

# Family Connect and Support Common Assessment Framework

An early intervention and prevention approach

April 2022



# Our commitment to Aboriginal people, the Traditional Owners and Custodians of Country

We would like to thank and acknowledge our Aboriginal colleagues, service providers, community and families who have assisted us in ensuring this Common Assessment Framework is culturally inclusive and aware.

We acknowledge the Stolen Generations including Aboriginal children, young people and families currently affected by the statutory system.

We acknowledge the needless suffering and trauma inflicted upon Aboriginal children, young people and families through colonisation and forced assimilation practices. We acknowledge that the effects of this undue trauma continue to affect Aboriginal people today and that Aboriginal children and families continue to be disproportionately affected by the statutory system. As such, it is crucial that we shape our practices accordingly and utilise the expertise and knowledge provided by Aboriginal families, community and elders.

Family Connect and Support (FCS) services are committed to ensuring culturally safe services for Aboriginal children, young people and families, driven by the principle of Aboriginal self-determination, and which always work with families and communities to keep families safely together and strong.

## Note on the Aboriginal Case Management Policy

The FCS Common Assessment Framework aims to align with the best practice principles outlined in the [Aboriginal Case Management Policy](#) (ACMP) which introduces key elements that promote culturally safe ways to work with Aboriginal children, families and community. It aims to upskill staff in understanding ways to empower Aboriginal families and communities to participate in decision making and keep their children safe, at home and connected to kin, community and Country.

## Note on Terminology

The term 'Aboriginal' in this framework refers to both Aboriginal and Torres Strait Islander peoples. It is used to refer to the numerous nations, language groups and clans in NSW. The FCS program supports children, young people and families from diverse Aboriginal and Torres Strait Islander communities and backgrounds across NSW.

The term 'family' captures all different types of family and kinship groups. We acknowledge that 'family' compositions are unique and encompass many cultural factors such as Aboriginal kinship structures.

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# About the Common Assessment Framework

## About this Framework

This Common Assessment Framework is for agencies delivering Family Connect and Support (FCS) services. The purpose of the Framework is to provide a consistent approach across FCS services when assessing children, young people and families' strengths and needs.

DCJ commissioned the Parenting Research Centre (PRC) to develop the Framework. PRC consulted with FCS providers and undertook a brief evidence scan of assessment tools to inform the development of the framework.

The Framework is complemented by [The Family Connect and Support Program Specifications 2020](#).



### Aims

What this Framework aims to do

- 01 Assist with guidance around assessments and decision-making
- 02 Increase shared understanding and language
- 03 Increase continuity of service for families
- 04 Create a shared approach and consistency in assessment



### What's included

What this Framework consists of

- 01 Guiding principles and definitions
- 02 How to assess strengths and needs across multiple domains
- 03 Key considerations when making referrals
- 04 Goal setting and case planning



### Stages of Assessment

#### STAGE 1

Gathering information, including initial and comprehensive assessments

#### STAGE 2

Analysing information

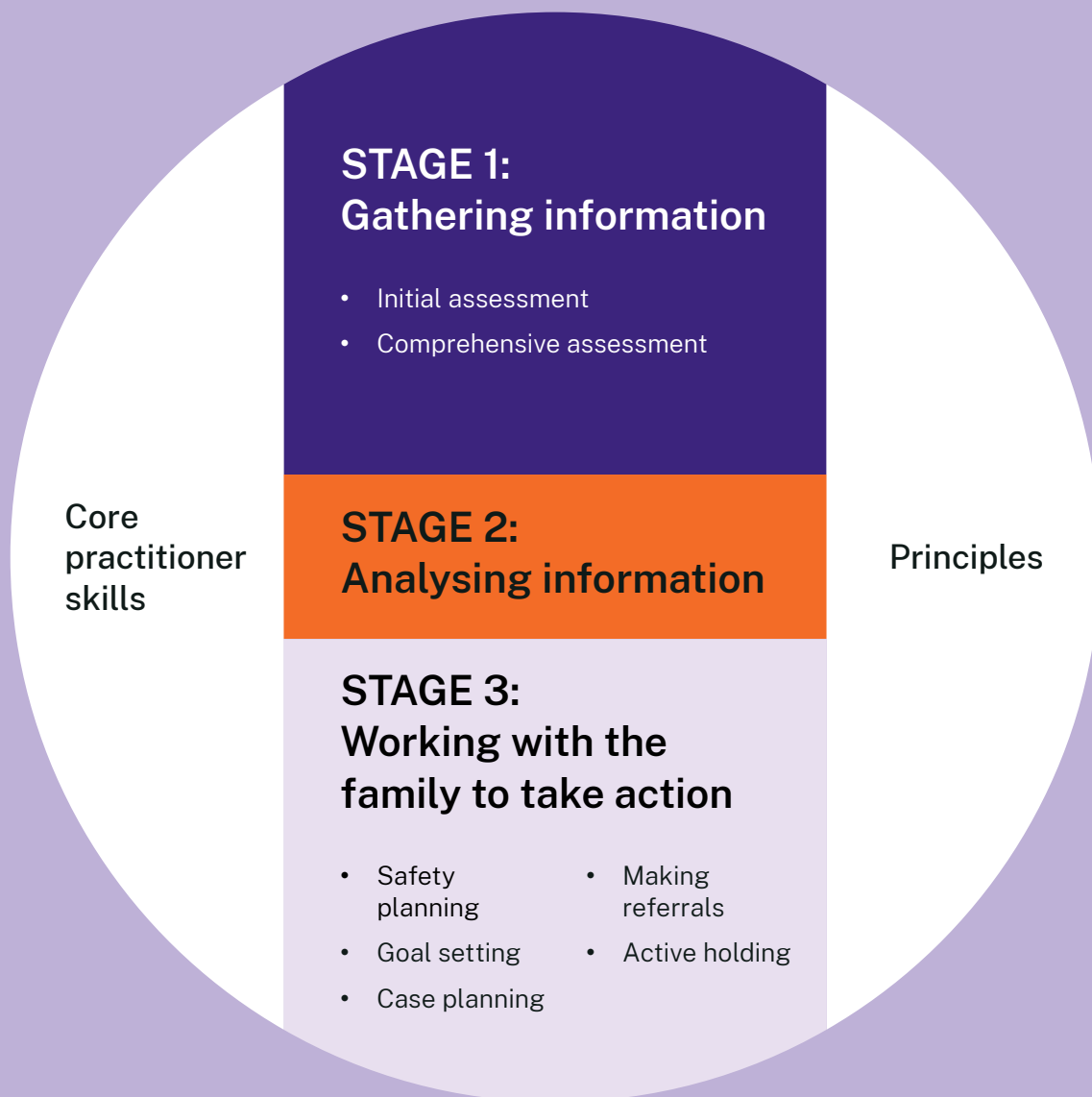
#### STAGE 3

Taking action, including safety and case planning, and making and following up on referrals

## Key messages

- A consistent approach to client and family assessments within FCS services will increase shared understanding across services and continuity of service for families.
- FCS services should be transparent, culturally safe and promote Aboriginal self-determination as part of the continuum of support.
- There are core skills that all practitioners are required to show, to effectively engage families in assessment and case planning in a culturally safe and respectful manner. Using these skills supports collaborative, trusting relationships with families.
- The assessment process should be grounded in exploring family strengths and resources, including cultural strengths, and consider children and young peoples' preferences.
- Sharing information with other services reduces the burden of multiple assessments on families and minimises the risk that they will drop out of service support.
- Effective goal setting and case planning supports a family to explore and reflect on what is important to the individual or family and the change they seek to make.
- Family-lead decision making recognises families as being the experts in their own lives.
- Effective collaboration between services is crucial to prevent fragmentation and to reduce the risk of families 'falling through the cracks'. Collaboration – for example through warm referrals - allows agencies to build a holistic view of a family.

# Overview of the Common Assessment process







# Principles

FCS supports vulnerable children, young people and their families in NSW. For the most part these are families with identified concerns that do not meet the threshold for statutory child protection intervention.

FCS providers prioritise the following groups for support:

- Aboriginal children, young people and their families
- vulnerable young children aged 0-5 years
- children and young people affected by mental illness.

FCS supports a diverse range of families with varying issues and levels of complexity. Some may want support only in the form of information – for example, about local parenting groups or play groups. Others may be in more complex situations, such as parents experiencing mental health issues, family violence or carers struggling to manage a young person's behaviour. There are also families with pre-existing child protection issues who require more intensive support. In these situations proactive efforts may be required to engage and work with the family and support may be needed from multiple services.

The following key principles underpin FCS work in supporting children, young people and families. These principles were identified through consultations with FCS Providers.

### Culturally Safe

Approaches that are spiritually, socially, emotionally and physically safe for people, and where there is no challenge or denial of their identity, experiences or needs.

Acknowledging that culture is a significant part of individual and family identity. It is important to apply a cultural lens when working with families.

Approaching clients with a cultural lens requires a self-reflective, flexible and adaptable approach that is holistic and responsive to the identity, needs and circumstances of the child/young person and their family.

- Take time to get to know and yarn with children, young people, parents, and extended families.
- Take familial connections into consideration including connections through extended family, kinship systems, people connected through marriage and community ties and cultural practices.
- Support clients to feel safe and secure in their community, identity, culture, language and spiritual connections.
- Critically reflect on how culture has been included and represented in assessment and planning. Has the approach been appropriate and holistic?
- Make space for culturally and linguistically diverse (CALD) families to share their lived experience.
- Minimise the power imbalance between practitioner and client. Offer the client cultural support or advocacy supports in meetings and encourage the client to make their own decisions.
- Learn and acknowledge the ongoing impacts of colonisation on Aboriginal communities and the specific history and experience of the local Indigenous community.
- Consider places of cultural significance and where appropriate offer to meet the family on country or at a neutral place, rather than in an office or in their home.
- Where possible arrange a cultural consultation when working with Aboriginal families to develop a deeper cultural understanding.
- Reflect on own practice, giving serious thought to personal values, expectations and character. How do these impact decisions and actions when working with families?
- Remember in the broader continuum of care, Aboriginal child safety approaches focus on restoration and reunification, maintaining important relationships and promoting cultural continuity, as well as ensuring children stay in their communities when it is not possible for them to remain with their parents.
- Take care to not diminish or disempower children, young people or families through action or inaction. In particular, create opportunities for family led decision making and goal setting.
- Ensure that use of interpreters is flagged early and made available.
- Promote respectful partnerships with families so that people can actualise self-determination through choice.
- Offer families access to an Aboriginal FCS worker/practitioner or cultural mentor wherever relevant and possible.
- Support staff from diverse cultural backgrounds including Aboriginal FCS workers by providing access to cultural supervision and culturally safe debriefing.
- Actively connect to the local Aboriginal community through participation in community events and service collaboration. Engagement with the Aboriginal community will increase when the FCS service and workers are respected and valued by the local community.

### Trauma-informed

Recognition that children, young people and families may have experienced trauma and/or domestic and family violence, abuse and neglect.

Practice approaches focused on preventing traumatisation or re-traumatisation of family members including children and young people.

Empower families to take control of, and responsibility for, their own healing and recovery, including for the care and protection of their children, facilitating changes that are more likely to be sustainable.

- Understand the relationship between an adult, child or young person's past experiences and their current thoughts, feelings and behaviour.
- Learn and continually reflect on the impact of intergenerational trauma on individuals, families and communities for Aboriginal people and people from war-torn countries.
- Recognise how Aboriginal communities are disproportionately affected by a range of traumas (e.g. individual, community and intergenerational), especially those who have been engaged with the child protection system in the past.
- Recognise the ongoing casual and/or systemic discrimination and racism that Aboriginal people may experience on a daily basis in mainstream Australia and the impact this may have on their sense of safety and belonging, identity and self-esteem.
- Helping both children and parents to feel safe and provide the space required to facilitate change.
- Reflect on how an adult, child or young person's experience may affect how they engage with services and in particular the work you are undertaking with them.
- Be gentle and creative in building and maintaining relationships with children, young people, families, and communities.
- Be clear and transparent to enable trusting relationships to develop over time.
- Be consistent and predictable – for instance by using routines and doing what you say you will do.
- Give clients options and choices and work at their pace.
- Understand/ recognise developmental needs, in a trauma-informed context. This includes physical, emotional, cognitive, cultural and spiritual elements. These elements are interdependent.





## How we work with families

### Child-centred and family focused

The needs of children are at the centre of the work, embedded in an understanding of the context of the family and their individual strengths and needs.

The voice of the child/young person is heard at all times and their participation is supported at every stage.

A family focused lens recognises that all families are different and holds the view that parents know their children and family best. Families are experts on their own needs.

A cultural lens is crucial when determining the best interests of a child or children.

- Focus on engaging and partnering with families to understand a family's unique strengths and needs, values, beliefs and culture.
- Listen to and take into account what children and young people want when adults are making decisions that affect them.
- Use developmentally appropriate strategies to engage children and young people.
- Give children and young people full attention, for example stop what you are doing, listen and respond.
- Make persistent efforts to engage children and young people and get to know their stories.
- Develop individualised and meaningful goals, tailored to the specific needs of the family.
- Uphold client self-determination by giving families choice in relation to their FCS worker including, where possible, the option of a cultural worker and a male or female worker.
- Be flexible and responsive to all families.
- Ensure the best interest of the child or children is at the centre of any decision making and include the child, parents, family or kin wherever possible. For Aboriginal families, the best interests of the child should be determined through a cultural lens to promote self-determination.
- Promote and support a child's continuing connection to family (including siblings), culture and community.



## How we work with families

### Strengths-based

Practices focus on identifying a child, young person, family, kin and community's existing resources, capacity and aspirations.

- When discussing a child, young person or family with other professionals – both within your organisation and across agencies – focus on strengths and opportunities.
- Work in collaboration with children, young people and families.
- Support children, young people and families to decide on and set goals that they would like to achieve.
- During assessments, focus primarily on the resources that each person, family, kin and community has available.
- Acknowledge clients as experts in their own lives and encourage them to make their own decisions and choices.
- When working with families, sometimes clients will make decisions that result in negative outcomes. Be mindful to recognise these situations as learning opportunities for the client and part of their journey.
- Empower families to set their own goals, make their own decisions, build their protective factors and increase their skills and capacity to support children and young people.
- Recognise the protective role culture plays in maintaining the safety and well-being of Aboriginal children and young people.
- Use strengths-based language when recording information about families within official files and in communication with other professionals and services.
- Draw on the unique strengths of the family and engage in family led assessment, setting the foundation for collaborative case planning through family led decision making.



## How we work with families

### Partnership and collaboration

Working in partnership with children, young people, families and kin is essential to achieve lasting change.

### Safety and wellbeing

A focus on all types of safety and wellbeing including physical, psychological and cultural safety including access to appropriate information and support. Assessments of strengths, needs and safety should have a focus on the safety and wellbeing of children and young people.

- Practitioners work together with the child and family to understand their needs and safety concerns and develop a joint plan to address these.
  - Promote self-determination and individual and family choice in relation to goal setting, decision making, planning and service delivery.
- 
- Agencies have transparent child protection policies and procedures in place.
  - Be transparent with families about the priority of keeping children and young people safe and any mandatory reporting requirements.
  - Ensure that practitioners have the skills and proficiency in child protection and domestic and family violence appropriate to their role.
  - Ensure that support plans address all aspects of safety and include actions that address any safety concerns or that there is a separate safety plan.





# How we work together across agencies

## Services are accessible and there is no wrong door

- Agencies and practitioners support families to find the right service and supports for them, creating a continuum of support.
- Services provide children, young people and families with appropriately tailored information about services and supports and how to access them.
- If needed, children and families are provided with additional support to access services through warm referrals.
- Services take appropriate steps to ensure that their responses meet the needs of priority populations.

## Partnership and collaboration

Strong, respectful relationships with colleagues and other professionals ensures the safety and wellbeing of children and young people.

- Respect and value the opinion and expertise of other professionals, communicating positively and respectfully.
- Willingly and proactively reach out to and build strong working relationships with other local agencies, including Aboriginal and cultural organisations and those involved in the child or young person's life.
- Share information with other agencies to decrease duplication and create a streamlined service experience for families.
- Make proactive efforts to ensure that consultation has occurred through Aboriginal Community Controlled Mechanisms (ACCM). ACCM is the formal structure established by local Aboriginal communities through their own processes to represent the interests of their community. They are directly accountable to Aboriginal communities. These mechanisms provide oversight of decisions and actions affecting Aboriginal children, their families and communities and may encompass, but are not limited to
  - Aboriginal local governance groups
  - Aboriginal Community Controlled Organisations

For more information about ACCM's see module two of the [ACMP online training module](#).

Refer to the [NSW Interagency Guidelines for Practitioners](#) for more guidance on collaborative practice.



# Core practitioner skills

FCS works with a range of families in situations with varying degrees of complexity. As such, it is important to highlight core practitioner skills to effectively engage families in the assessment and case planning process. These core skills can also be referred to when supporting a family during active holding.



## Core skills

**Adopting an empathic, open minded, non-judgemental and collaborative stance**

**Cultural awareness and sensitivity**

**Active listening – open-ended questions, reflections, and summaries**

**Listening for strengths, opportunities and resources**

### Why

- Promotes sensitivity to the family's experience so practitioners can respond in appropriate ways.
- Places the family as part of the team, acknowledging their thoughts and ideas as key to addressing their presenting needs.
- Supports the development of an open, respectful and transparent working relationship.
- Inquisitive and empathic approach to learning about a family's cultural background.
- Takes a culturally curious approach by proactively identifying every family's cultural background, engaging them in a robust, iterative process to unpack their unique history and heritage.
- Builds awareness and understanding of a family's culture and the influence it has on their values, beliefs, and behaviour.
- Encourages practitioners to be open-minded and embrace cultural differences, enabling a more inclusive perspective to be maintained.
- Demonstrates respect and appreciation for diversity in culture.
- Applies a cultural lens to each engagement with Aboriginal children, young people and families. A cultural lens is a way of understanding the beliefs, values, experiences and practice of an individual, group or culture.
- Recognises culture as a significant part of an Aboriginal person's identity and includes a sense of belonging and a spiritual and emotional connection to the land.
- Supports and strengthens engagement and rapport building.
- Inquisitive approach to learning about the individual, family and kin's strengths and needs.
- Encourages self-reflection and promotes development of self-efficacy.
- Facilitates conversation in a meaningful and purposeful way.
- Ensures communication is clear, allowing misunderstandings to be identified and clarified.
- Families are supported to acknowledge and celebrate the things that are working well around them.
- Families move from a place where change seems unattainable to a place where change is achievable, and they have the hope and motivation to take action.

## Developing SMART goals – Specific, Measurable, Achievable, Realistic, Timebound

## Problem solving in collaboration with families

### Why

- Practitioners and families work to identify the changes they want to make.
- Helps turn broad goals into specific, achievable and measurable goals, increasing the family's buy in and motivation to make the change.
- Supports the development of a meaningful and purposeful case plan.
- Encourages families to identify and clearly define the challenges they are facing.
- Supports the family to prioritise areas to work on.
- Supports the family to identify potential solutions to address the issue at hand.
- Encourages family-led decision making about potential solutions.
- Supports the capacity of families to manage problems on their own in the future.





# Stage 1: Gathering information

In this first stage, the practitioner's focus is on gathering all the necessary information to help form an understanding of the family's strengths, current needs and the specific areas where the family wants support.

By gathering specific information, the practitioner will be best placed to assess the type and level of support that a family requires and the best ways to respond to their current needs.



## Initial Assessment – assessing for complexity

### Initial Assessment

A first brief step to identify the complexity of a family's situation and the type of response they require.



To start the information gathering process, the first step is to undertake an initial triage assessment. This helps to develop an early understanding of who the family is, their presenting issues and situation.

An initial assessment aims to:

- build an early understanding of the family and all people residing in the home, including their composition, structure, cultural background and connections
- explore whether there are any immediate risk issues that need to be addressed (e.g. are there any domestic and family violence issues impacting on the family and children?)
- develop an early understanding of the family's concerns and the support they wish to receive
- explore the family's strengths, their current needs and available formal and informal supports or resources (such as extended family, kin and cultural connections).
- build a collaborative relationship to set up the work to be undertaken together (see core practitioner skills for further details).

### Core elements of an initial assessment

To start developing an accurate representation of the family's strengths and current needs, the initial assessment comprises the following core elements.

- Understanding the current situation the family has requested support with, through exploration of multiple domains including:
  - economic
  - relationships
  - physical and mental health
  - culture and identity
  - social and community
  - learning and development
  - material wellbeing
- insight into past and current supports in place including formal (e.g. counselling or medical specialist) and informal (e.g. family member/friend/neighbour)
- identification of the individual and family strengths and resources.

## Comprehensive Assessment

### Comprehensive Assessment

A process that enables a more in-depth, holistic analysis of a child or young person's strengths, current needs and safety within the family's broader context. Sharing the findings of a comprehensive assessment aims to reduce duplication of assessment across agencies.

Following the initial assessment there may be instances where FCS providers undertake comprehensive holistic, strengths-based assessments with families to develop a deeper understanding of the family's strengths and current needs

Examples of when practitioners may complete a comprehensive assessment include:

- There are early concerns for the wellbeing of a child or other family member and additional information is needed to develop an informed understanding.
- More information around a specific area of concern is needed, for example, mental health or drug and alcohol issues of a family member and the impact this is having on their ability to function.
- Multiple and complex issues including a history of domestic and family violence and/or child protection issues are reported.

A comprehensive assessment provides the opportunity to explore areas of risk in more detail and build a clearer picture of the child/young person and family's broader context. Comprehensive assessments aim to:

- build a mutual understanding of each child or young person and family's strengths, resources and any risks to their safety and wellbeing
- hear the child or young person's opinions, wishes and preferences for support
- for Aboriginal families, build a holistic understanding by applying a cultural lens and recognising the uniqueness of the family structures and Aboriginal child rearing practices
- learn about what is currently working well for the family across various settings, including at home and school, and how these can be used as levers for change
- start building a collaborative relationship to help shape the way of working
- inform case planning
- minimise the likelihood of a family being assessed or telling their story more than once.





## Core elements of a comprehensive assessment

A holistic approach to assessment focuses on three assessment areas:

With inbound referrals, first ask the referrer if they have already conducted an assessment. If they have, seek to obtain a copy of that assessment under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998, to avoid or reduce duplication in the assessment process. Be mindful of when the assessment was conducted and whether the information is still relevant to the family's current situation.

If possible and appropriate, gain consent from clients before seeking or sharing any of their personal information, even if it is covered under Chapter 16A. It is also important to be transparent about confidentiality limitations and your duties to share relevant information under the Act.

See the following relevant sections from the NSW Interagency Guidelines:

- [Information sharing for service coordination](#)
- [Understanding roles and responsibilities in the sector.](#)

**Attachment C** provides the roles and responsibilities from the Interagency Guidelines as they apply to each government agency.



### Children and young people

how well the child or young person is developing, including their health, social and emotional development.



### Parents and carers

how well parents and carers are able to support their child or young person's development and meet their needs.



### Family and community

the impact of broader family, kin, community, cultural and environmental elements both on the child or young person's development and on the parents' capacity to support the child or young person.

# FCS assessments explore the following eight domains with family members. These domains align with the FCS Program Logic outcomes.

Note: that one additional domain (family and relationships) has been included which is not listed within the FCS program Logic outcomes. This addition is reflective of the evidence scan findings and the consultation feedback around assessment of family's strengths and needs.



## Economic

### Elements to consider

- Food and nutrition
- Employment and finances (financial literacy and financial management skills)



## Family relationships

### Elements to consider

- Warm, nurturing parenting
- Parenting skills
- Family functioning
- Consider both the family in the household, broader family members and kin



## Education and skills

### Elements to consider

- Participation in education or work
- Progress and achievement in learning
- Developmental milestones



## Safety

### Elements to consider

- Basic care (including living skills)
- Ensuring safety and protection
- Cultural safety



## Home

### Elements to consider

- Appropriate and stable housing



## Health (physical and mental health)

### Elements to consider

- Mental and physical health (including existing disabilities)
- Access to health services and specialised support (including current and past service involvement)
- Self-care



## Social and Community

### Elements to consider

- Social integration
- Participation in organised activities
- Positive relationships
- Access to informal support (e.g., family members and kin, neighbours, and broader community)
- Identity, self-esteem
- Cultural or spiritual connections, practices, values and beliefs



## Empowerment

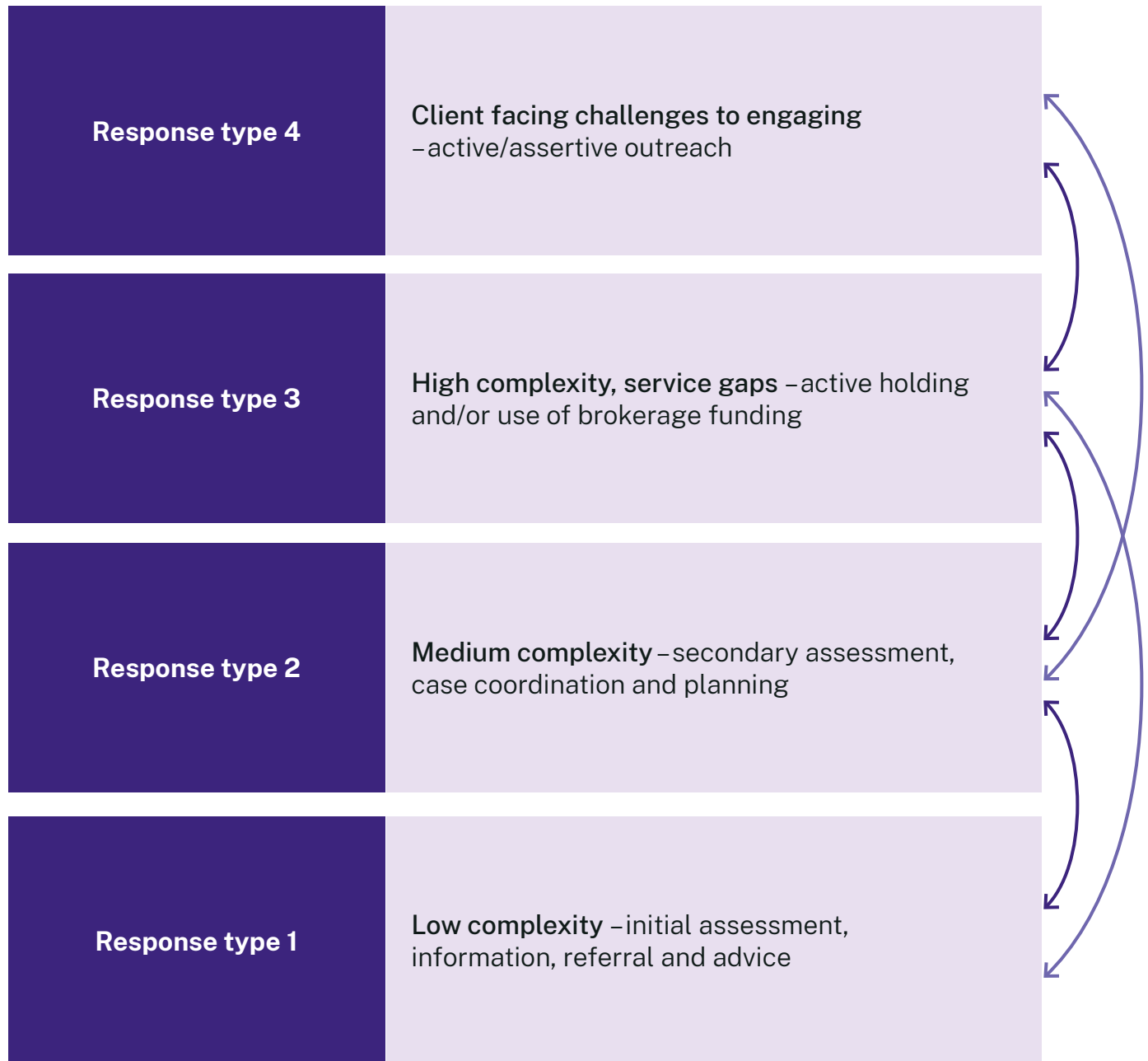
### Elements to consider

- Families are well-informed and can make informed decisions
- Families feel supported to navigate the service system with confidence

**Attachment A** provides a list of tools used in Australia and overseas to assess child and family strengths and needs that can be adopted by FCS providers.

Following completion of the comprehensive assessment, a determination is made about the response a family may require. Below is a diagram listing the tiered response types in the FCS program. Please refer to the [Family Connect and Support Program Specifications 2020](#) for information about this tiered response approach. A family may access multiple response types depending on their situation.

## FCS response types



## Considerations when assessing strengths and needs across multiple domains

### Before you conduct the assessment

- **Be clear on who made the referral:** Is this a self-referral or was the family referred by another agency? Knowing who made the referral will provide clues around what to expect from the initial assessment and how to plan and prepare. For example, if the referral was made by a government agency such as police or the Child Wellbeing Unit, it's possible the family is not aware the referral was made. The parent may appear confused and uncertain during the initial contact. Importantly, they may be anxious or worried and may fear losing their children, leading to reluctance to engage with the practitioner and the FCS service.
- Be extra mindful when working with Aboriginal families as the trauma of historic forced removals (the Stolen Generation) and ongoing injustices that continue to impact Aboriginal families today.
- Are there any Aboriginal FCS practitioners in your organisation who may be better situated to engage the family or provide cultural consultation and advice?
- **Communication barriers:** Identify potential barriers to communication as soon as possible including English as second language, learning difficulties, disabilities such as visual or hearing impairments and low literacy levels.

To be effective in assessing the strengths and needs of families and to maximise the time practitioners have available with them, the following considerations are suggested.

Based on this information, practitioners can look at alternative ways of supporting the family. For example, using the Translating and Interpreting Service (TIS) with a family from a CALD background, visual aids for a family with low literacy skills or the National Relay Service with an individual who may be hearing impaired (1300 555 727).

- **The role of the practitioner:** Be clear on the role, the level of support that a family can expect to receive and the voluntary and collaborative approach to the work. What are the key things to be shared with families so they understand the FCS program, the level of support given and how you will undertake the work? What aspects of the process can be family-led?
- **Be across specialised and culturally appropriate services within the community:** Keep up to date with available specialised services within the local area and consider:
  - What specific services do they provide?
  - Who is eligible to access these services?
  - Is there a waitlist, if so, what is the expected wait time?
  - Have other families used this service before, and what was their experience?
  - Have any colleagues used the service before, and did they find it useful?

### During the assessment

- **Identify early safety concerns:**
  - Are there any signs of domestic and family violence? If the assessment is being conducted over the phone, how does the parent present? What can be heard in the background? If the assessment is conducted face to face, what can you see? What are your observations of those present?
  - Does the individual have a safe place to talk and what is the best way of making contact in the future?
  - Are there any child protection issues or concerns? What observations are you able to make?
  - Is the family at risk of homelessness or in need of emergency accommodation?
- **Confidentiality and duty of care:** Explain at initial contact so the family understands how their information will be collected, used and stored. Limitations of confidentiality must be disclosed, including when a mandatory report may be made and to whom.

- **Language:** Use language that is non-judgemental, strengths-based, respectful, and meaningful to the family. Ensure language is easy to understand by avoiding jargon or any technical language.
- **Identify communication barriers:** Please refer to the communication barriers point under the 'before you conduct the assessment' section above.
- **Identifying strengths:** Most families will talk through the challenges they are experiencing with some ease, however, may struggle identifying areas of strength. Use open-ended questions, reflections and summaries to support the family to identify key strengths. Be sure to highlight cultural safety as strength where relevant. Refrain from moving on from this process too quickly and allow the family sufficient time to think. Be comfortable with silence!
- **Engaging children and young people:** Consider alternative and innovative ways of engaging children and young people in assessment and case planning. Using visual tools such as the Three Houses Tool can be a useful way to help children and young people explore the current situation they are experiencing, their needs and strengths and what they would like things to look like in the future.
- **Observations of the family:** Look for signs that indicate that the individual or family undertaking the assessment might be disengaging. For example, the parent shifted from being forthcoming with information to withdrawn to offering yes and no answers. Keep in mind that for some people and cultural groups, opening up about their personal situations is difficult to do and can make them feel exposed, especially if they have had negative experiences with services in the past. Reflect on what might be going for the family and decide to pause or continue with the assessment. What might be the pros and cons of continuing versus the pros and cons of finalising the assessment at a later stage?
- **Inform the family of next steps:** Be clear around what happens next, including how the information the family has given will be used to start forming a clearer understanding around the level of support their situation may need. Inform them of when you will be in contact again.
- **Schedule your next appointment:** Where possible, schedule your next appointment before you end the session at a time that is suitable to the family. By exploring the best days and times to meet, the chance of a family cancelling is reduced. Provide your contact details and availability.

## Post assessment

- **Check in on the family:** Check out how the family might be feeling following the assessment. Some of the areas discussed may potentially trigger painful or distressing emotions and may leave a parent or family feeling vulnerable. Acknowledge their strength in sharing their story and thank them for trusting you. If appropriate, talk through available options of support such as phone or online counselling services including Lifeline Australia (13 11 14) or Reach Out (<https://au.reachout.com>).





## Stage 2: Analysing information

Analysing information gathered through the referral into FCS will help practitioners to arrive at a course of action that is in the best interests of the child or young person and their family.

### **Best interests of the child**

For Aboriginal families, the best interests of the child should be determined through a cultural lens to promote self-determination.





To assist with finding a course of action that will best meet the needs of the family, the practitioner should:

As you analyse the gathered information, the following questions may be useful in helping you develop a greater understanding of the family:

- Reflect on the information gathered, the family's wishes and consider the findings. What does it all mean?
- Ensure there has been meaningful engagement with the family and the information has been gathered from the perspective of the child, young person and family.
- Discuss findings with the coordinator/colleague and talk through assessment information and understanding of the family's strengths and needs. Has anything been missed or overlooked? Be sure to seek out cultural consultation wherever relevant.
- Consider professional support the family may benefit from engaging with, including appropriate services within the family's local area, availability to attend and current waitlist.
- Are actions needed to ensure the child or young person's immediate safety or wellbeing? Refer to Safety planning.
- What has been happening in the past for the family and what is happening in the present?
- What issues may affect the child or young person's longer-term safety and development?
- What are the child or young person's strengths and needs?
- What strengths and protective factors can the family draw on?
- If there is a range of concerns, are they interrelated, and do they compound each other?
- What is the level of engagement from the parents and other family members?
- What informal supports including family, kin and community sources of support are around the family?
- How are the parents responding to any concerns raised? Are they showing insight into the concerns?
- Has there been any professional intervention to date and what has changed as a result?
- Is there anything important that we don't know about the child or young person and family, and can an analysis be made without that information?

Practitioners will aim to reach a mutual understanding of the presenting issues with the family, undertaking problem-solving to prioritise areas of current need.



## Stage 3: Taking action

Following analysis of the information gathered during assessment, and once a mutual understanding has been reached around the areas of strength and need, taking action is the next stage.

Practitioners should be aware that a combination of the above actions can be taken, dependent on the family's needs and level of support they require. For example, if a family presents with domestic and family violence issues, a combination of safety planning, goal setting, case planning and referrals may be suitable.

### **This section provides guidance around:**

- safety planning
- goal setting and case planning
- making referrals
- active holding



## Safety planning

The safety of children, young people and families is one of the outcomes identified in the FCS Program Logic.

Safety planning should be undertaken in parallel with case planning and together draw from the assessment findings and information learnt while developing the safety plan with a family. A safety plan may be developed for various reasons including:

When a family is experiencing domestic and family violence

There is drug and/or alcohol abuse and the safety of children and/or other family member is threatened

When there are concerns an individual may harm themselves or someone else.

Developing and implementing a safety plan is a collaborative process with the family. Where possible it should be family led. When developing a safety plan, you may consider the following questions from the Signs of Safety Framework (Turnell & Edwards, 1999, as cited in Iannos & Antcliff, 2013):

### What are we worried about?

- Dad using violent behaviour (hitting and screaming) toward mum and the children when he is under the influence of alcohol.
- Dad drinks on weekends

### What's working well? Identify family strengths and resources

- Mum has extended family support that provide safe accommodation when needed.
- Mum's sister is aware of the situation and routinely checks in on weekends

### What needs to happen?

#### Immediate actions

Mum leaves the house with the children at high-risk times and continues to access safe accommodation from extended family members.

Mum contacts police if her and/or her children's safety is at risk (This must be done in a safe manner, i.e. if she cannot call police away from dad, she will text her sister a prearranged 'code' alerting her to call police).

#### Future actions

Dad to learn about suitable services, including Men's Behaviour Change programs and counselling, drug and alcohol support, etc.

Mum to be linked in with Domestic Family Violence supports.

**How safe is the family (on a scale of 0 to 10) once safety measures have been put in place?**

### Key considerations when planning for safety include:

- Engaging the family in a respectful, non-judgemental way
  - Clearly articulating the family's safety concerns, openly discussing any issues using simple language. Together with the family, rate their level of safety on a scale of 0 to 10 where 0 = very unsafe and 10 = very safe
  - Recognising that families are experts and work together to identify and acknowledge their strengths and resources and record them on the safety plan. Ensure the family is at the centre of this process and that they choose who to involve, such as wider family and community networks
  - Setting SMART safety goals that describe in behavioural terms the actions parents need to take (see goal setting, stage 3 for further details)
  - Reviewing the family's progress and adapt and change the safety plan accordingly
  - Keeping safety plans simple (one page).
- Once a safety plan is in place (should it be needed) and the practitioner understands the level of response a family requires, the next task is to work with the family to develop meaningful and targeted goals that directly support the family's prioritised areas of need.

## Goal setting and case planning

Effective goal setting and case planning supports a family to explore and reflect on what is important to the individual or family and the change they seek to make. The goal setting process helps turn broad goals such as “I want my child to get an education” into more specific, achievable and measurable goals that can be monitored. For example, “I want my child to go to school every day and participate in class activities”.

By following the below steps and considerations, a family is best placed to take ownership of the case plan, be motivated to take action and be set up to succeed.

To actively engage a family in goal setting and case planning, it is useful for practitioners to divide the process into a series of steps:

### Step 1:

#### Preparing for the case planning meeting

- Understand the family’s cultural background including their tribe, mobs, totems, significant family names, country of origin and country of belonging.
- Identify and consider any existing learning difficulties, disabilities or literacy issues that may impact on communication and the family’s active participation. Is the Translating and Interpreting Service (TIS) or other support needed?
- Have clarity on the family’s strengths and needs across the seven domains.
- Reach a mutual understanding of the family’s prioritised areas of current need.
- Be aware of specialised services, including culturally appropriate services in the local area that can meet the family’s prioritised needs. Consider what information will be shared with the family about available services and if there is a waitlist. What are the available options?
- Consider barriers to engagement and planning and minimise them through reflective practice. For example, a family seeking support frequently cancels scheduled appointments. What might be happening for this family? What are the barriers to engagement and how might the practitioner be contributing to cancellations? Think of an Aboriginal family who may have important Sorry business to attend to and calls to cancel a scheduled appointment. Instead of cancelling their appointment, will an offer to reschedule or change the time of the appointment help the family meet their important cultural obligations and maintain engagement with the service?
- Work with the family to decide the key people to be involved in case planning, including informal supports such as a neighbour or other extended family member and how they might be engaged in the process.

### Step 2:

#### Engaging parents, children and young people as active participants

- Adopt a collaborative approach that places the family as key to the solution, drawing on their ideas for how to address a specific issue or concern. For instance, “Melissa, you would like George to attend school on a daily basis. What ideas come to mind?” and “George, you’ve been struggling to attend school lately, what do you think might be helpful in getting you there more often?”



## Goal setting and case planning

- Work with the family to set reasonable goals to increase the likelihood of an individual or family achieving them. For example, “Melissa, I’ve heard you say that you would like George to attend school every day. However, currently he is attending one day a week. What do you think about starting to work towards an increase to twice or three times per week?” and “George, what do you think about this gradual return to school? How might it be helpful?”
- Use active listening skills including open-ended questions, reflections and summaries to help a family identify specific goals and explore ways to reach those goals.
- Draw on the individual, family and cultural strengths and resources to bring a positive lens to the conversation. Strengths can be used as levers for change!
- Use plain English language and avoid jargon. Ensure language is strengths-based, inclusive and culturally appropriate.
- Ask the family who should be involved in the conversation. Involve key people to attain multiple points of views to inform the case planning process.
- Draw on tools to promote discussion when families become stuck, for example, the Family Star Plus.
- Look for signs that indicate the individual or family completing the case plan might be disengaging. Reflect on what might be going for the family, for example, how long has the session being going for? Might it be useful to end the session and finalise the plan on another occasion? Is the case plan format you are using not right for this family? Is it culturally appropriate? Talk it through with the family and see what they prefer. If the session is ended, acknowledge the work the family has done. A follow up appointment should be made before wrapping up.
- Address challenges as they arise, rather than ignoring and hoping they will go away. For example, is the family disagreeing with what to write on the plan? It is often useful to talk through observations with the family to help come to a conclusion that keeps the process moving forward. For example, “It’s great to see so many different ideas around what might help George attend school more often. At the same time, I see that it is becoming difficult to make a decision on the best approach. I wonder if it might be helpful for us to write the ideas down and then look at them individually, identifying the pros and cons of each?”

### Step 3: Setting SMART goals






- Identify who the goal is for. It is always easier to control our own behaviour rather than that of someone else. The goal is more likely to be successfully achieved if the focus of the behaviour change is on the person embarking on the change.
- Supporting an individual or family to identify a clear and specific goal can be challenging. To help, break down the goal so it has a specific and clear aim, the practitioner may ask “what would you be doing if you were helping George attend school on a daily basis? Describe it to me”.
- Develop goals that make reference to the context or environment it will be achieved in. This is done by asking the individual or family

## Goal setting and case planning

to consider the context the behaviour will be practised in, in this example, the school. For example, “you’ve mentioned making contact with the school to schedule a meeting. Talk me through when and how you will make contact with the school”.

- Support the individual or family to establish the frequency or quality of contact. For example, “I will communicate with the teacher once a week so I am up to date with how George is going with his school attendance”.
- Measure or track progress to encourage persistence in pursuing each goal and for celebrating small wins along the way. Determine a clear picture of the goal when it has been achieved by asking questions such as, “how will you know when you have reached your goal?” and, “if we achieve this goal, what would you/George be doing?”. Using the responses, an indicator of progress can be set. For example, in the first week, George will attend school two to three days a week.
- Write down the goal, including who is going to do it, when, why and indicators for when the goal is achieved.
- Identify barriers that may get in the way of achieving the goal and troubleshoot together. It is important to listen to the individual or family’s ideas first before offering suggestions. By engaging a family in exploration of potential solutions, you are increasing their confidence in addressing the situation and their own capacity to take action and overcome problems.

### Core elements of goal setting table

Who	Is going to do	When	Why	We’ll know this is done when
				
Child, parent, family member	Action, behaviour	At these times/ places/situations	Goals are linked to values	Indicators for change e.g., how many times something happens, or the length of times it occurs
I will (mum)	Support George to increase his school attendance from once a week to twice/ three times a week by setting a clear bedtime routine and contacting the teacher once per week to get an update	Every day, starting after dinner by prompting him to have a bath and then reading a bedtime story	So George receives an education and has more options for the future	George is following the bedtime routine and waking up for school on time George is at school two – three days a week George is participating in class activities.

Once a clear goal is established, the practitioner’s next step is to support the family to develop a case plan. See **Attachment B** for a case plan template. Practitioners should use the template as a guide only and adapt to ensure the template they use works for the family.

## Goal setting and case planning

### Key considerations for case planning

Case planning is a process of thinking through a prioritised goal and the steps necessary to reach this goal. When developing a plan to support families to make a desired change, the plan should clearly state what the goal is, who will do what, when, and how the identified actions will be approached. Case planning considers all the steps needed to address the goal, any resources or support that may be needed and key people who may need to be involved.

In addition to the core practitioner skills, below are some key considerations for effective case planning:

- Families should be supported to work through one or two goals at any one time. This is generally enough to help them progress, without overwhelming them.
- Case planning should aim to include everyone the family has identified as responsible for making changes. Involvement of children and young people in this process may prove challenging. Consider innovative ways to attaining the child's and/or young person's voice, for example, the Three Houses Tool.
- When other key people such as extended family members, neighbours or formal services (such as the school) form part of the plan, where possible, develop the case plan with their involvement. Everyone should be clear on their specific role and responsibilities, and consent should always be sought from the family prior to their involvement.
- The plan is child-centred and family-focused and therefore led and driven by the family, with others supporting the plan or providing ideas for consideration. The practitioner's role is to support the process, ensuring the child's and parent's voice is heard. By engaging in a collaborative approach, the family is more likely to feel a sense of ownership over the plan, increasing motivation to address their goals.
- The plan should be comprehensive enough to address the issue, while also being manageable for the family.
- The language used within the plan should be family friendly and reflective of the family's own words and language.
- Wherever possible families should be provided with options about how they are supported, including the type and level of support they receive.
- The case plan should be strengths-based and meaningful to the family. The plan should reflect the family's culture and identity.
- Encourage the family to complete the action plan if possible. If literacy issues are a barrier and a written plan may not be helpful, ask the family how they will remember the plan. Key images that will trigger the family's memory around the agreed steps may be helpful.
- Once the plan has been developed, check in with the family to ensure they have understood, are happy with the plan and can summarise it in their own words. Remember to involve TIS or any other appropriate services to address any communication barriers.
- Ask the family for consent to share the plan with any other services supporting them. Explain to the family that the best outcomes are achieved when the case plan is shared, as it helps everyone stay on track and work toward the same goals.

## Making referrals

Following the development of a case plan, the next step may be to make referrals to other services who may be better placed to support the family to address their needs. In line with the Family Connect and Support Program Specifications 2020, referrals need to be appropriate (including culturally appropriate), timely, facilitated (warm referral), and as far as possible, sustainable. The following considerations apply:

What are the available options?

Which options might best suit the family's needs?

What support might help the family engage with the service?

What are the family's options and preferences?

It is important to include children, young people and families in decision-making about their referral options. This includes involving the family in a warm (facilitated) referral process.

### Warm (facilitated) referral

Families are directly supported by FCS to contact another service or professional. This includes transferring a family to another FCS provider.

#### Warm referrals and collaboration

At the point of referral there is a potential risk of losing the client, including when transferring a case to another FCS provider. Effective collaboration between services is crucial to prevent fragmentation and to reduce the risk of families 'falling through the cracks'. Collaboration allows agencies to build a more holistic view of the family.

Strategies for making warm referrals include:

- Ask the family what supports might be helpful, and what has worked and not worked in the past when accessing services.
- Share information about the new service with the family, including visual and practical information, to increase their level of comfort with the referral.
- Together with the family, generate a list of questions that they might ask the service at the initial phone call or meeting.
- Check directly with the service that it is appropriate for the family and if there is a waiting list.
- Encourage the family to make the initial call themselves, and if they are not comfortable doing so make the phone call with

them. Introduce the family to your contact at the new service so that the family is fully involved in the process and can ask questions.

- Set up one or more joint meetings with the new service and the family.
- Discuss with the family how they will get to their appointment, whether they need childcare, and explore any potential barriers to them accessing the new service.
- Provide a verbal and/or written handover to the new service, with the family's consent.
- Follow up with the family to check in on how the referral is working out.

#### Sharing information

When making a referral, practitioners will share assessment findings with the receiving service/s. This:

- avoids building fragmented portraits of a family.
- reduces exchange between prescribed bodies and reduces the burden of multiple assessments on families.
- reduces the risk that families will drop out of provision of services.

Follow Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998.

It is important to seek the family's consent to share information and explain how this will benefit them. However, practitioners should also ensure that families understand the need to share information with other organisations. This includes ensuring that the needs of children and young people and families take precedence over the protection of confidentiality or an individual's privacy, allowing information to be shared under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998. Practitioners must keep clients informed of confidentiality requirements and limitations both before services begin and as they progress.

#### Following up

Following up with families and/or with outbound referral agencies is an important part of the referral process. It helps to ascertain whether the family has accessed the service and ensure that the service is suitable.

Refer to the *Family Connect and Support Program Specifications 2020* for guidance on following up with a family and the outbound referral agency once a referral to a service has been made.



## Active holding

## Active holding

Active holding is the practice of staying in regular contact with a family who is waiting to access services.



Active holding involves practitioners maintaining a relationship with families until a place in a new service is available or until support from the new service begins. This process reduces the risk of families disengaging from the service system and ensures that any concerns are addressed and existing risks do not escalate while the family is in transition.

Active holding strategies include:

- home visits
- checking in by telephone
- providing practical advice and information to families
- brokerage
- actively following up with the outbound referral agency.

Depending on the issues a family may be facing, you may find yourself supporting families by:

- Supporting parents to develop and implement clear routines. For example, a sleep routine.
- Engaging informal networks to support a parent (this may include neighbours, friends, community or kin) who may be experiencing mental health issues, developing a joint plan where they check in on the individual throughout the day. Remember to always gain consent from the parent or family before engaging anyone outside of the referral family or sharing any personal information.
- Assisting a family to complete forms including those for Centrelink or National Disability Insurance Scheme (NDIS).
- Advocating for families with services that may have long wait lists such as housing.
- Exploring emergency accommodation options for a parent that may be attempting to escape domestic and family violence.
- Supporting an individual or family who may not have Australian permanent residency and is unable to access any other Government support. For example, linking them with services that provide food vouchers or free health care.

## Key considerations for active holding

To promote engagement and active participation of families during active holding, it is important to draw on the core practitioner skills including open ended questions, reflections and summaries. These will help guide your conversations with families to reach a mutual understanding around what might be happening for them and how you can best support them.

Work to build a collaborative relationship with the family, recognising that every member of the household has important and different complementary knowledge and skills. By using a collaborative approach, the family is viewed as the primary agent of change for addressing the current concerns they face. Adopting a collaborative stance increases the likelihood of a family staying engaged until a specialised service becomes available.

# Attachment A

## Assessment tools

### Tool:

#### **Tasmanian Child and Youth Wellbeing Framework: Child and Family Wellbeing Assessment Tool**

[https://www.strongfamiliesafekids.tas.gov.au/\\_data/assets/pdf\\_file/0016/5551/3-Child-and-Family-Wellbeing-Assessment-Tool.pdf](https://www.strongfamiliesafekids.tas.gov.au/_data/assets/pdf_file/0016/5551/3-Child-and-Family-Wellbeing-Assessment-Tool.pdf)

A flexible wellbeing assessment tool able to be used by all service providers working with children, young people and their families. The tool uses six domains of wellbeing: Being loved and safe, Having material basics, Being healthy, Learning, Participating, Having a positive sense of culture and identity.

*Developed by: Jointly developed by the Departments of Education, Health and Communities Tasmania.*

**Access:** Free to download.  
No specific training required.

### Tool:

#### **The Common Approach**

<https://www.aracy.org.au/the-nest-in-action/common-approach-resources>

A suite of resources focusing on wellbeing through six domains: Loved and Safe, Healthy, Participating, Positive Sense of Culture and Identity, Material Basics, and Learning.

*Developed by: Australian Research Alliance for Children and Youth (ARACY) for the South Australian Department for Education and Child Development.*

**Access:** Agencies need to attend training and can purchase the resources following training.

### Tool:

#### **Youth Wellbeing Assessment, Common Assessment Tool**

<https://www.cyjma.qld.gov.au/resources/dcsyw/youth/youth-support-services/youth-wellbeing-assessment-cat-guide.pdf>

The aim of the tool is to provide young people with practical support around their connections with family and community, education/training/ employment, housing and health. Domains include: Housing, Schooling or Work & Income, Family Relationships, Social Connections, Physical Health, My Drug & Alcohol use, My Mental Health, My Culture, Parenting & Children (applicable to young people who are pregnant or parenting including the primary carer, non-residential parent or if their child is in care), Disability and Safety & the Law. Desire to change and capacity to change are also measured.

*Developed by: Queensland Department of Child Safety, Youth and Women.*

**Access:** Free to download.  
No specific training required

### Tool:

#### **North Carolina Family Assessment Scale**

<https://www.nfnp.org/ncfas-g-r-training-package/>

An assessment tool tested for reliability and validity, designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being.

*Developed by: Raymond S. Kirk, PhD, and Kellie Reed-Ashcraft, PhD.*

**Access:** Permission to use the Scale is granted via purchase of training materials. Training is self-administered and can be done individually or groups.

### Tool:

#### **Early Help Assessment**

<http://professionalchoices.org.uk/eha/>

Allows practitioners across the UK to assess child and family needs, identify service delivery requirements and check that needs are being addressed as part of a structured framework. Domains include: Health, Social and emotional development, Behavioural development, Identity, Social and family relationships, Self-care skills and Learning.

**Access:** Access is freely available to templates and information. Early Help Assessment templates have been tailored and adapted by organisations across the UK.

# Attachment B

## Case plan template



Create the case plan in a way that is inviting and makes sense to the family, utilise methods they can connect with and express themselves. Develop the plan collaboratively so that they have ownership over the plan. Use language that is meaningful to the family and if appropriate, include pictures, symbols and artwork to represent culture and the individual family.

The following template is an example only and workers should amend for the individual family based on their preferences and abilities.

### Family Connect and Support – Our Family Plan

**Who is part of our family?** (Name and demographics of family members. Remember include cultural identity including clan, mob, group, languages spoken)



**Who was involved in creating our plan:** (Details of who was involved in developing the plan)



**Our family's strengths and resources:** (Statement of strengths and resources based on assessment and family input. Remember to include cultural strengths and resources)



**Our family's worries and challenges:** (Statement of worries/challenges based on assessment and family input)



ISSUE	GOAL (SMART) What do we as a family, want to achieve?	ACTIONS/TASKS How are we going to achieve this?	RESPONSIBLE Who is going to do what?	TIMEFRAME By when we you want this done?

# Attachment C

## Interagency Guidelines excerpts

Following are the relevant sections from the [Collaborative Practice in Child Wellbeing and Protection: NSW Interagency Guidelines for Practitioners 2021](#) as they relate to relevant agencies.

### Department of Communities and Justice (DCJ)

- DCJ is the NSW Government department with statutory responsibility for assessing whether or not a child or young person is in need of care and protection. The primary law in this regard is the Children and Young Persons (Care and Protection) Act 1998 (the Care Act).
- DCJ's commitment to improving the safety and wellbeing of children is achieved in collaboration with other government agencies, non-government agencies (NGOs) and the community. This builds the capacity and strength of families and communities and provides preventative and early intervention measures.
- DCJ and the Office of the Children's Guardian work collaboratively to provide a framework to support children in care to access the best possible services. This is supported by a number of [Memoranda of Understanding between DCJ and other agencies](#).
- DCJ manages and responds to child protection reports when professionals and members of the general public suspect a risk of significant harm.
- The Joint Child Protection Response Program (JCPRP) is a tri-agency partnership among DCJ, the NSW Police Force (NSW Police) and NSW Health. It delivers a coordinated

multidisciplinary response to reports of sexual abuse, serious physical abuse and serious neglect.

- The [NSW Practice Framework](#) shows how DCJ works with children and families and includes the principles, values, mandates, approaches and systems that underpin DCJ's work. The Framework places children at the centre of decisions and practice.

### ChildStory

- [ChildStory](#) is a NSW Government shared information technology system for child wellbeing and protection. It is the single point for a DCJ child protection practitioner to view, create and update information about a child they are working with.
- ChildStory encourages collaboration among a child's network of family, carers, practitioners and service providers to ensure their wellbeing and safety.

### Permanency Support Program

- The [Permanency Support Program \(PSP\)](#) aims to help more children stay safely at home, minimise entries and re-entries of children into out-of-home care (OOHC), to improve permanency outcomes for children, and provide them with better quality care. PSP services may be provided by DCJ or NGOs.
- Under the PSP, child protection practitioners work with a child and their family to identify the best permanency goal. This can be returning to their family with restoration, guardianship, adoption, or parental responsibility to the Minister.

The aim is to attain that goal within two years. In NSW, there is an [order of preference for how a child in the OOHC system can achieve permanency](#).

- The [Permanency Case Management Policy](#) includes a policy statement, practice guidance and resources. The policy clarifies the different roles and responsibilities of DCJ and NGOs in responding to child protection reports, assessing safety, and case planning for permanency.

### Targeted Earlier Intervention (TEI)

- The TEI program, funded by DCJ, delivers a wide variety of support to children, young people, families and communities experiencing vulnerability. It is locally based, flexible and responsive to the needs of the community where it is located.
- Hundreds of services deliver TEI under two broad streams:
  - i. 'Community Strengthening' – activities that build cohesion, inclusion and wellbeing across all communities, and empower Aboriginal communities.
  - ii. 'Wellbeing and Safety' – activities that support families and individuals, and provide opportunities for personal development.
- The TEI program aims to supports people earlier on, to achieve the best outcomes and divert children from entering statutory child protection, or minimise their interaction with it.

For more information about TEI visit <https://www.facs.nsw.gov.au/providers/children-families/early-intervention/TEI-program>



## Supporting Aboriginal children and families through the PSP

- Through the PSP, DCJ in partnership with AbSec is committed to strengthening the capacity of Aboriginal service providers. This ensures that they are better equipped to keep Aboriginal children safe and cared for, in their families or with kin.
- In consultation with AbSec, the [Aboriginal Case Management Policy \(ACMP\)](#) has been developed as a framework for Aboriginal-led and culturally embedded case management practice to safeguard the best interests of Aboriginal children.

## Youth Justice

- DCJ Youth Justice supervises and cares for young offenders in the community and in Youth Justice centres. It provides youth justice conferences for young offenders referred by police or the courts.
- Youth Justice Centre services include individual case management, specialised counselling, and training in job and living skills.
- Youth Justice community offices provide community-based intervention for young offenders.
- See <http://www.juvenile.justice.nsw.gov.au/> for more information on Youth Justice.

## Corrective Services NSW

- Corrective Services NSW's primary child protection responsibilities relate to ensuring children and young people in Corrective Services NSW's care are safe from

harm. When a child is identified as being at significant risk of harm, it is reported to the Child Protection Helpline.

- Corrective Services NSW has policies to ensure the safety and wellbeing of children under 18 years of age who visit correctional centres.

For more information see <https://correctiveservices.dcj.nsw.gov.au/csnsw-home/support/child-protection.html>

## NSW Police Force

- NSW Police identify, report and investigate child abuse and neglect, and initiate legal proceedings for child abuse and neglect offences. Police Officers of the NSW Police are also mandatory reporters and are required to report to the Child Protection Helpline or Police CWU if they suspect a child is at risk of significant harm (ROSH).
- The NSW Police has established the [Child Abuse and Sex Crimes Squad](#) to ensure provision of a specialist response to support Police Area Commands across NSW. This includes the investigation of sexual abuse, serious physical abuse and serious neglect of children.
- The Child Abuse and Sex Crimes Squad are the policing component of the JCPRP. Under the program's Statement of Intent, they work in cooperation with DCJ and NSW Health to provide the best outcomes for children and young people, their families, carers, and the community.

## Department of Education

- The [Department of Education](#) ensures young children get the best start in life by supporting and regulating the early childhood education and care sector. [The Education Act 1990](#) seeks to mitigate educational disadvantages arising from the child's gender or from geographic, economic, social, cultural, lingual or other causes.
- Regulation in early childhood education falls under different legislation - *Education and Care Services National Law Act 2010* and the [Education and Care Services National Regulations](#).
- The [Out of Home Care in Government Schools Policy](#) sets out the requirements relating to children and young people in statutory OOHC who are attending government schools, including preschools. It sets out the roles and responsibilities of principals, teachers, and OOHC coordinators. It ensures that children in OOHC have access to the full range of school activities and programs.
- Education staff in government and non-government schools and childcare workers are mandatory reporters. They are required to recognise and respond when a child is suspected to be at ROSH. In the education context, principals and workplace managers are responsible for [reporting suspected ROSH concerns to the Child Protection Helpline or Education CWU](#).
- All staff of the Department of Education and early childhood educators participate in [child protection awareness training](#) and annual mandatory child protection training.

- [Child Protection Education](#) is taught to all students as a mandatory component of the Personal Development, Health and Physical Education syllabus in every stage from Kindergarten to Year 10.
- The [Association of Independent Schools of NSW](#) (AISNSW) is the peak body for independent schooling in NSW. AISNSW advocates for and represents the interests and needs of all independent schools across the state. AISNSW assists schools with a range of child protection matters including investigations, reporting and compliance with various government regulations. [Catholic Schools NSW](#) is the peak body for Catholic Schools in NSW.
- NSW Health also delivers a range of programs that support parents with health and wellbeing issues that may impact on their parenting capacity. These include adult drug and alcohol and mental health services.
- Frontline NSW Health workers and managers are [mandatory reporters](#). They are required to report children suspected to be at ROSH to the Child Protection Helpline or to the Health CWU.
- NSW Health's role in JCPRP, the tri-agency partnership among DCJ, NSW Police and NSW Health, is to provide forensic medical and therapeutic services for children, young people and their families/carers.
- Health workers are uniquely placed to identify and respond to family risk factors for child abuse and neglect. They can do so early in a child's early life and for young people in order to reduce these risks and improve health outcomes.
- Further information about the role of NSW Health in protecting children can be found in the NSW Health resource: [About child protection and wellbeing](#).

## Child Wellbeing Units (CWUs)

- CWUs are located in the three key agencies employing mandatory reporters: the NSW Department of Education, the Ministry of Health and NSW Police. The purpose of CWUs is to support their workforce and build capacity, to support mandatory reporters to better respond to concerns relating to the safety, welfare and wellbeing of children and young people.
- Child Wellbeing Units (CWUs) document child protection and wellbeing concerns raised by their sectors directly into ChildStory. This generates a cumulative picture of risk and harm and actions across agencies can be formed in response.

## NSW Health

- [NSW Health](#) services promote and protect the health, safety, welfare and wellbeing of children. NSW Health works with government agencies and NGOs to prevent and mitigate the effects of violence, abuse and neglect on children. NSW Health does this by implementing child wellbeing and [protection programs](#), contributing to child protection policies, and working with children that are at ROSH.
- NSW Health delivers a continuum of services across primary, secondary and tertiary care. These offer many opportunities to identify children at risk and assist vulnerable parents/carers to access appropriate support to provide safe and nurturing environments for their children.

## Health support services for children and young people

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