- **environmental issues** – if the meeting environment (usually the family home) is chaotic or lacks privacy and therefore is likely to impact on the client's ability to fully participate in discussions, negotiate a more suitable time or place to resume discussions

- **physical conditions** – if a physical condition (e.g. such as high levels of pain or sleep deprivation) is likely to impact on a client's ability to concentrate, negotiate a more suitable time to resume discussions

- **mental health conditions** – if a mental health condition is impacting upon a client's ability to fully comprehend the information provided, consider the possibility the client might lack the capacity to give their informed consent

- **substances, prescribed or otherwise** – if the client is under the influence of mind altering substances, prescribed or otherwise, negotiate a more suitable time to resume discussions

Openly discuss with the client any current factor that may impact upon their ability to give informed consent.

If one or more factors are identified or suspected of being present, either by disclosure or observation, the Family Support Worker must either:

- alleviate the cause wherever possible or

- terminate the meeting and negotiate a more suitable time to resume discussions

2.0   Provide information and discuss concerns

For consent to be informed, the client needs to:

1. be provided with all the facts and implications relevant to giving consent and declining to give consent and

2. fully comprehend and understand the information provided

In the absence of either one of the above conditions, the consent a client gives cannot be considered to be informed.

When providing information to clients that will help them to decide whether they consent to receiving support services, Family Support Workers will cover the following topics at the minimum:

- the voluntary nature of engagement – (e.g. the need to provide written consent to receive services, that this consent can be withdrawn at any time in writing and service delivery will cease)

- the types of services the Family Support Service is able to offer – (e.g. provide a description of the **6 core functions** of Family Support Services)

- the processes used to deliver services – (e.g. summarise the **assessment**, **planning**, **implementation** and **review** processes – in doing so, explain what a strengths based approach means, how assessments are made, how plans are developed and how decisions are made etc)

- what information is recorded about families, where it is stored, how it is used, with whom it is shared and when it is shared – (e.g. explain how **information is managed**, explain **confidentiality and the limits to confidentiality,** explain **what information is recorded and on the Community Sector Information System** managed by Department of Communities and who will have access to it and explain **how non-identifiable client information is used for research**)

- how they can provide **feedback** about the service they receive

- how they can make a **complaint** if they are dissatisfied about any aspect of the service provided

- what they can expect if they give consent (e.g. they will be asked to sign a **Consent Form**, they will be asked which agencies they give consent for the Family Support Service to speak with about them, case management activities will commence) and

- what they can expect if they decline to give consent (e.g. their decision will be respected, support services will not be provided and the referring agency will be informed)

It is recommended the above topics be discussed in a conversation format whilst paying attention to:

- answering the client's questions and addressing their concerns and

- checking and assessing the client's understanding of the information provided

Family Support Workers can move to **Key Step 3** when satisfied:

1. the facts and implications relevant to giving consent and declining to give consent have been provided to the client and

2. the client has fully comprehended and understood the information provided

3.0 Obtain consent

To receive Family Support Services, clients must consent to:

- **receiving support services** - by consenting to receive support services, families also consent to the recording of information about them (e.g. on Family Support Service files and the **Community Sector Information System** administered and accessed by the Department of Communities), as the recording of **case activities** is a routine part of service delivery

- **sharing information with other agencies** – which agencies information is shared is in the large part determined by the family, however limits to confidentiality apply in all cases, so by consenting to share information with other agencies, families identify which agencies they consent to share information and acknowledge their understanding of the circumstances in which information is shared without their consent

After completing **Key Step 2**, Family Support Workers will ask the client whether they would like to receive support services from the Family Support Service:

1. If the client says yes, complete the **Consent Form** with the client

2. If the client says no, respect their decision and encourage them to contact the referring agency if they change their mind and follow the steps contained in case **closure** (e.g. early exit)

3. If the client is not sure, arrange a time to resume discussions in a week

3.1 Obtain consent to receive Family Support Services

When completing the **Consent Form**, Family Support Workers are encouraged to use the following as a guide.

If more than two people are providing consent, simply use another **Consent Form**.

A. Record the surname of all family members residing together in the household (e.g. Harris/Brown/Todd)

B. Record the home address

FAMILY SUPPORT SERVICE
CONSENT FORM

Expand text boxes where required, print form and complete manually with the client present

Family's details

Family name/s	
Home address:	
Contact numbers:	
Date of referral:	
Name/s of child/ren referred:	

C. Record the telephone numbers of family members

D. Record the date recorded on the referral

E. Record the full names of each child referred (e.g. Peter Harris and Jodi Brown)

PART ONE – Consent to receive Family Support Services

Name:		**Relationship to child/ren:**	
Name:		**Relationship to child/ren:**	

Permission is being sought to provide you and your family with Family Support Services

I/we have been provided with, and understand the following information: *(Please tick the boxes that apply)*

☐ The voluntary nature of engagement (including how to withdraw consent at any time)

☐ The types of services the Family Support Service is able to offer

☐ The processes the Family Support Service uses to deliver services

☐ What information will be recorded about me and my family, where it will be stored, how it will be used, with who it will be shared and when it will be shared

☐ How I/we can provide feedback about the services I/we receive

☐ How I/we can make a complaint if I/we are dissatisfied about any aspect of the service provided

☐ What I/we can expect if we give consent

☐ What I/we can expect if we decline to give consent

☐ Other. Please specify:

F. Record the name or names of the family members you are seeking consent from (parents, children 16 years and over, or children under 16 years of age that are parents themselves)

G. Record the relationship of the family member to the child/ren referred (e.g. mother, mother's partner, father, father's partner, self [if 16 years and over or under 16 years and a parent])

H. Re-explain that this part of the form is seeking their consent to **work with the Family Support Service**

I. Read each of the check boxes to the family member/s giving consent and ask whether they understand each one – if they do, place a tick in the box – if they don't, then spend some time going through the information again before ticking the box

In signing this form, I/we give my/our consent and agree to:

1. Participate in Family Support Service case management activities (assessment, planning, implementation and review)

2. Regular contact with our allocated Family Support Worker including visits to my home

3. My/our Family Support Worker recording information about me/us and my/our family as it relates to the delivery of our support services

4. My/our Family Support Worker entering personal information about me/us and my/our family into a database administered by the Department of Communities

5. My/our child/ren named below to be engaged by my/our Family Support Worker in the delivery of services:

Name: _____   Signature: X _____   Date: _____

Name: _____   Signature: X _____   Date: _____

J. **Re-explain** to the family member/s that in signing this form, they give consent and agree to each of 5 points in **K**

K. Read through each agreement and list the names of the children in point **5.**

L. Record the name of the family member/s giving consent

M. Obtain the family members' signature and

N. Record the date each family member signed the form

After each family member giving consent signs the **Consent Form**, the Family Support Worker completing the form, must certify they have explained the contents and purpose of the form to each family member listed and are satisfied the information provided was understood.

For the Family Support Worker who has completed this form:			
I certify that I have explained the contents and purpose of this form to the family members listed, and I am satisfied the information provided was understood			
Signature:	X	Date:	
Name:		Position:	

O. Record the Family Support Worker's signature

P. Record the date the Family Support Worker signed the **Consent Form**

Q. Record the name of the Family Support Worker and

R. Record the Family Support Worker's position (or other staff member if completing the form)

3.2   Obtain consent to share information

When completing the **Consent Form**, Family Support Workers are encouraged to use the following as a guide.

If more than two people are providing consent, simply use another **Consent Form**.

FAMILY SUPPORT SERVICE
CONSENT FORM

Expand text lines where required, print form and complete manually with the client present

Family's details	
Family name/s	
Home address:	
Contact numbers:	
Date of referral:	
Name/s of child/ren referred:	

A. Record the surname of all family members residing together in the household (e.g. Harris/Brown/Todd)

B. Record the home address

C. Record the telephone numbers of family members

D. Record the date recorded on the referral

E. Record the full names of each child referred (e.g. Peter Harris and Jodi Brown)

PART TWO – Consent to share information

| Name: | | Relationship to child/ren: | |
| Name: | | Relationship to child/ren: | |

Permission is being sought to allow the Family Support Service staff to talk to agencies that may help in you and your family to receive the services and support you need

By signing this form, I/we understand that:

1. My/our family's personal information will only be shared between:

   a. The Family Support Service and:

   ▪ The agencies I have nominated here:

   ☐ Department of Education & Training
   Please specify:

   ☐ Queensland Health
   Please specify:

   ☐ The child/ren's Medical Practitioner
   Please specify:

   ☐ The child/ren's daycare
   Please specify:

   ☐ Department of Communities – Homelessness Service
   Please specify:

   ☐ Centrelink
   Please specify:

   ☐ Queensland Corrective Services
   Please specify:

   ☐ Department of Communities – Child Safety Services
   Please specify:

   ☐ Other agency
   Please specify:

   ☐ Other agency
   Please specify:

☐ Other agency
Please specify:

☐ Other agency
Please specify:

   b. A third party if:

   ▪ I/we have consented to the use of the information for another purpose

   ▪ it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person

   ▪ use of the information is required or authorised by or under law

   ▪ use of the information is reasonably necessary for enforcement of the criminal law or

   ▪ the purpose for which the information is used is directly related to the purpose for which the information was collected

2. My/our family's de-identified information may be used for research to evaluate and improve Family Support Services.

3. This consent will expire when my child/ren's case with the Family Support Service is closed

4. I/we can choose to withdraw my/or consent at any time by telling our Family Support Worker and signing a Withdrawal of Consent Form or by writing to the Family Support Service

| Name: | | Signature: X | | Date: | |
| Name: | | Signature: X | | Date: | |

F. Record the name or names of the family members you are seeking consent from (parents, children 16 years and over, or children under 16 years of age that are parents themselves)

G. Record the relationship of the family member to the child/ren referred (e.g. mother, mother's partner, father, father's partner, self [if 16 years and over or under 16 years and a parent])

H. Re-explain that this part of the form is seeking consent to **share information with other services** and that in signing this section they agree to the information sharing provisions listed in **I**.

I. Identify the agencies that are engaged with the family and determine whether the family member/s give permission to the Family Support Service to speak with these agencies about them.

If the family member/s does not consent to the sharing of information, explain to them how this might impact on service delivery and encourage them to reconsider.

Then tick the relevant boxes and provide the additional information where relevant

J. Check the family member understands each of the following and then tick the relevant boxes:

- the limits to confidentiality

- when the consent will expire

- how de-identified information will be shared for research purpose and

- when and how they can withdraw consent

K. Record the name of the family member giving consent

L. Obtain the family member's signature and

M. Record the date the family member signed the form

After each family member giving consent signs the **Consent Form**, the Family Support Worker completing the form, must certify they have explained the contents and purpose of the form to each family member listed and are satisfied the information provided was understood.

N. Record the Family Support Worker's signature

O. Record the date the Family Support Worker signed the **Consent Form**

P. Record the name of the Family Support Worker and

Q. Record the Family Support Worker's position (or other staff member if completing the form)

4.0 Withdraw Consent

Family members have the right to withdraw consent to:

- receive Family Support Services or

- share information between agencies

4.1 Withdraw consent to receive services

When a family member expresses a desire to withdraw consent **to receive services**, Family Support Workers are encouraged to inform them of the following:

- by withdrawing their consent, all support services delivered by the Family Support Worker will cease and

- the referring agency will be informed of their decision

When discussing the above with the family, it is important to respect the family member's decision whilst also encouraging the family to reconsider.

4.2   Withdraw consent to share information between agencies

When a family member expresses a desire to withdraw consent **to share information between agencies**, Family Support Workers are encouraged to inform them of the following[18]:

- the withdrawal of their consent means agencies cannot collect, exchange or hold any **further** information about them; however information previously collected, exchanged and held will be retained

- as the withdrawal of their consent means agencies cannot collect, exchange or hold any **further** information about them, this may impact on the Family Support Service's ability to provide services

- if the Service believes the decision to withdraw consent to share information hinders service delivery to such an extent that it is unworkable, support services will be withdrawn

When discussing the above with the family, it is important to respect the family member's decision whilst also encouraging the family to reconsider.

4.3   Complete a Withdrawal of Consent Form

Consent is withdrawn by the completion of a **Withdrawal of Consent Form**.

While the completion of a **Withdrawal of Consent Form** is preferred, a letter outlining the details of the withdrawal, signed and dated by the family member is also acceptable.

In exceptional circumstances, if a verbal withdrawal of consent is received and a signed **Withdrawal of Consent Form** cannot be obtained, the Family Support Worker can document the details of the withdrawal on a **Withdrawal of Consent Form**.

Withdrawal of consent will take effect no longer than **five days** from the date the **Withdrawal of Consent Form** or written advice is received[19].

To ensure legal rights to privacy are maintained, all relevant agencies must be informed the consent to share information has been withdrawn.

Family Support Workers will provide these agencies with a copy of:

---

[18] Indigenous Family Support Practice Framework 1st Edition, June 2010
[19] Indigenous Family Support Practice Framework 1st Edition, June 2010

- the completed **Withdrawal of Consent Form** or the family member's letter and

- the consent form originally provided

When completing a **Withdrawal of Consent Form**, Family Support Workers are encouraged to use the following as a guide.

Please Note:

- **Part One** of the form is only completed if **consent to receive services is withdrawn** and

- **Part Two** of the form is only completed **if consent to share information between agencies is withdrawn**

A. Record the surname of all family members residing together in the household (e.g. Harris/Brown/Todd)

B. Record the home address

C. Record the telephone numbers of family members

D. Record the date recorded on the referral

E. Record the full names of each child referred (e.g. Peter Harris and Jodi Brown)

F. Record the name or names of the family members withdrawing consent (parents, guardians, children 16 years and over, or under 16 years if a parent)

G. Record the relationship of the family member to the child/ren referred (e.g. mother, mother's partner, father, father's partner, self [if 16 years and over])

H. Re-explain that this form is withdrawing their consent to **receive Family Support Services**

I. Record the name of the family member withdrawing consent

J. Obtain the family member's signature and

K. Record the date the family member signed the form

L. Record the name or names of the family members withdrawing consent (parents, guardians, children 16 years and over, or under 16 years if a parent)

M. Record the relationship of the family member to the child/ren referred (e.g. mother, mother's partner, father, father's partner, self [if 16 years and over])

N. Re-explain that this form is withdrawing their consent to **share information with other services**

O. Record the details of the agencies the family member no longer gives permission to share information with

PART TWO – Withdraw consent to share information

| Name: | | Relationship to child/ren: | |
| Name: | | Relationship to child/ren: | |

I/We withdraw our consent for my/our information to be shared between the Family Support Service and the agency or agencies listed below. In signing below, I/We understand that information exchange will ceased within 5 days of the date of this form

The Family Support Service and:

☐ Department of Education & Training
Please specify:

☐ Queensland Health
Please specify:

☐ The child/ren's Medical Practitioner
Please specify:

☐ The child/ren's daycare
Please specify:

☐ Department of Communities – Homelessness Service. Please specify:

☐ Centrelink
Please specify:

☐ Queensland Corrective Services
Please specify:

☐ Department of Communities – Child Safety Services
Please specify:

☐ Other agency
Please specify:

☐ Other agency
Please specify:

| Name: | | Signature: X | | Date: | |
| Name: | | Signature: X | | Date: | |

P. Record the name of the family member withdrawing consent

Q. Obtain the family member's signature and

R. Record the date the family member signed the form

After the clients sign the **Withdrawal of Consent Form**, the Family Support Worker completing the form, must certify they have explained the contents and purpose of the form to the clients listed and are satisfied the information provided was understood.

S. Record the Family Support Worker's signature

T. Record the date the Family Support Worker signed the **Withdrawal of Consent Form**

U. Record the name of the Family Support Worker and

For the Family Support Worker who has completed this form:			
I certify that I have explained the contents and purpose of this form to the family members listed, and I am satisfied the information provided was understood			
Signature:	X	**Date:**	
Name:		**Position:**	

V. Record the Family Support Worker's position (or other staff member if completing the form)

5.0   Record activities and outcomes

Family Support Workers are required to:

1. record the following on the Community Sector Information System (CSIS):

    a. a **Case Management screen** update each time a family gives consent to:

        -   receive Family Support Services or

        -   share information with an agency

    b. an **Early Exit Closure Screen** if the family declines to give consent to accept Family Support Services (see also **Closure**)

    c. a **Case Activity** each time a discussion associated with obtaining or withdrawing consent occurs (see **Recording Case Activities**)

2. record a **Case Note** or Progress Note (**Recording Case Activities**) describing what transpired during each activity associated with obtaining or withdrawing consent and

3. place the following on the family's Family Support Service file:

    a. all **Case Note** or Progress Notes

    b. the completed **Consent Form** and

c. the completed **Withdrawal of Consent Form** where relevant

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

CONSENT FORM

Expand text boxes where required, print form and complete manually with the client present

Family's details

Family name/s	
Home address:	
Contact numbers:	
Date of referral:	
Name/s of child/ren referred:	

PART ONE – Consent to receive Family Support Services

Name:		**Relationship to child/ren:**	
Name:		**Relationship to child/ren:**	

Permission is being sought to provide you and your family with Family Support Services

I/we have been provided with, and understand the following information: *(Please tick the boxes that apply)*

☐ The voluntary nature of engagement (including how to withdraw consent at any time)

☐ The types of services the Family Support Service is able to offer

☐ The processes the Family Support Service uses to deliver services

☐ What information will be recorded about me and my family, where it will be stored, how it will be used, with who it will be shared and when it will be shared

☐ How I/we can provide feedback about the services I/we receive

☐ How I/we can make a complaint if I/we are dissatisfied about any aspect of the service provided

☐ What I/we can expect if we give consent

☐ What I/we can expect if we decline to give consent

☐ Other. Please specify:

In signing this form, I/we give my/our consent and agree to:

1. Participate in Family Support Service case management activities (assessment, planning, implementation and review)

2. Regular contact with our allocated Family Support Worker including visits to my home

3. My/our Family Support Worker recording information about me/us and my/our family as it relates to the delivery of our support services

4. My/our Family Support Worker entering personal information about me/us and my/our family into a database administered by the Department of Communities

5. My/our child/ren named below to be engaged by my/our Family Support Worker in the delivery of services:

Name:		**Signature:**	X	**Date:**	
Name:		**Signature:**	X	**Date:**	

PART TWO – Consent to share information

Name:		**Relationship to child/ren:**	
Name:		**Relationship to child/ren:**	

Permission is being sought to allow the Family Support Service staff to talk to agencies that may help you and your

PART TWO – Consent to share information

family receive the services and support you need

By signing this form, I/we understand that:

1. My/our family's personal information will only be shared between:

   a. The Family Support Service and:

   - The agencies I have nominated here:

     ☐ Department of Education & Training
     Please specify:

     ☐ Queensland Health
     Please specify:

     ☐ The child/ren's Medical Practitioner
     Please specify:

     ☐ The child/ren's daycare
     Please specify:

     ☐ Department of Communities – Homelessness Service
     Please specify:

     ☐ Centrelink
     Please specify:

     ☐ Queensland Corrective Services
     Please specify:

     ☐ Department of Communities - Child Safety Services
     Please specify:

     ☐ Other agency
     Please specify:

     ☐ Other agency
     Please specify:

     ☐ Other agency
     Please specify:

     ☐ Other agency
     Please specify:

   b. A third party if:

   - I/we have consented to the use of the information for another purpose

   - it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and immediate threat to the life or health of the individual concerned or another person

   - use of the information is required or authorised by or under law

   - use of the information is reasonably necessary for enforcement of the criminal law or

   - the purpose for which the information is used is directly related to the purpose for which the information was collected

2. My/our family's de-identified information may be used for research to evaluate and improve Family Support Services.

3. This consent will expire when my child/ren's case with the Family Support Service is closed

4. I/we can choose to withdraw my/our consent at any time by telling our Family Support Worker and signing a Withdrawal of Consent Form or by writing to the Family Support Service

Name:		Signature:	X	Date:	
Name:		Signature:	X	Date:	

For the Family Support Worker who has completed this form:

I certify that I have explained the contents and purpose of this form to the family members listed, and I am satisfied the information provided was understood

Signature:	X	Date:	
Name:		Position:	

WITHDRAWAL OF CONSENT FORM

Expand text boxes where required, print form and complete manually with the client present

Family's details	
Family name/s	
Home address:	
Contact numbers:	
Date of referral:	
Name/s of child/ren referred:	

PART ONE – Withdraw consent to receive Family Support Services

Name:		Relationship to child/ren:	
Name:		Relationship to child/ren:	

I/We withdraw our consent to receive Family Support Services. In signing below I/We understand that support services will cease within 5 days of the date of this form

Name:		Signature: X		Date:	
Name:		Signature: X		Date:	

PART TWO – Withdraw consent to share information

Name:		Relationship to child/ren:	
Name:		Relationship to child/ren:	

I/We withdraw our consent for my/our information to be shared between the Family Support Service and the agency or agencies listed below. In signing below, I/We understand that information exchange will ceased within 5 days of the date of this form

The Family Support Service and:

☐ Department of Education & Training
Please specify:

☐ Queensland Health
Please specify:

☐ The child/ren's Medical Practitioner
Please specify:

☐ The child/ren's daycare
Please specify:

☐ Department of Communities – Homelessness
Service. Please specify:

☐ Centrelink
Please specify:

☐ Queensland Corrective Services
Please specify:

☐ Department of Communities - Child Safety Services
Please specify:

☐ Other agency
Please specify:

☐ Other agency
Please specify:

Name:		Signature: X		Date:	

PART TWO – Withdraw consent to share information					
Name:		Signature:	X	Date:	

For the Family Support Worker who has completed this form:			
I certify that I have explained the contents and purpose of this form to the family members listed, and I am satisfied the information provided was understood			
Signature:	X	Date:	
Name:		Position:	

ASSESSMENT

Purpose
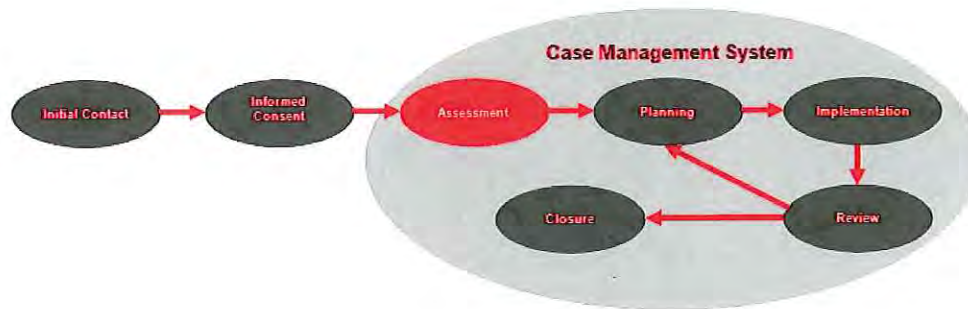
A Family Support Service case is able to commence after a family gives **consent** to receive support services.

Once commenced, a Family Support Service case is managed according to a **case management** system.

The **case management** system consists of five phases, each with a very specific purpose:

- Assessment
- **Planning**
- **Implementation**
- **Review** and
- **Closure**

Assessment is the first phase of the **case management** system.

Assessment is an ongoing process that occurs throughout the management of a case. However, the Assessment phase of the **case management** system has two very specific objectives:

1. to gather information about a family's strengths and challenges from a variety of sources and

2. to conduct a needs assessment using the information gathered

The outcome of this needs assessment is then used in the **planning** phase of the **case management** system, to identify what goals the family would like to achieve and what actions they and others are prepared to undertake to reach each goal.

Good practice principles for assessment:

Assessment of children, young people and their families is not just about completing a form. It is a process underpinned by the following practice principles which seek to support the task of understanding the strengths and challenged inherent in all families, and guide all interagency, interdisciplinary work.

Voluntary	an open and transparent process requiring consent to participate and share information with other service providers
Practical	has a clear purpose, which is used to inform support planning
Valid	is grounded in evidence-based knowledge (e.g. child development) and follows relevant legislation, protocols and procedures
Ecological	is child centred, family focussed and located within the context of the community and culture
Solutions focussed	promotes an approach that focuses on the individual and collective strengths of children, young people and their family and what they want to achieve
Safe	is undertaken in a safe and supportive environment
Professional	relies on a combination of professional judgement and negotiations with children, young people and families about issues and actions that are important to them
Collaborative	enables a partnership approach to undertaking assessments that include coordination between agencies, but is clear which agency, team or professional has lead responsibility for constructing a support plan with the family
Inclusive	is clear, concise, inclusive of diversity and is tailored to the communication needs of clients from a culturally diverse background and within the clients communication abilities
Accurate	provides accurate representation of the family and is a continual process assessing client's circumstances as they change
Secure	information is recorded within a secure database

Practice Principles developed for the Logan-Beenleigh Young Person's Project (2009) and
Breaking the Cycle of Domestic and Family Violence in Rockhampton Trail (2010)
cited in Helping Out Families Initiative – Alliance Shared Practice Framework

Practice Standards

1. The assessment phase of the case management system must wherever possible commence within 72 hours of a family providing informed consent to:

   - receive services and

   - share information between agencies

2. Information regarding a family's strengths and challenges is obtained from:

   - the referring agency

   - relevant family members and

   - agencies the family has consented to sharing information

3. A family's strengths and challenges are assessed by applying the information gathered to a **Needs Assessment Record** (NAR)[20]

4. The **NAR** must be completed by the Family Support Worker that gathered the information about the family (e.g. the allocated Family Support Worker)

5. The Family Support Worker must wherever possible, engage relevant family members (e.g. the primary caregiver of the children at the minimum) in finalising the **NAR**

6. The **NAR** must be completed within the **first two months** after the consent date (i.e. initial assessments should not be amended after this time)

7. The completed **NAR** must be retained with the family's **Direct Referral form** and **Consent form** filed in the family's electronic and or paper files

8. Past clients who have self referred for an additional period of support (maximum of **one month**) do not undergo a further assessment phase as their assessment information is held on file (e.g. previous **Needs Assessment Report**, Family **Outcome Measures**, and Case **Closure**)

Key Steps

1. **Prepare to assess the family's strengths and challenges**
2. **Gather information about a family's strengths and challenges**
3. **Assess the family's strengths and challenges**
4. **Record activities and outcomes**

1.0   Prepare to assess the family's support needs

When preparing to conduct a needs assessment of a family, the Family Support Worker will:

- read through the information contained on the referral form (e.g. **Family Referral Page** on CSIS or **Direct Referral Form**)

- check the family's **Consent Form** to identify which agencies the family has consented to sharing information

---

[20] Helping Out Families Initiative – Instructions for completing the combined Needs Identification Record/Needs Assessment Record

- consider what information needs to be sought to validate any initial concerns identified in the referral form and

- plan the assessment activities

The above preparation is undertaken prior to engaging the family or other agencies in assessment activities.

1.1 Read through the information contained on the referral form

The Family Support Worker will read through the information contained on the referral form (e.g. **Family Referral Page** on CSIS or **Direct Referral Form**) to:

- become familiar with the initial concerns as identified by the referring agency and

- identify which agencies the family is currently engaged with and therefore might be able to contribute to the family's needs assessment

1.2 Check which agencies the family has consented to sharing information

To determine which agencies may be contacted to inform a family's needs assessment, the Family Support Worker must:

- check the referral form to determine which agencies are currently engaged with the family

- check the **Consent Form** to determine whether the family has consented to the Family Support Service speaking with the agencies they are currently engaged with and

- obtain the necessary consents to **share information between agencies**, where required

Family Support Workers **must** obtain all necessary **consents to share information between agencies before** engaging an agency in assessment activities.

1.3 Consider what information needs to be sought to validate an initial concern as identified in the referral form

Before engaging the family or other agencies in a needs assessment, the Family Support Worker is first encouraged to consider what additional information is required to validate

the initial concerns identified in the referral form (e.g. **Family Referral Page** on CSIS or **Direct Referral Form**).

Table 2 below provides Family Support Workers with a set of wellbeing indicators for each of the seven domains that comprise the **Needs Assessment Report** (NAR) used to assess a family's needs, together with a set of questions that may help validate the initial concerns identified in the referral form.

These questions assist the Family Support Worker to focus their conversations and observations when gathering information regarding a family's strengths and challenges.

It is important to note these questions **should not** be directly posed to a family or an agency. Rather it is recommended Family Support Workers use the questions as a guide to help think through the information that may be needed to validate previously identified concerns.

Table 2 – Needs Assessment Report - Indicators of Wellbeing and Sample Questions[21]

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Material wellbeing	**Child/young person** – basic care needs met including food and clothing **Family** – employment – income – participation in education/training – management of financial or material resources – safe and affordable housing habitable housing – buying and accessing food and clothes **Community** – access to appropriate government services – participation in ordinary community life – access to transport	Does the child have access to adequate resources?	• Does the family have enough money to meet their needs? • How would parents rate their budgeting skills? • Does the child/young person have sufficient food and appropriate clothing? • Does the family have enough for emergencies that crop up unexpectedly? • What access does the family have to finances, resources, material goods?

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Health	**Child/young person** – physical health – mental/emotional well-being – exercise, diet and nutrition **Family** – chronic illness in family – recent hospitalisation – adult mental health – reproductive health – undiagnosed health issues – medication management **Community** – access to health services – access to mental health services – access to respite/support – access to leisure, sport and recreation activities – infrastructure supports mobility (eg wheelchair access)	Is the child/young person and his/her family physically healthy Is the child/young person and family emotionally healthy? Is the disability impacting on the confidence and capacity of the family to support the child/young person?	• Is the child growing and developing? Consider nutrition, immunization status, any illnesses, dental health or other health problem? • Is the child/young person's immediate family healthy? Consider the health of parents/carers and siblings. • Has the child reached developmental milestones? • Does the family have a GP that they visit regularly? • Does the child seem confident and comfortable with parents/carers? Does the child seem calm and peaceful? • Does the child's family seem to be coping? Do they seem to enjoy being a family? • Consider the mental/health/emotional well-being of parents/carers and siblings. Does anyone have a diagnosed mental health problem or symptoms? *For Aboriginal and Torres Strait Islander families, how well is health being considered holistically by health support services (for example the connections between mental and physical health, social and emotional well-being, sexual health and spiritual health?)* • Does the child/young person have a means of communicating? • Is the family able to support the child/young person to develop age appropriate skills? • Does the child/young person engage in harmful behaviour or withdrawal behaviour? • Are there behaviours that are impacting on the ability of the child/family to access the community? • Is the child/young person engaging in age appropriate, socially and developmentally appropriate activities in their community? • Are there cultural beliefs held by the family that are impacting on the child's access to required support to develop? • Does the family have connections with cultural groups that are important to them? • Does the family have informal means of support through relatives, friends etc? • Is the family able to get assistance to have a break from the caring role when needed through either informal means or services?

Domain	Sample indicators of wellbeing/strengths	Overarching questions	Supplementary questions
Family safety	**Child/young person** – a safe home – absence of risky behaviour **Family** – absence of domestic and family violence – absence of child abuse – absence of child neglect – absence of drug and alcohol issues – absence of crime **Community** – safe at school – safe neighbourhood	Is the child safe?	• How is the child's safety ensured, demonstrated and sustained? • Consider your knowledge of the past and the future – what is known of family discipline practices. • Consider if children and/or parents have felt unsafe in the past. • Consider if child has witnessed violence. • Is it a safe neighbourhood? • How do parents discipline the children? • Are there holes in the walls or patches on walls, broken furniture etc? *Consider the need for any intervention and support to be embedded with culturally safe and appropriate practices; where appropriate involve Indigenous professionals.*

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Child wellbeing	**Child/young person** – opportunities for social activities – achieving developmental milestones – developmentally appropriate learning opportunities – ability to communicate thoughts to others **Family** – ability and knowledge to support child/young person – parent/child activities engagement (playing, reading, story telling) **Community** – access to specialist services – access to sports, leisure and entertainment – participation in child care/ playgroup/ school	Is the child thriving socially and emotionally?	• What activities or hobbies are the children involved in? • What routines does the parent keep in the house hold? • Are there any regular commitments or appointments for the children? • How are the children doing at school or child care?

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Parenting	**Child/young person** – interacts positively with parent(s) **Family** – age appropriate activities provided – parenting confidence – family routine – parent/child relationship and responsiveness – positive child behaviour management techniques – provision of play/learning activities – provision of life learning skills – impact of cultural beliefs – motivation of parents to change – involvement of relatives and extended family in child rearing **Community** – access to culturally appropriate support services – access to family/community support networks	How capably is the child/young person being cared for?	• How well does the parent(s) and child interact? • What is the parent's approach to parenting? Eg how do they respond when the kids don't listen to them? Consider the parent's demonstrated/articulated level of knowledge in this area. *How well are Aboriginal and Torres Strait Islander child rearing practices being used: collective attachment and responsibilities; Access to Aboriginal and Torres Strait Islander Services.*

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Family interactions	**Child/young person** – included in the family **Family** – parent/carer and child relationships – family quality of life – family separation – relationship between parents – relationships between siblings **Community** – access to culturally appropriate family support services – effective informal support – leisure, sports and entertainment opportunities – relatives and extended family networks	**Does the child/young person and his/her family have healthy relationships?**	• Consider relationships with others, including family, peers, boyfriend/girlfriend and the wider community. Are they stable, affectionate? Have there been bereavement or conflicts or other traumas eg house moves? • Is the child in appropriate contact with those who are important to him/her? • Does the family have a supportive extended family? *For Aboriginal and Torres Strait Islander Families, consider the need for active and regular participation in family and cultural events, especially participation in modern and traditional expressions of culture with family inclusive of immediate, extended, kinship and cultural groupings.*

Domain	Sample indicators of need	Overarching questions	Supplementary questions
Connections	**Child/young person** – sense of belonging – sense of identity – relationship with peers and adults **Family** – relationships with relatives, friends and neighbours **Community** – knowledge of local support networks – connections to culture – spiritual connections	**What level of social capital exists for the child/young person and family?**	• Does the child/young person appear comfortable with his/her identity (eg cultural/sexual)? • Is the parent(s) close to extended family? • What is the frequency of contact with friends? • Can the child identify a significant person in their life? • What is the quality of the friendships – emotional/practical support? • Does the parent attend any play or mother's group? (look for patterns of stability or conflict in these answers) • Does the family have a supportive social network – close friends and neighbours, supportive school, or through recreation activities, cultural or religious interests? *For Aboriginal and Torres Strait Islander families consider their need to understand place and belonging to family and country; and the importance of opportunities and support for healing.*

1.4   Plan the assessment activities

The more complex or difficult a family's circumstances, the more important it is for Family Support Workers to gather information about the family from a variety of sources. These sources may include[22]:

- direct work with the child

- direct work with the parents (one or more parental members)

- direct work with the family

- direct work with the child and current caregivers

- observation of the child alone and of the child/parent/caregiver interaction

- other sources of information (e.g. General Practitioner, School)

---

[22] Helping Out Families Initiative – A shared approach to Needs Assessment

- other information held on files from previous assessments and

- specialist assessments

When planning the needs assessment, Family Support Workers will consider issues such as:

- what information is already available

- what additional information is required and how should it be gathered

- who in the family needs to be engaged in the assessment

- what resources are required

- is a specialist assessment likely to be required and if so who should conduct it, what is the likely cost and how will it be paid (e.g. public system versus private system via **Brokerage**)

- are there any communication issues and if so, does the family require an interpreter

- and so on....

Family Support Workers are encouraged to use the checklist below when planning assessment activities.

Figure 7 – Checklist for planning the assessment[23]

Checklist for planning the assessment

As part of planning for the assessment the following should be considered:

☐ Who will undertake the assessment and what resources will be necessary?
☐ Who in the family will be included and how will they be involved?
☐ In what groupings will the child and family members be seen and in what order?
☐ Are there communication issues? What are the communication needs and how will they be met?
☐ What methods of collecting information will be used?
☐ What information is already available?
☐ What other sources of knowledge about the child and family are available and how will other agencies and professionals who know about the family be informed and involved? How will family members consent be gained?
☐ Where will the assessment take place?
☐ What will be the timescale?
☐ How will information be recorded?
☐ How will it be analysed and who will be involved?

---

[23] Helping Out Families Initiative – A shared approach to Needs Assessment

2.0 Gather information about the family's strengths and challenges

2.1 Gather information from the family

Introduce the Needs Assessment

When introducing the needs assessment to a family, Family Support Workers are encouraged to[24]:

- state the purpose

- explain the process including the time required to complete the needs assessment (e.g. it may require several hours and may continue over the course of several appointments)

- explain the possible consequences of the conversation and

- introduce the **Shared Family Agreement** (i.e. the Support Plan)

Example

1. **State the purpose** - "We are here to help you make changes to improve your life and the needs assessment will record your progress. Changes might mean finding a home, building better relationships, learning new skills and dealing with problems that are affecting you as a family"

2. **Explain the process** - "I would like to build on some of the discussion that you have already had about your life; discussion with you some different aspects of your life and explore your strengths and where things are perhaps not going smoothly at the moment. The Wellbeing Wheel (if using it) will help focus our conversation. While we are talking I will also identify some areas where I think you may need some support. Is that okay?"

3. **Explain the possible ramifications of the conversation** - "Some of the things you tell me might suggest that we need to look more closely at what is happening..." and "Usually I will not tell anyone else what we discuss unless you want me to so you can get support, but if the issues in your life are very serious I may need to talk to other services to get you/your family more urgent help"

4. **Introduce the Support Plan** - "To get a really good understanding of how we can assist you to make changes in your life, we together will use the information about your needs to help us to develop a Support Plan for you"

Helping Out Families Initiative
A shared approach to Needs Assessment

---

[24] Helping Out Families Initiative – A shared approach to Needs Assessment

Gather relevant information

Several conversations between a Family Support Worker and family members might be required to establish rapport and trust sufficient for the family to disclose information required to inform their needs assessment.

With this in mind, when gathering relevant information from the family, Family Support Workers are encouraged to[25]:

- use motivational interviewing techniques where appropriate

Example

Motivational interviewing is a core case management skill helpful in motivating clients to engage with a process of change, and ultimately reduce the severity of their presenting needs.

For this reason, motivational interviewing is useful when undertaking assessments with clients.

There are five principles useful in motivating clients to change which can be summarized using G.R.A.C.E[4]:

1. *Generate the Gap*
2. *Roll with Resistance*
3. *Avoid Argument*
4. *Can Do attitude; and*
5. *Express Empathy*

[4] *Miller, R & Rollnick, 2 (2002), Motivational Interviewing: preparing people for change, Guildord Press Cited in Helping Out Families Initiative A shared approach to Needs Assessment*

- consider using the **Wellbeing Wheel** as a tool to actively engage family members and focus a detailed discussion of the family's needs, strengths and protective factors (see **Wellbeing Wheel for Practitioners** as a guide and a blank **Wellbeing Wheel** for use with clients)

- ensure all domains of wellbeing are considered

- use a strengths based approach (e.g. gather information about a family's strengths as well as the challenges they face)

- listen to the family's story, explore their context and the meaning they give to their experience

- explore the interests and aspirations of family members

- encourage the family to identify strengths and "exceptions" to the problems

---

[25] Helping Out Families Initiative – A shared approach to Needs Assessment

Example

The following questions[3] may assist with identifying a family's strengths and exceptions:

- *What do you consider as your strengths?*
- *What are you interested in?*
- *Who are the special people in your life and what would they have to say about you?*
- *When were things better than they are now?*
- *What are the good things you have done in the past?*
- *Who are the other people who care about this too?*
- *How might they help?*
- *What other resources could be helpful?*

[3]McCashen, W (2004), Communities of Hope. St Luke's Innovative Resources
Cited in Helping Out Families Initiative: A shared approach to Needs Assessment

- assist the family to develop a picture of the future[26]

Example

The following questions[5] may assist with the assisting families to develop a picture of the future:

- *What are your hopes?*
- *What do you really value in life?*
- *How would you be feeling if these issues were not in your life?*
- *What do you want to be happening instead?*
- *What would you be doing?*
- *What would others be doing?*
- *If you could change one thing, what would it be?*
- *If there was a miracle and things were different, what would you be doing?*

[5]McCashen, W (2004), Communities of Hope. St Luke's Innovative Resources

- draw on the engagement strategies contained in Chapter Two – Working With Families – **Engagement Strategies** and

- draw on the strategies contained in Chapter Four – Practice Tips – **Working with Resistant Clients**

2.2   Gather information from agencies

Family Support Workers must provide a copy of the **Consent form** signed by the client giving permission to share information between agencies, before requesting an agency to provide information to inform a family's needs assessment.

---

[26] Helping Out Families Initiative – A shared approach to Needs Assessment

Once authority to share information between agencies has been established the Family Support Worker is encouraged to ask questions that will:

- inform the assessment of the initial concerns identified in referral form

- provide an understanding of what services the agency has provided, and is currently providing the family

- identify what outcomes the agency has achieved and is currently aiming to achieve for the family and

- determine whether the agency is prepared to work collaboratively with the Family Support Service to deliver services to the family

The purpose of this information exchange is to:

- gather information to inform the family's needs assessment

- avoid the duplication of services being delivered to the family and

- canvas the possibility of a collaborative partnership in delivering services to the family (see also **Planning**)

2.3   Respond to harm identified during a needs assessment process

If **harm** or risk of **harm** becomes evident during the needs assessment process, Family Support Workers **must** immediately follow the steps contained in Chapter Four – Practice Tips – **Responding to Child Protection Concerns**.

3.0   Assess the family's strengths and challenges

The assessment phase should result in a support needs analysis based on the family's strengths and challenges relevant to their family context. This needs assessment then informs the development of a **support plan** for the family.

Family Support Workers are encouraged to follow a series of steps when assessing a family's needs based on the information gathered:

- organise the information

- analyse the information and

- seek agreement from the family

3.1 Organise the information

When organising the information gathered during the assessment phase, Family Support Workers are encouraged to[27]:

- sort the information gathered according to the seven wellbeing domains contained in the Needs Assessment Report and

- consider the perspectives of the child, parent and other family members as these differences are important when developing an understanding of the child's needs within the family context

3.2 Analyse the information

Use intuitive and analytic reasoning

Family Support Workers are encouraged to distinguish between intuitive and analytic reasoning[28] and to understand the strengths and weaknesses of each approach.

Intuitive reasoning produces an outcome without using a logical process; whereas analytic reasoning produces an outcome by following a logical step by step process.

Intuitive reasoning is quick but it can often be biased in the information it draws on by focusing predominantly on information that is vivid, concrete, emotive and recent. Analytic reasoning is time consuming as it draws on evidence and facts that are collected from a variety of sources across time.

Put simply, intuitive reasoning is about having a feeling or a belief based on little known conscious fact. Analytic reasoning on the other hand, is about evidence and fact.

Each reasoning process has its pros and cons and therefore should be used together to ensure a comprehensive analysis of a family's needs.

Family Support Workers are therefore encouraged to treat intuitive judgements as hypotheses or assumptions that are then tested in a more rigorous and systematic way using facts and evidence and analytic processes.

---

[27] Helping Out Families Initiative – Guide to Needs Assessment
[28] Munro E (1999) Common Errors of Reasoning in Child Protection Work. Child Abuse & Neglect, Vol 23, No 8 pp. 745-758

Be aware of common errors of reasoning

People regularly take mental shortcuts when analysing information to reach a conclusion. This is normal human reasoning; however when working the field of child protection and family wellbeing, these mental shortcuts can result in dire consequences.

There are five common errors in reasoning that Family Support Workers need to be aware of and keep in the forefront of their mind, in order to make sure they do not fall into the trap of using.

1. **Failing to revise assessments** – people generally fail to revise their original assessment even in the face of new and striking evidence. To counter this, Family Support Workers will **always** seek and welcome new evidence and to review the family's circumstances in light of new information received

2. **Basing assessments on too little information** – people will jump to conclusions based on little information. To counter this, Family Support Workers will **always** have an enquiring mind and seek sufficient information from a variety of sources before reaching a conclusion

3. **Paying too much attention to unreliable evidence** – people often give more credibility to what people say rather than on other evidence such as what they do or what other say they do. To counter this, Family Support Workers will **always** consider the reliability of the information they draw on to reach a conclusion and where necessary to check the reliability by seeking information from other sources

4. **Social influences in assessments outcomes** – people like to be liked and therefore focus on maintaining current relationships – this results in a tendency to ignore past information or the history of a family in favour of current or first impressions. It also results in parents not being challenged or in the views of the child not being sought or listened to. To counter this, Family Support Workers will **always** work within the confines of the professional working relationship and be transparent, fair and inclusive of all members of the family, including small children

5. **Communication errors** – people often misunderstand information or fill in the blanks often reaching conclusions based on inaccurate information. To counter this, Family Support Worker will **always** check the accuracy of the information out with those who provided the information to ensure what was conveyed was accurately understood

Complete the Needs Assessment Report

Family Support Workers will complete the **Needs Assessment Report** (NAR) by applying intuitive and analytic reasoning to the information organised under each wellbeing domain and indicating on the **NAR** whether the domain is a strength, a challenge or is neutral in the context of the family.

When completing the **NAR** Family Support Workers will consider the **common errors of reasoning** and:

- identify any gaps in information and

- seek the information required before completing the **NAR**

After completing the **NAR**, Family Support Workers will have a clearer and more holistic understanding of:

- the family's needs within the context of their strengths and challenges

- how the seven wellbeing domains interact with each other and

- the cumulative impact of the family's circumstances on the child

3.3   Seek agreement from the family

After completing a **Needs Assessment Report** (NAR), Family Support Workers are encouraged to meet with relevant family members (e.g. the primary caregiver of the child/ren at the minimum) to reach an agreement regarding what is happening in the family.

Whilst reaching agreement it is important that Family Support Workers:

- focus the discussion on the needs of the child or young person

- talk only about what is happening for the family and avoid starting to plan interventions

- provide an explanation of the assessment outcome for each domain (i.e. what information or evidence was drawn upon to reach the outcome)

- focus as much on the family's strengths as on their challenges

- ask for the perspectives of family members before moving to the next domain – if the family doesn't agree with the assessment, explore why - often it is due to the

assessment making them feel uncomfortable rather than believing it is wrong – acknowledge their feelings - reassure the family of the need to have a clear understanding of what is happening for them in order to plan a response – re-explain the basis of the assessment – be positive – try to reach an agreement – if the family continues to disagree record the basis for their disagreement on the "additional comments" section of the NAR; however if not based in evidence do not change the assessment and

- arrange a time with the family to commence support planning

4.0 Record activities and outcomes

Family Support Workers are required to:

1. record a Case Activity each time an assessment activity is undertaken on the Community Sector Information System (CSIS) (see Recording Case Activities)

2. record a description of what transpired during each assessment activity on a Case Note or Progress Note (see Recording Case Activities)

3. record the family's needs assessment on a Needs Assessment Report

4. upload the Needs Assessment Report to CSIS

5. place the following on the family's Family Support Service file:

    a. all Case Note or Progress Notes and

    b. the hard copy of the NAR used during the meeting with the family

NEEDS ASSESSMENT REPORT[29]

Family Name: **Family ID:**

Family Safety	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
A safe home	✳	✳	✳	✳	✳	✳	✳
Absence of risky behaviour	✳	✳	✳	✳	✳	✳	✳
Family							
Absence of family and domestic violence	✳	✳	✳	✳	✳	✳	✳
Absence of child abuse	✳	✳	✳	✳	✳	✳	✳
Absence of child neglect	✳	✳	✳	✳	✳	✳	✳
Absence of drug and alcohol issues	✳	✳	✳	✳	✳	✳	✳
Absence of crime	✳	✳	✳	✳	✳	✳	✳
Community							
Safe at school	✳	✳	✳	✳	✳	✳	✳
Safe neighbourhood	✳	✳	✳	✳	✳	✳	✳
Overall Family Safety	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Material Wellbeing	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Basic care needs met including food and clothing	✳	✳	✳	✳	✳	✳	✳
Family							
Employment	✳	✳	✳	✳	✳	✳	✳
Income	✳	✳	✳	✳	✳	✳	✳
Participation in education/training	✳	✳	✳	✳	✳	✳	✳
Management of financial and material resources	✳	✳	✳	✳	✳	✳	✳
Habitable housing	✳	✳	✳	✳	✳	✳	✳
Safe and affordable housing	✳	✳	✳	✳	✳	✳	✳
Buying and accessing food and clothes	✳	✳	✳	✳	✳	✳	✳
Community							
Access to appropriate government services	✳	✳	✳	✳	✳	✳	✳
Access to transport	✳	✳	✳	✳	✳	✳	✳
Participation in ordinary community life	✳	✳	✳	✳	✳	✳	✳
Overall Material Wellbeing	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

---

[29] Helping Out Families Initiative – Instructions for completing the combined Needs Identification Record / Needs Assessment Record

Family Name: **Case ID:**

Child Wellbeing	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Opportunities for social activities	✳	✳	✳	✳	✳	✳	✳
Achieving developmental milestones	✳	✳	✳	✳	✳	✳	✳
Developmentally appropriate learning opportunities	✳	✳	✳	✳	✳	✳	✳
Ability to communicate thoughts to others	✳	✳	✳	✳	✳	✳	✳
Family							
Ability and knowledge to support child/young person	✳	✳	✳	✳	✳	✳	✳
Parent/child activities engagement (playing, reading)	✳	✳	✳	✳	✳	✳	✳
Community							
Access to specialist services	✳	✳	✳	✳	✳	✳	✳
Access to sports leisure and entertainment	✳	✳	✳	✳	✳	✳	✳
Participation in child care/play group/school	✳	✳	✳	✳	✳	✳	✳
Overall Child Wellbeing	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Parenting	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Interacts positively with parent(s)	✳	✳	✳	✳	✳	✳	✳
Family							
Age appropriate activities provided	✳	✳	✳	✳	✳	✳	✳
Parenting confidence	✳	✳	✳	✳	✳	✳	✳
Family routine	✳	✳	✳	✳	✳	✳	✳
Parent/child relationship and responsiveness	✳	✳	✳	✳	✳	✳	✳
Positive child behaviour management techniques	✳	✳	✳	✳	✳	✳	✳
Provision of play/learning activities	✳	✳	✳	✳	✳	✳	✳
Provision of life skills learning	✳	✳	✳	✳	✳	✳	✳
Impact of cultural beliefs	✳	✳	✳	✳	✳	✳	✳
Motivation of parents to change	✳	✳	✳	✳	✳	✳	✳
Involvement of relatives and extended family in child rearing	✳	✳	✳	✳	✳	✳	✳
Community							
Access to culturally appropriate support	✳	✳	✳	✳	✳	✳	✳
Access to family/community networks	✳	✳	✳	✳	✳	✳	✳
Overall Parenting	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Family Support Service
Practice Manual

Family Name: **Case ID:**

Connections	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Sense of belonging	✳	✳	✳	✳	✳	✳	✳
Sense of identity	✳	✳	✳	✳	✳	✳	✳
Relationships with peer and adults	✳	✳	✳	✳	✳	✳	✳
Family							
Relationships with relatives, friends and neighbours	✳	✳	✳	✳	✳	✳	✳
Community							
Knowledge of local support networks	✳	✳	✳	✳	✳	✳	✳
Spiritual connections	✳	✳	✳	✳	✳	✳	✳
Overall Connections	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Health	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Physical health	✳	✳	✳	✳	✳	✳	✳
Mental and emotional wellbeing	✳	✳	✳	✳	✳	✳	✳
Exercise, diet and nutrition	✳	✳	✳	✳	✳	✳	✳
Family							
Chronic illness in family	✳	✳	✳	✳	✳	✳	✳
Recent hospitalisation	✳	✳	✳	✳	✳	✳	✳
Adult mental health	✳	✳	✳	✳	✳	✳	✳
Reproductive health	✳	✳	✳	✳	✳	✳	✳
Undiagnosed health issue	✳	✳	✳	✳	✳	✳	✳
Medication management	✳	✳	✳	✳	✳	✳	✳
Community							
Access to health services	✳	✳	✳	✳	✳	✳	✳
Access to mental health services	✳	✳	✳	✳	✳	✳	✳
Access to respite services	✳	✳	✳	✳	✳	✳	✳
Access to leisure, sport and recreation options	✳	✳	✳	✳	✳	✳	✳
Infrastructure supports mobility (e.g. wheel chair access)	✳	✳	✳	✳	✳	✳	✳
Overall Health	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Family Name: **Case ID:**

Family Interactions	Challenge		Adequate		Strength	No Information	Not Applicable
Child/Young Person							
Included in the family	✳	✳	✳	✳	✳	✳	✳
Family							
Parent/carer and child relationships	✳	✳	✳	✳	✳	✳	✳
Family quality of life	✳	✳	✳	✳	✳	✳	✳
Family separation	✳	✳	✳	✳	✳	✳	✳
Relationships between parents	✳	✳	✳	✳	✳	✳	✳
Relationships between siblings	✳	✳	✳	✳	✳	✳	✳
Community							
Access to culturally appropriate family support services	✳	✳	✳	✳	✳	✳	✳
Effective informal support	✳	✳	✳	✳	✳	✳	✳
Leisure, sport and entertainment opportunities	✳	✳	✳	✳	✳	✳	✳
Relatives and extended family networks	✳	✳	✳	✳	✳	✳	✳
Overall Family Interactions	✳	✳	✳	✳	✳	✳	✳

Comments   ☐ Refer additional comments page

Additional Comments

Wellbeing wheel for children

Queensland Government

Family interactions

Material wellbeing

Parenting

Family safety

Culture

Community

Family

Child / young person

Health

Connections

Child wellbeing

Access to culturally appropriate family support services

Effective informal support

Leisure, sports and entertainment opportunities

Relatives and extended family networks

Access to transport

Access to appropriate government services

Access to family/ community support networks

Access to culturally appropriate support services

Parenting confidence

Positive child behaviour management techniques

Family routine

Motivation of parents to change

Impact of cultural beliefs

Involvement of relatives and extended family in child rearing

Family quality of life

Family separation

Relationships between siblings

Relationship between parents

Parent/carer and child relationships

Age appropriate activities provided

Provision of life skills learning

Parent/child relationship and responsiveness

Provision of play and learning activities

Buying and accessing food and clothes

Management of financial and material resources

Income

Participation in education/ training

Employment

Safe and affordable housing

Habitable housing

Participation in ordinary community life

Absence of child neglect

Absence of domestic and family violence

Absence of crime

Absence of drug and alcohol issues

Absence of child abuse

Safe at school

Safe neighbourhood

Interacts positively with parent(s)

Included in the family

A safe home

Absence of risky behaviour

Physical health

Exercise, diet and nutrition

Mental/emotional wellbeing

Basic care needs met including food and clothing

Achieving developmental milestones

Opportunities for social activities

Developmentally appropriate learning opportunities

Ability to communicate thoughts to others

Sense of belonging

Relationships with peers and adults

Sense of identity

Reproductive health

Chronic illness in family

Adult mental health

Undiagnosed health issues

Medication management

Recent hospitalisation

Relationship with relatives, friends and neighbours

Ability, knowledge to support child/young person

Parent/child activities (playing, reading, story telling)

Participation in child care/playground/ school

Access to health services

Access to respite/support

Infrastructure supports mobility (e.g. wheelchair accessibility)

Access to leisure, sport and recreation options

Access to mental health services

Knowledge of local support networks

Connections to culture

Spiritual connections

Access to sports, leisure and entertainment

Access to specialist services

Family interactions

Parenting

Material wellbeing

Family Safety

Culture

Community

Family

Child/
young person

Child wellbeing

Family Safety

Health

Connections

Queensland
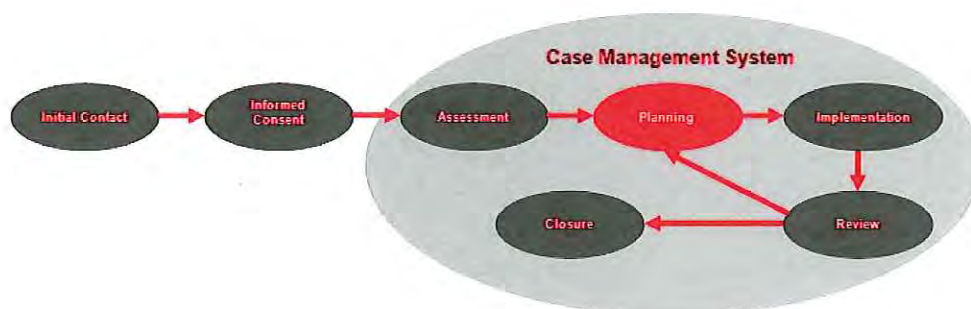Government

Wellbeing wheel

PLANNING

Purpose

Planning is the second phase of the case management system.

The planning phase aims to:

- identify a goal or series of goals to address each domain that presents a challenge for the family and impacts on the wellbeing of the child/ren

- develop an action or a series of actions to achieve each goal

- determine who is responsible for undertaking each action

- prioritise each goal by agreeing on a date by which each action will be undertaken and

- agree on a date to review the support plan

The planning phase is conducted with the full participation of the family (including children within the limits of their developmental ability). This ensures family members are empowered to actively participate in decisions that impact upon their lives.

SMARTER Support Planning:

A useful tool in agreeing and recording support plans is the SMARTER model. Tasks should be Specific, Measurable, Agreed, Realistic, Time-framed, Evaluated and Rewarded

Specific	The more specific the better. State your goal in as exact of terms as possible. Goals such as I 'feel better about myself' may be the result of lots of little specific things, in which case you need to be looking at the little things first. Such as – have something to get up for in the mornings? – drink fewer cans in a day? – get in touch with friends/family?
Measurable	Numbers, dates and times. How will you know when you feel better about yourself? You may feel ups and downs. But you can measure having something to get up for – enrolling in a class, or attending art workshops at the day centre, etc. Equally you can measure looking after your health better – by number of healthy meals, seeing a dentist/chiropodist etc.

Agreed	The person whose plan it is (client) must agree. Consider the involvement and agreement of all relevant professionals (stakeholders) and how they will contribute to achieving each goal. Everyone to get a copy and keep it somewhere it can be looked at everyday – Not forgotten.
Realistic	Unrealistic goals will lead to discouragement, but they also need to be challenging enough to be worth completing. Big changes will not be achievable before you have worked on the small issues. Starting small, especially in the first instance, will also help avoid things going wrong.
Time-framed	Agree the time-table for completion, and stick to it as this maintains motivation, and keep a check on progress. If you say you want to achieve a reduction in drinking say, agree to try and achieve it in the next couple of weeks, and you will look at achievements and obstacles again in two weeks time.
Evaluated	Progress regularly (at each session). What has gone well, what went less well – learn from both and set new goals. Occasionally look back over longer time frames to evaluate and celebrate longer term progress. E can also stand for Exciting. Exciting goals will be met far sooner than boring, bland goals.
Rewarded	Agreed when agreeing the goal. Something to look forward to – a celebration of success. Praise is very motivating.

Source – St Mungo's Stages of Change Resources
cited in Helping Out Families Initiative – Guide to Needs Assessment

Practice Standards

1. The planning phase of the **case management** system must wherever possible, be commenced within **seven days** of completing the **Needs Assessment Report** (NAR) and be completed within **one month** of commencement

2. The planning phase will conclude with the development of a support plan

3. The process used to develop a support plan is negotiated between the Family Support Worker and the family

4. The support plan is recorded on a **Shared Family Agreement** form

5. The completed **Shared Family Agreement** form is uploaded to the Community Sector Information System and a copy is retained on the family's Family Support Service file

6. Past clients who have self referred for an additional period of support do not undergo a planning phase as restrictions apply to the support services that are available to them (e.g. duration is limited to **one month** and **core function** is limited to linking them to other formal and informal supports)

Key Steps
1. **Prepare to develop a support plan**
2. **Develop the support plan**
3. **Record activities and outcomes**

1.0 Prepare to develop a support plan

A support plan[30]:

- is dynamic and unique to each family

- mobilises a family's strengths to respond to the challenges faced

- is informed by the contributions of others (e.g. agencies and extended family or friends where relevant)

- is developed by the Family Support Worker in collaboration with the family and

- details the goals, actions, persons responsible and timelines for each relevant domain

A number of decisions need to be made when preparing to develop a support plan. These decisions include:

- which support services is the family likely to require

- which agencies are likely able to contribute to support planning

- who in the family is likely able to contribute to support planning and

- what process should be used to involve them

1.1 Determine the support services available

The type of support service available to a family is dependent upon:

- the **Target Group** the family is a member of and

---

[30] Helping Out Families Initiative – Guide to Needs Assessment

- the outcome of their **Needs Assessment Report**

Of the six Family Support Service **core functions**, two are available to non statutory clients that comprise **Target Group One**, five are available to statutory clients that comprise **Target Group Two** and one is available to clients who self refer and therefore comprise **Target Group Three**.

Table 3 below provides a summary of the type of support services available to each **Target Group**

Table 3 – Core Functions available to each Target Group

Referral Pathway	Core Function
TARGET GROUP ONE Aboriginal and Torres Strait Islander children (unborn to 18 years of age) and their parent(s) or kin if in a caring role of the child, who are <u>at risk of entering</u> the statutory child protection system	**Core Function 1** - development of practical skills **Core Function 2** - non-statutory casework functions and tasks (e.g. coordination, referral and provision of information)
TARGET GROUP TWO Aboriginal and Torres Strait Islander children (unborn to 18 years of age) and their parent(s) or kin if in a caring role of the child, who are <u>at risk of remaining</u> in the statutory child protection system	**Core Function 1** - development of practical skills **Core Function 2** - non-statutory casework functions and tasks (e.g. coordination, referral and provision of information) **Core Function 3** – participate in Child Safety's planning activities **Core Function 4** – Supervise Family Contact **Core Function 5** - input into Child Safety decision making regarding **permanency planning**
TARGET GROUP THREE Aboriginal and Torres Strait Islander children (unborn to 18 years of age) who have <u>received a previous episode of support</u> from the Family Support Service	**Core Function 6** - ongoing support up to **one month** – Please Note – self referrals are not subject to comprehensive **Case Management** processes, as service delivery is limited in time (up to **one month**) and in scope (linking the family to other supports is the only service delivery option)

After determining the **core functions** available to a family based on **Table 3**, Family Support Workers are encouraged to consider the support services the family will likely require in light of the outcome of their **Needs Assessment Report**.

Example

*A family who is a member of **Target Group One**, according to **Table 3** is able to receive assistance to develop practical skills (**core function** 1) and referral, coordination and provision of information (**core function** 2).*

*The family's **Needs Assessment Report** indicates:*

- *under the **Parenting** domain that the parents are experiencing a major challenge in establishing routines*
- *under the **Child Wellbeing** domain that the child is experiencing a challenge in having access to developmentally appropriate learning opportunities and*
- *under the **Connections** domain that a strength of the parents is their relationship with relatives, friends and neighbours*

Given the above, the family might benefit from in home assistance to establish predictable and safe routines throughout the day for the child including getting him ready for school and settling him into predictable patterns of readiness associated with the early evening (including homework, play, bathing, and ensuring an adequate period of sleep overnight)

This in home assistance could be set up and monitored by the Family Support Worker, but be delivered by the family with the support of specific relatives and friends.

Decisions regarding which support services will be provided to the family will be made with the full participation of the family during the **development of the support plan**.

At this stage, the Family Support Worker is simply canvassing options that will help in the preparation for support planning.

1.2   Determine the participants

Decisions regarding who should participate in support planning are made with the family.

Issues for consideration when discussing participation include:

- the likely support services the family will require (based on the outcome of the family's **Needs Assessment Report** and the **support services available** to the family)

- the types of decisions that will need to be made during support planning and who needs to be involved in making them (based on the likely support services the family will require and the family's input regarding who needs to be involved in decision making and planning processes - see **Aboriginal and Torres Strait Islander Decision Making Processes**)

- which agencies are currently engaged with the family and therefore might be able to contribute to the support plan and

- whether consent to share information between the Family Support Service and the above agencies has been provided by the family

Please follow the steps contained in Chapter Two – Working with Families – Informed Consent, to obtain the family's consent to share information between agencies if required.

1.3   Determine the process

Decisions regarding the process that will be followed to develop the support plan are made with the family.

Issues for consideration when discussing the process includes:

- the desired outcome of the planning process (e.g. a support plan that is specific, measurable, agreed, realistic, time framed, evaluated and rewarded – see Smarter Support Planning)

- the timeframe available to complete the support plan (e.g. commenced within seven days of completing the Needs Assessment Report and completed within one month of commencement)

- the process for making support plan decisions (e.g. based on the family's input regarding the decision making and planning processes appropriate for them - see Aboriginal and Torres Strait Islander Decision Making Processes; also note that some decisions might be the responsibility of Child Safety [e.g. supervised family contact] if the child is subject to statutory child protection intervention)

- which participants might need to be prepared for support planning, and who will prepare them (e.g. Family Support Workers might prepare agencies and the family might prepare relevant extended family members) and

- when and where will the support planning meeting take place and who will invite the participants

1.4   Prepare the participants

It's recommended the following topics be covered at the minimum, when preparing participants for support planning:

- the desired outcome of the planning process (e.g. a support plan that is specific, measurable, agreed, realistic, time framed, evaluated and rewarded – see **Smarter Support Planning**)

- the timeframe available to complete the support plan (e.g. commenced within **seven days** of completing the **Needs Assessment Report** and completed within **one month** of commencement)

- how support plan decisions will be made and who will make them

- the role of each participant (e.g. the Family Support Worker [facilitator], the referred family [decision maker], extended family [decision makers and supporters] and agencies [supporters])

- when and where the support planning meeting will take place

- who will get a copy of the support plan (e.g. all parties that have a role in putting the support plan into action) and

- who will be responsible for monitoring the support plan (i.e. the Family Support Worker)

2.0 Develop the support plan

The following factors influence support planning:

- how existing good relationships can be drawn upon and strengthened
- what type of intervention is likely to have the best outcome for the particular circumstances of the child
- what the child and family can cope with and are willing to engage with regarding the provision of services
- what resources can be mobilised within the family or community networks
- what interventions will give early wins
- what is achievable in the short, medium and longer term

Helping Out Families Initiative – Guide to Needs Assessment

When facilitating support planning meetings, Family Support Workers are encouraged to:

1. set the scene by:

   - welcoming participants

   - re-explaining the purpose of the meeting (e.g. to develop a support plan that is specific, measurable, agreed, realistic, time framed, evaluated and rewarded – see **Smarter Support Planning**)

- re-explaining the process (e.g. how long the meeting will take, what will be discussed, how decisions will be made etc)

- re-explaining the need to maintain confidentiality

- agreeing upon the house rules (e.g. confidentiality, one person speak at a time, respecting each other's view and input etc)

- summarising the family's strengths and challenges as determined by their **Needs Assessment Report**

- identifying where relevant, the decisions that are the responsibility of Child Safety (i.e. this is only relevant if the child is subject to statutory **ongoing intervention**) and providing details of the decisions made

- identifying the support services available to the family (as per **Table 3**)

2. facilitate the development of the support plan by:

   a. providing information about agencies or specialist services the family might benefit from

   b. assisting participants to generate and the family and relevant extended family to agree on:

      - a goal or a set of goals that respond to each challenge as listed on the **Needs Assessment Report**

      - a set of tasks that will achieve each goal

      - the persons responsible for undertaking each task and

      - the timeframe (i.e. the priority) for each task

   c. ensuring the support plan developed acknowledges and draws upon the strengths and resources of the family

   d. ensuring the support plan is specific, measurable, agreed, realistic, time framed, evaluated and rewarded (see **Smarter Support Planning**)

3. closing the meeting by:

   - summarising the agreed upon **support plan**

- thanking participants for their contributions and their commitment to change

- reminding participants that a copy of the support plan will be provided to each participant that has agreed to undertake a support plan action

- reminding participants that the support plan will be regularly monitored and

- reminding participants of the support plan's review date

3.0 Record activities and outcomes

Family Support Workers are required to:

1. record a **Case Activity** on the Community Sector Information System (CSIS) each time a planning activity is undertaken (see **Recording Case Activities**)

2. record a description of what transpired during each planning activity on a **Case Note** or Progress Note (see **Recording Case Activities**)

3. record the **support plan** on the **Shared Family Agreement** form

4. upload the **Shared Family Agreement** to CSIS

5. record the **anticipated end date** for the case in the Case Management Page of CSIS

6. place all **Case Note** or Progress Notes on the family's Family Support Service file

When completing the Shared Family Agreement, Family Support Workers are encouraged to use the following as a guide:

A. Enter the surname for each family member (e.g. Smith/Harris/Piper)

B. Enter the Family Support Worker's name

C. Enter the date the referral was received

D. Enter the name of the referring agency

E. Enter the date the family signed consent to receive services

F. Enter the number of this support plan (e.g. if it is the first one developed then enter initial SFA, if it is the second support plan developed then enter Second SFA and so on…)

G. Enter the date this support plan was developed

H. Enter the wellbeing domain relevant to the goal (e.g. Family Safety, Material Wellbeing, Child Wellbeing, Parenting, Connections, Health and Family Interactions)

I. Enter the goal or goals to be achieved under the wellbeing domain

J. Enter the action or actions that will achieve the goal

K. Enter the name of the person or persons responsible for the action

L. Enter the date the action is due to be completed

M. Enter how achieving the goal will be rewarded

N. Enter the review date for the support plan

ABORIGINAL & TORRES STRAIT ISLANDER FAMILY SUPPORT SERVICE

SHARED FAMILY AGREEMENT (SUPPORT PLAN)

Family name/s:

Family Support Worker's name:

Referral Date: Click here to enter a date.

Referring Agency:

Consent Date: Click here to enter a date.

Shared Family Agreement Number: Choose an item.

Shared Family Agreement Date: Click here to enter a date.

Domain	Identified Goal	Actions	Who will do it?	By what date?	Was it done?		
						Yes	How will you reward yourself?
						No	Will you abandon the action or include it in the revised agreement?

Shared Family Agreement Review Date: Click here to enter a date.

Review:

Date: Click here to enter a date.

People present:

Details of review:

Decisions made:

☐ Continue with above plan ☐ Develop a new plan **New Review Date:** Click here to enter a date. ☐ Close the case *Provide rationale below:*

Review:

Date: Click here to enter a date.

People present:

Details of review:

Decisions made:

☐ Continue with above plan ☐ Develop a new plan **New Review Date:** Click here to enter a date. ☐ Close the case *Provide rationale below:*

IMPLEMENTATION

Purpose
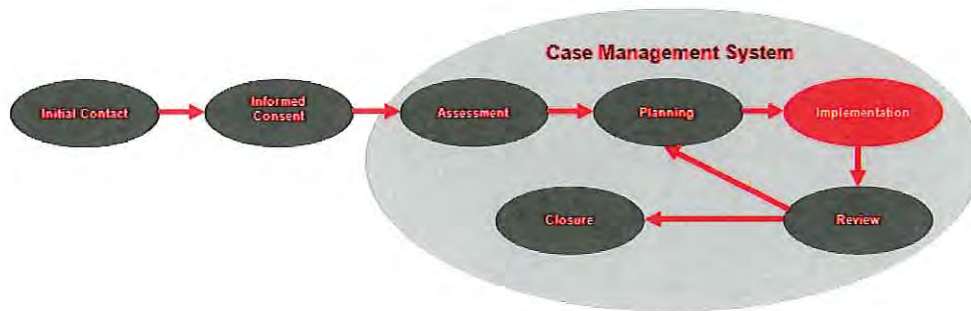
Implementation is the third phase of the **case management** system.

The implementation phase aims to action the **Support Plan** by:

- carrying out tasks as agreed

- monitoring progress and

- addressing concerns as they arise

The implementation phase requires genuine partnership and collaboration between all parties responsible for putting the **Support Plan** into action.

Practice Standards

1. Progress towards **Support Plan** goals is monitored by regularly gathering evidence from a variety of sources

2. Difficulties experienced in the implementation of the **Support Plan** must be addressed as soon as they are encountered

3. If difficulties persist, consideration is given to conducting an emergency **review** of the **Support Plan**

Key Steps

1. **Carry out tasks as agreed**
2. **Monitor progress**
3. **Address concerns as they arise**
4. **Record activities and outcomes**

1.0 Carry out tasks as agreed

1.1 Develop practical skills

Assisting a parent or caregiver to develop their practical skills is **Core Function 1** and is a support service that is available to all families (**Target Groups 1 & 2**) with the exception of families that self refer following a previous **episode of support** (**Target Group 3**).

A **Support Plan** may include tasks to improve any or all of the following:

- responding to the needs of a child
- parent/child interactions
- household management (including family routines)
- financial management
- personal behavior
- emotional behavior

Adults learn best through experiencing something themselves. Teaching a new skill is objective and tangible when compared to teaching an insight; however the process for each involves five basic steps[31]:

- **Preparation** – obtain the necessary equipment or supplies in sufficient quantity so the skill can be demonstrated, taught and practiced (if supplies need to be purchased, consider **requesting brokerage**)

- **Explanation** – introduce the usefulness of the new skill and describe it in a simple and complete way

- **Demonstration** – show the family member how to do the skill by doing each step slowly and clearly so the steps can easily be followed

---

[31] **www.learningforlife.org How to teach a skill**

- **Practice** – encourage the family member to try out the skill under guidance and coaching and

- **Application** – encourage the family member to demonstrate the skill to someone else, whilst still providing guidance and encouragement as necessary – this last step will prepare the family member to use their newly acquired skill in actual situations

The most important part of teaching a new skill is having the family member practice it. Therefore, most of the time involved in teaching a skill should be devoted to practice. The recommended time balance is:

- Explanation (hearing) – 10% of the time

- Demonstration (seeing) – 25% of the time

- Practice (doing) – 65 % of the time

The following is a list of tips for Family Support Workers to draw on when coaching a new skill:

- be able to perform the skill well yourself

- review your own experience in learning the skill and work out a series of steps for teaching it

- keep the instruction personal by working with an individual family member or a small group

- assess the family member's abilities and personality and consider how the abilities and personality after your teaching of the skill

- if the family member is not familiar with the skill, go slowly – insist on accuracy first, then work on speed (if speed is a factor)

- don't interfere when the family member is trying to do it on their own – don't interrupt their efforts unless they are completely off track

- let the family member make mistakes if this will help them learn – simply point out the mistake tactfully before they try again

- always be respectful, compassionate and patient (learning takes time)

- encourage the family member by remarking on their progress, pointing out the completion of each step and commenting if the steps have been done well and

- urge the family member to practice and to teach someone else

1.2 Deliver non-statutory case work

Delivering non-statutory case work is **Core Function 2** and is a support service that is available to all families (**Target Groups 1 & 2**) with the exception of those that self refer following a previous **episode of support** (**Target Group 3**).

Non-statutory case work functions (e.g. assessing need, developing an intervention plan, implementing the plan and so on...) span across the **five phases** of the **case management** system (**assessment**, **planning**, **implementation**, **review** and **closure**) and as such each has its own section in this chapter.

To implement the **Support Plan** however, Family Support Workers may also need to engage in the following case work activities:

- referring the family to other agencies or specialist services

- advocating access to services and

- working collaboratively with other Family Support Services in either joint interventions or support work based on identified roles and support objectives, derived benefits and goals for the family

Referring the family to other agencies or specialist services

Family Support Workers will only refer families to other agencies or specialist services if the family has provided their **informed consent** to share information with the agency or service in question.

Once **informed consent** is obtained, the Family Support Worker will share only relevant information sufficient for the purpose of making the referral (on a "need to know" basis).

If a service the family requires is not available through the public system, the Family Support Service may request **brokerage funds** to cover the costs of the service through a private provider (see **Requesting Brokerage**).

Advocating access to services

When advocating access to services, Family Support Workers may[32]:

- assist families to identify their rights and represent their own needs by:

  - assisting the family to identify their needs and rights and to determine if their rights are being infringed or not met

  - providing the family with information about available options for meeting their needs and

  - assisting them to identify their preferred option and to make contact and negotiate with relevant agencies

- advocate on behalf of a family at the family's request by:

  - identifying the most appropriate agency or service in consultation with the family

  - obtaining **informed consent** from the family to share their information with the agency or service in question

  - if **informed consent** is obtained, contact the agency or service and clearly represent the family's perspective in order to optimise outcomes for the family and

  - report progress and outcomes to the family and discuss further action as necessary

Working collaboratively with other Family Support Services

Family Support Workers will[33]:

- actively monitor events and developments to identify opportunities for working collaboratively with other Family Support Services to protect and improve the health and wellbeing of children and families

- propose realistic and sustainable methods of working collaboratively, emphasising the advantages to the different agencies

---

[32] Northern Territory Children's Services – Assessment Guide – **Advocate for clients**

[33] Skills for Health – **Engage and work collaboratively with a range of people and agencies to protect and improve population health and wellbeing** - tools.skillsforhealth.org.uk

- develop and agree on practical and effective ways of working together

- undertake their own part of any plans agreed to in a responsible and reliable manner, and communicate about progress in timely ways with others

- reinforce improvements and successes achieved by others, and results achieved through collaborative working

- where difficulties and issues arise, tackle them in ways that, wherever possible:

    - provide sustainable solutions
    - maintain good relationships between agencies
    - recognise the independence and interdependence of the different agencies

- review experiences and opportunities at appropriate times and suggest realistic improvements and developments in collaborative working

3.3   Participate in Child Safety's planning activities

Participating in Child Safety's planning activities for a child is Core Function 3 and is a support service only available to families with children who are subject to statutory ongoing intervention and therefore are members of Target Group 2.

Family Group Meetings

A Family Group Meeting is a planning meeting convened by Child Safety to develop a case plan for a child that has been deemed as being in need of protection under the *Child Protection Act 1999*.

A Family Group Meeting may also be convened but is not required, to review a case plan in instances where[34]:

- there is disagreement between family members and Child Safety about the case plan

- previous case plan actions have not been completed and

- Child Safety is proposing to change the case plan goal

---

[34] Child Safety Practice Manual – 5.1 Review and revise the case plan – Decide the process for a case plan review

Please refer to Child Safety's brochure[35] titled – **Family Group Meetings – Information for Service Providers** for information regarding:

- who will be at the meeting

- what happens at the meeting

- what preparation is required for the meeting and

- what happens after the meeting

The Family Support Worker's role in a **Family Group Meeting** is dependent upon the purpose of the meeting (e.g. to develop a **case plan** or to review a **case plan**).

If invited to attend a **Family Group Meeting** for the purpose of **developing** a **case plan**, the role of the Family Support Service is limited to the provision of Service information.

Once this information is provided, the Family Support Service may leave the **Family Group Meeting** and the family can choose to accept or decline a referral to the Family Support Service as a task on the **case plan**.

If the family accepts a referral, the Family Support Service will receive the referral through the usual **incoming referral** process.

As the **Family Group Meeting** provides an opportunity for a family to receive information about the Family Support Service and to decide whether to consent to a referral being made, Family Support Workers attending **Family Group Meetings** are encouraged to provide the following information at the minimum:

- the voluntary nature of engagement – (e.g. the need to provide written consent to receive services, that consent can be withdrawn at any time in writing and service delivery will cease

- the types of services the Family Support Service is able to offer – (e.g. provide a description of the **6 core functions** of Family Support Services)

- the processes used to deliver services – (e.g. summarise the **assessment**, **planning**, **implementation** and **review** processes – in doing so, explain what a strengths based approach means, how assessments are made, how plans are developed and how decisions are made etc)

---

[35] Department of Communities – Child Safety Services Brochure titled: **Family group meetings – Information for service providers**

- what information is recorded about families, where it is stored, how it is used, with whom it is shared and when it is shared – (e.g. explain how **information is managed,** explain **confidentiality and the limits to confidentiality,** explain **what information is recorded and on the Community Sector Information System** managed by Department of Communities and who will have access to it and explain **how non-identifiable client information is used for research**)

- how families can provide **feedback** about the service they receive

- how families can make a **complaint** if they are dissatisfied about any aspect of the service provided

- what families can expect if they give consent (e.g. they will be asked to sign a **Consent Form**, they will be asked which agencies they give consent for the Family Support Service to speak with about them, case management activities will commence) and

- what families can expect if they decline to give consent (e.g. their decision will be respected, support services will not be provided and the referring agency will be informed)

Family Support Workers are encouraged to answer any questions the family may have regarding any aspect of the Service and provide relevant brochures to the family before leaving the **Family Group Meeting**.

Please refer to the next section if invited to attend a **Family Group Meeting** for the purpose of **reviewing** a **case plan**, as the role of the Family Support Worker is the same regardless of whether a **case plan** review occurs in a Family Group Meeting or in a Case Plan Review Meeting.

Case plan review meetings

Child Safety generally reviews **case plans** every **six months**.

Child Safety is likely to invite the Family Support Service to a case plan review meeting if the Service is able to provide information regarding the family's progress towards **case plan** goals.

The method of participation in a case plan review meeting will be determined by Child Safety and may consist of any of the following:

- a telephone discussion with Child Safety

- a meeting with Child Safety

- a telephone link up to a meeting with Child Safety, the family and others

- a meeting with Child Safety, the family and others or

- a combination of the above

If invited, Family Support Workers are encouraged to provide the following information at a case plan review meeting:

- the length of time the family has been engaged with the Service

- a summary of the family's **Needs Assessment Report**

- the details of the family's **Support Plan** (e.g. goals, tasks, timeframes etc)

- the family's progress towards the **Support Plan** goals based on evidence gathered through:

  - observation (e.g. changes in attitude, skill levels, confidence, knowledge, behaviours, participation, interactions etc)

  - reports from others (e.g. extended family and agencies etc)

  - family self reports (e.g. what the family has found difficult, what they've found easy, whether they have noticed any change in their attitude, skill levels, confidence, knowledge, behaviours, participation, interactions etc)

  - impacts upon the child or children

- how progress has been rewarded

- how much longer the Service intends to work with the family and

- any specific information requested by Child Safety

It is important that the case plan review meeting is **NOT** the first time the family hears feedback about how they are going (see also **Monitor Progress**).

1.4   Supervise Family Contact

Supervising **family contact** is **Core Function 4** and is a support service only available to families who are members of **Target Group 2** and have children in out-of-home care.

Actively supervise family contact

When supervising **family contact** Family Support Workers will:

- cease **family contact** if in the company of anyone that is intoxicated

- be near the child/ren at all times during **family contact** to observe (e.g. see and hear) all interactions between the family and the child/ren

- speak up if the interactions have the potential to be harmful to the child/ren (e.g. if a child is hit, threatened, blamed, ignored etc) and

- stop **family contact** if after speaking up, the potentially harmful interactions continue

Family Support Workers who supervise **family contact** acknowledge that:

- **family contact** can create intense feelings, which can be confusing for children and can easily lead to them acting out before, during and after **family contact** (e.g. crying, fighting, being clingy, withdrawing etc)

- children acting out during **family contact**, does not necessarily mean the **family contact** is harmful

- the types of interactions considered harmful can include any interaction that might cause the child to be physically, emotionally or sexually harmed such as kicking, biting, slapping or hitting a child, threatening, blaming, name calling a child, fighting among family or inappropriately touching a child's private parts, exposing them to sexually explicit material etc and

- being "watched" during **family contact** might cause the family to experience anxiety which may impair interactions

As Family Support Services do not provide a **family contact** service that only observes contact without providing an intervention program component, Family Support Workers will wherever possible, plan family contact to ensure it:

- is activity based

- provides the parents or caregivers with opportunities to learn new information or to develop new skills and

- is positive for all involved

Example:

You can make supervised family contact less confronting for children and families by:

- *helping the family to plan and prepare for family contact (e.g. plan activities that everyone present can join [preparing lunch, playing sport or games, making things together etc])*

- *participating in the activities yourself – that way you are not just "sitting" and "watching" the family but are an active part of family contact and are modeling desired behaviours to the adults present and*

- *being natural, encouraging, supportive, caring and compassionate*

If significant safety concerns for the child or the Family Support Worker supervising **family contact** have been identified, Family Support Workers are encouraged to:

- speak with their Line Manager to discuss the concerns and

- if the concerns are not able to be mitigated, contact the child's Child Safety Officer to raise the concerns and negotiate a course of action

Family Support Workers are **not** expected to continue supervising **family contact** where significant safety concerns have been identified.

Provide feedback to Child Safety

The quality of interaction between a parent and a child during **family contact** may be used by Child Safety to inform **case plan** decisions.

Feedback regarding **family contact** may be provided to Child Safety verbally or in writing and will include information about:

- the behaviour of the child or children before **family contact** if known

- the **family contact** activity (e.g. picnic at a park where relatives played with the children and prepared a lunch)

- the parent/child interaction during **family contact**

- any noted changes to the parent's confidence, self awareness, interactions, behavior, skill, knowledge, participation etc during family contact

- whether or not there is any aspect of **family contact** that is of concern and if so, what is it

- any other relevant information

Child Safety may also request feedback regarding specific aspects of **family contact**.

Whilst not necessary, Family Support Workers may choose to provide feedback in writing. If this is the case it is recommended a **Family Contact Feedback** form be used.

Family Support Workers using the **Family Contact Feedback** form are encouraged to use the following as a guide.

A. Record the surname of all family members residing together in the household (e.g. Harris/Brown/Todd)

B. Record the name of each subject child participating in family contact

C. Record each child's date of birth

Family contact details:

Date:	
Duration:	**Start time:** **Finish time:**
Location:	
Persons present:	Include the relationship to the child in brackets (e.g. Jodie Thompson [mother])
Supervisor's name:	Telephone Number:

D. Record the date family contact occurred

E. Record the start and finish time of the contact

F. Record the location of the family contact, including the address (e.g. mother's home – 142 Irene Street Tully)

G. Record the names of the people present during the family contact and their relationship to the child (e.g. Jodie Thompson [Mother]; Graham Smith [Uncle]

H. Record the name of the person who supervised the contact and therefore who is completing the form

I. Record the supervisor's telephone number

Family contact feedback:

Describe the behaviour of the child/ren before family contact *(where relevant):*

Describe the family contact activity:

Comment on the parent/child interaction during family contact:

Describe the behaviour of the child/ren after family contact *(where relevant):*

Comment on any noted changes to the parent's confidence, self awareness, interactions, behaviour, skill, knowledge, participation etc during family contact:

Are you concerned about any aspect of family contact: ☐ Yes ☐ No If yes, provide details below:

Provide any other information you believe to be relevant:

J. Record a description of the child's behavior before family contact if known (e.g. Talked a lot, smiled, brought paintings etc)

K. Record a description of the family contact activity (e.g. crafts in the backyard, lunch prepared by Mother and Aunt etc)

L. Record comments regarding the parent/child interaction during family contact (e.g. Mother demonstrated age appropriate expectations of the child and attended to the emotional and physical needs of the child by...... etc)

M. Record a description of the child's behavior after family contact if known (e.g. quite, sad, clingy, restless, overexcited etc)

N. Record comments regarding any demonstrated change observed to the parent's confidence, self awareness, interactions, behaviour, skill, knowledge, participation etc (e.g. mother appeared more confident in responding to the emotional needs of the child then previously observed. Previously mother would look around and wait for others to attend to the child when upset; however on this occasion she immediately went to the child and used a soothing tone and affection to help the child to calm)

O. Indicate whether or not there is any aspect of the family contact that is of concern and if so provide the details. When providing the details also include the course of action taken to resolve the concern (e.g. home environment can be chaotic at times as the mother is currently living with extended family whilst she awaits for alternative accommodation through housing. The chaotic nature of the house can at times have a negative impact on the quality of interactions between the mother and child due to the number of disruptions that occur. To remedy this, family contact has been moved to other more quite locations such as the park, the beach and the local community agency when facilities such as a kitchen is required)

P. Record any other information considered relevant

1.5 Input into Child Safety decision making

Providing input into Child Safety's decisions regarding **permanency planning** for a child is **Core Function 5** and is a support service only available to families with children who are subject to statutory **ongoing intervention** and therefore are members of **Target Group 2**.

When reviewing a **case plan**, Child Safety will undertake specific assessments to guide decisions regarding the direction of the case.

Table 5 – Child Safety Assessments that Guide Decisions

Assessment:	Applied to:	Guides decisions about:
A Family Risk Re-evaluation	Households where all children are living at home, for example: • **A support service case** • **Intervention with parental agreement** • **Directive** or **supervision orders** • **Custody or guardianship orders**, where the child is living at home as part of the **reunification** process	• Whether to continue ongoing intervention or close the case for a child who remains in the home • The current level of risk • The parent/child contact
A Family Reunification Assessment	Households when one or more child is in out-of-home care	• Returning the child home • Continuing to work toward reunification • Pursuing long-term alternative stable living arrangement or a permanent placement in out of home care (i.e. permanency planning) • The current level of risk • The parent/child contact

When gathering information to inform a **Family Risk Re-evaluation**, Child Safety may request the following information from the Family Support Service:

- whether the parent has addressed any previous alcohol or drug misuse

- whether there are any problems with adult relationships within the household (e.g. intimidation, threats, harassment or domestic violence between parents or between a parent and another adult)

- whether the primary parent provides physical care consistent with the child's needs

- what **Support Plan** goals the parent has achieved to date and what goals are currently being worked on

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

To inform a **Family Reunification Assessment**, Child Safety may therefore request the following information from the Family Support Service:

- what **Support Plan** goals the parent has achieved to date and what goals are currently being worked on

- what specific changes if any, has the parent demonstrated (e.g. changes in attitude, skill levels, confidence, knowledge, behaviours, participation, interactions etc)

- the level to which the parent is engaging with services and

- what has been the quality of interaction observed between the parent and child during **family contact** if supervised

When responding to the above request for information, Family Support Workers will:

- base responses on evidence collected from a variety of sources whilst **monitoring the family's progress** and

- provide any additional information considered relevant at the time

1.6   Link to formal and informal support

Linking families to formal and informal support for a maximum period of **one month** is **Core Function 6** and is a support service only available to families who self refer after a previous **episode of support** and therefore are members of **Target Group 3**.

Self referrals are not subject to comprehensive **Case Management** processes, as service delivery is limited in time (up to **one month**) and in scope (linking the family to other supports is the only service delivery option).

When responding to a self referral, the allocated Family Support Worker will:

- read the family's file material to familiarise themselves with the case

- meet with the family to discuss their support needs

- agree on a course of action to take over the coming month to support the family (e.g. discuss formal and informal support options and assist the family to decide which suits their circumstances best) and

- implement the course of action as agreed

If the family requires a further more intensive **episode of support**, the Family Support Worker may encourage the family to request a referral through one of the four referring agencies (e.g. Department of Communities – Child Safety Services, Department of Education

and Training, Department of Health and Aboriginal and Torres Strait Islander Health Services).

2.0 Monitor progress

Family Support Workers monitor each family's progress towards achieving **support plan** goals throughout the implementation phase.

When monitoring progress Family Support Workers will gather evidence from a variety of sources. This evidence then forms the basis of any statement made or conclusion reached regarding a family's progress.

Family Support Workers monitor progress by:

- regularly speaking with each person or agency that is responsible for a **support plan** action to determine whether actions are being carried out as agreed

- immediately **addressing any implementation concerns** as they arise to ensure the **support plan** is kept on track

- observing any progress made by the family (e.g. noting changes in attitude, skill levels, confidence, knowledge, behaviours, participation, interactions etc)

- asking others (e.g. extended family, agencies etc) of their observation of any progress made by the family and

- asking the family themselves how they believe they are going (e.g. what they've found difficult, what they've found easy, whether they have noticed any change in their attitude, skill levels, confidence, knowledge, behaviours, participation, interactions etc)

Family Support Workers are also encouraged to regularly provide feedback to the family on how they are going.

Providing honest feedback that acknowledges times a family member is experiencing difficulty or has overcome a fear or has mastered a skill instills a sense of accomplishment and increases motivation.

Regularly requesting feedback from the family is also important as it demonstrates a genuine partnership and acknowledges the importance of the family's perspective.

3.0   Address concerns as they arise

3.1   Address implementation concerns

If throughout the course of monitoring progress, it becomes apparent that a family member or agency responsible for a **Support Plan** action is experiencing difficulty undertaking the action as agreed, Family Support Workers will:

- immediately raise the issue with the family member or agency in question

- jointly identify the barriers to implementation

- agree on what needs to occur to get back on track and

- take action to remove any barriers and get back on track

If difficulty continues to be experienced despite the above attempts, Family Support Workers will either:

- repeat the above process (remember change requires patience) or

- consider conducting an emergency **review** of the **Support Plan**

Whilst a failure to do what was agreed requires an immediate response, it is important the response:

- is respectful and compassionate

- endeavours to find the cause in order to eliminate it (see also Chapter Four – Practice Tips – **Working with Resistant Clients**)

- is clear in terms of expectations and

- focuses on getting back on track

3.2   Respond to child protection concerns

If **harm** or risk of **harm** becomes evident during the implementation phase of a **support plan**, Family Support Workers **must** immediately follow the steps contained in Chapter Four – Practice Tips – **Responding to Child Protection Concerns**.

5.0   Record activities and outcomes

Family Support Workers are required to:

1. record a **Case Activity** on the Community Sector Information System (CSIS) each time a case work activity is undertaken (see **Recording Case Activities**)

2. record a description of what transpired during each case work activity on a **Case Note** or Progress Note (see **Recording Case Activities**)

3. record the **provision of support** on the Support Referral Page of CSIS each time a family member is referred to a provider of goods or services

4. place the following documents on the family's Family Support Service file:

   - all **Case Notes** or Progress Notes and

   - the completed **Family Contact Feedback** form if used

FAMILY CONTACT FEEDBACK

Family name (incl. alias)

Child's name	Child's date of birth

Family contact details:

Date:	
Duration:	Start time: Finish time:
Location:	
Persons present:	Include the relationship to the child in brackets (e.g. Jodie Thompson [mother])
Supervisor's name:	Telephone Number:

Family contact feedback:

Describe the behaviour of the child/ren before family contact *(where relevant):*

Describe the family contact activity:

Comment on the parent/child interaction during family contact:

Describe the behaviour of the child/ren after family contact *(where relevant):*

Comment on any noted changes to the parent's confidence, self awareness, interactions, behaviour, skill, knowledge, participation etc during family contact:

Are you concerned about any aspect of family contact: ☐ Yes ☐ No   If yes, provide details below:

Provide any other information you believe to be relevant:

REVIEW

Purpose
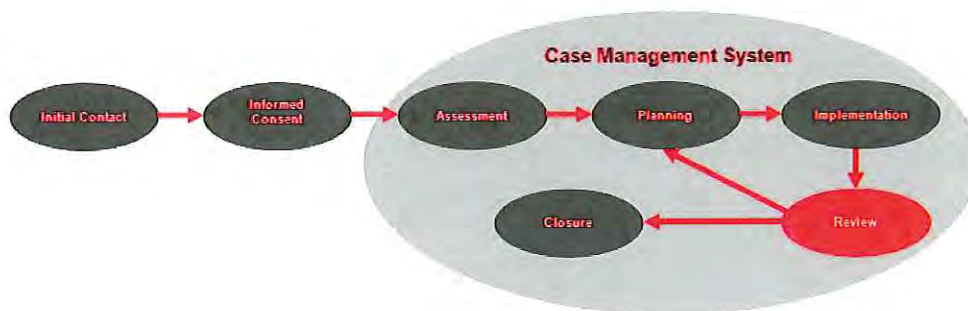
Review is the fourth phase of the case management system.

The review phase aims to:

- assess progress towards achieving the goals (to identify what goals have been achieved and what goals remain outstanding)

- celebrate the family's success in achieving some goals (to maintain momentum and encourage ongoing commitment to change)

- identify any persistent barriers to achieving the goals (to guide the redefinition of the remaining goals and subsequent actions) and

- redefine the goals and actions if required (to maximise the family's opportunity to reach the remaining goals)

The review of progress is conducted with the active participation of the family to ensure members are empowered to make decisions that impact upon their lives.

Practice Standards

1. Support Plan reviews occur:

    - every **three months** from the commencement of the initial **Shared Family Agreement** (i.e. **Routine reviews**)

- as needed if the family is experiencing persistent difficulties with any aspect of the **Support Plan** or their circumstances have changed (i.e. **Emergency reviews**)and

- prior to withdrawing services (i.e. **closing** the case) where possible

2. It is desirable that each person responsible for a **Support Plan** action attend the review meeting; however this will not always be possible.

   The review meeting may go ahead regardless of whether or not everyone is in attendance provided:

   - the Family Support Worker and relevant family members are present and

   - the Family Support Worker has had contact with each person prior to the review meeting and obtained relevant up-to-date information to inform review discussions and decisions

3. A **Support Plan** review is recorded in the review section of the **most recent Shared Family Agreement**

4. A new **Support Plan** is recorded on a **new Shared Family Agreement**

5. Review documentation is uploaded to the Community Sector Information Syste

Key Steps
1. **Decide to conduct a review**
2. **Prepare for the review**
3. **Facilitate the review**
4. **Record activities and outcomes**

1.0 Decide to conduct a review

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

Given the intensity of intervention, it is vital that all parties responsible for implementing the **Support Plan** maintain a focus on achieving outcomes.

To maintain focus, a review of the **Support Plan** should occur:

- every **three months** from the commencement of the initial **Shared Family Agreement** (i.e. **Routine reviews**)

- as needed if the family is experiencing persistent difficulties with any aspect of the **Support Plan** or their circumstances have changed (i.e. **Emergency reviews**)and

- prior to withdrawing services (i.e. **closing** the case) where possible

2.0 Prepare for the review

Family Support Workers will undertake the following activities when preparing for a review:

- discuss the family's progress with their Line Manager during formal supervision or with their team during case discussion

- if a statutory case, contact Child Safety to obtain information to inform the review (e.g. any changes in the child's **case plan**)

- in collaboration with the family, decide how the review process will occur and arrange meetings and venues as required

- have contact with each person (e.g. family member and agency representative) responsible for a **Support Plan** action to gather relevant up-to-date information regarding the family's progress and

- in collaboration with the family, invite each person responsible for a **Support Plan** action to participate in a the review meeting

It is desirable that each person responsible for a **Support Plan** action attend the review meeting; however this will not always be possible.

The review meeting may go ahead regardless of whether or not everyone is in attendance provided:

- the Family Support Worker and relevant family members are present and

- the Family Support Worker has had contact with each person prior to the review meeting and obtained relevant up-to-date information to inform discussions and decisions

3.0   Facilitate the review

3.1   Review progress

Family Support Workers will undertake the following activities when facilitating a review meeting:

- welcome participants

- agree on the ground rules (e.g. respecting people opinions, only one person speaking at a time etc)

- remind participants about the:

    - purpose of the meeting

    - their obligation to maintain confidentiality

- inform participants the outcome of the review will be documented and those responsible for an action in the reviewed **Support Plan** will receive a copy

- work through the goals and actions of the **most recent Shared Family Agreement** and encourage relevant participants to comment on:

    - which goals have been achieved and which goals still require work

    - changes noted in the parent's confidence, behaviours, interactions, skills, knowledge etc

    - any barriers being experienced in actioning the **Support Plan** or reaching the remaining goals and

    - ways of overcoming barriers identified

- encourage the group to celebrate and reward successes, as agreed in the **most recent Shared Family Agreement**

- reach an agreement on whether to:

    - continue with the current **Support Plan**

    - develop a new **Support Plan** or

* **close** the case

3.2 Continue with the current support plan

If it is agreed the case should continue and the **Support Plan does not need** to change, the Family Support Worker will:

* seek everyone's commitment to continue to work towards achieving outcomes

* agree on a new review date and

* record the review details in the review section of the **most recent Shared Family Agreement** form

Once the review is complete the case reverts to the **implementation** stage of the **case management** system.

A. Record the date of the review meeting

B. Record the names of the people present and include in brackets their relationship to the child (e.g. Joan Smith [Mother]; Albert Tobert [Mother's Health Worker]

C. Record the key information shared during the review (remember to focus on the family's strengths and their challenges)

D. Select "Continue with the above plan" and record the new review date.

   Then provide a rationale for the decision to continue with the above plan (e.g. no need to develop a new plan as the current plan is meeting the family's needs and no difficulty is being experienced in implementing it – several goals have already been achieved)

3.3   Develop a new support plan

If it is agreed the case should continue but the **Support Plan needs to change** the Family Support Worker will:

- engage participants to generate new planning options

- assist the parents to select the option/s most suited to them

- seek everyone's commitment to continue to work towards achieving outcomes

- agree on a new review date

- record the review details in the review section of the **most recent Shared Family Agreement** form and

- record the new support plan on a **new Shared Family Agreement** form

Once a new **Support Plan** has been developed the case reverts to the **implementation** stage of the **case management** system.

Review details are recorded in the review section of the **most recent Shared Family Agreement** form.

A. Record the date of the review meeting

B. Record the names of the people present and include in brackets their relationship to the child (e.g. Joan Smith [Mother]; Albert Tobert [Mother's Health Worker]

C. Record the key information shared during the review (remember to focus on the family's strengths and their challenges)

D. Select "Develop a new plan" and provide a rationale for the decision to develop a new plan (e.g. implementing the plan has been difficult because of the high expectations placed on the parents, the current plan is now more realistic)

Once the review outcome is recorded, the **new** support plan is recorded on a **new Shared Family Agreement** form. For directions on how to complete this form, please see **instructions to complete a Shared Family Agreement** form.

3.3   Close the case

If it is agreed the case should **close**, the Family Support Worker will:

- explain why the support services are being withdrawn (e.g. the goals have been reached; Child Safety is ceasing **reunification** work and seeking a **long-term order** on the child; the family has **withdrawn consent**; the family has not engaged etc)

- work through the goals and actions of the **Support Plan** and encourage participants to comment on:

    - which goals have been achieved and which goals remain outstanding

    - what supports are or can be put into place to continue to assist the parents once support services are withdrawn

    - what date should services cease and the case be **closed**

    - what actions should the Family Support Worker and others attend to between now and closure date

    - record the review details in the review section of the **most recent Shared Family Agreement** form and

- inform the family:

    - they may self refer for a further month of ongoing support if required and

    - to contact one of the following agencies if they would like to be referred to the Service in the future:

        - Department of Communities – Child Safety Services

        - Department of Education and Training

        - Department of Health or

        - their local Aboriginal and Torres Strait Islander Health Service

Review details are recorded in the review section of the **most recent Shared Family Agreement** form

A. Record the date of the review meeting

B. Record the names of the people present and include in brackets their relationship to the child (e.g. Joan Smith [Mother]; Albert Tobert [Mother's Health Worker]

C. Record the key information shared during the review (remember to focus on the family's strengths and their challenges)

D. Select "Close the case" and provide a rationale for the decision to close (e.g. all support plan goals have been achieved; or family has withdrawn consent to receive services; or Child Safety is ceasing **reunification** work and is seeking a **long term order** on the child etc)

4.0 Record activities and outcomes

Family Support Workers are required to:

1. record a **Case Activity** on the Community Sector Information System (CSIS) each time a review activity is undertaken (see **Recording Case Activities**)

2. record a description of what transpired during each review activity on a **Case Note** or Progress Note (see **Recording Case Activities**)

3. record the outcome of the review on the review section of the **most recent Shared Family Agreement** form

4. if a new Support Plan is developed, record the new plan on a **new Shared Family Agreement** form

5. upload the **Shared Family Agreement** forms to CSIS and

6. place all Case Note or Progress Notes on the family's Family Support Service file

CLOSURE

Purpose
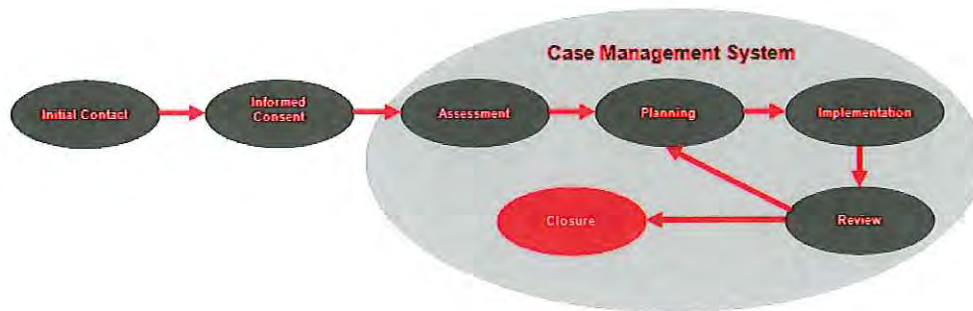
Closure is the fifth and final phase of the **case management** system.

The closure phase aims to:

- measure the family's outcomes to determine what has changed for the family as a result of Family Support Service intervention

- prepare the family for the withdrawal of Family Support Services and

- inform the referring agency that service delivery to the family has ceased

Practice Standards

1. Intervention outcomes must be measured before closing a Family Support Service case

2. Intervention outcomes are measured by completing a **new Needs Assessment Report** prior to formally closing the case

3. Reaching an agreement with the family about the outcome of this final **Needs Assessment Report**, is desirable but not essential

4. A case is formally closed by completing the relevant screens on the Community Sector Information System

5. Prior to closing a case, **all** families will be informed of how to access the Service in the future.

Key Steps

1. **Decide to close**
2. **Measure outcomes**
3. **Prepare family for closure**
4. **Inform the referring agency**
5. **Record activities and outcomes**

1.0 Decide to close

The decision to exit the Service is made in one of two ways:

- **Planned exit** – the decision to close the case is made collaboratively during a **review** of the support plan or

- **Early exit** – the decision to close the case comes prematurely as the result of the family either:

  - declining to give consent to receive support services,

  - **withdrawing consent** to receive support services or

  - disengaging from the Service

2.0 Measure outcomes

Regardless of how the decision is made, prior to closing a case, Family Support Workers must measure intervention outcomes by completing a **new Needs Assessment Report** for the family.

Intervention outcomes are measured by comparing the **initial Needs Assessment Report** completed during the **assessment** phase with the **final Needs Assessment Report** completed prior to closing the case.

The difference between these two assessments is attributed to the intervention the family received. Positive change suggests the intervention was effective; whereas no change or negative change means it was not.

The family's involvement in measuring outcomes is desirable; but not always possible, as families who have withdrawn consent to receive support services or have disengaged are not likely to want to participate.

Nevertheless, Family Support Workers will invite **all** families to participate in discussing their outcome measures prior to closing the case. The family's decision to accept or decline this invitation is respected.

To measure outcomes the Family Support Worker will:

- organise the information

- analyse the information and

- seek agreement from the family

2.1   Organise the information

Family Support Workers will organise information about the family's current functioning by sorting it according to the seven wellbeing domains contained in the **Needs Assessment Report**.

To ensure intervention **outcomes** are measured, it is vital that only the most recent information gathered during the **implementation** phased is used (see **Monitor Progress**), as the more recent the information, the more likely it is to accurately reflect the family's current functioning.

2.2   Analyse the information

To analyse the information, Family Support Workers will complete a **new Needs Assessment Report** (NAR) by applying **intuitive and analytic reasoning** to the information organised under each wellbeing domain and indicating on the **NAR** whether the domain is a currently strength, a challenge or is neutral in the context of the family.

When completing the **NAR** Family Support Workers are encouraged to consider the **common errors of reasoning** and:

- identify any gaps in information and

- seek the information required before completing the **NAR**

By comparing the current **NAR** to the original **NAR** completed during the **assessment** phase, the Family Support Worker will have a clearer and more holistic understanding of:

- the impact intervention has had on the family and

- the current functioning of the family

2.3   Seek agreement from the family

After completing the **Needs Assessment Report (NAR)**, the Family Support Worker will invite relevant family members (e.g. the primary caregiver of the child/ren at the minimum) to a meeting to go through the **NAR** and reach an agreement regarding the family's current functioning.

During this meeting the Family Support Worker will:

- provide an explanation of the outcome for each domain (i.e. what information or evidence was drawn upon to reach the outcome)

- identify whether a change has occurred in the domain when compared to the original **Needs Assessment Report**

- ask for the perspectives of family members before moving to the next domain – if agreement is not reached, explore why – if the family continues to disagree record the basis for their disagreement on the "additional comments" section of the **NAR**; however if not based in evidence do not change the assessment and

- congratulate the family on progress made

4.0   Prepare family for the withdrawal of services

Family Support Workers will wherever possible, prepare a family for closure prior to formally withdrawing services. This preparation will include:

- undertaking any actions agreed during the most recent **Support Plan** review meeting where relevant and

- explaining how to access the Service in the future

4.1   Undertake agreed upon actions prior to closure

If the decision to close the case was made during a **Support Plan** review meeting, the participants may have developed a series of actions that need to be undertaken prior to services being formally withdrawn.

These actions are likely to focus on assisting the family to maintain progress made by ensuring access to effective formal (e.g. agencies) and informal (e.g. friendships, family and community relationships) support networks after Family Support Services are withdrawn.

In these instances, the Family Support Worker will:

- undertake the actions as agreed within the timeframe and

- assist others to undertake the actions as agreed within the timeframe

When the agreed date to close the case has been reached, all efforts to undertake the actions will cease and the Family Support Worker will proceed with closing the case.

4.2   Explain how to access services in the future

At the minimum, **all** families will be encouraged to contact one of the following agencies in the event they would like to access the Family Support Service in the future:

- Department of Communities – Child Safety Services

- Department of Education and Training

- Department of Health or

- their local Aboriginal and Torres Strait Islander Health Service

Families who have achieved all or the majority of their **Support Plan** goals will also be informed they may self refer in the future if they believe they would benefit from additional support for up to **one month**.

This self-referral option will only be offered to families who have reached a planned closure of their **episode of support.**

The self-referral option will not be offered to families who have prematurely withdrawn from the Service (e.g. families that have declined to give consent to receive support services, withdrawn consent or disengaged from the Service), as these families are likely to require a level of support that can only be provided if re-referred through an agency.

5.0 Inform the referring agency

Prior to closing the case on the Community Sector Information System, Family Support Workers will email the referring agency to inform them of:

- the closure and

- the reason for closure

Family Support Workers will not provide the referring agency with further detail regarding the family, such as outcome measures, unless the family has consented to information being shared with the agency in question and there is a legitimate need to know (see **Confidentiality and its Limits**).

As case related information such as outcome measures is recorded on the Community Sector Information System, Child Safety will have access to this information.

4.0 Record activities and outcomes

Family Support Workers are required to:

1. record a **Case Activity** on the Community Sector Information System (CSIS) each time a closure activity is undertaken (see **Recording Case Activities**)

2. record a description of what transpired during each closure activity on a **Case Note** or Progress Note (see **Recording Case Activities**)

3. record the outcome measure on a **Needs Assessment Report**

4. upload the **Needs Assessment Report** to CSIS

5. record an early **exit closure** by completing the "early Exit closure" screen on CSIS when a family either declines to give consent to receive support services, withdraws consent to receive support services or disengages from the Service

6. record a **planned exit** by completing the "Commence Case Closure" link on CSIS and

7. place all **Case Note** or Progress Notes on the family's Family Support Service file

Family Support Service
Practice Manual

ABORIGINAL AND TORRES STRAIT ISLANDER DECISION MAKING PROCESSES

A vast amount of information can be located in literature that describes the processes the general Australian population uses to make decisions.

However, very little information appears to describe the processes that Aboriginal and Torres Strait Islander Australians use.

The information recorded about these two distinct cultural groups tends to focus on how they can be best engaged in the decision making processes of **other** entities such as Government, then on the processes they apply themselves.

Adopting a process that attempts to engage people in practices that are not their own and therefore are imposed, is very different to embracing a process that understands and respects the need and right of others to engage in practices that are meaningful to them.

The objective of the process can remain the same; however the path used to reach the objective must be sufficiently flexible to accommodate difference between cultures, families and individuals.

This section attempts to **start** the conversation that explores Aboriginal and Torres Strait Islander decision making processes in terms of what makes it unique and how this uniqueness impacts upon service delivery practices.

To be effective Aboriginal and Torres Strait Islander Family Support Services **must** use service delivery processes and practices that are meaningful to Aboriginal and Torres Strait Islander peoples.

Without demonstrating this uniqueness at the service delivery level, Aboriginal and Torres Strait Islander Family Support Services become little more than another Service that simply

Family Support Service
Practice Manual

CHAPTER FOUR
PRACTICE TIPS
ABORIGINAL AND TORRES STRAIT ISLANDER
DECISION MAKING PROCESSES

endeavours to engage Aboriginal and Torres Strait Islander peoples in processes and practices that have little meaning and therefore, have little effect.

1.0 Standard decision making process

There are numerous versions of what a standard decision making process consists of. However the following features appear consistent in all:

- the decision maker is typically one individual though more than one may be involved in making a decision

- the decision maker/s may engage others when collecting information required to make the decision

- the decision maker/s may choose to accept or ignore the information others provide and

- the process used to reach a decision is generally lineal

Figure 8 below provides two sample standard decision making processes and demonstrates their similarity.

Figure 8 – Sample Standard Decision Making Processes

Step 1 • Define the objective (i.e. what you want to achieve)	**Step 1** • Define the problem
Step 2 • Collect relevant information	**Step 2** • Collect the facts
Step 3 • Generate feasible options	**Step 3** • Generate solutions
Step 4 • Make the decision	**Step 4** • Select the solution
Step 5 • Implement and evaluate the decision	**Step 5** • Implement the solution
	Step 6 • Monitor the solution

Effective Decision Making Process
http://www.1000ventures.com/business_guide/crosscuttings/decision_making_main.html

Decision Making Process
http://www.buzzle.com/articles/decision-making-process.html

The steps of the second sample above are expanded below.

The importance of each step is clearly articulated; however it is noted that individuals frequently take mental shortcuts and skip steps often resulting in misinformed poor decisions being made.

CHAPTER FOUR
PRACTICE TIPS
ABORIGINAL AND TORRES STRAIT ISLANDER
DECISION MAKING PROCESSES

Family Support Service
Practice Manual

Define the Problem – defining the problem helps the decision maker to maintain focus. This step calls for the decision maker to think about the problem for which they need to make a decision. Once all other problems are isolated, thinking about the important one becomes easy.

Collect the Facts – this step calls for facts to be collected. This step is not difficult, provided the main problem is already isolated. The facts that need to be collected are those that will help the decision maker to arrive at the decision. This is an important step in the decision making process and should not be overlooked, especially since there are different **types of decision making** that a decision maker might face. Making a decision becomes simpler with the help of the collected facts.

Find a solution – finding a solution becomes easier provided the decision maker has all the facts and data at hand. When thinking through the various solutions to the problem the decision maker is also beginning to consider the pros and cons of each solution. Considering the pros and cons will help the decision maker to eliminate unfavourable solutions. This step assists the decision maker to narrow down the solutions available to respond to the problem.

Select the solution – selecting the best solution becomes easier if the preceding step was followed correctly. Here the decision maker considers the pros and cons of each solution in light of their beliefs and their values. A decision maker generally selects a solution that is consistent with their value base and therefore does not create conflict with their internal system of beliefs.

Implement the solution – once the decision maker has arrived at a decision they are able to put it into action. The decision maker is encouraged to be firm in their decision and communicate it to others, so the solution is clear and able to be implemented. This is the most important of all the decision making process steps.

Monitor the solution – this step calls for the decision maker to monitor the implementation of their decision. This is important as some people may not approve of the decision and therefore may sabotage the decision maker's efforts in putting their decision into action. Hence, it is vital the decision maker monitor the situation and ensure the decision is implemented as required. Another advantage is the decision maker can see for themselves whether their decision was correct or whether changes need to be made.

Critics of the standard decision making process argue[36] that this top down and non-collaborative approach may:

---

[36] **Consensus Decision Making – http://en.wikipedia.org/wiki/Consensus_process**

Family Support Service
Practice Manual

- cause complacency or rebellion among stakeholders to the decision, that feel disempowered or disrespected because they weren't involved

- overlook the concerns of those directly affected

- result in poor relationship dynamics and

- cause the implementation of the decision to be sabotaged by those the decision impacts, however were not involved in making it

2.0 Consensus decision making process

The consensus decision making process is in stark contrast to the standard process described above.

Consensus decision making is a process that:

- seeks the agreement of individuals impacted by the decision and

- seeks to resolve or mitigate the objections of the minority to achieve the most agreeable decision[37]

Consensus is usually defined as meaning both:

- general agreement and

- the process of getting to such agreement

Consensus decision making is primarily concerned with process and an acknowledgement of and respect for role.

In consensus decision making processes all stakeholders are included and encouraged to participate and their needs are included in deliberations.

There are numerous versions of what a consensus decision making process consists of. However the following features appear consistent in all[38]:

- all individuals impacted by the decision are included in the process

---

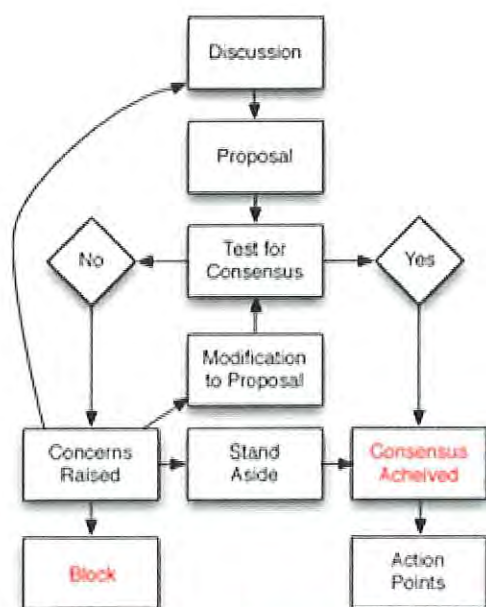[37] Consensus Decision Making - http://psychology.wikia.com/wiki/Consensus_decision_making
[38] Consensus Decision Making – www.consensusdecisionmaking.org

Family Support Service
Practice Manual

CHAPTER FOUR
PRACTICE TIPS
ABORIGINAL AND TORRES STRAIT ISLANDER
DECISION MAKING PROCESSES

- widespread or full agreement in the decision being made is sought

- the process is equally, if not more important than the outcome

- respect of role and the maintenance of relationship is a primary priority of the process

- the needs of the group as a whole is the focus and

- the process for reaching a decision generally is non-lineal

Figure 9 below provides examples of consensus decision making processes.

Figure 9 – Sample Consensus Decision Making Processes
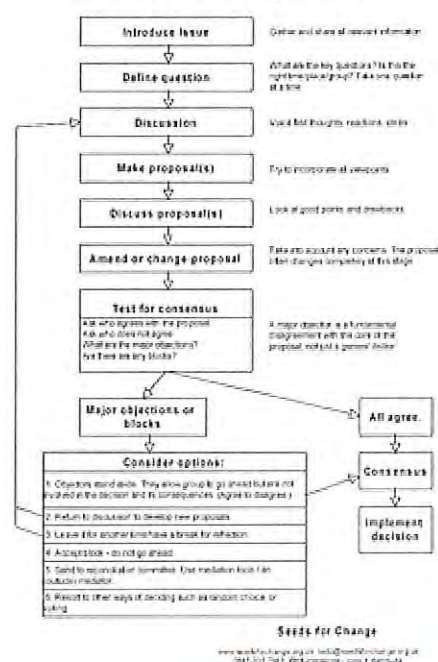
Consensus decision making aims to produce[39]:

- **Better Decisions** – through including the input of all stakeholders that are impacted by the decision and are therefore best placed to raise and resolve concerns

---

[39] Consensus Decision Making – http://en.wikipedia.org/wiki/Consensus_process

Family Support Service
Practice Manual

- **Better Implementation** – through a process that includes and respects all parties, and therefore generates as much agreement as possible which sets the stage for greater cooperation in implementing the resulting decisions

- **Better Group Relationships** – through a cooperative, collaborative group atmosphere which fosters greater group cohesion and interpersonal connection

Typically, each decision arising as a result of a consensus decision making process follows a simple process that consists of[40]:

- **Discussing the item** – the item is discussed with the goal of identifying opinions and sharing information on the topic. The general direction of the group and potential proposals for action are often identified during the discussion

- **Forming a proposal** – based on the discussion, a proposed decision is formed and presented to the group

- **Calling for consensus** – consensus on the proposed decision is called. Each member of the group conveys their agreement or disagreement with the proposal

- **Identifying and addressing concerns** – if consensus is not achieved, concerns are presented and discussed

- **Modifying the proposal** – the proposal is amended or re-phrased in an attempt to address the concerns of the decision makers. The process then returns to call for consensus and the cycle is repeated until a satisfactory decision is made.

Critics of the consensus decision making process argue the collaborative approach may[41]:

- lead to situations where a relatively small number of people can block action that is desired by the majority

- be too time consuming

- give factions power that may inappropriately be wielded over others

- result in groupthink where individuals are discouraged from expressing dissenting views out of concern it would break consensus and

- result in never making a decision because consensus cannot be reached

---

[40] Consensus Decision Making – http://en.wikipedia.org/wiki/Consensus_process
[41] Consensus Decision Making - http://psychology.wikia.com/wiki/Consensus_decision_making

Family Support Service
Practice Manual

CHAPTER FOUR
PRACTICE TIPS
ABORIGINAL AND TORRES STRAIT ISLANDER
DECISION MAKING PROCESSES

3.0 Aboriginal and Torres Strait Islander decision making processes

As mentioned previously, the literature provides little to no information regarding the processes Aboriginal and Torres Strait Islanders use to make decisions.

Indigenous literature does however suggest that Indigenous peoples worldwide are likely to favour processes that take more of a consensus approach to those that focus on an individual being the sole decision maker.

> "Examples of consensus decision-making can likely be found among many indigenous peoples, such as the African **Bushmen**[42]"

> "Consensus was used among certain **Native American**/**First Nations** peoples. For example, the **Haudenosaunee** (commonly called "Iroquois") required unanimity in decisions of the Confederacy[43]"

This consensus approach to making decisions appears to have endured throughout the history of each Indigenous culture and most probably stems from embedded values that prioritise the good of the collective and preserve the relationships within.

Therefore whilst contemporary Aboriginal and Torres Strait Islander peoples undoubtedly select the most suitable decision making process to use depending upon the type of decision that needs to be made, the consensus decision making process is likely to dominate in instances where the decision will impact on others.

4.0 Implications for case management processes and practices

The diversity within and between Aboriginal and Torres Strait Islander cultures, communities and family groups requires Family Support Service **case management** to:

- be clear about the intended outcome of each specific process and

- be sufficiently flexible to be able to adopt a variety of processes to reach the intended outcome

This approach encourages Family Support Workers to:

- **guide** the family by ensuring the family understands service delivery objectives and parameters

---

[42] Consensus Decision Making – http://en.wikipedia.org/wiki/Consensus_process
[43] Consensus Decision Making - http://psychology.wikia.com/wiki/Consensus_decision_making

Family Support Service
Practice Manual

CHAPTER FOUR
PRACTICE TIPS
ABORIGINAL AND TORRES STRAIT ISLANDER
DECISION MAKING PROCESSES

- **respect** the family by determining the processes appropriate to use within their family to reach service delivery objectives and

- **support** the family by assisting the family to achieve the objectives within the parameters using practices that are meaningful to them

This approach acknowledges each family's strengths and encourages each family to use their own relationships and family and cultural practices to achieve desired outcomes within service parameters.

In adopting this approach Family Support Workers will need to be mindful that:

- a decision making process may vary between:

  - an individual making the decision

  - a group of people coming together to make the decision

  - an individual speaking with a number of other individuals or groups before making the decision

- collaborative and consultative processes take time and require patience

- some decisions will be made by other family members in the event they are responsible for the decision from a cultural perspective

- some decisions made will be based on spiritual beliefs and must be respected regardless of whether or not they are understood

- decisions involving practical assistance may need to be made by other family members that provide the specific assistance (e.g. if transport is provided by another family member then any decision that relates to transport needs to involve the relevant family member)

- if a referred family lives in the home of an extended family member then any decision regarding in-home support services (e.g. consent to receive services) will need to involve the owner of the home

MANAGING INFORMATION[44]

1.0 Collecting client information

When collecting information about a client, it is important to:

- only collect information that is relevant

- tell the person giving you the information, why you are collecting it and what you are going to do with it and

- ensure the information being collected is accurate, relevant, up-to-date, complete and not misleading

Information collected must be:

- legible

- dated

- photocopied when created on thermal paper and

- placed on the client file in chronological order as close as possible to the date of creating or receiving the record

Client records include:

- hand written notes

- forms

- memos

- phone messages

- emails

- photographs

- medical records and

---

[44] Wuchopperen Health Service, Family Intervention Service Practice Manual

- reports

As client records should not be stored in emails, it is important to:

- copy all emails sent or received about a client and paste it to a **Case Note** or Progress Note and

- delete the email

Do **not** under any circumstances:

- maintain client records using anything other than the central system of recording or filing – this is important because client information:

  - needs to be kept in one place and

  - be accessible to other staff

- change records unless the record relates to the client's personal information (e.g. their date of birth, name, or address) and the client has informed you that the information is incorrect

- destroy records unless they are:

  - draft documents

  - photocopies of original documents already held on the client's paper file or

  - electronic documents that have been printed and placed on the client's paper file

Records that meet the above criteria should only be destroyed using a shredder.

2.0 Storing client information

When storing client information it is important to:

- keep client paper records in a locked filing cabinet (including in-trays containing client information) when not in use

- keep the keys to the filing cabinet in a safe place

- have sufficient electronic security (e.g. a password that you keep private, a computer that locks its screen after 60 seconds of inactivity)

- keep electronic passwords private

- not allow unauthorised access to client records and

- not take any client records off the premises unless approved by the Service Manager and the records are securely housed when not in use

3.0   Using client information

When using client information it is important to:

- check the information is accurate, up-to-date and complete

- only use the information for the purpose for which it was collected unless:

  - the individual concerned has consented to the use of the information for another purpose

  - it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and immediate threat to the life or health of the individual concerned or another person (e.g. if it is believed a child has suffered **harm** or is likely to suffer **harm**, the Child Safety's **Regional Intake Service** or the Police must be contacted; or if a person is in urgent need of medical or psychiatric care the hospital or mental health crisis assessment and treatment team must be contacted – see also **Responding to Child Protection Concerns**)

  - use of the information is required or authorised by or under law (e.g. the information is subject to a subpoena)

  - use of the information is reasonably necessary for enforcement of the criminal law (e.g. if a crime has been committed or is going to be committed the Police must be contacted)

  - the purpose for which the information is used is directly related to the purpose for which the information was collected

4.0 Sharing client information

4.1 Client access to information

Family members can ask for access to the personal information held about them.

The *Right to information Act 2009* and *Information Privacy Act 2009* provides that an individual has the **right to be given access to documents** of an agency to the extent they contain the individual's personal information.

4.2 Sharing client information between agencies

Client information can be shared between agencies:

- with the client's consent

- without the client's consent if:

  - it is believed on reasonable grounds that the use of the information is necessary to prevent or lessen a serious and immediate threat to the life or health of the individual concerned or another person (e.g. if it is believed a child has suffered **harm** or is likely to suffer **harm**, the Child Safety's **Regional Intake Service** or the Police must be contacted or if a person is in urgent need of medical or psychiatric care the hospital or mental health crisis assessment and treatment team must be contacted – see also **Responding to Child Protection Concerns**)

  - use of the information is required or authorised by or under law (e.g. the information is subject to a subpoena)

  - use of the information is reasonably necessary for enforcement of the criminal law (e.g. if a crime has been committed or is going to be committed the Police must be contacted)

Before sharing information always apply the "need to know" principle by asking, "Does this person need to know the information I am about to share?"

The "need to know' principle requires that information only be shared with individuals or organisations who "need to know" the information in order to deliver services to the individual.

When sharing information for referral, assessment or support planning it is important to[45]:

- share only the information necessary for the purpose for which it is being shared

- understand the limits of any consent given, especially if the information has been provided by a third party

- distinguish clearly between what a client has said and what has been your own professional judgement or opinion

- share the information only with the person or people who need to know

- be mindful of security (e.g. confirm the identity of the person you are talking to; ensure that a conversation or phone call cannot be overheard; use secure email; ensure that a fax is collected by the person for whom it is intended)

Under the *Child Protection Act 1999* Family Support Service staff must not, under any circumstances:

- talk to the media about a child subject to Child Safety intervention

- allow the media access to a child subject to Child Safety intervention

- disclose or publish information that identifies, or is likely to identify, a child as being involved with Child Safety

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

- the Australian Government's Information and Privacy Principles (IPPs):

    - **IPP Information Sheets** and

    - IPP Guidelines:
        - **Numbers 1-3**
        - **Numbers 4-7** and
        - **Numbers 8-11**

- Helping Out Families – Part 1 – Guide for Practitioners to Information Sharing

---

[45] Helping Out Families Initiative – Part 1 – Guide for Practitioners to Information Sharing

- **Transfer of individual files of Child Safety clients which have been created by Non-Government Service Providers**

- **Non-Government Organisation (NGOs) and Recognised Entities (REs) Service Providers Recordkeeping Procedure**

- **Non-Government Service Providers BASIC RECORDKEEPING GUIDE**

MONITORING SERVICE PERFORMANCE

1.0 Responsibilities

Aboriginal and Torres Strait Islander Family Support Services are required to[46]:

- enter into a Service Agreement with Child Safety

- report at least quarterly on their delivery of the agreed service outputs as negotiated and recorded on the Service Agreement

- table their performance data in the same format as the outputs, performance indicators and measures as set out in the negotiated Service Agreement

- report against the performance indicators listed in **Table 3**

- participate in the annual national data collection for Intensive Family Support Services managed by Child Safety on behalf of the Australian Institute of Health and Welfare (AIHW)

2.0 Measuring performance

The following lists the four broad areas requiring measurement by Aboriginal and Torres Strait Islander Family Support Services[47].

1. an increase in the attachment of a child parent/family, and improvement in the skills of a parent

2. services are coordinated to facilitate improvement in the safety, physical, emotional and social wellbeing of the child, parent and family

3. demonstrated progress has been made to reduce risk of harm to the child and improve the safety of the child thereby reducing the likelihood of the child re-entering or having contact with the child protection system

4. interaction between the child and parent during supervised contact is assessed and information and observations reported to Child Safety to inform family reunification assessment by Child Safety

---

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

Family Support Services are able to measure their performance in relation to each of the four broad areas by collecting data in relation to the performance indicators and measures listed in **Table 4** below.

Table 4 – Performance Indicators and Measures[48]

Performance		Data item
Indicator	**Measure**	

Indicator 1
Families receive intensive intervention to build their capacity to provide a stable home and positive family environment and improve child and parent attachment, safety and wellbeing of the child
	Measure 1(a)
	Number and percentage of children and family members receiving support during the reporting period
		• Total number of children referred to the service by Child Safety during the reporting period by child safety service centre location
		  • number and % for reunification
		  • number and % for support within family home
		• Total number of children who commenced service during the reporting period by living situation:
		  • family care
		  • child/ren living with parents
		  • child/ren living with other relatives/kin
		  • child/ren in out-of-home care
		  • other
		• Total number of children who commenced service during the reporting period by:
		  • age
		  • gender
		  • Aboriginal and Torres Strait Islander status
		• Ratios of support:
		  • % early intervention responses
		  • % statutory cases
		• Percentage of hours of support to families:
		  • 110+ hours
		  • 40-110 hours
		  • 10-40 hours
		  • Less than 10

	Measure 1(b)
	Number of case plans completed during the reporting period including children are safely reunified at home or supported in long term support outside of home.
		• Percentage of support plan goals achieved
		• Case plan outcome at exit
		  • % children remaining in Foster Care
		  • % children remaining in Kinship Care
		  • % children remaining at home
		  • % of children successfully reunified
		• Percentage of clients with improved parenting practices
		• Average hours per week of service provided to families with a case plan during the reporting period

Indicator 2 Parents and children are supported to achieve improved physical,	**Measure 2(a)** Total number of families provided with specialist support services during	• Total number/percentage of families receiving specialist support services during the reporting period by service category:

---

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

Performance		Data item
Indicator	Measure	
emotional and social wellbeing, child safety and stability	the reporting period.	• mental health services (adult and child) • child health support (including antenatal and postnatal services) • domestic/family violence service • referral for Active Intervention (RAI) • alcohol tobacco & other drug services • housing assistance (including social housing providers and homelessness support services) • specialist financial counselling services • legal assistance • other services

	Measure 2(b)
	Total number of families re-referred for support after exiting a period of support.
		• Total number of families referred to the service during the reporting period who had previously exited an episode of support:
		   • with same provider
		   • other non-government provider (including RAI, FIS)
		   • not known

Indicator 3 Parents and children are satisfied with the Family Intervention Service support provided.	**Measure 3(a)** Client satisfaction with the Family Intervention Service support received.	• Percentage of clients satisfied that the support met their needs
Indicator 4 Staffing levels and staff support is adequate to meet the needs of families	**Measure 4(a)** Total number of staff training activities undertaken during the reporting period	• Total number of staff training activities undertaken during the reporting period • Average number of hours of staff supervision provided per staff member during the reporting period
	Measure 4(b) Average number of hours of staff member during the reporting period	• Number of unfilled vacancies • Percentage of staff with relevant qualifications

3.0   Participating in the annual national data collection

As part of the funding, Family Support Services are expected[49] to participate in the annual national data collection for intensive family support services managed by Child Safety on behalf of the Australian Institute of Health and Welfare (AIHW).

---

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

There are five service delivery classifications under which this data is collected[50].

1. *Intensive family support (A02.2.03)* emphasises a broad scope of activity that is inclusive of preservation work and reunification activity

2. *Needs assessment and management of case/service plans (A01.2.02)* is an activity that coordinates other services in the community, and often outside the resourcing of the agency, to add value to the support work and strengthen or resolve problems and issues impacting directly on the parent's physical, social, economic or emotional capacity to support their child

3. *Counselling, other (A01.2.08)* provides scope for the service to individualise the support or operate groups with other parents about relationships, impact of personal behaviour, choices and key decision making to bring about either contact with their child and reunification

4. *Living skills development (A01.3.03)* is a fundamental component of practical assistance to families and parents and teaching and coaching in basic independent living and use of community facilities. This aspect firmly places the nature of support in demonstrating what skills the parent has and what is required to improve their level of basic, but essential living skills

5. *Development of family/household management skills (A02. 5.02)* contributes to the creation of a physical and social environment within the family that means stability in relationships, communication, management of routines, appropriate forms of discipline, etc all conducive to the long term success in returning a child home or creating or maintaining meaningful contact arrangements

Family Support Services participate in the national data collection by recording their case activity in the State wide Community Sector Information System (CSIS).

Family Support Services are expected to ensure that information recorded in CSIS is accurate and up-to-date[51] to allow for accurate data analysis to occur. Non-identifiable data in relation to referrals and caseloads will be extracted by Child Safety for monitoring purposes on a fortnightly basis. More detailed reports on client demographics, case closures and outcomes will be extracted on the first Monday of each month.

---

[50] Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 Aboriginal and Torres Strait Islander Child Protection Services Family Support Services – Recognised Entity Services
[51] Department of Communities, Community Sector Information System CSIS Training and Reference Manual for Non-Government Secondary Support Services

In the interests of accurate reporting, Family Support Services are encouraged to implement internal processes to promote daily data entry and to verify that all information has been entered as required.

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

4.0   Collecting performance data

Given the data collection responsibilities, it is important for Family Support Services to make the following decisions before, or as soon as possible after opening for business:

- what data needs to be collected

- where it will be collected from and

- where it will be recorded

Once the above decisions are made, Family Support Services can establish the systems required (e.g. develop the policies, procedures and practices) to ensure data collection occurs as planned.

The data collection system developed (e.g. who is going to record the data, what data are they going to record, when will they record the data, where will they record the data [e.g. registers, CSIS etc]), is vital to ensure each Service staff member fully understands their role and responsibly in relation to data collection.

When developing data collection systems, Family Support Services are encouraged to be mindful of the reporting function of the Community Sector Information System (CSIS) as CSIS has the capability of generating reports based on the data entered by Family Support Workers as a routine part of their case work duties.

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

It is recommended that data be entered into the correct register, spreadsheet, CSIS or other system as soon as it becomes available, as if it is not kept up to date, catching up will be difficult.

5.0   Using performance data

Once collected, Family Support Services can draw on their performance data for the purpose of:

- informing their strategic and operational planning activities and

- compiling Quarterly Performance Reports in preparation for attending Quarterly Service Meetings

Quarterly Service Meetings are convened by Child Safety and attended by Family Support Services and representatives from the Child Safety Service Centres that refer to the Service.

Quarterly Performance Reports are due **10 workings days** after the following dates of each quarter for the life of a Family Support Service's Service Agreement.

- 1st April (January to March quarter)
- 1st July (April to June quarter)
- 1st October (July to September quarter)
- 1st January (October to December quarter)

Example

The Quarterly Performance Report for the January to March quarter is due on 11th April and should contain performance data relevant to the January to March period.

The content of a Quarterly Performance Report reflects the outputs, performance indicators and measures as set out in each Family Support Services negotiated Service Agreement.

These negotiations will be guided by the performance indicators and measures listed on **Table 4.**

RECORDING CASE ACTIVITIES

The Community Sector Information System (CSIS) is administered by the Department of Communities and used by Family Support Workers to manage referrals and record case activities and outcome measures.

Family Support Workers are required to record each activity undertaken when delivering Family Support Services for the purpose of:

- accountability (i.e. if the activity is not recorded it cannot be confirmed it occurred)

- capturing relevant information about the client

- remaining focus on achieving outcomes (i.e. keeping track)

- measuring progress and

- meeting professional and ethical responsibilities

Example

A Family Support Worker has met with a client family to review their progress towards the goals of their Shared Family Agreement.

When back in the office the Family Support Worker will record the following on CSIS:

- *The date the activity took place (the date the meeting with the family occurred)*
- *The type of activity performed – "Activity Type"*
- *A broad classification that the activity fits within – "Category".*
- *How the activity was undertaken – "Delivery Mode"*
- *Where the activity was undertaken – "Location"*
- *A brief description of work undertaken – "Description"*
- *The amount of time worked on the case in the relevant category*
- *The target audience for the activity (drop down list) – "Client"*
- *Who performed the activity – "Assigned Staff"*

Department of Communities, Community Sector Information System
CSIS Training and Reference Manual for Non-Government Secondary Support Services

Case activities can include:

- telephone calls made or received about or from a client

- discussions with or about a client

- meetings attended (e.g. meeting with the family to plan or review a Shared Family Agreement)

- services delivered (e.g. supervised contact, skill development, counselling)

- and so on….

Recording a case related activity on CSIS necessitates a Family Support Worker to record a **brief description of the activity** using their own words, preferably in bullet point format.

Example

- *Collected Mary Blogs from home and transported her to the office*
- *Convened the initial review of Mary Blogs' Shared Family Agreement*
- *Transported Mary Blogs home after the meeting*

As noted in the above example, a description of what transpired during the activity (e.g. who said what, what observations were made, what was the outcome of the activity etc) is not needed, as a description of the activity itself is all the Community Sector Information System requires.

A record of what transpired during the activity is required to be kept by the Family Support Service; however it is recorded separately on the client's Family Support Service file.

It is acknowledged that some Family Support Service's may already have an electronic or paper system of managing client files and recording case notes or progress notes firmly in place; whilst others may not.

Those that don't are encouraged to consider using the **Case Note** template contained in this manual to record this more detailed case information.

Family Support Workers using the **Case Note** template are encouraged to use the following as a guide.

A. Double click on the Header and enter the child's name (e.g. the client is always the child as Family Support Service intervention focuses on improving the safe and wellbeing of the child)

B. Enter the child's CSIS Client Number

C. Enter the date the case activity occurred (e.g. the date of the phone call, meeting, discussion that you are making notes about)

When double clicking on the Header – position your curser here

CSIS CLIENT NUMBER

CLIENT'S NAME:

FAMILY SUPPORT SERVICE
CASE NOTE

Date:	Click here to enter a date.		Start Time:		Duration:	
Type of Contact:		Choose an item. If Other, please specify:				
Location:						
Attendees:						
Subject:						
Details:						
Name of person completing this record:				Position:	Choose an item.	

D. Enter the time the case activity started (e.g. if you received a telephone call at 10.35 am then enter 10.35 am or if you attended a meeting at 2.00 pm then enter 2.00 pm)

E. Enter the duration of the case activity (e.g. if you spoke on the phone for 15 mins then enter 15 mins or if you attended a meeting for 2 hours then enter 2 hours)

F. Use the drop down list and select the type of contact (e.g. Phone Call In, Phone Call Out, Office Visit, Home Visit, Agency Visit etc). If "Other" is selected specify the type of contact that occurred.

G. Enter where the case activity occurred (e.g. the client's home, the Family Support Service office etc)

H. Enter the names of the people that were present during the case activity. Include their name, relationship to the child, name of agency and so on...

I. Enter a brief topic or heading that describes the type of case activity (e.g. Shared Family Agreement Review Meeting or Case Discussion with Child Safety etc)

J. Describe what happened during the case activity. Only include key items discussed, any observations made, what was agreed and so on...

K. Enter your name

L. Use the drop down list and select your position

When recording Case Notes or Progress Notes regardless of what form or system is used, Family Support Service staff are encouraged to use the following general guidelines.

- Record the information on a Case Note within **24 hours** of the case activity occurring

- Record the date, time, location and names of people present at the case related activity

- Set out the information clearly under the headings:
    - purpose (what was the intention of the activity)
    - attendees (who was present at the activity)
    - content (what happened, critical items discussed, observations and what was agreed) and
    - outstanding actions (what tasks were agreed to, who is responsible for completing each task and when did they agreed to complete it by)

- Only record information that is relevant to the case

- Do not include information not related to the client

- Ensure information recorded is accurate, factual and objective

- Be concise by using bullet points, short sentences and paragraphs

- Use plain, everyday language

- Check for inaccurate or unclear statements

- Avoid diagnoses, clichés, street talk, jargon, stereotypes and prejudices

- Record the rationale for decisions made and actions taken

- Clearly record case related consultations or discussions and list all parties present and detail the key points of discussion, decisions and actions

- Record facts rather than opinions, if an opinion needs to be recorded, then identify as one (e.g. it is my opinion that ….This opinion is based on …)

- Record a description of the client's behaviour – for usual patterns of client behaviour only record brief notes – greater detail should be provided for positive or negative changes in behaviour

CSIS CLIENT NUMBER:

CLIENT'S NAME:

This case note is designed to be electronically completed and saved to the client's electronic file. Simply cut and paste more panels as required. Alternatively delete those not required if the Case note is intended to be printed once completed and placed on the client's paper file

Date:	Click here to enter a date.	Start Time:		Duration:	
Type of Contact:	Choose an item. If Other, please specify:				
Location:					
Attendees:					
Subject:					
Details:					
Name of person completing this record:			**Position:**	Choose an item.	

Date:	Click here to enter a date.	Start Time:		Duration:	
Type of Contact:	Choose an item. If Other, please specify:				
Location:					
Attendees:					
Subject:					
Details:					
Name of person completing this record:			**Position:**	Choose an item.	

Date:	Click here to enter a date.	Start Time:		Duration:	
Type of Contact:	Choose an item. If Other, please specify:				
Location:					
Attendees:					
Subject:					
Details:					
Name of person completing this record:			**Position:**	Choose an item.	

Date:	Click here to enter a date.	Start Time:		Duration:	
Type of Contact:	Choose an item. If Other, please specify:				
Location:					
Attendees:					
Subject:					
Details:					
Name of person completing this record:			**Position:**	Choose an item.	

RESPONDING TO CHILD PROTECTION CONCERNS

When working in the field of child protection, it is important to know the difference in meaning of the terms "abuse" and "harm".

Whilst these terms are often used interchangeably in other arenas, they each have a very distinct meaning in the area of child protection.

Abuse is the action or inaction of a parent or caregiver that may cause harm to a child in their care. Harm is the impact of abuse on a child, in terms of what is actually being experienced or what is likely to be experienced.

Put simply, "abuse" is the cause and "harm" is the effect. One causes the other.

Harm to a child can be caused by physical abuse, emotional or psychological abuse, neglect and sexual abuse including exploitation.

Causes of harm:

- Physical abuse: punching, slapping, kicking, shaking, biting
- Emotional or psychological abuse: constant criticism, ignoring, name calling, belittling, excessive teasing, punishing normal behaviour, exposure to domestic and family violence, withholding praise and affection
- Neglect: failing to meet the child's basic need for adequate supervision, food, clothing, shelter, safety, hygiene, medical care, education, love and affection and failure to use available resources to meet those needs
- Sexual abuse or exploitation: any sexual act or sexual threat imposed upon a child including exposure, indecent conversations including phone calls, voyeurism, persistent intrusion of a child's privacy, penetration, rape, incest, involvement with pornography, child prostitution

These types of harm can often occur together. The younger a child is, the more vulnerable they are and the more serious the consequences are likely to be for them.

www.childsafety.qld.gov.au

Children who have been harmed or are at risk of **harm** may show behavioural, emotional or physical signs. Some signs or symptoms of abuse are dependent upon the age of the child (e.g. bedwetting is a symptom often seen in children rather than young people).

Other children show no signs at all.

Signs of harm:

- Showing wariness and distrust of adults
- Excessive rocking, sucking and biting
- Difficulty sleeping, often being tired and falling asleep
- Low self esteem
- Difficulty relating to adults and peers
- Aggressive or demanding behaviour
- Creating stories, poems or artwork about abuse

- Abusing alcohol or drugs
- Bedwetting or soiling
- Being accident prone
- Suicidal feelings or attempts at suicide
- Difficulty concentrating
- Being withdrawn or overly obedient
- Reluctance to go home

www.childsafety.qld.gov.au

Harm or risk of **harm** to children and young people can occur when stress, tiredness, lack of skills and information and support combine to make the pressures of caring for children overwhelming.

Factors contributing to harm:

- Isolation and lack of support – when there is no one, such as extended family, friends, a partner or community support to help with the demands of parenting
- Stress – financial pressures, job worries, medical problems or taking care of a family member with a disability can increase stress and overwhelm parents
- Unrealistic expectations – lack of understanding of a child or young person's developmental stages and behaviour
- Lack of parenting skills – no knowing how to help children and young people learn, grow and behaviour in a positive way
- Drug and alcohol problems – addiction or substance abuse may limit a parent's ability to meet their children's needs
- Low self esteem and self confidence – sometime insecure parents doubt their ability to meet their child's needs and do not seek help and support and
- Poor childhood experiences – intergenerational patterns of abuse

www.childsafety.qld.gov.au

The presence of one or more factors does not in itself prove that a child is being harmed or is at risk of **harm**; however it can serve as an alert of the possibility.

If harm is suspected:

- be alert to any warning signs that a child is experiencing
- observe the child and make written notes as soon as you begin to have concerns – pay attention to changes in their behaviour, ideas, feelings and the words they use
- have gentle, non-judgemental discussions with the child – expressing your concern that a child looks sad or unwell can result in a disclosure
- do not pressure the child to respond and do not ask questions that put words into a child's mouth
- assure the child that they can come and talk to you when they need to, and listen to them when they do
- when a child is being abused it does not go away and usually becomes more serious over time
- seek advice by contacting the Department of Community – Child Safety Services – Regional Intake Service for your zone

www.childsafety.qld.gov.au

1.0   Reporting child protection concerns

1.1   Responding to disclosures

When receiving a disclosure from a child or other party about **harm** to a child or a breach in the **standard of care** provided to a child in out-of-home care, it is important to[52]:

---

[52] Commission for Children, Young People and Child Guardian – **Creating Safe and Supportive Service Environments for Children and Young People – Child and Youth Risk Management Strategy Toolkit**

- **Remain calm** as you might be the first person to whom the disclosure is made. A panic reaction may stop the person from continuing to provide information or make the disclosure. It is therefore important that you:

    - Not react in a shocked or critical way and

    - Tell the person that you are glad they have told you

- **Find** a private place to talk, as this will help the person making the disclosure feel more comfortable.

- **Do not promise to keep a secret.** *When presented with a disclosure, don't say "I won't tell"*

- **Listen** to the information being disclosed:

    - Reassure the person they have done the right thing in telling you

    - Tell the person that you will need to tell someone else who might be able to help and

    - Reassure the person that you will only tell someone who will try to help

- **Believe the person** who is making the disclosure and act on the basis that what has been said is the truth.

- **Let the person tell what happened** and if clarification is needed, ask only non-leading questions, such as:

    - "Tell me what happened"

    - "What happened then?"

    - "Can you tell me about that?"

Only ask enough questions required to report the matter to the Department of Communities – Child Safety Services.

Remember that unnecessary questions can cause distress, confusion and can interfere with any subsequent investigations that authorities undertake.

- **Never ask leading questions.** Leading questions tend to suggest an answer, for example:

- "Did "X" touch you?" or

- "Did they touch you near your underwear?"

Leading questions can also cause distress, confusion and can interfere with any subsequent investigations that authorities undertake.

You can take notes while the disclosure is being made. But if you do, it is important that you explain to the person making the disclosure why you are taking notes (e.g. to make sure that you remember what it is that they are telling you so that you are able to help).

At the first opportunity after a disclosure has been made, if not taken while the disclosure was being made, make notes about what occurred. Include information such as:

- Dates and times

- location and

- who was present

Include a detailed description of:

- exactly what the person disclosing said, using "I said," "they said," statements

- the questions you asked

- any comments you made and

- your actions following the disclosure

Immediately report the disclosure to your Line Manager.

Under **no** circumstances should you conduct your own investigations to substantiate claims or mediate a settlement of the matter, as doing this could lead to:

- The destruction of evidence by the alleged maltreater of the child

- Intimidation of the person disclosing the information or

- Intimidation of the child the disclosure relates to

Together with your Line Manager, immediately contact:

- the local **Regional Intake Service** if during office hours (9.00 am to 5.00 pm Monday to Friday) or

- the Child Safety After Hours Service Centre on **1800 177 135** or **(07) 3235 9999** if after hours or

- Emergency Services (e.g. **000**) if the child is in immediate danger or in a life-threatening situation

Please note: the **Regional Intake Service** or Child Safety After Hours Service Centre will want to speak with the person who received the disclosure.

The following lists the type of questions that might be asked. It's okay if not all are able to be answered:

- the name and sex of the child

- the current location of the child

- the address of the child

- the age of the child

- cultural background of the child

- details of the child's carers

- details of the people that reside in the child's household in which the alleged harm or breach of standards occurred

- details of how the alleged harm has been caused to the child or details of the alleged breach of standards of care

- details of the impact on the child

- details of the person/s believed to have caused the alleged harm or breach of standards

- details of how you came to know about the alleged harm or breach of standards

- details of any other person who may be able to give information about the alleged harm or breach of standards

- any other information that you consider relevant

For more information regarding what information the Regional Intake Service may require, please refer to Child Safety Service's Practice Resource titled Information Gathering Guide.

1.2 Responding to observations

If you witness an incident and if the circumstances are wanted, it is important to take immediate action to ensure the child does not suffer a serious injury.

In taking action to ensure a child does not suffer a serious injury, you also need to consider and preserve your own safety.

At the first opportunity after witnessing a possible breach in the standards of care or harm to a child, make notes about what occurred.

Include information such as:

- dates and times

- location and

- who was present

Include a detailed description of:

- exactly what you witnessed

- what others said and did

- any comments you made and

- your actions following the disclosure

Immediately report your observations to your Line Manager.

Under no circumstances should you conduct your own investigations to substantiate claims or mediate a settlement of the matter, as doing this could lead to:

- The destruction of evidence by the alleged maltreater of the child

- Intimidation of the person disclosing the information or

- Intimidation of the child the disclosure relates to

Together with your Line Manager, immediately contact:

- the local **Regional Intake Service** if during office hours (9.00 am to 5.00 pm Monday to Friday) or

- the Child Safety After Hours Service Centre on **1800 177 135** or **(07) 3235 9999** if after hours or

- Emergency Services (e.g. **000**) if the child is in immediate danger or in a life-threatening situation

Please note: the **Regional Intake Service** or Child Safety After Hours Service Centre will want to speak with the person who witnessed the incident.

The types of questions the **Regional Intake Service** may ask will be the same as those listed **above**.

1.3   Responding to a suspicion

Suspicions of a breach in the **standards of care** or **harm** to a child must always be taken seriously.

I f a breach in the **standards of care** or **harm** to a child is suspected, discuss your concerns with your Line Manager.

At the first opportunity after speaking with your Line Manager, make notes about your concerns and your discussions with your Line Manager.

Under **no** circumstances should you conduct your own investigations to substantiate claims or mediate a settlement of the matter, as doing this could lead to:

- The destruction of evidence by the alleged maltreater of the child

- Intimidation of the person disclosing the information or

- Intimidation of the child the disclosure relates to

Together with your Line Manager, immediately contact:

- the local **Regional Intake Service** if during office hours (9.00 am to 5.00 pm Monday to Friday) or