

Program requirements for family services in Victoria

OFFICIAL

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Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.

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# Overview

Disclaimer: This document will continue to be updated periodically to update existing content. Please ensure you are reading the latest version at the [Providers website](https://providers.dffh.vic.gov.au/family-and-parenting-support)[[1]](#footnote-2).

## Background

The Department of Families, Fairness and Housing (the department) develops and delivers services for the wellbeing and safety of all Victorians. The department funds a range of services for children, young people, and families, to build capacity and resilience.

The department works with service partners to assist children, young people and families (including Aboriginal families) in need of support and protection. This includes:

* children and adolescents subject to, or at risk of, harm, abuse and neglect
* children and young people who need support to remain with their family
* families who need support to ensure a safe and stable environment for their children
* families for whom there is an unborn report to Child Protection.

## Legislative and policy context

### Children, Youth and Families Act 2005

The *Children Youth and Families Act 2005* (the Act) underpins an integrated system of children and family services.

The legislative context promotes the safety, permanency and healthy development of children. It also emphasises the need to consider impacts of cumulative harm and to preserve cultural identity.

Under the Act, family services must provide support in a manner that is in the child’s best interests.

The Act’s decision-making principles support children and families’ involvement in decision-making processes. They highlight the importance of aiding families to do this in a meaningful way.

Further legislation and principles frame the decision making regarding Aboriginal children and families. These provide a stronger basis to ensure Aboriginal children remain within, or connected to, their community and culture.

### The Orange Door

The Orange Door is the entry point into family services and family violence services. They provide support services for families who need help with the care and wellbeing of children. They also help women, children and young people experiencing family violence.

Professionals can refer to the Orange Door for children and young people up to 17 years, or families with an unborn child.

For more information, see [The Orange Door](https://orangedoor.vic.gov.au)[[2]](#footnote-3).

### Aboriginal self-determination

##### **Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety strategic plan 2017–2027**

Korin Korin Balit-Djak provides a framework for improving the health, wellbeing and safety of Aboriginal Victorians. Korin Korin Balit-Djak covers five domains:

* Aboriginal community leadership
* prioritising Aboriginal culture and community
* system reform across the health and human services sector
* safe, secure, strong families and individuals

# Physically, socially and emotionally healthy Aboriginal communities.

To ensure development and delivery of Korin Korin Balit-Djak priorities, the department works with:

* Aboriginal Victorians
* Aboriginal community-controlled organisations (ACCOs)
* other parts of government
* mainstream organisations.

For more information, see [Korin Korin Balit Djak](https://www.health.vic.gov.au/health-strategies/korin-korin-balit-djak-aboriginal-health-wellbeing-and-safety-strategic-plan-2017)[[3]](#footnote-4).

##### Wungurilwil Gapgapduir

Wungurilwil Gapgapduir means ‘strong families’ in Latji Latji. It is an agreement between the Aboriginal community, Victorian Government and community organisations. It outlines a strategic direction to reduce the number of Aboriginal children in care by building their connection to culture, Country and community.

Wungurilwil Gapgapduir has five central objectives:

* Encourage Aboriginal children and families to be strong in culture and proud of their unique identity
* Resource and support Aboriginal organisations to care for Aboriginal children, families and communities
* Commit to culturally competent and culturally safe services for staff, children and families
* Capture, build and share Aboriginal knowledge, learning and evidence to inform practice
* Prioritise Aboriginal workforce capability.

Wungurilwil Gapgapduir aligns with the Government’s vision to increase Aboriginal self-determination. It supports Aboriginal children to thrive in culturally rich and strong Aboriginal families and communities.

For more information, see the [Wungurilwil Gapgapduir Aboriginal Children & Families Agreement](https://www.dffh.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement)[[4]](#footnote-5).

### Registration under the Children, Youth and Families Act

The Act legislates a high quality of services and care provided to children and families.

The Act requires community service organisations to be registered and meet quality standards. The Human Services Standards set out quality standards for department funded organisations.

Under the Act, registered services can be:

* care services
* community-based child and family services
* prescribed services.

At an activity level, organisations must register as a community service if they deliver specific care and support services for children and families.

The Human Services Standards set out the registration requirements for in-scope organisations.

For more information, see [Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards)[[5]](#footnote-6).

### Service agreement, monitoring and review

Organisations must deliver services in line with their service agreement with the department. Performance reporting and monitoring forms part of the agreement.

Organisations must collect data and report on their service outputs. The Service Agreement Requirements sets out the requirements for monitoring, review and reporting.

For further information, see [Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements)[[6]](#footnote-7).

## Scope

The program requirements apply to all organisations funded by the department to provide any family services listed below under Practice Requirements.

## Purpose

These program requirements set out the expectations which guide and inform quality service delivery. They detail how services are to be delivered to assist:

* delivery of high-quality services according to established standards
* monitoring and assessment of service quality according to program expectations

Organisations must adhere to these requirements when delivering funded activities, to meet their obligations under the service agreement.

These program requirements cover service delivery at the systems, operational and client level, across comparable service activities. They also provide specific requirements at the practice level. The program requirements use existing legislative and policy requirements as their framework. They should be used in conjunction with the following service quality resources:

* [Human Services Standards Evidence guide](https://providers.dffh.vic.gov.au/human-services-standards-evidence-guide-word)[[7]](#footnote-8).
* [Human Services Standards independent review body](https://providers.dffh.vic.gov.au/human-services-standards-independent-review-bodies-fact-sheet-updated-may-2021-word)[[8]](#footnote-9).
* [Department of Families, Fairness and Housing Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements)[[9]](#footnote-10).
* Department of Families, Fairness and Housing Organisation Performance Monitoring framework
* Legislative requirements, policy and practice resources (as outlined in Supporting Documents)
* Department of Families, Fairness and Housing program strategic frameworks (where available).

# Key objectives

## Provide services to vulnerable and at-risk children, young people and families

Family services are an essential part of the child and family services continuum. They work to support families to nurture and protect their children.

Family services provide services to vulnerable children (from pre-birth to 18 years) and their families. The services promote children’s rights to safety, permanency and healthy development.

Vulnerable children and families can have diverse and complex needs. Family services provide support for a range of issues, including:

* family violence
* sexual abuse
* mental illness
* alcohol and drug misuse
* disability
* housing instability.

## Reduce the incidence and negative impact of child abuse and neglect

Family services provide targeted earlier intervention responses for at-risk children and families. Timely identification and targeted intervention are critical for beneficial outcomes.

Earlier intervention occurs when heightened vulnerability is identified before it causes harm. Family services support families to reduce risk or mitigate the effects, of child abuse and neglect. Effective early intervention can substantially improve outcomes and reduce need for statutory responses.

## Promote children’s best interests

It is necessary to place the child’s best interests at the centre of all decision making and service delivery. The Act’s best interests principles guide all decision making and service delivery across:

* child protection services
* community-based child and family services
* care services
* the Children’s Court.

In particular, the Act states that the best interests of the child must always be paramount. It states and that in determining whether a decision or action is in the child’s best interests, the need to protect the child from harm, protect their rights and promote their development must always be considered.

The best interests of a child are protected and promoted by ensuring a child’s right to:

* safety – including providing a safe and nurturing environment that meets a child or young person’s physical, social and emotional needs and protects them from harm
* permanency – including timely planning for stable placement, connectedness to family, primary carers, school, their peer group, community and culture
* development – including health, emotional and behavioural development, education and learning, family and social relationships, identity, social presentation and self-care skills.

Assessment, planning or actions must consider these three dimensions through the lens of the child’s culture, gender, age and stage. There must be consideration of the child’s longer-term development, including identifying and addressing the early indicators of cumulative harm.

Cumulative harm refers to the effects of numerous adverse circumstances that collectively diminish safety and wellbeing. The cause may be an accumulation of one recurring adverse event, or many different events.

## Aboriginal self determination

Wungurilwil Gapgapduir provides a shared vision for Aboriginal children and families. It seeks that ‘All Aboriginal children and young people are safe, resilient, thriving and living in culturally rich, strong Aboriginal families and communities.’

The agreement is a shared commitment between the Aboriginal community, the child and family services sector and the Victorian Government to improve outcomes for Victorian Aboriginal children and families, and those residing in Victoria. Its aims and objectives are based on the principle of Aboriginal self-determination.

The agreement outlines seven principles that guide work for Aboriginal children and families:

1. Aboriginal self-determination
2. Aboriginal culture and community
3. Families are at the centre of raising children
4. Respect
5. Acknowledge strengths and celebrate success
6. Trusted relationships driven by accountability
7. Investment and resource equity

Family services must develop specific responses to improve outcomes for vulnerable Aboriginal children.

An Aboriginal culturally informed resource tool is used in conjunction with the evidence guide and culturally informed addendum.

The resource tool also references useful contextual and practice documents. Among other things, these assist organisations in meeting service standards for Aboriginal people.

For more information, see the [Human Services Standards Aboriginal culturally informed resource tool](https://providers.dffh.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word)[[10]](#footnote-11).

# Utilisation of family services funding

## Direct service funding

Direct service funding enables the employment of practitioners to provide a range of direct services. This includes needs and risk assessments, planning and interventions.

The following activities fund practitioner roles that deliver services directly to clients:

| Activity | Description |
| --- | --- |
| 31435 | Individual Child & Family Support |
| 31438 | Specialised Interventions |
| 31425 | Finding Solutions |
| 31426 | Adolescent Support |
| 31243 | Parenting Advice and Education Services |
| 31255 | Parenting Assessment and Skills Development Services (CSO PASDS) |
| 31259 | Early Parenting Centres - Parenting Assessment and Skills Development Services (EPC PASDS) |
| 31218 | Placement Prevention Programs including components previously known as Families First. ICMS components are out of the scope of this guide |

Note: Activity 31434 Intake and Access is outside the scope of this policy and is now administrated by Family Safety Victoria

### Direct service funding in Service Agreements

Funding is subject to performance targets specified in each organisation’s Service Agreement. Performance is measured by one or both measures below:

* number of service hours: defined as hours spent by the organisation’s staff providing casework to clients. Casework is the full range of service activities such as assessment, active engagement, counselling and/or group work
* number of cases as defined in the activity description. A case is an episode of support provided to a client or family.

## Flexible funding

### Flexible funding in Service Agreements

Flexible funding is available to children and families receiving support through Individual Child and Family Support or Specialised Intervention funded activities. This includes Integrated Family Services, Intensive Family Services and the FPR Response.

The flexible funding components of these programs are funded under 31437 Flexible Funding.

Flexible Funding is allocated to organisations at a unit cost per package. The amount of flexible funding used is not determined by the unit price, as unit prices are nominal only.

### Principles of flexible funding

Flexible funding must clearly link to outcomes and achieving goals in the Child and Family Action Plan.

It is used to:

* enable families to make positive and enduring change that will
  + increase parenting capacity
  + improve family functioning and
  + promote the safety, wellbeing and development of children and young people.
* provide practical support to minimise requirement for more intensive intervention.

Allocation of flexible funding should depend on greatest need and anticipated positive impacts.

It is important to note that providing practical help is only one aspect of the intervention. If underlying issues are not addressed, flexible funding is unlikely to make a sustained difference.

### Use of flexible funding

Flexible funding **cannot** be used for the following purposes:

* illegal activity
* gambling
* services not identified in Child and Family Action Plans
* emergency material aid
* free or low-cost services readily available within the community
* to replace or duplicate supports available through other funding sources (e.g., Individual Child and Family Support funding) or grants (e.g., ‘Camps, sports and excursions fund’)
* repayment of personal debts – except in exceptional circumstances where:
  + budgeting support is necessary to support above flexible funding principles (e.g., for limited childcare debt support), and
  + with an approval process agreed by the Alliance
* uses not directly related to Family Services intervention
* costs related to staff forums or events
* replicating functions ordinarily served by individual child and family support funding

Flexible funding can be used where other available supports cannot be provided in a timely manner.

Some examples of the application of flexible funding are noted in the table below.

| Concern | Flexible funding use | Outcome indicator |
| --- | --- | --- |
| Parents’ ability to safely transport the children to school | Family car service to get it operational, enabling the parents to drive the children to school | Learning & Education |
| Hoarding and unsafe physical home environment | Hire of rubbish skip and a cleaner to create a physically safe and hygienic home environment. | Homes are suitable and stable |
| At risk of social isolation | Sporting or music lesson fees to improve a young person’s community connections and self esteem | Social involvement / isolation |
| Parents’ alcohol and drug use | Specialist drug and alcohol program – where wait lists for community programs are too long. | Alcohol and other drug use |
| Child suffering from traumatic event | Specialist trauma counselling for child’s mental health – where not available through Medicare. | Healing & growth following trauma |
| Lack of financial stability | Driving lessons to enable mother to drive a car to a place of employment. | Participate in employment/training |

Other examples of flexible funding use for goods and services include:

* childcare or respite costs
* specialist assessments for children or specialist interventions where these are not readily accessible
* help with dental costs or specific medical interventions for the child and family
* one-off payments to address immediate safety, stability and or wellbeing issues in the home
* purchasing baby clothes, nursery and play equipment
* help with a utilities bill, where other options such as the utilities relief grant have been exhausted, or purchasing material aid
* help with rental brokerage
* help with educational assessments, tutors, training or educational costs.

In some situations, organisations or Alliances can contract specialist initiatives to meet the needs of the target group. There should be a rationale and purpose for specialist positions. The rationale requires clear links to the needs of the target group and objectives of:

* improving child wellbeing, through supporting safety, permanency, and development
* supporting family functioning
* improving parenting capacity.

### Allocation of flexible funding

Flexible funding for Integrated Family Services can go to the Alliance instead of individual organisations. Flexible funding for all other programs goes to individual organisations. Regardless, the Alliance should oversee expenditure. Flexible funding must be expended in full within the financial year.

Appropriate mechanisms must be in place to determine allocation of flexible funding. Monitoring should

* consider the appropriate level of spending is commensurate with the stage of the year
* ensure allocations are supporting priority groups
* ensure mechanisms reflect principles of Aboriginal self-determination.

If holding the funding, the Alliance should include expenditure monitoring as a recurring agenda item at the Operations and/or Executive meetings. Alliances will determine the processes for allocation of packages in their catchment. The lead organisation (or facilitating partner) will hold the flexible funding. This organisation will be responsible for distributing funds according to mechanisms determined by the Alliance. The lead organisation must not act as a ‘gatekeeper’ for the funds.

Families are eligible for flexible funding during brief interventions with The Orange Door. The Orange Door has alternative flexible funding and does not access Family Services brokerage.

### Caps on flexible funding

Some families may need a higher level of flexible funding than available in the model. Where available, organisations may internally approve up to $10,000 per family per annum. For expenditure above $10,000, organisations must seek approval from their Agency Performance and System Support (APSS) adviser. Where the expenditure is above $30,000, APSS must

* gain endorsement from their Area Director and
* consult with the Family Services Policy team.

## System Enabler funding - Program development

### Program development funding in Service Agreements

Integrated Family Services includes a percentage of ‘Program Development’ funding. It is funded via the ‘System Enabler’ activity. The System Enablers activity also fund Child and Family Alliances (including ACCO voice) and Early Childhood Development Coordinators.

Where funding does not fit one of the above (e.g., once off funding for a special project), organisations should account in line with the principles of this activity. For example, provide a half yearly and an end-of-year acquittal.

### Principles of program development funding

Family Services practitioners work in a system focused on becoming more evidence-based.

In the reform context, program development funding is an increasingly important system enabler. It aims to support practitioners and add value to the service system at the local level.

The acquittal process enables this important resource to be visible at the local level and used to:

* develop workforce capabilities to meet the needs of families
* develop tools and evidence for programs that improve outcomes in family services

Program development funding should efficiently and systematically contribute to continuous service improvement. Gains made using Program Development funding should be shared for the best interests of children. To avoid creating barriers to the use of program development funding:

* Where possible, rights to material developed with program development funding should be held by the commissioning organisation/Alliance rather than specialists engaged to develop materials
* Products and materials developed through program development funding should (where possible) be available free of charge to Alliance members and other family service organisations

Program Development funding is not intended for use for developing materials that generate income sources, for example via licencing fees.

### Use of program development funding

Examples of Program Development funding use:

* training in skills specific to Family Services for family services staff
* reflective supervision by a clinical expert
* specialist/expert input into resource and material development
* external specialist input into program design, evaluations or reviews.

Program development should not be used for:

* training for non-family services practitioners, unless it is strategically necessary or important
* Supervision by a line supervisor
* Salary, EFT or employment of case management staff, or to cover staff overheads such as leave or travel. These arrangements should be allowed to appropriately wind up in ways that do not negatively impact affected staff
* Development of materials where there is no intention to share those resources within the Child & Family system
* Client support or groups. All client delivery should use Individual Child & Family Support funding.
* Community development or education sessions.

### Allocation of program development funding

Some Alliances pool their program development funding. In other areas each organisation manages their allocation at area level. Regardless Alliances should use local organisational strategic planning processes to inform priorities. Where funding is utilised centrally, funding must still be acquitted at the area level.

Allocations support priority objectives and reflect principles of Aboriginal self-determination.

## System Enabler funding - Evidence based program development

### Evidence based program development in Service Agreements

Evidence-based program development funding is also referred to as implementation support funding. PFF and FPR Response programs use this under System Enablers activity number 31436. It supports organisational capability to sustainably embed implementation science approaches into service delivery. This includes the implementation coordination role, which supports evidence to be a core function of agencies delivering FPR Response.

### Use of evidence based program development funding

The key expectations of evidence based program development funding includes

* having an identified implementation coordinator role/part role
* using funding in ways to support data led decision making.

#### Implementation coordinator role/part role

The funding requires a role or part role within the organisation to be the key contact for implementation coordination. This role will drive and sustain the successful service implementation in the organisation. They will champion the use of active implementation strategies, and focus on implementation quality. Support and capability building will be provided to this role through implementation science leads.

The responsibilities of the coordinator role may vary depending on targets. Some of the key activities may include:

* establishing and supporting a local implementation team (LIT) to drive implementation
* co-facilitating regular (fortnightly or monthly) LITs, with support from an Implementation Lead and Practice Lead/Cultural Practice Lead
* establishing an implementation plan, guided by the LIT and other relevant stakeholders
* Working with mobile implementation teams to champion implementation activities
* engaging all levels of the organisations to support implementation processes by
  + keeping staff informed about plans and progress
  + engaging leadership to champion approaches and
  + enabling teams in implementation activities such as training and coaching
* supporting positive data collection methods and facilitating access to agency specific data to inform monitoring and continuous quality improvement
* establishing relationships and feedback loops between the LIT and local operational governance groups.

#### Other options for use of this funding - supporting data led decision making

This funding can also support activities such as

* sourcing outcomes tool licensing and training
* embedding monitoring systems to support data-led decision making and implementation.

Data-led decision making is key to strengthening the service system. Agencies have been asked to select outcome measures to monitor the progress of families accessing the FPR Response. The implementation support funding may support data-led decision making via:

* outcomes tool licences
* outcomes tool training
* data capture software/training
* data analysis software/training.

Evidence based program development funding should not be used for:

* quality improvement activities parallel or separate to the funded programs. For example, setting up data monitoring system for another program
* direct funding to engage or support families. The flexible funding policy covers this

Case by case consideration will be given to professional learning or tools to enhance practice skills. For example, parent support programs or family safety training.

### Allocation of evidence based program development funding

Evidence based program development funding is an amount allocated per target and is in addition to service delivery funding.

# System and organisational requirements

## Service planning

Organisations will take part in the strategic planning of their Alliances. Planning must align with relevant local and statewide planning mechanisms.

Organisations will have operational planning processes in place to

* implement and monitor progress against the objectives in the strategic plan
* manage resources and
* measure outcomes.

These processes will be informed by changing community and client needs.

To support their Alliance’s strategic plan, organisations will collect data to monitor service access patterns. Organisations will use this to inform planning, ongoing service review and quality improvement.

Organisations will also actively participate in local, regional and statewide service redevelopment and evaluation activities.

Further information is found in the Alliance planning and oversight policy for [Child and Family Alliances](https://providers.dffh.vic.gov.au/alliance-planning-and-oversight-policy-child-and-family-alliances-word)[[11]](#footnote-12).

## Collaboration and partnerships

Organisations collaborate widely, including with

* universal, secondary and specialist services
* cultural and Aboriginal-specific services
* child protection and care services.

Collaboration occurs in assessment, planning and action.

Organisations will form referral pathways with relevant agencies to transition families to appropriate services. They ensure use of appropriate referral pathways are in place when significant wellbeing or safety concerns exist for a child.

Organisations will develop mutually respectful partnership agreements and/or memorandums of understanding with relevant service partners. This will help to clarify roles, responsibilities and consultation arrangements and facilitate collaborative casework practice and earlier intervention.

## Meeting the needs of Aboriginal children and young people

Organisations will promote the cultural competence of management, staff and carers to work with Aboriginal families. They will apply appropriate policies, processes and/or practice guidelines to support this.

Organisations will collect information on the cultural identity of clients.

Organisations will install protocols to establish respectful and collaborative partnerships between Aboriginal and mainstream services.

Please refer to the [Human Services Standards Aboriginal culturally informed resource tool](https://providers.dffh.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word)[[12]](#footnote-13).

## Meeting the needs of children and young people from culturally and linguistically diverse communities

Organisations will promote the cultural competence of management, staff and carers to work with culturally and linguistically diverse families. They will apply appropriate policies, processes and/or practice guidelines to support this.

Organisations will collect information on the cultural identity of clients, including country of birth, language, and communication needs.

Organisations will have protocols in place to establish mutually respectful and collaborative partnerships between culturally and linguistically diverse and mainstream services.

## Meeting the needs of children, young people and families, where a family member has a disability

Organisations will be sensitive to the needs of children and parents with a disability including:

* seeking to understand the impact of the disability on children and families
* providing a flexible service that recognises the strengths and wishes of the person with a disability
* supporting parents with a disability to develop skills through modelling, practice and feedback
* understanding the National Disability Insurance Scheme (NDIS) and supporting families’ access
* understanding the Early Childhood Early Intervention services and supporting families’ access
* seeking secondary consultation from disability organisations where required.

Family services specialist disability practitioner roles build expertise across the family services system. The roles will assist people to access disability supports and participate effectively in the NDIS.

For more information about the [NDIS in Victoria in your area](https://www.vic.gov.au/ndis/rollout-in-victoria.html)[[13]](#footnote-14), visit the Victorian Government website.

## Continuous learning and quality improvement

Family Services are progressively moving towards an evidence-based approach to practice. This includes incorporating evidence-based programs and approaches into existing services. Evidence-based practice will be continuously developed throughout family services.

Organisations will continually explore better ways of providing services through:

* planning
* learning opportunities
* evidence-based practice
* professional development
* participation in evaluations.

Organisations will use feedback and data support wider organisational improvement.

Organisations will report critical client incidents to the department according to departmental instructions. Organisations will have systems to review aggregated reports to learn from and prevent the reoccurrence of serious incidents.

For more information regarding the [Client incident management system](https://providers.dffh.vic.gov.au/cims)[[14]](#footnote-15), visit our Providers website.

## Operational management requirements

Organisations will set in place service coordination mechanisms such as:

* information sharing and management
* complaints and allegation management
* client feedback
* human resource management
* dispute resolution
* prioritisation and allocation
* community education.

## Child safe standards

Under the *Child Wellbeing and Safety Act 2005*, family service organisations must implement Child Safe Standards, to protect children from harm.

Victoria’s Child Safe Standards are a set of mandatory requirements to protect children and young people from harm and abuse. There are now 11 Child Safe Standards which are consistent with national child safe standards. These provide clear expectations of minimum requirements and outcomes for organisations. The Commission for Children and Young People has powers to act where an organisation may not be compliant with the standards.

For more information, see the Commission for Children and Young People [Child Safe Standards website](https://ccyp.vic.gov.au/child-safe-standards)[[15]](#footnote-16).

## Information sharing

Organisations will have information sharing policies in place that comply with the Act, *Information Privacy Act 2000, Health Records Act 2001, Health Services Act 1988* and relevant departmental guidelines.

Organisations will maintain accurate and comprehensive client records.

Organisations will share information appropriately with other services in line with the Family Violence and Child Wellbeing Information Sharing Schemes.

### Family Violence Information Sharing Scheme

A family violence information sharing scheme operates under Part 5A of the *Family Violence Protection Act 2008* and the *Family Violence Protection (Information Sharing) Regulations 2018*.

The scheme began on 26 February 2018. It authorises a select group of prescribed information sharing entities, including all community-based child and family services, to share information between themselves for family violence risk assessment and risk management.

The scheme does not interfere with existing legislation that allows information to be shared, such as privacy or child protection legislation.

For more information, see the [Victorian Government website](https://www.vic.gov.au/family-violence-information-sharing-scheme)[[16]](#footnote-17).

### Child Information Sharing Scheme

The Child Information Sharing Scheme authorises prescribed professionals and organisations to share information to promote the wellbeing and safety of children. This Child Information Sharing Scheme commenced in September 2018.

The Scheme enables professionals to share information to identify vulnerability and risk earlier.

For more information, see [Child Information Sharing Scheme](https://www.vic.gov.au/child-information-sharing-scheme)[[17]](#footnote-18).

## Records, knowledge and information management

Organisations will ensure physical and electronic documents are stored securely. Organisations will ensure all documents can only be accessed by appropriate management and staff.

Organisations will manage all personal information in accordance with the *Information Privacy Act*, the *Health Records Act*, the *Children, Youth and Families Act* and their service agreement (where applicable).

Organisations will collect data and client information in line with the reporting and accountability requirements in the service agreement and other departmental guidelines.

Organisations will store client records and information safely and securely at the closure of the case. Organisations will ensure retrieval of data occurs according to legislative requirements and departmental policy.

Current and former clients of family services will be able to access and update information regarding services provided to them in line with the freedom of information provisions and requirements, *Health Records Act* and *Information Privacy Act*.

## Complaint and allegations management

Organisations will have documented procedures in place for managing complaints and allegations. The procedures will meet all legislative and departmental guidelines including Victoria’s Reportable Conduct Scheme.

The Reportable Conduct Scheme requires some organisations, including family services, to

* respond to allegations of child abuse (and other child-related misconduct) made against their workers and volunteers and
* notify the Commission for Children and Young People of any allegations.

For more information, see the [Commission for Children and Young People Reportable Conduct Scheme](https://ccyp.vic.gov.au/reportable-conduct-scheme)[[18]](#footnote-19).

Organisations will have processes to respond to allegations of misconduct or abuse. These processes will prioritise protection of children and young people from future harm.

Organisations will maintain a written record of all:

* complaints and allegations
* actions taken
* outcomes.

### Failure to protect

A ‘failure to protect’ criminal offence applies where there is a substantial risk that a child under the age of 16 under the care, supervision or authority of a relevant organisation will become a victim of a sexual offence committed by an adult associated with that organisation. A person in a position of authority in the organisation will commit the offence if:

* they know of the risk of abuse and
* have the power or responsibility to reduce or remove the risk and
* negligently fail to do so.

More information about the failure to protect offence is available on the [Department of Justice and Community Safety website](https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-protect-a-new-criminal-offence-to)[[19]](#footnote-20).

### Failure to disclose

A 'failure to disclose’ criminal offence applies to any adult who fails to report a reasonable belief to Victoria Police that a sexual offence has been committed against a child under the age of 16, unless there is a reasonable excuse for not doing so.

More information about the failure to disclose offence is available on the [Department of Justice and Community Safety website](https://www.justice.vic.gov.au/safer-communities/protecting-children-and-families/failure-to-disclose-offence)[[20]](#footnote-21).

## Client feedback

Organisations will have a feedback system in place to allow for people to provide views on the funded organisation’s management and service delivery.

Organisations will define the standard of service that children, young people and families can expect to receive. Organisations will make the information about that standard accessible to them.

Organisations will maintain appropriate records of client feedback. They will use this information to inform service planning.

## Staffing competency, recruitment and pre-employment checks

Organisations will have policies, processes and/or practices in place to ensure staff (including volunteers) have the required skills, qualifications, knowledge, values, competencies and cultural competence for their positions and responsibilities to meet the needs of infants, children, youth and families.

Organisations will promote professional development to enable staff capability uplift.

Organisations will monitor and analyse staffing numbers and recruitment. Organisations will recruit staff where vacancies occur.

Organisations will have a staff recruitment strategy in place that considers:

* the individual and cultural (including disability) needs of a client group
* increasing the number of Aboriginal staff available (as required in the service area)
* increasing the number of culturally and linguistically diverse staff (as required in the service area)
* enables the organisation to meet targets and their service agreement obligations
* highlights the roles and expectations of staff, the organisation and the department
* specific training requirements for staff according to their cohort. For example, early childhood qualifications for parenting services.

Organisations will ensure all applicants for staff positions are subject to pre-employment screening. Assessment includes:

* direct contact (either face to face or telephone contact)
* two referees to confirm the applicant’s suitability, including contact with the most recent employer
* completion of a police records check and up-to-date Working with Children Check. For international applicants, an international police check is conducted. When this is not possible, two referee checks are arranged from the country where the applicant spent time.

## Staff training, development and supervision

Organisations will have policies and procedures to provide accessible pre-service, induction and ongoing training. This will be provided for management, staff and volunteers to enable them to effectively perform their roles and meet client needs.

Organisations will facilitate staff supervision. Organisations will have and regularly review policies which support supervision details and responsibilities. Organisations will specify that each staff member has an appropriately skilled supervisor.

Organisations will review staff performance regularly to identify staff learning needs.

## Resolving differences

Organisations will support effective and timely resolution of disputes impacting on service delivery. Organisations will have processes, policies and protocols to enable this.

Organisational approaches will encourage cooperation and mutual respect in resolving differences.

Organisations will prioritise children’s best interests in any dispute resolution process.

Organisations will make every attempt to deal with issues and differences of opinion between services at the local level. Discussions will be made in good faith by those concerned, with the aim of resolving the matter at this level.

Organisations will maintain appropriate records of resolution processes undertaken.

## Prioritisation, allocation and demand management

Organisations will target and prioritise their services to vulnerable children and families most in need. This includes:

* families where children have been exposed to multiple and co-occurring risk factors
* those who without appropriate support are likely to progress further into the statutory system.

Organisations will determine the priority of response for children, young people and families based on their needs and the best interests. This will be done according to specific practice instructions (see Practice Requirements section).

Organisations will have processes to monitor and improve the timeliness of responses to children, youth and families. They will actively respond to changes that may impact on demand for services and their capacity to respond.

## Community education

Organisations will share knowledge and information about their services. They will advocate for their clients by participating in local professional and community education initiatives.

Organisations will promote their service to the community, including information about:

* service eligibility
* service access
* service constraints.

## Data reporting

Organisations will collect service data and provide data reports to the department according to their service agreement and/or practice requirements.

Service data is used to inform:

* government about performance, accountability and the value of its investment in services delivered to vulnerable children and families
* the department about the progress of legislative and policy implementation
* community service organisations about client needs, service capacity, service planning, operational management and service coordination
* practitioners and managers about allocation, prioritisation, supervision, workload and service responses.

# Client care requirements

These requirements relate to the responsibilities of funded organisations to:

* support the safety, wellbeing and development of vulnerable children and young people, and
* provide services that respect and respond to their individual needs contexts.

## Best interests

Organisations’ primary focus is the best interests of the child or young person. The Best Interests principles outlined in the Act underly the family service approach. Section 10 of the Act states:

* the best interests of the child must always be paramount
* when determining whether a decision or action is in the best interests of the child, the need to protect the child from harm, to protect their rights and to promote their development (taking into account their age and stage of development) will always be considered
* in determining what decision to make or action to take in the best interests of the child, consideration will be given to the following, where they are relevant to the decision or action:
  + the need to give the widest possible protection and assistance to the parent and child as the fundamental group unit of society, and to ensure that intervention in that relationship is limited to that necessary to secure the safety, and wellbeing of the child
  + the need to strengthen, preserve and promote positive relationships between the child and the child’s parent, family members and persons significant to the child
  + in relation to an Aboriginal child, the need to protect and promote their Aboriginal cultural and spiritual identity and development by, wherever possible, maintaining and building their connections to their Aboriginal family and community
  + the child’s views and wishes, if they can be reasonably ascertained, will be given such weight as is appropriate in the circumstances
  + the effects of cumulative patterns of harm on a child’s safety and development
  + the desirability of continuity and permanency in the child’s care
  + the desirability of making decisions as expeditiously as possible and the possible harmful effect of delay in making a decision or taking an action
  + that a child is only to be removed from the care of their parent if there is an unacceptable risk of harm to the child
  + if the child is to be removed from the care of their parent, that consideration is to be given first to the child being placed with an appropriate family member or other appropriate person significant to the child, before any other placement option is considered
  + the desirability, when a child is removed from the care of their parent, to plan the reunification of the child with their parent
  + the capacity of each parent or other adult relative or potential caregiver to provide for the child’s needs and any action taken by the parent to give effect to the goals set out in the care plan relating to the child
  + contact arrangements between the child and the child's parents, siblings, family members and other persons significant to the child the child’s social, individual and cultural identity and religious faith (if any) and the child’s age, maturity, sex and gender identity
  + where a child with a particular cultural identity is placed in care with a caregiver who is not a member of that cultural community, the desirability of the child retaining a connection with their culture
  + the desirability of the child being supported to gain access to appropriate educational services, health services and accommodation, and to participate in appropriate social opportunities
  + the desirability of allowing the education, training or employment of the child to continue without interruption or disturbance
  + the desirability of siblings being placed together when they are placed in care.
* Any other relevant consideration.

The focus on the best interests of children effectively places the child in the context of their family as the client for family services. The child’s best interests are assessed based on the policy and legislative provisions outlined above. Family services will position outcomes for the child as the focus for interventions.

## Best interests case practice model

The Best Interests Case Practice Model informs professional practice in family services, Child Protection and placement services. It provides a foundation for working with children, unborn children, young people and families.

A [summary guide](https://www.dffh.vic.gov.au/publications/best-interests-case-practice-model-summary-guide)[[21]](#footnote-22) on the model is available on the department website. It helps practitioners find relevant, concise and useful information. The model shows the stages of practice: assessment, planning, action and review.

### Assessment

In undertaking a child and family assessment, organisations will:

* consider the child’s strengths, risks and needs, within the context of their family and community
* ensure assessments are in accordance with the Best Interests Case Practice Model and summary guide
* conduct the assessment in a timely manner
* continue the process of assessment over time to respond to changing needs
* consider the child or young person’s:
  + health and developmental history
  + experience of abuse and neglect (including cultural abuse)
  + protective history and reports to Child Protection
  + protective histories and experiences of siblings.

Organisations will report any escalation of concerning behaviours that may place the child or young person at unacceptable risk.

### Planning

Organisations will use assessments to develop a plan for children and families.

The length and complexity of the plan will vary according to child and family needs. Each plan may contain separate goals for each child within the family.

Organisations will ensure each person involved in planning receives a copy of a plan and understands the contents.

### Action

Organisations will implement strategies in line with relevant plans. Organisations will ensure plans are updated to reflect changing circumstances.

### Review

Organisations will review the effectiveness of supports in meeting the goals of the outlined plans.

The summary guide is supported by specialist practice resources. These provide a comprehensive approach to understanding the best interests case practice model. The specialist resources can be found on the [Best interest case practice model page](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model)[[22]](#footnote-23) of the Child Protection Manual website.

## MARAM framework

The Family Violence Multi-Agency Risk Assessment and Management (MARAM) framework forms Part 11 of the *Family Violence Protection Act 2008* (FVPA). The framework aims to establish a system-wide shared understanding of family violence. It guides professionals on the full range of presentations and spectrum of risk. It covers the full continuum of service delivery, from screening through to recovery.

The objectives of the MARAM framework are to:

* Increase the safety of people experiencing family violence
* ensure the broad range of experiences, seriousness and risk are represented
* ensure the broad range of diverse identities and communities are represented
* keep perpetrators in view and hold them accountable for their actions and behaviours
* guide use of the framework across a broad range of sectors
* ensure consistent use of the framework across these organisations and sectors.

Family services organisations are prescribed ‘framework organisations’ by the FVPA. Organisations must ensure they align their policies and processes to the MARAM framework.

More information about the MARAM framework can be found on the [Victorian Government MARAM page](https://www.vic.gov.au/maram-practice-guides-and-resources%3e)[[23]](#footnote-24).

## Flexible responses

Organisations will provide services of appropriate intensity to children and families’ needs. Organisations are funded for ‘targets’ of varying intensity. Each target represents an episode of support.

Individual Child and Family Support includes sub activities of varying intensity. These sub activities allow organisations to deliver flexible, needs based supports. Organisations can flex support up and down depending on the family’s needs.

Family Services sub activities can be used for all vulnerable children and their families.

* Brief intervention (10 hours) - Family Services
* Foundation (40 hours) - Family Services
* Sustained (110 hours) - Family Services
* Intensive (200 hours) - Family Services

Placement prevention and reunification sub activities are for children and their families requiring a more intensive service response.

* Sustained (110 hours) - Preservation and Reunification
* Intensive (200 hours) - Preservation and Reunification

## Service environment

Service delivery hours will respond to the needs of children, young people and families and align with service agreements. Some service responses will occur outside the normal business hours of 9am to 5 pm. These outside hours will support contact and engagement with all family members.

Organisations will work with families to develop strategies to help manage potential crises that may occur outside of regular working hours.

Organisations will ensure the service environment is safe for children, young people and families. Organisations will have guidelines to support this.

Organisations will use culturally, developmentally and age-appropriate resources and symbols.

## Inclusive practice

Organisations will engage in a partnership approach in working with children and families. This includes

* promoting positive engagement
* relationship building
* inclusive practices that respond to children’s
  + individuality
  + age and developmental stage
  + communication needs
  + cultural background
  + context of their family and community.

Organisations will engage children and families in assessment, planning and decision making.

## Building capacity

Organisations will use strategies to build parents’ capacity, including strategies to:

* assessment of parent capabilities in the context of family composition and dynamics
* build parent understanding of childhood development
* engage parents and families to improve parenting and care giving skills
* assist parents and families to support children and young people through key transitions.

## Family and community connectedness

Organisations will support children and families to access the right services for their needs.

When a child or young person is in care, organisations will support family contact that is:

* in the best interests of the child and young person
* in accordance with statutory court orders.

Organisations will support the creation and maintenance of community connections.

## Responding to diversity

Every stage of involvement will recognise the existence of individual diversity. Policies, procedures and practice guidelines will be in place to support this approach. Organisations will tailor strategies to be culturally safe and respectful of these differences.

Organisations will clearly outline specific considerations when working with diverse populations. For example, the use of interpreters.

Where required, organisations will notify carers/staff of a child’s cultural or religious requirements. This may include specific dress or cultural practices.

In working with culturally and linguistically diverse groups, organisations will:

* develop strategies to support the cultural needs of families from culturally and linguistically diverse backgrounds, especially recent arrivals. They will establish referral pathways and networks with culturally and linguistically diverse services
* consider issues of unresolved trauma, grief and loss in refugee and migrant families
* consider the impact of traditional parenting practices on the care-giving role of the parents
* develop an understanding of cultural identity and culturally specific practices. Where required, they will consult with culturally specific services and/or local communities
* work in partnership with culturally and linguistically diverse organisations
* provide learning opportunities to enhance the cultural competence of staff

Organisations will consult with disability services in working with parents who have a learning difficulty or an intellectual disability.

Organisations will adopt a respectful approach to working with young parents. Organisations will recognise their rights to individuality and autonomy.

## Respecting Aboriginal children and young people’s identity

Organisations will emphasise the need for engagement that respects Aboriginal cultural identity. Organisational policies, procedures and guidelines will support this approach. Organisations will tailor strategies and interventions to be culturally safe and respectful.

When working with Aboriginal families, organisations will adopt a holistic approach that encompasses:

* social, emotional, spiritual, cultural wellbeing
* the person in the context of their community

In working with Aboriginal children and families, organisations will be required to:

* identify the Aboriginal and Torres Strait Islander status of all family members
* seek information about the involvement of any Aboriginal services
* explore the role of extended family, clans and kinship networks
* actively engage family and community in planning and decision making
* actively engage and sustain engagement with Aboriginal services
* establish referral pathways between mainstream and Aboriginal services
* develop joint agreements with Aboriginal services for sustainable engagement strategies
* develop effective partnerships with Aboriginal community-controlled organisations
* develop service models in partnership with Aboriginal community-controlled organisations and Aboriginal communities
* incorporate the principles outlined in the [Human Services Standards Aboriginal culturally informed resources tool](https://providers.dffh.vic.gov.au/human-services-standards-aboriginal-culturally-informed-resource-tool-word)[[24]](#footnote-25).

Aboriginal children and their families may choose to use mainstream services. In this case, Aboriginal services will provide secondary consultation, skill development and support in delivering culturally competent service.

## Promoting safety

Organisations will promote the use of interventions consistent with the Best interests case practice model and summary guide in promoting safety.

## Promoting permanency and connectedness

Organisations will promote the use of interventions consistent with the Best interests case practice model and summary guide in relation to:

* the permanency of infants, children and young people
* maintaining connections with parents, family, carers, school, siblings, peer group, community and culture.

## Promoting development

Organisations will adopt strategies in accordance with the Best interests case practice model and summary guide regarding:

* health
* emotional and behavioural development
* education and learning
* continuity of relationships – including family, siblings, friends and social relationships
* identity – including personal, gender, cultural and religious identity and sexual orientation
* cultural identity and development – including family and community connections of Aboriginal children and young people, and children and young people from culturally and linguistically diverse backgrounds
* self-awareness and social presentation
* self-care skills, independence and problem solving.

## Service access and engagement

Organisations will operate a proactive model of service engagement. Assessed likelihood of engagement should not impact program eligibility.

Organisations will have procedures and guidelines to support assertive engagement strategies.

Organisations will promote service engagement through many means including:

* relationship-based home visiting
* collaborative work with the referring agency or the community based child protection practitioner
* strategies to maintain engagement of the family in the longer term.

Organisations will promote engagement with underrepresented groups. This will include Aboriginal children and families, and families from culturally and linguistically diverse backgrounds.

Organisations will promote engagement with all family members, including fathers, where appropriate.

Organisations will promote engagement with LGBTIQA+ families. To respond to families with LGBTIQA+ parents, carers or children, services should:

* be aware of and use relevant terms and language
* explore parent roles
* recognise that LGBTIQA+ family members may experience negative attitudes.

More information is on [Victorian government Inclusive Practice page](https://www.vic.gov.au/inclusive-language-guide)[[25]](#footnote-26).

Organisations will analyse stakeholder feedback to improve service engagement approaches.

# Governance

## Child and family services alliances (Alliances)

Alliances are a family services governance structure. They have been established to help child and family services operate effectively at a local level. Alliances include:

* Orange Door
* all funded family services
* Child Protection
* departmental partnerships staff
* where capacity exists, Aboriginal community-controlled organisations.

Child and family services Alliances are responsible for:

* planning
* operational management
* service coordination in the sub-regional catchment.

A memorandum of understanding will be in place between all family services within the catchment. It will describe organisations’ roles and responsibilities in the Alliance.

Organisations will implement, monitor and review the local agreements between the Orange Door, Child Protection and family services. Policies and/or procedures will be in place to support this.

The organisation will develop clear linkages and processes with other referral agencies in the local area. They will place an emphasis on those services that have a role in working with vulnerable children and their families.

Please refer to the [Strategic framework for family services](https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf)[[26]](#footnote-27) for further information.

### Alliance planning

Alliance partners will develop and implement an Alliance plan for their catchment.

Alliance planning includes developing local strategies that lead to:

* a more integrated and coordinated service system
* earlier intervention and prevention
* strengthened referral processes and pathways
* improved culturally competent services for Aboriginal people
* a focus on quality improvement and
* improved training and workforce planning.

Signatories of the Alliance plan will be:

* senior area department representatives
* Child Protection
* Orange Door
* family services organisations.

Priority areas and measures outlined in Alliance plans will be monitored and reported on. This will occur through the Bi-annual Alliance Oversight and Governance meetings.

Further information can be found in the [Alliance planning and oversight policy for Child and Family Alliances](https://providers.dffh.vic.gov.au/alliance-planning-and-oversight-policy-child-and-family-alliances-word)[[27]](#footnote-28).

### Child and family Alliance facilitation

Alliance facilitation will occur under the direction of the Alliance partners, and will:

* develop and review memorandums of understanding defining governance arrangements of Alliances
* help align family services practice approaches with identified needs
* support and help implement Alliance planning
* coordinate data collection across the alliance
* develop and maintain partnerships with other relevant sub-regional catchment networks, partnerships and services
* support and facilitate workforce development and training
* develop agreed protocols with Aboriginal services that detail arrangements and referral pathways for Aboriginal children, young people and families
* promote collaborative models of service provision, multidisciplinary and cross-sectoral family services responses.

### Demand management

The organisation will contribute to the Alliance demand management strategy and its implementation

The organisation will participate in collaborative planning with the Alliance to manage demand. The Orange Door will have a coordinating role in this process.

Organisations will consider the value of ‘active holding responses’ if relevant. Active holding involves short-term work with families, before allocating to family services.

The organisation will review and prioritise ‘active holding’ cases alongside new and existing referrals.

# Practice requirements

These practice requirements relate to each of the activities in scope. Practice requirements are in addition to the overarching program requirements.

## Early Help Family Services

Early Help Family Services (EHFS) provide support to parents and the other important adults in children’s lives. The services strengthen capacity to provide safe and nurturing environments for children. The goal of EHFS is to

* identify families experiencing disadvantage, stress or isolation and
* connect them with relevant supports before problems become entrenched.

### Service delivery context

Registered Family Service providers (including ACCOs) deliver EHFS through partnerships with universal service providers. Family Services practitioners delivery EHFS at universal service sites. EHFS providers work with the universal service to support specific parents and carers attending the site.

### Outcomes

The intended child and family outcomes for EHFS are:

* improvements in the quality of parent child interactions
* increased parental confidence and competence to respond positively to parenting challenges
* increased parental awareness of self-care
* improved participation in Maternal and Child Health (MCH), kindergarten, and school
* increased parental social connection
* increased confidence of universal staff to support families with emerging needs.

### Target group

The target group for EHFS is:

* families with emerging needs, with
* children aged from birth to 18 years and
* participating in universal services, including early childhood education and care services, primary and secondary schools, and MCH services.

The age cohorts are:

* birth to 3 years
* children, 3 to 5 years
* children, 5 to 12 years
* young people, 13 to 18 years.

### Individualised support

The EHFS practitioners may provide individualised support to families:

* where families seek support from the EHFS practitioners located at the universal service
* as a follow up to group activities
* where the universal service requests the EHFS practitioner to engage with the family.

This approach may assist families to navigate and connect with other supports. This can include speech pathology, mental health support or recreational activities.

The EHFS provider may refer the case to their own Integrated Family Services program if:

* families are assessed as requiring additional family support and
* they have formed a relationship with the service and
* capacity allows for a referral.

Providers must do this according to normal Alliance processes. They must adhere to Section 61 of the *Children, Youth and Families Act 2005* to prioritise services based on need. The department and organisations will monitor and review his approach as necessary.

If there are concerns for the safety and wellbeing of a child, EHFS practitioners may consult with Community-Based Child Protection practitioners. They may receive advice, information, joint risk assessment, safety planning and strategies to manage risk.

### Group based delivery

Group based delivery supports parents to build skills and confidence and enable mutual support and social connection. Approximately 10-20 per cent of group-based delivery should occur outside usual business hours. This is to ensure access for all parents.

Groups can include:

* EHFS practitioner led parent groups – delivering evidence-based content to families engaged with the universal service. Can be one-off topics or issues based, or a series of groups addressing several issues.
* Community based parenting education groups – led by the EHFS practitioner. Evidence-based content for families engaged with the universal service and in the community surrounding the universal service. Can be topic based or delivered as a series of groups addressing a range of parenting issues. Available to the broader community.
* Peer support groups – to provide social connection and mutual support opportunities for families. The EHFS will establish and initially run peer support groups. The EHFS practitioner may continue to support but ideally families will take on this role.

### Community connection

Community connection involves connecting families to informal supports. This includes peer support groups, recreational, sporting, or other social activities.

### Capacity building in the universal service

Universal services staff can access individual or group-based education. Education can assist providers to maintain families’ positive participation in universal services.

### Flexible funding

Providers can access flexible funding for material aid and to assist families’ connections to services and community supports.

The amount and purpose of flexible funding allocations will be recorded using the Family Service Flexible Funding Acquittal Tool.

## Integrated Family Services

The Strategic Framework for Family Services (2007) provides the detail on these program requirements. These program requirements should supplement, not replace, the strategic framework.

Refer to the [Strategic framework for family services](https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf)[[28]](#footnote-29) for further information.

### Referral source

The Orange Door will accept referrals from professionals and the community, including self-referrals.

The Orange Door may receive referrals where there is a significant concern for the wellbeing of a child or unborn child.

Aboriginal children and families are more likely to access the organisations they know and trust. Intake arrangements will be flexible to ensure Aboriginal children and families can access timely support.

### Referral criteria

The target group for family services is vulnerable children and young people from pre-birth up to and including 17 years of age, and their families, who are:

* likely to experience greater challenges from experiencing risk factors and/or cumulative harm
* at risk of concerns escalating if problems are not addressed, and
* likely to experience:
  + multiple risk factors and long-term chronic needs, causing high risk of developmental deficits
  + children, young people and families at high risk of long-term involvement in specialist secondary services. This includes for alcohol and drugs, mental health, family violence and sexual assault and homelessness services
  + cycles of disadvantage and poverty resulting in chronic neglect and cumulative harm
  + single/definable risk factors that need an individualised, specialised response, and/or
  + single/definable risk factors requiring specialised one-off, short-term or episodic assistance.

The target group for Integrated Family Services – Indigenous is vulnerable Aboriginal children and young people from pre-birth up to and including 17 years of age, and their families.

### Service access and engagement

The organisation uses a range of active engagement strategies to provide families with every opportunity to engage. The organisation helps engage vulnerable children and families who may not otherwise actively seek services.

Strategies to support initial engagement may include:

* face-to-face contact
* multiple follow-ups if there is no response
* active community outreach
* joint outreach with a trusted universal service, or in partnership with a community-based child protection worker.

The organisation will liaise with community-based child protection staff where there is significant concern about a child or young person.

The Orange Door operates a phone line between the hours of 9am and 5pm on weekdays, 52 weeks a year (excluding public holidays). The phone service after-hours message refers callers to Child Protection in emergency situations.

### Service response

Key requirements for The Orange Door local agency intake services will be to:

* receive referrals about significant concerns for a child or unborn child’s wellbeing
* provide information and advice to the referrer and/or the family
* complete a needs and risk assessment in consultation with Child Protection and other services
* undertake risk management and develop plans to reduce the risk to the child and/or adults
* identify the Aboriginal status of children and families and consult with an Aboriginal liaison worker (or Aboriginal community-controlled organisation)
* identify differentiated service responses for families related to the initial assessment
* actively engage with the child and family, as appropriate, to complete an initial assessment
* determine response and allocation priorities to integrated family services, in consultation with integrated family services and Child Protection (where required)
* participate in local professional and community education, as identified with the Alliance
* support families accepted for a family service response to receive a casework response.

Key requirements for the family service casework response will be to:

* undertake a child and family assessment
* actively engage with the child, young person and their family
* establish objectives and goals
* develop a child and family action plan
* implement, monitor and review the plan
* case closure.

The organisation will employ a range of interventions and multidisciplinary responses tailored to meet the needs of individual families. This may include, but is not limited to:

* in-home support and outreach
* short-term service response
* counselling and family mediation
* linkages to universal and other secondary services
* parental capacity building and skill enhancement
* ongoing support
* practical support
* group work
* family decision making.

The organisation undertakes the key role in the ongoing coordination of services. The organisation monitors goals within the child and family action plan, unless an alternative case manager agrees to these responsibilities.

### Assessment

The organisation develops a child and family assessment to consider the capabilities of parents, carers and families to provide effective care and promote the safety, permanency and development of children. Ongoing assessment is a critical aspect of service delivery, planning and regular case reviews.

### Planning

The service will develop and review a child and family action plan for each family which:

* identifies how the child’s safety, age, culture, gender and stage of development needs are being or will be met
* describes the family composition inclusive of all children
* describes family members, roles of extended family and environmental issues such as housing
* is based on a thorough assessment of the child and family’s strengths, needs and risks
  + the length and complexity will vary according to the child and family’s needs and capabilities
* identifies goals from a child-centred and family-focused perspective. Goals will support the safety, permanency and development of children and reflect the capability of parents/families
* delegates responsibility for tasks/goals and includes timelines
* includes case coordination across services, including roles and responsibilities of other services
* be discussed and agreed (where possible) with the child, young person and family

The child and family action plan is to be co-signed by the family and the family service.

Refer to the [Best interests case practice model and summary guide](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model)[[29]](#footnote-30) and [Strategic framework for family services[[30]](#footnote-31)](https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf) for further information.

### Review

The organisation will regularly review the child and family action plan. This should be done with the family, to ensure it remains relevant, addresses risk and upholds the family’s choices.

The organisation will engage the family in transition or exit planning. The organisation will ensure families are linked into an appropriate range of supports, such as universal and specialist services.

### Service duration and intensity

The intensity and duration of support will vary according to the needs of individual children, young people and their families. The service model includes both short term and long-term support.

### Flexible Funding

The Integrated Family Service response includes access to Flexible Funding.

See the End of year performance assessment and acquittal processes for family services section of these program requirements for more detail on allocation and acquittal of Flexible Funding.

### Relationship with Child Protection

The organisation should work closely with Child Protection.

Please refer to the [Procedural requirements for referral and consultation Child Protection, Child FIRST and Integrated Family Services](https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated)[[31]](#footnote-32) and local agreements for further information.

## Intensive Family Services

### Intent

Intensive Family Services aims to maintain children safely at home through holistic, strengthening supports. Intensive services are delivered in partnership, as appropriate, with Child Protection and partner agencies, that enable families to:

* build resilience to better manage their own needs and deal with crises
* maintain and strengthen connections to culture and community
* grow their capabilities and confidence to meet the needs of their children
* build active and sustainable networks of support
* support children to heal, grow and thrive
* achieve aspirations.

Intensive Family Services are:

* strength-based and relational. They value positive relationships for effective engagement, motivation and behaviour change
* trauma and violence informed. They empower families, and promote healing and recovery
* self-determining. They embed culturally informed practices with Aboriginal children and families
* risk astute. They reduce risk while strengthening family capabilities, improving child wellbeing and creating sustainable change
* responsive, inclusive, and collaborative. They work with families – including families from diverse groups – to support them to reach their full potential
* integrated and joined up. They work with other services and Child Protection as required, to meet case plan goals.

### Target group

Intensive Family Services has a focus on children (from pre-birth to 17 years) and their families. This includes:

* children with cumulative and escalating experiences of harm
* families with a history of non-engagement or early disengagement from earlier intervention services
* those experiencing frequent, repeated and escalating contact with crisis and statutory services
* those in circumstances where gains achieved in previous interventions have not been maintained beyond the short term.

The target group includes, but is not exclusive to:

* young parents
* pregnant women
* parents or children with a learning disability
* parents with a history of care
* families with multiple vulnerabilities such as social isolation, mental health issues, substance use and/or family violence
* families with multiple reports to Child Protection.

Intensive Family Services focuses on on family strengthening and preservation. They may also support reunification, where appropriate.

#### Targets for Transition of Aboriginal Children to ACCOs (TAC) initiative

Several Intensive Family Services targets have been allocated to ACCOs. This is in anticipation of increased referrals, generally to Family Services linked to two Wungurilwil Gapgapduir initiatives:

* On reunification of children in kinship care on family reunification orders (FROs) where:
  + the ACCO has case contracting responsibility (as part of the TAC initiative) and
  + the kinship contracted case manager cannot undertake the intensity of work required to achieve reunification
  + they make a referral to Family Services to enhance the support. See section 7.4 of [Transitioning Aboriginal children to Aboriginal community-controlled organisations - Transition guidelines](https://providers.dffh.vic.gov.au/sites/default/files/2018-10/Transitioning%20Aboriginal%20children%20to%20Aboriginal%20community-controlled%20organisations.docx)[[32]](#footnote-33).
* Families subject to an unborn child report to Child Protection referred to local ACCOs. The department has committed to developing referral pathways to connect all families subject to an unborn report to a local ACCO. The ACCO will engage with and assess the families’ needs. Referral pathways are under development at the time of the update to these program requirements.

Providers should record Intensive Family Services for these groups as Intensive Family Services on IRIS. These groups may alternatively be eligible and suitable for Integrated Family Services or the Family Preservation and Reunification Response. If so, they may be supported via, and recorded against, these programs.

### Service duration and intensity

Intensive Family Services provide an average of 110 or 200 hours of individual child and family support to families.

Supports are flexible, and scale up or down, based on children and families’ changing needs.

While the period of support may vary in intensity over time, a stepped down period should occur. This would be intended to support the gradual building of parent capability for problem solving. It would also encourage use of sustainable support networks. A period of transitional support can help families access and sustain engagement with relevant universal and community services. Where appropriate, this could be with a less intensive child and family service.

### Practice phases

#### Connection

Connections into Intensive Family Services are made through:

* Child Protection (including community-based Child Protection)
* The Orange Door.

Given the target group, most connections will likely occur via Child Protection. Connections from Child Protection can occur at various phases of intervention. During an investigation or protective intervention phase, timely connection can reduce the likelihood of repeated or progressive child protection involvement.

Connections may also occur through The Orange Door, if children and family meet the criteria. These connections will usually include consultation with community-based Child Protection.

If a possible statutory response is needed, Community-based Child Protection will report to Child Protection, in line with existing arrangements.

All connections into Intensive Family Services occur via local Alliances. Connections from Child Protection will not require a referral to the Orange Door and may go directly to allocations.

#### Understand and link up

Care teams should support children and families connected to Intensive Family Services. They should include Intensive Family Services, Child Protection and other agencies (where involved). Care team meetings should help to:

* gather information
* coordinate a shared approach to working with children and families
* define roles
* leverage resources and support.

Where involved, Child Protection are responsible for case planning and case management. The Intensive Family Services provider should contribute and may assume these responsibilities if Child Protection close. Case plans must reflect the intent, roles and responsibilities of the intervention.

Where care services are involved, Child Protection is responsible for regular case planning reviews. These should occur with the family, with support from the Intensive Family Services provider. In these circumstances, care team meetings should occur at a minimum once every six weeks.

Child and family action plans must be reviewed at regular intervals to assess the family’s progress towards achieving their goals. Children and families must actively participate in the planning and review process. The child and family action plan should guide all transitioning planning. Transition planning should occur with the family, focusing on connections to other supports.

Intensive Family Service providers will lead child and family action planning, with input from the care team. These plans must be family led, and include:

* self-identified goals
* expectations
* roles and responsibilities
* timelines, including for actions and reviews
* a focus on the developmental needs of each child and the support needs of the family.

Significant changes during Intensive Family Services intervention should prompt case plan reviews. Intensive Family Services should remain involved as appropriate where the child is placed in alternative care during the intervention. Necessary changes should be made to child and family action plans to reflect reunification activity.

Reunification activity and planning with the family is to start as soon as possible after the placement commences. Intensive Family Service providers will support the reunification planning process. This includes family readiness and engagement, and other appropriate interventions.

#### Build safety and empower

Intensive Family Service providers will work intensively with children and families. In partnership with care teams, they will deliver evidence-informed interventions to achieve family goals.

Intensive Family Services providers will use flexible funding and brokerage to support families. With this help, families can position themselves to achieve positive and enduring change.

#### Create opportunities

To create opportunities, family goals need to go beyond immediate need and risk. Child and family actions plans must also explore longer-term life opportunities and aspirations. This is to enable families to lead lives they value. This includes creating opportunities in:

* lifelong learning and study
* employment, mentoring and volunteering
* recreation or special interests
* social and community participation.

### Roles and responsibilities

#### Orange Door

The Orange Door may identify appropriate families for Intensive Family Services. This is usually done in consultation with community-based Child Protection.

The Orange Door must register all connections made via their service to Intensive Family Services. Where Child Protection identifies and connects a family directly, the Orange Door will still register the case. This ensures visibility of all cases at an area level.

#### Child Protection, including community-based Child Protection

Child Protection may or may not be actively involved for the duration of the Intensive Family Services intervention period.

Where Child Protection is involved with a family, it will:

* connect appropriate families as early as possible
* allocate a child protection practitioner (or a contracted case manager) to the family for the duration of involvement. If this is not possible, ensure active oversight by a Team Manager and seek to allocate as soon as possible
* include the details of the allocated child protection practitioner in the referral information
* engage in joined up practice with the Intensive Family Services provider, including:
  + a timely planning meeting (within one week of allocation) to discuss case plan goals and next steps
  + joint home visits
  + regular care team meetings
* continue involvement with families for as long as is necessary to manage concerns, in line with statutory obligations
* facilitate effective engagement with the Intensive Family Services provider.

Where Child Protection is no longer involved with a family, Community-Based Child Protection will support with joint visits, engagement and risk management.

#### Intensive Family Services providers

Intensive Family Service providers will:

* where Child Protection is open, notify allocated Child Protection practitioner of the identity of the Intensive Family Services practitioner within 48 hours of allocation
* lead care team processes for assessment, planning and review. Or, contribute to these processes, where statutory services are leading.
* work intensively with children and families to deliver interventions that
  + build parenting capacity, family functioning and problem solving skills
  + support community, social and economic participation
  + enable long term goals and aspirations
  + prioritise child safety, permanency, development and wellbeing.

#### Child and Family Alliances

Intensive Family Service providers should be members of their Child and Family Alliance.

Local Alliances will track service uptake, as well as demand, capacity and throughput. This includes processes and systems for allocation and prioritisation.

Alliances are responsible for system alignment and review. These processes enable Child Protection and The Orange Door to appropriately connect families with an Intensive response. It also allows for the reduction of duplication / double handling of referrals, wherever possible.

Local area arrangements, including connection pathways, will vary according to:

* needs
* conditions
* size
* structure of governance groups and providers.

Where size and scale permits, some areas may choose to appoint a key contact in Child Protection. This position can help facilitate Child Protection connections into Intensive Family Services.

### Data reporting

Intensive Family Services practitioners must record service delivery:

* in IRIS
* under the ‘Family Services’ case type
* using the funding source ‘Provisional 1’.

Providers will need to re-name in their IRIS database as ‘Intensive Family Services’. The IRIS helpdesk will provide further advice on how to request access to this funding source.

The practitioner must record the relevant CRIS number in IRIS to enable data linkage.

Intensive Family Services providers must also report service hours in Service Delivery Tracking.

At a later date, Intensive Family Services providers may be required to collect additional outcome information.

## Family Services with defined target groups

## Parenting Children with Complex Disability Program

The Parenting Children with Complex Disability Program (PCCD) is delivered across all department areas. The response supports families of children with complex disability needs. The program assists families who:

* need help to sustain care arrangements in the home, or
* have voluntary care arrangements outside the home due to the child’s disability needs.

Consistent evidence indicates these families are at higher risk of:

* stress, exhaustion, and poor mental health
* poor physical health
* social isolation
* financial difficulties
* challenges accessing mainstream supports, such as for education and health.

These factors can cause challenges for families in maintaining care arrangements. Issues like these leave families more vulnerable to the breakdown of care arrangements.

PCCD works with families of children with complex disability who require significant disability support. This includes providing culturally safe support to Aboriginal and culturally diverse families.

The program intent is to provide necessary support to enhance familial relationships and sustainability of care. The program aims to intervene early to strengthen families and prevent escalation of issues.

While not exclusive, many families supported by this program have children who are:

* in the adolescent age group (10-18)
* have an intellectual disability and/or autism spectrum disorder
* have severe challenging behaviours such as
  + emotional dysregulation and hyperactivity
  + absconding
  + aggression towards parents and siblings
  + self-injury
  + poor sleep habits.

### Program objectives

The objectives of the support delivered under the program are to:

* build family and parenting capacity
* help to limit the need for children to receive care outside of the home
* help parents navigate the NDIS. This includes advocating for funding to support family preservation or reunification goals
* support successful NDIS outcomes for families of children with complex disability support needs
* when the child is residing outside of the home, support
  + relationships between families and children
  + processes to support the child to safely return home (where appropriate)
* build relationships with local services, such as special developmental schools. In doing so, encourage early identification and provide early support to families.

### Target cohort

Families with a child or children (0-18) with complex disability support needs who:

* reside outside the family home due to their complex disability support needs and
* do not have statutory involvement

or

* require additional supports to sustain care in the family home and
* are unlikely to require a statutory response and
* have, or are likely to be eligible for, NDIS support. Clients who are not eligible for NDIS due to their visa type/status are still eligible for this program.

### Referral pathways

Program providers will work with department Disability Practice Advice teams to prioritise families. Disability Practice Advice teams consist of:

* a principal disability practice adviser (PDPA)
* a team of disability practice advisers (DPAs).

Proactive outreach and engagement with special development schools may occur. This may happen to improve early identification of children within the target cohort.

Referrals into the program may occur via:

* departmental Disability Practice Advice teams
* The Orange Door
* from within a provider agency.

External community service organisations should contact The Orange Door regarding potential referrals. The divisional PDPA or their delegate will endorse referrals to the program.

If the program exceeds capacity, organisations will review other available family service offerings to immediately support the family. Wherever possible, organisations should avoid placing families on a wait list for supports.

### Program targets

The program is based on a mix of sustained 110 hour and intensive 200 hour targets. The distribution of hours is flexible and can be used to support families based on needs. Additional periods of service may be required for some families.

### Flexible funding

Flexible funding per program target is available to support families. Use of flexible funding may include, but is not limited to:

* purchasing additional services to support interventions. For example, disability, psychological, neuropsychological, medical, drug and alcohol or paediatric assessment,
* attending to practical and material needs at short notice.

If the program flexible funding is fully exhausted, alternative sources should be used. This could include Intensive Family Services or Family Violence flexible funding.

## Family Services Specialist Disability Practitioner Program

The Family Services Specialist Disability Practitioner Program (FSSDP Program) funds two practitioners in all department areas. The FSSDPs support families to navigate systems of disability support. This includes the NDIS, disability advocates, disability service providers and mainstream services.

Practitioners also build both disability and NDIS expertise in the family services system. Where capacity allows, they provide support across the broader child and family system. The roles provide education and disability-related case consultations within each area. The capability building aspect of the role aims to support practitioners working in family services to:

* maximise the impact of disability supports available through the NDIS
* improve outcomes for children with disability.

The work of FSSDPs is based on the principles that families with disability experience additional vulnerability and should not be disadvantaged in accessing disability supports, particularly those funded through the NDIS.

### Program objectives

The objectives of the program are to:

* provide a flexible response to families
* recognise and support the strengths, dignity and desires of the person with a disability
* contribute to building family/parent capability and the sustainability of care
* help families identify disability support needs access the NDIS
* help families undertake NDIS disability-related goal setting and prepare for plan reviews
* build the capability of family services practitioners to support families with disability through:
  + understanding and using secondary consultation and referral pathways
  + helping families to navigate the NDIS to receive timely support.

### Target cohort

Families in scope will be eligible for a family services response and have a child (0-18) or parent with a physical, cognitive, psychosocial or sensory disability.

### Referral pathway

Referrals to FSSDP Program should occur via The Orange Door. This will ensure all referrals are appropriately allocated to organisations with program capacity. Inter-agency referrals are acceptable where appropriate in line with local procedures. Requests for secondary consultations can be made directly to specialist disability practitioners.

### Program targets and duration

Targets will be a mix of brief intervention, foundation, sustained and intensive. They are to be used flexibly, depending on family support needs. Additional periods of service may be required for some families.

Allocated targets and caseloads reflect the additional responsibilities of the roles to provide capability building, including consultations.

* It is anticipated that approximately 50% of the role will be providing sector consultations and support.
* Caseloads held by specialist disability practitioners should need more specialist disability expertise.

### Flexible funding

Flexible funding per program target is available to support families. Use of flexible funding may include, but is not limited to:

* purchasing additional services to support interventions. For example, disability, psychological, neuropsychological, medical, drug and alcohol or paediatric assessment,
* attending to practical and material needs at short notice.

If the program flexible funding is fully exhausted, alternative sources should be used. This could include Intensive Family Services or Family Violence flexible funding.

## Steps to Confident Parenting Program (pilot)

The Steps to Confident Parenting Program pilot (SCP) operates in the Barwon and Western Melbourne areas. The pilot aims to support parents with cognitive impairment or disability with a child at risk of requiring out of home care. The response provides a range of supports to promote sustainable parental capability and safety.

Cognitive impairment or disability includes:

* intellectual disability
* autism
* acquired brain injury
* dementia.

Cognitive impairment includes trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. It can range from mild to severe. Research indicates many parents with mild intellectual impairment/disability can learn the skills to provide for the health, safety and security of their children.

Funding is allocated to providers to deliver flexible and tailored support. This includes providing culturally safe support to Aboriginal and culturally diverse families.

The program provides:

* a multi-disciplinary team of dedicated family, early parenting and disability practitioners
* intensive home-based case-management
* a focus on addressing risk factors, as well as building strengths in families.

The integration of supports aims to create sustainable care and safety, including cultural safety.

The program is provided by Meli for parents residing in the Barwon area and cohealth for parents residing in the Western Metropolitan area. Both agencies also refer parents for targeted interventions to:

* Tweddle Child and Family Health Service - children aged 0-3
* Gateways Disability Support Services (Barwon) or cohealth (Western) - children aged over 3.

### Program objectives

The objectives of the program are to:

* support parents to care for their child’s health, safety, stability and development
* link parents with longer-term formal and informal support networks.
* build sustainable care arrangements, particularly at important family transition points
* assist parents to navigate the NDIS. Including advocating for plans that support sustainability of care or support family reunification
* support the relationship between children and their parents when care services are required
* identify the interventions that provide the most positive impact on parenting capability
* identify the current gaps across service systems in providing long-term support for parents
* create clearer referral pathways and improved cross-agency collaboration
* contribute to evidence-based assessment of these approaches and their effectiveness.

### Target cohort

Families in scope for the program:

* have a parent or parents with a cognitive impairment/disability. Diagnosis is not needed for participation in the program (but families should pursue diagnosis to access NDIS support)
* have a child or children at risk of requiring out of home care
* reside in the Barwon or Western Melbourne areas.

Families out of scope for the program:

* pose an immediate risk to their infant or child. This includes those requiring a Parenting Assessment and Skilled Development Service (PASDS) or child protection response
* have a transient/unstable housing situation. Exceptions can be considered if appropriate housing supports are in place to support with securing housing and family stability
* pose a risk to others.

### Referral pathway

Referrals to the program occur via The Orange Door. Direct referrals into the program can occur for existing families who meet program eligibility and would benefit from the referral. Once accepted into the program and receiving support, parents will also be referred for targeted capability building interventions. This includes either Tweddle Child and Family Health Service, Gateways Disability Support Services or cohealth.

### Program targets and duration

The program is based on a mix of sustained 110 hour and intensive 200 hour targets. The distribution of hours is flexible and can be used to support families based on needs. Additional periods of service may be required for some families.

### Flexible funding

Flexible funding per program target is available to support families. Use of flexible funding may include, but is not limited to:

* purchasing additional services to support interventions. For example, disability, psychological, neuropsychological, medical, drug and alcohol or paediatric assessment,
* attending to practical and material needs at short notice.

If the program flexible funding is fully exhausted, alternative sources should be used. This could include Intensive Family Services or Family Violence flexible funding.

## Homes for Families

During the height of the COVID-19 pandemic a cohort of families experiencing chronic homelessness with complex risk factors were placed in crisis accommodation. The Homes for Families (H4F) program was implemented to support these families to transition into secure and safe homes. The program also supports families to have access to the supports they need to improve their overall health, well-being, and life opportunities.

Service delivery is led by a Housing Service Provider in partnership with a Family Service Provider. Each family receives housing support, intensive family services and tailored specialist supports. The service is provided over 24 months.

Supports aim to improve family wellbeing in a holistic way by:

* responding to family needs and risks across a broad range of life domains such as
  + physical health
  + mental health
  + education/employment
  + self-care and living skills
  + relationships
  + social and recreational engagement
  + safety
  + financial and material wellbeing.
* providing individually tailored, flexible and rapidly responsive supports to promote family-led recovery
* acknowledging individual histories to anticipate, monitor and respond to issues of concern
* working collaboratively with and complement existing supports for the family
* helping families to navigate service systems
* assisting families to establish and maintain pathways to long-term housing and stability with active support at all points of transition.

### Objectives

The Victorian Government’s key objectives for this program are to:

* keep families together safely
* reduce demand for ongoing homelessness, statutory and acute services
* improve overall health and wellbeing of families.

H4F will achieve these objectives by working with families to:

* secure safe and stable medium to long-term housing
* assertively address identified risks and needs
* build motivation and capacity to make and sustain positive change
* improve health and wellbeing of children, young people, and families
* connect children to early childhood education, care, and school
* connect young people and parents to education and employment
* navigate mainstream services
* build connections with their community
* build self-sufficiency
* create opportunities for children, young people, and families to live the life they want.

### Target group

To be eligible for the program, families must:

* have been provided emergency accommodation (for example, hotels, caravan parks and THMs), enabling them to remain safe and comply with public health directions during the pandemic as at or on 25 October 2021
* meet the eligibility criteria for the Victorian Housing Register (VHR). Additional eligibility criteria apply for specific priority access categories
* have no other stable housing exit options available. This is determined according to the family’s housing history and support needs.

### Service duration and intensity

The H4F program incorporates:

* property services
* flexible brokerage
* integrated multidisciplinary support
* case management.

Housing and family service providers work together to provide each family with:

* 24-months of housing support
* an average of 400 hours of intensive family services
* an average of $40,000 in flexible brokerage to access specialist supports.

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

More information can be found in the [H4F Program Guidelines](https://providers.dffh.vic.gov.au/homes-families-h4f-program-guidelines-word)[[33]](#footnote-34) available on the Victorian Government website.

## Putting Families First

Putting Families First (PFF) is a new model of support for justice-involved families who interact with health, social and justice services. It applies a whole-of-family, partnership approach to identify immediate and emerging needs. It also focuses on longer term goals. It uses evidence-informed practices that are effective for families with complex needs.

Through a whole-of-family practice approach, PFF considers a family’s entire context. This will drive better integration across the different services they use. The family can include children, young people, their parents and carers. At the same time, it will offer an effective early intervention for families. It will do this by preventing problems from escalating into crisis situations that can create a heavier burden on the system.

Children and families eligible for the trial are those where:

* a mother has been in custody (including remand) in the past 12 months
* at least one young person aged 19 or under has
  + received a youth justice community order or custodial sentence in the past 12 months, or
  + other involvement in with youth justice.

Children and families are identified through the network of health, social and justice services. They will connect with the service through the local area core partnership.

PFF has a core team, supported by an interdisciplinary team and area-based resources within a wider service network. Family-led practitioners and community connectors act as a single point of contact for families. Specialists support these practitioners, as needed, across community and allied health, mental health, AOD, family violence, legal, finance and housing.

### Aim and objectives

PFF aims to improve the safety, health and wellbeing of families that have multiple interactions with the health, social and justice service systems. This will help keep families together. It will simplify access to services and offer early intervention and support to keep families strong.

The overarching goals of PFF are to:

* build family confidence, capability and capacity for better safety, family functioning and parenting
* improve connections between children, young people and families, and their communities
* strengthen the cultural identity and connection of Aboriginal children, young people and families
* reduce demand for acute services
* reduce offending and antisocial behaviour
* create a more positive experience for families in working with the service system
* improve service integration and efficiency across services.

PFF will achieve these aims through working with children, young people and families to:

* identify individual and family needs and goals, and address known and emerging risks
* provide trauma-informed, evidence-based and culturally safe practice and therapeutic supports
* create opportunities to achieve goals
* make connections to relevant universal, community and specialist supports.

## Family Preservation and Reunification Response

The Family Preservation and Reunification Response (FPR Response) was implemented from 2021 by registered children and family service providers. This includes community organisations and ACCOs, in partnership with Child Protection.

The FPR Response includes an initial intensive intervention phase, delivered through a mobile and integrated approach. This is followed by a sustained service support phase, aimed at preventing at-risk children entering or re-entering care. The FPR Response supports children at immediate risk of entry into care and those who have recently entered care (for less than six months’ duration).

The FPR Response connects and builds on (and does not duplicate) existing child and family services. The program provides an enhanced continuum of care. It will be evaluated and continuously developed to enhance the family services evidence-base. The FPR Response is delivered by several ACCOs and was co-designed with Aboriginal family services representatives.

### Identifying children and families

Children and families are identified for the Response by:

* Child Protection. In each local area, a Child Protection Navigator works with other child protection practitioners and ACSASS to connect families. Identification happens as early as possible within a family’s child protection involvement. Where a child is in care, including those on Interim Accommodation Orders, connection is to be made immediately. The aim in these instances is to rapidly return a child home once sufficient safety is achieved. In the case of Aboriginal children and families, ACSASS must be consulted and agree to the connection.
* Aboriginal Children in Care program (ACAC). Where involved, an ACAC practitioner can consult with the Aboriginal Response lead, to make a connection to the Response.
* Community-Based Child Protection: Where an unborn report is made, a CBCP Practitioner can support a connection at birth.
* Family Services and The Orange Door. Practitioners may identify families who have had multiple previous reports that meet criteria but are not presently involved with Child Protection. In these cases, a section 38 consultation should first occur with Community-Based Child Protection.

#### Report stage

| Case characteristics | Additional risk factors needed |
| --- | --- |
| 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 stage

| Case characteristics | Additional risk factors needed |
| --- | --- |
| 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 stage

| Case characteristics | Additional risk factors needed |
| --- | --- |
| Protective application – either emergency or by notice. | Not required |

#### Already in care (Reunification) stage

| Case characteristics | Additional risk factors needed |
| --- | --- |
| Interim Accommodation or Protection order with reunification case plan | Not required |

### Aim and objectives

The primary objectives of the FPR Response, in partnership with Child Protection, are:

* family preservation: create safety and prevent child removal and placement in care
* reunification: return children safely and rapidly to their families and communities.

In doing this, the FPR Response seeks to reduce the number of children entering care in Victoria. Particularly, to reduce the over-representation of Aboriginal children in care as committed to in the Wungurilwil Gapgapduir Aboriginal Children and Families Agreement.

The FPR Response will work with children and families in:

* building safety for children and young people by assertively addressing identified risks
* improving parent child attachment and interactions
* addressing and healing trauma. This includes the trauma to Aboriginal people related to colonisation, past policies and racism
* strengthening cultural identity and connection of Aboriginal children, young people and families
* strengthening the cultural identity and connection of all children, young people and families
* building families’ motivation and capacity to make and sustain change
* improving health and wellbeing of children, young people and families
* connecting children to early childhood education, care and school
* connecting young people and parents to education and employment
* connecting families with, and coordinating other services
* connecting families with their community
* building self-sufficiency and supporting families to support themselves
* creating opportunities for children, young people and families to live the life they want.

Operational guides and other information can be found on the [Family Preservation and Reunification Response providers webpage](https://providers.dffh.vic.gov.au/victorian-and-aboriginal-family-preservation-and-reunification-response)[[34]](#footnote-35).

## Aboriginal Family Restoration Services

### Referral source

Aboriginal Family Restoration will accept referrals from regional Child Protection services. A representative within Child Protection will manage these referrals to ensure their suitability. Referrals will be accepted only where a vacancy exists. Organisations will notify Child Protection of current or upcoming vacancies. Responses to referrals will occur within 24 hours of receipt.

### Referral criteria

The target group is any child up to 17 years, subject to child protection intervention where:

* entry to care is imminent or a short-term placement has commenced.
* respite or emergency placement of less than two weeks would not be appropriate
* less intensive support would not provide sufficient safety to address the high-risk factors.

Aboriginal Family Restoration Services will prioritise referrals for placement prevention support. Where capacity allows, placement prevention services may provide family reunification support. The target group for the family reunification service is:

* any child or young person up to the age of 17
* residing in care with child protection intervention
* deemed unable to return home without an intensive support service.

### Service response

Aboriginal Family Restoration programs provide intensive support. They also offer the additional benefits of a residential based program for the whole family. The focus is the safety, permanency, development and wellbeing of Aboriginal children within their family. Protective concerns and their underlying causes are addressed through:

* parent education
* family therapy
* case work
* establishing connections to ongoing support.

Each family will have one primary case worker who coordinates a team of supports to meet goals.

### Service duration and intensity

Depending on family needs, Family Restoration staff are on site with the family for up to 24 hours a day. The approach is always goal specific and oriented toward significant change. Timelines and hours of direct involvement will vary from family to family.

Following the period of residential support there will usually be a period of family services support delivered in home. This is done to ensure sustained change. It will be provided either as part of the restoration model or (if a more intensive support is required) other program such as Family Preservation and Reunification or Intensive Family Services.

## Parenting Assessment and Skill Development Services (PASDS) – Home based and residential

### Referral source

PASDS will accept referrals from regional Child Protection services. Referrals will occur via a designated contact in Child Protection.

Child Protection will complete a referral form and forward via the designated contact to the PASDS coordinator.

The Department may refer to PASDS to obtain a parenting assessment report. Sometimes this may be to comply with conditions of a court order set out by the Children’s Court of Victoria.

### Referral criteria

The target group for PASDS is high risk infants and young children from birth to three years of age and their families where:

* the infant is involved with Child Protection, and assessed to be at high risk of harm
* there are concerns regarding a parent’s ability to provide for the physical and emotional needs of their infant. This includes interacting with them to promote attachment and development.

### Service environment – specific to residential services

Organisations will have policies and emergency procedures in place to manage health concerns of infants/children and parents/carers.

Organisations will have practice guidelines in place that consider the provision of important resources to meet children’s needs. This includes personal, household and educational items (including books and toys), culturally relevant resources and community resources.

### Service access and engagement

Any referrals that cannot be responded to immediately will be placed on a waiting list. The contact in child protection will be responsible for prioritising referrals into the PASDS program and managing cases while awaiting allocation.

### Service response

The organisation will provide services in a residential, day stay or home setting.

Key requirements for service will be:

* an intake or preadmission meeting
* initial assessment
* goal setting
* establishing an individual skill development plan (where indicated)
* a review (following skill development)
* exit planning.

After accepting a referral, the organisation will undertake a comprehensive specialist assessment of:

* the infant’s development
* the parent’s capacity to provide safe and direct care.

As a result of this assessment, the organisation will:

* respond to any immediate needs
* develop an action plan, in conjunction with the family.

Prior to service completion, the organisation will refer the family to appropriate services, as identified.

### Service duration and intensity

PASDS will provide support to families that may include:

* residential services. These provide 24-hour centre-based intensive parenting assessment and skill development services. They are generally delivered over a 10-day period
* home-based services. These provide 120 hours of individually tailored, flexible intensive parenting assessment and skill development services in the family home.

In-home PASDS are generally provided over a period of approximately 12 weeks. They can range anywhere from eight to 20 weeks. The family’s needs will largely determine the assessment and skill development component, as well as the frequency and duration of visits.

### Service brokerage

Provided service targets are maintained, the service may set aside funds for brokerage purposes.

Service brokerage may include, but is not limited to:

* purchasing additional services to support intervention. For example psychological, neuropsychological, medical, drug and alcohol or paediatric assessment.
* Attending to practical needs at short notice.

### Assessment and review reporting

The organisation will complete an initial assessment and review. Initial assessment and review (including any recommendations) is to be provided as a report to Child Protection, the family and, as required, to the Children’s Court of Victoria.

## Specialised Interventions (previously part of Stronger Families model)

This includes programs funded via the activity 31438 Specialised Interventions under:

* Stronger Families - Finding Solutions Plus. Adolescent and family mediation, up to 45 hours of mediation and direct support to young people aged 10-15.
* Stronger Families - Intensive In-Home Parenting Support Service. Intensive in-home parenting support services for children aged birth to two years, including an antenatal response. This also includes an antenatal response and a post service consultation.
* Stronger Families - Therapeutic Treatment Service. Specialist or clinical therapeutic support to children and families for up to 12 months.
* ACCO – Specialised Interventions. allows Aboriginal Community Controlled Organisations to deliver flexible early parenting, therapeutic, adolescent or other specialised supports.

While Stronger Families as a program ceased with the 2021 FPR reforms, their intent and funding arrangements continue. That is, to provide specialist expertise and case consultation within Alliances (where available). Delivery should occur in collaboration with Individual, child and family support, to achieve family preservation or reunification.

It is intended that the specialist components will:

* target children and families with more complex needs, prioritising referrals from FPR Response. There will be more FPR Response providers than there were Stronger Families providers. Local governance groups will make decisions about how to prioritise access to these specialist practitioners. This may vary by area, depending on the various models in place. Where capacity exists, these services may be extended to less intensive family services.
* continue to operate as a joint service delivery model, with an FPR Response or other case management practitioner as key worker. The specialist practitioner will generally work within a specific area of assessment, in a time limited capacity.
* enable referral pathways, caseloads and service models to be designed to fit the local context. The specialist practitioner may support approaches for review and revision to occur in consultation with local areas and the department.

# Reportable Hours for Individual Child and Family Support

Service providers funded via 31435 Individual Child & Family Support have two key performance indicators (KPIs) delivered during the financial year. The primary KPI is measured as ‘Number of Hours’ and a secondary KPI is ‘Number of cases.’

This guide explains how hours are to be reported by service providers for the ‘Number of Hours’ KPI for Individual Child and Family Support funding. It is intended for use by Family Service Providers in understanding the relationship between the Hours targets and reportable hours.

## Funding model and the hours target

The family services funding model provides a way for the Department and service providers to be accountable for service provision outputs in the form of **hours delivered to clients (families)**. This is what the department is purchasing.

The funding model is based on an average of 1314 reportable services hours per year Full Time Equivalent (FTE) case carrying practitioner. This metric is calculated based on a generalised expectation of client specific time spent by a practitioner employed full time over a year (assuming a 38-hour work week), then adjusted for leave (such as annual leave, sick leave), public holidays and for time spent at work on activities that are not client specific (e.g., team meetings, training) and therefore not ‘reportable’ against clients.

The model uses an ‘hourly’ rate / cost-per-hour of service delivery. The rate is based on broadly average costs of service delivery to an organisation. It includes elements such as wages, work cover, superannuation, team leader and management positions, office and accommodation expenses, cleaning and transport costs.

The model provides a reasonable **generalised** hours per FTE target.

### Reportable hours

As per the activity description, service hours are defined as ‘hours spent by the service provider’s practitioners on provision of casework to families.’ Casework includes all activities involved in providing support to individual/specific clients, including assessment, active engagement, counselling and/or group work, writing case notes, travel, consulting on a case and any other activities directly related to individual families.

It is important to be accurate with reporting of hours. Over-recording of time inflates client support hours per family, making agencies’ individual interventions seem more intense and the service less efficient. ​Under-recording of hours makes interventions appear less intensive, suggesting families require fewer hours and resources than are required.

#### Recording client specific time against clients

Reportable hours are ‘client specific’ and recorded in IRIS (or third-party platforms) against individual client/families’ records using the substantive case or the non-substantive case.

##### Substantive cases

Most family services case work occurs in the substantive case, which collects detailed information including children’s details, issues, service activities and closure outcomes.

The hours captured in the substantive case count toward the total hours delivered and should be included in Service Delivery Tracking totals. Substantive cases also count toward the ‘cases’ KPI.

##### Non-substantive cases (also known as ‘non-subs’)

The non-sub case type allows for the capture of client specific service hours where the creation of a full substantive case is not warranted (due to a once off intervention of less than 2 hours) or where not enough is known about a client to create a case. Wherever possible, a substantive case should be attached to a client.

The non-sub case is useful to programs that provide once-off consults or advice (e.g., Early Help Family Services). Non-subs should not be required in intensive programs like the FPR Response.

The hours captured in non-subs count toward the total hours delivered and should be added to Service Delivery Tracking totals, but the cases are not counted as part of the ‘new cases’ KPI.

##### Projects

There is a third area of IRIS called ‘Projects’. Data recorded here does not contribute to Individual Child & Family Support hours or cases KPIs. Projects can be used by agencies who want to use its functionality to track activities that are not in scope of reportable hours.

Some family services functions (e.g., community connectors, funded under 31438 Specialised Interventions) may use Projects to track non-client specific activities such as attendance at network events.

**Team Leader time**

Only the **practitioner’s** client specific time is recorded in IRIS. While a Team Leader’s role regularly includes client specific activities (e.g., reviewing cases with practitioners in supervision) they should not record these in IRIS as team leader time is already incorporated into the hourly unit price. There are exceptions: Team Leaders who carry cases should record their case management time in IRIS, or where a Team Leader performs tasks otherwise performed by a practitioner – e.g., a second person on visits for safety, or where a client meeting takes place when the regular practitioner is on leave.

##### Travel time and service time

When a user enters time into the Service Activity tab of IRIS they are asked split the time into two fields: service time, and travel time. If a practitioner travels for 30 minutes to a client’s home, visits for 1 hour and travels back for 30 minutes, they should enter this as 1 hour of service delivery and 1 hour of travel time. IRIS will add these together for the ‘total’ time of 2 hours. If two practitioners make this trip, they each record 1 hour of travel and 1 hour of service, recorded as a total of four hours.

Given client-specific travel time is part of the reportable hours, it is the ‘total time’ (service + travel time) that is counted toward KPI of hours.

##### Hours corrected for group / Agency view (Corrected for Groups)

IRIS collects and reports both a practitioner-centric and a client-centric view of hours. These only differ when the IRIS ‘Group’ function is used. The group function allows users to record their practitioner time once, and then attribute it to the IRIS cases of the clients who participated in the group. If a practitioner runs a one-hour group session with four families, it will be recorded as one service hour and four separate case hours.

As service hours are defined as *hours spent by the service provider’s staff providing casework to clients*, it is the ‘Agency View (Corrected for Groups)’ hours that is used to report against the KPI. This is the figure that should be reported into Service Delivery Tracking.

#### Application of the principle of practitioner’s client specific time

|  |  |  |
| --- | --- | --- |
| **Activity** | **Reported in IRIS?** | **Comments** |
| **Team leader in their role as team leader** | No – only practitioner role is recorded in IRIS | Team Leaders should not report hours undertaken to supervise practitioners as this is already incorporated in the unit price build. Team leaders can record time in IRIS where they are undertaking a task that would otherwise be part of practitioner case management, e.g., attending a home visit as secondary for safety reasons, or where they are case carrying |
| **Team leader role in accepting referrals** | Yes – otherwise this time is not captured | This client support activity occurs before a practitioner is allocated. |
| **Case manager’s admin e.g., writing case notes** | Yes – this is practitioner time that is client specific | Case managers record their client specific admin time e.g., case notes, setting up meetings.​ |
| **Team admin support** | No – admin support staff are not practitioners | Include where admin support is undertaking a client specific task that practitioners would otherwise do – e.g., setting up cases in IRIS, or executing flexible packages.​ |
| **Practitioner travel time from office to client meetings** | Yes – this is client specific practitioner time | Record travel time between office and client appointments. |
| **Practitioner travel time to client meetings, when working from home** | Yes – with exceptions | Where a practitioner resides in the same local area as the main office, and an authorised working-from-home arrangement is in place, travel from this location can be recorded.  If a practitioner’s home is outside the office’s local area, travel time should be recorded as equivalent to travel time from the office. |
| **Practitioner’s time in Supervision** | Yes, where supervision is client specific | Practitioner time in supervision that relates to a specific client should be recorded in IRIS against that client (note the supervisors/ team leader’s time should not be recorded) |
| **Practitioner’s time in coaching or group reflective practice** | Case-by-case | The case manager should record the time when the purpose of the session is to formulate or review the plan for a case. Others present in the group session should not record their time.  If the session is mostly for learning and development, exploring concepts etc., then this counts as training and development and should not be recorded as reportable hours for any staff member. |
| **Practitioner time in Training** | No – this is not client specific time | Training should not be recorded, unless in exceptional circumstances where it is specifically undertaken to better support a specific case. |
| **Student and internship hours** | Yes – as per same guidelines for practitioner hours | Rules for recording reportable hours for students and interns completing placements are the same as practitioner hours. |

# Supporting documents

## Relevant legislative requirements

[Charter of Human Rights and Responsibilities Act 2006](http://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015) http://www.legislation.vic.gov.au/in-force/acts/charter-human-rights-and-responsibilities-act-2006/015

[Children, Youth and Families Act 2005](http://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/132) http://www.legislation.vic.gov.au/in-force/acts/children-youth-and-families-act-2005/132

[Child Wellbeing and Safety Act 2005](http://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/037) http://www.legislation.vic.gov.au/in-force/acts/child-wellbeing-and-safety-act-2005/037

[Financial Management Act 1994](http://www.legislation.vic.gov.au/in-force/acts/financial-management-act-1994/066) http://www.legislation.vic.gov.au/in-force/acts/financial-management-act-1994/066

[Health Services Act 1988](http://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/175) http://www.legislation.vic.gov.au/in-force/acts/health-services-act-1988/175

[Health Records Act 2001](http://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/047) http://www.legislation.vic.gov.au/in-force/acts/health-records-act-2001/047

[Information Privacy Act 2000](http://www.legislation.vic.gov.au/as-made/acts/information-privacy-act-2000%3e) http://www.legislation.vic.gov.au/as-made/acts/information-privacy-act-2000

[Occupational Health and Safety Act 2004](http://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/043) http://www.legislation.vic.gov.au/in-force/acts/occupational-health-and-safety-act-2004/043

[United Nations Convention on the Rights of the Child 1990](file:///C:\Users\lbro2503\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\6Z0B3ZMZ\ohchr.org\en\instruments-mechanisms\instruments\convention-rights-child%3e) ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

[United Nations Declaration on the Rights of Indigenous Peoples](https://social.desa.un.org/issues/indigenous-peoples/united-nations-declaration-on-the-rights-of-indigenous-peoples) https://social.desa.un.org/issues/indigenous-peoples/united-nations-declaration-on-the-rights-of-indigenous-peoples

[Working with Children Act 2005](http://www.legislation.vic.gov.au/as-made/acts/working-children-act-2005%3e) http://www.legislation.vic.gov.au/as-made/acts/working-children-act-2005

## Policy resources

[A strategic framework for family services](https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf) https://providers.dffh.vic.gov.au/strategic-framework-family-services-pdf

[Alliance planning and oversight policy for Child and Family Alliances](https://providers.dffh.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

[Child Information Sharing Scheme](https://www.vic.gov.au/childinfosharing) https://www.vic.gov.au/childinfosharing

[Child Safe Standards](https://ccyp.vic.gov.au/child-safe-standards) https://ccyp.vic.gov.au/child-safe-standards

[Client incident management system](https://providers.dffh.vic.gov.au/cims) https://providers.dffh.vic.gov.au/cims

[Department of Families, Fairness and Housing Funding Reform](https://providers.dffh.vic.gov.au/child-and-family-funding-reform) https://providers.dffh.vic.gov.au/child-and-family-funding-reform

[Department of Health and Human Services policy and funding plan](https://www.health.vic.gov.au/policy-and-funding-guidelines-health-and-human-services) https://www.health.vic.gov.au//policy-and-funding-guidelines-health-and-human-services

[Family Preservation and Reunification Response](https://providers.dffh.vic.gov.au/family-preservation-and-reunification-response) https://providers.dffh.vic.gov.au/family-preservation-and-reunification-response

[Family Violence Information Sharing](https://www.vic.gov.au/family-violence-information-sharing-scheme) https://www.vic.gov.au/family-violence-information-sharing-scheme

[Family Violence MARAM Framework](http://www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework) www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management-framework

[Human Services Standards](https://providers.dffh.vic.gov.au/human-services-standards) https://providers.dffh.vic.gov.au/human-services-standards

[Human Services Standards Aboriginal culturally informed resource tool](https://providers.dffh.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

[Korin Korin Balit Djak: Aboriginal health, wellbeing and safety strategic plan](https://www.health.vic.gov.au/health-strategies/korin-korin-balit-djak-aboriginal-health-wellbeing-and-safety-strategic-plan-2017) https://www.health.vic.gov.au/health-strategies/korin-korin-balit-djak-aboriginal-health-wellbeing-and-safety-strategic-plan-2017

[LGBTIQA+ - Inclusive practice and language](https://www.vic.gov.au/inclusive-language-guide) https://www.vic.gov.au/inclusive-language-guide

[NDIS in Victoria](https://www.vic.gov.au/who-can-access-NDIS) https://www.vic.gov.au/who-can-access-NDIS

[Practice guidelines: NDIS and mainstream services](https://providers.dffh.vic.gov.au/practice-guidelines-ndis-and-mainstream-services%3e) https://providers.dffh.vic.gov.au/practice-guidelines-ndis-and-mainstream-services

[Procedural requirements: Referral and consultation Child Protection, Child FIRST and Integrated Family Services](https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated) https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated

[Reportable Conduct Scheme](https://ccyp.vic.gov.au/reportable-conduct-scheme) https://ccyp.vic.gov.au/reportable-conduct-scheme

[Roadmap for Reform: Strong Families Safe Children](https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children) https://www.dffh.vic.gov.au/publications/roadmap-reform-strong-families-safe-children

[Service Agreement Requirements](https://fac.dffh.vic.gov.au/service-agreement-requirements) https://fac.dffh.vic.gov.au/service-agreement-requirements

[The Orange Door](https://orangedoor.vic.gov.au) https://orangedoor.vic.gov.au

[Wungurilwil Gapgapduir: Aboriginal children and families agreement](https://www.dffh.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement) https://www.dffh.vic.gov.au/publications/wungurilwil-gapgapduir-aboriginal-children-and-families-agreement

## Practice resources

[Best interests specialist practice resources](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model

* Best interests case practice summary guide
* Infants and their families
* Children and their families
* Adolescents and their families
* Children with problem sexual behaviours and their families
* Adolescents with sexually abusive behaviours
* Child development and trauma
  + Development trends 0-12 months
  + Development trends 1-3 years
  + Development trends 3-5 years
  + Development trends 5-7 years
  + Development trends 7-9 years
  + Development trends 9-12 years
  + Development trends 12-18 years
* Child Development and trauma guide - Introduction
* Cumulative harm
* Families with multiple and complex needs
* Working with families where an adult is violent
* Child sexual exploitation practice guide for Child Protection

[IRIS data dictionary](https://providers.dffh.vic.gov.au/integrated-reports-and-information-system-data-dictionary%3e) https://providers.dffh.vic.gov.au/integrated-reports-and-information-system-data-dictionary

[Procedural requirements for referral and consultation Child Protection, Child FIRST and Integrated family Services](https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated) https://providers.dffh.vic.gov.au/procedural-requirements-referral-and-consultation-child-protection-child-first-and-integrated

[Protecting Victoria’s children child protection practice manual](http://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model) http://www.cpmanual.vic.gov.au

# Glossary

| Term | Definition |
| --- | --- |
| Aboriginal | Aboriginal refers to a person descended from an Aboriginal person. The term Aboriginal has been used in this document and includes Aboriginal and Torres Strait Islanders. |
| Aunty, Uncle | Aboriginal / Koorie people call Elders ‘Aunty’ and ‘Uncle’ as a sign of respect. It does not always mean they are closely related. |
| Assessment | The focus of assessment is on the family’s capability to care for the child or children. It encompasses immediate family skills and resources, external formal and informal supports, demonstrated parenting knowledge and skills, and relevant background and experiences of family members.  Assessment involves identifying:   * child and family strengths supporting social, emotional, cognitive and physical development * available resources to assist the family in caring for the child or children * the limitations or stressors adversely affecting the family's ability to care for the child or children. |
| Best interests framework | The best interests framework presents the best interests principles and associated principles of the *Children, Youth and Families Act 2005* (CYFA) in a coherent policy framework to assist professionals to apply these principles in day-to-day practice. It incorporates dimensions of a child’s experience: safety, permanency and development in relation to their age and stage, culture and gender, and categories of the child’s relationships: parent/carer capability, family composition and dynamics, community participation, and social and economic environment. |
| Best interests principles | The best interests principles applying to court, Child Protection and organisations operating under the Act are specified in s.10 of the Act.  The Act provides that action must be taken to protect a child from harm, protect their rights and promote their development in age-appropriate ways; and from this foundation additional consideration must be given to supporting and assisting families to keep children safe and meet their needs, promoting children’s permanency and promoting a child’s cultural identity. |
| Care team | The composition of a care team will vary depending on the specific issues and needs of the child and family. The care team shares responsibility for assessment, planning and action process. The child or young person may have age and developmentally appropriate input into decisions. |
| Casework framework | Services are delivered within a framework comprising the core functions of screening, assessment, planning, action, review and closure. The caseworker maintains a decision making role to ensure each of these functions occurs.  Where there is multi-service involvement, the family may indicate their for service coordination. In such situations, the case manager may assume an advocacy, negotiation, coordination and monitoring role on behalf of the family, such as:   * developing a mutually acceptable service plan, with the family designating the services to be provided, when and by whom * providing a single contact for the family to obtain information, discuss services being provided and any changes they would like to make in relation to the current service plan * ensuring that, across the service system, the functions of screening, assessment, planning, implementation, review and closure occur and that duplication of these functions is minimised, facilitating continuity of care. |
| Cultural and linguistic diversity | The term cultural and linguistic diversity refers to the various cultures and language groups represented in the population. Culturally and linguistically diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations due to their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.  Refer to the Department of Families, Fairness and Housing *Cultural diversity guide* and *Language policy* for more information. |
| Cultural competence | Cultural competence is defined as a set of congruent behaviours, attitudes and policies that come together in a system, organisation or among professionals and enable that system, organisation or those professionals to work effectively in cross-cultural situations. |
| Cumulative harm | Cumulative harm refers to the serious impact for the child of continuing or recurring actions, omissions and behaviours over time. Harm that arises from either a single traumatic incident or a series and pattern of events and circumstances is equally serious.  The central aspect of harm is the outcome for the child, which is by determined by the impact on the child's permanency and development. |
| Development | Development is a core dimension for considering a child's best interests. It covers the areas of life where children need opportunities, encouragement and support throughout childhood to reach their full potential. These are the parts of a child's life that most parents pay constant attention to (usually unconsciously) as part of everyday family life and which are affected by the adverse impacts of any trauma.  The seven elements of a child's development are: health and growth, emotional and behavioural development, education, family and social relationships, identity, social presentation and self-care skills.  Development is closely related to but distinguished from a child’s age and stage of life. At different stages of a child’s life, different aspects within these elements will have more or less weight. In considering a child’s development, consideration needs to be given to any disabilities a child or young person may have. |
| Elders | Aboriginal Elders are the moral and spiritual leaders of Aboriginal communities. They are also the teachers, the ones who pass knowledge onto the next generation. |
| Parent capability | A parent or carer’s capability is a category of the child’s relationships used to consider their best interests. It refers to the ability to ensure their child’s needs are appropriately and adequately responded to, including as needs change over time.  A comprehensive understanding of parenting capability relates directly to the child’s individual safety, permanency and developmental needs. The elements of parent/carer capability relate to five essential parenting behaviours. These are to provide: basic care; safety; emotional warmth and responsiveness; guidance and boundaries; and consistency and reliability. |
| Permanency | Permanency is a core dimension for considering a child’s best interests. A child experiences permanency through their positive connections to their parents or other primary carers, family, school, friends, community, and culture. Connections are made by developing and maintaining a child’s key relationships through their participation in the normal contexts of school, community and culture.  Permanency depends on the best interests of the child, as well as protection from harm, protecting their rights and protecting their development. |
| Koorie or Koori | A term used by south-eastern Australian Aboriginal people to define collective Aboriginality, originating from the Eora term for ‘man’. |
| Safety | Safety is the foundational dimension for considering a child’s best interests. Adequate safety is a prerequisite for every child’s development and permanency. A child experiences safety by having the basic care they need for their immediate and future permanency and healthy development and by being protected from any harm and its adverse consequences for their immediate and future stability and healthy development.  The elements of safety are expressed positively from a child’s perspective. A child is not safe if harmed or in danger of being harmed. |
| Specialist services | Services with specific expertise that cater for a defined group of clients with similar concerns. For example, sexual assault services, drug and alcohol services and mental health services. |
| Strategic plan | A documented approach for achieving service goals or addressing service issues. Strategic plans developed by organisations are part of the quality improvement process. Therefore, they should focus on strategies for improving service standard, efficiency and effectiveness. |
| Sub-regional catchment | A collection of local government areas that form the geographic service delivery area for applicable services. |
| Tertiary service | Tertiary services target children who have experienced significant harm or who are likely to suffer harm. The main aim of these services is to redress this harm and prevent its recurrence. Examples include Child Protection and therapeutic services aimed at children and youth who have experienced serious abuse as well as care services. |
| Universal services | Services established for and accessed by a large proportion of the population. For example, schools, general medical practices and maternal and child health services. |

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