and formats
* broad analysis plan.

The Centre for Evaluation and Research Evidence (CERE – evaluation lead) will also develop a draft *Qualitative Data Protocol* to be appended to the evaluation plan for the Response.

CERE has developed a *data tracker template* to support providers in their data collection for the evaluation. This template draws on the administrative and case note information and complements what organisations are already collecting or planning to collect. This tool was developed in collaboration with the Implementation Science Leads and tested with several providers.

#### Social investment modelling

A social investment approach is being used to assist with the targeting and evaluation of the Response. Social investment uses a combination of advanced analytical techniques and linked data and a philosophy of establishing a learning system to monitor what is working, make continuous improvements and systematically direct investment over time to where it has the greatest long-term impacts.

In particular, the social investment component of the evaluation will:

* support early implementation efforts
* provide insights into impact as early as possible and
* over a longer timeframe, build a robust, flexible and sophisticated modelling resource, including avoided costs and long-term client outcomes, and potential targeting of earlier responses to additional cohorts in the future.

#### Cultural considerations

‘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’ Quote by Indigenous academic and methodologist, Maggie Walters*[[4]](#footnote-4)*

Data sovereignty considerations are to be negotiated with ACCOs as part of research agreements, as appropriate. Data sovereignty 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.[[5]](#footnote-5) Other key literature informing data sovereignty includes the ANU Monograph Indigenous Data Sovereignty – Toward an Agenda[[6]](#footnote-6) and the Family Matters Report 2019.[[7]](#footnote-7)

CERE aims to implement the guiding principles of the Productivity Commission’s 2020 Indigenous Evaluation Strategy[[8]](#footnote-8). The principles of the Strategy set out what good practice looks like and what agencies should consider when undertaking evaluations.

The following minimum requirements will be adhered to in the conduct of the evaluation and continuous improvement of all parts of the Response to ensure that the principles and policies of Aboriginal self-determination are adhered to.

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.

#### Privacy and ethical considerations

All evaluation and research projects undertaken by the evaluation team 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)[[9]](#footnote-9)*.

CERE has sought approval from the Department of Health Human Research Ethics Committee (HREC) before commencing 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* for any component of the evaluation that involves the transfer of personal data in line with the department’s requirements and legal obligations under the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

# 3. Practice features

## 3.1 Person-centred, relational practice

### What is the approach?

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.

The *relational approach to support* provides a framework for child and family-centred practice and empowering experiences. It acknowledges that children and families are experts in their own lives.

The approach was co-designed with people with experiences of using and delivering child and family services. It signals a shift in language, behaviours and ways of working with children, young people, parents/caregivers and other professionals to improve experiences and outcomes.

In practice, this means a shift from ‘managing clients’, working in partnership with children and families to, using a person-centred approach, cognisant of the unique experience and perspectives of children and families.

This guide includes a summary of the approach. For further details, please refer to the [Practice phases and activities guide](https://providers.dffh.vic.gov.au/practice-phases-and-activities-guide-doc) <https://providers.dffh.vic.gov.au/practice-phases-and-activities-guide-doc>

In delivering the Response, practitioners, leaders and managers will:

|  |  |
| --- | --- |
| **Relational Element** | **Description** |
| Connect | * Identify and 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, including continuity, transparent communication between Aboriginal and non-Aboriginal services and supported transitions when needed. |
| Build safety and empower | * Use strengths-based planning and responses to support 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. |

### How is this delivered for the Response?

#### Connect

***Find children and families earlier***

Earlier identification of need and rapid activation of support is critical for disrupting patterns of increasing risk and harm, optimising engagement, reducing likelihood of preventable entry to care and increasing opportunities for reunification.

Suitable families are identified through careful targeting that combines effective data analysis, professional judgement and consultation. This is critical for the delivery of effective interventions that achieve intended outcomes, and to inform future investment.

The Response is designed to target children considered most at risk of entry to care, and those in care who can be supported to return home safely with intensive support, and to act earlier to prevent further progression into the statutory service system. It is expected that approximately two thirds of families will be those supported to stay together, and one third will be those seeking to be reunified.

Children and families who meet specific criteria are detailed in **Appendix 4**. The case characteristics of eligible families for the Response were identified through data analytics as those associated with families where children and young people were most likely to enter care.

***Connect children and families through Child Protection Navigators***

Once identified, the goal is to facilitate seamless connections of children and families to the Response to enable rapid activation of intensive supports when children and families need them most.

Children and families eligible for the Response will be identified and connected through Child Protection Navigators, to ensure consistency in demand management, prioritisation and collaboration between Child Protection and the Response teams. A data collection tool is used by Child Protection Navigators to support these connections and Child Protection’s involvement in them.

Child Protection Navigators, in consultation with ACSASS, ACAC and service providers will:

* use the eligibility criteria, as detailed in **Appendix 4**, to identify families, and
* use professional judgement to determine if children are likely to benefit from the Response or if an alternative service is required to achieve permanency objectives.

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

Where an Area has multiple Child Protection Navigators, every effort will be made for one to be dedicated to the Aboriginal Response. This does not however preclude the assigned Navigator from also providing service to mainstream Response providers where their workload allows.

Connections for eligible Aboriginal children and families should be prioritised to an Aboriginal Response provider or partner ACCO delivering the Aboriginal Response, where there is capacity, and it is the family’s preference to receive services from an Aboriginal service.

By exception, Response providers can accept connections from Child FIRST, The Orange Door and family service providers *without meeting the case characteristic criteria* provided the additional risk factors are met and the connection is supported by the Child Protection Navigator, via a section 38 consultation. Exemptions are limited to 5 per cent of the provider’s total targets.

#### Understand

***Engage and plan***

To understand the unique needs, experiences and preferences of children and families, lead practitioners and care teams:

* engage children and families through culturally safe, inclusive and evidence informed practices, where clear roles and responsibilities are established and work with the family is shared and/or coordinated
* 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.

***Assessment framework***

An assessment framework, has been developed, informed by engagement with child and family services providers, and aligned with the Best Interests Case Practice Model. The framework provides an overview of key criteria and domains to be considered throughout initial and comprehensive assessment and planning. Service providers are encouraged to incorporate this framework into existing planning procedures and case management tools, streamlining where possible. Further information on the assessment framework is available in the [Understanding and planning guide](https://providers.dffh.vic.gov.au/understanding-and-planning-guide-doc) <https://providers.dffh.vic.gov.au/understanding-and-planning-guide-doc>

Validated assessment tools, such as the North Carolina Family Assessment Scale (NCFAS), may be used to inform child and family assessments as well as early outcome measures.

#### Link-up

***Collaborate and partner***

Critical to the success of the Response is the commitment of Response providers and Child Protection to work 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 supports a more seamless and relational experience for children, young people and their families, avoids duplication of effort, enhances an overall view to child and family safety and improves outcomes for children, their families and the workforce.

Child Protection Navigators provide 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. They also engage as a core member of the operational governance group for the Response.

***Lead practitioners and care teams***

Children and families are engaged by a collaborative team in culturally safe and inclusive ways through a coordinated approach. To achieve this, Response and Child Protection practitioners, including ACAC, supported by lead practitioner and care team approach develop a coordinated approach to engage with families through regular communication, participation in care teams and agreed shared visits and practice opportunities.

Response providers 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 lead practitioner coordinates, facilitates and delivers 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 engage the voice and choice, cultural identity and lived expertise of children and their families and carers.

The care team approach recognises that 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 enable a nuanced and holistic view of child and family safety.

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.

During the delivery of the Response and where child safety and case plan goals are achieved and the care team is engaged, Child Protection may conclude its statutory involvement with the child and family. In these instances, the Child Protection Navigators provide a point of continuity for Response teams and a timely and seamless pathway into statutory involvement for children and families, if required.

#### Build safety and empower

***Rapid, intensive and flexible support***

Response providers will work rapidly, intensively and flexibly with children and families, in partnership with care teams, delivering evidence-informed interventions and practice approaches to achieve goals that promote child safety, permanency and development and which increase parenting capability and family functioning and build problem solving skills.

Coordinated responses between Child Protection and Response teams are required to address child safety and family capability.

Response providers will use dedicated flexible funding and/or access to flexible funding or brokerage held by family services or Child Protection to support families to make positive and enduring changes that will increase parenting capability and promote the safety and wellbeing of children.

#### Create opportunities

The intention of the Response, like all family services, is to equip families with the confidence, capability and community assets to enable them more effectively manage their own needs and that of their children, by drawing on their internal resources as well as an enduring network of informal and formal supports.

To create opportunities, goals captured in child and family action plans need to go beyond immediate need and risk, to explore longer-term life opportunities and aspirations of individuals and families to lead lives they value. This includes creating opportunities in lifelong learning and study; employment, mentoring and volunteering; sport, recreation or special interests; or social and community participation.

# 4. Operational management

## 4.1 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.

Response providers are required to view access and engagement through the lens of children and families’ diversity, intersectionality and unique experiences, to remove barriers that may prevent them from receiving the right support. An active process of inclusion will create welcoming environments where meaningful and equitable connections can be made into the Response, including through use of interpreters.

## 4.2 Service duration and intensity

The Response provides an *average* of 200 hours of rapid and intensive individual child and family support to families, followed by an *average* of 40 hours of step-down support to promote children’s safety, permanency and healthy development.

Supports are intended to be provided flexibly, and to scale up or down, based on children and families’ changing needs.

**Intensive support** – An average of 200 hours of rapid, intensive and flexible supports, facilitated and delivered by a lead practitioner, including in home, virtual supports and outreach, evidence informed and therapeutic interventions, flexible funding and links to universal and specialist services. Intensive support is delivered in the initial stages of the service response, to address immediate child safety and wellbeing concerns and family need.

Lower 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.

While the period of support may vary in intensity over time, it is expected that there is a stepped down period that builds parental capability for problem solving and creates and activates sustainable networks of formal and informal post intervention support.

**Sustained support and transitions** – An average of 40 hours of step-down support is delivered to prepare children and families for increasing independence to effectively maintain child and family safety, improve family functioning and participation in community. It is delivered over a longer period of time and is focussed on promoting continuity of relationships and seamless and sustained engagement with relevant universal services and community services.

## 4.3 Service hours and cases

Providers must report monthly through Service Delivery Tracking on the Service Agreement Module in relation to key performance indicators for relevant activities funded for the Response.

All hours-of-service delivery, including pre-connection consultation, should be recorded on IRIS.

**Referral and Intake Processes** should be used to record all pre-allocation consultations

**Allocation to family services** should be used for administrative tasks such as setting up the case file.

For connections that are not accepted, a client record may still be created on IRIS and pre-connection consultation hours may be added as a non-sub, attaching this to the client record. This is particularly important where the service holds other program types as it will assist in evaluating when Child Protection were seeking to link the family with the Response and the reasons why this was not a suitable connection.

Client service hours are defined as hours spent providing casework to children and families. Casework includes a range of service activities, such as assessment, active engagement, counselling and/or group work.

Client service hours include activities directly related to case work, for example writing case notes and travel from directly to and from home visits. These hours should be recorded in IRIS and Service Delivery Tracking. Time spent in professional development should not be recorded as client service hours.

The department does not prescribe set caseloads. It is expected that providers will consider the targets they need to deliver and structure and operations of their model accordingly to be able to deliver the required service hours.

## 4.4 Service operating hours

Providers are expected to deliver services flexibly across core operating hours between 7:00 am to 9:00 pm Monday to Friday, or as otherwise outlined in the relevant applicable award or agreement. Response practitioners may work flexibly within these hours, as determined by their organisation and aligned with industrial awards.

Flexible hours are to be based on case plan goals and delivered in a planned way, for example to assist with evening routines.

To support families when they need it, providers are encouraged to build on any existing after-hours or on-call models of support for families, where possible. This does not replace the need for emergency or crisis response services, such as after-hours Child Protection, as required.

The intention of an after-hours service is to offer a safe, responsive and reflective space to constructively work through issues or concerns impacting on child and family safety or family functioning, arising outside of core operating hours.

## 4.5 Workforce requirements

Providers must have policies and processes in place to ensure all staff engaged in the Response have the required skills, qualifications, knowledge, values, competencies and cultural competence for their positions and responsibilities, 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.

Organisational policies and processes should promote professional development and ensure that practitioners are willing to:

* be trained in the delivery of the Response practice elements and Aboriginal cultural elements; or demonstrate 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
* be 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](https://fac.dhhs.vic.gov.au/covid-19-family-and-community-services) regarding safety planning for COVID-19 <https://fac.dhhs.vic.gov.au/covid-19-family-and-community-services>

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.

## 4.6 Critical incidents

Providers must report critical client incidents to the department in line with departmental instructions. 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>.

## 4.7 Acquittal of funding

#### 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. Response providers are 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 our website <https://providers.dffh.vic.gov.au/flexible-funding-31437-word>.

#### Evidence-based program development funding

High quality implementation ensures that the practice modules and cultural elements are being used well by practitioners and deliver beneficial outcomes for children and families. Recognising this, the Response includes evidence-based program development funding to support strong implementation strategies.

A requirement of the evidence-based program development funding provided to service providers is that a role or part role is identified as the key contact for implementation support. This role is the agency implementation support role and will drive and sustain the successful implementation of the Response at an agency level, championing the use of active implementation strategies, and maintaining a focus in the organisation on implementation quality.

The evidence-based program development funding each service providers receives is relative to the number of families that will be connected through the Response. It is expected that providers’ capacity to resource a role or part role to support implementation capability build will be proportionate to the size of their overall delivery of the Response and that implementation processes will vary depending on provider context, size, structure and existing capabilities.

In addition to the implementation support role, this funding can be used to support activities such as sourcing outcomes tool licensing and training and embedding monitoring systems to support data-led decision making and implementation.

# 5. Appendices

## Appendix 1: Response Providers by Division - effective 1 August 2021

### East Division

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Area | Response type | Service provider |
| East | Goulburn | Aboriginal Response | Rumbalara Aboriginal Co-operative |
| Response | Children Australia (Oz Child) |
| Goulburn Valley Family Care |
| The Bridge Youth Service |
| Inner East | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Uniting (Victorian and Tasmania) |
| Outer East | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Anglicare Victoria |
| Uniting (Victorian and Tasmania) |
| Ovens Murray | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Upper Murray Family Care |

### North Division

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Area | Response type | Service provider |
| North | North East Melbourne | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Anglicare Victoria |
| Melbourne City Mission |
| Uniting (Victoria and Tasmania) |
| Hume Moreland | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Uniting (Victoria and Tasmania) |
| Loddon | Aboriginal Response | Bendigo and District Aboriginal Co-operative |
| Njernda Aboriginal Corporation |
| Response | MacKillop Family Services |
| Anglicare Victoria |
| Mallee | Aboriginal Response | Mallee District Aboriginal Services |
| Response | Mallee Family Care |
| MacKillop Family Services |

### West Division

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Area | Response type | Service provider |
| West | Barwon | Aboriginal Response | Wathaurong Aboriginal Co-Operative |
| Response | Bethany Community Support Consortium *Diversitat, Colac Area Health, Gateways Support Services, Barwon Health, City of Greater Geelong* |
| Barwon Child, Youth and Family |
| Colac Area Health |
| Brimbank Melton | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | Children Australia (Oz Child) |
| Baptcare |
| MacKillop Family Services |
| Melbourne City Mission |
| Western Melbourne | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | Children Australia (Oz Child) |
| Anglicare Victoria |
| Baptcare |
| IPC Health |
| MacKillop Family Services |
| Melbourne City Mission |
| Uniting (Victoria and Tasmania) |
| Central Highlands | Aboriginal Response | Ballarat and District Aboriginal Co-operative |
| Response | Child and Family Services Ballarat |
| Barwon Child, Youth and Family |
| CatholicCare Victoria |
| Uniting (Victoria and Tasmania) |
| Wimmera South West | Aboriginal Response | Goolum-Goolum Aboriginal Co-operative |
| Gunditjmara Aboriginal Co-operative |
| Winda-Mara Aboriginal Corporation |
| Response | Bethany Community Support Consortium  *Brophy Family and Youth Services, Mpower, Warrnambool City Council* |
| CatholicCare Victoria |
| Uniting (Victoria and Tasmania) |

### South Division

|  |  |  |  |
| --- | --- | --- | --- |
| Division | Area | Response type | Service provider |
| South | Bayside Peninsula | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Children Australia (Oz Child) |
| Family Life |
| Key Assets |
| Anglicare Victoria |
| Uniting (Victoria and Tasmania) |
| Inner Gippsland | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Ramahyuck District Aboriginal Corporation |
| Response | Key Assets |
| Anglicare Victoria |
| Quantum Support Services |
| Queen Elizabeth Centre |
| Outer Gippsland | Aboriginal Response | Gippsland and East Gippsland Aboriginal Co-operative |
| Ramahyuck District Aboriginal Corporation |
| Response | Gippsland Lakes Complete Health |
| Uniting (Victoria and Tasmania) |
| Southern Melbourne | Aboriginal Response | Victorian Aboriginal Child Care Agency |
| Response | MacKillop Family Services |
| Children Australia (Oz Child) |
| Queen Elizabeth Centre |
| Uniting (Victoria and Tasmania) |
| Windermere Child and Family Services |

## Appendix 2: Legislation, policy and practice frameworks

### Legislation and policy frameworks

|  |  |
| --- | --- |
| 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*.  This includes adherence to the Aboriginal Child Placement Principle.  <https://providers.dffh.vic.gov.au/sites/default/files/2017-08/aboriginal-child-placement-principle-guide-2002.pdf> |
| Service Agreement Requirements | Service providers must also comply with the terms and conditions of their 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. |
| Wungurilwil Gapgapduir Aboriginal Children and Families Agreement | <https://www.dhhs.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement> |

### Practice frameworks

|  |  |
| --- | --- |
| Practice Framework | Detailed description |
| Aboriginal and Torres Strait Islander Cultural Safety Framework | <https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework> |
| Best Interests Case Practice Model | <https://providers.dffh.vic.gov.au/sites/default/files/2017-08/the-best-interests-framework-for-vulnerable-children-and-youth.pdf> |
| Multi-Agency Risk Assessment and Management Framework (MARAM) | <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> |

## Appendix 3: Guiding principles

### Three Pathways to Support Conceptual Framework

#### 1. 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.

#### 2. Rights based and empowering

Children’s rights are protected, promoted and upheld. Services support children’s rights to safety, family, housing, health, education, culture and participation.

Services recognise that families are the experts in their experience. Families are supported to build capabilities and to achieve self-directed goals.

#### 3. Culturally safe

Children and families receive culturally informed and led services. Children are supported to connect with families, cultures and communities.

#### 4. Evidence and trauma informed

Services are evidence-informed and linked to the delivery of defined outcomes. Services are trauma-informed and have therapeutic intent.

#### 5. Evidence and trauma informed

Children and families receive the right support at the right time so that children get the best start in life.

Services are flexible and tailored to meet the dynamic needs of all families over time.

#### 6. Integrated and local

Services share responsibility for children and family outcomes.

Services are localised, integrated and coordinated so that children and families receive **continuity of support and care.**

### Wungurilwil Gapgapduir: Aboriginal Children and Families Agreement

#### 1. Aboriginal self-determination

Aboriginal self-determination is the overarching principle of the agreement. This involves government and mainstream organisations relinquishing power, control and resources to Aboriginal organisations.

#### 2. Aboriginal culture and community

Aboriginal communities have choice, control, authority and responsibility for determining the priorities and delivering services for Aboriginal communities. Culture, self-determination and self-management sit at the heart of all policies, practices and decisions.

#### 3. Families are at the centre of raising children

Families and Aboriginal child-rearing practices are fundamental to raising strong Aboriginal children and young people.

#### 4. Respect

Aboriginal culture is respected, and the perspectives and strengths of Aboriginal communities are valued, heard and influential.

#### 5. Acknowledge strengths and celebrate success

Aboriginal communities, government and the child and family services sector collaborate to develop, celebrate and share what works well to keep Aboriginal families safe and strong.

#### 6. Trusted relationships driven by accountability

Active, honest and respectful partnerships operate where Aboriginal communities participate equitably and with confidence alongside government and the child and family services sector. Accountability and ownership for just and equitable outcomes rests with all parties, starting at the highest levels.

#### 7. Investment and resource equity

A shared commitment and responsiveness to address the current and historical funding inequities and barriers so Aboriginal organisations and communities are fully resourced to deliver a continuum of service.

## Appendix 4: Identification of children and families for the Response

Eligibility is inclusive of children aged 0 – 17 years, unless otherwise specified. Irrespective of eligibility of the primary client, note that the Response works with a whole-of-family approach, and is therefore inclusive of all children in the family, aged between 0-17 years.

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage​** | **Case characteristics​** | **Additional risk factors needed​** | |
| **Report**​ | Unborn report or report within 7 days post birth​ ​ | Non-Aboriginal children must have **TWO** of the following:​ | * Parent(s) have a history of care​ * Young mother (under 20 at birth of first child)​ * At least one maternal or paternal sibling in OOHC​ * Parent drug or alcohol problems​ |
| **Substantiation**​ | Substantiation following multiple reports:​  • 4 or more reports at any time in their life or​  • 3 or more reports in the last two years​ | Non-Aboriginal children must have **TWO** of the following:​  ​ | * Parent(s) have a history of care​ * Young mother (under 20 at birth of first child)​ * Parent alcohol/substance abuse concern * At least one maternal or paternal sibling in OOHC​ * Multiple prior protective interventions​ * Child physical development or health concern * Child aggressive or violent behaviours​ * Child risk-taking or impulsive behaviours\* |
| Child aged 0-2 with an Intensive Infant Response | Not required​ |  |
| **Protective Application**​ | Protective application where initiation method for the application was either emergency or by notice.​ | Not required​ | |
| **Already in care (Reunification)**​ | On an Interim Accommodation or Protection order with a reunification case plan | Not required​ | |

\*Including absconding, high-risk activities, impulsive behaviours, substance abuse and other concerning acting out behaviour.

1. 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-1)
2. https://www.aboriginalvictoria.vic.gov.au/governments-commitment-self-determination [↑](#footnote-ref-2)
3. Second and third interim reports only [↑](#footnote-ref-3)
4. Refer to: <https://www.griffithreview.com/articles/voice-indigenous-data-beyond-disadvantage/> [↑](#footnote-ref-4)
5. Refer to: [www.maiamnayriwingara.org](http://www.maiamnayriwingara.org) [↑](#footnote-ref-5)
6. *Data Sovereignty – Toward an Agenda –* can be found at: *press-files.anu.edu.au* [↑](#footnote-ref-6)
7. *the Family Matters Report 2019* SNAICC- can be found at: [www.familymatters.org.au/the-family-matters-report-2019/](http://www.familymatters.org.au/the-family-matters-report-2019/) [↑](#footnote-ref-7)
8. Refer to: <https://www.pc.gov.au/inquiries/completed/indigenous-evaluation/strategy/indigenous-evaluation-strategy.pdf> [↑](#footnote-ref-8)
9. 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-9)