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| Frequently asked questions |
| Transition guidance for delivery of the Family Preservation and Reunification Response and Intensive Family Services from 1 August 2021 |

**Edition 2: 12 July 2021**

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# Background

The Department of Families, Fairness and Housing (Department) is making transformative changes across the child and family services system, as it implements *Roadmap for Reform: Strong Families, Safe Children*.

In line with *Roadmap for Reform,* in late 2020, the Department began funding some organisations to deliver the Family Preservation and Reunification Response (Response) (Phase 1).

The Response uses contemporary, evidence-based approaches to support children and families to remain together safely and to prevent children entering care, in addition to providing rapid, intensive support so that children in care can safely return home.

The introduction of the Response is a tangible example of how the Department is pivoting the system towards earlier intervention, establishing a robust approach to building and applying evidence, delivering targeted and effective responses for priority cohorts of children and families, and joining up operating models through practice reforms and integrated governance.

This landmark initiative marks an important milestone in the reform journey, bringing together a range of system, service and practice changes into the service delivery environment, and laying the foundation for building and scaling evidence-informed service models across the children and families service platform.

This is a critical step towards fully implementing the continuum of early help, targeted and specialist support, continuing care pathways, and enabling conditions for system transformation.

# Purpose of guide

The next stage of reform will see some placement prevention and reunification programs and activities being discontinued to allow for:

* the expansion of the Response to reach more children and families in more places; and
* the creation of a new service activity – Intensive Family Services - targeting a broader group of children and families in need of intensive support.

This guide is designed to support providers of discontinuing programs to prepare for the transition to deliver the Response and/or Intensive Family Services as well as for all new and existing providers of the Response to prepare for the expansion of the model and the operational changes this will bring.

# Transition and implementation timelines and support

## Are new services expected to be fully implemented by 1 August?

The transformation of new evidence informed placement prevention and reunification service models within the child and family services platform *begins* from 1 August 2021.

That said, the discontinuation of existing programs and commencement of new service models is not expected to happen instantaneously. The implementation process will be phased and require a planned approach, based on principles of best interests of children and maintenance of service continuity.

It is not envisaged that all targets for the Response and Intensive Family Services are allocated to new eligible families from 1 August 2021, rather that these connections are made steadily over the year. It is important that the Response is consistently targeted to families with complex support needs with children at risk of entering care or remaining in care to demonstrate impact.

Further, it is not expected that practitioners and team leaders will be fully trained and coached in the delivery of practice modules however it is important to understand that these modules are designed to build on and enhance existing practices. Practitioners transitioning from placement prevention and reunification programs into the Response or Intensive Family Service will be able to draw on existing skills, expertise and wisdom to deliver quality services to these families, as evidence informed practices are introduced.

## What support can I expect to receive prior to 1 August?

It is important to recognise the size and scale of the changes we are making and that it will take time to fully implement the new service models. It is expected that transitional arrangements and implementation support will continue for a period beyond the 1 August commencement date.

To support existing and new providers and divisions to prepare for these changes, the department will be delivering a series of **information sessions** to be held mid-July.

We will be developing and updating key resources to support implementation, including:

* a revised **operational guide** for the Response, including updated advice on eligibility, connection (referral) pathways, roles and responsibilities, evidence-informed approaches and operational requirements
* interim **program requirements** for Intensive Family Services, including specific advice on model intent, target group, roles and responsibilities as well as governance and reporting requirements
* new editions of **frequently asked questions** and **fact sheets,** including an updated list of providers and area coverage.

While we hope that these resources will help organisations get started, it is important to recognise that the Response is a new initiative that is constantly evolving, and we will continue to make available new resources as these are developed.

## What is the evidence-informed model and what support can new practitioners and team leaders expect to receive in delivering this model?

### Evidence-informed model

The Response is unique to our service system. The implementation process has been designed to build workforce capability through training, coaching and support to embed data-led decision making by a team of practice and implementation specialists. These specialists will work with a key contact/s or role/s in each organisation to ensure that implementation efforts are sustained.

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

* Family Preservation and Reunification practice modules, including Aboriginal cultural elements, with implementation support, or
* an existing Evidence-Based Program (EBP) that includes practice elements that support FPR and implementation support.

Implementation support positions in Mobile Implementation Teams (MITs) will guide agencies through implementing the practice modules and cultural elements so that they are integrated into business as usual. This will involve establishing Local Implementation Teams (LITs), continuous quality improvement and data led decision making, training and coaching practitioners, and building coaching skill in Team Leaders.

### Preparing for change

Providers are required to identify a role or existing position that will be the key contact for implementation support and a conduit to building implementation science capability. These roles will work with the MITs to:

* establish and maintain LITs. This will require identifying and engaging appropriate LIT members.
* coordinate and support LITs. This will require scheduling meetings, preparing required papers or documentation, reviewing data, and connecting the LIT to key organisation contacts as necessary.

Providers should also be planning for the use of evidence-based program development funding to support activities that build organisational capability to embed and sustain evidence-based intervention that improve family preservation and reunification outcomes. These activities may include for example, a role that leads and/or coordinates implementation activities, assessment tool licensing (for example NCFAS or other tools) or training backfill.

To support existing and new providers and divisions to prepare, the department will be delivering a dedicated implementation workshop on 28 July 2021. We will also be developing and updating key resources to support implementation, including:

* a **policy and acquittal tool** for the use of evidence-based program development funding
* revisions to the **Response SharePoint site** that contains resources that will be useful to introduce the capability building materials and tools and includes access to the self-guided learning components of the Practice Modules.

We expect to commence and progressively roll out evidence implementation activities with new providers from August, informed by organisational readiness. This initial engagement will include implementation specialists working with the key implementation contact at each organisation to build readiness for training and coaching in the practice modules, establishing monitoring and evaluation processes and establishing LITs.

While the self-guided training modules would ideally follow the preliminary evidence implementation activities with new teams, we recognise that many practitioners will be keen to commence their learning journey and will want to explore these resources as early as possible.

We recommend new providers support their practitioners and team leaders to register with the site as soon as possible, which they can do by contacting [CSQSO@dhhs.vic.gov.au](mailto:CSQSO@dhhs.vic.gov.au). More detailed information about evidence implementation activities and how these will be supported by implementation specialists will be made available shortly.

# Target cohort focus and specialisation​

## How will the eligibility criteria for the Response differ from 1 August?

Revisions have been made to the eligibility criteria to support the expansion of the Response from approximately 720 to 2,300 families per year, following an in-depth risk factor analysis for entry to care and based on early learnings from Phase 1 of the Response. This work has been led by the Department of Health’s Analytics and Evidence Branch, in partnership with the University of Adelaide, and the Department of Families, Fairness and Housing.

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| **Stage** | **Case characteristics** | **Additional risk factors needed** | |
| **Report** | Unborn report or report within 7 days post birth | Non-Aboriginal children must have **TWO** of the following: | * Parent(s) have a history of care * Young mother (under 20 at birth of first child) * Parent drug or alcohol problems * At least one maternal or paternal sibling in OOHC |
| **Substantiation** | Substantiation following multiple reports:  • 4 or more reports at any time in their life or  • 3 or more reports in the last two years  Includes 6-9 year olds | 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 drug or alcohol problems * At least one maternal or paternal sibling in OOHC * Other physical development or health * Multiple prior protective interventions * Aggressive/ violent child behaviours * Other challenging child behaviours |
| Child aged 0-2 with an Intensive Infant Response\* | Not required |  |
| **Protective Application** | Protective application where initiation method for the application was either emergency or by notice. | Not required |  |
| **Already in care (Reunification)** | On an Interim Accommodation or Protection order with a reunification case plan\* for less than or equal to 18 months | Not required |  |

The revised criteria improve targeting of risk of out of home care, supports earlier intervention where possible, and reduces gaps in eligibility coverage in the context of placement prevention and reunification programs that will be ceasing. Importantly it provides differentiated criteria for Aboriginal families to support self-determination. The model will continue to support 5 per cent community discretionary referrals. Feedback will continue to be monitored and amendments made in future if required.

Further support and advice to understand changes to the eligibility criteria will be made available through the implementation phase.

## What happens to children and families who are not eligible for the Response or Intensive Family Services?

We are transforming the children and families services platform to create a diverse range of evidence-informed service models across the system that can be used flexibly, acknowledging that families vary in their needs, preferences and characteristics, and that these needs may change over time. It means that some families will benefit from more intensive support, some will require support over a longer duration and others may need intermittent support at key intervals.

Children and families previously referred to placement prevention and reunification programs that are ceasing will have access to the full range of child and family services, according to what best meets their needs.

It is expected that a significant proportion of children and families eligible for placement prevention and reunification services that will be ceasing will now be eligible for the Response. These discontinued programs were also designed to support highly vulnerable children and families with complex needs. If they do not meet the criteria for the Response (see above) they will be eligible for the new Intensive Family Services or Family Services more broadly.

## Will my organisation be able to maintain its specialist focus in the delivery of new service models?

Many organisations employ practitioners with particular skills or experience with key targets groups, such as young parents, infants or adolescents. In transitioning to new services, it is expected that there will continue to be a need for this specialisation.

While this specialisation may relate to the primary client, practitioners will be required to provide a ‘whole of family’ response that will likely involve working with children and young people spanning a range of ages, needs and characteristics.

Decisions about how specialisation can be maintained or introduced into service models will need to be determined at the local area level, to ensure sufficient coverage of service offerings for all children and families eligible for these new services. As more detailed cohort data becomes available, this will be shared with local areas to support service planning.

# Referral pathways​

## What happens with children and families currently receiving a placement prevention and reunification service that is to be discontinued?

For children and families currently receiving placement prevention and reunification service, it will be important for organisations to review these on a case by case basis, considering the client circumstances, timeframe for intervention and level of support required, to determine the most suitable pathway to support and to ensure a smooth transition.

It is recommended that organisations commence a review of existing caseloads to determine:

* families who continue to require an intensive service and could transition to the Response (providing they meet the eligibility criteria or would have at the time of engagement)
* families who require sustained support and whom may benefit from another program within the same or another organisation, noting transition into an Intensive Families Service or family service should be managed through the existing referral and allocations process within each Alliance
* families whose case plan goals have been substantially progressed and are due for closure.

To ensure the Response remains targeted to children and young people at highest risk of entry to care, it is recommended that once the caseload assessments have been undertaken, that organisations undertake a joint review with Child Protection Navigator to establish shared understanding of capacity to allow for phasing of Response connections for steady flow over the year.

These cases are expected to remain open in Child Protection and continue to be jointly worked between the Response provider and Child Protection, until it is assessed that Child Protection involvement is no longer required. Wherever possible, families should be supported to maintain their existing relationship with their case manager and organisation.

It is envisaged that leading up to 1 August, Child Protection representatives will be invited to relevant local area governance meetings with existing and new Response providers to support a better understanding of Child Protection Navigator functions, Response eligibility criteria and plan for operationalising transition of existing families, allocation and prioritisation processes.

## How should any new referrals received between now and 1 August be managed?

Service providers are required to continue to accept new referrals, subject to capacity, throughout the transition period. Consider the intent and target cohort for the Response, Intensive Family Services as well as the broader range of child and family services to identify the most suitable service option.

For children and families eligible for the Response, potential connections should be discussed with the existing CP Navigator in the first instance.

Referrals for all other child and family services, including an Intensive Family Service, should be managed through the existing referral and allocations process within each Alliance.

## How will referrals into the new services be made after 1 August?

### Connections into the Response

From 1 August, children and families eligible for the Response will be identified and connected through the Child Protection Navigator. Navigators make these connections using careful targeting that combines system analytics and professional judgement.

The primary focus of the Child Protection Navigator is the effective and timely identification and connection of children and families to the Response.

Further information about Child Protection Navigator function will be provided at the upcoming information sessions and will be detailed in the revised Response operational guide that will be made available shortly.

### Referrals into Intensive Family Services

From 1 August, referrals into Intensive Family Services will be made through Child Protection, including Community Based Child Protection, or the Orange Door/Child FIRST. Allocations are to be negotiated through local area Children and Families Alliances, using existing processes. All referrals must be registered with the Orange Door/Child FIRST.

## How will referrals to specialised intervention supports be made after 1 August?

The specialist components of the Stronger Families model, funded under *Activity 31438 Specialised Interventions,* are out of scope of the transformation of the current phase of reforms. This includes programs funded under the following sub-activities:

* Stronger Families - Finding Solutions Plus
* Stronger Families - Intensive In-Home Parenting Support Service
* Stronger Families - Therapeutic Treatment Service

While Stronger Families as a program will be ceasing, the intent and funding arrangements for these specialist components are to be maintained, as specialist expertise, essential to achieving change with families.

In the interim, it is intended that the specialist components will:

* **target children and families with more complex needs**, with referrals from Response providers being prioritised. Notably, there will be more Response providers than there have been Stronger Families providers. Local governance groups will need to make decisions about the best way to prioritise access to these specialist practitioners. It 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 a Response (or other case management service) practitioner who holds the role of key worker. The specialist practitioner will generally work within a specific area of the assessment or overall child and family action plan, often in a time limited capacity.
* **maintain similar caseloads and models**, subject to any service model redesign work or revisions made in consult with local areas and the department.

Over time, referral pathways and co-working arrangements will be reviewed at the local level, in line with reform changes. While these specialist components will continue to be funded in the current format, we welcome discussions on how we can maximise and evidence the benefits of these components.

# Case recording and reporting

## How should cases for the Response and Intensive Family Services be recorded in IRIS?

Response cases will be recorded in IRIS under the Family Services case using the funding source ‘*Preservation & Reunification’*.

Intensive Family Services cases will be recorded in IRIS under the Family Services case using the funding source ‘*Provisional 1*’. Organisations will be required to re-name this funding source in the IRIS database as ‘*Intensive Family Services*’. Further advice will be provided on how to request access to these two funding sources from the IRIS helpdesk.

Note that the Cradle to Kinder case type will no longer be in use once the transition period is complete.

## How should existing cases be recorded in IRIS?

IRIS data will play a critical role in understanding service delivery and outcomes so consistent data entry is essential.

#### IRIS for the Response

During the transition and implementation period, providers will be working with families who are eligible for the Response as well as some who may not be eligible but continue to be supported through transition arrangements. See also *What happens with children and families currently receiving an existing placement prevention and reunification service?* We need to be able to distinguish between these arrangements in IRIS.

For children and families who are already receiving services and who will continue to be supported through Response targets (because they meet the eligibility criteria), their current IRIS case should be ‘reclassified’ as a Response case in IRIS. If the current IRIS case is a Family Services case, this can be done by editing the ‘funding source’ in IRIS to the ‘Preservation and Reunification’ funding source. If the current IRIS case is a Cradle to Kinder case, this will need to be ended and a new case commenced in the Family Services case type with the ‘Preservation and Reunification’ funding source selected. This is because the new funding source is not available to the Cradle to Kinder case.

If children and families already receiving services do not meet the eligibility criteria for the Response but are being supported through transition arrangements, service activity for these cases should continue to be recorded under their current IRIS case types and funding sources, in other words, as Stronger Families, Families First, Cradle to Kinder, until these cases are closed.

For children and families who are new connections to the Response, create a family services case in IRIS and select the ‘Preservation and Reunification’ funding source.

#### IRIS for Intensive Family Services

For children and families already receiving services and who will continue to be supported through the Intensive Family Services targets, service activity should continue to be recorded under their current IRIS case types and funding sources, in other words, as Stronger Families, Families First, Cradle to Kinder, until these cases are closed.

For children and families who are new connections to Intensive Family Services, create a Family Services case in IRIS and use the ‘Intensive Family Service’ funding source.

## How will targets be counted in the transition and implementation period?

### Monitoring of service hours during the reporting period

The primary key performance measure for child and family services is service hours delivered during the reporting period (the financial year). Child and family services, including existing preservation and reunification programs, the Response and Intensive Family Services, are funded as Individual Child and Family Support.

For services transitioning between an existing placement prevention and reunification program and the Response or an Intensive Family Services, Agency Performance and System Support teams will consider the total hours delivered over the financial year across both programs.

### Monitoring of number of cases during the reporting period

From 1 August any new referrals into the Response or an Intensive Family Services will be recorded as new cases, under the relevant IRIS funding source of Preservation and Reunification.

Organisations should plan to take on a steady stream of new referrals into the Response over the reporting period.

Cases accepted over the financial year count toward the total number of cases, noting that cases accepted towards the end of the reporting period will have fewer service hours recorded in that reporting period – the majority of their hours will count in the subsequent reporting period.

### Understanding the relationship between service hours and cases

The funding approach provides for an average of 240 hours per case. In cases where the connection has been made late in the reporting period, some of these hours will be delivered in one reporting period, and some in the next. Our data can tell us hours in the reporting period (for key performance measure purposes) and hours per case over the whole case – which is useful for understanding what families are receiving

Considering service hours and cases together allows us to better understand how service models are being delivered. This data supports our learning system and helps us to iterate our service models, reflecting on questions like:

* Are there family characteristics that tend to be associated with longer or more intense cases?
* Are there some family characteristics that suggest that sustainable outcomes cannot be achieved within the service or funding model?
* Is there a discernible difference between models in achieving outcomes for a similar cohort?
* What is the best way to use our Family Services resource to maximise placement prevention and child wellbeing outcomes?

# Staffing and governance​

## What staffing arrangements should be in place for the Response before 1 August?

We encourage organisations to finalise their staffing structure for the Response as soon as possible, including appointment of practitioners and team leaders as well the identification of an implementation supports key contact. This will allow for relevant staff to participate in key pre-implementation engagement and learning activities from the earliest possible point.

In some instances, due to organisational changes that need to occur, these arrangements may not be finalised prior to the commencement of these engagement and learning activities. We will endeavour to make recordings and resources available online for future access.

## What local area operational governance arrangements should be in place for the Response before 1 August?

Area-based governance structures for the Response, established in Phase 1, will need to be redesigned to support the expansion of the Response commencing in Phase 2 and over time integrated and aligned into the broader children and families service platform.

In the **short term**, each area should continue to operate a dedicated Response operations group that oversees and drives the strategic and operational implementation of the Response at the local level. It is important that these groups continue to be aligned with Children and Families Services Alliances.

These groups will need to invite new providers and embed local implementation teams into their existing structure. They will also need to establish, or build on, an area allocation process that can manage rapid connections. The allocation process must enable Child Protection Navigators or ACAC to engage Response team leaders within 24 hours of identifying a connection to discuss:

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

It is important that these groups come together as soon as possible to determine how Response services will be coordinated across each area and how it will report into divisional and state-wide governance groups. These discussions should also include analysis of cohort needs and consideration as to how any specialisation can be used to best support families.

In the **medium to long term**, it is expected that Response governance groups will be integrated into the broader child and family services governance groups, building on existing Alliance structures. It is noted that many areas have Orange Door services operating or opening soon and will need to be considered as part of the ongoing implementation.

Further information about local area operational governance will be provided at the upcoming information sessions and will be detailed in the revised Response operational guide that will be made available shortly.

# Further information

We are committed to providing you with information and updates as this work progresses and will do so through a range of communication and engagement channels.

We will continue to update these frequently asked questions and we will let you know when a new addition has been posted.

**Your primary point of contact will be your local area Agency Performance and System Support teams. In the first instance, please direct any queries to your APSS Adviser. Local Area APSS teams will be supported by divisional Implementation Managers.**

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