

Disability, Child, Youth and Family Services

V3

Pathway Home Service Delivery Model  
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## Introduction

In Tasmania, Child Protection Services (CPS) is mandated to protect children through the provisions of the *Children, Young Persons and Their Families Act 1997*. In short, the Department of Health and Human Services (DHHS) has a major responsibility to provide for the protection and well being of children in circumstances where their parents/family have not given, or are unlikely to give, adequate care and protection. This, at times, requires CPS to intervene and take children into Out-of-Home-Care (OoHC).

Evidence based research indicates that children's wellbeing is usually best maintained in their families and communities. In the event that a child or young person in need of protection is taken into care, the Department's first preference is to assess the possibility of reunification to the family as early as possible. Reunification will only be pursued when the best interests, safety and wellbeing of the child have been given full consideration.

There is good evidence that successful reunification is more likely where the child is being removed for the first time, for a limited period, and where the parent is prepared to engage about the issues leading to removal of the child. Conversely, it is less likely when there is a pattern of removal from care for significant periods, and where there is low or little support for the parent to address the issues of concern.

By contrast parents are more likely to successfully resume the primary care of children if they are supported by non-adversarial services as soon as possible after their children have been removed.

CPS will undertake an assessment and make decisions about whether it is in the child's best interests to be reunified with their parents/family. A child centred, family focused approach will be taken when considering the child's safety and physical, emotional and developmental needs. If after assessment it is determined that reunification is not in a child's best interests, long term placement arrangements will be made to achieve stability and sustainable care for the child.

Once a Reunification Readiness Assessment has been undertaken and it has been determined that reunification is in the best interests of the child, CPS may make a referral to the new Pathway Home, to support the family to build capacity to address the problems that precipitated the child being taken into care in the first place.

CPS & the new Pathway Home will target children in OoHC as follows:

1. the backlog of children that have a, high potential for reunification group (which is estimated to be 20% or approximately 200 children), and
2. CPS to initiate a pathway home at, or as soon as possible after initial removal – where issues to be addressed are assessed as likely to be achieved with intensive support

## Background

A review of Family Support and Personal & Family Counselling Services was undertaken by Consultants 'Success Works' in the late 2009 - early 2010. The services in scope of this review have had their funding extended to June 2011, but with some clear understanding that the Department may negotiate the change of focus of some or all of the services.

Of the funds invested in this group of family support services, a sum of ~ \$1.0 Million has been identified for re-focusing to provide the new Pathway Home in each of the four Disability, Child, Youth & Family Services (DCYFS) Areas of the State. This is a redirection of a proportion of Anglicare Tasmania Incorporated, Centacare Tasmania Incorporated and UnitingCare Family Services family support funding.

The Government has made a significant investment in the area of Family Support, with major reforms in DCYFS, which has resulted in the implementation and operation of the Gateways and Integrated Family Support Services (IFSS).

The reforms are largely working as intended, by supporting families through services, rather than having unnecessary involvement in the statutory system. Whilst the rate of CPS notifications has decreased, the number of children in OoHC has increased significantly.

The number of children in OoHC increased markedly from 837 in the December 2009 quarter to 879 in the March 2010 quarter. An analysis of OoHC data provides the following picture for all children in care:

- At least 13% have a high potential for successful reunification and a low likelihood of re-entry to care;
- At least 67% have a low potential for successful reunification and a high likelihood of remaining in or re-entering care.
- The pathway for the remaining 20% is uncertain.

Action to develop a community based reunification service is responding to the March 2010 quarterly report for DCYFS, which provides clear evidence of an emerging need in the area of reunification (for children in OoHC) to their families/parents.

## Purpose

The policy for reunifying children with their families will apply where children who are in need of protection are taken into OoHC. The policy outlines how the Department, CPS and the new Pathway Home Provider (PHP) will work to reunify these children to their family of origin (i.e. where the child was removed from) and, where it has been assessed as safe to do so. It provides the foundation for collaborative partnerships between DHHS, the family, carers, other government and non government agencies and the community. It is recognised that all of these partners have a vital role to play in supporting children to reunify with their families.

The purpose of this policy is to ensure that staff in government and non-government agencies understand the concept and process of reunification and the need to assess, plan, implement and transition a child in the care of the Department to his/her family of origin, and within the required timeframes.

## Factors that identify when a family is ready for reunification

The individual circumstances of a child and their family will determine which factors are appropriate and the degree to which they are appropriate when deciding reunification readiness. The approach to reunification will be tailored according to a particular family's issues and a number of significant factors will need to be considered, such as:

- Number of children in the family
- Age of child
- Age of Parent(s)
- Length of time in care
- Assessment of risk
- Child's readiness
- Parent readiness

The following factors will need to be considered when identifying if a family is ready for reunification:

- Adequate changes have been made by the parents/family to address the child's safety needs
- A safety plan is in place to support the child's return to family and the parents/family understand and are willing to follow strategies in the plan.
- The parents/family demonstrate a desire and willingness to reunify. Desire and willingness should be distinguished from moral obligation wherever possible when making these assessments to ensure that the child is wanted and has a place in the family they are being reunified to.
- The child indicates that they would like to reunify with their parents/family
- The parents/family have actively maintained contact with the child whilst separated.
- The parents/family are fairly knowledgeable of services provided to the child during their out-of-home care and have some understanding of the reason for the services
- The parents/family have made some progress toward internalising the need for change, are engaged in the process of resolution with appropriate and realistic expectations and are prepared to address their own intrinsic characteristics which impede their parenting capacity.

The parents/family have an understanding of the needs, the capacity to provide empathetic, child focussed parenting and adequately meet the challenges posed by their particular child's temperament and development. This includes ensuring that the following is likely to occur:

- Parents/family are willing to administer medication and/or seek future social services for the child's wellbeing where identified eg. For health, cognitive/developmental, psychological problems, or for educational support services.
- Parents/family have some plans in place to provide basic supervision of the child or to access services on an emergency basis.
- Parents/family are willing to provide for their child's socialisation/recreational needs.
- Parents/family have made some progress toward achieving the practical/logistical reunification plan goals and are moving in the right direction toward achieving other goals.
- That a family's practical needs have been addressed.
- Intensive support services are in place to support the family during and after reunification
- Parents/family have some connections with the community and social/extended family supports in place.

## **Factors that identify when a family is not ready for reunification**

The following factors need to be considered carefully and the TRF fully completed when determining whether it is in the child's best interest to reunify with parents/family. If a parents/family have continued behaviours and relationships that are likely to place the child at risk this would suggest the family is not ready for reunification. Additional planning and supports may be required to achieve a sustainable reunification.

- The parents/family do not demonstrate a wish or willingness to reunify with the child.
- The parents/family have not actively maintained contact with the child during separation
- The parents/family have continued behaviours and/or relationships which place the child at risk and/or the family under extreme stress, including:
  - Destructive, abusive or inappropriate relationships within the family or with other adults or the perpetrator
  - High risk living situations which could result in legal intervention such as continued use of drugs or alcohol, prostitution or criminal activities etc
- The parents/family have failed to engage meaningfully with CPS or attempt the goals set out in the reunification plan including:
  - Continually blaming others including service providers, adult partner(s), or the child for problems which exist in order to justify their non-participation

- Are obstructive or oppositional to providing child medication or receiving other social services including medical, psychological or educational services.
- The parents/family are not prepared to address their own intrinsic characteristics which impede their parenting capacity and do not have the capacity to provide empathetic, child focussed parenting or to adequately meet the challenges posed by their child's temperament and development.
- The parents/family show a lack of understanding of the child's treatment needs by blaming the child for cognitive or developmental disabilities, or holding the child responsible for progress that may not be attainable.
- The parents/family view normal child developmental processes as deliberately oppositional to caregiver authority or lack of respect.
- The parents/family are unwilling to engage in discussion of the child's experiences in OoHC and expect the child to return 'fixed' or 'cured'.
- The parents/family have made no plans or ineffective plans for child care and supervision.
- The parents/family remain socially isolated or estranged from extended family or other social/community or emotional supports.
- Parents/family do not acknowledge the behaviours or neglect that placed the child at risk leading to Departmental intervention and subsequent placement in OoHC.

## **Key Characteristics – Family Support Reform**

The new Pathway Home Service will complement the current CPS and Family Support Reform and, to ensure that a consistent approach to service delivery across the State is achieved, the following key characteristics of the current service system, will underpin the new Pathway Home:

A network of coordinated community-based services, including child protection, family 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 via links and pathways to service providers;
- An approach to service delivery incorporating:
  - Active engagement with families through assertive outreach
  - Capacity to work with families displaying resistance and denial
  - Risk identification and analysis with a solutions focused approach
  - Shared responsibility for responding to families needs and risks
  - A focus on working with parents to address their children's needs

- Ability to engage with families beyond usual business hours.
- Trained, professional, experienced staff with high level of interpersonal skills.

## **Principles – Family Support Reform**

The nine Principles that underpin the reform across CPS, Family Services and OoHC can also be applied to the new Pathway Home. In particular, principles three and four are relevant, as earlier intervention and the reduction of cumulative harm are important elements of a successful reunification process.

The principles are:

1. Children’s and family services must be integrated and coordinated.
2. Flexible, timely and solution focused services will lead to improved family functioning.
3. Culturally sensitive service responses should be available for Aboriginal children and families.
4. Culturally sensitive service responses should be available for children and families from culturally and linguistically diverse backgrounds.
5. Children’s wellbeing and safety is the responsibility of all community members and service providers.
6. The service system must intervene earlier to protect children and improve family functioning.
7. All services should strengthen their focus on providing a stable environment in which children’s developmental needs can be met.

## **Reunification Principles**

The following nine principles express the philosophy and values that support the Department’s commitment to working with children and their families where reunification is the recommended pathway.

1. The best interests of the child or young person is paramount
2. The impact of risk and cumulative harm on children must be addressed in any assessment and intervention.
3. The option of reunification is considered in early assessment and planning processes
4. Wherever possible, the family is the best place for a child to be raised
5. Most families can care for their children, if properly assisted
6. Meaningful participation of the child to consider their wishes and views throughout each stage of the reunification process
7. Inclusive involvement of all members of a child’s family including parents, siblings, relatives and other significant people in a child’s life, such as carers is required throughout the reunification process

8. The importance of a child's attachments and relationships (including attachments with current carers) and level of contact with family and significant others should be recognised.
9. Positive working relationships and communication between CPS and the PHPs are critical in supporting positive outcomes for children and their families who are involved in family reunification.
10. Evidence-based research informs the Department's processes and practices for reunifying a child with their family

## Objectives

The objectives of the Pathway Home Services are:

- To support children in OoHC to be safely reunified with their family of origin.
- To support families through the reunification process, so their children are less likely to re-enter the statutory child protection system.
- To support CPS achieve family reunification wherever possible in a safe and considered way and in accordance with the Department's Reunification Policy and current legislation.
- Where necessary, to continue to support children and their families following the withdrawal of Child Protection Orders.

## Service Model

The term reunification refers to a child's safe return home to the permanent, full time care of their family of origin (i.e. the family from which they were removed).

The service will work with parents from as soon as is practicable after removal of the child, allowing for stabilisation of the parent and addressing any immediate issues that are barriers to engagement.

It will work intensively with parents to support them to have their child returned to parents/family (over a period of 20 – 40 weeks) where CPS has assessed this as safe to do. This will involve support pre-and post-reunification to ensure the family is stable and any parenting and resilience/coping skills and strategies are effective. An Exit Plan that will address a family's ongoing support needs will be completed prior to the children being returned home.

The reasons which precipitated the child being taken into care must be addressed before the child is returned to the care of their parents/family. The long term care and living arrangements made for the child post-reunification must be in the best interests of the child and provide for each child's individual needs, safety and wellbeing in a better, safer environment than before they were taken into care.

The process of reunifying a child will involve all stakeholders working together to:

- Working with family while the child is in OoHC to improve functioning, parenting and child behaviours.
- Improve the child's attachments and sense of connection with parents/family.

- Make decisions about moving the child to the full-time care of their parents/family.
- Provide appropriate and timely services and responses aimed at facilitating the child's sustainable reunification with parents/family.
- Where necessary, supporting the family after case closure by CPS to ensure ongoing stability and to reduce the risk of re-notifications occurring with CPS.
- Sustained and ongoing support until the family is successfully re-united, following which any support services would be provided by Gateway referral to IFSS and other primary community services.

Steps towards Reunification will commence as early as possible after the child has been taken into OoHC, as the first three months of a child being in care is the most critical and will increase the potential for a child to permanently return to parents/family. The four stages in the process will consist of:

- Assessment and Planning
- Working with family, carer and child
- Return to parents/family
- Post Pathway Homes and Support

## **Reunification Process**

### ***Reunification Pre-Planning and Risk Assessment***

CPS, as they work through the steps from Intake to Response through to Case Management, will have completed the following documents if there has been a decision to attempt to reunify a child with his or her family:

- Tasmanian Risk Framework (TRF) - provides a detailed picture of a family's circumstances and records safety and risk issues and contains a review section.
- Case and Care Plan (CCP) – Summary of child's background and their family, educational, cultural, religious, physical and mental wellbeing needs etc.
- Reunification Readiness Assessment (RRA) – determines whether a family is ready for reunification.
- Reunification Plan – outlines a plan to address the family's issues and needs including recommendations on which support services are required and anticipated timelines to increase access between the child and family.
- Exit Plan - outlines the stepping down process and identifies any ongoing support e.g. via Gateways to IFSS.

### ***Capacity of the service to accept a new referral***

Prior to making a formal referral, CPS will discuss the level of capacity for accepting a new case with the PHP.

### ***Referral of Cases***

The Child Protection Manager will contact the PHP to make the referral and the TRF, CCP and RRA will be forwarded along with any other documents deemed to be relevant. All referrals will be made in writing by CPS to the PHP.

These documents will provide information about the child, the family, significant others and their particular circumstances and needs.

The TRF will ensure that all vital information is available to the PHP. This will enable a comprehensive Reunification Plan to be tailored and developed to suit each family's support needs, including parenting models and other services. The Reunification Plan will be developed collaboratively between CPS, PHP, family and other service providers.

A solid understanding by professional parties of the relevance of parenting models and other service providers is required. This will enable PHP's to make referrals to services that provide parents with the opportunity to develop practical skills that will help them manage a range of daily tasks and issues e.g. general hygiene and to continue to address issues such as drug and alcohol, mental health etc. Some examples of the types of parenting models and other services that CPS and the PHP may need to refer and liaise with are listed below:

- Managing Child Behaviours
- Family Therapy
- Household Management Support
- Carer/child/parent support
- Mental Health
- Drug and Alcohol
- Family Violence
- Housing Tasmania

### ***Professional case conference***

A professional case conference will be undertaken with the PHP and any relevant external service providers, which will be chaired by the Senior Practice Consultant (SPC) no later than a fortnight after the referral. The first meeting provides the opportunity for all parties to share information, look at any past notifications if any, and gain insight into the history and current circumstances of the family.

### ***Family meeting***

A family meeting will then be arranged with the care team and the family. There the Reunification Plan and process will be fully explained to the family. It is important that the family understands why the child was removed and exactly what is required of them during the Reunification Plan, as well as outlining the roles and responsibilities of all parties attending the meeting as it relates to the reunification process.

### ***Revising the Reunification Plan***

The SPC in facilitating meetings between CPS, PHP, Family and other stakeholders will provide the opportunity to discuss and where necessary revise the Reunification Plan.

The mutually agreed plan will be responsive to individual family needs and the pace will be set according to the child's stage and progression towards reunification. It is recommended that where possible the number of services be limited at any given time, so as to not overwhelm/over commit the family to too much change at once. However, this should be flexible and should be determined on a case by case basis.

### ***Progress Monitoring***

Regular fixed meetings between CPS and the PHP will be held to discuss the progress of the family and the Reunification Plan. The SoS model (or another model as determined in the future) will support the Reunification Plan and will be reviewed as the family progresses. This will be based on which phase and stage the family and the child are at and will take into account their needs. This must be done every six weeks and/or at the point where a decision to move to the next phase is being made.

Reports on how the family is progressing with reunification will be done via verbal reporting (case conferences), written reports, case notes and observational reports. Observational Reports are an important part of the reporting process as they provide essential information about the parent(s) and how they are interacting and bonding with the child. Observational reporting will be undertaken using strengths based evidence and the SoS.

### ***Roles & Responsibilities of CPS and PHP***

The interactions and ongoing communication between CPS and the PHP needs to be positive, open and honest with both parties having a clear understanding of their roles and responsibilities. The role of the PHP is to support the family in their endeavours to reunify with their children, whilst maintaining open communication and reporting to CPS. CPS has the statutory obligation to ensure that a child is safe and CPS will, ultimately, make the decision to reunify or not, bearing in mind that this decision will take into consideration information provided by the PHP.

## ***Child Protection Orders***

CPS may be required to consider the status of child protection orders (i.e. seeking new child protection order, varying existing orders or allowing an order to lapse) during the reunification process. Such decisions are made by the Court Application Advisory Group (CAAG). If a Pathway Home is actively involved in a reunification process, that service must participate in the CAAG discussions.

## **Exiting**

### ***Exit Planning***

Exit planning will be a collaborative decision made between CPS and the PHP. However, given that the statutory obligations sit with CPS, the decision will ultimately be made by CPS; whether to continue working towards family reunification or to move to an OoHC placement for the child.

Exit planning will need to take account of child protection orders that are in place.

### ***Exiting – Successful Reunification Plans***

An Exit Plan will be developed when the key objectives in the reunification plan have been achieved.

The Exit Plan will include post reunification planning that outlines how services will step down, information about other services that may be required, and how referral via the Gateway to the IFSS will take place (if required). This will include an incremental decrease in monitoring the family until CPS and PHP are satisfied that the family can function positively and safely into the future. Parents/families will be encouraged to self refer to the Gateways to seek family support if they experience regressions or relapses, which can be a normal part of the process.

All external parties must remain vigilant in their observations and reports to CPS e.g. police, teachers, school psychologists, child health and parenting nurses (CHAPS) etc. The co-located CPS worker will also be at the weekly allocation tables should any issues occur with reunified families that have involvement with the IFSS as part of their exit plan or if they self-refer in the future.

### ***Exiting - Unsuccessful Reunification Plans***

There will be instances when reunification isn't successful even though the parents/family being reunified have been assessed as having a high level of 'reunification readiness'.

The first indicators of a failing reunification will be substantiated re-notifications resulting in risk to the child, and information being received via the monitoring and progress reporting systems between CPS and the PHP.

If the reunification process is not succeeding, the SPC will convene a case conference as soon as possible. An assessment of the situation will be undertaken and a decision made as to whether to continue with reunification or to move to permanency planning or other arrangements including kith and kin options.

# Service Delivery

## ***PHP Considerations***

A number of issues should be considered by the PHP's perspective:

- Timelines for transition
- Weighting of case load
- Challenges with resources
- Worker safety
- Sharing of information
- Conflicts of interest

## ***Hours of Operation***

The service will need to be flexible i.e. not limited to nine to five during week days and there may be exceptional circumstances where CPS could approve additional funds for weekend work. This does not mean that it needs to be 24/7 nor is it an emergency/crisis service, although it will require some work to be undertaken in the home and after hours, between six a.m. and eight p.m.. Some families may require practical assistance between 6 p.m. and 8 p.m. in the evening, such as help with evening meal times or with bedtime routines, or to get children to school between the hours of 7.30 am and 8.30 am.

## ***Outreach – In House and Out of House***

An outreach approach to service delivery will be required. Some services will be provided in the family home (as above) and some will be provided out of home e.g. psychologist, financial counselling etc but this will be dependent upon what the family issues are and what precipitated the removal of the child in the first place.

## **Reunification Plan Timelines**

The timelines for the PH will be determined on a case by case basis and will largely depend on the precipitating issues that caused the removal of the children in the first place.

## ***Expected Length of Time***

The length of time to reunify children from the 'reunification readiness' group, as established by CPS, will vary from family to family but is expected to be in the vicinity of 20 – 40 weeks. The length of time with the new service will not be prescriptive but will be assessed on a case by case basis. There will be times where there may be unanticipated regressions and advances in progress, which will come to light by the monitoring and reporting regimes in place.

### **Reunification Commencement**

It is preferable that children are reunified with their families earlier, but reunification can only occur when it is safe for the child to do so, the process will be child focused within the family and the child will determine the pace at which the Reunification Plan will progress.

## **Common Language – Glossary of Terms**

A key feature of the reunification model will be common language. The agreed set of terminologies, acronyms, titles, references etc are contained in the Glossary of Terms below:

<b>Term</b>	<b>Acronym</b>	<b>Meaning/Definition</b>
Care Team	CT	CPS, PHP & other service providers
Case and Care Plan	CCP	CPS Form – summary of child’s background and their family, educational, cultural, religious, physical and mental wellbeing needs etc
Child Protection Services	CPS	Business unit within DCYFS
Court Application Advisory Group	CAAG	Members are CPS Mgr, SPC, Team Leaders and CPS Worker, and is convened to make decisions in relation to new court orders, variations and allowing orders to lapse.
CPS Framework	CPSF	A comprehensive information and practice guide for CPS staff.
Department of Health & Human Services	DHHS	Tasmanian Government Department
Disability & Community Services	DCS	Business unit with DCYFS
Disability, Child, Youth & Family Services	DCYFS	Branch within Human Services
Exit Plan		CPS Form – outlines the stepping down process and identifies any ongoing support e.g. via Gateways to IFSS.
Family Meeting	FM	CPS, PHP and other services/stakeholders
Gateway	GW	Statewide community access & intake points referral pathway in each of the four DCYFS Areas for families, children, youth & people with disability.
Human Services	HS	Division within DHHS
Integrated Family Support Services	IFSS	Co-ordinates a range of service responses to vulnerable children, young people, and families in an integrated way.
Out-of-Home-Care	OoHC	Service provided by the DHHS and various community service organisations to provide care to children who cannot live with their own families.
Pathway Home Service	PHS	New non-government reunification service
Pathway Home Provider	PHP	Contracted non-government Agency

		providing Pathway Homes
Professional Case Conference	PCC	A conference without the family and with CPS, PHP and other service providers.
Reunification Plan	RP	CPS Form – outlines a plan to address the family’s issues including recommendations on which support services are required.
Reunification Readiness Assessment	RRA	CPS Form – Determines whether a family is ready for reunification.
Signs of Safety	SoS	A solution and safety oriented approach to child protection case work based on WA model.
Senior Practice Consultant	SPC	The SPC provides expert advice to Child Protection Staff in relation to the application of policies and practices within CPS.
Tasmanian Risk Framework	TRF	CPS Form - Provides a very detailed picture of a family’s circumstances and records safety and risk issues.