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It is my pleasure to present the Family Support Services Operational Framework, developed collaboratively in Tasmania to reflect, support and advance the structure and goals of the Integrated Family Support Services system.

This Framework outlines the agreed approach of the Tasmanian Government and Family Support Services providers in addressing the needs of vulnerable and at-risk children, young people and their families.

The Framework was developed in real partnership with the Family Support Services sector, and the sector’s contribution and expertise has been invaluable during this process. My deep gratitude goes out to those contributing by providing input and feedback – your work will continue to benefit the most vulnerable in our communities into future years.

With a focus on continual improvement, this document provides a concrete basis for services and the Department to conduct program performance reviews, and inform the interactions service providers have with their Community Partnership Teams.

The adoption of this new strategic framework affirms the evolution of Tasmania’s contemporary Family Support Services. Our services are now better funded to work within an integrated and coordinated system, in which services are tailored to individual needs to achieve quality outcomes for families and children in need.

It is through the innovations of the Gateway Services – which provide a community based single point of entry and assessment, brief intervention as well as referral for specialised support – that Tasmania is today benefiting from services which give support to parents at times of critical need. This is aligned with our ongoing prioritisation – to foster and develop parental capacity especially as it relates to the critical developmental stages of children. These services help parents to become better parents, children to flourish and families to function.

I am delighted to endorse this Framework in the knowledge that it provides clear direction to inform the vital and excellent work these services undertake. I look forward to witnessing the growing strength and capacity of the sector in years to come.

Cassy O’Connor MP
Minister
2. Introduction – Family Support Services System

The provision of effective support to vulnerable children, young people and families continues to be a priority strategy for Disability, Housing and Community Services (DHCS). The Family Support Services system provides an integrated continuum of services. This includes information and support, early and safety net interventions, targeted tertiary services for hard to engage families with high needs, and the provision of safe community living options for children where living with their birth parents is not possible.

The need for reform in this area was recognised by the Tasmanian Government during 2005, and since then significant changes have been made to the way Family Support Services are delivered across the State.

2.1 Background to the Reforms of the Family Support Services

Tasmanian Child Protection and Family Support Services have seen major reforms across the sectors. This was as a result of the KPMG consultancy undertaken in 2007 from which the Department of Health and Human Services (DHHS) developed New Directions for Child Protection in Tasmania: An Integrated Strategic Framework, which presented the findings and models from the consultancy. This document provided a platform for the reform to the Child Protection and Family Support Services systems in Tasmania. Further background information to the reforms is provided in Section 7.1.

2.2 Purpose of the Family Support Services Operational Framework

The Framework represents the whole Family Support Services system for services delivered in Tasmania. It supports collaborative relationships between DHHS and the community sector and there is a focus on easy access, earlier intervention, targeted services and partnerships between service providers which match services to need.

This Framework aims to:

• provide a clear vision for the Family Support Services sector for the future
• provide a clear direction for the Family Support Services sector; e.g. the Gateways, Integrated Family Support Services (IFSS), other Child and Family Support Services, Youth at Risk, Early Years Parenting Support Services and Pathway Home
• articulate a set of clear Family Support Services principles, which underpin the service system. These principles reflect contemporary practice in Family Support Services
• broadly conceptualise the operational model for Family Support Services including the governance, integrated planning mechanisms and range of service options
• specify the operational relationships between DHHS and other universal, specialist and secondary health and human services, which have a responsibility for supporting the needs of children, young people and families while also integrating with disability services
• set out a practice approach for Family Support Services that puts the child at the centre, is family led and culturally responsive, and is strengths and evidence based
• provide a quality assurance framework that complements the whole-of-Agency framework
• identify appropriate training for Family Support Services staff in community organisations and in DHHS
• set out key performance indicators and performance standards, together with monitoring and evaluation mechanisms.
The focus of the Family Support Services system is:

- earlier intervention and prevention strategies
- creating capacity within the service system to respond to those children, young people and families where vulnerability and/or risk factors are present
- the use of coordinated planning processes to support integrated interventions and responses
- strengthening parent capability to provide basic care, ensure safety and promote their child’s development
- improving the family’s community connections and access to community resources.

2.3 Vision for the Future

The emphasis is to:

- continually monitor and improve the Family Support Services system
- ensure that Tasmania maintains currency with national best practices
- ensure Tasmania is responsive to the needs of vulnerable children, young people and families
- enable the delivery of high quality services into the future.

2.4 Structure of the Framework

The Framework is structured into the following:

- section one provides a foreword by the Minister for Human Services
- section two introduces the Family Support Services and background information
- section three provides the context for Family Support Services in Tasmania, including an overview of key policy and legislation and contemporary directions in Family Support Services provision nationally and internationally
- section four provides an overview of the elements of the Family Support Services system
- section five outlines the approach to service provision, the underpinning principles, governance, collaboration and partnerships within the sector and workforce capacity
- section six focuses on quality; and Generic and Service Specialist Standards
- section seven provides a glossary of terms and other appendices for the Framework.
3. Context for Family Support Services

This section sets the context for Family Support Services within Tasmania including legislation and policy, contemporary service delivery, as well as the research and science behind the service system, to ensure that children, young people and families can achieve their full potential.

3.1 Legislation and Policies

Tasmanian Family Support Services are guided by several Acts. The five most important Acts are the:

- **Children, Young Persons and their Families Act 1997**, which provides the legislative basis for child protection and family support service provision in Tasmania
- **Family Violence Act 2004**, which provides the legislative underpinning for Tasmania’s ‘Safe at Home’ criminal justice response to family violence
- **Youth Justice Act 1997**, which provides the legislation for the criminal justice response to children and young people who have engaged in criminal activity, as well as encouraging young people who have committed a criminal act to take responsibility for their actions
- **Personal Information Protection Act 2004**, which regulates the collection, maintenance, use, correction and disclosure of personal information relating to individuals
- **Right to Information Act 2009**, which gives members of the public the right to obtain information contained in the records of the Government and public authorities and for related purposes.

Family Support Services are also guided by government priorities, budget priorities, strategic plans, policies and agreements. These include:

- **Tasmania Together**, the community’s vision for Tasmania’s future, which has fundamental aims that relate to children; to achieve a safe, more inclusive and equitable society in which children are safe; and develop learning for employment and community engagement in families and communities that are safe and inclusive
- **The Tasmanian Early Years Foundation’s Outcomes in the Early Years; The State of Tasmania’s Young Children 2009**, the framework that was developed to provide the State Government with a clear vision, goals, principles, strategic objectives and priorities for investment and action in early childhood development in Tasmania
- **DHHS Strategic Priorities**, which is an important document that will guide the work of all DHHS staff during the three year period. It consolidates a range of existing strategic plans into one concise directions statement for DHHS. The document sets out the vision and mission, and identifies the Department’s five key strategic objectives. It also explains how DHHS aims to achieve these objectives and – more importantly – the benefits Tasmanian individuals, families and communities can expect to experience as a result
- **Practice Framework for Child Protection Services**, which puts the child at the centre, with family led and culturally responsive interventions which are strengths and evidence based
- **Child Health and Parenting Service Strategic Plan 2009–14**, with priority areas for delivering child centred and family focused health services
- **Neighbourhood House Strategic Framework 2008–2013**, which provides the framework for the continued operation of neighbourhood houses and provides them with an ongoing focus on the wellbeing, independence and self-sufficiency of individuals, families and communities. This framework is currently being updated to support the program beyond 2013
- **Common Assessment Framework**, a tool that was developed as part of the reforms and recommendations from the KPMG report. The Common Assessment Framework is used by Gateway intake staff in each area to assess client needs. This ensures a consistent statewide practice across service providers and practitioners to assist professionals in assessing, planning and responding to the needs of their clients
• **Agenda for Children and Young People.**
The Tasmanian Government identified the development of improved policies and service delivery arrangements for children, young people and their families as a high priority and set out key directions for the coming decade. It will assist in determining the sort of environment we wish our children to grow up in and will encourage us to adopt a common set of outcomes around which we can align our effort.

• **DHHS – Kids Come First Report 2009:** this project is a whole-of-Government initiative to improve health and wellbeing outcomes for Tasmanian children and young people. The project has published its first report to help inform planning and effectively target resources.

**Note:** Child and Family Centres will link into other community developments and assist in social inclusion initiatives as defined by Tasmania Together.

### 3.2 Contemporary Practice in Family Support Services

Earlier intervention and support for children, young people and families is required to address issues before they escalate and require intervention by Child Protection Services. Early intervention and prevention strategies aim to develop protective factors so individuals are better equipped to respond to risk. Protective factors are those factors that either:

- reduce the impact of an unavoidable negative event
- assist individuals to avoid or resist behaviours that are socially unacceptable
- reduce the chances that people will start on a pathway that will lead to negative outcomes.

The existence of protective factors leads to the creation of resilience. Resilience is the quality that allows children and young people to ‘bounce back’ or recover from negative experiences or overcome obstacles and risk factors in their lives.

It is important to also include children of appropriate age in discussions, to ensure that their voices are heard and considered during the planning process and as plans are revised.

### 3.3 Early Years Research

Family support service providers in Tasmania are guided by the strong evidence base reported in the *Tasmanian Early Years Outcomes Framework* 2009 which is based on:

- early childhood safety, stability and development, which is the foundation for learning, behaviour and health through school years and into adult life. The *Tasmanian Early Years Outcomes Framework* 2009 has adopted an ecological philosophy based on the work of the psychologist Urie Bronfenbrenner that places the child at the centre of family, community and society
- negative experiences in the first three years of life can have long-lasting effects on brain development
- children who have negative experiences in early years are more likely to experience behavioural and learning problems, substance abuse, involvement in crime, poor physical health and subsequently demonstrate poor parenting in later life
- adequate nutrition and positive nurturing enhances physical, emotional, social and intellectual wellbeing.

Researchers have identified the intersection of neuroscience, developmental psychology and the economics of human capital formation and how this can advance the healthy development of young children. Nurturing and responsive relationships build healthy brain architecture, which creates a strong foundation for learning, behaviour and health. When protective relationships are not present, elevated levels of stress hormones disrupt brain architecture by impairing cell growth and interfering with the formation of healthy neural circuits.

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Timely and effective identification and management of risk factors is critical to minimise negative impacts on children’s and young people’s safety, stability and development. A combination of risk factors may lead to an increase in the child’s vulnerability, particularly if risks accumulate over time. The interaction between risk factors and protective factors is complex, but protective factors can reduce the likelihood of negative outcomes.

In order to minimise negative experiences on children and young people’s safety, stability and development, intervention should occur as soon as the vulnerability or risk has been identified.

The impacts of strong and prolonged activation of the body’s stress management systems in the absence of the buffering protection of adult support can be significant. Precipitants include:

- extreme poverty
- physical or emotional abuse
- chronic neglect
- severe maternal depression
- substance abuse
- family violence.

Our increasingly complex social environment contains many families who face growing issues raising their children, including family violence, mental illness and alcohol and drug abuse.

Ongoing social, economic and demographic changes place further burdens on families, making them more vulnerable due to a lack of support. It is important that Family Support Services responds to this need.

Services should respond to this impact – preventing it and addressing it when it happens. Services provided by Family Support Services should reflect our knowledge of the science. Prevention or reduction of harm through strengthening of positive, nurturing, stable relationships will enable healthy development early in life.

### 3.4 Cumulative Harm

Cumulative harm is experienced by a child as a result of a series or pattern of harmful events and experiences that may be historical, or ongoing, with the strong possibility of the risk factors being multiple, inter-related and co-existing over critical developmental periods.

Children who have experienced cumulative harm are usually initially unable to connect their current difficulties with their past trauma. This fragmentation and disconnection is typical of the cumulative effects of multiple exposures to terrifying events, and inconsistent and inadequate levels of nurturing. This experience of neglect and episodic violence and abuse is common to many children in the Child Protection Services and Out-of-Home Care systems.

Children who have suffered cumulative harm are particularly at risk of further harm, both at their own hands and at the hands of others, and Family Support Services will focus on regular assessments to ensure that the needs of these children are addressed.³

The Tasmanian focus on cumulative harm requires that family support service providers recognise the importance of cumulative harm on the child and family, and that service responses address and act upon it as a key component of their response.

The importance of purposeful, outcome-focused, child-centred and family sensitive practice, early intervention and collaborative practice between Child Protection and Family Support Services cannot be overstated.

A focus on episodic assessment and immediate safety will not fully appreciate the cumulative harm experienced and its devastating impact on development.

Family support service providers understand that cumulative harm experienced as a result of acts of omission and commission will impact on development, the ability to regulate emotions, to learn and concentrate at school, and to connect with others.

3.5 Risk Factors

The management of risk factors and the provision of opportunities to maximise development and enhance individual and family resilience are central factors to ensuring the safety, stability and development of children.2

Risk factors make a negative event more likely. They can be person-specific, be attributed to families, arise in response to the availability (or lack) of support and services, or be found in the local community. Examples of risk factors associated with parental capacity include:

- relationship to child
- disability
- parental isolation
- parental education and unemployment
- inadequate parenting skills
- poverty and welfare dependence
- poor health
- substance abuse
- mental illness
- problem gambling
- family violence
- family conflict
- criminal activity and imprisonment
- history of abuse and neglect
- grief and loss
- trauma
- stolen generations with previous history of removal.

3.6 Protective Factors

Risk and protective factors have a complex interaction. Risk factors often co-occur, and may have a cumulative effect over time. The presence of several factors early in life that may be protective for children include the presence of a competent, stable caregiver attuned to the child’s needs, who can provide sufficient nurturing to allow the child to establish a basic sense of trust.

The identification of factors of risk and protection provides a framework for early intervention in order to prevent adverse outcomes for children.

Assessment processes need to incorporate the identification of risk and protective factors at the individual, family and community level.

- **Child**
  - social skills
  - attachment to family
  - independence

- **Immediate family and household**
  - competent and stable care
  - breastfeeding
  - adequate family income and housing

- **Kinship and internal networks**
  - positive, supportive relationships with extended family
  - friends and neighbours
  - cultural and faith-based networks.

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4Australian Early Development Index – Risk and protective factors for early child development.


- **Community environments networks and formal services**
  - positive, supportive relationships with teachers and community professionals
  - participation in community activities (e.g. playgroup, health services, childcare and education)
  - freedom from discrimination (e.g. racism, sexism).

- **Broader economic, policy, political, social and environmental influences**
  - child and family friendly public policies
  - high quality universal programs (e.g. healthcare, early childhood education and care).

Some factors are known to increase children’s chances of being healthy and developing to their full potential, whereas other factors have been shown to reduce these chances.

A single protective or risk factor on its own does not make a significant difference to outcomes. The accumulation of protective and risk factors over time multiplies their effect. Multiple risk factors significantly reduce children’s chances of healthy development, and vice versa.

Positive experiences in the early years of a child’s life can be ‘protective’. Children who have good early experiences are more likely to have good outcomes – they are more likely to grow up to be healthy and well-adjusted.

For example, positive experiences – or protective factors – for the child include: close parent-child relationships, reading to the child, appropriate discipline, and attendance at preschool.

These protective factors are accumulative and together they can help push up the child’s developmental pathway to promote good outcomes.

### 3.7 Outcomes for Children

This Family Support Services Operational Framework draws on the Tasmanian Early Years Outcomes Framework which brings to the community a way to monitor the health and wellbeing of our young children at a critical period in their lives.

This Outcomes Framework draws on knowledge about brain development in early childhood, and the impact on children of the environment they are brought up in. It provides, in one database, a baseline of information which will assist the collective efforts of the Tasmanian community to measure the effectiveness of current interventions.

Both the Tasmanian Early Years Outcomes and the Family Support Services Operational Frameworks, like Victoria’s, are based on the five main markers of children’s capacity to achieve their potential: mapped against the domains of health, development, learning, safety and wellbeing.
3.8 Five Performance Markers of Children’s Capacity to Achieve their Potential

- **Health** – which implies not just the absence of disease, since some disease is part of life, but protection from damage or danger as a result of disease, whether physical or psychological.
- **Development** – which implies opportunities needed for growth, maturation and greater complexity in behaviour and interactions with others.
- **Learning** – which implies opportunities for interactions with others and discovery of the world, the acquisition of skills and understanding.
- **Safety** – which implies protection from unreasonable risk of injury, accident, harm or exploitation, and that the places and the people involved in their care do not increase these risks.
- **Wellbeing** – which implies resilience, social confidence, secure cultural identity and protection from prolonged isolation, emotional trauma or exclusion.

While risk by itself is not causal, risk factors can reasonably be used to predict future behaviour. The ability to predict outcomes is increased if multiple, reinforcing risks are present alongside low levels of protection. A combination of risk factors may lead to an increase in the child’s vulnerability, particularly if risks accumulate over time. Several longitudinal studies identify risk factors associated with an increased likelihood of negative outcomes, and protective factors associated with a decreased likelihood of these.5

3.9 Needs of Culturally and Linguistically Diverse (CALD) Children and Families

CALD communities are not homogenous, and the needs of each cultural community should be supported by a culturally sensitive service system. It is important that the needs of established and newly arrived communities, including families of refugee background, and other migrants, are being met.

The needs of people from a refugee background are often very significant, given their experiences of dislocation, torture and other forms of trauma. This includes children and young people being exposed to this trauma. A range of strategies need to be considered, including:

- understanding that their needs may include an analysis of service usage patterns and strategies to engage and elicit views of culturally and linguistically diverse community groups
- a regular review of service access and service delivery, to ensure that services are culturally sensitive and staff are trained in culturally competent practice
- ensuring that family support service staff understand the importance of effective language services provision and are trained to recognise when interpreters and translators and/or multilingual resources are required
- identifying opportunities for formal and informal collaboration between mainstream and multicultural and ethno-specific organisations.

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5Tasmanian Early Years Foundation (2009), Outcomes in the early Years: The State of Tasmania’s Young Children 2009 – A report on the Tasmanian Early Years Foundations Outcomes Framework.
3.10 Needs of Aboriginal Children and Families

There has been an historic lack of culturally sensitive responses to the needs of Aboriginal children and their communities, and lack of engagement with Aboriginal children, young people and families with services. The reasons for this include a lack of:

- Aboriginal-specific Family Support Services and culturally responsive mainstream services
- sufficient Aboriginal-specific therapeutic services
- services targeted to vulnerable Aboriginal children and young people.

Specific risk factors for children, young people and families from Aboriginal communities include:

- where a child’s heritage becomes a source of risk if society is intolerant of diversity, has had a negative experience or has negative stereotypes, which then lead to discrimination
- a loss of family and community support networks, which leads to marginalisation and a sense of isolation.

3.11 Importance of Clearly Defined and Accessible Referral Pathways

For some families, knowing how and where to access the service system is challenging. Professionals may also have difficulty in navigating the service system to refer children, young people and families to an appropriate service that will meet their needs.

This difficulty has often led to Child Protection Services becoming a default point of contact for many vulnerable children, young people and families requiring support and intervention to reduce risk and promote stability. Clearly defined referral and service access pathways are a critical component of more effective service delivery to vulnerable and at risk children, young people and their families. The establishment of the Gateways as community access points in Tasmania comprised significant reforms designed to address this requirement.

3.12 Improvement of Coordination and Integration of Services

Outcomes for individuals and families improve if service delivery is integrated, coordinated and provided flexibly to meet individuals’ needs. Methods used to improve coordination and integration of services include:

- introduction of community-based service networks to build stronger linkages between services
- implementation of casework and planning approaches that respond to the holistic needs of children, young people and families and involve all agencies working together
- co-locating services to achieve improvements in communication and to streamline service delivery
- use of publicised community intake points e.g. Gateway Services, to enable easier navigation of the service system
- common assessment frameworks to minimise the number of times people need to tell their story, and to improve identification of need and matching of appropriate service responses
- a strong focus on partnerships to achieve a coordinated, integrated service system.

Unless otherwise stated Aboriginal, includes those people of Torres Strait Islander heritage.
This section provides an overview of the Family Support Services Operational Framework. The Framework is designed to provide an overall ‘big picture’ view of the Tasmanian Family Support Services system. The service system consists of a number of elements:

- Gateway Services
- Integrated Family Support Services
- Other Family Support Services
- Early Years
- Youth at Risk
- Pathway Home.

The aim of Family Support Services is to promote the safety, stability and development of vulnerable children, young people and their families and to build child, family and community capacity and resilience. Developing systems and implementing approaches to service provision that apply ‘best interests’ principles and Family Support Services principles will achieve this aim. Success will result in improved parenting, relationships, development for children and young people, improved social connectedness and life skills.

4.1 Family Support Services Principles

The Framework is underpinned by the following nine principles, which determine the way Family Support Services will work with families in order to enable better outcomes for children, young people and their families.²

1. **Children’s safety, stability and development are the community’s responsibility**

Identifying and supporting vulnerable children, young people and families is a shared responsibility for all; including Governments, individuals, families, communities and all service providers. Children’s safety, stability and development should not be seen as the sole responsibility of Child Protection Services. All Family Support Services agencies will prioritise the most vulnerable clients to address their safety, stability and development.

2. **The service system will support and intervene early to protect unborn babies, children and young people and to improve family functioning**

Many families have not been effectively accessing services early enough, resulting in families spiralling into crisis, or children being at risk of abuse or neglect, often resulting in notifications being made to Child Protection Services and Gateway Services. There must be clear pathways for vulnerable families to identify and access appropriate services.

Likewise, the range of family services, along with the wider community, will be able to identify vulnerable families earlier and link them to an appropriate service response. Effective links between Family Support Services, early years services, youth services and statutory Child Protection Services are essential.

²Adapted from the Victorian Government – Strategic Framework for Family Services.
3. All services have a strong focus of continual improvement regarding children’s developmental needs

A focus on children’s developmental needs will enhance assessments of, and service responses provided to, vulnerable children, young people and families, including unborn children. This will lead to earlier identification of problems and risks (including cumulative harm), using development and implementation of child and family action plans that directly support and enhance children’s development that will improve outcomes for children.

4. Services will focus on building the capacity of parents, carers and families to improve outcomes for children

The capacity of parents, families and carers (those that provide day-to-day care for a child) to provide effective care strongly influences outcomes for children and young people. A strengths-based approach encourages and empowers families to take responsibility for their lives.

5. Children’s and Family Support Services will be integrated and coordinated

Services will actively support the development and provision of an integrated and coordinated response at the local level. This includes a common point for referral into community child and Family Support Services via Gateway Services, clear pathways to access services and establishing a shared responsibility for children’s safety, stability and development.

6. Flexible, timely and solution-focused services will be provided in the best interests of the child, which will improve family functioning

Flexible, timely and solution-focused services have the potential to facilitate more effective responses to children, young people and families. This will lead to improved family functioning and better outcomes for children.

7. Family Support Services will be outcomes focused

Family Support Services will focus on the safety, stability, health, development, learning and wellbeing of children and young people, and the capacity of families to provide effective care. Focus will also be on the communities that support those families and meeting the changing needs of children, young people and families.

The further development of culturally specific services should reduce Aboriginal over-representation in Child Protection Services and Out-of-Home Care systems and strengthen self-management.

8. Culturally sensitive responses will be available for children, young people and families from culturally and linguistically diverse groups

Services will be sensitive to the particular needs of CALD children, young people and their families and adapt services accordingly. Family Support Services will take a holistic approach in working with CALD children, young people and families, and embed respect for CALD children, young people and families in all aspects of service delivery.

9. Culturally competent service responses will be available for Aboriginal children and families

Services will understand and respond to the needs of Aboriginal children, young people and their families. Agencies will recognise the spiritual, cultural and social needs of Aboriginal children, young people and families and adapt service delivery accordingly.
### 4.2 Governance Arrangements

The relationships between DHHS and the community sector are well developed, with a shared governance arrangement with joint responsibility for needs analysis, service planning, performance monitoring and evaluation. The governance arrangements comprise of:

**The Statewide Advisory Group,** which is a partnership at statewide level and co-chaired by the Deputy Secretary for Children and the Executive Director Disability, Housing and Community Services, including key stakeholders from the sector, other Departments and programs.

**Area Advisory Groups,** which were created as part of the reforms and are well established forums held regularly in each area. Each regional Area Advisory Group is co-chaired by the Area Director and a Community Sector provider representative (nominated by the Group).

### 4.3 Approach to Planning

The Area Advisory Groups build upon:

- **The experiences and perspectives of the local community** – input from children, young people and families accessing services can provide immediate grounded information on community views and service needs from people with intimate familiarity with the service system. This can provide a shared understanding of the needs and preferences of the regional population, and the extent to which the existing services and supports respond to these.

- **An understanding of population needs and the community profile,** i.e. core demographic data; national and statewide studies which provide insight into needs and effective service responses, local government planning data, and other related data.

- **An understanding of the local service system** – the characteristics of the existing services within each area, including the mix of services available, including Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) funded programs, level of service utilisation, service gaps, waiting lists and other indicators of unmet demand, and areas of duplication/overlap.

This information forms the basis for area planning priorities to be identified. Plans are then forwarded to the Statewide Advisory Group for consideration and to inform decisions on service growth, application of resources, and the case for any new funding proposals.

**Note:** Area Advisory Groups are not forums for the discussion of individual client/family issues or individual service issues.
4.4 Partnerships, Collaboration and Coordination of Services

Since the reforms, partnerships to provide more responsive programs between parents, communities and across a broad range of service sectors have been built and improved along the way. Participation of children and parents in decisions that affect their lives is a critical component of forming partnerships between services and families. Participation in decision-making is also necessary for supporting self-determination of Aboriginal children, families and communities.

Examples of efforts to improve partnerships, linkages and coordination of services exist across a range of policy and program areas, including:

- primary health
- FaHCSIA child and family programs
- child and family services
- multiple and complex needs clients
- mental health services.

4.5 Family Support Services – Worker Skills

Staff working in Family Support Services will be appropriately qualified and experienced, possess relevant competencies to provide excellent levels of service and be able to work within the Family Support Services Operational Framework and Standards including the Key Result Areas (see Section 6).

Staff should be appropriately qualified, holding a minimum qualification of either a diploma or degree in a child and/or social welfare related field, such as social work, social sciences, psychology, counselling, nursing or child health.

- The Diploma of Family Support is a specific qualification that relates to Family Support
- University bachelor or postgraduate qualification in a relevant discipline
- Vocational (Registered Training Organisations and Polytechnic)
  - Diploma of Community Service Work
  - Diploma of Community Service Case Management
  - Graduate Certificate of Community Service Practice (statutory Child Protection Services).
Child and Family Support worker positions attract a range of necessary skills and attributes. There are also particular experiences considered relevant to this work.

Established skills and experience in the following areas are essential:

- using child centred and family focused assessments and ability to develop service plans that will address the particular needs of the client
- knowledge of models of practice and interventions that engage with families to enhance their skills and build capacity to improve outcomes for children
- establishing and maintaining positive and productive working arrangements with Child Protection Services and other key service providers and intakes into other sectors
- advocacy and presentation of cases for access to services on behalf of individuals and families
- timely, sound decisions about the interventions that are required, and consultation for the purposes of assessment and decision-making in the best interests of the individual and family.

In cases where specialist therapeutic interventions are required, workers involved should possess professional qualifications and registration, or be eligible for registration with the relevant professional association. For example, where a family requires therapeutic interventions as part of their case plan, referrals will be made to appropriate Family Support Services providers where suitable therapeutic services are available and delivered by qualified professionals.

A table that depicts the competencies for Family Support is provided in Section 7, Appendix 7.5.

### 4.6 Volunteers

Volunteers play an important role in Family Support Services. Identification of the right people to be volunteers is essential. An interest in children and a desire to help is important but is not the sole determinant of volunteer appropriateness. It is critical to recruit people with existing skills or a capacity to learn appropriate skills through an induction program that will enable them to provide the effective support required by families with young children. Volunteer coordinators will require good assessment skills and the ability to articulate the purpose and content of the Framework to volunteers during the recruitment and induction process.

Family Support Services organisations must:

- engage volunteers who demonstrate knowledge, skills, experience and values appropriate for working with children, young people and their families
- utilise screening criteria related to the necessary competencies of the volunteer role and in compliance with the legal obligations related to child protection including a national police probity check
- provide ongoing support and training to ensure families’ continued access to quality information and positive parenting
- utilise identified review and contact procedures and associated forms to ensure services and support are being provided in accordance with the Family Support Services Operational Framework and requirements, legislative obligations and in the interests of quality service provision
- provide regular balanced feedback to volunteers describing concerns and achievements, and participate in corrective decisions and actions with guidance from the senior staff when there are concerns in relation to performance or conduct of a volunteer
- provide training and supervision
- nominate a responsible person within the organisation as a point of contact.
5. Service Delivery Approaches

5.1 Service Types

There are four key service delivery areas across Tasmania. Along with Integrated Family Support Services and Disability Services, the Early Years and Targeted Youth Support Services (TYSS) ensure an integration of the continuum of services that provide targeted information and support services.

The following diagram shows the relationship between the components of the service model.

![Service Delivery Approaches Diagram](image)

5.2 Key Elements of the Service Approach

The Integrated Family Support Services model requires the following approaches to service design and delivery:

- **Assertive outreach.** Some families eligible to receive the service may not respond to traditional client engagement methods such as letters of invitation to attend an office appointment.

A capacity to engage with families through visits to families in their own home or other community based locations is essential. A key element of assertive outreach is to formulate strategies that will engage difficult and non-responsive families. In some instances this will include accompanying Child Protection Services workers on home visits to newly referred families.

- **Ongoing outreach.** A significant proportion of referred families may have very limited financial means, limited access to public transport and/or child care responsibilities. For many of these families, traditional, appointment based, prescribed therapeutic models are unlikely to meet their needs or requirements. A significant majority of client contacts must therefore occur in the client’s own home and be highly practical in nature.
• **Capacity to commit with hard to engage and resistant families.** Current knowledge indicates that many families re-notified to Child Protection Services are often unable to engage with the available support services. Some families may display an unwillingness to acknowledge a range of problems, some may minimise family difficulties once the initial crisis is over, and some may simply resent the involvement of a service. While the services to be offered ultimately depend upon the consent of the family, services must display a willingness to persevere with strategies to engage with families. This is particularly likely to occur in situations where the family’s circumstances suggest that disengagement from the service may lead to further notifications to Child Protection Services. Where this appears likely to happen, the reinvolvement of a Community Based Child Protection Team Leader (CBCPTL) may assist in preventing a Child Protection Services notification and intervention.

• **Intake and assessment.** The consistent approach to intake and initial assessment and planning through Gateway Services relies upon the commitment from service providers to continually monitor and improve the intake and initial assessment processes for referred families by using the Common Assessment Framework. This includes the promotion of the Gateways as a highly visible point of access and assessment for families that don’t meet the statutory level for Child Protection Services and may otherwise be referred to Child Protection Services in order to receive support services. Service providers must work closely with Child Protection Services to manage the process of referral from Child Protection Services to the Integrated Family Support Services providers.

• **Case management.** Integrated Family Support Services provide a case managed approach if the initial assessment indicates that this is required. Components of the case management role include:
  − regular case review
  − supporting parents/families to access services, and the coordination of involved services best suited to their needs
  − supporting parents/families to build formal and informal networks within their community that will increase their capacity, resilience and sustainability
  − referral as required
  − delivery of casework services.

• **Casework.** Integrated Family Support Services provide a casework service to families assessed as requiring this support. This is a move away from a throughput model of service intervention, to one that reflects the complex and evolving needs of vulnerable families. Casework may include a range of activities such as group work, practical support, counselling and mediation.

• **Practical support and skills development.** This is a critical element of casework services, particularly for families that are repeatedly notified to Child Protection Services. The basic physiological and personal safety/security needs of a significant proportion of these families are not adequately met. For such families, traditional, therapeutic counselling based approaches are unlikely to lead to positive change. Therefore a key focus involves providing sound, practical support and teaching skills that assist families to maintain their basic needs. This will often require a thorough assessment of parenting skills, identification of deficits and implementation of skills, training or other supports to achieve and then maintain required goals. A critical element of this work is the ability to provide open and honest feedback to families in relation to skill deficits and the resultant risks to health, development and wellbeing of children.
• **Sustained, enduring support.** A proportion of eligible families may have family or individual characteristics of a long-term, chronic nature, such as inter-generational patterns of family vulnerability, child abuse or neglect, health or mental health conditions, intellectual disability, poor financial management, drug and alcohol misuse and family violence. Such families are far more likely to experience repeat and multiple referrals to Child Protection Services. A capacity to undertake crisis work through to long-term support work with families exhibiting these characteristics is an important component of integrated services.

• **Brokerage.** An element for ensuring responsive and innovative approaches to tailoring services and achieving sustainable change in individual and family functioning is the use of brokerage funds. These might be used for purposes such as:
  - purchase of a specific service capacity from an individual or service provider to meet identified client need/s. This could be in the form of single client focused interventions (for example, a series of counselling sessions or enrolment fees for a vocational or educational course)
  - purchase of respite foster care, including the caregiver payment component
  - purchase of temporary child care (including after school care and/or school holiday programs)
  - provision of one-off home/garden services and/or items to address immediate safety and or hygiene issues within the client’s home
  - purchase of material aid.

• **Access for Aboriginal children, young people and families.** Support for the provision of culturally appropriate services provided where possible by Aboriginal Child and Family Support Services. Where this is not possible, services must consult and work closely with the Aboriginal community at local and service level.

• **CALD.** Diversity must be a focus to ensure services are available and delivered in a culturally appropriate way.

• **Participation in Area Advisory Groups.** Service providers will support and actively participate in Departmental Area Advisory Groups. This includes promoting awareness of service capacity among key referral groups and the broader service network.

• **Collaborative working relationships.** Integrated Family Support Services work collaboratively with Child Protection Services and other key service providers that comprise the service network (i.e. education, health, justice, housing and other notifier groups). This includes undertaking joint work with families, sharing information on a case-by-case basis (consistent with information sharing legislation, policy and protocols), developing a shared understanding of worker roles and responsibilities, and promoting a shared responsibility for the safety, health and wellbeing of children and their families.

• **Links to other initiatives.** Integrated Family Support Services promote close linkages and potential integration with related initiatives such as the Child and Family Centres, the Learning and Information Network Centres (LINC), Communities for Children and other FaHCSIA child and family programs and community building and neighbourhood renewal initiatives that may be developed or operating in the area.

• **Links to other service systems.** This includes interfaces with other key service systems in relation to collaborative planning, their intake systems and requirements, referral and service provision with services such as early years, homelessness, ‘Safe at Home’, family relationship, early intervention and those provided by other service providers including local government.
5.3 Elements of the Service System

The primary purpose of Gateway Services is to enable system navigation, assessment, planning and coordination at the local level, which is a single intake point; to ensure that vulnerable children, young people and their families are linked effectively into relevant services. It is likely that a wider group, beyond the most-vulnerable families, will access or be referred to the Gateways. Gateway Services can provide an important preventative role by providing advice and information to these families, or to the professionals or organisations that may have referred them. This will focus on linking or connecting families to relevant universal or secondary services that can meet their needs. The following diagram depicts the whole Family Support Services system.

5.4 Gateway Services Functions

A single lead agency manages Gateway Services in each Area – Bapcare in the North and South-West, and Mission Australia in the North-West and South-East. Gateway Services performs various functions for children, young people and families who require support at various stages. These include:

- a visible and transparent point of entry, assessment and allocation to the Integrated Family Support Services, Disability Services and a referral point for other services
- consultation and a joint level of interaction between Child Protection Services and the Gateway. The Community Based Child Protection Team Leader position is instrumental in this interaction

*Clients may move between services by case management or referral as required.*
• information and advice, including:
  – informing individuals and referring agencies about services and programs, eligibility requirements and the referral processes for Gateway Services and IFSS
  – providing information about universal and specialist services
  – intake, assessment and prioritisation of client need
  – undertaking an assessment within reasonable timeframes
  – consulting with other professionals regarding needs and risks, and the appropriate responses
  – facilitating demand management
  – active engagement with the child, young person and their family
  – capacity for the provision of immediate responses through the Gateway, involving short-term or brief contact with the child, young person and their family before allocation to casework provided by Family Support Services
• data collection, including key information to support:
  – Integrated Family Support Services access and performance
  – regional planning, i.e. difficulties experienced in terms of referral/access – such as system capacity and/or gaps, including a lack of early intervention services
  – early intervention
  – identification of CALD status.

5.5 Provision of the Integrated Family Support Services Model

There are three key approaches in which the Integrated Family Support Services operate. This allows for varying degrees of support within the approaches from low to high intensity, length of service/intervention required and a vast range of complexity levels within the three approaches. This will however depend on the individual circumstances of the family. Some clients may move between the approaches, which are:

• **Approach One**
  Information, advice, assessment and planning, including support; and one-off, episodic brief intervention. Shorter-term work, that may include short-term casework and/or referral to support services or the statutory system

• **Approach Two**
  Medium level support comprising casework and case management interventions, including secondary consultations and referral to support services

• **Approach Three**
  Medium to high level support, comprising medium to intensive level case management; and casework interventions.

**A weekly allocation meeting** is held once a week in the Gateways. Gateway Services and Integrated Family Support Services representatives and the Community Based Child Protection Team Leader meet to discuss the allocation of families to appropriate services including the IFSS providers and – if necessary – the allocation of families into ‘active holding’.

**Active holding** is a short-term intervention providing limited contact with a family either by phone or home visit to support their immediate needs prior to a case being allocated to appropriate Family Support Services.
5.6 Service Objectives

The service objectives of Family Support Services are to provide an improved service capacity for families, with the aim to improve outcomes for children, young people and families, as outlined below:

• improve access to and responsiveness of community-based services
• improve health and wellbeing
• continue to develop and learn
• increase protective factors
• decrease risk factors
• reduce the number of families notified and re-notified to Child Protection Services where Family Support Services are in fact the appropriate option for those cases.

The Family Support Services approach has been formulated on the basis that effective responses to the complex and diverse needs of vulnerable families require the following characteristics:

• a network of coordinated community-based services, including Child Protection Services, Family Support Services, health, justice, housing and education
• new services being integrated with existing services rather than added on as a separate layer of service provision
• a range of low, medium and high intensity services, capable of delivering comprehensive, flexible services that respond to families’ needs
• the provision of sustained, enduring support to families with chronic long-term needs
• an approach to service delivery incorporating:
  – active engagement with families through assertive outreach
  – capacity to work with hard-to-engage families displaying resistance and denial
  – a focus on working with parents to address their children’s needs
  – trained, professional, experienced staff with a high level of interpersonal skills.
5.7 Additional Support Services

A fundamental focus of the Tasmanian Family Support Services system reforms was to identify service gaps and to develop an integrated continuum of services.

The aim was to provide wide scale information and support at the primary and universal levels, with a view to achieving early intervention and support matched to the needs of individual children, young people and families.

The model incorporates secondary Personal and Family Counselling services, which are targeted at individuals and families at risk, to promote their safety, stability and wellbeing and to build capacity and resilience.

The reformed services system responds to varied individual need by providing support that achieves safety net interventions and referral to universal services at intake, linked through to targeted tertiary services for hard-to-engage families with high needs, and encompassing safe community living options for children where living with their birth parents is not possible. This is represented in the diagram below.

5.8 Youth at Risk

The Targeted Youth Support Services component of the service model provides intensive case management via the Gateway referral pathway to young people (10–18 years of age) who are vulnerable and at risk of engagement or further escalation within the Child Protection or Youth Justice Systems. Targeted Youth Support Services, as a general rule, do not work with those young people on statutory orders, however, consideration will be given on an individual basis by organisations providing Targeted Youth Support Services.

- **Targeted Youth Support Services** involve intensive and sustained therapeutic casework and support, based on evidence based theory and strengths based interventions, for young people who are faced with multiple barriers, including:
  - mental health
  - drugs and alcohol
  - offending behaviours
  - anti-social/violent behaviours
  - multiple suspension and/or exclusions from school
  - disengagement with family and/or peers and/or community
  - homelessness.

- **Community based residential care** services are for children and young people who cannot live safely with their natural or birth family, and include community based rostered care.
5.9 Early Years

A key component of the service model is integration and linking of key early years services through the Gateway, including:

- **Early Years Parenting Support (EYPS)**
  Services such as NEWPIN Family Futures are delivered locally in each Area, providing targeted intensive parenting support for vulnerable families with children aged 0–5 years, including unborn, with access through Gateway Services

- **Child Health and Parenting Services (CHaPS)**
  These include specialised services, particularly CU@Home for first time mums aged 15–19 years, which commences antenatally

- **Child and Family Centres (CFCs)**
  The Child and Family Centres are multi-service centres which aim to meet the health and wellbeing, education and care needs of local children from birth to age 5, as well as supporting and empowering families in their parenting role, strengthening local communities and offering pathways to employment.

*and other shared services which are Whole-of-Government initiatives.
6. Generic and Service Specialist Standards

The service specialist standards are consistent with and complement the generic standards framework developed by the DHHS Office of the Community Sector (OCS), as defined in the Quality and Safety Standards Framework for Tasmania’s Agency Funded Community Sector 2009–2012. Organisations required to meet the Service Specialist Standards are also required to meet all relevant Standards established within the OCS framework.

The Standards are divided into two categories:

- **Generic Standards**, including health and safety standards. Generic Standards apply to every community sector organisation, regardless of the number of services or type of service provided, and include the following Standards:
  - safe environment
  - consumer focus
  - workforce
  - incidents and feedback
  - consumer information
  - governance.

- **Service Specialist Standards**, which reflect the type of service provided, in this instance Family Support Services. The Service Specialist Standards will be developed jointly by the sector and DHHS as a companion to this operational framework. The Key Result Areas (KRA) that will guide their development are:
  - **Leadership and management.** The community service organisation has the leadership and management capacity to provide clarity of direction, ensure accountability and support quality and responsive services for children, young people and their families
  - **Organisational culture.** The community service organisation promotes a culture which values and respects children, young people and their families, carers, staff and volunteers
  - **Staff capacity.** Staff, carers and volunteers support positive outcomes for children, young people and their families

- **Responsibility to staff safety.** The community service organisation promotes the safety of staff and creates a welcoming, safe and accessible environment

- **Safety of children and young people.** The community service organisation promotes the safety, stability and development of children and young people

- **Strengthening families.** The community service organisation aims to provide the support and resources required to strengthen the capability of parents, families and carers to provide effective care

- **Integrated service response.** The community service organisation promotes an integrated service response, which supports the safety, stability, development and best interests of children and young people.

Given that the Department’s Quality and Safety Standards complement the Key Result Areas, an additional information column headed ‘for Family Support Services this means’ will be produced to ease reporting against the Family Support Service Specialist Standards. This will reduce the amount of reporting and doubling up for those Generic Standards and Key Result Areas which may overlap.
7. Appendices

7.1 Appendix: Background to the Reformed Family Support Services System

The Operational Framework for Family Support Services forms the cornerstone of the reform agenda to provide an overall responsive and coordinated family services system.

The Gateways, which are single entry access points for the Integrated Family Support Services and Disability Services, were established in each of the four DHCS areas in 2009–2010. The Gateways provide intake, assessment and access to a range of services for children, young people, families and people with disability, including the Integrated Family Support Services, other child and family support services and Disability Services. It should be noted that the operational focus of this Framework does not include Disability Services, which is governed by its own framework.

In 2008, the Department issued a Request for Proposal (RFP) to engage suitable service providers to provide the Gateways and Integrated Family Support Services. The RFP required organisations to form consortiums and alliances with partner organisations to adequately deliver the range of required services. The following organisations were successful in RFPs to establish Gateway Services and Integrated Family Support Services:

<table>
<thead>
<tr>
<th>Mission Australia</th>
<th>North-West</th>
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<tbody>
<tr>
<td>South-East</td>
<td>North-West</td>
</tr>
<tr>
<td>Baptcare Family Services</td>
<td>Baptcare Family Services</td>
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<tr>
<td>Good Beginnings</td>
<td>Eastern Shore Community House</td>
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<tr>
<td>Pittwater Community House</td>
<td>Youth and Family Focus</td>
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<tr>
<td>Clarendon Vale Community House</td>
<td>Circular Head Aboriginal Corporation</td>
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<tr>
<td>Hobart City Mission</td>
<td>West Coast Council</td>
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<tr>
<td>Australian Red Cross</td>
<td>Glenhaven Family Care</td>
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<td>Jordan River Services</td>
<td>Kentish Family Services</td>
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<tr>
<td></td>
<td>Good Beginnings</td>
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<thead>
<tr>
<th>Baptcare</th>
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<tbody>
<tr>
<td>South-West</td>
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<tr>
<td>Baptcare</td>
</tr>
<tr>
<td>Mission Australia</td>
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<tr>
<td>Bacaan Community House</td>
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<tr>
<td>Good Beginnings</td>
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The new services were funded from 1 June 2009, with the Gateways and Integrated Family Support Services doors officially opening on 3 August 2009.
### 7.2 Appendix: Glossary

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<thead>
<tr>
<th>Term</th>
<th>Acronym</th>
<th>Meaning/Definition</th>
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<tbody>
<tr>
<td>Active holding</td>
<td></td>
<td>Client families are placed in ‘active holding’ if Integrated Family Support Service (IFSS) caseloads are at capacity. Families are provided brief support during this time to manage identified risk and may also be provided information and referral to other relevant services while awaiting allocation to an IFSS provider.</td>
</tr>
<tr>
<td>Area Advisory Groups</td>
<td>AAG</td>
<td>Area Advisory Groups are information sharing forums and will ensure that the service system responds to local needs based on an understanding of community needs. Membership consists of a range of stakeholders from the Family Support Services sector.</td>
</tr>
<tr>
<td>Best interests</td>
<td></td>
<td>The best interests of children and young people must be paramount in all decision making and in delivering all services and interventions. Considering a child’s best interests must include protecting them from harm and promoting their development in age appropriate ways. The best interests of children must be at the centre of all decision making.</td>
</tr>
<tr>
<td>Child and Family Centres</td>
<td>CFC</td>
<td>Multi-service centres which aim to meet the health and wellbeing, education and care needs of local children from birth to age 5, as well as supporting and empowering families in their parenting role, strengthening local communities and offering pathways to employment.</td>
</tr>
<tr>
<td>Child and Family Services</td>
<td>CPS</td>
<td>Used to describe all services delivered to children, young people and families (including Family Support Services, Out-of-Home Care, Child Protection Services and Early Years and Targeted Youth Support Services).</td>
</tr>
<tr>
<td>Child and Youth Services</td>
<td>CYS</td>
<td>Business unit within Human Services</td>
</tr>
<tr>
<td>Child Health and Parenting Services</td>
<td>CHaPS</td>
<td>CHaPS is a community based health promoting service that provides child centred and family focused services, delivered through individual or group programs, to enhance the health and wellbeing of all young children in Tasmania.</td>
</tr>
<tr>
<td>Child Protection Services Framework</td>
<td>CPSF</td>
<td>A comprehensive information and practice guide for CPS staff.</td>
</tr>
<tr>
<td>Child Protection Services</td>
<td>CPS</td>
<td>Business unit within CYS that has the statutory responsibility for children and young people.</td>
</tr>
<tr>
<td>Child Protection Services Intake</td>
<td></td>
<td>Child Protection Services intake teams receive notifications from mandatory reporters and from the public in relation to the new notifications about children and young people at risk, according to the definition of the Children, Young Persons and their Families Act 1997.</td>
</tr>
<tr>
<td>Child Protection Worker</td>
<td>CPW</td>
<td>A worker in a response or case management team, with a qualification in social welfare, social work, social science, psychology or other related area who provides assessment, case planning and management for children and young people notified to CPS.</td>
</tr>
<tr>
<td>Community Based Child Protection Team Leader</td>
<td>CBCFTL</td>
<td>A senior Child Protection staff member based at and working with the Gateway community intake and assessment services. This worker assists in decision making around referrals of children and young people to and between Family Support Services or Child Protection.</td>
</tr>
<tr>
<td>Term</td>
<td>Acronym</td>
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<tr>
<td>Common Assessment Framework</td>
<td>CAF</td>
<td>The Common Assessment Framework and Practice Tools use an evidence based approach in assessing the risks and/or support needs of clients. The CAF provides a guide for Family Support and Disability Services to assess, plan, prioritise and respond to the needs of children, young people, families and individuals with disability.</td>
</tr>
<tr>
<td>Community Sector Relations Unit</td>
<td>CSRU</td>
<td>A business unit in DHHS responsible for the Department’s Quality and Safety Framework.</td>
</tr>
<tr>
<td>Cultural and Linguistically Diverse</td>
<td>CALD</td>
<td>People with a Culturally and Linguistically Diverse background. This includes children, young people, families and individuals with a country of birth outside Australia, where languages other than English (LOTE) are primarily spoken at home, or English is a second language, such as migrant and refugee communities.</td>
</tr>
<tr>
<td>Cumulative harm</td>
<td></td>
<td>The harm caused to children and young people through continued or extended periods of adverse events, experienced incrementally through childhood and which cumulatively impacts negatively on their health and wellbeing.</td>
</tr>
<tr>
<td>Department of Education</td>
<td>DoE</td>
<td>Tasmanian Government Department.</td>
</tr>
<tr>
<td>Department of Health and Human Services</td>
<td>DHHS</td>
<td>Tasmanian Government Department.</td>
</tr>
<tr>
<td>Disability and Community Services</td>
<td>DCS</td>
<td>Business unit within DHCS.</td>
</tr>
<tr>
<td>Disability, Housing and Community Services</td>
<td>DHCS</td>
<td>Business unit within Human Services.</td>
</tr>
<tr>
<td>Earlier Intervention</td>
<td></td>
<td>Occurs when a child, young person or family’s vulnerability has been identified, so that Family Support Services can provide critical, timely and responsive services before the risks and concerns escalate, possibly leading to Child Protection Services intervention.</td>
</tr>
<tr>
<td>Early Intervention</td>
<td></td>
<td>Refers to intervention at a stage before vulnerability has been identified and is seen to be the primary responsibility of universal services.</td>
</tr>
<tr>
<td>Early Years Parenting Support</td>
<td>EYPS</td>
<td>Early Years Parenting Support Services are delivered locally in each Area, providing targeted intensive parenting support for vulnerable families with children aged 0–5 years, including unborn children, with access through the Gateways.</td>
</tr>
<tr>
<td>Families, Housing, Community Services and Indigenous Affairs</td>
<td>FaHCSIA</td>
<td>The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs supports the Government (through Ministers and Parliamentary Secretaries) to deliver on a broad range of social policy outcomes.</td>
</tr>
<tr>
<td>Term</td>
<td>Acronym</td>
<td>Meaning/Definition</td>
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<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td>Family Support Services Operational Framework</td>
<td>FSSOP</td>
<td>A guide for both the Government and non-government organisation Family Support Services providers to respond to vulnerable and ‘at risk’ children and their families.</td>
</tr>
<tr>
<td>Family Support Services/ other services for children and families</td>
<td></td>
<td>Services in the community that provide early intervention and prevention services to vulnerable children, young people and families as specific issues emerge, and services that provide intensive support to vulnerable and at risk children, young people and families involved with Child Protection Services.</td>
</tr>
<tr>
<td>Gateways (Gateway Services)</td>
<td>GW</td>
<td>Statewide community based access, assessment and intake points providing brief intervention and referral pathways in each Area for children, young people, families and individuals with disability.</td>
</tr>
<tr>
<td>Health Services</td>
<td></td>
<td>A division within DHHS.</td>
</tr>
<tr>
<td>Human Services</td>
<td></td>
<td>A division within DHHS.</td>
</tr>
<tr>
<td>Integrated Family Support Services</td>
<td>IFSS</td>
<td>Provide a range of casework and case management interventions and service responses to vulnerable children, young people, and families in the Integrated Family Support Services system. Referral is through the Gateways.</td>
</tr>
</tbody>
</table>
| Local Area Coordinator                                 | LAC     | Local Area Coordinators coordinate services for people with disability. They focus on supporting individuals who are living in their community who receive minimal support from the specialist disability service system. This could be either:  
  • a single session response to someone in immediate need  
  • an ongoing person centred planning as a result of the targeted assessment prior to referral to other services  
  • case management to clients who require ongoing support to access and stay connected with services in their communities. |
<p>| Notification                                            |         | A report made to Child Protection Services or Gateway by mandatory reporters, other professionals and/or members of the community to pass on information or concerns of abuse or neglect, child maltreatment or harm to a child or young person. |
| Other Services for Children and Families                |         | Includes FaHCSIA and Universal Family Support Services and are referral points for children and families.                                                                                                                                                  |
| Out-of-Home Care                                       | OoHC    | Service funded by DHHS and various community service organisations to provide care to children who cannot live with their own families.                                                                                                                                     |
| Permanent Care (Stability Planning)                    |         | When a child or young person is placed permanently with another family. Permanent care is a way of ensuring stability for children and young people who can no longer remain with their families of origin.                                                                                     |
| Response Worker                                        |         | Response teams assess a child or young person to identify issues relating to their safety and wellbeing; plan an appropriate response to the identified issues; and respond to those issues through implementation of a safety plan or case plan.                                                                 |</p>
<table>
<thead>
<tr>
<th>Term</th>
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<th>Meaning/Definition</th>
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</thead>
<tbody>
<tr>
<td>Senior Child Protection Worker</td>
<td>SCPW</td>
<td>A senior worker in an Intake, Response or Case Management team (including the Community Based Child Protection Team Leader).</td>
</tr>
<tr>
<td>Significant Person</td>
<td>SP</td>
<td>A 'significant person' is defined as a person who the DHHS Secretary, or the child’s guardian, deems to be significant in the life of the child.</td>
</tr>
<tr>
<td>Stability</td>
<td></td>
<td>All work with children and young people must focus on providing a stable environment in which age appropriate development can occur. Stability must be considered across a range of domains including where the child is placed, education, religion and social and family connections.</td>
</tr>
<tr>
<td>Statewide Advisory Group</td>
<td>SAG</td>
<td>The Statewide Advisory Group enables consistency across areas and ensures that there is a focus on needs based planning in resource allocation and funding decisions between areas, and it will embed an emphasis on outcomes into all decision-making for vulnerable children, young people and families and individuals with disability and their families and carers in the service system.</td>
</tr>
</tbody>
</table>
| Target Group                              | TG      | The target group for the Integrated Family Support Services is vulnerable children, young people and families who are:  
  • aged 0–17, including unborn children  
  • likely to experience greater challenges because development has been affected by the experience of risk factors and/or cumulative harm  
  • at risk of concerns escalating and becoming involved with Child Protection Services if problems are not addressed. |
| Targeted Youth Support Services            | TYSS    | Services for young people (10–18 years) and vulnerable young people, who are at risk or are involved with the youth justice system, are homeless, or who require targeted supports for them and their families. |
| Weekly Allocation Meeting                 | WAM     | This meeting is held once per week in the Gateways. Gateway Services and Integrated Family Support Services representatives and the Community Based Child Protection Team Leader meet to discuss the allocation of families to an IFSS provider or 'active holding' as appropriate. |
| Youth at Risk                             | YAR     | Refers to a young person aged 0–18 (possibly 25) years of age, who is affected by risk factors, in addition to an absence of support, that may prevent them from reaching their potential. |
7.3 Appendix: Relevant Legislation


7.4 Appendix: Related Strategies, Reports and Frameworks

Tasmania Together; 2020

Our Children, Our Young People, Our Future, Nurture. Educate. Protect 2011–2021

Australian Early Development Index – Risk and protective factors for early child development

Outcomes in the Early Years: The state of Tasmania’s young children 2009

DHHS Strategic Directions 2009–2012

Practice Framework for Child Protection Services

Child Health and Parenting Service Strategic Plan 2009–2014

Neighbourhood House Strategic Framework 2013–2018

The Agenda for Children and Young People in Tasmania

Kids Come First Report 2009

Report on Child Protection Services in Tasmania

Victorian Strategic Framework for Family Support Services

Community Sector Relations Unit – Quality and Safety Standards Framework
http://www.dhhs.tas.gov.au/about_the_department/business/community_sector_relations_unit/quality_and_safety
### 7.5 Appendix: Family Support Competencies

<table>
<thead>
<tr>
<th><strong>Internalised</strong> (mandatory, prior to recruitment)</th>
<th><strong>Learned skills</strong> (mandatory, prior to recruitment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Committed</td>
<td>• Computer skills/literacy</td>
</tr>
<tr>
<td>• Social justice</td>
<td>• Good phone manner</td>
</tr>
<tr>
<td>• Keenness to learn</td>
<td>• Confidentiality/privacy</td>
</tr>
<tr>
<td>• Learn from experiences</td>
<td>• Ability to research</td>
</tr>
<tr>
<td>• See the need</td>
<td>• Able to interact with management</td>
</tr>
<tr>
<td>• Unconditional personal regard</td>
<td></td>
</tr>
<tr>
<td>• Sense of personal space</td>
<td></td>
</tr>
<tr>
<td>• Belief in potential</td>
<td></td>
</tr>
<tr>
<td>• Authenticity</td>
<td></td>
</tr>
<tr>
<td>• Professional boundaries</td>
<td></td>
</tr>
<tr>
<td>• Proactive rather than reactive</td>
<td></td>
</tr>
<tr>
<td>• Respect for individual pace</td>
<td></td>
</tr>
<tr>
<td>• Sense of community</td>
<td></td>
</tr>
<tr>
<td>• Not a ‘fix it’ mentality</td>
<td></td>
</tr>
<tr>
<td>• Strong sense of self</td>
<td></td>
</tr>
<tr>
<td>• Knowing strengths and weaknesses</td>
<td></td>
</tr>
<tr>
<td>• Self awareness</td>
<td></td>
</tr>
<tr>
<td>• Reflective</td>
<td></td>
</tr>
<tr>
<td>• Empathic</td>
<td></td>
</tr>
<tr>
<td>• Able to engage/willingness to engage</td>
<td>• Life experiences</td>
</tr>
<tr>
<td>• Able to put your ego aside</td>
<td>• Initiative</td>
</tr>
<tr>
<td>• Resilient</td>
<td>• Not lead by fear</td>
</tr>
<tr>
<td>• Genuine self respect</td>
<td>• Critical thinking</td>
</tr>
<tr>
<td>• Critical thinking</td>
<td>• Non-judgemental</td>
</tr>
<tr>
<td>• Open to supervision/debriefing</td>
<td>• Good phone manner</td>
</tr>
<tr>
<td>• Oral and written communications skills</td>
<td>• Problem solving skills</td>
</tr>
<tr>
<td>• Decision-making skills</td>
<td>• Driver’s licence</td>
</tr>
<tr>
<td>• Driver’s licence</td>
<td>• Level of experience</td>
</tr>
<tr>
<td>• Discernment – the ability to use judgement</td>
<td>• Time management</td>
</tr>
<tr>
<td>use judgement in complex circumstances</td>
<td>• Objectivity</td>
</tr>
<tr>
<td>• Mediation skills</td>
<td></td>
</tr>
<tr>
<td>• Facilitation</td>
<td></td>
</tr>
<tr>
<td>• Program development</td>
<td></td>
</tr>
<tr>
<td>• Mediation skills</td>
<td></td>
</tr>
<tr>
<td>• Cultural understanding/sub-cultures</td>
<td></td>
</tr>
<tr>
<td>• Inter-generational issues/culture</td>
<td></td>
</tr>
<tr>
<td>• Case management/supervision/debriefing</td>
<td></td>
</tr>
<tr>
<td>• Continual professional development</td>
<td></td>
</tr>
<tr>
<td>• Facilitation</td>
<td></td>
</tr>
<tr>
<td>• Program development</td>
<td></td>
</tr>
<tr>
<td>• Mediation skills</td>
<td></td>
</tr>
<tr>
<td>• Guidance and nurturing</td>
<td></td>
</tr>
<tr>
<td>• Health and safety</td>
<td></td>
</tr>
<tr>
<td>• Diversity in family systems</td>
<td></td>
</tr>
<tr>
<td>• Relationships among family, school and community</td>
<td></td>
</tr>
<tr>
<td>• Professional practice and self care</td>
<td></td>
</tr>
<tr>
<td>• Group work</td>
<td></td>
</tr>
<tr>
<td>• Legal issues/relevant legislation</td>
<td></td>
</tr>
<tr>
<td>• Drug and alcohol knowledge and therapies</td>
<td></td>
</tr>
<tr>
<td>• Family violence knowledge and therapies</td>
<td></td>
</tr>
<tr>
<td>• Critical thinking</td>
<td></td>
</tr>
<tr>
<td>• Non-judgemental</td>
<td></td>
</tr>
<tr>
<td>• Good phone manner</td>
<td></td>
</tr>
<tr>
<td>• Competent</td>
<td></td>
</tr>
<tr>
<td>• Life experiences</td>
<td></td>
</tr>
<tr>
<td>• Initiative</td>
<td></td>
</tr>
<tr>
<td>• Not lead by fear</td>
<td></td>
</tr>
<tr>
<td>• Computer skills/literacy</td>
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<tr>
<td>• Good phone manner</td>
<td></td>
</tr>
<tr>
<td>• Confidentiality/privacy</td>
<td></td>
</tr>
<tr>
<td>• Able to research</td>
<td></td>
</tr>
<tr>
<td>• Able to interact with management</td>
<td></td>
</tr>
</tbody>
</table>

[Note: The table is continued in the next page.]
<table>
<thead>
<tr>
<th>Learned skills (can be trained while employed)</th>
<th>Learned skills (tertiary education)</th>
<th>Pathways to Family Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Telephone counselling skills</td>
<td>• Child and lifespan development</td>
<td>• Diploma or degree in child</td>
</tr>
<tr>
<td>• Report writing/case note</td>
<td>• Dynamics of family relationships</td>
<td>or social welfare or health</td>
</tr>
<tr>
<td>• OHS</td>
<td>• Family support and parenting</td>
<td>field including:</td>
</tr>
<tr>
<td>• Conflict resolution</td>
<td>education: principles, methods</td>
<td>• Social work degree</td>
</tr>
<tr>
<td>• Professional practice decision-making skills</td>
<td>• and approaches</td>
<td>• Social welfare – advanced</td>
</tr>
<tr>
<td>• Self care</td>
<td>• Guidance and nurturing</td>
<td>diploma</td>
</tr>
<tr>
<td>• Networking</td>
<td>• Health and safety</td>
<td>• Psychology degree</td>
</tr>
<tr>
<td>• Team work – workers, families, etc.</td>
<td>• Diversity in family systems</td>
<td>• Social sciences</td>
</tr>
<tr>
<td>• Advocate</td>
<td>• Relationships among family,</td>
<td></td>
</tr>
<tr>
<td>• Listen not tell</td>
<td>school and community</td>
<td></td>
</tr>
<tr>
<td>• Ability to tap into resources</td>
<td>• Professional practice and self</td>
<td></td>
</tr>
<tr>
<td>• Able to see the big picture</td>
<td>care</td>
<td></td>
</tr>
<tr>
<td>• Continual professional development</td>
<td>• Group work</td>
<td></td>
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<td>• Mediation skills</td>
<td>and therapies</td>
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<td>• Case management/</td>
<td></td>
</tr>
<tr>
<td></td>
<td>supervision/debriefing</td>
<td></td>
</tr>
</tbody>
</table>

- Diploma or degree in child or social welfare or health field including:
- Social work degree
- Social welfare – advanced diploma
- Psychology degree
- Social sciences