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| Intensive Family Services: program guidelines |
| Family Preservation and Family Reunification Orders (200 hour response) |

Contents

[Background 1](#_Toc528661942)

[Purpose 2](#_Toc528661943)

[Target cohort 2](#_Toc528661944)

[Referral pathways 2](#_Toc528661945)

[Roles and responsibilities 2](#_Toc528661946)

[Child Protection: 2](#_Toc528661947)

[Child FIRST: 2](#_Toc528661948)

[Family Services: 3](#_Toc528661949)

[Key requirements 3](#_Toc528661950)

[Governance and communication strategy 4](#_Toc528661951)

[Program evaluation 4](#_Toc528661952)

[Distribution of Intensive Family Services targets by catchment 4](#_Toc528661953)

# Background

The 2017-18 state budget included $29.2 million to expand Family Services.

This includes $6.9 million so that Integrated Family Services can deliver an intensive family services response (200 hours) to over 300 families whose children are subject to a family preservation or family reunification order. [A breakdown by catchment](#_Distribution_of_Intensive) is provided on page 4 of this document.

The investment will test one element of the Family Services redesign:

“The existing set of family services programs would be integrated into a single, more flexible program of child and family support, with support levels that adapt and change over the course of the child or family’s experience…This single system of support would allow child and family services to intervene early, continue to work intensively with families to support family preservation and prevent children entering the statutory child protection system and, when needed, to work in partnership with child protection to achieve reunification.” Building Family Capability Discussion Paper; Roadmap for Reform: Next Steps

The new approach will deliver an intensive family service response in partnership with child protection who will retain case management responsibilities.

# Purpose

The intent is that Family Services will work in partnership with Child Protection (and other services where required) working intensively with families to achieve Child Protection case plan goals. Child Protection, or a contracted case management service, will retain case management responsibility. Family Services will support families to meet case plan goals by promoting child safety, permanency and development, increasing parenting capacity, and family functioning.

# Target cohort

The Intensive Family Services response will be provided to families whose children are subject to a family preservation or a family reunification order. The Intensive Family Services response can also be provided where a protection application by emergency care has been issued and the child/children are subject to an interim accommodation order (IAO). In this instance there must be an endorsed case plan with a permanency objective of family preservation or family reunification.

Where the number of families who meet the target cohort exceeds the number of targets available, the following priority cohorts can be considered when prioritising referrals:

* Families subject to first time Child Protection Orders
* Families with children under 5 years of age
* Aboriginal children and families
* Children with a disability
* Children in kinship placements (where Child Protection retain sole case management responsibility)

If Local Areas experience difficulty identifying appropriate referrals please [email the Early Pathways Unit](mailto:Early.Pathways@dhhs.vic.gov.au) <Early.Pathways@dhhs.vic.gov.au>.

# Referral pathways

All 200 hour Intensive Family Services response referrals are to be made by Child Protection. The mechanism to manage the referral and allocations process should be negotiated by Local Areas using existing processes or an alternate “fast track” process if appropriate. Any local arrangements will need to ensure that overall capacity, allocation and throughput is monitored. All referrals must be registered with Child FIRST.

# Roles and responsibilities

## Child Protection:

* + The child and family must be allocated to a Child Protection Practitioner.
  + Child Protection Practitioners will identify appropriate families for referral. These referrals should be approved by Team Managers.
  + The respective Area Manager will be responsible for monitoring the overall uptake of referrals.
  + Families identified will be case managed by Child Protection teams or a contracted case management service.

## Child FIRST:

* + If Child Protection referrals are made direct to Child FIRST, Child FIRST will ensure case allocation to Intensive Family Services within 5 days. Where referral and allocation processes are direct to family services, Areas will ensure these cases are registered with Child FIRST.
  + Allocation will be to an identified Family Services worker.

## Family Services:

* + Contribute as a member of the care team or professional network to support case planning and ongoing risk assessment.
  + Work intensively with children and families, delivering interventions that increase parenting capacity, family functioning, achieve child safety and enhance conditions for child development. This will include a comprehensive outcomes focus for parents, carers and children including individual, social and economic outcomes.
  + Document interventions used to build family functioning, family capability and promote child safety, stability, wellbeing and development for the prescribed outcomes.

# Key requirements

Child Protection case plan must reflect:

* + Need for Intensive Family Services to build family capability
  + Family Services intervention to support preservation or reunification of the child in the family home

Of note: reunification activity and planning with the family should commence prior to the child returning home. Family Services should be involved, wherever possible, in this planning to determine preparedness and engagement of family and decisions on the most appropriate interventions/approaches.

The child and family must be allocated to a Child Protection Practitioner. If allocation is not possible then this must have oversight by the Team Manager with allocation to occur as soon as possible.

The child and family must be allocated to an identified Family Services worker.

The allocated Child Protection Practitioner must be identified in the referral and in turn the Child Protection Practitioner must be informed of the allocated family services worker within 48 hours of being allocated.

The distribution of the 200 hour Intensive Family Services response is flexible and can be used to support the family based on their needs and in line with the Child Protection Case Plan goals. The hours may not necessarily be over the life of the Court Order. For example the hours could be used intensively over a short period of time or spread more evenly across a defined period of time. It is recommended that Child Protection and Integrated Family Services staff discuss roles and responsibilities in terms of the service response to be provided to families.

Child Protection will focus on the risk to the child/ren, while Family Services may have broader assessment of the family and whether they are achieving their goals.

Case planning and case management rests with Child Protection.

Joint planning will occur between Child Protection and Family Services. Family Services will deliver evidence based interventions and practice approaches to increase engagement of families and promote safety, stability and development of children and young people.

Care team meetings (when child is in Out of Home Care) to occur at a minimum once every 6 weeks to manage the day to day care and best interests of the child in accordance with the overall case plan.

Professionals meeting to occur on a needs basis to gather information coordinate a shared approach to working with children and families; define roles and leverage resources and support.

Child Protection/contracted case CSO or ACCO will support Family Services to engage with families.

Family Services to document intervention, practice approaches and programs involved in the 200 hours of service delivery. A template provided by the department will enable for the documentation of the approaches and interventions undertaken, including use of flexible packages.

Child Protection maintains responsibility for regular case planning review with the family and the Family Services worker will contribute as necessary.

The Family Services provider will be required to track CRIS numbers and IRIS case reference codes along with key dates and outcomes using the template provided by the department. Family Services are also required to enter client information in IRIS using the dedicated 200 hour funding source. Data will then be drawn from both IRIS and CRIS to evaluate the effectiveness of this new approach.

Both Child Protection practitioners/contracted CSO and Family Services workers will contribute to the evaluation.

There may be instances where the case planning direction may change during the course of Intensive Family Services intervention. For example, if a child subject to a family preservation order is removed from the family home due to risks concerning the child’s safety and wellbeing and is placed into emergency care and made subject to an Interim Accommodation Order. A review of the case plan should be undertaken and wherever possible family services should remain involved.

There should also be, where appropriate and based on case planning, a transition for families from intensive intervention, on the point of closure, to the broader services system; this may include a “shorter” period of Family Services involvement.

# Governance and communication strategy

There is an expectation that each Catchment will establish local arrangements to oversee the implementation of the new approach. These local arrangements can align with suitable existing arrangements.

A State-wide Advisory Group will be established with representation from DHHS, the sector and Child Protection. The role of the group will be to advise on implementation, learnings and outcomes. This group will meet a minimum of three times over 2017-18 (the first was held in November 2017).

Regular updates on performance, implementation and outcomes of the new approach will be provided to CPEG and CPOIG, Area Directors and the Child FIRST and Family Services Strategic Forum.

Existing placement prevention and Child FIRST and Integrated Family Services governance arrangements can be considered in the implementation of this model. This could include existing panels, Local Consultation Panels (as per the Child Protection, Child FIRST and Integrated Family Services procedural guidelines) and existing allocation mechanisms.

# Program evaluation

A program logic and evaluation framework is currently being developed to support the evaluation of the Intensive Family Services response. The evaluation methodology will be finalised in consultation with the State-wide Advisory Group.

A standard data collection template has been developed to track CRIS numbers and IRIS case reference codes, key dates, program interventions and short term and closure outcomes. The template will support the program logic above and is to be completed by Family Services providers in each Child and Family Services Alliance.

Learnings over the next 12 months will also inform Family Services re-design and the development of a new operating framework.

# Distribution of Intensive Family Services targets by catchment

Distribution of intensive family services targets by catchment

| Catchment | Targets |
| --- | --- |
| Colac Otway Corangamite | 6.10 |
| East Gippsland | 6.22 |
| Central Hume | 6.81 |
| Upper Hume | 8.25 |
| South Coast | 7.89 |
| Goulburn Valley | 8.37 |
| Wellington | 11.36 |
| Wimmera | 7.17 |
| North Central | 16.74 |
| Inner East | 13.75 |
| Mallee | 16.74 |
| Barwon | 16.74 |
| Lower Hume | 11.36 |
| South West | 10.76 |
| Central Highlands | 18.53 |
| North East Metro | 20.44 |
| Western | 20.44 |
| Outer East | 16.74 |
| Latrobe and Baw Baw | 19.37 |
| BP - F&MP, IM | 19.61 |
| Brimbank Melton | 21.40 |
| Hume Moreland | 22.24 |
| South East | 22.95 |
| **Total** | **329.95** |

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