

SUBMISSION TO

Tasmanian State Government 2015-16 Budget
Community Consultation

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For further information about this submission please contact:

Rev. Dr. Chris Jones

Anglicare Tasmania
GPO Box 1620
HOBART TAS 7001

Phone: (03) 6231 9602

Fax: (03) 6231 9589

Email: c.jones@anglicare-tas.org.au

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Executive summary and recommendation

Anglicare Tasmania welcomes the opportunity to participate in the State Budget Community Consultation process for 2015-16. This submission focuses on the needs of young Tasmanians and their families. In particular it focuses on the need to provide earlier intervention in the form of intensive support to keep children with their families and reduce the likelihood that they will enter the out-of-home care system (OOHC) or return them to family or kin as soon as possible if they do enter the care system.

Anglicare recognises the work of the Tasmanian Government to fulfil its obligations under the *National Framework for Protecting Australia's Children 2009-2020* (Commonwealth of Australia 2009), particularly the establishment of Gateway, Integrated Family Support Services (IFSS) and Child and Family Centres. The aim of these reforms has been to build a system of supports for all Tasmanian families: to put children and young people at the centre, focus on early intervention, provide more support for families, allow families to direct the services they receive and to integrate services for families and children. Anglicare also recognises the State Government's efforts to consolidate recommendations from numerous reports and reviews about the Child Protection System, including investigations by a Select Committee and by the Commissioner for Children (DHHS 2012).

In the last twelve months the State Government has been implementing a number of initiatives to build on and strengthen these reforms. These include:

- *Change for a brighter future: Children, Young People and Families* (Tasmanian Liberals 2014). This presents a plan to ensure that all children have the opportunity to be healthy, happy and well-educated. A key element of the plan is to increase the range of supports available to families to avoid children being taken into the statutory child protection system and to provide 'a new hand-up approach to families with complex needs in partnership with the community sector'. If children are taken into the OOHC system the plan aims to promote a better match between the placement and a child's needs in order to reduce trauma for the child and reduce placement breakdown.
- *Out of Home Care Reform in Tasmania* (Tasmanian Government 2014). This provides a framework for the reform of the Tasmanian OOHC system so that it is based on an evidence-informed, needs-based, planned, strategic response to the needs of children who cannot live with their families. The key objective of the framework is the development of a comprehensive continuum of care and an OOHC service system that addresses the needs of children and young people in a structured manner.
- the *Joined Up Support Services* initiative (DHHS 2014). This aims to deliver a shared vision for a more joined up human service support system. It promotes the integration of services to reduce confusion for clients, impacts on the fragmented delivery of support services and improves person-centered support. It is intended that this will be achieved in partnership with the community sector.

Anglicare's 2014-15 budget submission (Anglicare 2013) recommended that \$10 million be invested in improving statutory Child Protection Services and the OOHC system, expanding IFSS,

investing in advocacy and the legal system and investing in schools and in youth housing and support. We are pleased to note that the Government has expressed a commitment to:

- boosting the range and intensity of supports available to families who are struggling and working more proactively with at risk families;
- initiatives to break the cycle between parental homelessness and child removal;
- improving the statutory child protection system by improving decision-making processes and processes relating to investigation, referral, removal and reunification as well as better partnerships with parents; and
- improving the quality of care in OOHC to better meet the needs of children and young people, reduce trauma and placement breakdown and promote reunification.

Recommendation

In this submission and in line with these commitments Anglicare recommends the development and piloting of a three-year innovative, specialised intensive family intervention service in the north of Tasmania. This will provide evidence-informed, cost effective, outcome focused programs that will bring genuine and lasting change to the wellbeing of children, keep them with their families as far as is possible and, if they enter the OOHC system, improve the quality of the care they receive.

Introduction to Anglicare Tasmania

Anglicare is the largest community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie, and a range of programs in rural areas. Anglicare's services include emergency relief and crisis services, accommodation support, employment services, mental health services, acquired injury, disability and aged care services, alcohol and other drug services, and family support. In addition, the Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, staff, research and advocacy.

Anglicare's work is guided by a set of values which include these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

Anglicare provides services for children, young people and families including Communities for Children, long-term and crisis accommodation (such as Thyne House¹ and Youthcare²), drug support for young people, a range of parenting courses and counselling services³ and since 2011 a reunification service in the north and northwest of the State – Pathway Home⁴.

Pathway Home is a service for children and young people who have been in OOHC and their families to assist them to reunify and return home. Families are referred to the service by the child protection system and Anglicare works with the young person, his or her family, Child Protection, the OOHC team, the school, and any other relevant service to support the family and the child to make reunification possible, successful and joyful. For a period of two years from July 2012 to June 2014 Anglicare received additional funding from the Clarendon Children's Fund for the Family Reunification Project (FRP) to do more intensive reunification work, evaluate it and develop best practice approaches (Anglicare 2014). The evaluation clearly demonstrated the value of better collaboration and information sharing between agencies and of intensive and flexible support for families in improving the chances of successful reunification.

Anglicare's research and policy arm, SARC, has also conducted two substantial pieces of research in this area:

- *Parents in the child protection system* (Hinton 2013) documents the experiences of 47 parents who have been involved with Tasmania's Child Protection Services and the experiences of over 140 frontline workers employed by 40 different non-government services (NGOs). The research also collates the views of 16 child protection staff and five lawyers involved in child protection work; and
- *A necessary engagement: An international review of parent and family engagement in child protection* (Ivec 2013) provides a review of international models of engagement, support and advocacy for parents who have contact with child protection systems.

The research clearly articulates the kind of improvements parents in Tasmania would like to see to the statutory child protection system and to family support including earlier and more intensive interventions to assist them in parenting their children and better quality placements if their children do enter the OOHC system. The research also identifies a range of initiatives across the globe which have sought to improve outcomes for families and for children in contact with child protection systems.

Background

Child protection across the affluent countries of the Western world has been described as being in 'multi-dimensional crisis' due to the overwhelming numbers of vulnerable children referred because of concerns about their safety and wellbeing. Across Australia notifications to child protective services have increased three-fold over the last ten years. In Tasmania both the number

¹ Thyne House: Long-term accommodation for young people aged 16-25 in Launceston.

² Youthcare: Crisis shelter for young males aged 13-20 years old in the South.

³ For a full list of Anglicare's services in this area go to: <http://www.anglicare-tas.org.au/Supportandcounselling.aspx>

⁴ For more information on Pathway Home go to: <http://www.anglicare-tas.org.au/Supportandcounselling/Parenting/Pathwayhome.aspx>

of notifications and the number entering the OOHC system have continued to grow. There are currently 1057 children living in OOHC in Tasmania (Tasmanian Government 2014).

Far too many of these children and families are in need of intensive support and assistance, rather than forensic investigation. Recent inquiries have shown that up to 80% of children referred are not at significant risk of harm. Nevertheless child protection intake has become one of the main gateways into existing family support services. In most Australian states the provision of effective intensive family intervention is inadequate, both in terms of capacity but also in terms of providing an evidence-informed approach to practice and service delivery.

Because child protection systems are overloaded, the threshold for intervention has risen as a demand management requirement. This means that many children may be experiencing a protracted period of abuse and neglect which is known about but not attended to as the level of abuse does not meet the threshold for statutory intervention. Unfortunately this can lead to cumulative trauma due to ongoing medium levels of intense stress and fear. This can result in emotional and behavioural difficulties in the child that further stresses vulnerable parents and leads to spiralling difficulties. Children in these families often need to come into care in late childhood or adolescence when the parent finds them unmanageable and the situation leaves them at greater risk. This has profound consequences for the OOHC capability to address the trauma and behavioural manifestations of that cumulative trauma. At the same time limitations on the availability of carers reduce the ability to carefully match placements with an individual child's needs.

Recent State Government Inquiries like the Carmody Inquiry in Queensland (Qld Commission of Inquiry 2013), the Wood Inquiry in NSW (State of NSW 2008) and the report of the Victorian Ombudsman (Victorian Ombudsman 2010) recommend extensive changes to the way child protection is conducted. Invariably these inquiries have reported that current child protection systems are unsustainable and transformational change is required to support vulnerable and at risk families earlier and reduce the need for intrusive statutory child protection services. These philosophies are reflected in Tasmania's framework for reforming OOHC (Tasmanian Government 2014) which details the need to reduce the length of stay for children entering care through intense and immediate work with family to ensure speedy and successful reunification.

Reform agendas highlight the imperative to support families before serious harm has occurred, to support children and their families if serious harm has occurred through improved assessment, case work and therapeutic intervention, and to work towards future safety so that children can remain or return to their families. The Queensland Carmody Inquiry also found that many families find it difficult to access family support services when they need to as a result of unclear pathways into services and because there are not enough family support services to meet demand. These issues were also highlighted in Anglicare's research where families reported difficulties in accessing support of appropriate intensity and duration at an early enough point (Hinton 2013). Current child protection practice tends to focus on outputs rather than outcomes. Yet there is a consensus that the best outcome for children is to have them home with their family, happy, safe and well. This should be the ideal outcome of a family's involvement with child welfare or child protection services. A service that can intervene before the situation becomes unmanageable and follow the child into brief periods of care and work on reunification will make a considerable difference to the outcomes for these children and their families.

MyFamily pilot program

Anglicare proposes the development of an innovative specialised intensive family intervention program which aims to change systems and practice to better meet the needs of vulnerable children living in complex family situations where the children's safety and wellbeing is at risk. The MyFamily program (see diagram p.14) captures the current momentum for change occurring across Australia to reduce the unnecessary involvement of some families in the statutory child protection system. It diverts them to a specialised intensive family intervention program that includes seamless transition across entry to care and on to reunification, where possible. If a child does enter care for a period of time, it is envisioned that this approach will offer effective placement planning, shorten the length of time spent in care, increase the involvement of families in the child's life while they are in care, use contact visits in a therapeutic way to assist in the development of safe parenting, and address safety issues so that children can return home and remain there, or move to kinship placements if they need to stay away from home.

The program is in line with the directions taken in recent reforms in both NSW and Queensland, as well as being reflective of existing practice in Victoria. It is also evident in the proposed reforms for Tasmania which all include community-based intake and referral, intensive family support, new practice frameworks for child protection and reform of the OOHC system. These new practice frameworks include:

- A collaborative and balanced assessment and planning framework
- Danger and risk statements and safety goals
- Elements of Signs of Safety (such as Three Houses and Safety House tools)
- Safety and support tools
- Collaborative safety planning framework
- Measurement of both outputs and outcomes

The introduction of a pilot program to trial innovative ways of delivering an intensive family support program and pre-placement planning would be a significant contribution to comprehensive reform for Tasmania. The proposed program could assist in paving the way for the future introduction of complementary community-based intake and referral services which are seen as a more cost effective and useful pathway to support vulnerable families. It would be designed to reflect and complement the intention of innovative child protection practice, for example by using some of the elements of Signs of Safety.

The north of Tasmania is selected as the site for the proposed MyFamily program. This is due to the existing excellent working relationships between the State Department of Health and Human Services and the non-government sector, the range of complementary services already being delivered by Anglicare Tasmania and other agencies, and the exciting and innovative movement in the region towards genuine collaborative practice through community of practice principles and structures.

This existing momentum will boost the collective impact of the new program, further developing the push for positive change. It reflects current thinking evident in the *Joined Up Support Services* initiative, which promotes the integration of services. The joining-up of support services in the proposed pilot would allow families to receive support in a more efficient and effective manner and address complex needs without families needing to navigate a myriad of entry points for services. Information sharing between service providers would assist in ensuring that families receive a comprehensive 'wraparound' service.

Introducing an evidence-informed, cost effective, outcome focused program will bring genuine and lasting assistance to the wellbeing of children and keep them with their families, wherever possible.

Program description

The MyFamily program will provide pre-placement assessment and specialised intensive family intervention where there are identified child protection concerns with the aim of diverting entry to OOHC wherever possible. However it can also follow a child if they need to enter care, or pick up children entering care, providing assessment based goal setting to meet children's needs. The program can provide immediate intervention, pre-placement planning, a better match between child and carer and a speedy return to family or kinship networks if children do enter the care system.

The program will demonstrate the benefit of removing the tension that exists when child protection workers are expected to be involved in both the statutory and child removal elements of the system and also in supporting families. By structuring a specific focus on the child and family remaining together a therapeutic leverage is brought to bear in the service. The key program features are a single case plan, a multi-disciplinary team, seamless transition between intensive family intervention services, entry to care and reunification and joined-up support services with information sharing and collaborative practice. The key practice features are:

- Child-centred and family-focused
- Trauma informed
- Assessment led case and placement plans
- Strength based
- Outcomes framework and data collection to demonstrate effectiveness

This evidence-informed service includes the following mix of practical, personal development, therapeutic and enabling services which have been demonstrated to be the most effective way of delivering a cost effective and outcomes focused innovative service intervention. Program and service elements include:

- Lead case manager with a single case plan
- Small case loads of eight per practitioner with active and intensive engagement over the time needed to achieve case plan goals, with an average intake of 40 families per year
- Practical services that address a specific need in the family, such as transport to medical appointments, establishing daily routines related to meals or getting to school or respite care
- Prioritizing the immediate needs which have lead to crisis situations such as lack of food or housing or domestic and family violence and addressing these first to achieve stability before bringing in other services such as therapeutic counselling or parenting support
- Personal support and development including information and advice, parenting skills courses, budgeting, household skills development and the development of social supports, including the involvement of extended family and kinship networks
- Clinical or therapeutic services including counselling, family therapy, emotional support, early health assessments, family mediation and intergenerational healing
- Enabling services to link the family to other supports via referral and advocacy (e.g. assist with access to housing, child care, emergency relief payment, rental assistance)

- Specialist domestic and family violence professionals to inform case planning for family members impacted by domestic and family violence, facilitate referrals to specialist services and work directly with clients where appropriate
- Specialist drug and alcohol professionals to inform case planning for young people or adults impacted by substance misuse, facilitate referrals to specialist services and work directly with clients where appropriate
- Brokerage for specialist services and resources to support individual case plans, which may range from purchasing clean-up services, to providing white-goods or purchasing specialist clinical or health assessments and interventions. This is expected to be \$20,000 per annum spread across the 40 families accepted into the program
- An exit plan developed at the commencement of the case plan clearly identifying how the family will transition from intensive family support at the end of the intervention. Case plans will be reviewed at regular intervals in collaboration with the family. It is expected that case management will continue until all or the majority of support needs have been met
- Case management to coordinate all of the above, monitor markers of change and engage in collaborative practice with government and non-government departments and organisations
- Mapping of outcomes, data collection and an evaluation framework.

The service will be designed with a culturally competent, trauma-informed, multi-disciplinary team approach. However each family will have a lead professional who assists in the development of a single case plan across all internal and external services. Some specialist services may have their own case plan, but the lead professional will work with the other services to ensure that case planning and coordination covers all areas of identified need, increasing information sharing, prioritising areas of work and reducing service duplication.

While not designed to be a crisis service, the program will have extended working hours and remain as flexible as possible so as to meet a family's needs at the time of day which is most appropriate. This intention will be affected by the size of the service and available resources.

Entry to care and reunification

For children and young people already receiving the above services from the MyFamily Program, but who need to enter care for a period of time, this program will hold them and their family within the same service. Other children entering care in the region will also be able to access entry to care assessment and the intensive family intervention service, numbers permitting.

Once a child or young person enters this part of the program, there will be a focus on assessment to ensure that the child's needs are kept in the forefront during their time in care with assessment leading to timely and effective referrals to medical, dental, mental health, education support and other services. At the same time, intensive engagement with the family will be pursued. It has been found in other pilot programs of this nature, that when an NGO engages with a family immediately after a child has been removed from home, there is a greater chance of engagement than if the government child protection service attempts this work. This leads to a more hopeful and less defensive working collaboration between the service and the family, with greater chance of family change and successful reunification.

Needing a period of time in care should not be seen as a failure of service provision, or a failure of the family. Rather it can be a necessary circuit breaker for some families and allow space to continue working on issues that place the child at risk of significant harm.

In many child protection and OOHC jurisdictions across Australia, there is little coordination between the intensive family support service arm and the OOHC arm. This creates a fracture in the family system as the child enters care and a fracture in the family's support system because the same services and professionals cannot continue to work with the family. This is noted in the framework for OOHC reform in Tasmania (Tasmanian Government 2014):

Current practice is overly focused on child rescue, incident-based and time limited interventions, at the expense of child-centred and family-focused interventions. Without this, children and young people are brought into and stay in care longer than might be necessary, due to a lack of family practice models for supporting safety in the home. (page 8)

The MyFamily pilot program will fill this gap in service delivery. It will provide a seamless and coordinated approach to the care of the child and their family, reducing lengthy stays in care and returning children home as soon as possible. It requires an active partnership with government Child Protection Services and ongoing work on collaborative practice within a trauma-informed framework. This will ensure trauma-based intervention options in line with a comprehensive needs assessment for all children in the program.

Research indicates that the most significant factors in successful reunification are the length of time spent in care and the consistency and quality of family contact during the care episode. Research also indicates that kinship care generally has more positive outcomes for children than foster or residential care. The seamless design of the pilot program will ensure that these elements are central to the service delivery. Program and service elements of this part of the program include:

- Entry to care assessment of the child and family to determine new case plan goals for existing cases, and case plan goals for families not yet involved in the service. These case plan goals will include the process of reunification
- Effective placement planning
- Practical assistance for the family in relation to attending appointments and family contact
- Further work on referrals to appropriate service, including legal and court support, as determined by case plan goals
- Clinical and therapeutic support at family contact, to observe and intervene in inappropriate behaviour, minimise conflict and contribute to building strong relationships between children and their families
- Specialised training and support for foster and kinship carers so that they are able to support the child in relation to their assessed needs and assist in the reunification process
- Ongoing engagement with extended family and kinship networks, as contingency planning for the child not being able to return home within a short time frame
- Ongoing work on reunification

Most importantly, the benefits of working in this way include a reduction in the number of new professionals in the life of the family so that in a time of crisis they do not have to repeat their

stories. Established relationships with the professional team will assist the family to review and reshape their goals as there will be transparency regarding the reasons the children entered care, the nature of the care and support they are receiving and what needs to be done for them to return home.

Across Australia few government departments now run internal OOHC services. Alongside this many jurisdictions are implementing a transfer of case management to the non-government sector. This has been the case in Victoria for many years and more recently in NSW. Program development may require Anglicare Tasmania taking over a group of foster care or kinship care placements so that the service is as coordinated and streamlined as possible. This is reflective of the proposed Phase 2 of the Out of Home Care Reform agenda. If this is not possible, the program would work with existing care providers.

Expected outcomes

The MyFamily program will assist vulnerable families to address multiple and/or complex needs and build their capacity to safely care for and protect their children, from unborn babies through to the age of 18. Engagement with families will involve the active participation of the family in case planning and in demonstrating their willingness for positive change. The primary focus of the engagement is to strengthen the protective factors within the family to ensure children can safely live at home or, if they cannot, to improve the quality and effectiveness of the care they receive in the OOHC system. The expected outcomes are:

- Delivering value for money and managing public investment well
- Contributing to a sustainable child protection and OOHC system and reducing placement breakdown
- Supporting highly vulnerable families to be stronger, capable and more resilient – families are appropriately referred and engage with the support they need.
- Improved life outcomes for vulnerable children – reduction of numbers of children in care and reduction of risk factors for vulnerable children
- Coordination between intensive family intervention, OOHC and reunification processes to streamline services and return children home in a timely manner, or find suitable kinship placements
- Earlier intervention to prevent later complex emotional and behavioural problems for vulnerable children and young people, reducing the cost burden on mental health, welfare and justice systems in the future
- More sustainable support services to vulnerable families – government investment shifts from tertiary to secondary interventions and agencies refer to the most appropriate service.
- Improved outcomes at a family level:
 - medium to long term - sustained change over a period of time brought about by a family support response when a family in stress does not require a statutory intervention
 - short-term - the family support intervention delivers measurable improvements in the family's situation during the actual intervention
- Enhanced collaboration and information sharing between government and non-government agencies involved with each family.

The program is cost effective as families, through the single case plan, are steered towards the most appropriate services at the time they are needed, rather than engaging with a range of different services. This will reduce the costly doubling up of expenditure.

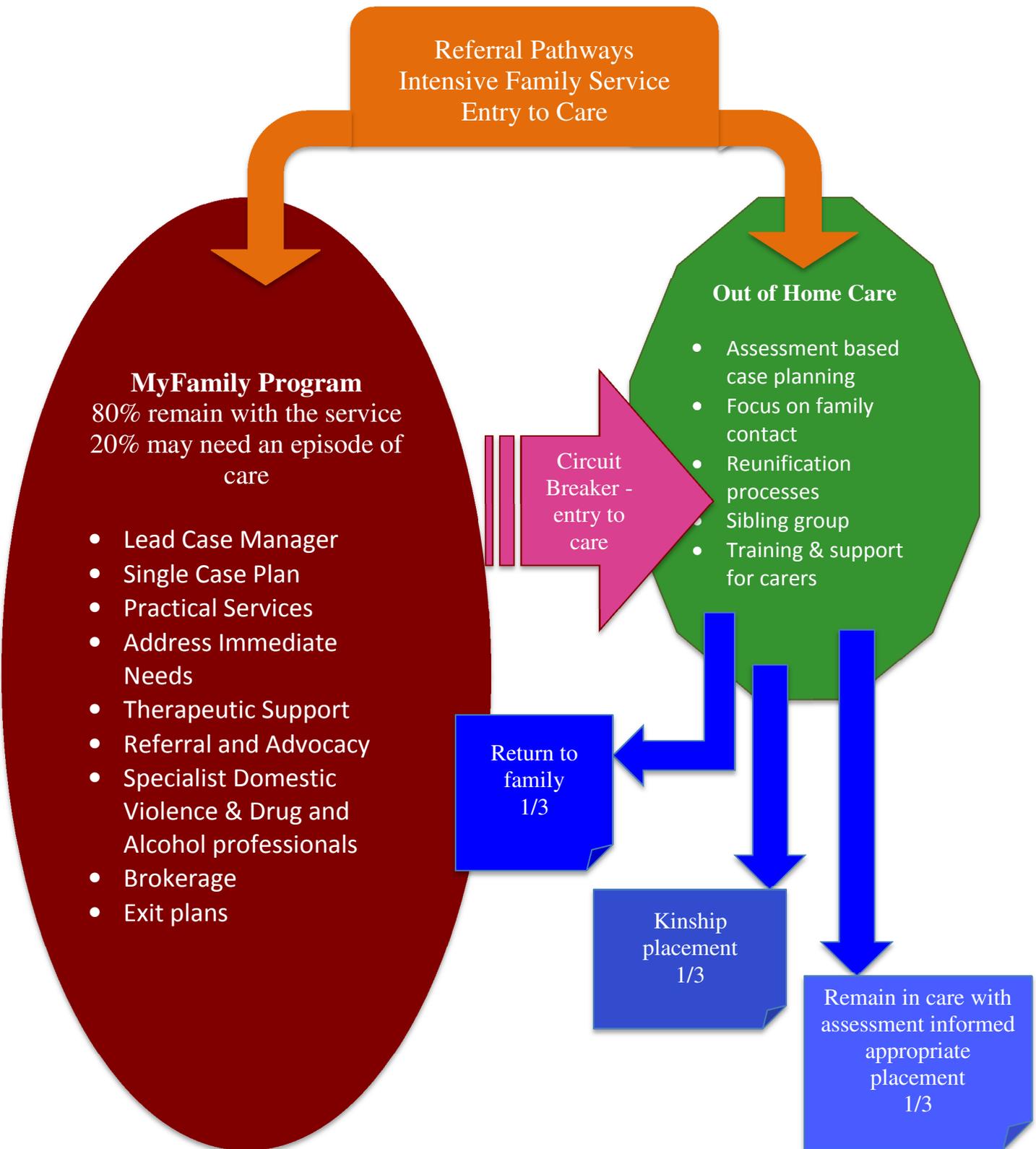
Budget

The two options presented in this submission are an opening point for discussion rather than a definitive position. Both options could employ the funds allocated as part of the Government's election commitment—\$360,000 for a pre-placement centre—to support a three-year pilot of the MyFamily program in the northern region.

Essentially Anglicare proposes a team of 5 FTE practitioners/case managers, with a full-time coordinator, across 40 families per annum. This would allow for small case loads of eight families per worker. This formula could be scaled up proportionally, depending on available resources, to a larger service that could meet the needs across the whole region. The two options are:

1. Secondment of 5 FTE case managers from DHHS, who would continue to draw salaries. Anglicare would employ a coordinator. Cost approximately \$200,000 for coordinator and operational expenses plus the existing DHHS internal expenditure. Anglicare proposes contributing \$80,000 in the first year with a view to Government contributing the full \$200,000 in years two and three following successful implementation. This makes the first year cost neutral for the Government. This option potentially limits the capacity to establish the required multidisciplinary team described above.
2. Anglicare employs the case managers and coordinator to support 40 families per annum. Cost approximately \$750,000 per annum.

Diagram: MyFamily Pilot Program



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Appendix 1: Evidence-based practice principles

(adapted from : Prof Clare Tilbury, Griffith University)

Valuing and supporting families as the primary place of nurturing for children - The best way to promote the safety and wellbeing of children and young people and to protect them from harm is by supporting families to care safely for their children at home.

Building on strengths - Support and intervention builds on the strengths of the child, family and community, enhances capacity and resilience and addresses identified risks and/or problems. Service providers work collaboratively and in partnership with children, families, communities and other service providers where appropriate to develop case plans and to make decisions.

Respecting and responding to family and community diversity and strengthening culture and connections - Family and cultural background has a strong bearing on the ways families and communities approach childrearing. Support and intervention respects and responds to diversity and promotes culture as a resource, seeking to build on the strengths and protective factors that particular cultural backgrounds may provide.

Holistic and integrated policy and practice - A holistic and integrated approach to service provision offers the greatest chance of longer-term success. In partnership with non-government organisations, government plays a leading role in bringing together relevant stakeholders and supporting genuine collaboration throughout planning, implementation, partnership development and evaluation.

Evidence-based policy and practice - Support and intervention is outcome driven and reflects contemporary research and evidence on what works best to achieve desired outcomes. Where appropriate, consideration is given to targeting activities and interventions toward the early years and other critical transition points to maximise investment and outcomes. Agencies commit to action learning processes and participation in the evaluation of service delivery both as part of the broader network of IFSS services and in partnership with the department.

Purposeful, planned and matched to need - Supports and interventions are goal orientated and planned, within a sound theory of change. They are carefully coordinated and individually tailored to the specific nature and source of family difficulties. Parent engagement is maximised through family support based on goals that are specific and interventions that are well coordinated.

Relationship-based - Relationships are vital to service delivery. Workers aim for a therapeutic role and strive to develop a structured helping alliance with family members. Interventions will be delivered by appropriately trained, research informed and skilled staff, backed up by good management and supervision.

Tangible and non-tangible forms of assistance - A mix of practical, personal development, therapeutic and enabling services are utilised as appropriate.

Partnership approach - Workers develop a partnership approach with parents that endorse parental responsibility. Multiple pathways in to the service are utilised to encourage self-referral (where available) and reduce stigma for families.