



The interface between Western Australian Family Support Networks

and

The Department for Child Protection and Family Support

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INTRODUCTION

Western Australian (WA) Family Support Networks (FSNs) are a partnership of community sector services and the Department for Child Protection and Family Support (the Department), delivering earlier, targeted support to vulnerable families.

The Department works with FSNs at the strategic planning, policy and local district level. At the strategic level the Department manages partnering relationships through the Community Sector Roundtable, provides contract management to Lead Agencies, provides a leader child protection at the common entry point, and offers policy support as needed.

At the local level, the Department is a FSN partner agency through the district director at the Department district office. The relationship between the FSN and the local district office is critical to the way in which support and services are provided to vulnerable and at risk children and families, and the key focus of this interface document.

This document provides guidance on how the Department and FSNs work together at the local level to achieve the best possible outcomes for clients.

KEY PRINCIPLES AND PROCESSES

The following principles and processes support and underpin the co-working relationship between the Department and partner agencies that form the FSNs.

Principles:

- Safeguarding and promoting the wellbeing of children and young people is paramount within the context of supporting families to address their needs.
- Services provided by government and community sector organisations will be responsive, transparent and work together to assist families to support their children.
- FSNs are well networked with strong linkages and appropriate referral pathways for families.
- Respect for clients, each other and partner agencies underpins how FSNs operate.

Processes:

Sharing Relevant Information

Information sharing is critical to efficient and integrated service delivery. This process is outlined in, *Secondary Services Working Together – A guide to Information Sharing for Western Australian Family Support Networks* and can be accessed at www.wafsn.org.au.

Effective and Ongoing Communication

Each agency should identify points of contact and develop processes for ongoing communication between case workers regarding the child and family. This may involve regular meetings in person as well as telephone and email contact.

Case Goals and Case Plans

The service holding case coordination responsibility should develop the case goals and plans with the client. These need to be realistic, achievable, and subject to ongoing

assessment and review. A copy of the case goals and plans should be provided to the family.

Clear and Realistic Expectations

At the commencement of any joint case activity, each agency's roles and responsibilities should be clearly outlined, documented in the case plan, and a copy provided to the family. Expectations of what agencies can provide need to be realistic and within the limits of service resources and capacity.

Signs of Safety and Safety Planning

The Department's *Signs of Safety Child Protection Practice Framework* is embedded in the FSN common assessment process to effectively: identify risk; maximise family involvement; share information; and work collaboratively in decision-making and planning for the safety of children.

In cases where it has been established that there are clear harm and danger statements for a child, the leader child protection will liaise with the Department and advise on the appropriate action.

WA FSN Governance

FSNs integrated governance frameworks provide for strategic and operational level steering committees. FSN steering committees enable the identification of unmet need and demand for services in each district. Through working together and coordinating service delivery, service capacity is better understood and resources can be allocated or reallocated in direct response to changes in community need across the district.

Links with other key coordination groups such as regional manager forums provide opportunities for strategic planning and further mechanisms for Government and community service providers to work together.

SERVICE LEVELS

Family Support Networks – client profile and service level

FSNs operate at the secondary services level providing access to integrated services and support for families, children and young people who are at risk or facing an immediate crises. FSNs play an important role in the early intervention and provision of support and services to prevent a family's situation from worsening to the point where it requires a statutory response. Families may also need support to re-establish themselves following a tertiary or crisis intervention

Families will typically present with complex and multiple needs, and may be affected by one or more of the following:

- violence or threats of violence in the home;
- misuse of alcohol, drugs and/or other substances;
- mental health issues;
- recurring financial crises due to low income and/or limited budgeting skills; homelessness or at risk of becoming homeless;
- serious family conflict or problematic family relationships; and

- inadequate parenting skills.

Family Support Continuum

Approaches to the protection of children can be conceptualised in a similar way to the public health services model of primary, secondary and tertiary levels of intervention. This serves to illustrate the relational aspects in child protection service delivery (see Table 1 below).

Table 1 **Levels of Intervention to Protect Children.**

Intervention	Target Group	Definition
Primary or Universal	Whole communities and families generally.	Services/interventions that build capacity in communities and families to address common needs and prevent problems from arising.
Secondary	Families who are vulnerable or in crisis. Families at risk of child abuse or neglect.	Targeted services that support families and children to address identified risks and prevent them from escalating.
Tertiary	Families in which child abuse or neglect has occurred.	Services to prevent abuse or neglect from reoccurring and to alleviate the impacts of abuse or neglect.

Most families require access to a broad range of services to support the wellbeing of themselves and their children. Some require additional services to address particular vulnerabilities and need. Families are generally able to identify their own service needs and negotiate the system, particularly in the primary or universal services domain.

Some individuals and families will at times require specialist and targeted secondary services to respond to their needs and a small number will require tertiary statutory child protection services to keep children safe.

The Department for Child Protection and Family Support

The role of the Department in protecting children from harm and supporting vulnerable families involves three service areas:

1. Families and individuals are assisted to overcome their risks and crises, are kept safe and are diverted from the child protection system.
2. Children and young people needing protection are safe from abuse and harm.
3. Children and young people in the Chief Executive Officer's (CEO's) care receive a high quality of care and have much improved life chances.

Family support underpins all of the work of the Department, assists in achieving outcomes across the three service areas.

INTERFACE BETWEEN THE DEPARTMENT AND FAMILY SUPPORT NETWORKS

FSNs and the Department work in partnership to achieve the best possible outcomes for vulnerable families. The leader child protection, co-located at the common entry point, has an important role in facilitating and supporting effective collaboration between the Department and the FSN.

The following describes how the Department and FSNs work together, and provides clarity on co-working relationships, case coordination, the transitioning of 'open' cases, and the role of the leader child protection.

Working in partnership

The Department's local district office is a partner agency in each district where a FSN has been established. Partner agency relationships are developed through local partnership and collaboration and supported by a Memorandum of Understanding (MoU). The MoU commits partner agencies to processes and procedures outlined in the FSN operating framework and associated resources. MoUs between FSNs and the relevant district office should be developed at the earliest opportunity.

Steering Committee and Operations Group

The FSN Lead Agency is responsible for establishing the Local Steering Committee and Local Operations Group. The district director or assistant district director of the local district office is a designated member of the Local Steering Committee and may also be a representative on the Local Operations Group. The leader child protection is a designated member of the Local Operations Group.

Assessment and Referral

Accurate and thorough assessment is vital to understanding the needs and type of service response required to support families. Duplication of assessment by the Department and the FSN should be avoided where possible; and obtaining informed consent to share information should reduce the need for families to tell their story multiple times.

Referrals to the Department by the FSN must be accompanied by the assessment undertaken at the FSN, which would involve discussion and consultation with the leader child protection. Likewise, the Department must provide relevant assessment information when making referrals to the FSN. Further assessment by the Department or the FSN will sometimes be necessary to build the picture of the family and their needs, and to identify the appropriate services to be provided.

Role of the leader child protection

The leader child protection provides specialist consultation, support and advice on the safety and wellbeing of children and families involved with the FSN. In cases where referral to the Department is being considered, the leader child protection participates in discussions, makes recommendations, and provides advice to assist the Department's decision. The leader child protection is also responsible for facilitating the exchange of relevant information and explaining the Department's involvement and current role, which may be different for each child in the family.

The leader child protection provides advice and consultation to the lead agency and FSN partner agencies on Department policy and practice, and advice and guidance on complex casework practice issues. This position also contributes to the professional development of FSN staff on the role and functions of the Department. The leader child protection reports to the local district director, or delegated senior officer.

Determining responsibility for case coordination

FSN initial screening and assessment processes should determine which agency is the most appropriate agency to coordinate the case¹. Most referrals to the FSN will be for the provision of secondary family support services and should be coordinated by the FSN.

Where initial screening and assessment identifies safety and wellbeing concerns for a child or children, FSN agencies must consult with the leader child protection. In complex cases, it may be appropriate to engage the local district office of the Department to discuss the case and plan next steps. Joint visits during the assessment process may assist to determine the most appropriate service response.

If safety and wellbeing concerns are identified by the FSN after work has commenced with a family, the FSN must consult with the leader child protection, who may also engage the district office. If the Department then opens the case, the Department and the FSN should work together while the case is transitioned.

Case coordination held by FSN

The FSN holds responsibility for open cases to the FSN. Following initial screening and assessment the common entry point will allocate the case to a partner agency or agencies and nominate the most appropriate agency to undertake case coordination activities (see assessment and planning framework).

Case coordination held by the Department

Cases open to the Department with active child protection concerns should not be coordinated by the FSN and in these circumstances the Department must maintain full case management responsibility. However, current services may need to remain involved to provide ongoing support and avoid further disruption to the family.

When closing a case the Department may identify further support needs of the family and, with the family's consent, refer them to the FSN for the provision of secondary family support services. This will involve a period of transition, where the case remains open to the Department for a short period, while the family is introduced to the FSN and the FSN take over the case coordination responsibility.

The Department may contact the FSN during intake of a new case to share information about any previous involvement the FSN has with the family. This can be done via email to the leader child protection.

¹ The case coordinator is a primary role with the responsibility for ensuring that services are coordinated, resources are allocated and overall progress in the client's response is being made.

Transitioning cases between the Department and the FSN

As outlined above, when working with families with complex problems, there will be occasions which require the two services to work together for a period of time while the case is transitioned.

When a case is being transitioned from the Department to the FSN, the leader child protection must have access to the safety plan, where one exists. The immediate child safety issues must have been addressed by the Department. With the involvement and consent of the family, appropriate support services should be planned and put in place by the FSN, which will enable the case to be closed by the Department.

The FSN will take on case coordination when the family agrees to work with the FSN and plans for the closure of the case by the Department have been made and are concluded.

Department referrals to the FSN

Referrals to the FSN by the Department's duty intake team must be provided via email utilising the FSN referral form detailing the clients name, address, contact details, presenting issues and confirmation that the client's verbal consent has been obtained for a referral to be made to the FSN.

Where a family presents at a district office seeking support and is consequently referred to the FSN, this should be a 'warm' referral as part of the 'no wrong door approach' with the family supported to connect with the FSN directly and quickly. Providing an immediate connection may assist in establishing a positive relationship with the FSN. The district office should provide practical assistance (for example, by providing a room and telephone for the family to contact the FSN) to support the family to make this connection as soon as possible.

Non-engagement

Where a family does not or ceases to engage with the FSN and the FSN considers that there are safety and wellbeing concerns for a child or children, the FSN must consult with the leader child protection. A joint visit to the family with the leader child protection may be appropriate.

If it is determined by the leader child protection that the risk level is too high to be managed by the FSN, the case should be referred back to the Department. The Department should use the assessment and information provided by the FSN and may undertake further assessment if required to determine what action is to be taken. If a case is reopened by the Department, the FSN will close the case.

Discussion regarding the role of the FSN during the transition of the case back to the Department should occur. If the Department decides not to re-open the case, and the family has not been engaging with the FSN, the case will be closed by the FSN.

Notifying the Department of safety and wellbeing concerns

From the time a family begins working with a FSN they must be fully informed about the limits of confidentiality and the intention to notify the Department of any safety and wellbeing concerns for their children. Where concerns exist the FSN should first discuss them with the family and advise that they will share these concerns with the Department.

Young people leaving care

A number of young people leaving care require support to transition to independent living. The Department funds specialist leaving care support services; however some young people may require the specific services that FSN partner agencies provide.

Where an eligible young person is referred to the FSN for a secondary support service the leader child protection should discuss with the district office what aftercare supports are being provided by the Department. This will support the exchange of relevant information, avoid the duplication of services and provide for coordination.

Strong Families, Best Beginnings and Parent Support programs

The Department also provides family support services which are consent-based. A family participating in Strong Families, Best Beginnings or the Parent Support program are an open family support case with the Department, and may be appropriate 'open cases' to refer to a FSN.

When a family participating in Strong Families is referred to a FSN for additional services, Strong Families will continue the case co-ordination responsibility.

The FSN may also refer a family to the Strong Families, Best Beginnings or Parent Support programs.

The FSN alliance manager and the local Strong Families coordinator should maintain strong working relationships to support families that may benefit from Strong Families' formalised coordination role, particularly where other Government agencies are involved, where progress has stalled or where the family is having difficulty engaging with a service.

Notifying outcomes

Where a case has been open to the Department and is subsequently referred and transitioned to the FSN, the FSN should notify the Department of the outcome of that case once it is closed.

SUMMARY

In line with the agreed processes and principles, the Department and the FSN will work together to support families to care for their children safely, and do this in a way which focuses on the needs and best interests of the clients being offered coordinated services.