

Western Australian Family Support Networks



Operating Framework

August 2019

*Subject to review as required

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Introduction

Western Australian (WA) Family Support Networks (FSNs) are a partnership of community sector services and the Department of Communities (Communities), providing a common entry point to services and delivering earlier, targeted support to families with complex problems and those most vulnerable to involvement with the child protection system. The core aims of the FSNs are to help families:

- Improve parenting skills to safely care for their children at home.
- Receive an integrated and coordinated service response to divert them from the child protection system.
- Develop and strengthen culturally safe support networks.

FSNs operate across the metropolitan area in four service corridors. Each corridor is managed by a Lead Agency from the community services sector in partnership with an Aboriginal Community Controlled Agency (ACCO). The table below lists FSN locations and Lead Agencies.

Service Location	Lead Agency	ACCO Partner
Mirrabooka / Joondalup	Mercy Community Services Incorporated	Yorgum
Perth / Midland	Centrecare Inc.	Wungening
Cannington / Armadale	Centrecare Inc.	Wungening
Fremantle / Rockingham	Communicare Inc.	Yorgum

The Lead Agency is responsible for establishing a common entry point for families to access family support services within their service corridor. At the common entry point, the Lead Agency manages a team including the Alliance Manager, Assessment and Support Officers, Intensive Case Managers and an Administration Officer. A Child Protection Leader is also co-located at the FSN and provides consultation on matters relating to child protection concerns.

The Lead Agency partners with family support services in their local area to form an alliance of local Partner Agencies. Partner Agency services include intensive family support, counselling, drug and alcohol services, homelessness services, family and domestic violence intervention, services for young people, and targeted community support.

Uniquely, the FSN model provides an integrated and coordinated range of services for families tailored to their individual needs which avoids them having to tell their story more than once. Families who require support services can often find it difficult to navigate the service system or may be reluctant to engage. When required, the FSN will actively and persistently reach out to support these families directly in their home and also assist them to access the services they need.

FSNs provide two streams of service:

1. **Assessment and Coordination** – this stream accepts referrals from Communities, FSN Partner Agencies, Non-Partner Agencies in the community and families themselves. The Assessment and Coordination stream is for:

- young people aged between 18 and 25 years, with an emphasis on young people with a care leaving experience. In exceptional circumstances young people aged 16 to 17 years who are living independently (and not in the care of the CEO); and
- vulnerable families involved with or known to multiple agencies, including Communities. Priority is given to Aboriginal families.

This service involves assessing family needs and either coordinating a range of services to work with the family or linking the family with a Partner Agency who will coordinate the services they need and/or provide case management. If a service is not immediately available following assessment, families are placed on Active Hold and are actively supported while they are waiting to receive a service, rather than being waitlisted. This enables the FSN to monitor the family and act if required to prevent the situation from escalating.

- 2. Intensive Case Management** stream accepts referrals from Communities only. The Intensive Case Management stream works with young people and families who require intensive support to keep their children safely at home and prioritises Aboriginal families. In this service stream, families may be reluctant to engage or difficult to reach and the Lead Agency provides active and persistent case management to achieve the case plan goals. Most case management and support is provided within the family's or young person's home through practical 'hands on' support. This style of case management requires the service to be responsible for the engagement process and to have flexible and adaptable strategies to achieve meaningful engagement.

Background

FSNs were originally developed following the Gordon Inquiry ('Putting the Picture Together' Report 2002) and the Secondary Family Support State Plan 2010-2013, which set the vision for a network of integrated services that could provide individuals, children and families in Western Australia with a more coordinated and high-quality support service.

Further detail relating to the history of the FSN as well as a full list of the policies and legislation informing FSNs is provided in the Appendix.

This Operating Framework outlines the structure for the implementation of FSNs in WA and provides information on how FSNs will work in practice in each corridor at the local community level. This document contains information about:

- Principles and Standards.
- Governance.
- Operational Model.
- Service quality, accountability and planning.

Principles and Standards

The following section details the principles guiding the operation of FSNs and the service standards underpinning FSN service delivery.

Guiding principles

Ten guiding principles underpin FSN operations. These principles guide practitioner approaches to families and agency approaches to service delivery:

- 1. Integrated, collaborative and place-based** – services work together in partnership and collaboration to achieve the shared outcome of effective case management and improving outcomes for families. The focus for agencies will be to promote the integration of services locally and provide a localised service response for at risk families.
- 2. Early and intensive intervention** – early identification of risk and the provision of intensive support to divert families away from the child protection system and prevent the most vulnerable children from entering out-of-home care.
- 3. Strengths based** – even in the most difficult of circumstances, individuals and families possess knowledge and resources that can form part of the solution to their current situation and they should actively participate in the development of a service response.
- 4. Child centred** – children’s best interests are best met within their family and out-of-home care is only ever a last resort; children’s unique vulnerabilities are placed at the centre of assessments and actions, including when the direct recipient of the service is a parent.
- 5. Family focused, person centred, and community based** – families actively participate in service planning and responses and are supported to strengthen their natural support networks and links to their community. Services are persistent when engaging clients and use flexible and innovative interventions tailored to the unique needs of each family.
- 6. Evidence based approaches** – all agencies in the network commit to maintaining high quality services using research evidence and current good practice and will contribute to evaluating the effectiveness of their services.
- 7. Inclusive and holistic** – services respond to the needs of all community members in a respectful and non-stigmatising way, including people from diverse cultural and linguistic backgrounds, and those experiencing a range of disabilities and hardships.
- 8. Accountable and transparent** – agencies operate in a way that is accountable to clients and other agencies. Processes and systems are clear and easy to understand.

9. **Culturally competent** – a system that is safe and responsive to the needs of Aboriginal families, and that recognises that Aboriginal workers, carers and organisations should play a significant role in the provision of support services to Aboriginal families.
10. **Trauma informed** – a system that recognises the distinct impact of multiple traumas on children and families and the critical importance of building safe and trusting relationships.

Service standards

The Guiding Principles informed the development of FSN Service Standards. Service Standards provide FSN and Partner Agency staff with minimum requirements (as reflected in their Memorandum of Understanding - MOU) for how to work with families and support the effective functioning of FSN agencies. Upon signing the FSN MOU, Partner Agencies also agree to adhere to these Service Standards as a minimum for operation across the FSN. The Service Standards are:

1. Safety and wellbeing

FSNs will support vulnerable families or young people to work through challenges that directly relate to and promoting the safety and wellbeing of themselves and their family members:

- FSNs provide vulnerable and at-risk families with a level of service delivery and case management that is flexible and reflective of their needs.
- Children are involved in the process wherever possible in ascertaining and promoting their safety in accordance with their age, capacity and development.
- Families and young people are empowered and supported to participate in identifying and resolving their own issues.

Communities uses the Signs of Safety Child Protection Practice Framework (Signs of Safety) to identify risk and protective factors in a child's (and their family's) life and to undertake assessment and planning. Signs of Safety is embedded in the FSN overall operating framework and common assessment processes and helps to maximise family involvement and support, sharing of information and collaborative decision-making in planning for the safety of children.

2. Assessment planning and referral

FSNs have a common and consistent process for identifying the needs of vulnerable children, young people and families and referring them appropriately to services:

- FSN Lead and Partner Agencies operate using a common approach to assessment, planning and referral.
- The assessment, planning and referral process is transparent and inclusive of families and young people.
- Families and young people are aware of information that is recorded, how it will be used and how they can access it.
- Families and young people are supported to access the most appropriate services as soon as possible.
- Families and young people receiving services will be advised of processes and timeframes and what they can expect from the service.

- Agencies forming the FSN are guided by the [Working Together for a better future for at risk children and families guide \(2015\)](#) when undertaking assessments and referring vulnerable families or young people both internally and externally to the FSN.
- Families must be informed of the role of the Child Protection Leader within the FSN and their consent must be obtained prior to the Child Protection Leader accessing department records, unless the FSN has raised new child protection concerns. The reason for their involvement and its limitations will be communicated in a clear, respectful and transparent manner.
- Established referral pathways are identified between the FSN Partner Agencies and other universal, secondary and tertiary services to reduce duplication of service delivery and maximise access for families.

3. Access and equity

FSNs have strategies to maximise access for vulnerable children, young people and families:

- Each FSN is easily accessible and provides vulnerable families and young people entry into the local service system.
- FSNs operate under a local 1300 telephone number.
- Information dissemination, promotional strategies and service response will reflect the nature of the FSN's target population and local community.
- The Lead Agency and other service delivery agencies are sensitive to diversity and responsive to and respectful of differences in culture, religion, language, gender, and the particular needs of people from Culturally and Linguistically Diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander peoples. FSNs are inclusive and where appropriate services are tailored to be accessible and meet the needs of people with a disability.

4. Cultural appropriateness

FSNs provide Aboriginal families and children with a culturally appropriate and responsive service:

- The safety, wellbeing and best interests of a child or young person are paramount and all interactions with an Aboriginal child or young person will be respectful of their culture and identity, including understanding the concepts of 'family' and 'kinship' as they exist for Aboriginal people.
- Services actively engage and develop meaningful working relationships with the Aboriginal community and/or Aboriginal Community Controlled Organisation (ACCO).
- Services continually aim to improve culturally appropriate service provision including providing staff with ongoing training and development to meet the cultural needs of an Aboriginal child and young person.
- The Aboriginal and Torres Strait Islander Placement principle¹ is enacted to meet the needs of Aboriginal children.

¹ The Aboriginal and Torres Strait Islander Placement principle focusses on keeping Aboriginal children connected to their family, community, culture and country. It refers to placement preferences for when Aboriginal children are taken into care (in descending order); with family and kinship networks; non-related carers in the child's community; carers in another Aboriginal community; and only as a last resort, with non-Aboriginal carers.

5. Responding to need

FSNs respond effectively to the needs of children, young people and families and support them to achieve positive outcomes:

- Families and young people are assessed based on their level of need.
- Case coordination and/or management will be provided to families based on the referral type and intensity of service provision required.
- Decision making processes will be undertaken in partnership with the family and young person.
- FSNs adopt a strengths-based family approach to practice that positions children at the centre of all interactions.

6. Service Integration – practice and services

FSNs work collaboratively and provide an integrated service response to meet the needs of vulnerable children, young people and families:

- FSNs will share information as appropriate, consistent with relevant legislation and approved information sharing guide for government and non-government agencies.
- FSNs are well networked with strong linkages and referral pathways to other universal, secondary and tertiary services and families are supported to access the services that can best meet their needs.
- The local governance structure reviews processes and procedures in accordance with the Operating Framework and carries out joint planning for FSN operations.

7. Accountability and governance

FSNs are accountable and provide clear leadership and management:

- FSNs operate in accordance with a MOU which formally binds each agency to an agreed approach to service delivery and clearly outlines the local approach to the operation of the FSN.
- FSNs are guided by local Steering Groups with membership from government and community sector agencies and service providers.
- The Lead Agency is responsible for the establishment and management of the FSN.
- All Partner Agencies have policies and procedures that enable staff to carry out their responsibilities and enable the delivery of services that support vulnerable children, young people and families.
- FSNs, services users and key stakeholders participate in evaluation activities as required in determining the efficiency and effectiveness of each FSN.

8. Staff recruitment, training and development

FSN staff have the knowledge and skills to support positive outcomes for vulnerable children, young people and families:

- Recruitment strategies are targeted to attract appropriately qualified and/or experienced staff to deliver the required services.
- Staff are supported to participate in professional development and training.
- All staff have current screening prior to commencing employment, including Criminal Record checks and where applicable, a Working with Children Check.

9. Complaints and disputes

Children, young people and families are free to raise complaints or disputes they have with the service provider. There is a clear expectation that the service will work to resolve these matters:

- FSNs implement processes into their service model to encourage children, young people and families to provide comment and feedback on the standard and adequacy of the service they receive.
- Each Partner Agency has a documented complaints procedure that is accessible to families.
- FSNs encourage an environment where complaints are seen as an opportunity for service improvement and will be taken seriously without judgement or blame.

Governance

The following section describes the Governance Framework to support the implementation and ongoing management of FSNs, which includes the following key components:

- Local Steering Group.
- Lead Agency.
- MOUs.
- Terms of Reference.

FSN Local Steering Group

The Local Steering Group has overall accountability for the implementation and operation of the FSN. The Local Steering Group is a decision-making body that consists of senior Communities staff, Lead Agency staff and key stakeholder representatives. The role of the Local Steering Group is to review and monitor the strategic direction of the FSN in accordance with the identified outcomes. The Local Steering Group also provides direct advice on implementation barriers and operational matters. There is one Local Steering Group per FSN corridor.

The Local Steering Group will have responsibility for:

- Coordinating and maintaining local operational processes, and procedures such as client screening, assessment, referral and allocation to support the activities of the FSN.
- Monitoring service availability and capacity across the FSN.
- Monitoring strategies to ensure culturally competent practice across the FSN.
- Making good and consistent use of data across the FSN so that demand, capacity and reporting can be undertaken effectively.
- Convening time limited and specific purpose standing committees to undertake key projects on behalf of the FSN i.e. mapping service gaps for analysis, building cultural competency across agency.
- Implementing and maintaining interagency agreements including MOUs and information sharing protocols between FSN Partner Agencies.
- Reviewing processes and procedures within the FSN to ensure that they are effectively meeting their stated objectives.
- Planning local services.

- Identifying and addressing emerging and systemic issues impacting on the quality and effectiveness of service delivery by the FSN.
- Providing a mechanism for conflict resolution.
- Identifying potential Government Service supports to the FSN (in the absence of a fully operational District Leadership Group “DLG”).
- Identifying local families and young people in need of support within the community (in the absence of a fully operational DLG. Where the DLG is operational, a relevant operational sub-group may be the juncture at which families can be identified).

Local Steering Group membership

Members of the Local Steering Group will be drawn from the agencies involved in the FSN, including:

- Local area managers from of the FSN Partner Agencies.
- Alliance Manager.
- Communities District Directors² (Child Protection) and Regional Managers (Housing).
- Local ACCOs (including non-partner ACCO’s).
- Other local services (i.e. those services that may not be formal partners in the FSN but will be a key provider of services in the FSN corridor).
- Government services (where a District Leadership Group is not fully operational or is unable to be engaged)

The Lead Agency (or other agency as identified in the MOU developed to support FSN operations) will be responsible for providing secretariat support to the Local Steering Group, which will likely involve the need to organise and plan meetings, distribute working papers ahead of meetings, draft and circulate meeting minutes and other documentation as a result of the meetings.

The Local Steering Group is expected to meet at a minimum on a quarterly basis, with the option of extraordinary meetings to be called as required.

Performance reporting

The Lead Agency Alliance Manager will report to the Local Steering Group at a minimum of six weekly and could include the following core activities:

- Referral source and number of clients accessing services.
- Allocations.
- Reported capacity of member agencies.
- Types of issues of presenting clients.
- Intensity and duration of client responses.
- Progress and success stories

District Leadership Group (DLG)

The Governance Framework of FSNs, where possible, should aim to have a constructive and formal interface with another key local group - District Leadership

² The State-Wide Referral and Response team is considered a district in this context
FSN Operating Framework 2019

Groups (DLGs), which will play an interagency leadership function. DLGs comprise senior representatives from government and community sector human service providers and each DLG focuses on strategic priorities within their own community. Communities is conducting work to support the DLGs to develop their capacity to participate in place-based service development and make positive links with local strategic and service delivery groups such as their local FSN.

DLGs will each develop operational sub-groups to support key priorities. FSNs are encouraged to identify a representative to link into the sub-group most closely aligned to the 'Children and Families priority' (This will be contingent upon the DLG's agreement for the FSN to join). One of the roles of the operational sub-group may include the identification of local families who are most vulnerable to involvement with the statutory child protection system, and suitable for the FSN Intensive Case Management stream.

DLG's are in varying stages of operational development. Where DLG's are not fully operational, FSN service providers are encouraged to work with their Communities District offices in working with representatives from government agencies (i.e. through a local steering group) that will support the identification of local families for referrals to the Intensive Case Management stream.

Standing committees (as required)

As an optional component of the local governance structure of the FSN, the Steering Committees can create time-limited and issue specific Standing Committees. Standing Committees provide a mechanism to enable specific key projects and issues to be responded to collaboratively within the FSN, on an as needs basis. Examples of some of the roles that Standing Committees could perform include:

- Refining operational processes to ensure the consistency of practice across the FSN.
- Developing new and innovative practice strategies across the FSN to respond to identified and emerging needs.
- Managing special projects and activities (within existing resources).

The Lead Agency (or other agency as identified in the MOU developed to support FSN operations) will be responsible for providing secretariat support to any Standing Committees that are established.

To ensure that Standing Committees are integrated into the governance structure of the FSN, they should always include a representative from the Local Steering Group and report back to the Local Steering Group. Membership of the Standing Committees will involve staff of Partner Agencies, the Child Protection Leader and other key stakeholders from the community, as determined by the objectives of the Standing Committee.

Lead Agency

Each FSN will be managed by a Lead Agency. The Lead Agency will be responsible for:

- Managing the overall coordination of both the FSN Intensive Case Management stream and the FSN Assessment and Coordination stream - including the

common entry point for families, managing the integrated governance arrangements and the development of partnerships.

- Provide a common entry point - a single point of entry through a common telephone number and/or face-to-face location.
- Adhere to the common assessment, planning and referrals processes and recording. The WA Signs of Safety Child Protection Practice Framework is embedded in these processes to identify and respond to the risks and needs for each family.
- Develop MOUs with Partner Agencies to improve access for families to support services that are consistent with the FSN Operating Framework and related resources.
- Coordinate case management of families who are involved in multiple services and/or agencies.
- Establish and maintain effective working relationships with Communities district offices and the State-wide Referral and Response Service to promote and facilitate referrals and share information.
- Provide training to meet the service requirements of the FSN.

Each FSN will have a common entry point into the local family support service system. Though the Lead Agency is responsible for the day-to-day operations of the common entry point, it is important to recognise that the Lead Agency is an equal member of the FSN Network. To clarify the role of the Lead Agency and other agencies/organisations within the FSN, a MOU which will formally link agencies to an agreed approach to service provision will be developed for each FSN.

Memorandum of Understanding

Each FSN will operate under an MOU, which will outline an agreed approach to service provision. An MOU will exist between the FSN Lead Agency and each Partner Agency.

Each MOU will:

- Identify and address the local governance arrangements.
- Outline the roles and responsibilities of each agency and the common entry point.
- Document referral pathways and procedures.
- Appropriately address information sharing arrangements.
- Outline data collection and sharing requirements.
- Incorporate a conflict resolution procedure and protocol.

The Lead Agency for the FSN will be responsible for the maintenance of the MOUs and will work through the Local Steering Group which will provide oversight and advice on FSN management, operations and accountability responsibilities.

Terms of reference

In establishing the FSN, the Lead Agency will be required to work with the Local Steering Group to develop terms of reference for each element of the local governance framework. Key tasks involved in this process will include:

- Clarification of aims and objectives.

- Delineation of roles and responsibilities.
- The duration of the terms of reference (i.e. when it will be reviewed).
- Membership and use of proxies.
- Decision making processes.
- Meeting frequency and duration; and establishing the process for variation and, or amendment to the terms of reference.

Operational Model

The following section provides information to guide the operation of each FSN and specific practice approaches for the:

- Assessment and Coordination stream; and
- Intensive Case Management stream.

It also details:

- Providing a common entry point.
- Delivering a “No wrong door” approach to families.
- Working with Aboriginal families.
- Linkages with child protection.
- Managing the capacity of the FSN.
- FuSioN IT system.
- Client consent and information sharing.

The Operational Framework assists FSNs to establish and maintain consistent processes for client intake, screening, assessment, allocation and referrals.

Common entry point

Each FSN will have a common entry point. Common entry points will be located in each corridor and coordinated by the Lead Agency. The common entry will provide a visible entry point for families to access secondary family support services within the corridor.

The common entry point will deliver the majority of service activities during core business hours Monday to Friday 52 weeks per year. However, for the Intensive Case Management stream hours of case support should be flexible and recognise the nature of the service to be provided and the critical times when families need supports (e.g. early mornings and evenings).

Common entry points will deliver:

- Staffing of a local ‘1300’ number.
- Face-to-face advice and support to clients.
- Initial screening and assessment of clients in the Assessment and Coordination stream.
- Facilitated referral pathways for services and clients.

For after-hours responses, the common entry point will provide a voicemail message response that indicates the opening hours, the types of services available from the FSN and a note indicating that people can leave their details and the FSN will call them back

the next working day. The FSN will be clear that the services provided are not crisis services and that people who are in crisis should contact the relevant crisis services. The FSN voicemail message should outline the available crisis services and their contact details in the corridor.

No wrong door

Families often find it difficult to navigate support services and find the right response at the right time for their needs. Similarly, local services within the community face challenges in identifying and accessing the most appropriate support services for children, families and individuals with specific needs.

Services that form part of the FSN will adopt a 'no wrong door' philosophy to connect people with the services they require. This means that clients who contact an FSN Partner Agency but do not require that specific service can be referred to the appropriate service in the FSN or to the common entry point for assessment and referral. The emphasis will be on supporting clients to access the right service support with Assessment and Coordination as soon as possible.

The anticipated benefits of having a centralised, local process for intake and assessment (i.e. a common entry point with a 'no wrong door' philosophy), include:

- A central intake point reduces the requirement for referrers to tell their story repeatedly or establish and maintain relationships with the vast array of family support services within each FSN corridor.
- There may be a reduction in the need for clients and referrers to make multiple telephone calls.
- There may be a reduction in the tendency for clients to be waitlisted for multiple family support services.
- It may enable clients to make a choice as to which service they enter.
- It may formalise and extend local relationships between service providers.

Working with Aboriginal families

Referrals for Aboriginal children and families are a priority for both the Assessment and Coordination and the Intensive Case Management streams of the FSNs.

Aboriginal children and families experience significant disadvantage and are over-represented in the child protection system and other tertiary services such as health, mental health, criminal justice, and alcohol and other drug services. In the child protection system, the number of Aboriginal children entering out-of-home care has been growing at a much higher rate than non-Aboriginal children. On 30 June 2019 there were 5,379 children living in out-of-home care in Western Australia; 55 per cent of these children were Aboriginal. More collaborative efforts across government and the community services sector can deliver intensive and coordinated services that are culturally competent, walk alongside Aboriginal families, and help them to heal from intergenerational traumas.

Aboriginal families referred to the FSN may have complex issues and be hard to keep engaged. In these instances, FSNs will be innovative and persistent in their attempts to engage Aboriginal families, approaching challenges using a strengths-based approach.

FSNs will draw on the expertise of their Aboriginal Partner Agencies, relevant Aboriginal services, and/or local Aboriginal Elders or strong community members to assist in the engagement process. FSNs should provide Aboriginal families with every possible opportunity to positively engage with FSN services before exiting them from the service.

Case planning with Aboriginal families maintains a focus on supporting and strengthening culturally safe support networks. The agency responsible for the case plan will ensure cultural planning is a focus within the case plan.

Cultural planning sets out culturally appropriate strategies to facilitate support networks to the extended family, community and culture. Where possible the cultural planning should be prepared by Aboriginal people for Aboriginal children and young people.

Cultural case planning:

- Helps increase the knowledge and understanding of family member's kinship and community structure.
- Helps nurture and support family members while strengthening their cultural identity and facilitating strong and safe connections.
- Assists with the family's understanding of their community networks and cultural heritage.
- Recognises the therapeutic value of connection to culture, family and community when working with Aboriginal families and supporting opportunities for families to participate in their culture and draw support from their community.
- Acknowledges the adverse impact of history on a family, community and an individuals' current situation, and work with families to access appropriate culturally safe support networks.

Since colonisation Aboriginal families and communities have and continue to experience many distinct challenges and adversities, but they also demonstrate unique strengths and immense resilience. FSNs acknowledge this strength, using it as a vehicle to empower Aboriginal families while walking alongside them towards better outcomes.

Assessment and Coordination Model

Target group

The target group for the Assessment and Coordination stream includes:

- Vulnerable children and families.
- Those aged between 16 and 25 years (with an emphasis on young people with a care-leaving experience).
- Families involved with or known to multiple agencies and who have had previous involvement with Communities.
- Families who maybe stepping down from formal involvement with Communities involvement, but still require support.
- Families who are accessing multiple services and require a targeted and coordinated response.

Families referred to the Assessment and Coordination stream benefit from access to expertise within the FSN alongside the Partner Agency arrangements.

Referrals

The Assessment and Coordination stream will receive referrals from Communities, FSN Partner Agencies, Non-Partner Agencies in the community and families themselves. Referral Criteria for these families are likely to include:

Families/Young people living within the corridor with:

- Ongoing complicating factors negatively impacting the family or young person.
- The need for multiple agency involvement/coordination.

Families/Young people stepping down from Communities statutory involvement which need:

- To demonstrate that the safety plan is working.
- Help to address ongoing complicating factors adversely impacting on the family or young person.
- Help from existing multiple agency involvement requiring coordination.
- To demonstrate that there have been considerable gains and successes in the family that make children, family network members and professionals more confident that Communities involvement is no longer required (Communities referrals only).

Referrals to support Aboriginal children and families will be prioritised.

Referrals for this stream will require assessment of service need, some coordination or provision of services or referral to a Partner Agency. The Assessment and Coordination stream will coordinate a range of services working with the family or may link the family with a Partner Agency that will deliver or coordinate the range of services required. This service response will be developed with the family to ensure an efficient and integrated multi-service response that addresses the case plan goals and reduces the likelihood of duplication of services.

Families referred to the Assessment and Coordination stream will move through the following stages:

- Initial screening;
- Assessment;
- Assigning case management (coordination) to a Lead or Partner Agency;
- Allocation to Partner Agency for support for service provision;
- Case plan development;
- Case review; and
- Case closure.

Each of the steps listed above is to be completed using the FSN Referral, Assessment and Planning forms. Data and information gathered during the assessment and planning process must be entered into FuSioN, the FSNs IT system.

Initial screening

Initial screening commences once a family makes contact with the FSN, or a referral is received through the common entry point. 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 accesses the FSN via 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 as part of the no wrong door approach. Where this occurs, the Partner Agency should input the family's details onto FuSioN and liaise with the Lead Agency to agree on next steps or refer the family directly to the Common Entry Point.

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, as part of the no wrong door approach, 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.

Assessment

If initial screening determines that the client requires further assistance from the FSN, the 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 assessment, a series of open and strength-based questions³ are used to guide the gathering of further information. Questions focus 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. This process then draws on these strengths to develop a plan of action, in this case the family's case plan.

Assessment questions and prompts are designed to elicit relevant information from the family to:

³ The Signs of Safety Framework utilises an Appreciative Inquiry – a strength-based methodology in working with families.
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- 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 any 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.

The assessment and subsequent case plan will:

- Guide the required service response.
- Guide planning to inform and mobilise the range of services required to support the family.
- Include a discussion with the family and young person to discuss ongoing issues (and could include consultation with other service providers).
- Determine which agency is best placed to undertake case management and coordination, facilitating access to a range of services (including those outside of the FSN).
- Seek secondary (or co) consultation as required to support assessment and responses for the client.

The assessment should be completed as soon as possible to reduce the risk of the family's or young person's needs intensifying further. The assessment will inform the allocation process by determining the client's service pathway and priority of access. After the assessment, the case will be taken to the FSN allocations meeting where the appropriate Partner Agency case manager will be assigned. The case manager will be responsible for further developing and completing the case plan with the family.

Case allocation

Each Network will develop a process for case allocations. The development of a joint decision-making process for case allocation will ensure referrals are allocated with due consideration to their priority of access and agency capacity to respond (ensuring a timely response).

There are several case allocation options that can be implemented by each FSN. Options for consideration include:

- All member agencies of the FSN to be invited to an Allocation Committee.
- Development of Allocation subcommittees based on geographical area.
- Development of an Allocation Committee that includes representatives from several selected FSN agencies/or professional groups.

- Partner Agencies providing authorisation for the Lead Agency to allocate some or all cases.

Any case allocation process that is implemented may also include the Child Protection Leader and allow for flexibility so that the Lead Agency can directly refer to Partner Agencies in certain circumstances. Agreement on a protocol on how to respond to cases that need to be allocated outside the agreed meeting process should be developed and endorsed by all parties early on in the FSNs operations.

After the assessment process, the family is allocated to a relevant FSN service/s (or in some cases a relevant non-partner agency) for support, as described in the MOU. Case allocation processes occur with due consideration to the immediate needs of the family/young person and agency capacity to respond (enabling a timely response).

The case allocation process implemented for the FSN should incorporate the following:

- The identification of a coordinator position to lead the allocation process.
- When and where an allocation committee is to be convened, the committee should meet once a week or more frequently on an as needs basis.
- Such meetings should be conducted either face to face, via Skype or phone.
- At the allocations' meeting, advice should be provided about cases that have been assessed and allocated directly by Lead Agency.
- A review of those cases that are being 'actively held'.
- A review of the capacity of Partner Agencies to accept new referrals. The length of these meetings will be dependent on the number of cases to be allocated from intake and a review of the cases that have been actively held.

To make an allocation:

- Provide information regarding Partner Agencies to the family.
- Obtain consent from the family to share information and allocate to a Partner Agency for service delivery.
- Complete FSN allocation form, ensuring all relevant intake and assessment detail is included.
- Forward to Partner Agency.

On receiving an allocation:

- Acknowledge receipt of the allocation.
- Contact allocated family.
- Further develop case plan with family and conduct review processes.

Urgent allocations

A family or young person may be allocated to an agency immediately (outside of the allocation process) if their needs are such that immediate support is required. The family is allocated straight to a service to provide that response. Urgent allocations are recorded in allocation meeting records.

Case Plan development

The agency that receives the referral develops (or further 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.

The case plan will consider the needs of all the family members to allow for a whole of family response. The case plan should identify the family's goals and objectives, as well as a summary of the outcomes of the assessment process and proposed ways to effectively respond to their needs.

The case plan details which service responses should be considered from within the FSN as well as other relevant supports that could assist the family.

Active holding

Managing capacity will be through the provision of an active holding response – moving away from the traditional waiting list functions. In some cases, the service in the FSN best placed to meet a family's and young person's identified needs will not be able to immediately allocate a case worker or provide a service response. Consequently, the child and family will be required to receive an active holding response, such as a one-off intervention and/or low-level monitoring and support until the case is allocated.

Active holding responses are the responsibility of the Lead Agency, however at times it will be more appropriate for this function to be carried out by the Partner Agency receiving the referral; particularly if the family requires a single service response. This provides an opportunity for the receiving service to develop a relationship with the family and enables a smooth transition into service delivery.

Active holding activities may include:

- Telephone monitoring – weekly phone call to the family to touch base and assess if the family's situation has changed.
- Engage the family and young person in group work – engagement in supported playgroups, mother's groups or parenting support groups.
- Referral to universal services.
- Home visit.
- Case conferencing.
- The development of a plan of action that can be implemented by the family.
- Brokerage of other support services (where funding is available for this purpose).

The active holding response may also provide short-term intervention that leads to case closure.

As part of managing capacity, families being supported by the active holding response will be actively reviewed and prioritised based on need, alongside new and existing referrals for the FSN as part of capacity management.

Where a client is placed in an active holding response it is critical that they are advised why this has happened, and those discussions are undertaken to clarify expectations for

support during this phase. For each actively held case, an Assessment and Support Officer will be assigned to manage their needs while waiting for their preferred service.

There is no active hold or waitlist function in the Intensive Case Management model.

Intensive Case Management Model

Target group

The target group for the FSN Intensive Case Management stream is:

- Families in need of intensive case management support beyond the role of case coordination.
- Families where there is concern that without intensive in-home family support ongoing child protection involvement will occur.
- Families involved with or known to multiple agencies or who may have had significant previous involvement with Communities (child protection), and who require family support services to improve their wellbeing and strengthen their family unit.
- Families accessing the Intensive Case Management stream benefit from intensive supports and streamlined access to a range of FSN Partner Agencies.

Referrals

Referrals to the FSN Intensive Case Management stream will only come from Communities (child protection). Referrals for Aboriginal children and families will be prioritised. Characteristics of families referred for Intensive Case Management are likely to include:

- Multiple agency involvement.
- Difficult to engage and hard to reach families.
- Previous history of Communities statutory involvement.
- Those in need of intensive support beyond the role of coordination.
- Significant complicating factors impacting the family's ability to implement and sustain change (for example intergenerational trauma, risk of homelessness, drug and alcohol issues, family and domestic violence).
- Evidence that the family has the ability to acknowledge that children are at risk and it is likely that child protection involvement will occur if problems are not addressed and the capacity to enhance their parenting skills.

Communities will provide a referral form for the Intensive Case Management stream and will provide a range of information as part of the referral process. This may include:

- Information about previous involvement with Communities.
- Communities safety plans, child safety investigation outcomes, case chronologies, family genograms, and other relevant information.

Case Plan development

Families accessing the Intensive Case Management stream will go straight to case plan development which will include assessment of the family's needs. The Lead Agency will provide a professionally recognised Intensive Case Management model with a clear

focus on the needs of Aboriginal families, a flexible and trauma informed approach and the inclusion of in-home support.

The Lead Agency will develop and progress a case plan with the family that outlines the interventions required based on the referral information and clearly articulates the goals of the family and young person as identified by them and/or the referrer. This may include the length of intervention together with the timelines for review. This plan will be developed from information contained in the referral from Communities and with the family. The case plan will include a step-down approach, enabling a clear focus on exit and transition planning. The focus of the service response will be intensive initially, with a clear step-down plan to medium/low intensity and this will occur within a 12-month time frame. A key aim of the case plan will be to identify and facilitate safe family networks that are positive, supportive and help keep children safe, so that families transition from the service with strong community-based networks in place.

Where funding is available for this purpose, case Plan development may include the use of brokerage for other support services.

In-home practical supports

As part of the Intensive Case Management stream, tailored in-home supports will be delivered with a therapeutic focus to assist families to increase their capacity to safely care for their children and address issues impacting on the family wellbeing. The service will work alongside the family to build parenting capacity and family functioning through education, role modelling, advocacy, and providing support in areas such as:

- Practical parenting.
- Basic budgeting.
- Meal planning.
- Housing.
- Getting children to school.
- Establishing routines.
- Home management skills.
- Modelling protective behaviours.
- Modelling personal and social skills.
- Mental Health and wellbeing.

Active and Persistent Engagement

Families referred to the Intensive Case Management stream may be reluctant to engage or difficult to reach. The FSN will continue attempts to develop a relationship and implement strategies to engage the family. Where Communities is stepping down a family, a warm referral between Communities and the service provider should occur.

Active and persistent engagement with the family will include:

- Prompt initial response outlining the outcome of the referral within two days.
- Quick follow-up after phone calls and meetings.
- Regular face-to-face contact.
- Frequent maintenance of contact.
- Following up when a family disengages or fails to respond.

The style of engagement with families will require active, persistent and flexible case management. This will include strategies such as repeated attempts to engage families who are hard to reach, repeated home visits, phone calls, and contact with other services or people families are known to. It is recognised that initial attempts to contact families may be unsuccessful and multiple attempts through various avenues may be required to establish and maintain contact with the family.

If efforts to engage the family are unsuccessful, the following will occur:

- The Lead or Partner Agency will record engagement attempts on FuSioN on a case note document.
- The Lead or Partner Agency will send notification outlining non-engagement and subsequent closure to the referrer. In the case of a Communities referral the agency may send notification to the relevant Child Protection Leader
- If new child protection concerns are identified the Child Protection Leader will be consulted regarding whether the family will be referred to Communities State-wide Referral and Response Service for further assessment. The Child Protection Leader may support the Lead or Partner Agency with the referral process. FSN staff and Communities will negotiate the role of the service during the assessment period to provide continuity of support for families.

Service coordination

Intensive case planning will involve joint work with other professionals/services to provide a coordinated and comprehensive intensive case management response. Where family issues (such as drug and alcohol or family and domestic violence issues) are entrenched, this may require education, counselling and skill development for parents and will likely also require co-ordination and active referral to more specialised services.

The Lead Agency will coordinate a range of services to work with the family, including by activating relevant Partner Agency support through attendance at the FSN allocation meeting. Ongoing work with Partner Agencies is then undertaken through a case conference approach to enable accountability and timely responses to the family's needs. This could include a case conference with the family and relevant Partner Agencies to provide an efficient and integrated multiservice response that addresses the case plan goals. Together with the family, these services will determine the most appropriate case work required and the number of anticipated case conferences as well as any evaluation and feedback sessions.

Linkages with child protection

A Child Protection Leader will be employed by Communities in each FSN corridor. The role of the Child Protection Leader is to be available to consult with the Lead or Partner Agency, regarding the safety and well-being of children, particularly for those cases that are close to the threshold for a child protection response. A more detailed description of the role of the Child Protection Leader is included in Roles and Responsibilities in the Appendix.

The Child Protection Leader will assist the FSN in managing risk to children and their families and will be an active participant in assessing risk and the need for referrals made to Communities – State-wide Referral and Response Service through the FSN.

A referral to Communities – State-wide Referral and Response Service should be made through consultation with the Child Protection Leader where child safety risks have been identified including:

- Child has been abandoned by his or her parents.
- Child's parents are dead or incapacitated and no suitable adult relative or other suitable adult is willing and able to care for the child.
- Child has suffered, or is likely to suffer, harm as a result of any one or more of the following: physical abuse; sexual abuse; emotional abuse; emotional abuse – family and domestic violence; and neglect.
- Child's parents have not protected, or are unlikely or unable to protect, the child from harm, or further harm.
- Child has suffered, or is likely to suffer, harm as a result of the:
 - child's parents being unable to provide, or arrange the provision of, adequate care for the child; or
 - the child's parents being unable to provide, or arrange the provision of, effective medical, therapeutic or other remedial treatment for the child.

Intensive Case Management

The families referred to the Intensive Case Management stream of the FSN will have multiple complex needs that are affecting the safety and wellbeing of the children in the family. They will be working with families to keep their children safely at home and have been referred to Intensive Case Management to divert them from the child protection system.

In line with the guiding principles, FSNs will need to manage risks to children's safety and wellbeing and must maintain a child focussed approach: all case decisions should be made with the best interests of the children being the paramount consideration.

If workers involved in delivering an Intensive Case Management stream observe a deterioration in family functioning or develop concerns for the welfare of a child, this should be raised with the FSN Child Protection Leader and, if agreed, escalated to Communities in a timely manner. All new concerns should be reported through the Communities State-wide Referral and Response Service.

New concerns will initially be assessed by the [Central Intake Team](#), where a decision will be made about next steps. Options include (but are not limited to):

- The concerns are progressed to a child safety investigation conducted by a case worker in the local Communities District office.
- State-wide Referral and Response Service decide that no further child protection involvement is warranted, and the family is referred to the FSN Intensive Case Management for ongoing support.

To maintain connection, the Intensive Case Management stream should continue to support families who have been referred to Communities because of new safety concerns. It is the responsibility of Communities to assess and respond to child abuse

and neglect concerns. It is the responsibility of the FSN Lead Agency to continue to support the family to resolve issues impacting parenting and family functioning. In these circumstances, stakeholders such as staff from the Lead Agency, Partner Agencies and Communities, should meet to assign clear responsibilities and communication strategies.

If Communities completes a child safety investigation and determines that there is an ongoing role for Communities, the family should be exited from the FSN service and transitioned to child protection involvement (i.e. Intensive Family Support team in a local District office or a different support service working with families with higher risk such as Intensive Family Support Services). It is the Communities case manager's responsibility to work with the Lead Agency to coordinate the exit and transition the family in a timely manner. This could be a difficult time for a family, particularly if they have developed a strong relationship with the FSN. Staff should remain trauma-informed and family centred when an FSN service ends and transitions; this process should be jointly agreed between the family, service provider and Communities.

Managing the capacity of the FSN

FSN agencies will be transparent and report on their capacity to help families regularly, through the allocation meeting process and to the Steering Group.

The principles of prioritisation to be used by the FSN include:

- Referrals for Intensive Case Management stream will be accepted or rejected in a timely manner by the Alliance Manager. Where referrals are not accepted a clear rationale will be provided.
- When the Intensive Case Management stream is close to capacity, or at capacity the Child Protection Leader will work with districts to prioritise referrals.
- Open referrals will be reviewed regularly so that the number of families to be supported is maximised and cases are not left open once goals have been achieved.
- Initial screening of Assessment and Coordination referrals to determine appropriateness of the referral, course for action and prioritisation status (Aboriginal families referred by Communities are always prioritised).
- Case allocation to be decided jointly by service providers within the FSN;
- The most relevant service or Lead Agency within the FSN identified to provide an 'active holding' service to client/s when an immediate response cannot be provided.
- The most appropriate response to be implemented – in accordance with the strategy developed by the Local Steering Group.

There should then be the capacity to build this information into the local planning process, distribute existing resources appropriately or develop a case for additional funds to enable new service development and innovation.

FuSioN IT system

FSNs will use a shared IT system, FuSioN, to allow joint collection of data and client information to be recorded and shared by the FSN Lead Agency and all Partner Agencies working with the family. FuSioN records case information such as

assessment, case notes, alerts, case planning and case review information. FuSioN reduces the need for all services to maintain their own records and prevents the need for the family to provide the same information to multiple agencies.

Client consent and information sharing

The effectiveness of the common entry point will be dependent on the ability of services to share information in the best interests of the FSN's clients. The information sharing protocol "Working together for a better future for at risk children and families - A Guide on Information Sharing for Government and Non-Government Agencies" outlines the processes required for the exchange of information between Communities and other Agencies. The Guide provides guidance to FSNs regarding client consent and information sharing and is accessible via the [Western Australian FSN website](#).

Information sharing is critical to:

- Enable services to intervene early.
- Manage risk appropriately.
- Deliver coordinated and effective services to families.

Areas that must be considered in relation to privacy, confidentiality and consent include the following:

- Obtaining client consent for the collection, use and disclosure of sensitive and personal information.
- Checking the reliability and quality of information held, including accuracy and currency.
- Ensuring security and safe storage of client information.
- Regulating the openness with which information within the agency is handled.
- Understanding and informing clients of their rights to access and correct personal information about them held by the agency.
- Facilitating this access in accordance with organisational procedures.
- Understanding data identifiers and their use.
- Understanding the provisions for anonymity.
- Clarity regarding children's rights to privacy and parents' rights to know about their children.
- Handling client complaints.

Shared Branding Guidance

Specifications for co-branding documents and materials with an agency's logo and the Family Support Network logo are described in "The Guidelines for Family Support Network logo usage" document accessible via the [Western Australian FSN website](#). It is anticipated that co-branding will occur on some of the FSN forms, resources or documents.

Service Quality, Accountability and Planning

FSN service delivery emphasises quality and accountability. This will lead to building service capacity within FSN corridors and delivering better outcomes for children and their families. This section outlines:

- Monitoring and evaluation.
- Client feedback.
- Service reporting requirements.
- Service planning.
- Resolution of complaints.

Monitoring and evaluation

A range of measurement tools will be used to monitor and evaluate the extent to which service is both effective and efficient and the service level outputs and outcomes have been met. Services are required to:

- use the FSN client management system, FuSioN to record all referrals, assessments, case plans, intensive case management and case closure activities.
- produce Progress Reports.

Additionally, as part of their contractual obligations, FSN services are subject to an evaluation; FSN Agencies will be required to contribute to the development of the evaluation planning and participate in evaluation of the services. This will be an active evaluation process that may highlight the need for modifications to service responses. This will also include the requirement for data sharing (at a client level) and for participation in the evaluation as requested in line with the evaluation plan.

Where possible, data will be collected from the worker, children and the parents. The use of the measurement indicators, as set out in the evaluation plan, will be an important element in evaluating outcomes for children, young people and families at an individual, FSN and state-wide level. The evaluation will be planned in conjunction with the Lead Agency; this will work alongside the service reporting requirements. The monitoring and evaluation will lead to continuous service improvements over time.

Client feedback

Client feedback is an essential strategy across all sectors to ensure that service responses are meeting the needs of the target group for which they are intended. A variety of methods will be used as part of the evaluation. Services within the FSN should also develop processes to ensure that client feedback is gathered. Options for consideration include:

- Client suggestion boxes.
- Regular client surveys, including those post service provision, and follow-up at intervals including six and 12 months after exiting the FSN.
- Pre and post testing with a sample of clients.

- Conducting client interviews with a sample of clients following intervention.

Service reporting requirements

Key performance indicators, including several measures in relation to service outputs and client outcomes are described in the Service Agreement and are required to be reported upon as part of the agreed contract reporting.

Service output measures will include data relating to referral activity, engagement levels and demographics.

Client outcomes measures will include case planning including achievement of goals, family skills and confidence levels, integration and coordination of the service and development of support networks.

Six monthly contract performance reporting and monitoring to Communities

The Lead Agency will be required to provide the following data to Communities within their six-monthly progress report:

- The number of hours per week the service was available and the number of weeks.
- The service(s) operated in the reporting period.
- Description and explanation of any periods when the service was not available at 100% funded capacity.
- The number of individual consumers assisted with a breakdown of age, family structure, gender and ethnicity.
- The number of clients referred by Communities.
- The number of cases worked on during the reporting period.
- Service outcomes achieved.
- The number of one-off contacts.

Monthly performance reporting to the Local Steering Group

Processes and procedures will need to be developed by the Local Steering Group, with the Alliance Manager reporting on the following core activities:

- Number of clients accessing services.
- Allocations.
- Capacity of member agencies.
- Status of clients that are being 'actively held'.
- Types of issues of presenting clients.
- Intensity and duration of client responses.
- Referral source.
- Community education activities.

Reporting on these activities should occur monthly by the FSN and this information should be collated and fed upwards to the Local Steering Group for discussion.

Service planning

Each FSN will map the current service system and develop a local service plan to support the operations of the FSN. Core features of local area plans will be consistent across the FSN, while concurrently reflecting local FSN operating environment and circumstances.

The Local Area Plan should include:

- A demographic analysis of the local population and service needs of those who live in the corridor.
- Agreed performance indicators and outcome measures against which the success of the FSN can be monitored.
- Strategies to support services to meet local plan objectives, emerging areas of need and areas of unmet need.
- Strategies to improve service/system performance issues.
- Linkages and coordination points with other networks and partnerships within the corridor critical to the FSN operations.
- Outlining a strengthened focus on earlier intervention and prevention approaches to be undertaken by services across the FSN.
- Description of processes for assessment, prioritisation, referral, accountabilities and outcomes.
- Details of the strengthened pathways between the agencies in the FSN.
- Links with local place-based community building initiatives i.e. Harmony Day or NAIDOC events.
- Strategies for strengthening culturally competent services for Aboriginal persons and those from CALD backgrounds.
- Strategies to support a focus on continuous quality improvement.
- Strategies for developing and supporting an effective local workforce.

Resolution of complaints

Resolving customer complaints

The FSN will establish and implement procedures to deal with client complaints. Complaints are to be resolved in a fair, prompt and accountable manner, which ensures natural justice and is free of charge.

Complaints procedures should include making clients aware of the complaints process and ensuring it is easily accessible to clients. Complaints procedures also includes recording of details, actions and outcomes of complaints lodged. All information gathered must be treated and maintained in a confidential manner. The complainant also needs to be aware that if a complaint cannot be resolved with the Service the matter can be referred to Communities for further consideration. If appropriate, Communities will work with the Respondent and the complainant to resolve the matter.

Where customer complaints are referred to Communities they will be managed in accordance with Communities policy and procedures. The first step in this process will entail a review of and response to the complaint by the relevant responsible Director. If customers remain dissatisfied at this point, they may seek further review by the Complaints Management Unit and, ultimately, by the State Ombudsman.

Resolving respondent grievances with Communities

Where a respondent is unable to resolve an issue informally with Communities and wishes to make a complaint, this is best addressed in writing to the Director responsible for the area concerned. Where a respondent remains dissatisfied with the outcome at this level, further review may be sought by the Complaints Management Unit and, ultimately, the State Ombudsman, for customer complaints.

Further information about the Communities complaints policy and processes may be obtained from the [Communities website](#) or by contacting the Complaints Management Unit on 1800 013 311.

Appendix

Background

The origins of the Family Support Network are derived from the recommendations of the Gordon Inquiry. Putting the Picture Together report (Gordon Inquiry, 2002) which recommended delivery of 'The one stop shop concept' (recommendation 170) as a coordinated, integrated, holistic, culturally appropriate and community focused service approach.

The Review of the Department for Community Development (Ford Review, 2007) recommended the development of a Strategic Framework and State Plan to deliver community focused and culturally appropriate support services to vulnerable and at-risk children, their families and communities, with a priority focus on Aboriginal families. The *Secondary Family Support – State Plan 2010-2013* outlined the establishment of family support hubs. The intent of the hubs was to bring services together, into a common entry point, within the local service system.

Armadale became the pilot site for the first FSN in 2012. Following the success of the pilot, FSNs were then established in Mirrabooka, Geraldton and Fremantle.

In 2016, the Building Safe and Strong Families: Earlier Intervention and Family Support (EIFS) Strategy provided strong direction to more effectively focus support services to divert families from the statutory child protection system and safely reduce the number of children entering out-of-home care. The EIFS Strategy focused on addressing the significant over-representation of Aboriginal children in out-of-home care. The number of Aboriginal children entering care has been growing at a much higher rate than non-Aboriginal children. On 30 June 2017 there were 4,795 children living in out-of-home care in Western Australia; 54.3 per cent of these children were Aboriginal.⁴

In April 2017 two external community sector consultation sessions were held regarding proposed enhancements to the FSN service model. These consultations included 63 representatives from peak bodies, Aboriginal Community Controlled Organisations (ACCOs), the community services sector, and child protection representatives. Feedback from the consultations focussed on FSNs needing to have a clear focus on the needs of Aboriginal families, a flexible and trauma informed case management model and the inclusion of in-home support for hard to reach families.

In line with these consultations and the strategic directions of the EIFS Strategy, the FSN model was enhanced in 2018 in recognition of the joint responsibility of government and community sector agencies to identify and prevent high risk families from requiring tertiary intervention. The geographical coverage of FSNs in the metropolitan area was extended and an Intensive Case Management stream was added to FSNs. The Intensive Case Management stream aims to better service families with higher risk and more complex needs, particularly Aboriginal families. FSNs were

⁴ [Final Report of the Department for Child Protection and Family Support 2016-17](#), p.14.
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also strengthened by embedding trauma informed practice and cultural competency into the service model.

Roles and Responsibilities

This section aims to assist FSN stakeholders to understand the roles and responsibilities of staff and agencies operating within, or with, an FSN. It is intended to be used as a guide; each FSN may need to adapt certain roles and responsibilities to suit local needs.

Lead Agency

There is one Lead Agency in each of the four FSN corridors in the metropolitan area: Fremantle/Rockingham, Cannington/Armadale, Mirrabooka/Joondalup and Perth/Midland. The Lead Agency establishes and manages a common entry point located in each FSN that is easily accessible and visible to local families.

The Lead Agency has a key role in:

- Bringing family support services together across each FSN corridor in an integrated and coordinated way.
- Educating the local community about the role and purpose of the FSN.
- Maintaining direct service provision to Aboriginal families and young people, as well as actively engaging local Aboriginal communities.
- Establishing working relationships that bring together services from across the service spectrum to respond to the needs of families.
- Establishing a local governance structure for the FSN by convening a Local Steering Group.

The Lead Agency is responsible for:

- Managing the overall coordination of both the FSN Intensive Case Management stream and the FSN Assessment and Coordination stream.
- Managing the Common Entry Point.
- Managing the governance arrangements, including the provision of secretariat support to the Local Steering Group (unless a Partner Agency is identified in the MOU as having this responsibility).
- Undertaking client screening and assessments.
- Engaging local Aboriginal services as a Partner Agency.
- Managing the capacity of the FSN (including active holding in Assessment and Coordination).
- Monthly reporting to the Local Steering Group.
- Six monthly progress reporting to Communities.
- Service planning – mapping the current services system and developing a local service plan to support the operation of the FSN.
- Developing and managing local FSN partnerships with services across the FSN including the development of MOUs with Partner Agencies.
- Establishing and maintaining effective working relationships with Communities District offices to promote and facilitate referrals and share information.
- Ongoing FSN coordination and collaboration (this role may be shared across the FSN agencies as part of an agreed process outlined in the MOU for the FSN).

Lead Agency Staff

The Lead Agency manages a team at the common entry point, including the Alliance Manager, Assessment and Support Officers, Intensive Case Managers and an Administration Officer. A Child Protection Leader is also co-located at the FSN.

Alliance Manager

The Alliance Manager:

- Accepts or rejects referrals based on the criteria outlined in the service agreement.
- Manages the effective functioning of the common entry point team – including the provision of supervision, support and leadership.
- Manages Lead Agency contract requirements.
- Manages, monitors and holds decision-making authority for referrals, intake, assessment and allocations systems and work practices.
- Actively engages with Aboriginal services and the Aboriginal community to seek feedback and develop meaningful relationships that inform the FSN service delivery environment.
- Develops strong relationships with Partner Agencies, other local agencies and Communities.
- Promotes FSNs locally.
- Actively seeks opportunities to develop and expand formal FSN partnerships locally (through MOUs).
- Identifies and addresses gaps in service areas, and emerging issues and trends.
- Meets reporting and monitoring requirements for the Local Steering Group and Communities.
- Develops and participates in evaluation processes as required.
- Maintains up-to-date information on Partner Agencies and their capacity.
- Facilitates Allocation Meetings.

Assessment and Support Officer

The Assessment and Support Officer delivers the Assessment and Coordination stream within the FSN and:

- Conducts client screening – collection of client information, including demographic data, cultural background, family structure, previous service history and presenting issues.
- Undertakes client assessment of risk in consultation with the Child Protection Leader and other relevant services/professionals when required.
- Identifies the service responses required for families in line with the assessment of needs and risks.
- Provides referral to a universal service or other service outside the FSN; or
- Case allocation - actively engage with families to determine allocation of families to services (in consultation with FSN services and Child Protection Leader if required);
 - for a referral to a specific service (into or out of FSN).
 - complex needs, a multi-service referral (into or out of FSN).

Child Protection Leader

Communities provides a Child Protection Lead, a statutory worker who reports directly to Communities, and works within each FSN. The Child Protection Leader has an important role in consulting with the FSN and its partner agencies when child protection concerns/risks are identified, as well as facilitating and supporting effective collaboration between Communities and the FSN.

The Child Protection Leader:

- Provides specialist advice, guidance, education, and support regarding child protection matters.
- Conducts internal signs of safety mapping, and reviews with the FSN and its partner agencies staff when necessary, to explore potential child protection risks.
- Provide relevant training opportunities to FSN staff with the aim of building awareness of statutory policies, processes and frameworks. i.e. developing engagement strategies when family/young person are reluctant to engage or difficult to reach.
- Works with Alliance Manager and local district staff when the Intensive Case Management service is close to capacity or at capacity to prioritise referrals, enabling informed decisions and a timely response.
- Works with Alliance Manager to ensure local district offices are well informed and updated regarding the services capacity to take on new referrals.
- Advises and liaises with local Communities district offices to build relationships between Communities and the FSN. This may include spending time in district offices.
- Supports referrals to Communities district office when child protection issues are identified (this may include where families are unable to be engaged and the service is aware of new child protection concerns).
- May provide feedback in relation to monitoring and evaluation frameworks and processes.
- Participates in FSN governance activities if relevant to their role and invited by the Lead Agency.

Intensive Case Manager

The Intensive Case Manager delivers the Intensive Case Management stream:

- Provides persistent and active case management that is flexible and adaptable to family needs.
- Liaises with Communities in the initial development of the case plan and consideration of safety goals for the family.
- Develops a robust case plan for the family.
- Assesses safety and risk in families.
- Works with the co-located Child Protection Leader to support identification of risks and referral of families back to Communities if required.
- Identifies the service responses needed for families in line with their needs and risk.
- Jointly works with other professionals/services to provide a coordinated and comprehensive case management service and links and coordinates services for families, which can include attendance at Allocation Meetings or facilitating case conferences.

- Provides intensive in-home practical support for families with a therapeutic and cultural focus, which may include the provision of educational, advocacy and housing support services to assist families to increase their capacity to safely care for their children.
- Assists families transition out of the Service with strong and supportive community-based networks in place.
- Engages local community groups and stakeholders.

Administration Officer

Each FSN has an Administration Officer who:

- Provides administrative support to Lead Agency staff.
- Fulfils administrative duties such as reception duties; data entry; and compilation of reports.

FSN Partner Agencies

In each FSN corridor, the Lead Agency works to develop formal partnerships with other local agencies; to establish an alliance of Partner Agencies that form the FSN. Partner Agencies:

- Accept referrals from the Lead Agency.
- Inform the Alliance Manager of agency capacity to provide family support services.
- Participate in joint allocation processes as required.
- Record client data on the IT system in FuSioN.
- Work in a collaborative and integrated way to provide the most appropriate service to families.
- Actively and meaningfully participate in the FSN network and related processes as required.

The sorts of services sought in Partner Agencies can include education; health; early childhood; drug and alcohol; mental health; child and adolescent health; housing support; community justice; disabilities; employment.

A list of Partner Agencies in each FSN corridor is available on the [Western Australian FSN website](#). The Lead Agency reviews and negotiates Partner Agency participation based on local needs.

Government Agencies & Other Human Services

Each FSN will develop relationships with relevant community, State and Commonwealth Government agencies located within their service corridor. There are a range of other services within each FSN corridor that will not become Partner Agencies of the FSNs, including:

- Universal/primary services (for example, childcare, hospitals, schools, general practitioners).
- Other secondary services that are not part of the FSN (for example, drug and alcohol, mental health, disability).
- Smaller services that are unable to meet the capacity to become a partner agency to the FSN Network (affiliate membership).

- Specialist services (for example, crisis response services, specialist medical).

These other services provide key avenues for referral into and out of the FSN. Partner Agencies of the FSN may undertake consultation with universal, specialist and/or other secondary services regarding FSN clients.

Department of Communities

Communities will:

- Engage its district offices located within each FSN corridor as a Partner Agency of the FSN.
- Refer cases to the FSN.
- Receive notifications from the FSN.
- Work collaboratively with the FSNs where cases are transitioning between the Communities and FSN.
- Provide professional supervision, support, and guidance to the Child Protection Leader through Communities State-wide Referral and Response Service.
- Participate in the Local Steering Group FSN governance groups (Relevant Child Protection District Director and/or Housing Regional Manager).
- Coordinate the evaluation of FSN model and related resources through Policy and Service Design and Professional Practice Unit.
- Provide Contract Management through Communities Commissioning and Sector Engagement.
- Maintain the FuSioN data system through Communities Client Applications Support.

Policy and legislative context

A range of legislation, government priorities, strategic plans and policies have informed the development of the Operating Framework for WA FSNs, including:

- [**Our Priorities: Sharing Prosperity \(2019\)**](#) Sets out whole of government targets to deliver better collective outcomes for all Western Australians.
- [**Building Safe and Strong Families: Earlier Intervention and Family Support Strategy \(2016\)**](#). The Strategy provides a framework for the alignment of the service system to meet the current needs of families most vulnerable to their children entering out-of-home care. This includes a strong focus on achieving positive outcomes for families with complex and multiple needs and preventing children from entering out-of-home care.
- [**Delivering Community Services in Partnership Policy \(2018\)**](#) was developed by the government and community sector to improve funding arrangements by focusing on outcomes for vulnerable Western Australians; acknowledging the importance of cross-sector partnerships; reducing administrative burdens; and, seeking more sustainable funding models.
- [**Aboriginal Services and Practice Framework \(2016-2018\)**](#) recognises that improving outcomes for Aboriginal children, families and communities that come into contact with the child protection system means valuing and respecting

Aboriginal cultural systems and beliefs in all Communities work. The Foundation Elements of the framework are Cultural respect, Consultation, collaboration and leadership, Self-determination and autonomy, and Holistic and strengths based. The Guiding Principles include Equity and access, Cultural safety and security, Accountability, Aboriginal community control and engagement, and Partnership.

- **The National Framework for Protecting Australia’s Children 2009-2020.** The National Framework outlines two outcomes and associated strategies that focus on strengthening the capacity of families to support children through the bringing together of services; and the implementation of an integrated approach to service design, planning and delivery for children and families across the lifecycle and spectrum of need.
- **The Ford Review** of the former Department for Community Development in 2007. This Review recommended the development of a plan to better coordinate and integrate the wide range of family support services across Western Australia.
- **The Western Australian State Government’s Economic Audit Report Putting the Public First (2009).** This report recommended reforms to the way that human services are provided and called for the establishment of six-trial community FSNs throughout the State.
- **The Secondary Family Support State Plan 2010-2013.** The Plan was developed as a framework to shape the development of state-wide-integrated secondary services model for vulnerable and at-risk children, young people, their families and communities. This document underpinned the original development of the FSNs including aims and objectives, guiding principles, key stakeholders to be included, secondary services within scope, governance frameworks and support structures required.

Legislation: The Children and Community Services Act 2004. This Act is the Communities primary child protection legislation and outlines the mandate in relation to the provision of support and assistance for families in caring and promoting the safety and wellbeing of children. This Act is explored further below, given its relevance to the Operational Framework.