

Meeting with the parents

If No, state the reason, including the attempts (if any) made to participate:

If Yes, please complete the following:

Date of the meeting? [Click here to enter a date.](#)

Meeting venue:

Attendees:

Cultural and family information and advice provided:

Assistance provided at meeting:

The *Child Safety Practice Manual* defines decision-making with regard to case planning as being a significant decision.

Participation in the development of a Case Plan for the child/ren

Did the Recognised Entity attend a Family Group Meeting for the purpose of developing a case plan/s for the child/ren?

☐ Yes☐ No

If No, state the reason, including the attempts (if any) made to participate:

If Yes, please complete the following:

Date of the meeting? [Click here to enter a date.](#)

Meeting venue:

Attendees:

Cultural and family information and advice provided:

Assistance provided at meeting:

Summary:

Were the communication practices used by Child Safety inclusive and sufficient to gather comprehensive information and elicit the views of the family and community to inform decisions made?

☐ Yes☐ No

If No, state the reason, including the attempts you made (if any) to resolve any issues:

Was the information gathered from, and the views expressed by, the family and

☐ Yes

community, understood by Child Safety, within the context of the child/ren’s culture?	<input type="checkbox"/> No
If No, state the reason, including the attempts you made (if any) to resolve any issues:	
Did Child Safety take the relevant information and the views of the family and community into consideration when making decisions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state the reason, including the attempts you made (if any) to resolve any issues:	
Additional information/comments (e.g. key points of discussion with Child Safety):	

.....
Signed by: Insert the name of the Recognised Entity worker who participated in the decision making process
Position:
Date: Click here to enter a date.

.....
Signed by: Insert the name of the Recognised Entity worker’s line manager
Position:
Date: Click here to enter a date.

Insert the name of the Recognised Entity
Insert the street number and street name of the Recognised Entity
Insert the town, state and postcode
Insert the telephone number of the Recognised Entity

SUSPECTED CHILD ABUSE AND NEGLECT

Introduction

The SCAN System provides forums for consultation on complex child protection cases where a multi-disciplinary and inter-agency approach will result in better outcomes for the child and family.

The role of the SCAN System is to ensure a coordinated and effective response by those government departments with statutory responsibility for child protection and any other agencies providing services that will contribute positively to the proposed intervention.

The SCAN System does not have distinct decision making authority. Individual core member agencies retain responsibility for their actions in accordance with their legislative authority.

Suspected Child Abuse and Neglect (SCAN) System
– Inter-agency policy and procedures September 2006 - page 7

Purpose

The Recognised Entity is a core member of SCAN in matters involving Aboriginal and Torres Strait Islander children and as such provides:

...independent, coordinated, culturally appropriate child protection services and community advice within the SCAN System for Aboriginal and Torres Strait Islander children and families

Suspected Child Abuse and Neglect (SCAN) System
– Inter-agency policy and procedures September 2006 - page 11

Authority

1. *Child Protection Act 1999*, section 6
2. *Recognised Entity Service Agreement*
3. *Local Protocol Agreement*

References

1. *Child Safety Practice Manual*
 - Introduction > Recognised Aboriginal and Torres Strait Islander entities
 - Chapters > 10. General > 10.1 Decision-making about Aboriginal and Torres Strait Islander children > 1. Determine whether a matter is a 'significant decision'

KEY STEPS

1. Participating in SCAN
2. Record Keeping

Requests for Recognised Entity participation at SCAN does not follow the referral process contained in this manual as Child Safety's SCAN Coordinator will inform the Recognised Entity representative of all Aboriginal and Torres Strait Islander children listed for discussion at each meeting.

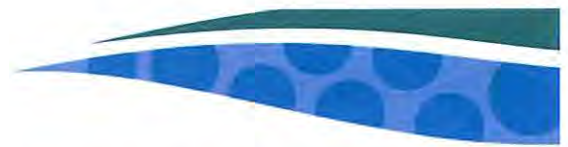
Participating in SCAN

As the SCAN System has its own manual, please refer to the current version for details regarding Recognised Entity participation.

Recording Keeping

3. The Recognised Entity representative participating in SCAN will:

- record the following information on *Case Notes*:
 - information gathering activities
 - the date information and advice was provided at SCAN
 - the details of the information and advice provided
 - the response to the information and advice provided
- print all relevant incoming and outgoing emails
- place the above records on the child or children's file/s



MATTERS OF CONCERN

Introduction

Child Safety will respond through the **matters of concern process** in instances where it is indicated that the **standards of care** have not been met for a child placed in out-of-home care. Therefore the **matters of concern process** only applies to children in the custody or guardianship of Child Safety or subject to a care agreement and placed with an approved carer, a licensed care service or another entity.

The role of the Recognised Entity during a **matters of concern process** is to provide relevant cultural, family and community information and advice to Child Safety to inform the following significant decisions:

- the required response to the information received (e.g. child placement concern report or matters of concern notification)
- how best to conduct the assessment of the child placement concern report or investigation and assessment of a matters of concern notification
- whether there has been a breach of the standards of care and/or harm or risk of harm to a child
- what the Action Plan needs to contain if there has been a breach of the standards of care

The Recognised Entity may participate in the decision making processes that occur during the **matters of concern process** by:



MATTERS OF CONCERN

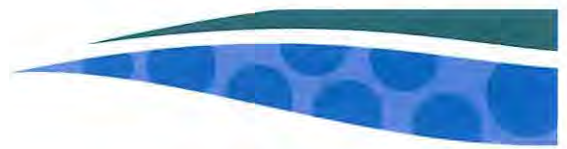
- providing relevant cultural knowledge to Child Safety to assist in determining the appropriate response to the information received and gathered
- providing cultural and family information and advice to Child Safety to be considered as part of the planning of an:
 - assessment of a child placement concern report and/or
 - investigation and assessment of a matters of concern notification
- assisting Child Safety to implement the cultural components of:
 - the assessment plan of a child placement concern report and
 - the investigation and assessment plan of a matters of concern notification
- providing cultural and family advice to Child Safety to be considered when developing an Action Plan
- assisting Child Safety to engage the child (where age appropriate) in the development of an Action Plan

Purpose

Child Safety Services has a legislative responsibility to ensure that children in out-of-home care receive a level of care that is consistent with the standards of care outlined in the statement of standards (*Child Protection Act 1999*, section 122).

When it is indicated that the standards of care have not been met for a child, Child Safety Services will respond through the matters of concern process to ensure the safety and well-being of the child.

Child Safety Practice Manual > Chapters > 9. Matters of concern



A matter of concern is recorded when an approved carer (e.g. a foster, kinship or provisional carer) or a staff member of a licensed care service has provided care to a child, that fails to meet the standards of care as detailed in the *Child Protection Act 1999*, section 122.

A failure to meet the standards of care may occur as a result of actions or inactions of the approved carer or staff member.

Child Safety has two levels of response for matters of concern:

A child placement concern report regarding inadequate or poor quality care that fails to meet the standards of care detailed in the *Child Protection Act 1999*, section 122, but does not meet the threshold for a notification

A notification involving allegations of harm or risk of harm to a child in out-of-home care by persons providing direct care, including approved foster and kinship carers, provisionally approved carers and persons in the carer/s household, and staff of licensed care services or another entity

Child Safety Practice Manual > Glossary of Terms

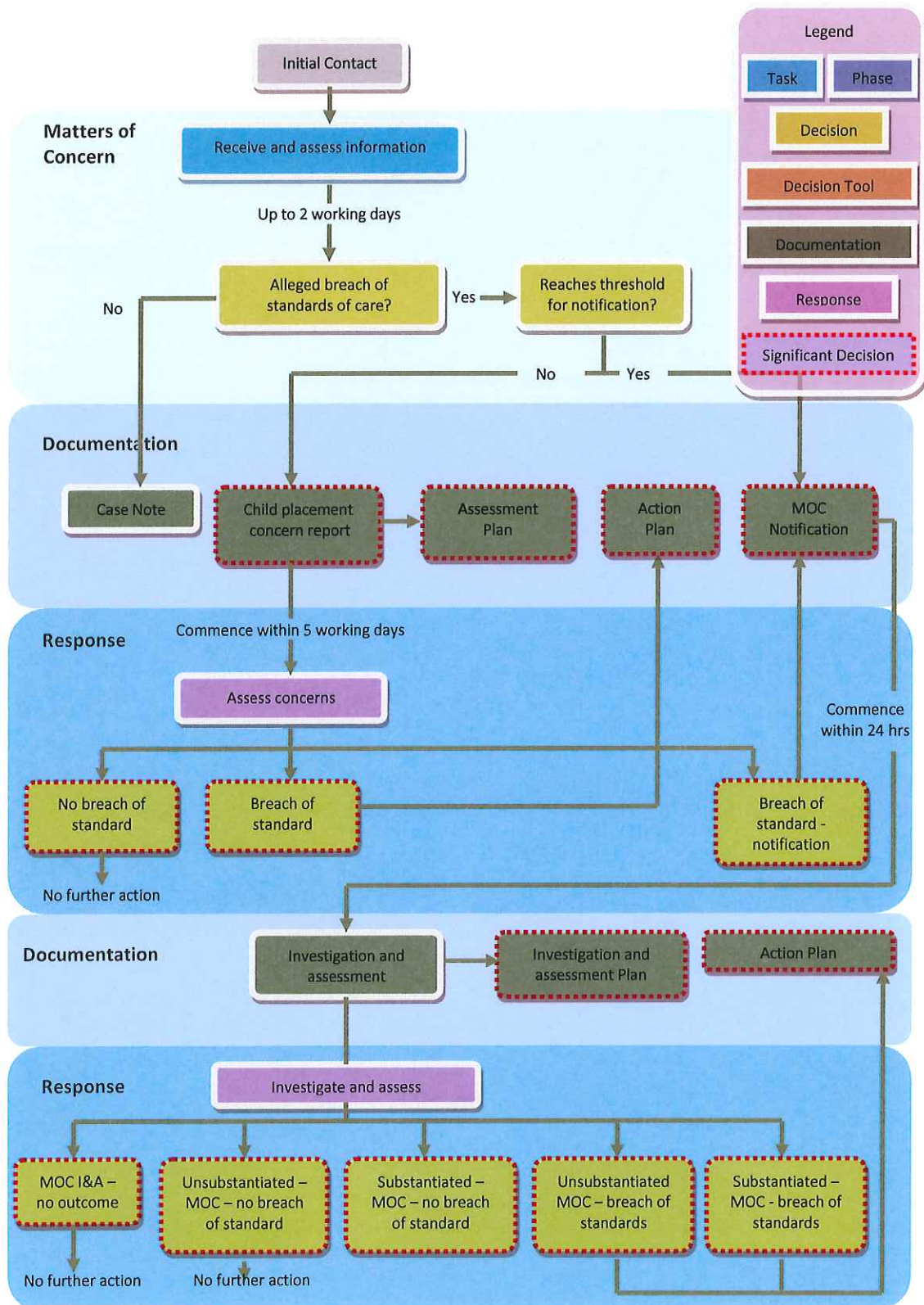
In accordance with the *Child Protection Act 1999*, section 6(1) and (2), Child Safety is required to provide the Recognised Entity with an opportunity to participate in the decision-making, where the decision is significant and consult with the Recognised Entity on all other decisions regarding Aboriginal and Torres Strait Islander children.

Child Safety defines the following as significant decisions in the **matters of concern process**:

- the appropriate Child Safety response, whether a child placement concern report or a notification
- the assessment plan for the matter of concern
- the decision about whether there has been a breach of the standards of care and/or harm or risk of harm to a child and
- the development of the action plan, where a breach of the standards has occurred

*Child Safety Practice Manual > Chapters > 10. General
> 10.1 Decision-making about Aboriginal and Torres Strait Islander children*

Figure 4 Child Safety Practice Map - Matters of Concern



Modified from *Child Safety Practice Manual* > Practice framework and maps
> Practice maps > Matters of Concern

Table 6 summarises the Recognised Entity's participation in the decision making process of significant decisions made by Child Safety during a matter of concern.

Table 6
Matters of concern

Significant decision	Recognised Entity's participation
1. The response to the information received and gathered (e.g. child placement concern report or notification)	Provide relevant cultural knowledge to Child Safety to assist in determining the appropriate response to the information received and gathered
2. The development of an: <ul style="list-style-type: none"> assessment plan for a child placement concern report and/or investigation and assessment plan for a notification 	Provide cultural and family information and advice to Child Safety to be considered as part of the planning of an: <ul style="list-style-type: none"> assessment of a child placement concern report and/or investigation and assessment of a matter of concern notification
3. The decision about whether there has been a breach of the standards of care and/or harm or risk of harm to a child	Assist Child Safety to implement the cultural components of: <ul style="list-style-type: none"> the assessment plan of a child placement concern report and the investigation and assessment plan of a matter of concern notification For example: <ul style="list-style-type: none"> Accompany Child Safety Officers on interviews with children to assist with the cross cultural information exchange Inform Child Safety Officers of the necessary cultural and family considerations when making decisions Provide Child Safety Officers with relevant information such as community protocols
4. The development of the action plan, where a breach of the standards has occurred	Provide cultural and family advice to Child Safety to be considered when developing an action plan Assist Child Safety to engage the child (where age appropriate) in the development of an action plan

Authority

4. *Child Protection Act 1999*, section 6
5. *Recognised Entity Service Agreement*
6. *Local Protocol Agreement*

References

2. *Child Safety Practice Manual*
 - Introduction > Recognised Aboriginal and Torres Strait Islander entities
 - Chapters > 10. General > 10.1 Decision-making about Aboriginal and Torres Strait Islander children > 1. Determine whether a matter is a 'significant decision'

Key Steps

1. Provide relevant cultural knowledge to inform the appropriate response
2. Inform the planning of the assessment and/or the investigation and assessment
3. Assist Child Safety to implement the cultural components of the assessment plan and/or the investigation and assessment plan
4. Assist Child Safety when informing the child and parents
5. Provide cultural and family information and advice to inform the development of an action plan
6. Record Keeping

Some organisations may provide both a Recognised Entity function and a Licensed Care Service, and as such provide services to both children and approved carers or care staff during a **matter of concern process**.

Whilst the Recognised Entity has no responsibility to approved carers or care staff, the Licensed Care Service does, and in stances where one organisation provides both functions there is the potential for a conflict of interest to arise.

To minimise the potential for conflicts of interest, organisations that provide both a Recognised Entity function and a Licensed Care Service, must ensure both functions are represented by discrete staff during the **matters of concern process**.

This will ensure each function is the responsibility of a dedicated staff member and will enable each staff member to focus on fulfilling the discrete responsibilities of their specific role (e.g. Recognised Entity or carer support).

Provide relevant cultural knowledge to inform the appropriate response

Within two working days of the receipt of the information provided by the notifier, the following decisions must be made [by Child Safety]:

- whether the information received indicates a breach of the standards
- if so, the most appropriate response to the matter of concern

*Child Safety Practice Manual > Chapters > 9. Matters of concern
> 1. Decide whether information constitutes a matter of concern*

4. Information required by the Recognised Entity when requested by Child Safety to participate in the decision making process of significant decisions during a matter of concern process includes:

- a description of notifier's concerns
- the date the information was received from the notifier



- the child's details
 - the carer's details
 - the child protection history and other relevant history
5. When allocated a matters of concern referral, the Recognised Entity representative will telephone the referring Child Safety Officer to seek any additional information required to respond to the request.
6. Once sufficient information is received to respond to the matters of concern referral, the Recognised Entity representative will gather the following information:
- specific information, if relevant, about the child
 - cultural knowledge relevant to the notified concerns, for example:
 - earlier independence of children
 - children taking responsibility at an earlier age
 - cultural authority within kinship/clan groups
 - cultural responsibility among the extended family and community
7. The Recognised Entity representative may gather the above information through:
- perusal of internal records
 - internal discussions with team members to draw on individual worker knowledge of the immediate family, extended kinship network, community support network and cultural setting



8. The Recognised Entity representative will telephone the referring Child Safety Officer to provide the information gathered within **two working days** of Child Safety receiving the information from the notifier.
9. The Recognised Entity representative will record the following on a *Recognised Entity Matters of Concern Form*:
 - the date the information and advice was provided
 - the details of the information and advice provided
 - Child Safety's response to the information and advice provided by the Recognised Entity
 - Child Safety's response to the notified concerns

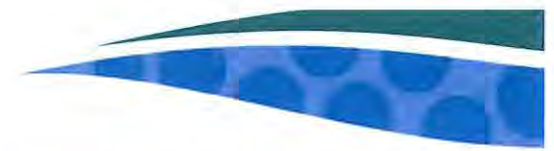
Inform the planning of the assessment and/or investigation and assessment

Child Placement Concern Report:

Prior to meeting with the child and the approved carer or staff member, [Child Safety is required to] develop an assessment plan in consultation with the team leader and senior practitioner, and where applicable, the licensed care service or recognised entity.

*Child Safety Practice Manual > Chapters > 9. Matters of concern
> 2. Assess a child placement concern report > 2.3 Plan the assessment*

Child Safety will commence the assessment of concerns within **5 days** from the decision to record a **child placement concern report**.



A meeting to develop an assessment plan therefore will need to occur within this timeframe.

10. To assist Child Safety in planning the assessment of a child placement concern report, the Recognised Entity representative may provide the following:

- additional sources of information that may potentially inform the assessment
- advice and recommendations, including the basis for any recommendations regarding:
 - the appropriate sequence of assessment actions, including whether to have face-to-face contact with the child before, or following the discussion with the carer
 - culturally acceptable interview practices
 - when and how to verbally inform the child's parent of the child placement concern report and the actions taken by Child Safety
 - how the child should be provided with access to a culturally appropriate support person or advocate throughout the assessment process
 - required contingency plans for responding to issues and difficulties that may impact on the assessment process

11. The Recognised Entity representative may gather the above information through:

- perusal of internal records



- internal discussions with team members to draw on individual worker knowledge of the immediate family, extended kinship network, community support network and cultural setting

12. The Recognised Entity representative will record the following information on the *Recognised Entity Matters of Concern Form*:

- the date the information and advice was provided
- the details of the information and advice provided
- Child Safety's response to the information and advice provided
- The date the assessment of the child placement concern report is to commence

Matter of concern – notification:

Child Safety will commence the investigation and assessment of concerns within **24 hours** from the decision to record a **matter of concern notification**.

A meeting to develop an investigation and assessment plan therefore will need to occur within this timeframe.

13. To assist Child Safety in planning the investigation and assessment of a matter of concern - notification, the Recognised Entity representative may provide the following:

- additional sources of information that may potentially inform the assessment



- advice and recommendations, including the basis for any recommendations, regarding:
 - culturally acceptable interview practices
 - how the child should be provided with access to a culturally appropriate support person or advocate throughout the assessment process
 - whether or not the information on the notification meets the prescribed criteria for a referral to a SCAN Team
 - whether children who previously have been placed in the care environment, or children who attend respite in the care environment should be interviewed
 - any other key people that may need to be interviewed and planning how (e.g., personal and professional)
 - whether there are any personal safety issues indicated in the history or current information, and if there are, developing safety strategies
 - the roles and responsibilities of the Recognised Entity during the investigation and assessment process
 - when and how to verbally inform the child's parent of the matter of concern notification and investigation and assessment and the actions taken by Child Safety

14. The Recognised Entity representative may obtain the above information through:
 - perusal of internal records
 - internal discussions with team members to draw on individual worker knowledge of the immediate family, extended kinship network, community support network and cultural setting
15. The Recognised Entity representative will record the following information on the *Recognised Entity Matters of Concern Form*:
 - the date the information and advice was provided
 - the details of the information and advice provided
 - Child Safety's response to the information and advice provided
 - the date the assessment of the child placement concern report is to commence

Assist Child Safety to implement the cultural components of the assessment plan (CPCR) or investigation and assessment plan (MOC Notification)

16. During Child Safety's interviews with the child, the Recognised Entity representative may, if present:
 - explain their role and function to the child (within the limits of the child's ability)



- assist Child Safety to engage in culturally acceptable communication and interpersonal behaviours whilst interviewing the child
 - assist the child (within the limits of the child's ability) to understand the information provided to them by Child Safety
 - assist Child Safety to understand the information provided to them by the child
 - assist Child Safety to inform the child (within the limits of the child's ability) of what happens next in the process
17. If not covered during the interview of the child, following the interview, the Recognised Entity representative will assist Child Safety to:
- interpret the meaning of any non-verbal communication the child engaged in whilst being interviewed
 - consider the child's cultural, community and family factors when identifying the risk and protective factors
 - consider the child's cultural, community and family factors when making decisions
18. The Recognised Entity representative may obtain the above information through:
- perusal of internal records

- internal discussions with team members to draw on individual worker knowledge of the immediate family, extended kinship network, community support network and cultural setting
19. The Recognised Entity representative will record the following information on the *Recognised Entity Matters of Concern Form*:
- the date the information and advice was provided
 - the details of the information and advice provided
 - whether a change in out-of-home placement was required
 - Child Safety's response to the information and advice provided
20. In the event a child needs to be placed elsewhere during the assessment process of a child placement concern report or the investigation and assessment process of a matter of concern notification, please refer to the [Placement section](#) of this manual.

Matter of concern outcome

There are **three possible outcomes** for the assessment of a **child placement concern report**, as outlined below.

1. Breach of standards - notification

This outcome is recorded when:

- the approved carer or staff member's actions, inactions or behaviour indicate a breach of the legislated standards
- the concerns have had, or are likely to have, a significant detrimental effect on the child and meet the threshold for a notification

2. Breach of standards

This outcome is recorded when:

- the approved carer or staff member's actions, inactions or behaviour indicate a breach of the legislated standards in that the care provided is inadequate or poor quality

- there is no identified impact on the child
- there may be some impact for the child however the provision of inadequate or poor quality care has not had, and is unlikely to have, a detrimental effect of a significant nature

3. No breach of standards

This outcome is recorded when:

- no harm or risk of harm to the child is indicated
- the approved carer or staff member's actions, inactions or behaviour do not indicate a breach of the legislated standards of care
- the decision is made not to conduct an assessment, in accordance with the procedure for responding to vexatious or malicious notifiers

*Child Safety Practice Manual > Chapters > 9. Matters of concern >
2. Assess a child placement concern report*

There are **five possible outcomes** for the investigation and assessment of a **matter of concern notification**, as outlined below.

1. Substantiated - matter of concern

This outcome is recorded when:

- the child has experienced harm and/or is likely to experience future harm
- the actions or inactions of the approved carer or staff member have contributed to the harm or risk

2. Substantiated - matter of concern - no breach of standards

This outcome is recorded when:

- the child has experienced harm and/or is likely to experience future harm however the actions or inactions of the approved carer or staff member have not contributed to the harm (for example, there is no indication of an approved carer or staff member's failure to protect a child)
- there is no indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*

3. Unsubstantiated - matter of concern - breach of standards

This outcome is recorded when:

- the child has not experienced harm and is unlikely to experience future harm
- there is an indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*

4. Unsubstantiated - matter of concern - no breach of standards

This outcome is recorded when:

- the child has not experienced harm and is unlikely to experience future harm
- there is no indication that the approved carer or staff member has failed to meet the standards of care required under the *Child Protection Act 1999*

5. Matter of concern I & A - no outcome

This outcome is recorded:

- only in exceptional circumstances where the investigation and assessment cannot be completed, for example, a historical matter of concern notification
- when the decision is made not to conduct an investigation and assessment, in accordance with the procedure for responding to vexatious or malicious notifiers

*Child Safety Practice Manual > Chapters > 9. Matters of concern >
Investigate and assess a matter of concern notification*

21. The Recognised Entity representative will contribute to discussion regarding the outcome decision by assisting Child Safety to take the child's cultural, community and family context into consideration.
22. If necessary, the Recognised Entity representative will telephone the relevant Child Safety Officer to obtain information (e.g. the matters of concern outcome) required to complete the *Recognised Entity Matters of Concern Form*.
23. The Recognised Entity representative will record the following information on the *Recognised Entity Matters of Concern Form*:
 - the date the Matter of Concern Outcome was received from Child Safety
 - the details of the Matter of Concern Outcome
 - whether there is consistency between the circumstances of the child, the information gathered by Child Safety, and the outcome
 - if not, the reason for the inconsistency and the attempts made to resolve the matter
24. If the Recognised Entity representative disagrees with the decision making process used by Child Safety to reach the decision made, the Recognised Entity representative must make reasonable attempt to resolve the matter (refer to section titled – *Managing disagreements regarding the decision making process*).

Assist Child Safety when informing the child and parents

25. The Recognised Entity representative may provide information and advice to Child Safety on how and when child's parent/s should be informed of the matter of concern:
- during the development of the assessment plan or investigation and assessment plan and
 - at the conclusion of the process to allow for any additional information collected during the process to be considered
26. The Recognised Entity representative will wherever appropriate and when requested, accompany the Child Safety Officer to a meeting with the child's parent/s to provide verbal advice of the child placement concern report or matter of concern notification, the actions taken and the outcome.
27. At this meeting, the Recognised Entity representative may:
- explain their role and function to the parents
 - assist Child Safety to engage in culturally acceptable communication and interpersonal behaviours whilst speaking with the parents
 - assist the parents to understand the information provided to them by Child Safety
 - assist Child Safety to understand the information provided to them by the parents

- assist Child Safety when providing the parents with information about:
 - their right to request the information in writing
 - Child Safety's complaint process
 - the next step in the process following the conclusion of the meeting
28. The Recognised Entity representative will wherever appropriate and requested, also accompany the Child Safety Officer to a meeting with the child (if age appropriate) to provide verbal advice of the child placement concern report or matter of concern notification, the actions taken and the assessment outcome.
29. At this meeting, the Recognised Entity representative may:
- explain their role and function to the child (within the limits of the child's ability)
 - assist Child Safety to engage in culturally acceptable communication and interpersonal behaviours whilst speaking with the child
 - assist the child (within the limits of the child's ability) to understand the information provided to them by Child Safety
 - assist Child Safety to understand the information provided to them by the child
 - assist Child Safety when providing the child (within the limits of the child's ability), with information about:
 - their right to request the information in writing

- Child Safety's complaint process
- the next step in the process following the conclusion of the meeting

30. The Recognised Entity representative will record the following information on the

Recognised Entity Matters of Concern Form:

- whether the Recognised Entity was invited by Child Safety to participate in informing the child and parents of the Matter of Concern Outcome
- If yes:
 - the details of participation
 - the details of any assistance provided

Provide cultural and family information and advice to inform the development of an Action Plan

Child Safety must develop an Action Plan for all matters of concern that have one of the following outcomes:

- child placement concern report - 'Breach of standards'
- investigation and assessment - 'Substantiated – matter of concern'
- investigation and assessment - 'Unsubstantiated – matter of concern – breach of standards'

There are **two exceptions** to this requirement. No action plan is required where:

- a decision is made to cancel an approved carer's certificate of approval, unless the decision is overturned by the Queensland Civil and Administrative Tribunal (QCAT)
- the child is removed from a kinship carer and there are no other children placed with the carer

Child Safety Services or the **licensed care service** will involve the following persons in the development of an action plan:

- the child, where of an appropriate age and ability
- the CSO with case responsibility for the child
- the recognised entity, where the child is Aboriginal or Torres Strait Islander
- the approved carer or staff member
- the approved carer's support worker (from the licensed care service, Child Safety Services or another entity)
- the manager or coordinator of the licensed care service, where relevant

The action plan, developed by either Child Safety Services or the licensed care service will:

- incorporate all actions considered necessary to address the identified concerns and prevent further concerns from arising
- outline the responsibilities of Child Safety Services, the approved carer or staff member and the licensed care service or another entity for implementing and monitoring the action plan tasks
- respond to the child's safety and support needs within the placement, particularly where the child presents with a history of behavioural disturbances or multiple placements
- respond to any systemic issues identified that have contributed to the breach of the standards of care, that can be addressed by Child Safety Services, licensed care service or another entity
- identify the approved carer or staff member's specific supervision, support and training needs and how they will be resourced
- document strategies to deal with any systemic issues likely to impact on the ability of stakeholders to address the identified concerns
- incorporate when and how the review will take place

The review of an action plan will occur **within six months** of being approved, and the review is the responsibility of either Child Safety Services or the licensed care service that developed the action plan. The review meeting is to include all persons responsible for the implementation of the action plan, including the approved carer or staff member. Where the timeframe permits, the review may also be incorporated into the review of the placement agreement for the child or the review of the foster carer agreement.

*Child Safety Practice Manual > Chapters > 9. Matters of concern
> 4. Develop and monitor an action plan*

31. The Recognised Entity may contribute to the development and review meetings of an action plan by:

- explaining their role and function to the participants of the meeting
- assisting participants to engage in culturally acceptable communication and interpersonal behaviours, particularly if the child is present at the meeting

- assisting the child (within the limits of the child's ability) to understand the information provided to them by the meeting's participants
- assisting the participants to understand the information provided to them by the child
- assisting the participants to interpret the child's non-verbal communication
- assisting the participants to take the child's cultural, community and family factors into consideration when developing the Action Plan
- assisting Child Safety to inform the child (within the limits of the child's ability) of what happens next in the process

32. The Recognised Entity representative will record the following information on the

Recognised Entity Matters of Concern Form:

- whether they were invited by Child Safety to participate in the development of an Action Plan
- If yes:
 - the details of participation
 - the details of any assistance provided

Record Keeping

33. The Recognised Entity representative will:

- record relevant discussions (including the information gathering activities) on *Case Notes*
- record their participation, and the outcome of their participation in the decision making process of significant decisions made by Child Safety during the matter of concern on a *Recognised Entity Matters of Concern Form*
- print all relevant incoming and outgoing emails
- place the above records on the child or children's file/s and
- provide a copy of the completed *Recognised Entity Matters of Concern Form* to the referring Child Safety Officer at the conclusion of the referral

Date recorded on the referral: Click here to enter a date.

Name of child or children listed on the referral:

Name of referring Child Safety Officer:

Child Safety Service Centre:

Provide relevant cultural knowledge to inform the appropriate response

Name of RE representative that provided the cultural knowledge:

Date the information was provided

Click here to enter a date.

Name of Child Safety Officer the information was provided to:

Cultural information and advice provided, relevant to the notified concerns:

Other information or advice provided:

Child Safety Officer's response to the information provided:

Child Safety response:

Date Child Safety provided their response to the notified concerns:

Click here to enter a date.

Name of person that provided Child Safety's response:

Child Safety response:

- ☐ Information does not constitute a matter of concern
- No further action taken
- ☐ Information does constitute a matter of concern
- Select one of the following:
 - ☐ Child placement concern report (CPCR)
 - ☐ Matter of concern notification (MOC Not.)
 - Go to the next section

Inform the planning of the assessment (CPCR) or investigation and assessment (MOC Not.):

Were you invited by Child Safety to participate in developing an assessment plan (CPCR) or investigation and assessment plan (MOC Not.)?

☐ Yes

☐ No

If No, state the reason including the attempts you made to participate:

If Yes, complete the following:

Date of participation:

Click here to enter a date.

Name of Child Safety Officer the information was provided to:

Information provided regarding additional sources of information that may potentially inform the assessment (CPCR) or investigation and assessment (MOC Not.):

Information and advice provided regarding the appropriate sequence of actions, including whether to have face-to-face contact with the child before, or following the discussion with the

Inform the planning of the assessment (CPCR) or investigation and assessment (MOC Not.):	
carer:	
Information and advice provided regarding culturally acceptable interview practices:	
Information and advice provided regarding when and how to verbally inform the child's parent of the CPCR or the MOC Not. and the actions taken by Child Safety:	
Information and advice provided regarding how the child should be provided with access to a culturally appropriate support person or advocate throughout the CPCR assessment or MOC Not. investigation and assessment:	
Information and advice provided regarding required contingency plans for responding to issues and difficulties that may impact on the assessment process:	
Other information or advice provided:	
Child Safety Officer's response to the information provided:	
If planning an investigation and assessment of a MOC Not., also complete the following:	
Information and advice provided regarding whether children who previously have been in the care environment or children who attend respite in the care environment should be interviewed:	
Information and advice provided regarding whether the information received meets the prescribed criteria for a referral to a SCAN Team:	
Date the CPCR assessment or MOC Not. investigation and assessment is scheduled to commence:	Click here to enter a date.

Assist Child Safety to implement the cultural components of the assessment and/or investigation and assessment plan:	
Did you attend Child Safety's interviews with the child, during the assessment of the CPCR or the investigation and assessment of the MOC Not?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please state the reason, including the attempts you made to participate:	

Assist Child Safety to implement the cultural components of the assessment and/or investigation and assessment plan:

Was a change in out-of-home placement required during the assessment of the CPR or investigation and assessment of the MOC Not? ☐ Yes ☐ No

Were the communication practices used by Child Safety during the CPR assessment or the MOC Not. investigation and assessment, inclusive and sufficient to gather comprehensive information and elicit the views of the child/ren to inform decisions made? ☐ Yes ☐ No

If No, state the reason, including the attempts you made to resolve any issues:

Was the information gathered from, and the views expressed by, the child/ren, understood by Child Safety, within the context of the child/ren's culture? ☐ Yes ☐ No

If No, state the reason, including the attempts you made to resolve any issues:

Did Child Safety take the relevant information and the views of the child/ren into consideration when making decisions? ☐ Yes ☐ No

If No, state the reason, including the attempts you made to resolve any issues:

Additional information/comments (e.g. key points of discussion with Child Safety):

MOC outcome:

Date outcome was received from Child Safety: Click here to enter a date.

Name of person that provided Child Safety's outcome:

Please select the outcome:

Child placement concern report:

☐ Breach of standards notification:

NB Action plan is not required for this outcome

List the names of the children this outcome applies to:

☐ Breach of standards

NB Action plan is required for this outcome

List the names of the children this outcome applies to:

☐ No breach of standards

NB Action plan is not required for this outcome

List the names of the children this outcome applies to:

MOC notification:

☐ Substantiated – matter of concern

NB Action plan is required for this outcome

List the names of the children this outcome applies to:

☐ Substantiated – matter of concern – no breach of standards

NB Action plan is not required for this outcome

List the names of the children this outcome applies to:

☐ Unsubstantiated – matter of concern – breach of standards

NB Action plan is required for this outcome

MOC outcome:	
	List the names of the children this outcome applies to:
	<input type="checkbox"/> Unsubstantiated – matter of concern – no breach of standards NB Action plan <u>is not</u> required for this outcome
	List the names of the children this outcome applies to:
	<input type="checkbox"/> Matter of concern I & A – no outcome NB Action plan <u>is not</u> required for this outcome
List the names of the children this outcome applies to:	
In your opinion, is there consistency between the circumstances of the child, the information gathered by Child Safety during the assessment of the CPR or investigation and assessment of the MOC Not. and the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state the reason, including the attempts you made to resolve this issue:	

Assist with informing the parents of the outcome:	
Were you invited by Child Safety to participate in informing the parents of the outcome of the MOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state the reason, including the attempts you made to participate:	

If yes, complete the following:	
What was the level of your participation:	<input type="checkbox"/> Provision of information and advice to Child Safety only <input type="checkbox"/> Provision of information and advice and attendance at Child Safety's meeting with the parents
Details of the information and advice provided:	
Details of the assistance provided at Child Safety's meeting with the parents, if attended:	

Assist with informing the child/ren of the outcome:	
Were you invited by Child Safety to participate in informing the child/ren of the outcome of the MOC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state the reason, including the attempts you made to participate:	

If yes, complete the following:	
What was the level of your participation:	<input type="checkbox"/> Provision of information and advice to Child Safety only <input type="checkbox"/> Provision of information and advice and attendance at Child Safety's meeting with the child/ren
Details of the information and advice provided:	
Details of the assistance provided at Child Safety's meeting with the child/ren, if attended:	

Assist with the development of an action plan:	
Were you invited by Child Safety to participate in the development of an action plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assist with the development of an action plan:

If No, state the reason, including the attempts you made to participate:

If Yes, please complete the following:

Meeting date:	Click here to enter a date.
Attendees:	
Assistance provided to participants regarding engaging in culturally acceptable communication and interpersonal behaviours if the child/ren was/were present at the meeting:	
Assistance provided to ensure the child understands the information provided to them by the meeting's participants:	
Assistance provided to ensure the participants understand the information provided to them by the child:	
Assistance provided to ensure the participants understand the meaning of the child/ren's non-verbal communication:	
Assistance provided to ensure the action plan takes the child/ren's cultural, community and family factors into consideration:	
Assistance provided to Child Safety to ensure the child/ren (within the limits of ability) understand/s the next step in the process following the conclusion of the meeting:	
Other information, advice or assistance provided:	
Date for review of the action plan:	Click here to enter a date.

Checklist:

Relevant discussions (including the internal information gathering activities) have been recorded on Case Notes and placed on the child/ren's file/s	<input type="checkbox"/>
All email communication has been printed and placed on the child/ren's file/s	<input type="checkbox"/>
The completed <i>Recognised Entity Matters of Concern Form</i> has been placed on the child/ren's file/s	<input type="checkbox"/>
A copy of the completed <i>Recognised Entity Matters of Concern Form</i> has been forwarded to the relevant Child Safety Officer	<input type="checkbox"/>
If the child or children required a change of placement, the practice and recording requirements of the section titled Placement have been completed	<input type="checkbox"/>

RESPONDING TO DECISIONS OTHER THAN SIGNIFICANT DECISIONS

Introduction

Sections 6 (1) and (2) of the *Child Protection Act 1999* state:

When making a **significant decision**² about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must give an opportunity to a recognised entity to **participate** in the decision making process.

When making a decision, **other than a significant decision**, about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must **consult**³ with a recognised entity for the child before making the decision.

The *Child Protection Act 1999*, therefore acknowledges the importance of Aboriginal and Torres Strait Islander involvement in all in child protection decision-making about Aboriginal and Torres Strait Islander children.

The intent of the legislation is to ensure that:

- Aboriginal and Torres Strait Islander children receive culturally appropriate and inclusive child protection services
- Child Safety Services delivers these services in a collaborative manner with Aboriginal and Torres Strait Islander organisations
- effective efforts are made to address the over-representation of Aboriginal and Torres Strait Islander children in the child protection system

Child Safety Practice Manual > Chapters > 10. General
> 10.1 Decision-making about Aboriginal and Torres Strait Islander children
> 1. Determine whether a matter is a 'significant decision'

² *Child Protection Act 1999*, section 6(6), defines a **significant decision** about an Aboriginal or Torres Strait Islander child as one that is likely to have a significant impact on the child's life.

³ "Consult" is defined as "discuss with"

In administering the legislation, Child Safety also acknowledges the importance of Aboriginal and Torres Strait Islander involvement in **all** child protection decision-making about Aboriginal and Torres Strait Islander children at a practice level.

Child Safety Services works collaboratively with the recognised entity for the child, when making decisions about an Aboriginal or Torres Strait Islander child. In accordance with the *Child Protection Act 1999*, section 6(1) and (2), Child Safety Services is required to either:

- provide the recognised entity with an opportunity to participate in the decision-making, where the decision is significant
- consult with the recognised entity on all other decisions

[Child Safety Practice Manual > Introduction](#)
[> Recognised Aboriginal and Torres Strait Islander entities](#)

The procedures Recognised Entities follow when participating in the decision making process of significant decisions made by Child Safety about Aboriginal and Torres Strait Islander children are provided for in other sections of this manual (e.g. Intake, Investigation and Assessment, Case Planning, Placement, SCAN and Childrens Court Applications).

The procedures Recognised Entities follow when being consulted by Child Safety in decisions other than a significant decision, are provided for in this section.

In summary, for **any decision that is not a significant decision** under the legislative provisions, Child Safety must **consult** with the Recognised Entity **before** the decision is made; however Child Safety is not legislatively obliged to have the Recognised Entity **participate** in the decision making process.

Decisions that require consultation are not specifically defined in the legislation or in practice as they relate to **all** other decisions other than a significant decision.

Authority

1. *Child Protection Act 1999*, Section 6(2)
2. *Recognised Entity Service Agreement*
3. *Local Protocol Agreement*

References

1. *Child Safety Practice Manual* > General procedures – Decision Making about Aboriginal and Torres Strait Islander children

Key Steps

1. Use professional judgement
 - Record Keeping
2. Participate in a consultation process
 - Record Keeping

Use professional judgement

As cultural, family and community issues are specific to each child, Child Safety is required to use professional judgement to determine whether other decisions should be responded to as a significant decision.

The *Child Protection Act 1999*, section 6(6), defines a significant decision about an Aboriginal or Torres Strait Islander child as one that is likely to have a significant impact on the child's life. Officers of Child Safety Services **must** ensure that the recognised entity is informed about, and involved in the decision-making process for these decisions.

There may be additional matters that are significant for an individual child. Taking into account cultural and family issues specific to each child's family and community, use professional judgment to determine whether other decisions should be responded to as significant decisions.

*Child Safety Practice Manual > Chapters > 10. General
> 10.1 Decision-making about Aboriginal and Torres Strait Islander children
> 1. Determine whether a matter is a 'significant decision'*

Discussions regarding whether other decisions should be responded to as a significant decision can be initiated by either the Recognised Entity or Child Safety; however Child Safety retains the authority to determine the appropriate course of action.

1. When allocated a referral to consult on a decision that is not a significant decision, the Recognised Entity representative will telephone the referring Child Safety Officer to seek any additional information required to respond to the request.
2. Once sufficient information is received to respond to the referral, the Recognised Entity representative will consider the decision within the context of the child's specific culture, family and community and establish whether a discussion with Child Safety is required to determine the significance of the decision to the child.
3. If a discussion to determine the significance of the decision occurs between the Recognised Entity representative and Child Safety, the Recognised Entity representative will provide the following information:
 - any specific information that needs to be taken into consideration when determining the significance of the decision
 - an explanation of how and why the information provided impacts on the decision and influences its significance

- the likely impact on the child, family and community of the decision and how it is made
 - the people in the child's family and community networks that are appropriate to consult with or participate in making the decision
 - the process to follow when engaging the appropriate people
4. If following discussions, there is disagreement regarding the significance of the decision, the Recognised Entity representative must make reasonable attempt to resolve the matter (refer to section titled – **Managing disagreements regarding the decision making process**).
5. The Recognised Entity representative will record the following information in the relevant sections of a **Recognised Entity Non-Significant Decision Form**:
- whether a discussion occurred with the referring Child Safety Officer to determine the significance of the decision
 - if yes:
 - the date of the discussion
 - the details of the information and advice provided
 - the Child Safety Officer's response to the information and advice provided
 - whether there was agreement regarding the significance of the decision

- If no, the attempts made to resolve the matter
6. If it is determined that the decision is **not significant** for an individual child, the Recognised Entity representative will **consult** with the referring Child Safety Officer.
7. If it is determined that the decision is **significant** for an individual child, the Recognised Entity representative will:
- **participate in the decision-making process** as required and
 - record the details of their participation in the decision making process on a *Case Note*

Participate in a consultation process

8. When discussing (either in person or over the telephone) a decision other than a significant decision, the Recognised Entity representative may provide:
- specific cultural and family information and advice requested by the Child Safety Officer, if known; and
 - any other information and advice that may assist the Child Safety Officer to make the decision
9. The Recognised Entity representative will:
- record relevant discussions (including the information gathering activities) on *Case Notes*

- record the details and outcome of the consultation on a *Recognised Entity Non-Significant Decision Form*
- print all relevant incoming and outgoing emails
- place the above records on the child or children's file/s and
- provide a copy of the completed *Recognised Entity Non-Significant Decision Form* to the referring Child Safety Officer at the conclusion of the referral

Date recorded on the referral: [Click here to enter a date.](#)

Name of child or children listed on the referral:

Name of referring Child Safety Officer:

Child Safety Service Centre:

Use professional judgement:

Name of RE representative:

Did a discussion occur with the referring Child Safety Officer to determine the significance of the decision:

☐ Yes ☐ No

If yes:	Date of the discussion:	Click here to enter a date.
	Name of Child Safety Officer:	
	Detail the information and advice provided in relation to the following where relevant:	
	Any specific information that needs to be taken into consideration when determining the significance of the decision:	
	An explanation of how and why the information provided impacts on the decision and influences its significance:	
	The likely impact on the child, family and community of the decision and how it is made:	
	The people in the child's family and community networks that are appropriate to be engaged to consult with or participate in making the decision:	
	The process to follow when engaging the appropriate people:	
	Other information or advice provided:	
	The Child Safety Officer's response to the information and advice provided:	Choose an item.
Was agreement reached regarding the significance of the decision:		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no:	Detail the attempts made to resolve the matter	

Participate in a consultation process:

Name of RE representative that provided the information and advice:		
Date information and advice was provided:		Click here to enter a date.
Name of Child Safety Officer information and advice was provided to:		
Specific cultural and family information and advice provided:		
Any other information and advice provided:		
Child Safety Officer's response to the information and advice provided:		

Checklist:	
Relevant discussions (including the internal information gathering activities) have been recorded on Case Notes and placed on the child/ren's file/s	<input type="checkbox"/>
All email communication have been printed and placed on the child/ren's file/s	<input type="checkbox"/>
The completed <i>Recognised Entity Non-Significant Decision Form</i> has been placed on the child/ren's file/s	<input type="checkbox"/>
A copy of the completed <i>Recognised Entity Non-Significant Decision Form</i> has been forwarded to the referring Child Safety Officer	<input type="checkbox"/>

RESPONDING TO REQUESTS FOR CONSULTATION AFTER A DECISION HAS BEEN MADE

Introduction

Section 6 of the *Child Protection Act 1999* states:

- (1) When making a significant decision about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must give an opportunity to a recognised entity for the child to participate in the decision-making process.
- (2) When making a decision, other than a significant decision, about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must consult with a recognised entity for the child before making the decision.
- (3) However, if compliance with subsection (1) or (2) is not practicable because a recognised entity for the child is not available or urgent action is required to protect the child, the chief executive or an authorised officer must consult with a recognised entity for the child as soon as practicable after making the decision.

Therefore in instances where either urgent action is required or the Recognised Entity is not available, Child Safety is able to make a decision regarding an Aboriginal or Torres Strait Islander child and consult with the Recognised Entity as soon as practicable after making the decision.

Authority

1. *Child Protection Act 1999*, Section 6(3)
2. *Recognised Entity Service Agreement*
3. *Local Protocol Agreement*

References

4. *Child Safety Practice Manual* > General procedures – Decision Making about Aboriginal and Torres Strait Islander children

Key Steps

1. Provide cultural and family information and advice
 2. Record Keeping
-

Provide cultural and family information and advice

Please Note: a *Recognised Entity Referral Form* is not required to initiate a consultation process after a decision has been made, if a referral was forwarded prior to the decision being made, however the Recognised Entity was unavailable.

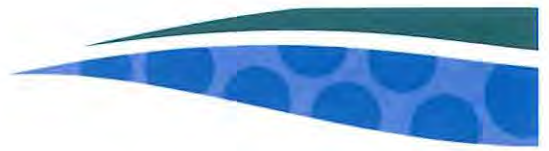
A *Recognised Entity Referral Form* is required to initiate a consultation process after a decision has been made, if a referral was not forwarded prior to the decision being made, due to urgent action being required.



For further information regarding the referral process, please refer to the section titled:

Managing incoming referrals.

1. When allocated a referral that was unable to be accepted due to capacity or when allocated a referral for consultation after a decision was made due to Child Safety's need to act urgently, the Recognised Entity representative will telephone the referring Child Safety Officer as soon as practicable to seek any additional information required to respond to the request.
2. Once sufficient information is received, the Recognised Entity representative may gather the following information:
 - specific cultural and family information and advice requested by the Child Safety Officer, if known; and
 - any other information and advice that may assist the Child Safety Officer to determine what further action may be required
3. The Recognised Entity representative may gather the above information through:
 - perusal of internal records
 - internal discussions with team members to draw on individual worker knowledge of the immediate family, extended kinship network, community support network and cultural setting



4. The Recognised Entity representative will telephone the referring Child Safety Officer to provide the information gathered in a timely manner.

Record Keeping

5. The Recognised Entity representative will:
 - record relevant discussions (including details of the information gathering activities, details of the information and advice provided and details of the Child Safety Officer's response to the information and advice) on *Case Notes*
 - print all relevant incoming and outgoing emails
 - place the above records on the child or children's file/s



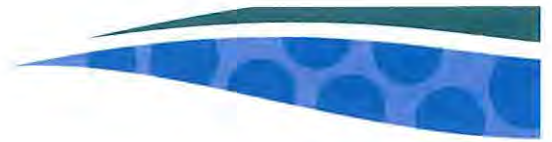
MANAGING DISAGREEMENTS REGARDING THE DECISION-MAKING PROCESS

The success of the partnership between the Recognised Entity and Child Safety relies upon honest and transparent communication and information sharing and a sound understanding of the role each partner plays in the partnership.

Whilst **Child Safety is the sole delegated authority to make decisions** regarding all children involved in the child protection system, the Recognised Entity is responsible for promoting the use of culturally acceptable processes and practices by Child Safety, to gather the information required to inform the decisions made.

In instances where a Recognised Entity representative believes there is inconsistency between the circumstances of the child and family, the information gathered to inform a decision and the decision made by Child Safety, the Recognised Entity representative may engage the relevant Child Safety Officer to reflect on whether:

- the communication practices used were inclusive and sufficient to gather comprehensive information and elicit the views of the family and community, to inform the decision made
- the information gathered and the views expressed by the family and community, were understood within the relevant cultural context; and
- in making the decision, the Child Safety Officer took the relevant information and the views of the family and community into consideration



MANAGING DISAGREEMENTS REGARDING THE DECISION MAKING PROCESS

The above discussion focuses on the process of making the decision rather than on the decision itself and demonstrates that the decision making process is more important to the Recognised Entity, than the decision, as culturally acceptable processes and practices are likely to result in sound decisions.

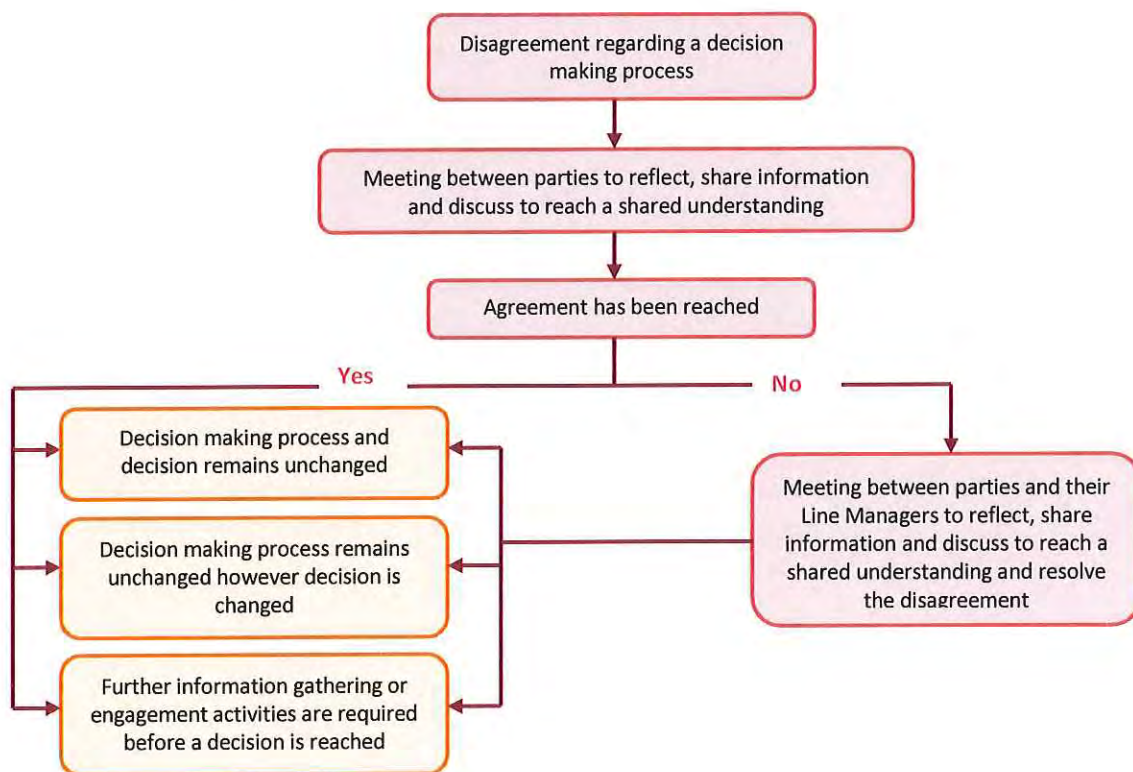
As disagreements are generally the result of a lack of shared information or understanding, it is important that each party shares sufficient information with the other and enters into respectful discussion to promote a shared understanding.

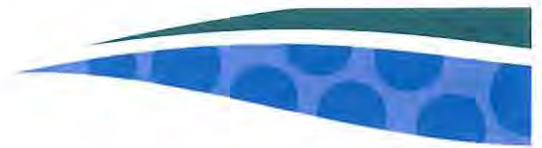
A resolution is likely to be reached by either clearing up a misunderstanding caused by a lack of information or by reaching a new level of understanding by clarifying information.

The content of all discussion must maintain a focus on what is in the best interests of the child or children in question. However the method of communication must maintain a focus on preserving or restoring the working relationship.

If agreement is unable to be achieved, either party may refer the matter to their Line Manager for further discussion (see following page for flowchart).

Figure 5 - Flowchart for managing disagreements regarding a decision making process





APPENDIX 1

Child Protection Act 1999

Section 6 Provisions about Aboriginal and Torres Strait Islander Children

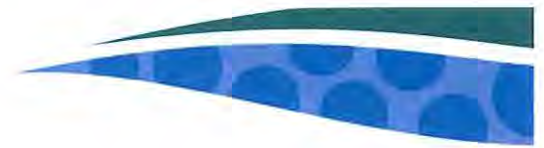
- (4) When making a significant decision about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must give an opportunity to a recognised entity for the child to participate in the decision-making process.
- (5) When making a decision, other than a significant decision, about an Aboriginal or Torres Strait Islander child, the chief executive or an authorised officer must consult with a recognised entity for the child before making the decision.
- (6) However, if compliance with subsection (1) or (2) is not practicable because a recognised entity for the child is not available or urgent action is required to protect the child, the chief executive or an authorised officer must consult with a recognised entity for the child as soon as practicable after making the decision.
- (7) If the Childrens Court exercises a power under this Act in relation to an Aboriginal or Torres Strait Islander child, the court must have regard to—
 - (a) the views, about the child and about Aboriginal tradition and Island custom² relating to the child, of—
 - (i) a recognised entity for the child; or
 - (ii) if it is not practicable to obtain the views of a recognised entity for the child—members of the community to whom the child belongs; and
 - (b) the general principle that an Aboriginal or Torres Strait Islander child should be cared for within an Aboriginal or Torres Strait Islander community.

- (8) As far as is reasonably practicable, the chief executive or an authorised officer must try to conduct consultations, negotiations, family group meetings and other proceedings involving an Aboriginal person or Torres Strait Islander (whether a child or not) in a way and in a place that is appropriate to Aboriginal tradition or Island custom.
- (9) In this section— *significant decision*, about an Aboriginal or Torres Strait Islander child, means a decision likely to have a significant impact on the child's life.

The *Acts Interpretation Act 1954*, section 36, contains definitions of Aboriginal tradition and Island custom.

Examples of decisions relating to an Aboriginal or Torres Strait Islander child that may be significant decisions—

- (1) a decision made in the course of investigating an allegation of harm to the child
- (2) a decision about placing the child in care

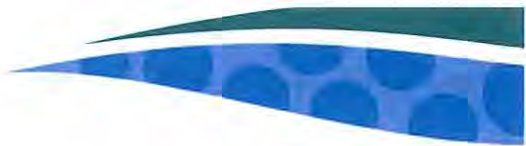


APPENDIX 2

Child Protection Act 1999

Section 83 Additional provisions for placing Aboriginal and Torres Strait Islander children in care

- (1) This section applies if the child is an Aboriginal or a Torres Strait Islander child.
- (2) The chief executive must ensure a recognised entity for the child is given an opportunity to participate in the process for making a decision about where or with whom the child will live.
- (3) However, if because of urgent circumstances the chief executive makes the decision without the participation of a recognised entity for the child, the chief executive must consult with a recognised entity for the child as soon as practicable after making the decision.
- (4) In making a decision about the person in whose care the child should be placed, the chief executive must give proper consideration to placing the child, in order of priority, with—
 - (a) a member of the child's family; or
 - (b) a member of the child's community or language group; or
 - (c) another Aboriginal person or Torres Strait Islander who is compatible with the child's community or language group; or
 - (d) another Aboriginal person or Torres Strait Islander
- (5) Also, the chief executive must give proper consideration to—
 - (a) the views of a recognised entity for the child; and

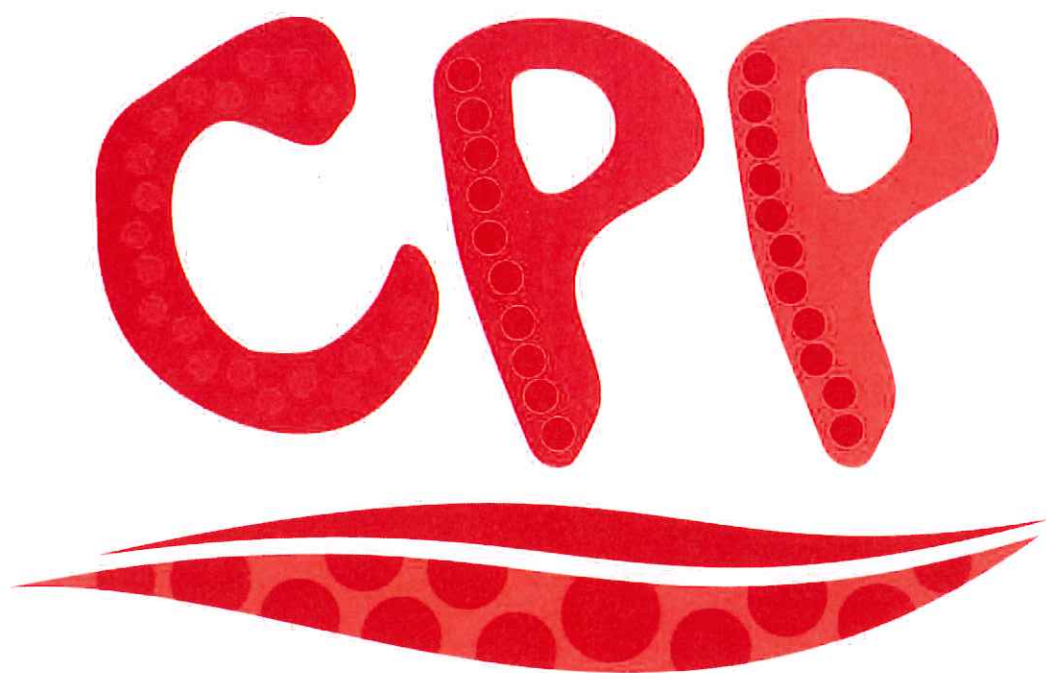
- 
- (b) ensuring the decision provides for the optimal retention of the child's relationships with parents, siblings and other people of significance under Aboriginal tradition or Island custom
 - (6) If the chief executive decides there is no appropriate person mentioned in subsection (4)(a) to (d) in whose care the child may be placed, the chief executive must give proper consideration to placing the child, in order of priority, with—
 - (a) a person who lives near the child's family; or
 - (b) a person who lives near the child's community or language group
 - (7) Before placing the child in the care of a family member or other person who is not an Aboriginal person or Torres Strait Islander, the chief executive must give proper consideration to whether the person is committed to—
 - (a) facilitating contact between the child and the child's parents and other family members, subject to any limitations on the contact under section 87; and
 - (b) helping the child to maintain contact with the child's community or language group; and
 - (c) helping the child to maintain a connection with the child's Aboriginal or Torres Strait Islander culture; and
 - (d) preserving and enhancing the child's sense of Aboriginal or Torres Strait Islander identity

APPENDIX 3

Child Protection Act 1999

Section 246I Recognised entities

- (1) The chief executive must keep a list of entities with whom to consult about issues relating to the protection and care of Aboriginal or Torres Strait Islander children.
- (2) The chief executive must not include an entity on the list unless the entity is—
 - (a) an individual—
 - (i) who is an Aboriginal or Torres Strait Islander person; and
 - (ii) who has appropriate knowledge of, or expertise in, child protection;
and
 - (iii) who is not an officer or employee of the department; or
 - (b) an entity—
 - (i) whose members include individuals mentioned in paragraph (a); and
 - (ii) that has a function of providing services to Aboriginal persons or Torres Strait Islanders
- (3) The chief executive must make the list available for public inspection.



Queensland Aboriginal and Torres Strait Islander
Child Protection Peak Ltd

Queensland Aboriginal and Torres Strait Islander Community
Controlled Child Protection Sector

**FAMILY SUPPORT SERVICE
PRACTICE MANUAL**

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DICTIONARY 222

FORMS

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	<ul style="list-style-type: none"> • receive Family Support Services and • share information between agencies 	

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

QATSICPP to provide



PHILOSOPHY

1.0 Vision

QATSICPP to provide

2.0 Mission

Aboriginal and Torres Strait Islander children and young people:

- are safe and well cared for within their families and communities
- understand, identify and actively participate in their culture
- access the same life opportunities afforded to other children and young people in Queensland
- receive high quality holistic services delivered wherever possible, by Aboriginal and Torres Strait Islander professionals operating within a culturally accepted framework of practice and
- received quality Family Support Services

3.0 Practice Principles

1. Every Aboriginal and Torres Strait Islander child has the right to be protected from abuse and neglect.
2. Every Aboriginal and Torres Strait Islander child has the right to the same life choices and opportunities as any other child living in Queensland.
3. Every Aboriginal and Torres Strait Islander child has the right to therapeutic and cultural healing.
4. The Aboriginal and Torres Strait Islander Child Protection Community Controlled Sector will be vigilantly child focused and endeavor to achieve the best interest of children in our practice.
5. Every Aboriginal and Torres Strait Islander child has the right for their voice to be heard and recognised.

6. Aboriginal and Torres Strait Islander family members have the right to be involved in the decisions about their children in the child protection system.
7. Every Aboriginal and Torres Strait Islander child who is subject to ongoing statutory intervention must be given an opportunity to live in their family environment or be connected to family, community, culture and country.
8. Every Aboriginal and Torres Strait Islander child has the right to holistic service delivery, delivered by Aboriginal and Torres Strait Islander professionals in a community controlled framework.
9. Every Aboriginal and Torres Strait Islander child has the right to culturally accepted services that are integrated across the State, and are delivered and lead by Aboriginal and Torres Strait Islander Community Controlled Sector.
10. Every Aboriginal and Torres Strait Islander child is best protected and nurtured within their families, community, culture and country.

Values and Ethics

The best interests of Aboriginal and Torres Strait Islander children are paramount in all our interventions.

We affirm that the following values and beliefs are essential to the best interests of Aboriginal and Torres Strait Islander children.

1. Children have the right to healing and support, breaking the oppressive generational cycle of abuse, neglect, easing the generational trauma of past historical experiences.
2. Healing and support is best achieved through a holistic approach that preserves and nurtures Aboriginal and Torres Strait Islander family, language, culture, spirit, and connection to people & country.
3. Social justice, including fairness, equal access, equal participation, inclusiveness and empowerment for Aboriginal and Torres Strait Islander children.
4. Community ownership of preventative responses to achieve child and family wellbeing is essential - 'It takes a whole community to be responsible and raise and parent our Aboriginal and Torres Strait Islander children'.

5. Self determination and self governance in Aboriginal and Torres Strait Islander community controlled sector is essential for the development of socially and emotionally well communities.
 6. Promoting proactive best practice approaches within a framework that keeps children and young people safe.
 7. Continued commitment to high professional standards & integrity, and future Aboriginal and Torres Strait Islander sector development and sustainable service delivery.
 8. Working through and from our cultural strengths in supporting and building upon Aboriginal and Torres Strait Islander culture, custom, belief, protocol, communication and networks, promoting professionalism in the ways of Aboriginal and Torres Strait Islander peoples inclusive of a sense of belonging, identity and self-worth.
-

PURPOSE OF THE MANUAL

1.0 Reference documents

This manual acknowledges and draws upon the work of others.

Whilst numerous documents, articles and resources are cited throughout the manual's content, a few have been particularly influential in guiding the development of a shared framework of practice amongst Aboriginal and Torres Strait Islander Family Support Services in Queensland and therefore are listed below as recommended reading.

1. Department of Communities (Child Safety) – Grant Funding Information Paper 2009 – 2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services and Recognised Entity Services
2. Helping Out Families initiative:
 - a. The Alliance: Shared practice framework
 - b. Preparing for Needs Identification and Needs Assessment
 - c. A shared approach to Needs Assessment
 - d. A guide to Needs Identification
 - e. Instructions for completing the combined Needs Identification Record/Needs Assessment Record
 - f. Information about Consent for Families
 - g. Part 1: Guide for Practitioners to Information Sharing
 - h. Part 2: Collection of Client Information for Service Providers

2.0 Intended use

This manual intends to provide Aboriginal and Torres Strait Islander Family Support Services across Queensland with:

- a shared case management framework for Family Support Service cases (Chapter Three)
- a set of forms to use when delivering services and
- a set of practice tips associated with the various complexities faced when delivering services (Chapter Four)

As such, the manual aims to promote consistency across the State in terms of case management practices, processes and language.

The manual does not aim to provide Aboriginal and Torres Strait Islander Family Support Services with a complete set of prescribed policies, procedures and practices required to deliver services, as the ability to incorporate local arrangements is necessary for each Aboriginal and Torres Strait Islander Family Support Service to maintain its uniqueness and autonomy.

The self-determination, uniqueness and autonomy of each Aboriginal and Torres Strait Islander Family Support Service will be achieved through local protocols and service agreements negotiated with Child Safety Services, and the policies, procedures and practices developed locally in accordance with the case management framework described in this manual.

3.0 Navigating the Manual

3.1 Operating program and toolbars

The manual is designed to be operated using **Adobe Reader 8** or previous.

To navigate the manual, please ensure the **Navigation Toolbars** are activated.



When selected, **Navigation Buttons** allow the user to:

- Go to the first or last page of the current chapter in view
- Go to the previous or next page of the current chapter in view and
- Go to the previous or next view

3.2 Hyperlinks

The content of the manual is hyperlinked to the chapters, associated forms, websites and external resources and therefore it is recommended the manual be read electronically.

A hyperlink is recognised as **green font**. To use a hyperlink simply place the cursor on the **green font** and click.

To return to the previous view, simply select the appropriate **Navigation Button**.

The contents page of the manual is also hyperlinked.



3.3 Bookmarks

Bookmarks are located in the navigation pane on the left hand side of the screen.

Bookmarks can be used to:

- navigate within the current chapter in view
- return to the content page of the manual and
- conduct a search



To use a bookmark, simply place the cursor on the relevant section and click.

To return to the previous view, simply select the appropriate **Navigation Button**.

3.4 Blue font

Please note that **blue font** is not a **hyperlink**. **Blue font** simply draws the reader's attention to a word or a phrase, similar to how **bold print** or underlined print would.

3.5 Find function

When viewing the document in PDF, the **Find function** can be used to locate a word or phrase in the document.



For example to check if the document makes reference to waiting lists, simply enter the words into the **Find function** and select enter.

If the words entered are located in the document, the **Find function** will automatically move to their location.

Whilst some Family Support Services may decide to manage capacity issues by implementing a waiting list. Research generally suggests that **waiting lists** are an ineffective way of managing referrals for intensive intervention, as families are ready to receive services at the time of the referral and their willingness to consent to services diminishes significantly if they do not receive an immediate service response.

To return to the previous view, simply select the appropriate **Navigation Button**.

SERVICE OBJECTIVES

The Crime and Misconduct Commission report of January 2004 was the first report to formally acknowledge the over-representation of Aboriginal and Torres Strait Islander children in the child protection system.

The Queensland Aboriginal and Torres Strait Islander Child Safety Taskforce (the Taskforce) was established in October 2009 to advise the Department of Communities on strategies to address this overrepresentation and produced a report titled *Together Keeping our Children Safe and Well*.

Child Safety Minister Phil Reeves subsequently launched the *Blueprint for Implementation: strategy for addressing over-representation of Aboriginal and Torres Strait Islander children in Queensland's child protection system* (the Blueprint)¹.



The Blueprint:

- provides a strategic framework to implement recommendations of the Taskforce report
- is based on the premise that the care, safety and wellbeing of Aboriginal and Torres Strait Islander children is a shared responsibility and that all children have the right to grow up in a safe and supportive family environment and
- recognises that Aboriginal and Torres Strait Islander children have a particularly strong need to be connected with their community

To achieve the best outcomes for Aboriginal and Torres Strait Islander children and families, the implementation strategy highlights the critical need to:

- partner and engage with Aboriginal and Torres Strait Islander communities and non-government organisations
- support families earlier and
- build localised community and service capacity

The report identified that to achieve these outcomes four key areas needed to improve:

1. a shared common vision and commitment needed to be established

¹ www.childsafety.qld.gov.au – Supporting Aboriginal and Torres Strait Islander Families

2. the right services needed to be provided to families at the right time
3. sound legislation, policy, practice and procedures needed to be established and consistently applied and
4. a robust network of Aboriginal and Torres Strait Islander service providers needed to be created

The shared vision and commitment in response to **1** above is:

...for Aboriginal and Torres Strait Islander children to be connected to their culture and grow with their families in safe and nurturing environments

Aboriginal and Torres Strait Islander Family Support Services were established in response to **4** above, and this **Family Support Service Practice Manual** has been developed in response to **2** and **3** above.

TARGET GROUP²

Aboriginal and Torres Strait Islander Family Support Services target three specific groups of children:

- Group 1** Aboriginal and Torres Strait Islander children (unborn to 18 years of age) and their parent(s) or kin if in a caring role of the child, who are at risk of **entering** the statutory child protection system
- Group 2** Aboriginal and Torres Strait Islander children (unborn to 18 years of age) and their parent(s) or kin if in a caring role of the child, who are at risk of **remaining** in the statutory child protection system and
- Group 3** Aboriginal and Torres Strait Islander children (unborn to 18 years of age) who have received a previous **episode of support** from the Family Support Service

Group 1 is the largest target group as these children make up **75%** of a Family Support Service's caseload.

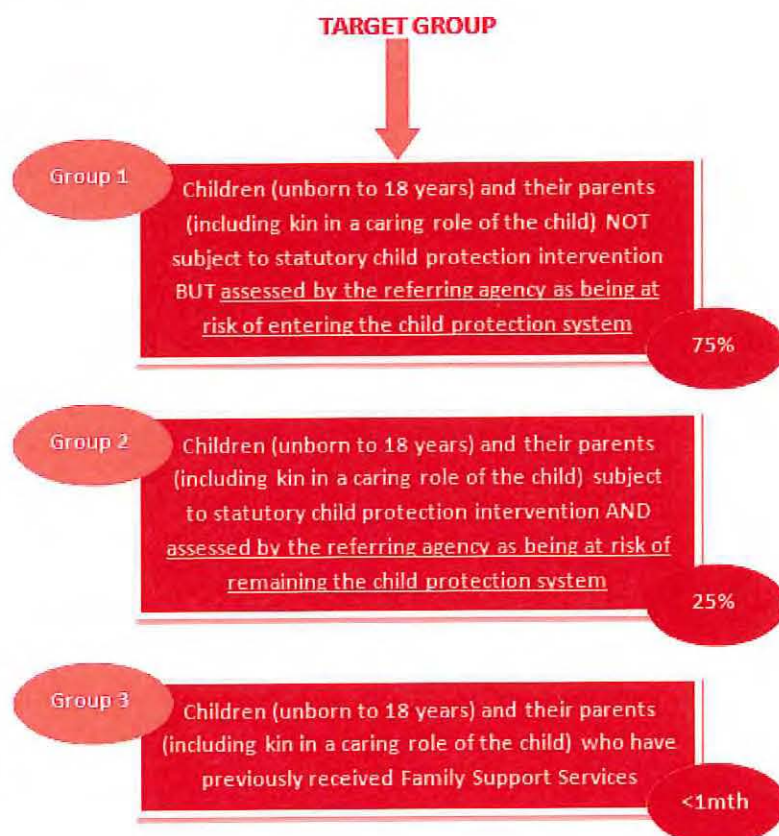
Group 2 is a considerably smaller target group as these children make up **25%** of a Family Support Service's caseload.

Group 3 is the smallest target group as these referrals are only accepted if the Family Support Service has capacity and if accepted, intervention is only offered for up to **one month**.

See **Figure 1** on the following page.

² Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

Figure 1 – Target Group



REFERRAL PATHWAYS³

There are five pathways through which an Aboriginal and Torres Strait Islander Family Support Service may receive a referral.

These include:

- Pathway 1** Department of Communities – Child Safety **Regional Intake Services** in consultation with the **Recognised Entity** for the child
- Pathway 2** Department of Communities – Child Safety Service Centres in consultation with the **Recognised Entity** for the child
- Pathway 3** Other Government Departments – Department of Education and Training and Department of Health
- Pathway 4** Aboriginal and Torres Strait Islander Health Services and
- Pathway 5** Self referral

Each of the Family Support Service's target groups are referred through a specific pathway or pathways.

For example:

Group 1 is referred through **Pathways 1, 3 and 4**

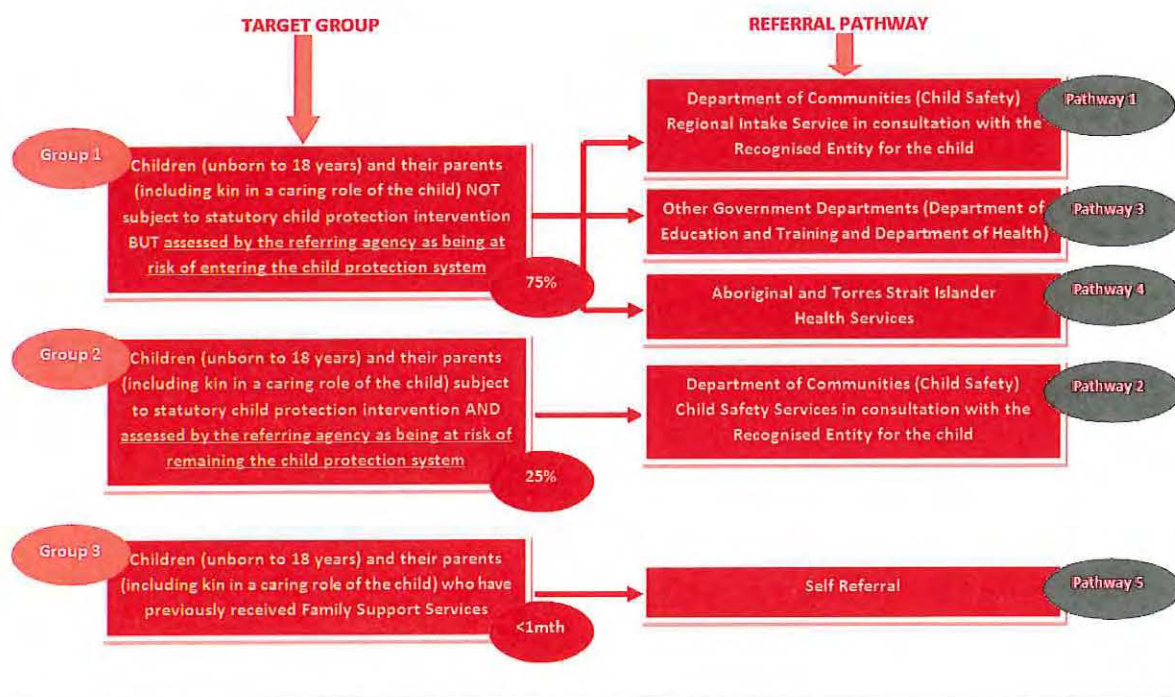
Group 2 is referred through **Pathway 2**

Group 3 is referred through **Pathway 5**

See **Figure 2** on the following page.

³ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

Figure 2 – Referral Pathways



REFERRAL CRITERIA⁴

To be eligible for Family Support Service intervention, the referred child and family must meet **three** referral criteria in total. These include criteria 1 and 2 below, and either criteria 3, 4, 5 or 6.

- Criterion 1** The family has an Aboriginal or Torres Strait Islander child or unborn child
- Criterion 2** The family lives in the geographical area covered by the Family Support Service
- Criterion 3** If a referral from **Pathway 1** (Department of Communities [Child Safety] **Regional Intake Service** in consultation with the **Recognised Entity** for the child):
- a. the child **is not in need of protection and**
 - b. the referring agency has assessed the child to be at risk of **entering** the statutory child protection system
- Criterion 4** If a referral from **Pathway 2** (Department of Communities [Child Safety] Child Safety Service Centre in consultation with the **Recognised Entity** for the child):
- a. the child **is in need of protection and**
 - b. the referring agency has assessed the child to be at risk of **remaining** in the statutory child protection system **and**
 - c. the family has consented to the referral being made **and**
 - d. the **case plan** goal for the child is either:
 - i. **reunification** within 12 months **or**
 - ii. support for a parent(s) with a child living at home under a **Child Protection Order** (e.g. a Protective **Supervision Order** or a **Directive Order**) which requires specific actions involving the family **or**
 - iii. support for the parent(s) with a child living at home under **Intervention with Parental Agreement** or a **Support Service** case

⁴ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

Criterion 5 If a referral from **Pathways 3 and 4** (Other Government Departments [Department of Education and Training and Department of Health] or an Aboriginal and Torres Strait Islander Health Service):

1. the child **is not in need of protection and**
2. the referring agency has assessed the family to be at risk of **entering** the statutory child protection system **and**
3. the family has consented to the referral being made

Criterion 6 If a referral from **Pathway 5** (a self referral):

- a. the child **is not in need of protection and**
- b. the family has had a previous **episode of support** provided by the Family Support Service

A referral to a Family Support Service by Department of Communities – Child Safety Services is **not** appropriate when a **child's need for protection** is in the process of being assessed and therefore the child is subject to a current Child Safety **investigation and assessment**.

A referral to a Family Support Service by another agency (e.g. Department of Education and Training, Department of Health or an Aboriginal or Torres Strait Islander Health Service) is **not** appropriate when:

- a **child's need for protection** is in the process of being assessed and therefore the child is subject to a current Child Safety **investigation and assessment**
- a child is already assessed by Child Safety as being a **child in need of protection** and is therefore currently receiving **ongoing intervention** by Child Safety or
- the concerns held by the agency about the child meet the threshold of **harm** and therefore require a statutory **investigation and assessment** response to determine whether the **child is in need of protection**

CORE FUNCTIONS

In general terms, Aboriginal and Torres Strait Islander Family Support Services⁵ aim to:

- increase the protective factors for Aboriginal and Torres Strait Islander children by improving the parenting capabilities of family members and
- improve the attachment between the child and family members in a caring role, whilst building on the strengths within the child's family and support network

By achieving these aims, Aboriginal and Torres Strait Islander Family Support Services:

- prevent Aboriginal and Torres Strait Islander children from entering or remaining in the statutory child protection system and
- assist Aboriginal and Torres Strait Islander children to feel and experience greater security and stability within their own families and communities

Family Support Service functions⁶:

- are informed by:
 - evidence-based and solution-focused practice that include approaches that are strengths based
 - ecological theory and
 - attachment and trauma theories
- take into account the developmental needs and age of children
- acknowledge both child and parent trauma symptoms (including the trauma experiences of parents)
- are delivered holistically using culturally acceptable practices and
- aim to reduce the overrepresentation of Aboriginal and Torres Strait Islander children in the child protection system (*Together Keeping our Children Safe and Well*)

⁵ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

⁶ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

The needs of children come first⁷

Family Support Services always consider the needs and safety of the child above all other matters.

All interventions focus on the child's ongoing need for stability and safety above any other consideration.

Children, within the limits of their ability, are given the opportunity to participate in decisions that impact upon them (e.g. intervention plans, the duration of intervention)

Features of support to families⁸

Family Support Workers support parents in a number of key areas that aim to:

- improve the safety and stability of the child
- improve the living environment of the child
- increase appropriate parent behaviour and self-sufficiency and
- increase long term and sustainable access to other community services that previously may have been difficult to use or where the family was excluded due to significant social and/or economic barriers, racism, etc

Family Support Services provide intensive intervention for up to **12 months depending** upon the family's **needs assessment**.

Family Support Services provide six core functions. These include:

Core Function 1 The **development of practical skills** within the family home for parents to care for their child and improve the safety of the family home environment, build stability and stronger attachment between the child and parent and other relationships considered important and safe to the child.

Family Support Service intervention is an intensive support response that results in measurable impact on the family's motivation and skills to make

⁷ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

⁸ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

change and improvement in their parenting skills and relationship with their child.

Practical assistance to parents can take the form of the Family Support Worker teaching, educating and demonstrating how to:

- better manage their **child's developmental needs**
- build positive and quality **interactions between the parent and child**
- develop skills in **managing household tasks** (e.g. cooking, cleaning)
- improve budgeting and personal **finance management skills**
- develop positive **personal behaviors**
- regulate **emotions** and
- establish **family routines** (e.g. early morning and evening tasks, homework, etc)

The main aim of this work is to strengthen and enhance the capacity and parenting skills of the parent (or kin, if in a caring role) through intensive education, training, support and supervision.

A direct therapeutic counselling relationship between the worker and the parent and child is essential in achieving change and improving the overall functioning and skills of parents. This can be achieved through either individual counselling for the parent or in group work.

The type of support a Family Support Service may offer a family includes:

- providing practical guidance, advice, demonstration and modelling of basic skills in **managing a household** (e.g. how to clean and maintain the inside and outside of a house such as laundry and other home duties)
- establishing predictable and **safe routines** throughout the day **for a child** including getting children ready for school (or other planned daily activities - e.g. kindergarten) and settling children into predictable patterns of readiness associated with the early evening (including bathing, and ensuring an adequate period of sleep overnight)

- offering advice and support on **good nutrition**, meal preparation and basic cooking skills (including planning the weekly meal menu and direct assistance with weekly shopping)

It might also be necessary to demonstrate the methods to cook a meal to ensure children are receiving a minimum level of nutrition and food intake

- providing information and advice on **child development** including increased understanding and awareness of the uniqueness and strengths of each child in a family including advice on how children learn, how they play, how they form relationships with other children and adults, how they grow physically and emotionally, patterns of child behaviour and bonding between parent and child
- facilitating or assisting with the parent or child's **access to primary or specialist health care services** (e.g. General Practitioner, Dentist, alcohol tobacco other drug services [e.g. ATODS], mental health and disability services)
- assisting with **emotional support** of the parent through active listening and basic problem solving skills at times of emergent need, crisis or heightened anxiety
- maintaining a family's **tenancy** including advice on rent or mortgage payments or other social or private rental housing obligations
- **budgeting assistance**, clarifying income support issues and relevant entitlements
- providing advice and ideas on improving the **relationship** between the child and parent, including appropriate and respectful adult-child communication methods
- promoting alternative forms of **discipline of children** that are non-punitive, non-restrictive and are not harmful in nature
- providing an extra resourcing role to the work of non-Aboriginal and Torres Strait Islander **specialist workers** (e.g. other family support, community agency or government agency workers) and

- providing information regarding local **community services** and support suitable for the family in the long term

Core Function 2 The provision of **non-statutory casework** functions and tasks that are not the statutory responsibility of departmental Child Safety Officers including the **coordination, referral and provision of information** on specialised and other universal services.

Family Support Workers manage most of the specialised needs of the family within their resources and skill sets; however sometimes it may be necessary for the Family Support Service to arrange and coordinate other specialist assessments (i.e. health, drug and alcohol, domestic violence, and disability responses).

These steps are taken where these assessments add value to an understanding of the family's situation or needs of the child.

Casework functions and tasks include:

- **assessing** the family's support **needs** and **strengths** – including building healthier and stronger attachments between parent and child
- **planning** the intervention with the family, including the method and period of support to be delivered to a family within a trauma informed and child development practice and healing framework
- **implementing** the plan by:
 - **coordinating**, liaising and utilising other resources, or other **sources of support** and service options that may improve the parenting ability, strengths and overall wellbeing of the family (including collaborative work with other community based service providers)
 - **linking** a family directly **to services** that are consistent with the assessed need of the child and family (e.g. housing, income and employment support)
 - **monitoring** the services that are coordinated and delivered to a family
 - **working collaboratively with** other Family **Support Services** in either joint interventions or support work

based on identified roles and support objectives, derived benefits and goals for the family

- providing **advocacy** regarding barriers to a family's access to services in their local community
- **reporting the results** from the **episode of support** to the referring agency
- **reviewing the plan** and re-planning if necessary

Core Function 3 Participate in **Child Safety's planning activities** for the child (e.g. **Family Group Meetings** and case plan reviews coordinated and facilitated by Child Safety). This includes participating in **case plan** review processes by contributing information and observations on the progress of the person's parenting skills, and the child or young person's response to the service intervention

Unless under prior agreement by Child Safety, Family Support Services do not undertake the coordination, running or direct facilitation of **Family Group Meetings**. **Family Group Meetings** are a Department of Communities – Child Safety Service Centre's responsibility provided for within the **Child Protection Act 1999**.

Core Function 4 In providing services to develop practical parenting skills and improved attachment between the child and parent, the Family Support Service may provide **supervised family contact** and observe and report to Child Safety on the quality of child and parent interactions and attachment, where this was stipulated in the child's case plan.

There are some instances where Family Support Services would not be involved in providing supervised **family contact**, for example, where significant safety concerns have been identified.

Family Support Services will only provide supervised contact where it is part of the service's program of intervention including **reunification** support.

Family Support Services **do not** provide a family contact service that only observes contact without an intervention program component.

Core Function 5 The service may offer **input into Child Safety decision making regarding permanency planning** for children where the outcome is either permanent **reunification** in the family home (where Child Safety assess and determine

that risk factors are at a level where a case can be closed and can withdraw ongoing intervention), or a long term out-of-home care placement.

The Family Support Service's input is based on the family's progress in the **reunification** of the child, and to what extent the work to achieve **reunification** should end and stable living arrangements in out-of-home care should be investigated.

Core Function 6 The provision of **ongoing support up to one month**, to a family upon exit from an **episode of support** that sustains the family and links them to other supports that are either formal in nature (health, housing, etc) or informal (friendships, family and community relationships)

The type of core function or functions offered to a family by a Family Support Service is dependent upon the **Target Group**, the **Referral Pathway** and the circumstances of the child and family as assessed by the Service. For example:

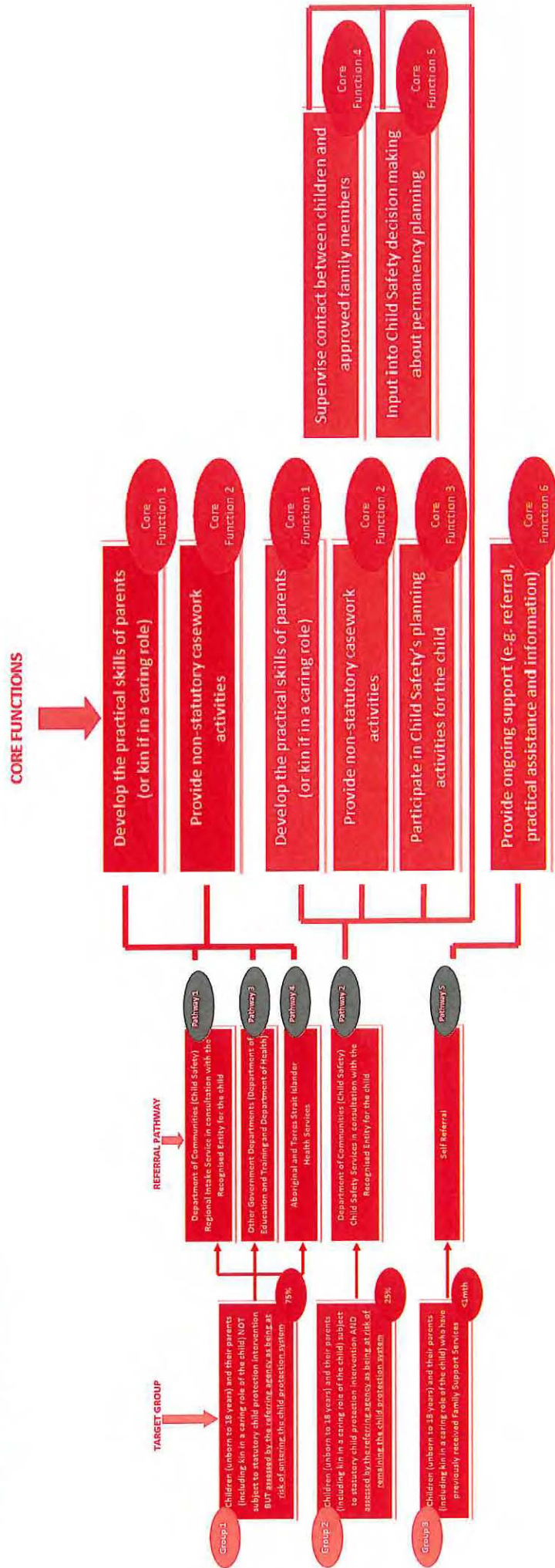
Group 1 – Referral Pathways 1, 3 and 4 – Core Functions 1 and 2

Group 2 – Referral Pathway 2 – Core Functions 1, 2, 3, 4 and 5

Group 3 – Referral Pathway 5 – Core Function 6

See **Figure 3** on the following page.

Figure 3 – Core Functions



MANAGING CONFLICTS OF INTEREST

1.0 What is a conflict of interest?

A conflict of interest occurs when the private interests of a Family Support Service staff member influences, or is perceived by others to influence, the actions they take or decisions they make at work.

Conflicts of interest erode community confidence in an organisation and therefore must be dealt with swiftly in a transparent and accountable way.

2.0 Declaring a conflict of interest

To enable conflicts of interest to be managed, Family Support Service staff must declare if a conflict of interest might exist.

If you think you might have a conflict of interest, ask yourself these questions and be guided by your answers⁹:

- Could someone from outside the Family Support Service or outside my family think that I have a conflict of interest?
- What would I think if I saw someone else in my position? Would I think there was a conflict of interest?
- How would I feel if my actions were made public (e.g. printed in the front page of the local newspaper)?
- Will people think I am unfair or that the Family Support Service is unfair?
- Do I need to ask someone who knows more about these things?

If you answered yes to any of the above questions, declare the potential conflict interest by telling your Line Manager.

Example:

Tell your Line Manager as soon as you become aware that you are related to a family being allocated to your case load

⁹ The Right Track, Crime Misconduct Commission, **Dealing with Conflicts of Interest, Information for Aboriginal and Torres Strait Islander Councils**

Declaring your interest doesn't mean that you have done something wrong or that you think you might do something wrong.

Declaring your interest allows you and your Line Manager to consider the risks in relation to the specific situation and make decisions that will protect you and the organisation.

3.0 Managing a conflict of interest

The best way to be protected from a potential conflict of interest is to remove yourself from the situation causing the conflict.

Example:

Ask your Line Manager to allocate the family you are related to, to another Family Support Worker.

However removing yourself from the potential conflict of interest is not always possible. In these cases, you and your Line Manager are encouraged to:

- identify particular times when the risk is high (e.g. when making a work related decision that will benefit a family member)
- come up with ways that assist you to deal with these risks (e.g. get someone who is independent to perform the particular task or make the decision)
- consider whether you need additional on the job support
- reflect on how you are going and feeling during formal supervision and
- provide any additional support that you may need

It isn't enough to believe that you can act fairly when a potential conflict of interest exists. Always think about how the situation might be seen by others.

Make sure that wherever a conflict of interest arises, your actions can be defended¹⁰ by:

- declaring your interest and wherever possible not being involved at all and

¹⁰ The Right Track, Crime Misconduct Commission, *Dealing with Conflicts of Interest, Information for Aboriginal and Torres Strait Islander Councils*

- doing what is set out in your Service's policies and procedures, with appropriate involvement of an independent person (e.g. your supervisor)
-

ENGAGEMENT STRATEGIES

1.0 Engaging with Aboriginal and Torres Strait Islander Australians¹¹

Engagement requires us to enter into a relationship as equal partners, with respect, with honesty, concern for the other's situation and perspective, and acknowledgement of the value of each party's contribution.

How we engage influences the quality of the working relationship we establish. Good engagement will enable ownership, help build capacity and make a positive contribution. It should never disempower.

As engagement and rapport building starts at the commencement of support and continues throughout the **episode of support**, it is important that each and every Family Support Service engagement activity be:

- **Respectful**
 - Respect and trust the knowledge and views of Aboriginal and Torres Strait Islander Australians
 - Engage through the community's preferred and/or nominated channels
 - Be factual
- **Informed**
 - Know as much as possible before proceeding with engagement
 - Understand the broad physical, social, historical, cultural and political context in which engagement is to occur
 - Take into account the preferences of all parties involved about how they wish to engage, whilst building on existing strengths and assets
- **Ethical**
 - Be transparent and honest
 - be clear about why engagement is occurring and what the engagement hopes to achieve to ensure that expectations are aligned with what can reasonably be expected as an outcome
- **Meaningful**
 - Allow adequate time for genuine engagement
 - Provide opportunities for input early and often

¹¹ Closing the Gap, Engaging with Aboriginal and Torres Strait Islander Australians – **What are the principles underpinning effective engagement**

- Encourage genuine partnerships, including sharing decision making and having provisions for well-defined roles and responsibilities
- **Outcomes focused**
 - Ensure engagement activity is outcomes focused, not just a box to be ticked
 - Successful outcomes need to demonstrate how the relationship has been improved through the engagement
 - Work for 'win-win' outcomes
- **Sustainable**
 - Maximise local participation, implementation and handling
 - Ensure that adequate support is provided so that people are able to participate and contribute to the engagement process
 - Be clear about why participation is being sought and how people's participation will affect the process
- **Followed up**
 - Acknowledge the participation of Aboriginal or Torres Strait Islander Australians in the engagement activity
 - Ensure that clear feedback is provided about how their input has been utilised
 - Feedback should be provided through the appropriate channels

2.0 Managing disruptive behaviours¹²

Depending upon the subject matter, certain types of engagement (e.g. discussing sensitive issues) may evoke intense emotions in some clients and result in behaviours that if not addressed may be highly disruptive or motivate the client to **disengage**.

Intense emotions are a legitimate response to situations that contain emotive subject matter. However, apart from potentially being disruptive or motivating a client to **disengage**, intense emotions also provide an opportunity to validate a client's feelings and strengthen rapport.

Below lists some simple steps Family Support Workers can follow when responding to high emotions and potentially disruptive behaviours.

2.1 How to handle high emotions

- Be calm and supportive
- Allow the person time to compose themselves, if necessary given them a cool down period in a safe environment

¹² Managing Conflict in the Workplace; <http://www.taylorcoulter.com.au/files/M>

- Consider whether the person would prefer to speak in private
- Consider whether a counsellor is necessary

2.2 How to handle anger

- Be patient
- Prevent the anger from being focussed on a person
- Stay calm and in control – your calmness will help diffuse their anger
- Request respect and cooperation
- End the meeting if necessary, or pause it and get the angry person to go somewhere “safe” to cool off

2.3 How to handle the silent treatment

- Encourage discussion by using open-ended questions
- Allow silence for a while if necessary, be patient
- Rephrase difficult questions
- Consider whether the person would prefer to speak in private
- Consider whether a counsellor is necessary

2.4 How to handle gossips

- Keep questions closed (e.g. questions that require one word answers such as yes or no)
- Remind the person that you only need to know the facts and their own feelings
- Ask the person whether they are describing assumed versus evidenced behaviour
- Keep an open mind and get corroboration if needed

2.5 How to handle the non-stop talkers

- Keep questions closed (e.g. questions that require one word answers such as yes or no)
- Control the flow, interrupt kindly but firmly
- Ask them to sum up feelings using keywords
- Get them to list issues in bullet point
- Set a time for them to talk more about the issue at a later date, or set up session with a counsellor

2.6 How to handle interruptions

- Use non-verbal statements such as facial expression
- Request cooperation and respect
- Remind the person interrupting that they will get their chance to speak
- If they constantly interrupt, consider communicating with each part separately

2.7 How to handle abuse or threatening behaviour

- Immediately request the behaviour stop and explain why it is unacceptable
- Pause or end the meeting
- Remove the person/s to a safe environment and allow them to cool down
- Have the person removed from site if necessary, using security officers or equivalent
- Debrief those that witnessed the behaviour

3.0 Disengagement

Due to the voluntary nature of Family Support Services and despite the Service's attempts to engage, families may choose to either:

- not engage with the Service or
- disengage from the Service

A family's decision to not engage or to disengage must be:

- respected and
- reported to the referring agency

CONFIDENTIALITY AND ITS LIMITS¹³

1.0 Know about confidentiality and its limits

Family Support Service staff are required to treat client information in the strictest of confidence and only use the information for the purpose for which it was collected unless:

- the individual concerned has consented to the use of the information for another purpose
- it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and immediate threat to the life or health of the individual concerned or another person (e.g. if it is believed a child has suffered **harm** or is likely to suffer **harm**, the Child Safety's **Regional Intake Service** or the Police must be contacted or if a person is in urgent need of medical or psychiatric care the hospital or mental health crisis assessment and treatment team must be contacted)
- use of the information is required or authorised by or under law (e.g. the information is subject to a subpoena)
- use of the information is reasonably necessary for enforcement of the criminal law (e.g. if a crime has been committed or is going to be committed the Police must be contacted)
- the purpose for which the information is used is directly related to the purpose for which the information was collected

2.0 Inform clients of confidentiality and its limits

Clients must be informed about the confidentiality provisions, including the limits to confidentiality prior to **consenting to receive** Family Support Services.

By informing clients of the type of information that will be recorded about them and who it will be shared with, Family Support Workers give clients the opportunity to make informed decision about the information they consent to share.

When explaining confidentiality and its limits to clients, Family Support Workers are encouraged to be specific, to give examples and to use language that is culturally and developmentally appropriate.

¹³ Wuchopperen Health Service, Family Intervention Service Practice Manual

At the minimum, clients must be informed that:

- information will be recorded about them as a routine part of delivering services (e.g. Case activities, Case Notes, Shared Family Agreements, incidents, disclosures etc)
- this information will be recorded either on the **Community Sector Information System** that is administered and able to be accessed by the Department of Communities or their Family Support Service file that is securely stored with key or password access
- the information will be used for the intended purpose only (e.g. delivering support services, referring them to other agencies etc), unless:
 - they have consented to the use of the information for another purpose
 - it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and immediate threat to the life or health of the individual concerned or another person (e.g. if it is believed a child has suffered **harm** or is likely to suffer **harm**, the Child Safety's **Regional Intake Service** or the Police must be contacted or if a person is in urgent need of medical or psychiatric care the hospital or mental health crisis assessment and treatment team must be contacted)
 - use of the information is required or authorised by or under law (e.g. the information is subject to a subpoena)
 - use of the information is reasonably necessary for enforcement of the criminal law (e.g. if a crime has been committed or is going to be committed the Police must be contacted)
 - the purpose for which the information is used is directly related to the purpose for which the information was collected
- information shared will:
 - be on a "need to know" basis only, and therefore limits will be placed on:
 - what information is shared and
 - who the information is shared with
 - be within the limits of any consent given

For more information please refer to Chapter Four – Practice Tips – **Managing Information**



For useful resources to guide the development of each Family Support Service's information and privacy policies please refer to:

- the Australian Government's Information and Privacy Principles (IPPs):
 - **IPP Information Sheets** and
 - IPP Guidelines:
 - **Numbers 1-3**
 - **Numbers 4-7** and
 - **Numbers 8-11**
 - **Helping Out Families – Part 1 – Guide for Practitioners to Information Sharing**
-

WORKER SAFETY

Aboriginal and Torres Strait Islander Family Support Services are based on an outreach service delivery model¹⁴, which provides support to families in their own environment (e.g. within their home and their networks).

Consequently, Family Support Workers deliver services within the homes of families, their neighbourhoods, kinship networks and other formal and informal community networks the family deems as important.

As the workplace of a Family Support Worker extends beyond the office and into the broader community, worker safety is of critical importance.

1.0 Responsibilities

The safety of Family Support Workers is everyone's responsibility, including:

- Family Support Workers themselves
- members of their team
- their Line Manager
- members of the Management Team and Board (where relevant)

2.0 Plan the initial home visit

Family Support Workers are encouraged to plan for their safety at all times. This planning is always important; however it is particularly important when intending to home visit a family for the first time (see **Initial Contact**).

2.1 Obtain information

Before visiting a family for the first time (i.e. after receiving a referral), the allocated Family Support Worker is encouraged to:

- read through the referral to identify any factors that might indicate a safety risk (e.g. any member of the household has a mental health issues or a substance misuse issue or known unprovoked violence etc)

¹⁴ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

- contact the referrer to seek further information if required

Example

If not recorded on the referral form, the Family Support Worker might contact the referrer to ask whether any member of the household is known to:

- *Have a mental health issue that is likely to cause unpredictability in behaviour*
- *Have a history of unprovoked violence*
- *Have a history of sexually reactive behaviours*
- *Have access to firearms*
- *Use mind altering substances (e.g. alcohol, amphetamines and other drugs)*
- *Have a criminal history involving physical or sexual assault*

The Family Support Worker might also ask the referrer whether they have any information to suggest a home may be unsafe to visit. If so, what in their opinion is likely to mitigate the risk?

- discuss any safety concerns with their Line Manager, other colleagues or their team and
- develop a plan to mitigate the risk wherever possible (e.g. visit at a certain time of day, meet in a neutral environment such as a community centre etc)

If the risk is believed to be too high to mitigate, a decision may be made to **decline the referral** and to inform the referrer of the reason.

2.2 Take a colleague on the initial home visit

Family Support Workers are encouraged to take a colleague with them to **all** initial home visits with families.

All subsequent home visits can be conducted solely by the allocated Family Support Worker, provided no safety risks were identified during the initial home visit.

If safety risks were identified during the initial home visit, the allocated Family Support Worker and their colleague is encouraged to discuss their concerns with the Line Manager to establish an appropriate course of action for all subsequent visits to the home.

3.0 Follow the home visitation procedure

Family Support Services are encouraged to develop a home visitation procedure that promotes the safety of Family Support Workers whilst delivering services in client homes.

This procedure could include the following steps:

- Prior to leaving the office, advise a “responsible colleague” of the following:
 - the details of the car you are taking with you (e.g. make, model, colour, registration number)
 - the mobile phone number of the phone you are taking with you
 - the name, address and telephone number of the client or clients you intend to home visit
 - the approximate start and finish time of each visit
 - an agreed time you will make contact after the last visit

If the Family Support Worker fails to make contact as agreed, the “responsible colleague” is required to respond. This response could consist of the following steps:

- telephone the Family Support Worker’s mobile phone number
- if no answer, telephone the client’s home number
- if not there, telephone the home numbers of the previous clients in reverse order
- if not there, allow the agreed time period of lapse after the expected contact time (say 30 mins), then inform the Line Manager who will consider taking other measures such as contacting the Police

4.0 Other useful safety tips

Family Support Workers are encouraged to consider the following general safety tips whilst delivering services in the community:

- wherever you are (e.g. on the street, in an office building, in a client’s home) always stay alert and tuned in to your surroundings (e.g. who is around you, how they are behaving, where the exits are etc)
- know your emergency numbers by memory
- when you arrive at a home visit, always park your car in a position that prevents it from being blocked and you from leaving (e.g. avoid parking in driveways)

- always lock your car when you get in and when you get out
- keep your car keys readily available (e.g. in a pocket rather than a handbag), so you can reach them when you need them
- always keep your mobile phone switched on (e.g. silent) and readily accessible
- consider carrying a personal alarm
- be aware of, and wherever possible try to avoid isolated locations (e.g. underground garages, office buildings after working hours, car parks etc)
- be aware of areas that are out of your line of sight whilst on a home visit and wherever possible sit with your back to a wall near an exit
- always wear clothes and shoes that give you freedom of movement (e.g. tight skirts and heels or slides might prevent you from being able to run if you are being chased)
- if you have long hair, consider tying it up, as long hair can be grabbed to prevent you from leaving
- wear minimal jewellery, as long chains and long earrings can injure you or prevent you from escaping if grabbed
- avoid working in the office building alone after hours; if you need to work late ask your Line Manager whether you can do the work at home instead of in the office
- keep your office building entrance code private (where relevant); when keying the code into the keypad, make sure no unauthorised party has the opportunity to watch you key the code and memorise the numbers
- keep your personal property and personal details private, only take essential items with you when home visiting and avoid giving clients your home address or private telephone number

INCOMING REFERRAL

Purpose

Family Support Services are encouraged to develop a standardised referral management system to receive and respond to incoming referrals.

For example, the referral management system should:

- receive referrals in a **standardised** way
- decide the response to each referral using **standardised** decision making process and
- record outcomes of referrals in a **standardised** place

By standardising the referral management system, Family Support Services are able to demonstrate a commitment to:

- equity in access to services
- Service integrity regarding decision making and
- accountability for decisions made

Practice Standards

1. A referral is not formally recognised until it is **properly made**. To be properly made, the referral must:
 - be recorded on the correct referral form and
 - have all relevant form fields completed by the referring agency
2. The decision to accept or decline a referral is made within **72 hours** of the receipt of a referral that is properly made
3. The referring agency will be advised by email of the outcome of the referral within the above timeframe

4. If a referral is declined, the abovementioned email will include a rationale for the decision to decline the referral
-

Key Steps

1. Receive an incoming referral
 2. Ensure the referral is properly made
 3. Check the referral meets the criteria
 4. Establish service capacity
 5. Decide to accept or decline the referral
 6. Allocate the referral if accepted
 7. Provide a response to the referring agency
 8. Record activities and outcomes
-

1.0 Receive an incoming referral

Family Support Services can receive referrals via three methods:

1. via the Community Sector Information System (CSIS)
2. via email or fax and
3. via telephone or face to face meeting

For example:

1. Referrals from Child Safety Services (i.e. Child Safety Service Centres and **Regional Intake Services**) are received electronically via a completed **Family Referral Page** in CSIS
2. Referrals from other agencies are received via a **Direct Referral Form** completed by the referring agency and either faxed or emailed to the Family Support Service and
3. Referrals from past clients (i.e. self referrals) are received via a telephone call or office presentation and a **Direct Referral Form** is completed by Family Support Service staff

Table 1 – Referral Processes

Referral Pathway	Referral Process	Referral Form
Pathways 1 & 2 – Child Safety Services (Child Safety Service Centres and Regional Intake Services)	Via CSIS	Family Referral Page in CSIS completed by referring agency
Pathways 3 & 4 – Other Government Departments (Department of Education and Training and Department of Health) and Aboriginal and Torres Strait Islander Health Services	Via Email or Fax	Direct Referral Form completed by the referring agency
Pathway 5 – Self Referrals	Via Telephone or Meeting	Direct Referral Form completed by a Family Support Service staff member

To manage expectations, when receiving self referrals from past clients, it's vital to inform them that:

- their referral will be recorded and passed on to the Service Manager for consideration
- the referral will only be accepted if service capacity allows and
- if accepted, the support services provided will be limited to **one month**

Given **Key Steps 1 to 8** of the incoming referral management process must be completed within **72 hours** of the receipt of a referral, Family Support Services are encouraged to develop internal processes to ensure referrals received are promptly collected and given to the Service Manager to progress.

2.0 Ensure the referral is properly made

2.1 Correct and complete referral form

To be "**properly made**" a referral needs to be recorded on the **correct referral form** and all relevant fields on the form need to be completed by the referring agency.

A Family Support Service cannot make an informed decision about a referral if it is not properly made (e.g. the referral is recorded on the incorrect form or the referral information is incomplete).

If a referral is not properly made, the Service Manager is encouraged to contact the referring agency to discuss the referral and where necessary:

- agree on the action required to rectify the situation and
- agree on a timeframe the actions are to be completed

If the agreed action is not undertaken within the agreed timeframe, move to **Key Step 5**.

2.2 Sufficient referral information and realistic referral expectations

When checking whether a referral is **properly made**, the Service Manager is also encouraged to check whether:

- the referral contains information that might compromise the integrity of the referring agency if viewed by the family and
- the expectations of the referral are realistic and the referral information is sufficient to enable the referral to be considered

The Service Manager is able to check the above by:

- scanning the referral for inappropriate disclosure of confidential information, the use of slang or comments that might be perceived as derogatory
- thoroughly reading all text and identifying gaps in information and
- comparing the content of the following sections of the referral to determine whether the referral agency has demonstrated realistic expectations of the family and of the Family Support Service:
 - summary of family circumstances
 - brief description of type of support service being sought
 - brief description of the client outcomes being sought
 - level of support service sought (e.g. up to 10 hrs, up to 40 hrs or up to 100 hrs) and

- duration of support service sought

Example

A referral that is seeking up to 10 hrs support service over a period of 5 months to address complex issues within a family would be considered to have unrealistic expectations of the family and of the Family Support Service.

However, a referral that is seeking up to 10 hrs support service over a 2 month period to link the family to local community agencies for ongoing support would be considered to have realistic expectations of the family and of the Family Support Service.

Where potentially compromising content, gaps in information or unrealistic expectations are identified, the Service Manager is encouraged to telephone the referring agency to rectify the situation through either:

- encouraging the agency to amend the content of the referral
- obtaining the information required or
- negotiating more realistic expectations

3.0 Check the referral meets the criteria

If the referral is properly made, the Service Manager will check whether the referral meets the **referral criteria**.

Before making the referral, the referring agency is required to have a conversation with the **Regional Intake Service** regarding whether or not each subject child to be referred, is or is likely to be **in need of protection**.

By having this conversation **prior** to referring the family to the Family Support Service, the referring agency is providing Child Safety with an opportunity to advise whether or not a referral to the Family Support Service is appropriate.

To be eligible for Family Support Service, children referred by another agency (e.g. Department of Education and Training, Department of Health or an Aboriginal or Torres Strait Islander Health Service) must not be **in need of protection**. Therefore referrals from these agencies are **not** appropriate when:

- a **child's need for protection** is in the process of being assessed and therefore the child is subject to a current Child Safety **investigation and assessment**

- a child is already assessed by Child Safety as being a **child in need of protection** and is therefore currently receiving **ongoing intervention** by Child Safety or
- the concerns held by the agency about the child meet the threshold of **harm** and therefore require a statutory **investigation and assessment** response to determine whether the **child is in need of protection**

A referral to a Family Support Service by Department of Communities – Child Safety Services is **not** appropriate when a **child's need for protection** is in the process of being assessed and therefore the child is subject to a current Child Safety **investigation and assessment**.

If one or more of the **referral criteria** are **not** met, move to **Key Step 5**.

4.0 Establish the service's capacity

If the **referral criteria** are met, the Service Manager will consider whether the Service has capacity to respond to the referral.

Each Family Support Service's Service Agreement will set out a negotiated number of clients the Service is expected to provide support services to in one year.

Whilst this figure will be different for each Family Support Service, **Figure 4** provides a formula to establish annual caseload based on budget allocations.

As **Figure 4** shows, Family Support Services that receive \$100,000.00 per year are expected to deliver a total of 1160 support hours to 33 families per year.

Similarly, Family Support Services that receive \$200,000.00 per year are expected to deliver a total of 2320 support hours to 66 families per year and so on...

Figure 4 – Family Support Service Caseload

For every \$100,000.00 of funding, a Family Support Service's caseload per annum is expected to consist of:			
Case Type	Support Level	# of Families per year	# of Support Hours per year
Early Intervention (N = 30 Families) 75%	Low support (< or = 10 hrs)	18 Families	180 hrs
	Medium support (< or = 40 hrs)	7 Families	280 hrs
	High Support (< or = 100 hrs)	5 Families	500 hrs
25% Statutory Intervention (N = 3 Families)	Likely to be High Support (< or = 100 hrs)	3 Families	300 hrs
NB: Self Referrals from past clients are only accepted if capacity allows and if accepted, provide support services for a maximum duration of one month		33 Families per year	1160 Support Hours per year

It is important to remember that whilst case numbers per annum are important, service capacity cannot be measured by case numbers alone.

In addition to considering service agreement expectations regarding case numbers, when determining service capacity, Service Managers are also encouraged to consider:

- each Family Support Worker's **skill level** – as a worker with a higher skill level is likely to be able to manage a higher caseload in terms of numbers and complexity than a worker with a lower skill level
- each Family Support Worker's **experience** - as a worker with more experience is likely to be able to manage a higher caseload in terms of numbers and complexity than a worker with lesser experience
- the **case management status** of each current case - as a case that is in the **assessment** phase of the case management cycle is likely to require a greater level of worker time than a case this is being prepared for **closure**
- the **complexity** of each current case – as a case that requires high support will require more worker time than a case that requires low support – additionally,

families regularly move between different levels of support depending upon the stage of the intervention and the dynamics within the family and

- whether the current **caseload reflects the required spread** of case type – as **75%** of a Family Support Service's case load is expected to be Early Intervention cases and **25%** are expected to be Statutory Intervention cases

The best way for Service Managers to make service capacity decisions is to discuss capacity as a team.

Whilst some Family Support Services may decide to manage capacity issues by implementing a waiting list. Research generally suggests that waiting lists are an ineffective way of managing referrals for intensive intervention, as families are ready to receive services at the time of the referral and their willingness to consent to services diminishes significantly if they do not receive an immediate service response.

If service capacity is reached, Service Managers are encouraged to email all referral pathways to:

- advise of the Service being at capacity
- provide an estimated timeframe when capacity is likely to return
- encourage the referring agencies to continue to send referrals for statistical purposes (e.g. identifying service gaps) and
- advise capacity updates will be forwarded on a fortnightly basis

Example

Due to the overwhelming community need for support services, the Kennedy Family Support Service has as of today, reached capacity.

We anticipate capacity will return in approximately two months time as we have a number of cases that are soon to close.

As we don't maintain a waiting list, all referrals currently received will be declined; however we encourage you to continue to send them through, as this will allow us to capture data regarding demand.

We sincerely appreciate your ongoing support and will forward capacity updates on a fortnightly basis to keep you informed.

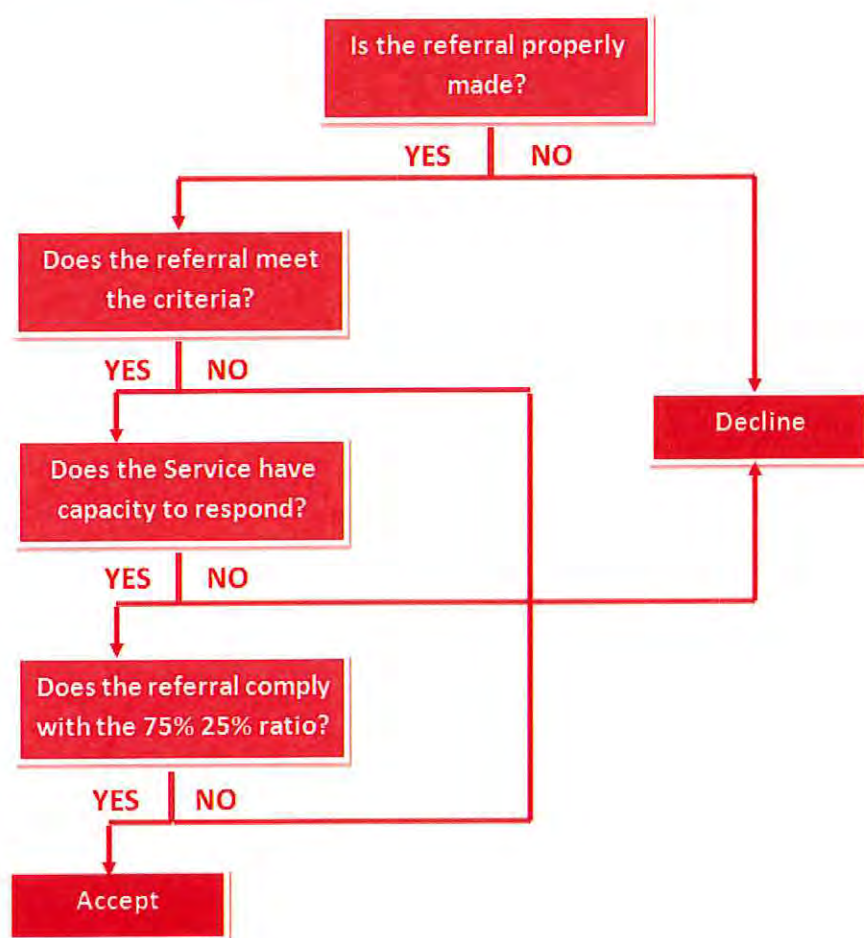
Regards

*Tonia Hilcrest
Service Manager
Kennedy Family Support Service*

5.0 Decide to accept or decline the referral

When **Key Steps 1 to 4** have been completed, the Service Manager has sufficient information to use the decision making tree below and make the decision to either accept or decline the referral.

Figure 5 – Referral Decision Making Tree



A referral might also be declined for safety reasons, in instances where the safety issues associated with the home cannot be reduced sufficiently to ensure **worker safety**.

Safety issues might be identified during the incoming referral process; however are most likely identified by the allocated Family Support Worker when preparing the **initial contact** with the family. In either case, if the safety risks are considered to be too high, a decision may be made to not proceed with the referral and the referring agency advised.

6.0 Allocate the referral if accepted

If a referral is accepted, the Service Manager may consider the following before allocating the referral:

- **gender appropriateness** (e.g. a male Family Support Worker might not be appropriate if a mother and her children are referred following significant episodes of domestic violence; or a female Family Support Worker might not be appropriate if a father and his children are referred in relation to matters that are “men’s business”)
- **cultural appropriateness** (e.g. consider cultural fit between the allocated Family Support Worker and the referred family)
- each Family Support Worker’s individual **capacity** based on skill, experience, case status and case complexity and
- each Family Support Worker’s **preferences** (e.g. some workers might not feel confident working with specific issues)

The best way Service Managers can make allocation decisions is to discuss each accepted referral as a team and decide together.

This also provides the team with an opportunity to discuss and prevent any **conflicts of interests** associated with decisions made.

7.0 Provide a response to the referring agency

If the referral is **accepted**, the **allocated Family Support Worker** is encouraged to email the referrer for the purpose of introducing themselves and providing information regarding the outcome of the referral.

Example

Good morning Melanie – thank you for referring the Douglas family to the Family Support Service.

I am pleased to advise the referral has been accepted and I am the Family Support Worker for the family.

I intend to make contact with the family shortly to introduce myself and our service and most importantly to obtain written consent to commence service delivery.

Regards

*Penelope Smith
Family Support Worker
555 234 544*

If a referral is **declined**, the **Service Manager** is encouraged to email the referrer to:

- advise of the decision to decline the referral
- provide a rationale for the decision and
- suggest other available options within the community that might be appropriate for the family (if known)

Example

Good morning Melanie – thank you for referring the Douglas family to the Family Support Service.

Unfortunately on this occasion the referral could not be accepted as the service is currently at capacity.

Whilst we do not maintain a waiting list, you are encouraged to re-refer the family in two months time if their situation has remained unchanged.

In the meantime, please consider Sunshine Family Interventions, as they may be in a position to provide a more immediate response to the family's needs.

Regards

*Leanne Peters
Service Manager
Family Support Service
555 234 544*

It is important to note the information shared with the referring agency is only about the **outcome** of the referral, in terms of whether it is accepted or not.

Information is not routinely shared between a referring agency and the Family Support Service whilst a family is receiving support services unless the family consents to the sharing of information (e.g. for the purpose of coordinating)



For more information regarding the sharing of information, please refer to *Chapter Two – Working with Families - **Confidentiality and its Limits*** and *Chapter Four – Practice Tips - **Managing Information***.

8.0 Record activities and outcomes

Service Managers are required to complete the “*Family Support Service use only*” section of the **Direct Referral Form** after the **referral decision** has been made and if accepted, the **referral is allocated** to a Family Support Worker.

When completing “*Family Support Service use only*” section, Service Managers are encouraged to use the following as a guide.

The diagram shows a form section titled "Family Support Service use only". It contains several fields and checkboxes. Red circles with letters A through E point to specific parts of the form:

- A** points to the "Additional information obtained from referrer:" field.
- B** points to the "Referral decision:" section, which includes checkboxes for "Accepted" and "Declined", and a "Provide reason:" field.
- C** points to the "Allocated Family Support Worker" field.
- D** points to the "Date referral was allocated: Click here to enter a date" field.
- E** points to the "Additional information:" field.

Other visible fields include "Agreed upon Level of Support to be provided:" with a dropdown menu, and a "Choose an item:" dropdown menu with options: "Low - Up to 10 hours in total", "Medium - Up to 40 hours in total", and "High - Up to 100 hours in total".

- A.** Record any additional information provided by the referrer during telephone conversations or email communications
 - B.** If the referral is accepted, select the “**Accepted**” box and indicate the agreed upon level of support (Note: the agreed upon level of support may have been renegotiated if the original level of support was considered to be unrealistic given the family circumstances and client outcomes being sought etc).
- If the referral is declined, select the “**Declined**” box and provide the reason for the referral being rejected (e.g. No capacity etc)
- C.** If the referral is accepted, record the name of the Family Support Worker allocated the case.
 - D.** Record the date the case was allocated to the Family Support Worker
 - E.** Record any additional information as required

Family Support Services also record referral activities and outcomes on the Community Sector Information System (CSIS) as follows:

- 1.** If a new **Family Referral** is received electronically from Child Safety via CSIS:
 - a.** The Service Manager will:
 - accept and allocate the referral by assigning a Family Support Worker on CSIS or

- decline the referral by rejecting the new referral on CSIS and recording the reason the referral was rejected
 - b. The allocated Family Support Worker will commence **case management** activities
2. If a **Direct Referral Form** is received via email or fax:
- a. The Service Manager will:
 - enter the details of the **Direct Referral Form** into a **Family Referral Page** on CSIS
 - accept and allocate the referral by assigning a Family Support Worker on CSIS or
 - decline the referral by rejecting the new referral on CSIS and recording the reason the referral was rejected
 - b. The allocated Family Support Worker will commence case management activities



For more information regarding CSIS, refer to the *Department of Communities, Community Sector Information System – User Manual for Non-Government Secondary Support Services*.

start | Calendar - Mic... | https://secure... | CSIS_Training... | RAI-IS_Train... | Document2 - M... | Phone list - Mic... | Family Referral...

Referrer's details: <input type="checkbox"/> Queensland Health <input type="checkbox"/> Department of Education and Training <input type="checkbox"/> Aboriginal and Torres Strait Islander Health Services <input type="checkbox"/> Self (Previous Client)	
Date of Referral Click here to enter a date.	Name of Referrer Telephone Number Fax Number Email address

Consent: Have the parents/guardians consented to this referral being made: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Note: This referral should not proceed without the parent/guardian's consent</i>
Date of consent received Click here to enter a date.
Name of person who provided consent: Click here to enter a date.
Comments:

Child is not in need of protection: Has this referral been discussed with Child Safety's Regional Intake Service (RIS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please Note: This referral should not proceed without the endorsement of the RIS, which when obtained confirms the children listed are not in need of protection</i>
Date of RIS was contacted: Click here to enter a date.
Name of RIS staff member contacted: Location of RIS Comments:

Family name (incl. alias):				Does this referral relate to an unborn child? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name	Middle Name	Last Name	Date of Birth	Gender	Select "Yes" if a referred child	Aboriginal & Torres Strait Islander Status	Other Background (if applicable)	Relationship to referred child/children
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
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				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		
				Choose an item.	Choose an item.	Choose an item.		

Family name (incl. alias):				Does this referral relate to an unborn child?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Name	Middle Name	Last Name	Date of Birth	Gender	Select "Yes" if a referred child	Aboriginal & Torres Strait Islander Status	Other Background (if applicable)	Relationship to referred child/children	
				Choose an item.	Choose an item.	Choose an item.			
				Choose an item.	Choose an item.	Choose an item.			

Family contact details:		Who has the primary care of the children?		Other: Please specify name and relationship to child:	
Family member:	Home address:	Telephone Number:	Other Contact Details:		
Referred household:					
Mother's address (if different):					
Father's address (if different):					

Needs identification:											
The Family Support Service takes a strengths based approach to all intervention with families. Please indicate from your perspective, whether each domain below is either a strength, a challenge, is neutral or unknown or not applicable											
Domain	Strength	Challenge	Neutral	U/K	N/A	Domain	Strength	Challenge	Neutral	U/K	N/A
FAMILY SAFETY											
Child/Young person											
A safe home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material and emotional wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absence of risky behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise, diet and nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family											
Absence of family & domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic illness in family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absence of child abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent hospitalisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absence of child neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absence of drug and alcohol issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Absence of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Undiagnosed health issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spiritual safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community											
Safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to physical health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe neighbourhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall family safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATERIAL WELLBEING											
Child/Young person						Access to recreational options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Infrastructure supports mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needs identification:		The Family Support Service takes a strengths based approach to all intervention with families. Please indicate from your perspective, whether each domain below is either a strength, a challenge, is neutral or unknown or not applicable								
Domain	Strength	Challenge	Neutral	U/K	N/A	Strength	Challenge	Neutral	U/K	N/A
Basic care needs met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall health				
Family										
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHILD WELLBEING				
Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child/Young person				
Participation in education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunities for social activities				
Management of financial & material resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Achieving developmental milestones				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Developmentally appropriate learning opportunities				
Habitable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to communicate thoughts to others				
Safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family				
Buying and accessing food & clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability and knowledge to support child/young person				
Community										
Access to appropriate government services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community				
Access to transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to specialist services				
Participation in community Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to sports leisure & entertainment				
Overall material wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participation in child care/play group/school				
CONNECTIONS										
Child/Young person										
Sense of belonging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overall child wellbeing				
Sense of identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARENTING				
Relationships with peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child/Young person				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interacts positively with parent (s)				
Family										
Relationships with kin, family & neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Age appropriate activities provided				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting confidence				
Community										
Knowledge of official support networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family routine				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parent/child relationships & responsiveness				

Needs identification:												
The Family Support Service takes a strengths based approach to all intervention with families. Please indicate from your perspective, whether each domain below is either a strength, a challenge, is neutral or unknown or not applicable												
Domain	Strength	Challenge	Neutral	U/K	N/A							
Spiritual connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Overall connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Comments:												
							Domain	Strength	Challenge	Neutral	U/K	N/A
							Positive child behaviour management techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Provision of life skills learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Impact of cultural beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Motivation of parents to change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Involvement of extended family in child rearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Community					
							Access to culturally appropriate support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Access to family/community networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
FAMILY INTERACTIONS												
Child/Young person												
Included in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Family												
Parent/carer and child relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Family quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Family separation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Relationship between parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Relationship between siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Community												
Access to culturally appropriate family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Effective informal support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Leisure, sport & entertainment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Relatives & extended family networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Overall family interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

Home Safety Details:	<input type="checkbox"/> Home is safe to visit	<input type="checkbox"/> Home has potential safety risks to workers
If potential risks exist, please provide details:		

Family circumstances:				What lead to this referral: <input type="checkbox"/> An incident <input type="checkbox"/> A series of incidents <input type="checkbox"/> Other. Please specify:			
Current concerns: <i>(Indicate which of the following are current concerns for the family)</i>							
<input type="checkbox"/> Domestic and family violence	<input type="checkbox"/> Mental Health/Other Health Issues	<input type="checkbox"/> Child Well-Being	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Family Relationship Issues			
<input type="checkbox"/> Disability	<input type="checkbox"/> Substance Abuse Issues	<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Limited Household Resources	<input type="checkbox"/> Homelessness/Housing Instability			
Summary of family circumstances: <i>(include past intervention if known)</i>							
Agencies the family is currently engaged with				Agencies the family has previously been engaged with			
Brief description of type of support service being sought: <i>(Please note the Family Support Service provides 6 core functions – 3 of which are not listed below as they are only available to families engaged in the statutory child protection system referred by Child Safety Services. Please select which of the three remaining functions listed below relates to this referral and provide specific details)</i>							
<input type="checkbox"/> Development of practical skills	<input type="checkbox"/> Coordination, referral and provision of information	<input type="checkbox"/> Referral, practical assistance and information <i>(available to self referrals only)</i>					
Details:							
Brief description of the client outcomes being sought:							
Level of support service sought:				Duration of support service sought:			
Choose an item.							
Other issues for consideration by the receiving agency: <i>(e.g. family's understanding of this referral; language and if interpreter is required)</i>							

Family Support Service use only

Additional information obtained from referrer:	<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Agreed upon Level of Support to be provided:	Choose an item.
Referral decision:	<input type="checkbox"/> Declined	Provide reason:	
Allocated Family Support Worker	Date referral was allocated: Click here to enter a date.		
Additional information:			

INITIAL CONTACT

Purpose



The purpose of the initial contact with a family is to provide the family with sufficient information to enable the family to make an informed decision about whether to accept the offer of support services.

The process used by Family Support Workers to initiate contact is the same for all families. However the information provided and the pace of discussions may differ depending upon whether the family had prior knowledge of their referral to the Family Support Service.

The **Regional Intake Service** of Child Safety (**Referral Pathway 1**) is the only referring agency that can refer families **without** the family's knowledge. The referral criteria for all agencies with the exception of the **Regional Intake Service**, include the family's consent as a prerequisite to making the referral (see also **Referral Criteria**).

As the initial contact by the Family Support Service will be the first time **some** families will come to know of their referral, Family Support Workers will be required to draw upon their engagement skills to explain the circumstances of the referral and address concerns whilst offering support to these families.

Figure 6 – Initial Contact Decision Making Tree provides a decision making flowchart that guides decisions and timeframes when initiating contact with a family. As **Figure 6** is a guide, these decisions and timeframes may be overridden by professional judgement, should the circumstance of a case warrant a different response.

Practice Standards

1. The initial contact with a family will occur within **72 hours** of case allocation

2. If the referral has a telephone number recorded for the family, initial contact may be made by telephoning the family within **72 hours** and offering to home visit to discuss the referral
3. If the referral does not have a telephone number recorded for the family, initial contact must be made by conducting a home visit within **72 hours**
4. All initial home visits are conducted by **two** Family Support Service staff (e.g. the allocated Family Support Worker and a colleague)
5. If a family declines the offer of a home visit or the offer of support services:
 - a **Consent to Receive Services – Declined** letter is posted to the family
 - the referring agency is informed of the family's decision and
 - no further action is taken

Key Steps

1. **Prepare for the initial contact**
2. **Telephone the family**
3. **Conduct a home visit**
4. **Record activities and outcomes**

1.0 Prepare for the initial contact

As the initial contact with a family must wherever possible, occur within **72 hours** of case allocation, all preparations for the initial contact must also occur within this timeframe.

1.1 Read the referral

Family Support Workers must familiarise themselves with the referral before initiating contact with a family.

A Family Support Worker can become familiar with a referral by reading its content in detail and having any questions answered by:

- discussing the referral with their Line Manager or
- telephoning the referrer

If not recorded on the referral, Family Support Workers are encouraged to ask the referrer whether the family is likely to pose any known safety risk to staff.

This is particularly important in the event the referral has been made without the family's knowledge, as emotions are more likely to become heightened during an initial contact a family did not expect.

Reading the referral and having questions answered allows the Family Support Worker to better understand what might be expected of them and is the first step in preparing to make contact with the family.

1.2 Arrange a second

After becoming familiar with the content of the referral, the Family Support Worker is encouraged to arrange for a colleague to be available to accompany them on the initial home visit (see also Chapter Two – Working with Families – Worker Safety – **Take a colleague on the initial home visit**).

1.3 Identify and manage risk

The Family Support Worker and the second are encouraged to follow the steps listed in Chapter Two – Working with Families – **Worker Safety** to identify and manage any safety risk the family may pose to them during the initial contact.

2.0 Telephone the family

To promote opportunities to effectively engage with a family at the time of initial contact it is important to:

- *Treat people well: be courteous, friendly and welcoming*
- *Conduct the conversation in a private space with limited background noise and distraction*
- *Acknowledge and respond appropriately to cultural diversity, sexual preference, and physical and intellectual abilities*
- *Listen carefully to what the client is saying*
- *Be transparent: explain the purpose of your telephone call or meeting, and be clear about the process and how you might be able to assist.*

Department of Human Services (2008), Opening Door: Practice Guide, p3.
Located in Helping Out Families – The Alliance Shared Practice Framework

If a telephone number for the family **is not** listed on the referral go to **Key Step 3** and conduct a home visit.

If a telephone number **is** listed on the referral, a call to the family must wherever possible, be placed within **72 hours** of case allocation.

It is recommended that **all preparations for the initial contact** be made before the family is telephoned to arrange a home visit.

Preparation for contact with the family is vital, as engagement might be jeopardised if the Family Support Worker is unprepared and therefore unable to answer the questions posed by the family over the telephone.

2.1 Telephoning a family that is aware of the referral

When telephoning a family the referral states **is aware** of the referral being made, the Family Support Worker is encouraged to:

- only speak with a parent or guardian of the child/ren referred (e.g. to maintain confidentiality if not at home, leave a message to call, but only leave a name and return telephone number; do not leave the name of the Service or disclose the purpose of the call)
- introduce themselves and the Service
- check whether the referring agency had sought and received their consent to make the referral:
 - if the parent or guardian indicates they know nothing about the referral being made follow on from the third bullet point under the heading **Telephoning a family that is NOT aware of the referral**
 - if the parent or guardian confirms consent to make the referral was given, continue below
- inform the parent or guardian of the purpose of the call (e.g. to arrange a time to home visit to go through the referral with them, to give them an opportunity to hear about what the Service might be able to offer and to obtain their consent to receive services etc)
- let the parent or guardian know:
 - who would be visiting from the Service
 - approximately how long the meeting would go for (e.g. between 1 and 2 hours) and
 - who in the family would need to be present (e.g. members of the family that are required to provide **informed consent** to receive support services) and

- agree on a day and time for the home visit

Before finishing the call:

- repeat the arrangements to the parent or guardian (e.g. who will home visit, what day and time they will visit etc)
- check whether the parent or guardian considers the arrangements as suitable and
- renegotiate any aspect of the arrangements the parent or guardian is not satisfied with

If the parent or guardian declines the offer of a home visit:

- post a **Consent to Receive Services – Declined** letter addressed to the parent or guardian and
- follow the procedure for case **closure** (i.e. early exit)

2.2 Telephoning a family that is NOT aware of the referral

When telephoning a family the referral states **is NOT aware** of the referral being made, the Family Support Worker is encouraged to:

- speak with a parent or guardian of the child/ren referred (e.g. not at home, leave a message to call, but to maintain confidentiality, only leave a name and return telephone number; do not leave the name of the Service or disclose the purpose of the call)
- introduce themselves and the Service
- ask the parent or guardian if they have **heard** of the Service and if they haven't, provide a brief description of the Service (e.g. who the Service works with, what services it provides, who refers to the Service etc)
- advise the parent or guardian of the name of the agency that initiated the referral on their behalf
- inform the parent or guardian of the purpose of the call (e.g. to arrange a time to home visit to go through the referral with them, to give them an opportunity to hear about what the Service might be able to offer and to obtain their consent to receive services etc)

- stress that participation in services offered by the Family Support Service is voluntary
- allay fears or concerns by answering questions the parent or guardian may have – if unable to answer, say so and advise the information will be obtained and provided at a later date
- let the parent or guardian know:
 - who would be visiting from the Service
 - approximately how long the meeting would go for (e.g. between 1 and 2 hours) and
 - who in the family would need to be present (e.g. members of the family that are required to provide **informed consent** to receive support services) and
- agree on a day and time for the home visit

When discussing the referral with the parent or guardian, manage the parent or guardian's potential anger by:

- being patient
- acknowledging their feelings
- staying calm and in control
- providing information (e.g. re-explaining the role of the Family Support Service; re-explaining why the referral was made without their knowledge [e.g. Child Safety received information regarding their family and whilst the information did not warrant a statutory response from them, they are legally able to pass their information to the Family Support Service to offer assistance]; re-explaining the voluntary nature of the Service)
- encouraging a face to face meeting to discuss their concerns and the referral further
- if necessary encouraging the caller to contact the referring agency to discuss any issues they may have with regard to the referral being made
- ending the call if necessary; however before ending the call arranging to call back after a break to allow the parent or guardian to calm down before continuing discussions

Before finishing the call:

- repeat the arrangements to the parent or guardian (e.g. when they will call back, or who will home visit, what day and time they will visit etc)
- check whether the parent or guardian considers the arrangements as suitable and
- renegotiate any aspect of the arrangements the parent or guardian is not satisfied with

If the parent or guardian declines the offer of a home visit:

- post a **Consent to Receive Services – Declined** letter addressed to the parent or guardian and
- follow the procedure for case **closure** (i.e. early exit)

3.0 Conduct a home visit

In addition to following the steps below, please refer to:

- Chapter Four – Practice Tips – **Working with Resistant Clients** and
- Chapter Two – Working with Families – **Worker Safety**

3.1 Home visiting a family that has received a telephone call as an initial contact

Introduce yourself and the service

Even though introductions have occurred over the telephone, Family Support Workers are encouraged to take the time at the beginning of the initial home visit to allow for face to face introductions to occur and to help family members to feel at ease.

Wherever possible, try not to rush into the purpose of the meeting immediately as this may make family members feel pressured or uneasy or it might give the family the message that they're not important enough to take the time to get to know.

Engagement of the family starts at the very first contact and continues throughout the life of the case. Family Support Workers are therefore encouraged to consider the **engagement strategies** listed in Chapter Two to help them to connect with families and to stay connected until intervention comes to a planned close.

Explain the reason for the home visit

After the introductions, re-explain the purpose of the meeting. Even though the purpose of the meeting would have been discussed during the telephone call, re-explaining the purpose at the meeting will help to move the focus from introductions to achieving outcomes.

Example:

The reason for us meeting today is for me to go through the referral we have received on behalf of your family and to give you the information you need so you can decide whether to accept the services we are offering.

By the end of the meeting, we hope you have what you need to make a decision and if your decision is to accept our support from us, we hope to have the consent documents signed and leave here with a date to meet to start working together.

Provide the referral details

Before going through the referral with the family, it is important to acknowledge the referral is the referring agency's perspective on the family's situation based on information received and therefore it may not reflect the family's view.

When making the above point, it is useful to inform the family that their perspective of their situation would be thoroughly explored as part of the **assessment** process after providing **consent to receive** services. However at this stage, it is important for them to:

- know what the referral says and
- briefly comment on the accuracy of the information contained in the referral

When going through the referral:

- sit beside the parent or guardian with a copy of the referral in hand
- refer to the referral whilst summarising its content
- focus on the strengths and the challenges the family appears to be facing
- hear from the parent or guardian and
- draw from the referral and the discussion with the parent or guardian, the support services that might benefit the family

Provide information to obtain consent

After the above steps have been sufficiently completed, provide the family with the information they require to make a decision of whether to accept or decline services offered.

The steps Family Support Workers can follow when providing information to families to obtain consent are located in Chapter Two – Working with Families – **Informed Consent**.

Manage expectations and client emotions

If a family member asks questions about decisions that are the responsibility of the referring agency (e.g. if the child is on a **Child Protection Order**, the parent or guardian might ask what they need to do to get their children back), Family Support Workers are encouraged to explain that they are unable to speak on behalf of the referring agency and encourage the family to make direct contact with the referring agency to have their questions answered.

If a family member becomes angry or upset:

- acknowledge how they are feeling
- take the time to listen to what they are saying and empathise with them
- offer to take a break to help them to calm down before continuing
- remind them that the Family Support Service is independent from the referring agency and therefore can't:
 - answer questions about the decisions made by the referring agency or
 - offer explanations regarding the actions of the referring agency and
- remind them that the Family Support Service is a voluntary service to improve the wellbeing of children and families

1.2 Home visiting a family that has NOT received a telephone call as an initial contact

When home visiting a family as an initial contact, Family Support Workers are encouraged to cover the same topics as those listed under the following headings as relevant:

- **Telephoning a family that is aware of the referral**
- **Telephoning a family that is NOT aware of the referral**

If time permits and the family is willing to continue:

- **provide the referral details** and
- **provide information to obtain consent**

If time does not permit, however the family is willing to continue, negotiate another meeting time with the family to continue discussions.

If the family is unwilling to continue:

- post a **Consent to Receive Services – Declined** letter addressed to the parent or guardian and
- follow the procedure for case **closure** (i.e. early exit)

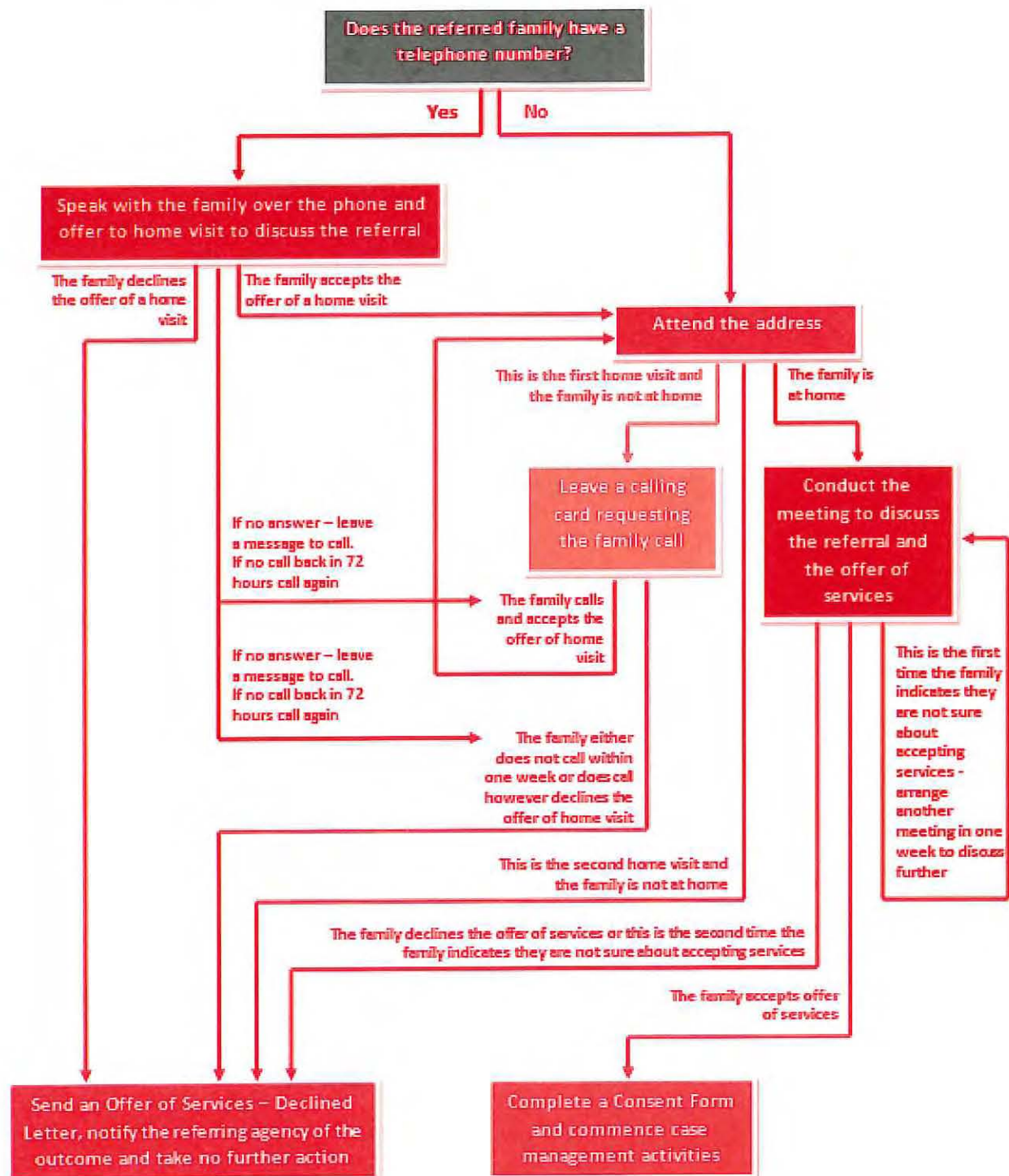
4.0 Record activities and outcomes

Family Support Workers are required to:

- record a **Case Activity** on the Community Sector Information System (CSIS) each time a discussion is held with or about a referred family (see **Recording Case Activities**) and
- record a description of what transpired during a discussion with or about a referred family on a **Case Note** or Progress Note (see **Recording Case Activities**) and
- place the following on the family's Family Support Service electronic or paper file:
 - all **Case Notes** or Progress Notes and
 - the **Consent to Receive Services – Declined** letter, where relevant

To record consent activities and outcomes please refer to the steps contained in Chapter Two – Working with Families – Informed Consent – **Record Activities and Outcomes**

Figure 6 – Initial Contact Decision Making Tree



Click here to enter a date.

Insert name of parent/s or guardian/s

Insert the street or postal address

Insert the suburb/town, state and post code

Dear Insert name of parent/s or guardian/s

Re: Family Support Service Referral

On Click here to enter a date, **the** Insert name of Family Support Service
received a referral from Insert name of referring agency **requesting you and**
your children be provided with support services.

This referral was accepted on Click here to enter a date, **however as our**
service is voluntary, we do not commence service delivery until we first receive
the referred family's consent to receive services.

We subsequently made contact with you on Click here to enter a date or dates,
by way of Insert the type of contact/s made (e.g. a telephone call and a home
visit) **to discuss the referral and seek your consent to receive services.**

Unfortunately we are unable to progress the referral received as Insert the reason why the referral cannot be progress (e.g. we have been unsuccessful in speaking with you or you have declined the offer of services etc).

Before we officially decline the referral, we would like to offer you a further opportunity to discuss your referral or to accept our offer of services by contacting me on Insert your office telephone number by Click here to enter a date

If you do not make contact by the above date, your referral will be declined on the basis that consent to accept services was not obtained and the referring agency will be advised of this outcome.

A re-referral to our Service can be made by contacting one of the following agencies should you and your family need assistance in the future:

- Your local Aboriginal and Torres Strait Islander Health Service
- Department of Education and Training
- Department of Health or
- Department of Communities – Child Safety Services

We sincerely wish you and your family well.

Insert name

Family Support Worker

Insert name of the Family Support Service

INFORMED CONSENT

Purpose



Participation in intervention delivered by Family Support Services is voluntary; therefore, families have a right to choose whether to accept or decline the offer of support services.

Families need information to help them make an informed decision about whether to accept or decline the offer of services. This information includes facts about:

- the voluntary nature of the services
- the types of support services available
- the processes used to deliver services
- what information would be recorded about them, where would it be stored, how would it be used and who would it be shared with
- how they would be able to provide feedback about the services they receive
- what they could expect if they exercise their right to decline the offer of services
- what they could expect if they exercise their right to accept the offer of services
- when and how they could withdraw consent
- and so on....

If a family chooses to decline the offer of support services, their decision must be respected.

Practice Standards

1. To receive Family Support Services clients must consent to:
 - a. **receive Family Support Services** and
 - b. **share information between agencies**
2. All consent must be obtained in writing and stored on the family's file
3. All consent obtained must demonstrate that it is informed
4. Consent may be withdrawn at any time; however it is preferred the withdrawal of consent be provided in writing
5. In the case of two parent families¹⁵, where one provides consent to be engaged in services and the other declines, only the parent that gives consent is actively engaged by the Family Support Service. The other parent's right to decline is respected; however they are able to give their consent and receive direct services at any time.
6. In the case of two parent families¹⁶, where one provides consent to share information with another agency or agencies and the other declines, only the information regarding the parent that gives consent is shared. The other parent's right to decline is respected and their privacy is maintained.
7. Consent will be also sought from children 16 years and over and children under 16 years if they are a parent themselves¹⁷. The parent that has consented to accepting support services or the exchange and release of information can provide consent on behavior of children in the family under 16 years or family members lacking capacity to give informed consent.

Key Steps

1. **Explain consent and assess capacity to give consent**
2. **Provide information and discuss concerns**
3. **Obtain consent**
4. **Withdraw consent**

¹⁵ Indigenous Family Support Practice Framework 1st Edition, June 2010

¹⁶ Indigenous Family Support Practice Framework 1st Edition, June 2010

¹⁷ Indigenous Family Support Practice Framework 1st Edition, June 2010

5. Record activities and outcomes

1.0 Explain consent and assess capacity to give consent

A good process for obtaining consent includes:

- Respectfully and patiently help individuals and families to understand why information sharing is important, whom it aims to support and the intended outcomes of sharing the information
- Be transparent with the family about what information will be shared
- Be honest with the family about the possible implications of sharing their information
- Explain in what circumstances information may be shared without their consent. Be honest and explain that acting without consent is always to protect a family member or members from harm (the more trust there is in the relationship the easier it will be for the family to have confidence in the professional's judgement about this)
- Be sensitive to the communication needs of individuals or families with compromised intellectual capacity and people from culturally or linguistically diverse backgrounds
- Be aware of the extent to which personal circumstances may influence the willingness to give consent. For example a person affected by violence may have been threatened by the person using violence or other friends or family members not to participate and therefore are afraid to give consent. In such cases, family members should be given opportunities to meet with practitioners separately and at a time of their choosing.
- Advise families that they may withdraw their consent to participate at any time. If an individual or family refuses to provide their consent to the collection, use or disclosure of their personal information then they must be informed that this may affect their ability to access some services coordinated through the initiative.
- Revisit the family's consent in circumstances where information sharing requirements are different to originally agreed by the client.

Breaking the Cycle of Domestic and Family Violence (2010), Guide to Information Sharing
Located in Helping Out Families – The Alliance Shared Practice Framework

When explaining consent to families, Family Support Workers are encouraged to convey the importance of:

- understanding the facts and implications of giving consent
- understanding facts and implications of declining to give consent and
- being free from factors that might impair judgement when making a decision to give consent or to decline to give consent

Factors that might impact a person's ability to give informed consent include:

- **language issues** – if language is likely to impair a client's ability to understand information provided, consider arranging an interpreter to facilitate communication