ATTACHMENT HK 5

This is the attachment marked "**HK 5**" referred to in the witness statement of Harold Rudolph Kirby dated 10th August, 2015.

Client Management
Early Years

This document should be read in conjunction with Early Years Policy

What we do

Early Years Staff work with families to ensure the best possible start for children.

Our aims are to:

- To work with families with a child first focus.
- To empower families through support and connection.

How we do it

We support community through professional practice which is child focussed and family sensitive.

We do this through:

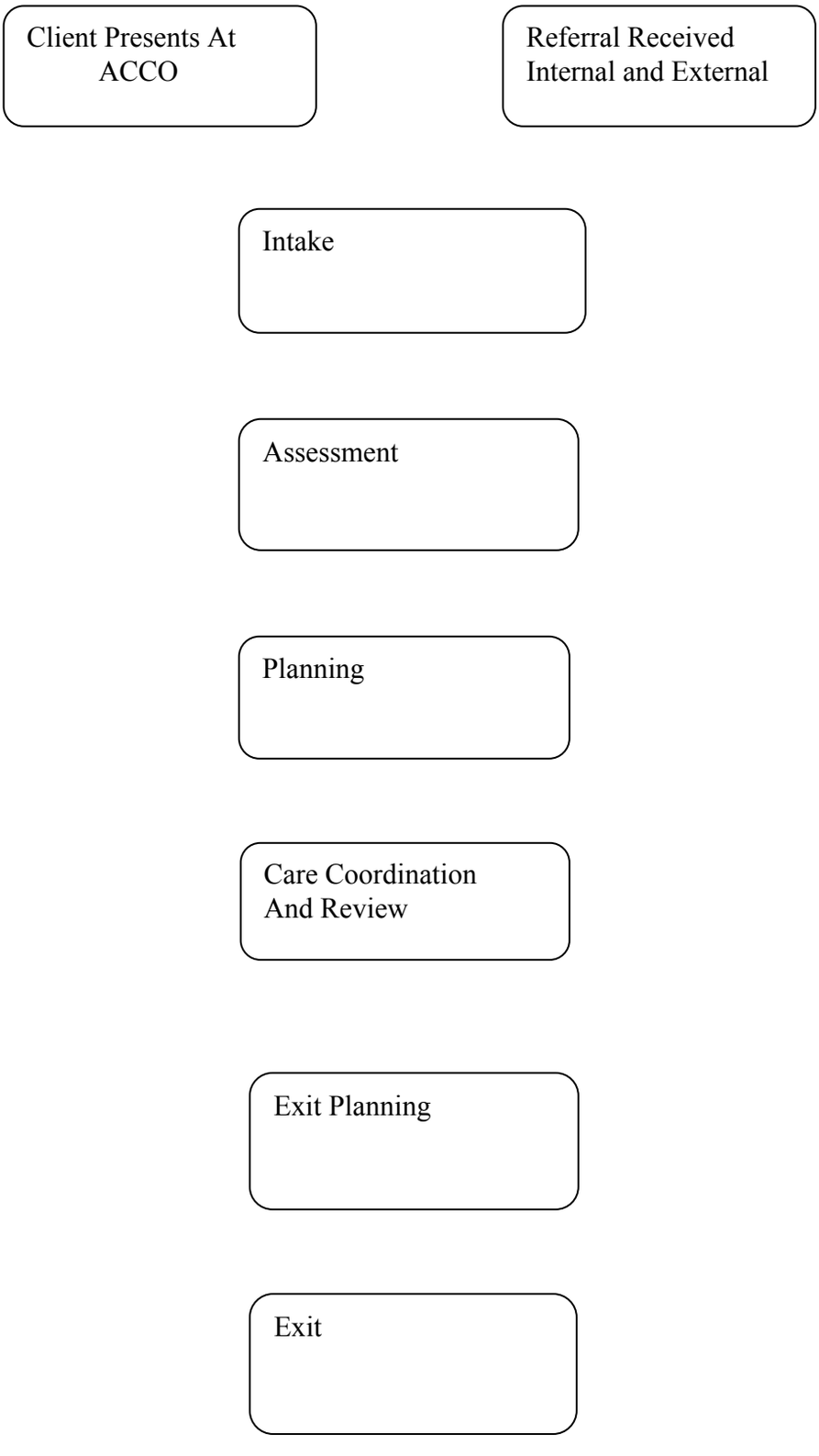
- Relationship building
- Engagement
- Partnership
- Empowerment

Through our Care Co ordination model we:

- Gather information
- Analyse and plan
- Action
- Review Outcomes

Contents

Care Co Ordination Flow Chart



1.0 Client Engagement

1.1 Referral

Clients can engage with the service direct by presenting to the service or via referral from another service.

If the client attends at the service the Early Years Intake worker will be contacted by Administrative staff to attend an interview room to complete intake. If an Intake worker is not available and the client need is not immediate a referral will be completed by the Administration staff member and forwarded to the Early Years Intake worker for action.

External services will fax referrals through to the central organisational fax number. On receiving the fax, Administration will forward the documentation to the Early Years Intake staff member.

Early Years Procedures

Example of Referral:

Early Years Client Referral

Date: ____/____/____ Time: : AM/PM

Clients Name: ……
DOB: ____/____/____
Address:

……

Suburb: …… State: …… Postcode: ……

Phone: ( )…….. Mobile: ……

Email: ……

☐ Aboriginal ☐ Torres Strait Islander

Type of Contact:

☐ Office ☐ Phone ☐ Fax Referral ☐ Other

Persons other than client involved in initial referral contact (Please tick all that apply).

☐ Family Member: ……
☐ Friend/Community Member: ……
☐ Agency/External: ……
MDAS Internal: ……
☐ Other: ……

Client Involvement

☐ Client was present & participated in referral process
☐ Client not present. Client has been advised of referral/contact
☐ Client was present but did not participate (explain)

……
……
……

Concern Issues (reason for contacting MDAS)

……
……
……
……

Client Referred To: ☐ **Early Years** ☐ **Family Services**

1.2 Intake

Once the referral is received by MDAS it will be forwarded to the Intake Team/Intake Worker for intake to be completed.

The intake/inquiry form will complete by the Intake and Assessment Officer, however if the client is open to answering questions and is sharing their story with the Customer Services staff then relevant information can be added to the referral form.

The Intake Officer or the Customer Service Officer may be able to assist with the clients immediate needs and the client may not require a service by a MDAS program, i.e. a client requires transport or information on a program.
Who does this sit with? Should it still be referred to Intake? Is it the Customer Services role to make this decision? If Customer Services makes this decision, how is the information recorded (this could impact data)? If Customer Services do make the decision, should the procedure be under referral. Where should this procedure sit?

During the intake process immediate needs are identified and addressed promptly with basic information recorded and entered onto the system.

Basic information for immediate/short term action includes:

- Client Details/Contacts
- Language Spoken
- Household Members
- Presenting Problem (additional information can be included in the assessment form)
- Health Concerns/Issues
- Current Health Care and Service Providers
- Confidentiality Concerns

Once the client has been assessed as suitable for an internal program the client is allocated to the relevant MDAS Service.

Example of Intake:

Client Intake

Client Details

Date	
Name	
D.O.B	
Address	
Phone No	
Cultural Identity	(Please Circle) Aboriginal Torres Strait Islander Non-Aboriginal
f Non Aboriginal Please Detail Nationality	
Language Spoken at Home	Is interpreter required: Yes / No

Emergency Contact

Emergency Contact	
Address	
Contact	
Relationship to Client	

☐ **Health Care Card/Pension Card:** **Details:** ……

☐ **Medicare Card:** **Details:** ……

Others in Client Household

Name	DOB	Relationship to Client	Phone

Significant Others not in Client's Household

Name	DOB	Relationship to Client	Phone

Are you already engaged with an existing service within *ACCO*? If so which service and in what capacity?

_____

_____

_____

Professional Contacts

Early Years Procedures

Name	Organisation	Address	Phone

Additional Service Notes/Comments:

……

……

……

Reason for Request: (Please provide details)

……

……

……

……

Request Status: **Approved** **Declined**

Decline Action:

……

……

……

……

Approved Action:

Referred for MDAS Intake: **Yes** **No**

Intake Appointment: **Date:** **Time:**

Intake Worker:

Referral to Another Service: **Yes** **No**

Referred To: **Referral Date:**

Referral Details:……...

……..

……

A client consent form should also be completed at this time to ensure authority to contact relevant people/services if required. The client consent form should be reviewed regularly during care coordination.

Example of Consent Form:

CLIENT CONSENT FORM

I, (insert client name) hereby acknowledge that Mallee District Aboriginal Services have provided me with the following:

- MDAS client information pack

I am aware of, and understand that, the organisation may need to collect and disclose personal information to third parties (as required) in order to provide an improved level of care.

I nominate that my personal information be disclosed only to the person or agencies listed below: e.g. Early school leavers, Integrated family services.

Persons/Services

_____

_____

_____

_____

_____

_____

_____

I understand that MDAS must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Name of Client: Signature _____ Date _____

Name of Program Supervisor/ Case Worker Signature _____ Date _____

1.3 Assessment

Assessment is the gathering and analysis of information which informs planning and action. Thorough information gathering and analysis is critical in forming an assessment of the families' strengths and difficulties and the level of risk.

The Early Years is a strengths based approach which acknowledges the positive aspects of the family and looks at what parents and children do despite their problems. It focuses on how they have tried to overcome problems, what they do well and explores their aspirations and hopes. It has a view to understand and invites responsibility rather than blame. Care Coordinators should engage the family in planning ways to interrupt stuck patterns, rather than repeating the same approach which has previously failed to help the child and family.

Key Considerations:

- The information gathered will cover past history, the present circumstances and future protective and risk factors.

- Always start where your client is at present. This may be expressed in anger. Start slowly, actively listen and build rapport.

- Always try to engage with and speak to the child or young person. If the child is pre-verbal, you will still be able to observe the child and their behaviour patterns, and to carefully observe the child and interactions.

On commencing the assessment, calmly and carefully explain your role and responsibilities. Outline the process and explain the importance of the client being the lead in the work that will be completed.

The assessment process will cover the following:

- Disability
- Safety
- Stability
- Development and Wellbeing
- Parent/Carer Capacity
- Family Composition and Dynamics
- Family History
- Social and Economic Environment
- Community Partnerships, Resources and Social Networks
- Health

Example of an Assessment Form:

Client Assessment

Disability
Do you or someone you care for have a disability? Please give a brief description of the disability.

_____
_____
_____
_____

Are you being supported with this disability? If yes please provide a brief description. If no is a referral required?

_____
_____
_____
_____

Child's Safety
Prompts
How does the Child Present?
Are there any demonstrated behavioural issues?
Does the child have access to timely medical and dental treatment?
Are there any concerns about how the parent or carer is caring for the child?
Is the child adequately supervised?
Is the child's environment safe?
Is there a cumulative history of exposure to harm for the child or siblings in the family?
What are other agencies or services saying about the child safety needs and family strengths or difficulties in meeting these? Have you spoken with the Maternal and Child Health nurse, child care, kindergarten and school?

_____
_____
_____
_____
_____
_____
_____
_____

Early Years Procedures

Child's Stability
Prompts
Who are the significant people in the young person's life?
Is the extended family involved with the child?
Does the child have friend? Ask the child if appropriate.
What factors in the child's current environment contribute to the child's sense of stability or instability?
What supports does the child require to enable meaningful relationships and connections?
Has the child had child protection intervention or placement? What was the child's experience?
Does the child attend play group, kindergarten or school?
If the child is being cared for by a carer, how long have they been in their care and with whom in their family do they still have contact?
What is the child's cultural connections? Are these connections actively promoted?

Child's Development and Wellbeing
Prompts
What is your sense of the child's overall wellbeing?
Does the child's emotional age match the expectations of actual age and stage of development?
Does the child receive emotional warmth, nurture and affection? What was the pregnancy like? Was the child breastfed?
Is the child linked to relevant services?
Is the child's cultural, spiritual and sexual identity promoted in a positive way?
What is the quality of relationships within the family? Describe both positive and negative that you notice.
How is the parent attuned to the child's needs?
Does the child participate in leisure and recreational interests?
Is the child appropriately engaged and stimulated?
Does the carer show active interest in the child's progress?

Early Years Procedures

Parent/Carer Capacity
Prompt
Ask “What do you enjoy about parenting? What are the hard things? What are your solutions, what works?”
Ask “What activities do you undertake with your child to promote learning, development and wellbeing?”
Tell me about your child. What does your child enjoy doing? Is there anything about your child that concerns or worries you?
What are the basic rules for children in your family? (Are these age and developmentally appropriate?)
Have you observed your child playing?
Who supports you?
What do you take pride in?
What supports do you think would make a difference in meeting you and your child’s needs?
Does the parent/carer have a health or other issue that impacts on their ability to ensure safety (family violence, drug and alcohol, mental health, disability)
Ask “What was it like for you when you were growing up in your family?”

Family Composition and Dynamics
Prompts
Who are the key relationships within the family, including extended family and significant prior relationships?
Who are the positive and negative family dynamics, particularly if these appear to impact on the child?
Who does what, when and in what context?
Family and cultural traditions
What is good about your family? What isn’t so good and you would like to improve? What are the strengths of your family?
How does the resident parent feel about the absent parent?
How do you want to parent differently?

Early Years Procedures

Family History
Prompt
Discuss transgenerational patterns/trauma

Social and Economic Environment
Prompts
Identify employment and income sources. Are these sufficient to meet family costs and basic needs?
Has the family been homeless in the past?
What are the financial obligations, burdens and stresses?
Identify the type of accommodation. Is it stable, sufficient and suitable for children?
Does the family have wider family and social networks?
What is the family's involvement with extended family and local community? (this includes culturally appropriate involvement).

Community Partnerships, Resources and Social Networks
Prompts
What service support does the family require?
What other services are involved with the child and family?
What services would you find helpful or useful but are not available?
*Check the case file to ensure that you are informed about current or prior involvement by *ACCO* or other organisation

Health

Early Years Procedures

Prompt
Are there any additional health issues or concerns?
Have all Child and Maternal Health visits been attended?

_____
_____
_____
_____

Outcome: (check all that apply)

☐ Accept referral ☐ Refer to external agency

☐ Closed/handled at intake ☐ Unable to assist

Additional Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Entered onto System ☐ Yes ☐ No
Date entered: _____/_____/_____

Intake Officer:

2.0 Care Coordination Planning

Planning is making decisions about what actions to take in regard to the child's needs and risks, in relation to family strengths and capacities. The basis of analysis and planning is professional judgement that is informed by your collaboration with the family and other professionals, and the integration of the relevant evidence base.

Key Considerations:

- Ensure that planning is child focused
- State goals in the child's, young person's and family in their own words
- Plan with the family, not for the family
- Goals should be specific, measurable, achievable, related to the concerns and timely (SMART)
- Goals should be broken down into manageable steps
- Document should include agreed roles, actions, responsibilities and timelines
- Reviews should occur frequently with what is working and what is not working

2.1 Five Column Approach

Issue	Strengths and Resources	Constraints	Action Steps	Future Picture
What is happening? **How is it affecting you?** **How does it make you behave?** **What is it getting in the way?** **What is it stopping you doing?** **Is it taking energy away from doing other things?** **What do others notice about you when the issue is present?** **How is it making you feel?**	**Which strengths do you have well developed now that you could use to build the future picture?** **How will you use that strength in this particular instance?** **What would it look like in action?** **If we took a video of you using that strength what would we notice you doing?** **What would others notice?** **Who can you call on to assist?**	**What is preventing you from doing that now?** **What's getting in the way?** **Is it a belief?** **Is it lack of resources?**	**What do you need to do right now to get this solution rolling?** **Do you need to make a list?** **Do you need to call somebody?** **What would we see you doing as a first step?**	**If you woke up in the morning and mysteriously the problem was no longer there, how would you feel now?** **What behaviours will replace the issue behaviour?** **What will people see you doing now?** **If we took a video of you doing this new behaviour, what would we see?** **What would you be doing?** **What would you be saying?**

2.2 Family Assessment Tool

Concerns
What worries us?

Strengths
What are the positives?
What strengths have the family drawn on in other difficult times?

Constraints
What would get in the way of things getting better/safer?
What have we tried before that didn't help?

Future Picture
What would it look like if things were better/safer?
What would there be more of/less of?

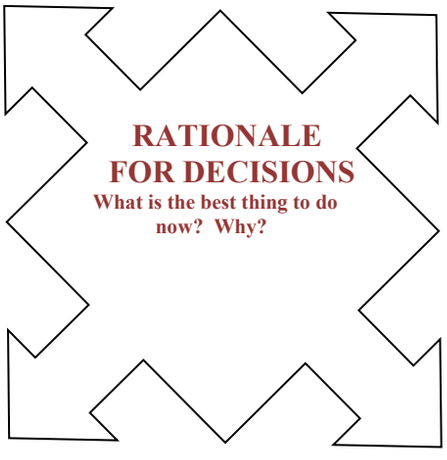
2.3 Risk Assessment Tool

Pattern and Severity of Harm

Consider: harm and its effect, current Risks and concerns, parenting history in relation to siblings.

Strengths and Protective Factors

What are the protective factors?
What are the strengths within the family that increases the potential for safety?



Likelihood

Consider the changing family dynamics and other complicating factors.
Can the parent/carer prioritise the child's need's and safety? What are the constraints? What is the likelihood of the child suffering significant harm in the future if nothing changes?

Vulnerability

Consider the child's, development, temperament, behaviours, medical conditions, special needs and parental beliefs about the child.

2.4 Planning/Goal Setting

Goal 1	Goal 2	Goal 3
Who's Goal Is It?	**Who's Goal Is It?**	**Who's Goal Is It?**
Action Steps **1)** **2)** **3)**	**Action Steps** **1)** **2)** **3)**	**Action Steps** **1)** **2)** **3)**
Roles **Who Will Act?**	**Roles** **Who Will Act?**	**Roles** **Who Will Act?**
Responsibilities **What Will They Do?**	**Responsibilities** **What Will They Do?**	**Responsibilities** **What Will They Do?**
Timelines **By When?**	**Timelines** **By When?**	**Timelines** **By When?**
Indicators of Change	**Indicators of Change**	**Indicators of Change**

3.0 Care Coordination

3.1 File Management

Care Coordination practices are to be determined by the level of need and risk attributed to each client.

Care Coordination of clients has been divided into three categories: Intensive Care Coordination (ICC), Care Administration (CA) and Non Intensive Supervision (NIS).

The frequency of contact is determined by various factors including:

- Level of Client needs and/or risk
- Client progress
- Service demands

The following table indicates the initial and progression of frequency of supervision required. These are a guide only and can be overridden.

Guidelines for Frequency of Supervision for Intensive Case Management, Case Administration and Non- Intensive Supervision Programs					
Risk level	**Initial Contact**	**Up to 3 months**	**3–6 months**	**6–12 months**	**12 + months**
High **Intensive Case Management/**	Weekly/bi-weekly	Weekly/ Fortnightly	Fortnightly	Three weekly	Monthly
Moderate, with high needs **Intensive Case Management**	Weekly	Fortnightly	Monthly	Monthly	Monthly
Moderate **Case Administration**	Weekly	Fortnightly	Monthly	Monthly	Monthly
Low **Case Administration**	Fortnightly	Monthly	Monthly	Monthly	Monthly
Non Intensive			Bi monthly	Bi monthly	Bi monthly

Intensive Care Coordination

Intensive Care Coordination is deemed to apply to all high risk and complex needs clients. The primary purpose of ICC is to appropriately support clients to reach their goals.

Intensive Care Coordination means the Care Coordinator will:

1. Focus on factors contributing to clients not reaching their goals
2. Discuss issues that impact on a child's development
3. Build professional rapport with the client
4. Engage and encourage the client to reach their goals
5. Assist in the develop of proactive relationships with internal and external service providers and facilitate referrals as appropriate
6. Be available as a resource to assist in the event of personal crises

Case Administration

The primary purpose of CA is to provide sufficient guidance and support to the client so that they successfully reach their goals.

Case Administration means that the Care Coordinator will:

- Assist the client to successfully address issues and reach goals
- Ensure the Client completes any service requirements within an agreed timeframe

Non-Intensive Care Coordination

Non-Intensive Care Coordination refers to engaging with the client on a needs basis. These appointments will generally be with families who have engaged well, addressed issues and/or reached goals and no longer require a high amount of support.

Professional Judgement

Case Coordinators are required to use professional judgement when making decisions regarding Client engagement. Professional judgement is defined as:

"The ability of somebody who has special knowledge or skill to assess a situation and recommend a course of action".

A judgement can be defined as an assertion made with evidence or good reason in a context of uncertainty. Good professional judgement required the Care Coordinator to consider the following:

- Knowledge and experience
  - What is my experience telling me?

- Research and analysis
  - What trends am I seeing?
  - Has this happened before?
  - Is this behaviour consistent with previous behaviours?
  - What happened in the past?
  - What is probably likely to happen?
  - What is the information telling me?

- Reflection
  - Have I seen anything like this before?

- Have I experiences anything like this before?

- Risk
  - What is the risk of briefing up?
  - What is the risk of not briefing up?

- Collaboration
  - Who do I need to seek advice from?
  - Who do I need to escalate this to?
  - Who do I need to brief

3.1.1 File Notes

File notes should be completed as soon as possible within 24 hours.

File notes should be clear, concise and free of judgement. Clients can be quoted in file notes. Rather than naming an emotion on behalf of the client, ask the question in discussion then outline the discussion in the client's notes i.e. instead of writing the client appeared sad, ask the client are you sad and note their response. Instead of naming an encounter describe the situation in your notes.

To ensure clarity in notes review them as though you know nothing about the client. Would someone in this situation get an accurate picture of the client and their need.

3.1.1 Home Visits

Home visits

Procedures

Risk assessment

3.1.2 Mandatory Reporting

What is Mandatory Reporting?

Mandatory reporting is a term used to describe the legislative requirement imposed on selected classes of people to report suspected cases of child abuse and neglect to government authorities. Parliaments in all Australian states and territories have enacted mandatory reporting laws of some description.

What activates Mandatory Reporting?

Victorian legislation states that mandatory reporting is activates if there is *a belief on reasonable grounds that a child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type.*

Who is bound by Mandatory Reporting?

Mandatory reporting requirements in Victoria states that registered medical practitioners, midwives, registered nurses; a person registered as a teacher under the *Education, Training and Reform Act 2006* or teachers granted permission to teach under that Act; principals of government or non-government schools; and members of the police force are bound by mandatory reporting on belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment.

Reporting is mandatory in cases involving:

- Physical abuse
- Sexual abuse

As outlined in:

Sections 182(1)(a)-(e), 184 and 162(c)-(d) of the *Children, Youth and Families Act 2005* (Vic.)

What does this mean for an Early Years Care Co-Ordinator?

If you do have a case where there is *reasonable grounds Child has suffered, or is likely to suffer, significant harm as a result of physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child from harm of that type*, you should report and discuss your concerns with your manager.

The discussion and the outcome and/or actions resulting from the discussion should be recorded in the clients file.

Should your manager agree with your concerns these should be escalated to CEO level for action.

4.0 Referrals

4.1 Internal

Family Services
Well-Being
Playgroup

4.2 External

Australian Breastfeeding Association 1800 686 268
Parentline
Panda 1300 726 306
Beyond Blue 1300 224 636
Lifeline 131 114

5.0 Reviews

5.1 Review Frequency

The first review of a client file will be completed within the first 4 weeks of the client's first contact. The review frequency thereafter is determined by the level of interaction and/or risk of the client as outlined in the table below.

This does not preclude a Manager from exercising discretion to generate an earlier review date if there are significant changes or issues for the client.

Complex, High Needs Client	High	Moderate	Low
According to level of risk	Every 3 months	Every 6 months	Every 6 months

Review checklists have been developed to assist with the review process, as a quality assurance measure. Care Coordinators can use the review checklist when managing a client file to ensure appropriate care coordination.

The purpose of a case review is to monitor the Client's progress and to assist the Care Coordinator in supporting the Client.

5.2 Conducting the Care Coordination Review

Care Coordination Review meetings should avoid a general discussion about 'how the client is going' in favour of purposeful and focused contributions on specific issues and the status of dynamic needs/risk factors.

An example might be – "Client X has disclosed increased feelings of helplessness. She has disclosed this is the past however this time she is also concerned. What can we do to support her? Where else could we refer her?"

By articulating a specific problem or question, the Care Coordinator can take the lead and focus the discussion on the specific issues challenging them at that time.

These meetings should not to be used to question or defend previous Care Coordinators strategies or 'post mortem' why certain steps were made, but rather to consider future-oriented goals and strategies by problem-solving as a team.

The CCR has been designed to ensure CCR discussions centre around dynamic risk factors and care coordination strategies.

5.3 Case Coordination Review Meeting

The structure and frequency of case conferencing activities is determined on an individual basis. Care Coordination should be considered in cases where the client has multiple complex needs and/or is engaged with multiple (internal/external) service providers and/or where a number of changes to dynamic risk factors have been identified.

Each case conference must be documented and a record of agreed actions noted on the client file. In the instance of a client attending a case conference, a copy of agreed actions must be provided to the client.

Representatives from internal departments and external agencies involved with the client may be invited to attend a case conference if a complex discussion of a client's management is required.

In some instances, it may be appropriate to invite the client to attend a case conference; however, staff are to be aware of how challenging this may be for some clients. Care must be taken to ensure that this action is not seen to be intimidating to the client, and should involve only those staff directly involved.

Where a Client accepts an invitation to join a meeting, it is appropriate for the Care Coordinator to go through the information they will provide to the meeting with the client before the meeting. The Care Coordinator should also invite the client to consider his or her own solutions to issues/concerns, and presents these at the meeting. A client attended case conference must engage the client in the planning process by seeking their input and not use the forum to criticise the client.

6.0 Exit Planning

6.1 Exit Strategies

6.2 File Closure

7.0 Attachments

7.1 Early Years Client Referral

Early Years Client Referral

Date: ____/____/____ Time: : AM/PM

Clients Name: …….
DOB: ____/____/____
Address:

……

Suburb: …… State: ……. Postcode: …….....

Phone: ( )…….. Mobile: ……

Email: ……..…

☐ Aboriginal ☐ Torres Strait Islander

Type of Contact:

☐ Office ☐ Phone ☐ Fax Referral ☐ Other

Persons other than client involved in initial referral contact (Please tick all that apply).

☐ Family Member: …….
☐ Friend/Community Member: ……
☐ Agency/External: ……
MDAS Internal: …….
☐ Other: …….

Client Involvement

☐ Client was present & participated in referral process
☐ Client not present. Client has been advised of referral/contact
☐ Client was present but did not participate (explain)

……
……
……

Concern Issues (reason for contacting MDAS)

……
……
……

Client Referred To: ☐ **Early Years** ☐ **Family Services**

7.2 Client Intake

Client Intake

Client Details

Date	
Name	
D.O.B	
Address	
Phone No	
Cultural Identity	(Please Circle) Aboriginal Torres Strait Islander Non-Aboriginal
f Non Aboriginal Please Detail Nationality	
Language Spoken at Home	Is interpreter required: Yes / No

Emergency Contact

Emergency Contact	
Address	
Contact	
Relationship to Client	

☐ **Health Care Card/Pension Card:** **Details:** ……

☐ **Medicare Card:** **Details:** ……

Others in Client Household

Name	DOB	Relationship to Client	Phone

Significant Others not in Client's Household

Name	DOB	Relationship to Client	Phone

Are you already engaged with an existing service within *ACCO*? If so which service and in what capacity?

_____
_____
_____

Professional Contacts

Early Years Procedures

Name	Organisation	Address	Phone

Additional Service Notes/Comments:

……

……

……

Reason for Request: (Please provide details)

……

……

……

……

Request Status: **Approved** **Declined**

Decline Action:

……

……

……

……

Approved Action:

Referred for MDAS Intake: **Yes** **No**

Intake Appointment: **Date:** **Time:**

Intake Worker:

Referral to Another Service: **Yes** **No**

Referred To: **Referral Date:**

Referral Details:……...

……..

……

7.3 Client Consent Form

CLIENT CONSENT FORM

I, (insert client name) hereby acknowledge that Mallee District Aboriginal Services have provided me with the following:

- MDAS client information pack

I am aware of, and understand that, the organisation may need to collect and disclose personal information to third parties (as required) in order to provide an improved level of care.

I nominate that my personal information be disclosed only to the person or agencies listed below: e.g. Early school leavers, Integrated family services.

Persons/Services

_____

_____

_____

_____

_____

_____

_____

I understand that MDAS must comply with relevant privacy laws and I will contact the organisation immediately if I feel that these laws have been breached.

Name of Client: Signature _____ Date _____

Name of Program Supervisor/ Case Worker Signature _____ Date _____

7.4 Client Assessment

Client Assessment

Disability
Do you or someone you care for have a disability? Please give a brief description of the disability.

_____
_____
_____
_____

Are you being supported with this disability? If yes please provide a brief description. If no is a referral required?

_____
_____
_____
_____

Child's Safety
Prompts
How does the Child Present?
Are there any demonstrated behavioural issues?
Does the child have access to timely medical and dental treatment?
Are there any concerns about how the parent or carer is caring for the child?
Is the child adequately supervised?
Is the child's environment safe?
Is there a cumulative history of exposure to harm for the child or siblings in the family?
What are other agencies or services saying about the child safety needs and family strengths or difficulties in meeting these? Have you spoken with the Maternal and Child Health nurse, child care, kindergarten and school?

_____
_____
_____
_____
_____
_____
_____
_____

Early Years Procedures

Child's Stability
Prompts
Who are the significant people in the young person's life?
Is the extended family involved with the child?
Does the child have friend? Ask the child if appropriate.
What factors in the child's current environment contribute to the child's sense of stability or instability?
What supports does the child require to enable meaningful relationships and connections?
Has the child had child protection intervention or placement? What was the child's experience?
Does the child attend play group, kindergarten or school?
If the child is being cared for by a carer, how long have they been in their care and with whom in their family do they still have contact?
What is the child's cultural connections? Are these connections actively promoted?

Child's Development and Wellbeing
Prompts
What is your sense of the child's overall wellbeing?
Does the child's emotional age match the expectations of actual age and stage of development?
Does the child receive emotional warmth, nurture and affection? What was the pregnancy like? Was the child breastfed?
Is the child linked to relevant services?
Is the child's cultural, spiritual and sexual identity promoted in a positive way?
What is the quality of relationships within the family? Describe both positive and negative that you notice.
How is the parent attuned to the child's needs?
Does the child participate in leisure and recreational interests?
Is the child appropriately engaged and stimulated?
Does the carer show active interest in the child's progress?

Early Years Procedures

Parent/Carer Capacity
Prompt
Ask “What do you enjoy about parenting? What are the hard things? What are your solutions, what works?”
Ask “What activities do you undertake with your child to promote learning, development and wellbeing?”
Tell me about your child. What does your child enjoy doing? Is there anything about your child that concerns or worries you?
What are the basic rules for children in your family? (Are these age and developmentally appropriate?)
Have you observed your child playing?
Who supports you?
What do you take pride in?
What supports do you think would make a difference in meeting you and your child’s needs?
Does the parent/carer have a health or other issue that impacts on their ability to ensure safety (family violence, drug and alcohol, mental health, disability)
Ask “What was it like for you when you were growing up in your family?”

Family Composition and Dynamics
Prompts
Who are the key relationships within the family, including extended family and significant prior relationships?
Who are the positive and negative family dynamics, particularly if these appear to impact on the child?
Who does what, when and in what context?
Family and cultural traditions
What is good about your family? What isn’t so good and you would like to improve? What are the strengths of your family?
How does the resident parent feel about the absent parent?
How do you want to parent differently?

Early Years Procedures

Family History
Prompt
Discuss transgenerational patterns/trauma

Social and Economic Environment
Prompts
Identify employment and income sources. Are these sufficient to meet family costs and basic needs?
Has the family been homeless in the past?
What are the financial obligations, burdens and stresses?
Identify the type of accommodation. Is it stable, sufficient and suitable for children?
Does the family have wider family and social networks?
What is the family's involvement with extended family and local community? (this includes culturally appropriate involvement).

Community Partnerships, Resources and Social Networks
Prompts
What service support does the family require?
What other services are involved with the child and family?
What services would you find helpful or useful but are not available?
*Check the case file to ensure that you are informed about current or prior involvement by *ACCO* or other organisation

Early Years Procedures

Health
Prompt
Are there any additional health issues or concerns?
Have all Child and Maternal Health visits been attended?

Outcome: (check all that apply)

☐ Accept referral ☐ Refer to external agency

☐ Closed/handled at intake ☐ Unable to assist

Additional Comments:

Entered onto System ☐ Yes ☐ No
Date entered: _____/_____/_____

Intake Officer:

7.5 Five Column Approach

Issue	Strengths and Resources	Constraints	Action Steps	Future Picture

7.6 Family Assessment Tool

Concerns
What worries us?

Strengths
What are the positives?
What strengths have the family drawn on in other difficult times?

Constraints
What would get in the way of things getting better/safer?
What have we tried before that didn't help?

Future Picture
What would it look like if things were better/safer?
What would there be more of/less of?

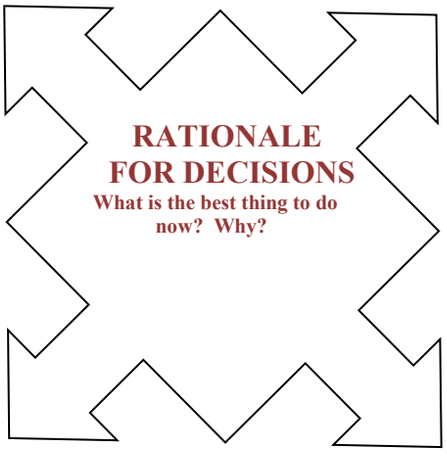
7.7 Risk Assessment Tool

Pattern and Severity of Harm

Consider: harm and its effect, current Risks and concerns, parenting history in relation to siblings.

Strengths and Protective Factors

What are the protective factors?
What are the strengths within the family that increases the potential for safety?



Likelihood

Consider the changing family dynamics and other complicating factors.
Can the parent/carer prioritise the child's need's and safety? What are the constraints? What is the likelihood of the child suffering significant harm in the future if nothing changes?

Vulnerability

Consider the child's, development, temperament, behaviours, medical conditions, special needs and parental beliefs about the child.

7.8 Planning and Goal Setting

Goal 1	Goal 2	Goal 3
Who's Goal Is It?	**Who's Goal Is It?**	**Who's Goal Is It?**
Action Steps **1)** **2)** **3)**	**Action Steps** **1)** **2)** **3)**	**Action Steps** **1)** **2)** **3)**
Roles **Who Will Act?**	**Roles** **Who Will Act?**	**Roles** **Who Will Act?**
Responsibilities **What Will They Do?**	**Responsibilities** **What Will They Do?**	**Responsibilities** **What Will They Do?**
Timelines **By When?**	**Timelines** **By When?**	**Timelines** **By When?**
Indicators of Change	**Indicators of Change**	**Indicators of Change**