



**Western Australian
Family Support Networks**

Local networks of high quality, integrated services
that support families and young people at risk.

THE WESTERN AUSTRALIAN FAMILY SUPPORT NETWORKS

Assessment and Planning Framework

Revised January 2016

FOREWORD

Approaches to the protection of children are 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).

Most people 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 generally are 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.

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 re-occurring and to alleviate the impacts of abuse or neglect.

Western Australian Family Support Networks

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

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 crisis. 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.

INTRODUCTION

The *Western Australian Family Support Networks Assessment and Planning Framework* (the Assessment and Planning Framework) is embedded within the overall operating framework for FSNs. It outlines the common approach to assessment and planning that has been developed in line with the Department's *Signs of Safety Child Protection Practice Framework*. This standardised approach to conducting a holistic assessment and the associated tools is used across agencies within FSNs throughout WA.

All agencies working within the FSNs operate under a Memorandum of Understanding (MOU) which outlines protocols and shared practices between signatory agencies, to achieve optimal outcomes for vulnerable families. Upon signing a MOU agencies agree to use the Assessment and Planning Framework when undertaking referral and assessment for FSN clients.

The framework and associated guidelines help develop a shared understanding of the family's needs so they can be met more effectively. It aims to promote the earlier identification of a family's needs.

A shared approach to screening, assessment and planning provides a process to identify a family's strengths, goals and support needs as well as identify levels of risk and concern. It also assists the development of a coordinated and individualised case plan to support the family to address identified needs.

The information received through the assessment and planning process is provided to the agency receiving the referral and forms the basis of each agency's own assessment. It is intended to provide enough detail to enable appropriate referrals without being onerous on individuals, families or agencies.

Assessment and Planning Framework Principles

- Services provided by government and community agencies assist families to support their children to thrive, learn, grow and be valued members of the community.
- Safety and wellbeing of children, young people and families is paramount within the context of supporting families to address their needs.
- Assessment and planning processes are holistic and family focussed.
- Assessment and planning will be based upon informed consent as best practice.¹
- Assessment and planning processes are continuous and should be provided by the most appropriate agency in a coordinated manner.

¹ The *Children and Community Services Act 2004* Act provides for the sharing of relevant information relating to the safety and wellbeing of a child. *Working together for a better future for at risk children and families: A guide on information sharing for government and non-government agencies* outlines information sharing arrangements for agencies. A copy of the guide can be accessed from the Department for Child Protection and Family Support website: www.cpfs.wa.gov.au

- Services are flexible enough to recognise and respond to the changing needs of the family.
- Participation in decision making by the family is central to the planning and assessment processes that underpin family support services.

Purpose of the Assessment and Planning Framework

All families are unique and have different needs. Similarly, a family's ability to respond to and meet their needs may differ. The purpose of the Assessment and Planning Framework is to identify strengths, needs, and concerns to enable families to receive appropriate support. The assessment and planning process will:

- be detailed enough to make accurate referrals without being onerous on families and services;
- outline information sharing protocols with other agencies so that clients do not have to repeat the same information;
- inform the development of an individualised family case plan to address identified needs and risks;
- inform the development of a coordinated and integrated response to the case plan;
- assist integration by providing a shared language for discussing and addressing needs;
- draw on good practice and aid a consistent approach between FSNs;
- outline a common process to record and share information between practitioners; and
- enable consistent and early decisions to be made about priority for service using agreed criteria.

ASSESSMENT AND PLANNING PROCESS

The stages of the assessment and planning process include:

- initial screening;
- stage one assessment;
- stage two assessment;
- case plan development;
- case allocation;
- case review; and
- case closure.

Assessment and planning is an ongoing process. Information gathered during the initial screening process is used and built upon during the stage one assessment. This process continues to a more comprehensive stage two assessment if complex needs are identified and helps inform the development of a holistic case plan to address the family's needs.

Each of the steps listed above are completed using the *Family Support Networks Referral, Assessment and Planning Forms*. Data and information

gathered during the assessment and planning process must be entered or uploaded into FuSioN, the FSNs IT system.

Appropriate FSN Referral

Families can be referred to the FSN common entry point in a number of ways enabling flexibility of access for clients. These include:

- contacting the local 1300 number;
- walk-ins (including the lead agency or partner agencies);
- referral from another service.

No Wrong Door

Services that form part of the FSN are required to operate a 'no wrong door' approach. The emphasis is on reducing the need for families to have to tell their stories repeatedly and supporting them to access the right service, as soon as possible.

Initial Screening

Initial screening commences once a family makes contact with the FSN, or a referral is received through the common entry point via the lead agency or partner agency.

Initial screening is an important step in the process and will determine a pathway forward for the family. Initial screening information can be collected by telephone or via a face-to-face visit.

If a client comes through the '1300' number, or is referred to the FSN lead agency directly, the lead agency will undertake the initial client screening. If, however, the client 'walks into' a partner agency of the FSN, that agency will undertake the initial client screening. Where this occurs the partner agency should immediately liaise with the lead agency to agree on next steps.

In some circumstances where a client has 'walked in' to a partner agency, it may not be possible for staff of that agency to undertake the initial screening process. In these situations the partner agency should connect the client to the 1300 number for the FSN so that the initial screening process can take place by telephone.

Initial screening will include:

- client demographic data such as name, address, contact phone numbers, date of birth;
- cultural background;
- family structure;
 - marital status
 - number of children – name, age, gender, ethnicity etc
- current living situation;
- financial situation – employed/unemployed/income support/no income etc;

- service history; and
- presenting issues.

Brief intervention

Some families may require a brief intervention, where the provision of information and limited advice is all that is required to respond to their presenting issue. Where the need for a brief intervention emerges at initial screening – and it is appropriate for the FSN to respond, that support will be provided by the FSN to ensure the family’s needs are met.

If no further action is required after the initial screening process is completed, details of outcomes will be recorded for information and evaluation purposes.

However, if it is determined that access to services within the FSN is the most appropriate response to meeting the presenting needs of the family, the assessment process will proceed to the stage one assessment.

Clients in crisis

Crisis services do not form part of the FSN. Clients can be referred back to the FSN once the immediate crisis has been addressed.

Stage one assessment

If initial screening determines that the client requires further assistance from the FSN, the stage one assessment will commence. This process builds upon the initial screening information and is focused on determining what the family’s current situation is (concerns, strengths, resources, etc.), what the family identifies as the presenting problem/issue(s) and what they feel could assist them. The FSN assessment team is required to consider the presenting information and identify any concerns or risks that may present at all stages of the assessment and planning process.

During the stage one assessment, a series of questions using Appreciative Inquiry (AI) methodology in the broadest context is used to guide the gathering of further information. In this context AI refers to a strengths based approach to working with families. It focuses on what is working well for the family, what individual or combined strengths exist, and what the family wants to achieve; rather than concentrating solely on the problems. AI then draws on these strengths to develop a plan of action, in this case the family’s case plan.

Stage one assessment questions and prompts are designed to elicit relevant information from the family to:

- Understand the experiences of the child, particularly in identifying negative patterns and trends in their lives and lifestyle.
- Gauge the child’s developmental progress against what is expected for their age and stage.
- Assess how the family is functioning and identify factors in the child’s life that may ameliorate the impact of the harm.

- Provide a history of risks and needs – and interaction with other services (including any statutory responses).
- Identify what needs to be addressed for the family to reduce the risks and improve wellbeing.
- Identify objectives and goals through assessment and planning.
- Identify whether a brief intervention or single service response will meet the needs of the family.
- Identify whether there is a need for more complex assessment.
- Identify the most appropriate agency to lead the service response.

Assessment Matrices

The Referral, Assessment and Planning Form contains two assessment matrices which are completed with the family. These matrices are used to assess and monitor change over time as well as to report outcomes. The matrices should initially be completed during assessment, again during each review and finally on case closure.

A formula is applied to each matrix to determine an entry and exit score, both of which are entered into the FuSioN IT system. These scores measure the family's progress. FuSioN user guides provide further information regarding how these are calculated.

The first matrix is related to Client Risk Characteristics and should be completed for the adult/s in the family. This matrix may also be completed for a young person presenting to the FSN on their own or as a couple with no children. The second matrix is related to Child Risk Characteristics and should be completed for the children in the family.

Both matrices have been written using plain language and are designed to actively engage families in the assessment process. The result is a shared understanding of how the family is progressing.

Outcome of stage one assessment

A stage one assessment may identify that a brief intervention is all that is required. If it is appropriate for the FSN to respond, support will be provided by the FSN to meet the family's needs.

Referral for specific service

Where the presenting issue will clearly be met by referral to a single service, the lead agency will make their recommendation and proceed to allocation. The stage one assessment is completed once the family are allocated to and commence receiving a service from the relevant agency.

The agency receiving the referral uses the information provided from the initial screening and stage one assessment to inform development of a case plan with the family.

It is expected that where a stage one assessment is required that this is completed within three days of receipt of the initial screening.

Stage two assessment

If during the stage one assessment a number of issues become apparent, it may be necessary to undertake a more comprehensive assessment. A stage two assessment is likely to include wider consultation with the leader child protection and other service providers that may already be working with the family.

Typically, a stage two assessment may be required for families that present with:

- complex needs;
- entrenched, intergenerational issues;
- potential child protection concerns;
- significant wellbeing concerns;
- needing additional support to access services; and/or
- needing a multi-service response.

A stage two assessment uses the stage one assessment as the foundation and then:

- Brings together a range of service providers to discuss the issues and provide advice to the lead agency (or the person undertaking the initial assessment).
- Includes a session with the family to discuss ongoing issues in person (and could include co-consultation with other service providers).
- Determines which agency would undertake case coordination, facilitating access to a range of services (including those outside of the FSN).
- Seeks secondary (or co) consultation as required to support assessment and responses for the client.

Following a stage two assessment there is likely to be multiple referrals made to a range of services.

The stage two assessment should be developed as soon as possible to reduce the risk of the person's needs intensifying further. It is expected that where a stage two assessment is required that this is completed within seven days of receipt of the referral.

Consultation with the Leader Child Protection

Each FSN has a leader child protection working within the common entry point. The leader child protection works collaboratively with FSN staff to support vulnerable children and families.

From time to time FSN staff may seek the professional advice of the leader child protection regarding case related matters. Consultation with the leader child protection may occur where:

- Emerging safety issues and concern that the risk of harm could be escalating.
- Identification of an immediate safety issue or harm-causing incident which may need child protection intervention.
- Identification of cumulative harm/safety issues, that relate to observable impacts for a child/young person's safety/development/stability and that have not improved despite intervention.
- A need to gather and discuss relevant information that may be held by the Department.

Where a consultation with the leader child protection occurs, both parties will record the consultation.

Case Plan

At the conclusion of the assessment process, a holistic case plan will be developed in consultation with the family. The case plan should identify the family's goals and objectives, as well as a high level summary of the outcomes of the assessment process and proposed ways to effectively respond to the client's needs.

The case plan determines which service responses should be considered from within the FSN as well as other relevant supports that could assist the family. The case plan is developed initially by the FSN common entry point team and presented to the allocations meeting for referral to relevant service providers. It will inform the allocation process by determining the client's service pathway and priority of access.

The case plan is further developed by the agency receiving the referral following further assessment by that agency.

Allocation to partner agency

After the assessment process is completed and a case plan developed, the client is allocated to the relevant FSN service/s through the local case allocation process, as described in the MOU.

Case allocation processes support cases being allocated with due consideration to their priority of access (based on greatest risk and need) and agency capacity to respond (enabling a timely response).

Allocation process

Making an allocation:

- Provide information regarding partner agencies to the client.
- Obtain client consent to share information and allocate to a partner agency for service delivery.
- Complete client referral form, ensuring all relevant intake and assessment detail is included in the referral.

- Forward to partner agency.

Receiving an allocation

- Acknowledge receipt of the allocation.
- Contact allocated client.

Urgent allocations

A client may be allocated to an agency immediately (outside of the allocation process) if the risk to and needs of the child/ren is such that an intervention is required to decrease that risk immediately. The client is allocated straight to a service to provide that response. Urgent allocations are recorded in allocation meeting records.

Priority access to FSN services

Access to FSN services is determined based on the risk level and needs of the family. These are ascertained through the assessment process. Referrals are actioned based on risk and need, with those most vulnerable and at-risk to be prioritised.

Criteria for determining priority access:

- There is an immediate risk to the safety and wellbeing of the child/young person/family.
- There is concern about the parent's ability to meet the child/young person's basic needs.
- The child/young person is at risk of leaving their parents care.

Where the FSN has concerns for the safety of a child, they will consult with the lead child protection during the assessment and prior to presentation at the case allocations meeting.

Active holding

If there is no service capacity within the FSN for the client to be referred, the lead agency or partner agency is required to provide an active holding response, such as a one off intervention and/or low level monitoring and support until the case is allocated. Active holding may include one or more of the following:

- initial home visit;
- the development of a plan of action that can be implemented by the family;
- referral to supported playgroups, mother's groups or parenting support groups;
- referral to universal services;
- case conferencing;
- brokerage of other support services;
- telephone contact to and from the family to touch base and assess if the family's situation has changed.

Service intensity

The level of service intensity is determined during the assessment and case planning process.

The agency that receives the referral develops a detailed case plan (building on the case plan developed as part of the assessment process) that outlines the interventions required and clearly articulates the length of intervention, together with the timelines for review.

As indicated in Table 2: Service Intensity, service responses should be provided within one of four levels of intensity:

- **Level 1: Information, support and/or brief intervention.**
Depending on the individual client needs, services received may include: provision of information and advice; initial needs identification and assessment of underlying risk; identification of an appropriate service response based on assessment outcomes; active engagement, determination of priority of response and other related services;
- **Level 2: Medium intensity case management, group work, case work intervention.**
Services may be one-off, episodic or related to transitional stage issues. This could include active engagement and casework that may comprise crisis intervention, short term service responses; family decision making/family group conferencing; advocacy; group work; counselling; and mediation;
- **Level 3: High intensity case management, case work interventions, in-home support.**
Focus on longer term support for children, young people and families with chronic and complex needs. As such, the movement between short and complex response will most likely relate to the timeframe over which support is required, in order to effect positive change in family relationships and care giving capacity, to ensure the safety, stability and development of children and young people; and
- **Maintenance - Low intensity case management, support and brief intervention.**
This support is used to keep a 'watching brief' over some clients who may be at risk of falling into crisis on a frequent basis. This may include some follow up phone calls/visits on a regular basis (i.e. monthly), and the provision of some short term interventions (such as episodic counselling).

Table 2.0: Service Intensity also provides a description of the client characteristics within each level of intervention, the type of assessment they are likely to receive and the expected duration of service responses within each level.

Maintenance services

A maintenance service will be provided to clients that have already received a service response from the FSN and will involve:

- Semi regular contact – monthly, either by phone, home visit, or meeting in place that is comfortable for the client.
- Be ongoing over a period of time, up to 12 months in the first instance.
- Keeping the client engaged with appropriate services.
- Providing an early warning sign as to whether the client is facing increasing risk and falling into crisis.

Such services are provided for individuals and families that have a range of complex factors that may place them at risk in the medium term.

TABLE 2.0: SERVICE INTENSITY

Level of Intensity	1 Brief intervention	2 Single intervention	3 Multi-response intervention	Maintenance
Type of assessment	Initial screening or stage one assessment	Stage one assessment	Stage two assessment	Not Applicable
Type of intervention	Information, support and, or brief intervention.	Referral to one type of service response for medium intensity case management, group work and, or case work intervention.	Referral to multiple services following the identification of complex needs. Service responses are likely to include high-intensity case management, case work interventions and in-home support.	Low intensity case management, support and brief intervention.
Client characteristics	<p>Children, young people and families:</p> <ul style="list-style-type: none"> • that may not have accessed the service system before; • require one-off interventions to prevent issues from escalating; or • that require information to access other services and supports. 	<p>Children, young people and families:</p> <ul style="list-style-type: none"> • who are at risk of entering the child protection system; • experiencing family dysfunction or parent / adolescent conflict; • at risk of crisis; or • that require a single service response to meet their needs. 	<p>Children, young people and families:</p> <ul style="list-style-type: none"> • with complex needs; • that have entrenched, intergenerational issues; • have existing child protection concerns; • require additional support to access services; or • require a multi-service response to meet their needs. 	<p>Children, young people and families:</p> <ul style="list-style-type: none"> • that have already received a single or multi-service response; or • require ongoing, episodic support from a practitioner to avert crisis and ensure sufficient stability to prevent the need for substantive FSN interventions or a referral to the Department.
Service duration	<p><i>One-off</i></p> <p>Up to four hours</p>	<p><i>Time limited or episodic</i></p> <p>More than four but less than a total of 34 hours</p>	<p><i>Episodic or continuous</i></p> <p>More than 34 but less than a total of 100 hours for all services involved with the client</p>	<p><i>Maintenance</i></p> <p>Up to three hours per month</p>

Case management/coordination

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. This is likely to be the agency undertaking the primary part of the work with the family.

The case coordinator is responsible for overseeing the family's case plan and coordinating each agency's involvement. It may be necessary for agencies involved in the case to meet regularly to review the case plan. These meetings should be managed by the case coordinator.

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.

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 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.²

Case review

Case plans should be reviewed every 3 months.

If the case is being case managed/coordinated, it is the case manager/coordinator's responsibility to undertake the review.

The review process should:

- assess the implementation and effectiveness of the decisions of the case plan;
- present the views of all parties (the child or young person, the parents, other services) about the current situation and the future;

² *The Interface between Western Australian Family Support Networks and The Department for Child Protection and Family Support*, provides guidance on the coordination and transitioning of cases between the Department and the FSN, and can be accessed at: www.wafsn.org.au

- discuss any changes and decisions that may have occurred in the last months;
- provide a synopsis of the family's current circumstances;
- make recommendations for revisions to the case plan and timelines for actions.

Case closure

Closing a case requires a review and evaluation of the circumstances of the case and the work undertaken. Consideration should be given to the way finalising contact with the family and other professionals with significant involvement in the case occurs.

A case closure should include the following information:

- the case history – a brief summary only with reference to more detailed documents on file;
- any involvement with other services, including the Department – a brief summary only with reference to more detailed documents on file;
- the current reason for involvement;
- the action taken and progress – include details of actions taken by your agency as well as other agencies involved, any specific agreements made with the family and a statement of the outcomes achieved;
- the assessment and rationale for closure;
- any outstanding matters and alerts – detail of any actions that were not completed but should be followed up or considered if there is a new intake. Also detail any current alerts or any information that would be important to know should there be any further involvement by the Department with the family.

Partner agency reports outcomes to lead agency

Partner agencies are required to report client outcomes back to the lead agency. This information and data is necessary to inform FSN evaluations and future strategic planning.

Information sharing protocols

Effective information sharing processes are critical to efficient and integrated service delivery allowing information to be shared quickly across service providers to enable a complete understanding of the client and their needs, so the most appropriate service response can be provided.

The sharing of timely, relevant and appropriate information enables services to;

- undertake accurate assessment and provide earlier intervention;
- deliver coordinated and effective services to families;
- provide multi-agency responses to families with complex needs; and
- manage risk appropriately .

An information sharing protocol - *Secondary Services Working Together – A guide to Information Sharing for Secondary Family Support Networks* has been developed and can be accessed at www.wafsn.org.au.

The information sharing guide provides direction on matters for consideration including privacy, confidentiality and consent issues. FSN agencies are required to work within the boundaries of Secondary Services Working Together as part of formal Memorandum of Understanding.

ASSESSMENT AND PLANNING PROCESS

