



Redesigning Family Preservation in NSW – Discussion Paper

Response from Mallee Family Care
May 2024

Introduction

Mallee Family Care (MFC) welcomes the opportunity to respond to the New South Wales Government's discussion paper on *Redesigning Family Preservation in NSW*.

MFC is a place based, not-for-profit community service organisation (CSO) that has been supporting the regional, rural and remote communities of northwest Victoria and far west New South Wales since 1979. Our organisation employs almost 300 staff to deliver more than 60 federally and state funded programs reaching thousands of community members across the Mallee region. These programs span family, youth and children, disability, mental health, housing, legal, financial, research, education, philanthropy, and advocacy.

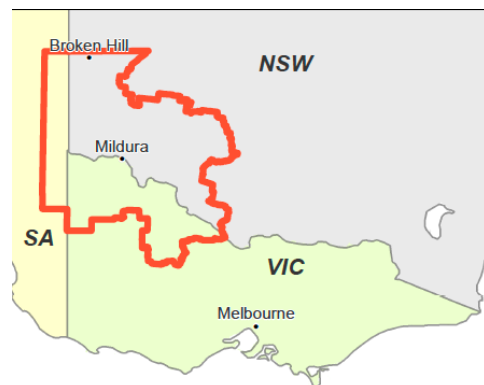
MFC embodies what it means to be truly place-based, creating and leading local solutions targeted to the specific needs of our community. We are committed to ensuring that clients get the right support, in the right environment, at the right time. To this end we work tirelessly to achieve the best outcomes for vulnerable children, individuals, and families who are facing disadvantage in the Mallee region.

MFC is a current provider of the Family Preservation Program (FPP) in NSW, being funded to support eight families in the remote corner of south-west of the state. We also provide family preservation support for around approximately 30 clients in Victoria. In both cases MFC employs a number of different models including strength-based approaches, narrative therapy, and the Best Interest Case Practice Model in Victoria. All of these methods have been chosen on the basis of stringent criteria that considers relevant success vis-à-vis cultural expectations.

Our approach has consequently provided us with unique insights into what works (and what does not) when engaging with our local communities. Such knowledge is particularly important when supporting Aboriginal families who constitute between 60-80% of MFC's current client load.

In this response, we discuss these challenges and their impacts on our region in more detail. We also offer solutions that we believe could provide a more stable and sustainable platform for future service delivery.

Above all, MFC remains committed to advocating for a place-based family preservation redesign that can maximise both client and organisation interests and thus sustain success over time.



Response to consultation questions

Part 1

1. Are there any additional primary objectives and/or principles that should be considered for Family Preservation?

MFC agrees with the main objectives and principles listed, but would encourage the explicit incorporation of reference to place-based solutions into the Family Preservation discourse.

A place-based approach means planning and providing services that target a specific area and/or group of people who face complex social challenges. The goal is to work with communities using a grassroots approach to achieve results. Studies support these considerations by indicating that wellbeing outcomes can be improved when people feel a sense of belonging to a place – a concept that is especially important for Australia’s Aboriginal communities.

Within a Family Preservation context, a place-based approach can include acknowledging the diversity and uniqueness of local communities – including the demographic features of community members, their level of needs, and the type, availability, and access of services. It considers not only individual family dynamics but also the social, economic and environmental factors that influence family wellbeing.


By way of example, MFC is deeply embedded in the local communities that it serves, trusted to provide suitable services, and connected to community members and their needs. Being place-based enables our organisation to better coordinate local services and resources, and tailor interventions and increase the likelihood of program success – addressing root-causes rather than applying a one-size-fits-all solution. These factors are an essential reason why place-based organisations such as MFC continue to be so successful in delivering outcomes for clients.

Part 2

2. Does the proposed suite of Family Preservation provide the right mix of responsive and culturally safe supports to children, young people, and families?

MFC is pleased that Nabu will continue and looks forward to seeing its ongoing impact in helping Aboriginal families within the specific community it was designed for. We also appreciate the benefits of MST-CAN and FFT-CW models but remain concerned that their suitability for supporting Aboriginal families is still unclear given the limited evidence in these settings.

As acknowledged in the consultation paper, *‘there is some international evidence which supports the effectiveness of models such as MST-CAN and FFT-CW. We do not know enough about what works for Aboriginal families, but there is a need for services to be*



developed with and for local communities and evaluated for effectiveness. We therefore harbour reservations that Aboriginal families could make an informed decision to use these models in the current environment and question whether they should be presented as a feasible option at this time.

While the redesign does acknowledge some of our general issues about using non-Aboriginal models by introducing the Aboriginal Family Preservation framework, it simultaneously presents some new challenges. For examples, MFC is determined to move our support for Aboriginal families to ACCOs where feasible, yet there is no ACCO coverage in some parts of MFC's catchment area (specifically, the remote south-western corner of New South Wales bordering with Victoria). In these instances, MFC is already assisting with a culturally appropriate place-based alternative that is supported by 20 staff members – seven of whom identify as Aboriginal. The trust between MFC and local Aboriginal groups (particularly in Dareton and Balranald) is now deeply embedded and results in 20-25 referrals per month from these communities.

The redesign also fails to consider the client transition period required when and if an ACCO is established and how clients fit into the framework during this time. This dilemma means that service delivery can only happen away from country - making it harder to achieve positive outcomes through a place-based approach.


It is nonetheless a positive sign that the Aboriginal Family Preservation framework has some recognition of place-based principles, such as recognising *'the strengths, needs, and characteristics of families in their local communities'* and *'available evidence of effectiveness...in [the] community'*. However, we would again emphasise that without an ACCO to support this work, Aboriginal families in remote areas may risk being pushed into other models or frameworks that are not appropriate for their individual and community needs.

We therefore recommend that the proposed redesign should only include a thoroughly tested version of MST-CAN and FFT-CW that can be provided to Aboriginal families with confidence. In addition, we believe there remains a role for non-ACCO organisations like MFC in developing and implementing the Aboriginal Family Preservation framework in the absence of ACCO coverage and also during eventual client transition. This will ensure that families who reside in places where an ACCO cannot implement the Aboriginal Family Preservation framework are not forced into an inappropriate model – or end up receiving no support at all.

3. How do we ensure that Aboriginal children, young people, and families are provided with culturally safe and responsive supports when working with a Family Preservation service?

To ensure that Aboriginal children, young people, and families receive culturally safe and responsive supports within a Family Preservation service, MFC believes it is imperative to weave several critical elements seamlessly into the service framework.

Firstly, there must be a robust educational component that covers both the historical and contemporary experiences of Aboriginal communities. This education should encompass an



understanding of the impacts of colonisation, policies like the Stolen Generations, and the resilience and strengths of Aboriginal cultures today.

Training for staff should go beyond general approaches and address the specific realities of the tribal nations served. This means acknowledging the diversity of cultural practices, languages, and protocols within Aboriginal communities and tailoring training to meet the unique histories, values, and needs of each tribal nation.

Moreover, the service model should integrate culturally responsive approaches by valuing both traditional Aboriginal healing methods and Western interventions in a respectful and collaborative manner. Establishing partnerships with local Aboriginal communities is also crucial for co-designing and co-delivering services. Such collaboration ensures that programs are culturally relevant, responsive, and effective, actively involving community members in decision-making to reflect their priorities and preferences.

Additionally, services should embrace a holistic view that honours Aboriginal worldviews, recognising the interconnectedness of physical, emotional, mental, and spiritual well-being, and building on the inherent strengths and resilience of Aboriginal families and communities. Understanding the historical and intergenerational trauma faced by these communities is essential, and services must provide trauma-informed care that is culturally sensitive, emphasising safety, trust, empowerment, and choice.


By adopting these elements into Family Preservation services, organisations can create an environment where Aboriginal children, young people, and families not only receive support that is safe and responsive but also deeply respectful of their heritage, traditions, and rights.

4. How do we ensure children, young people, and families from Culturally and Linguistically Diverse (CALD) backgrounds are provided with culturally safe and responsive supports when working with a Family Preservation service?

MFC embraces the fact that providing culturally safe and responsive supports to children, young people, and families from Culturally and Linguistically Diverse (CALD) backgrounds in a Family Preservation service setting requires a comprehensive approach.

It is critical to ensure that services are linguistically accessible by providing professional interpreters and translating essential documents and communication materials into the primary languages spoken by the community, which helps eliminate barriers to understanding and engagement. Developing programs that reflect the cultural heritage of the communities served involves not only respecting cultural practices and values, but also integrating them into the design and delivery of services, building upon the cultural strengths and resources of the community.

A flexible approach to service delivery is crucial to accommodate the unique needs and circumstances of CALD families. This might involve adjusting service hours to fit cultural or religious observances, offering services in community-based settings familiar to families, or modifying traditional practices to better align with cultural norms. Employing cultural liaisons or community connectors who can bridge the gap between service providers and CALD communities is also important. These individuals, often from the community themselves,



provide valuable insights into cultural norms and help build trust and engagement between families and service providers.

Ongoing training for staff is essential to foster cultural competence, covering topics such as cultural awareness, sensitivity, anti-discrimination practices, and specific cultural knowledge relevant to the communities served. Well-trained staff are better equipped to recognise and respect the diverse values, beliefs, and behaviours of CALD families. Additionally, implementing cultural assessment tools to better understand the needs and backgrounds of CALD families can help practitioners tailor their interventions, guiding the development of personalised support plans that respect cultural identities and preferences. Integrating these elements into family preservation services means agencies can ensure that their supports are not only accessible and appropriate but also effective in meeting the diverse needs of CALD families. This in turn fosters an inclusive environment where all families feel valued and understood – enhancing the overall efficacy of family preservation efforts.

5. Does the eligibility, suitability, and prioritisation approach strike the right balance between providing access to families who could benefit from Family Preservation and targeting a finite resource? If not, what do you think needs to shift so it is striking the right balance?

MFC believes the proposed approach strikes the right balance.

6. Do the proportions of 60 per cent, 30 per cent, 10 per cent between DCJ allocated, triage, and community referrals strike the right balance? If not, why not?


MFC believes the proposed approach strikes the right balance.

7. What is your view on which families are more or less suitable for the various Family Preservation models? What factors contribute to this?

MFC maintains that the Intensive Family Preservation (IFP) model is particularly effective for families facing significant risks that require intervention, prevention, and comprehensive case management. These families often require a holistic framework of specialised services, such as family and systemic therapy, occupational therapy, speech therapy, psychology, behavioural therapy, paediatrics, mental health support, alcohol and other drugs, and individual learning programs to enhance family functioning and quality of life. These efforts consequently reduce risks within the home. By retaining such a focus, IFP can address complex challenges more effectively and provide customised support that prevents potential crises and instead fosters stability.

8. What practices tools or processes do you currently use, or have you seen used in other services, to determine suitability?

MFC currently utilises a referral base from the Department of Communities and Justice (DCJ). Suitability is primarily assessed using the Safety Assessment and Risk Assessment (SARA) tool. This assessment tool helps us evaluate the potential risks and needs specific to each family referred to us.



Additionally, we engage in thorough internal consultations regarding the family's situation to ensure a comprehensive understanding of their circumstances. This combined approach allows us to tailor our interventions more effectively, ensuring that the services provided are appropriately matched to the family's needs and risk levels.

9. Do you foresee any unintended consequences in linking DCJ allocated referrals to the Family Action Plan for Change? If so, how can these be mitigated?

MFC does not foresee any unintended consequences at this time.

10. Should service providers be involved in the Family Action Plan for Change? If so, what level of information do service providers need about the family to best support the process?

Service providers play a crucial role in the Family Action Plan (FAP) for Change process, and their involvement should indeed be a collaborative effort with the family. When MFC considers the FAP's goals, it is evident that having Family Preservation providers as part of the team can significantly support the family in achieving the outlined objectives.


Firstly, service providers, especially those in the domain of Family Preservation, are equipped with the skills and resources necessary to guide families through the change process. Given their specialised training and experience, they can offer both practical support and therapeutic interventions to address the family's needs.

Secondly, service providers who work in rural and remote communities often have the added advantage of pre-existing relationships with the families they serve. These positive relationships can be leveraged to facilitate a smoother and more effective implementation of the FAP. The trust and rapport that these providers have built within the community can lead to greater openness and willingness from the family to engage in the process.

To best support the process, service providers need a sufficient level of information about the family, including:

- Knowledge of the family's structure, relationships, and interactions to tailor the FAP appropriately.
- Insight into past interventions, challenges, and successes to inform the current plan.
- Recognition of each family member's unique needs, strengths, and areas for growth to ensure that the FAP is relevant and individualised.
- Awareness of the family's cultural background, values, and beliefs to ensure that the services and support are culturally sensitive and effective.
- An understanding of the family's social supports, community ties, and resources that can be mobilised to support the FAP goals.

When service providers have this level of information, they can support the family more effectively through the FAP for Change process. Moreover, when the time comes to transition the family from one phase of support to another—what might be referred to as a 'warm



handover’—the process can be seamless due to the service provider's intimate knowledge of the family's circumstances and the established trust.

It is also important to maintain confidentiality and share information appropriately among service providers and within the parameters of the family's consent. The ultimate aim is to empower the family, using the strength of collaborative, informed, and respectful partnerships between service providers and families.

11. Will the new referral decline reasons support better referral practices and collaboration between DCJ and service providers? If not, why not?

MFC believes that the introduction of new referral decline reasons has the potential to support better referral practices and foster greater collaboration between DCJ and service providers. Through clarifying the reasons for declining a referral, service providers can give specific feedback to the DCJ, which can be used to enhance the referral process. This specificity helps in understanding the gaps and aligning the family's needs with the most suitable services.

However, for this system to be truly effective, it should be complemented with structured interactions between service providers and the local DCJ office. This would ideally take the form of a meeting where consent has been obtained from the family. Such a meeting would allow for an in-depth discussion about the referral to ascertain the suitability of the family for the Family Preservation (FP) program.

Such an approach would have the following benefits:

- Regular meetings encourage clear communication and help in developing a mutual understanding of the roles, expectations, and capabilities of each party.
- Through dialogue, service providers can contribute their expertise to ensure that the family is matched with the most appropriate program, increasing the likelihood of successful outcomes.
- Collaborative meetings can help in building and maintaining strong working relationships between the DCJ and service providers, which is beneficial for ongoing and future referrals.
- These discussions allow both the DCJ and service providers to share their perspectives on the family's needs, which can lead to a more nuanced and effective service provision.
- Immediate feedback can be given during these meetings, which can facilitate quick adjustments and refinements to the referral process.

If these structured meetings become a standard practice, they can bridge any communication gaps between the DCJ and service providers, ensuring that declines are not just communicated but understood and addressed. Such a collaborative approach can ultimately lead to a more effective and efficient referral system, where families are better supported through the right programs that meet their specific needs.

12. If referral practices are effective, what would be a reasonable decline rate for DCJ referrals?

MFC views determining a 'reasonable' decline rate for DCJ referrals as contingent upon various factors, including the complexity of cases, the availability of services, and the appropriateness of referrals. When referral practices are effective, they should ideally result in a high acceptance rate, as referrals would be well-matched to the service provider's capabilities and the family's needs. However, given the dynamic and sometimes unpredictable nature of family situations, MFC acknowledges a certain degree of declines is inevitable.

For instance, environmental conditions impacting the family or limited information provided at the time of referral can lead to a decline if the service provider assesses that they are unable to meet the family's needs effectively or safely. In these cases, declines are not necessarily indicative of poor referral practices, but rather of the careful consideration of the family's situation and the provider's capacity to deliver appropriate services.

While it is difficult to pinpoint a specific percentage that would be considered 'reasonable', effective referral practices would likely aim for a low decline rate, perhaps in the range of 10-20%, allowing for the fact that not every referral can be a perfect match due to the reasons stated. It is nonetheless essential to eventually analyse the reasons behind the declines. For example:

- If declines are due to environmental conditions, this could prompt a review of how such information is assessed and communicated during the referral process.
- If declines happen because of a lack of information, improving the completeness and accuracy of referral data might be necessary.


Any decline rate should be regularly reviewed and contextualised within the specifics of the agency's operational area, resources, and demographics served. Over time, data gathered from these reviews will help in understanding the nuances of referral practices and lead to avenues for continuous service improvement.

13. Will keeping cases open for up to three months help service providers improve engagement with families? If not, why not?

MFC believes keeping cases open for up to three months can indeed help service providers improve engagement with families. This extended timeframe allows for flexibility in re-engaging families who may be experiencing fluctuating circumstances. In cases where organisations encounter disengagement from families, the additional time could be critical – particularly since the engagement is voluntary and there is no mandatory requirement for families to participate.

Additional factors for why and when this practice can be beneficial include:

- Building trust with families, especially those who may have had negative experiences with social services in the past, can take time. A longer engagement period provides more opportunities for service providers to establish rapport.

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- When circumstances change—sometimes unexpectedly— an open case can provide the necessary buffer to address these changes and adapt the support plan accordingly.
 - Keeping a case open ensures that the family has continuous access to support, which is particularly important in voluntary engagements where there may be periods of disengagement.
 - Service providers can monitor a family's situation and provide follow-up as needed, which can lead to earlier interventions if circumstances deteriorate.
 - Having a case remain open can be a stabilising factor for families knowing they have an ongoing connection to support services.
 - Service providers have more time to plan and coordinate services that are more tailored to the family's evolving needs.

However, for this approach to be most effective, it is essential that roles and responsibilities are clearly communicated to the family from the beginning. MFC has always argued that families should understand what services are available, what is expected of them, and how they can re-engage with services if they have disengaged. Additionally, service providers must have clear policies and procedures in place for these extended engagements, ensuring that resources are used effectively and cases are not kept open unnecessarily.


Overall, while there are challenges associated with voluntary service provision, extending the case open period can provide a safety net that enables more responsive and adaptive support – potentially leading to better outcomes for families.

14. Will keeping cases open for up to three months improve collaboration, information sharing, and transparency between families, DCJ, and service providers? If not, why not?

Absolutely. Extending the period during which cases remain open can improve collaboration, information sharing, and transparency between families, DCJ and service providers. When cases are kept open for up to three months, there is a greater window of opportunity for all parties involved to develop a cohesive approach. Experience with both closed and open cases highlights the benefits of having cases remain open for an extended period.

A longer case duration can enhance these aspects:

- More time allows for service providers and DCJ to work together more closely, coordinating their efforts to support the family. They can develop joint plans, engage in problem-solving, and hold regular case conferences that involve the family as well.
- With an open case, there is an ongoing exchange of information. Service providers can keep DCJ updated on the family's progress and any emerging needs or challenges. Similarly, DCJ can provide historical and contextual information that may assist service providers in their work with the family.

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- An extended timeframe encourages transparency as it allows for more consistent communication. This can help manage expectations and provide clarity around the roles and responsibilities of each party, including the family.
 - As noted, having cases remain open supports the transition period into the NGO. It allows for a gradual shift in responsibility from DCJ to the NGO, helping to ease the family into the new arrangement without feeling abruptly transferred.
 - Keeping the case open means there is no disruption in service provision. Families are likely to feel more secure when they know they have ongoing support, and service providers can ensure that interventions are sustained and adjusted as needed over time.
 - With a longer engagement period, service providers can be more responsive to changes in the family's situation. If a crisis arises or new information comes to light, there is still an active channel for support and intervention.

However, it is important to ensure that the additional time is used effectively. There should be clear goals and milestones set for the period when the case is open, and regular reviews to ensure that the time is not merely passing but is being utilised to achieve specific outcomes for the family. Additionally, service providers should have the resources and support necessary to manage longer-term cases effectively, thus requiring increased funding arrangements.

15. Will keeping cases open for up to three months result in unintended consequences?

MFC does not have cause to believe that keeping cases open for three months will have unintended consequences at this time.

16. Do the respective roles and responsibilities of DCJ and service providers regarding managing ongoing and escalating risk provide clarity? Are there any other gaps in understanding?


MFC has not identified any other gaps at this time.

Part 3

N/A

Part 4

17. Can you envisage developing a Family Preservation model using the Families Together core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?



MFC notes that developing a Family Preservation model using the Families Together core components and service activities appears feasible, though with the proviso there are specific regional and remote challenges that must be addressed.

For example, the geographical isolation of Mallee region makes accessing services a challenge, potentially requiring alternative methods such as remote or online resources. The costs associated with services can also pose a significant barrier, underscoring the need for additional funding mechanisms to ensure accessibility. Limited local services and border issues concurrently contribute by default to longer waiting periods, necessitating strategies to build local capacity or streamline policies.

Additional information is therefore needed on the specific services and supports within the Families Together model, including their delivery methods, costs, and adaptability to unique regional and border contexts.

18. Are there any key service activities that have not been captured in the *Families Together* core components?

MFC has not identified any key service activities at this time.

19. Do you agree with the proposed service duration and service hours per family for *Families Together*? If not, why not? What would you propose as an alternative?

MFC does not agree with the proposed service duration and service hours per family for the Families Together program, particularly when considering the unique challenges faced by services and families in regional and remote parts of New South Wales or those accessing services across state lines.

Given the geographical and logistical barriers, such as the long travel times for outreach that can limit quality time spent with each family, the proposed service duration and hours may not be sufficient to meet the needs of families in these areas. Additionally, the responsibility of service providers to offer transport to families for accessing specialised services adds an extra layer of complexity and demand on resources.

An alternative proposal should include:

- Instead of a one-size-fits-all service duration, allow for flexible timelines based on the needs and locations of families. This would take into account the additional hours needed for travel in rural and remote areas.
- Increase the service hours per family to account for travel time and the additional responsibility of providing transport to other services. This ensures that the actual time spent working with the family is not compromised.
- Develop outreach schedules that maximise the time spent with families during each visit. This may include longer, but less frequent, visits to each family, or coordinating visits to multiple families in the same area on the same day.

- Allocate additional resources to offices in rural and remote areas to address the unique challenges they face, such as increased transportation costs, lack of technology infrastructure, and the need for more extensive outreach efforts.

Via these alternatives, MFC is advancing a more equitable distribution of service provision that acknowledges the additional time and resources required to serve families in rural and remote areas effectively. It is important that these differences are considered when service durations and hours are being decided to ensure that all families receive the quality of service they need.


20. Does the proposed service duration and service hours per family for *Families Together* provide enough discretion for practitioners and service providers to be responsive to the changing needs of families through service duration?

The proposed service duration and service hours per family for Families Together do not provide enough discretion for practitioners and service providers to be responsive to the changing needs of families. This is particularly true for families with complex needs where the ability to adapt to dynamic family situations is crucial. The allocated hours and durations are restrictive and do not accommodate the possibility of a family's circumstances requiring a return to more intensive support due to crises. Such limited time engagements can undermine the effectiveness of interventions for families with intricate and varying needs.

Moreover, the effectiveness of service delivery is severely impacted when working with large families or those requiring ongoing support. Building trust, understanding cultural nuances, and addressing deep-seated issues cannot be rushed without risking superficial solutions that may exacerbate existing problems. Flexible and more generous time allocations allow for a holistic approach, which is vital for building strong relationships and achieving better outcomes for families.

The issue is even more pronounced when working with Aboriginal families. The need for extended periods to build trust and rapport cannot be overstated, given the historical and ongoing impacts of colonisation, cultural suppression, and discrimination. Effective engagement with Aboriginal communities requires an acknowledgment of and adaptation to cultural practices, such as yarning—a central aspect of communication in these communities. Time-restricted services risk being perceived as culturally insensitive or disrespectful and can erode the trust and rapport that are essential for meaningful and effective intervention. Moreover, the imposition of linear time frames overlooks the cyclical understanding of time that is prevalent in Aboriginal cultures, including the importance of adhering to cultural protocols.

In sum, the current service duration and hours proposed by Families Together are insufficiently flexible to effectively address and adapt to the complex and evolving needs of families, especially those that are large or have ongoing complexities, including Aboriginal families. More adaptable and less restricted service times are crucial for fostering effective, respectful, and culturally appropriate engagements.



21. How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?

Given the constraints of 200 allocated hours per year, and considering the unique challenges associated with our remote rural location and the complex needs of current families, it is not feasible to provide a detailed breakdown of time apportionment across the various functions such as face-to-face service delivery, travel time, client calls, case preparation and planning, and professional supervision.

The geographical challenges significantly affect travel time and accessibility, which in turn impacts the total hours available for direct service delivery. Additionally, the intensive needs of the families we serve require flexible and responsive service planning that cannot be strictly quantified in the given time frame.

Therefore, a rigid allocation of hours to each function would not accurately reflect or support the dynamic and varied demands of our work. Instead, MFC would argue that the approach must remain adaptive and responsive to the immediate and evolving needs of our clients, ensuring that our limited resources are used in the most effective and efficient manner possible.

22. Does *Families Together* allow you to apply and utilise your current best practice approaches?


MFC's current best practice approach involves a blend of strategies, including case management, parenting skills training (with specific programs where applicable), crisis intervention, and in-home support. We actively involve families in case planning, allowing us to effectively monitor and measure progress and outcomes.

We also have adopted a strength-based approach that incorporates therapeutic responses and, where relevant, considers cultural perspectives. Our current staff are pursuing additional tertiary qualifications to enhance our capability in family and systemic therapy approaches. This commitment to ongoing education ensures that we can offer more comprehensive and effective support to the families we serve.

23. How would use the flexibility under the *Families Together* framework to drive innovative approaches?

MFC would aim to use the flexibility provided in the framework to implement an adaptive response that is tailored specifically to the needs of the families involved. This includes taking into account broader variables, such as place-based considerations, along with cultural and other socio-economic factors specific to the Mallee region. The cumulative knowledge gained could in turn be fed into a 'lessons learnt' process that may form the basis for a distinct community approach that informs the broader framework process.

24. How could you leverage skills and capabilities across your organisation or the wider service system to deliver an innovative approach to *Families Together*?



MFC has made significant advancements in enhancing our services and approaches that could in turn benefit Families Together. For example, we have identified current resources of diverse expertise both internally and externally, ensuring a well-rounded and informed approach to supporting families. This includes investing in the professional development of our staff and providing them with the necessary tools and knowledge to effectively serve their communities.

To strengthen our efforts, we have fostered system wide collaboration and communication, creating a cohesive environment that promotes shared learning and teamwork. This is complemented by our dedication to reflective practice, which encourages our team to engage in self-assessment and continual learning from their experiences.


We have also established robust mechanisms for ongoing evaluation and feedback, which are crucial in refining and enhancing programs such as Families Together. This system allows us to respond dynamically to the needs of the families we serve and make adjustments as necessary to our strategies and practices.

And finally, MFC continues to engage in various forums and professional circles, ensuring we are at the forefront of discussions and innovations in family support services. We consistently stay updated with all information relevant to Families Together – from legislative changes to new research and trends.

25. What rules and discretion would you like to be reflected in a new brokerage policy?

When crafting a new brokerage policy, especially one that involves the allocation of resources for various specialised services and support mechanisms, MFC sees it is crucial to integrate both clear rules and discretionary powers that allow for responsive and adaptive service delivery. The policy should be designed to address the diverse and specific needs of families while maintaining accountability and effectiveness. Suggestions included:

- Define specific guidelines for the allocation of funds to specialised services such as speech therapy, tutoring, sports, childcare, education, learning, and driving lessons. Set criteria for eligibility and processes for assessing the individual needs of clients. However, grant caseworkers discretion to adjust allocations based on evolving family needs and circumstances.
- Establish a budget for essential resources and materials that support educational and developmental goals. Include a process for families or caseworkers to request additional or specialised materials as needed, with a quick response mechanism to approve these requests based on urgency and necessity.
- Outline the support available for re-connecting and maintaining family connections, such as funds for fuel, flights, accommodation, and transport for family activities. Incorporate flexibility to increase funding in special circumstances or for larger families, acknowledging the importance of maintaining strong family ties.
- Clearly specify the availability of crisis-driven funds to address immediate and unforeseen needs. Include guidelines for what qualifies as a crisis, while allowing



caseworkers the discretion to use their judgment in situations that may not fit standard definitions but clearly require immediate support.

- Ensure that policies support the implementation and funding of Family Group Conferencing, which is vital for family-driven decision-making. Provide resources for the planning and execution of these conferences, and flexibility in how they are conducted to best meet the cultural and personal needs of the family involved.
- Specifically fund trips back to the country, culture camps, and other cultural connection activities. Recognise the importance of these activities in supporting identity and mental health. Policies should be flexible enough to cover various types of cultural activities as recognised and expressed by the families themselves.
- Include provisions for taxi vouchers and other transportation supports to ensure that families can attend appointments, access services, and participate in required activities without transportation being a barrier.
- Emphasise a policy-wide flexibility clause acknowledging that each family's needs and circumstances are unique. This clause should empower service providers to make exceptions or tailor supports based on specific family dynamics, challenges, and opportunities.

Adopting these rules and discretionary powers into the new brokerage policy means the program can provide comprehensive support that addresses both the common and unique needs of families while ensuring effective assistance.

26. What implementation support would new and existing non-ACCO service providers need to deliver *Families Together*?

MFC has identified a specific need to develop and enhance support for implementation when Aboriginal families choose not to receive services from an ACCO and instead prefer to engage with mainstream community organisations. In these circumstances it is vital to ensure that these families still receive culturally sensitive and effective support, aligning with their preferences and needs, while also maintaining the integrity and objectives of both service types. As such efforts should be made to bridge differences and facilitate resource sharing between ACCO and mainstream organisations within a given community setting.



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