2000

# TRGS FDCC

**First 2000 Days Care Connect**

# Child and Family Hub Toolkit

UNSW
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# Acknowledgements

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## Abbreviations

| | |
|---|---|
| **TRGS FDCC** | Translational Research Grants Scheme: First 2000 Days Continuum of Care |
| **DCJ** | Department of Communities and Justice |
| **NGO** | Non-Government Organisations |
| **ACCHO** | Aboriginal Community Controlled Health Service or Organisation |

| | |
|---|---|
| **GP** | General Practitioner |
| **FTE** | Full-Time Equivalent |
| **IAP** | International Association for Public Participation |
| **PHR** | Personal Health Record |
| **PHN** | Primary Health Network |

# Introduction to the Toolkit

## How to use this toolkit

This toolkit describes the building blocks to establish and maintain a Child and Family Hub, as experienced by the Translational Research Grant Scheme "First 2000 Days Care Connect" (TRGS FDCC) study. It provides guidelines and tools based on the findings of the TRGS FDCC study and informed by literature as well as the experiences of Hub stakeholders and participants in Rockdale, Miller, and West Ryde. It includes resources developed by these Hubs and some other Hubs who were not part of the TRGS FDCC study.

Hubs are unique to their location and population, as well as the issues they are intending to address and the resources available to them. The toolkit does not prescribe what your Hub might look like or who might be partners in the Hub. It does not attempt to establish a right way or wrong way to conceptualise and develop a Hub.

For those who wish to find more information on Hubs please see National Hub Network. (https://www.childandfamilyhubs.org.au/)

The assumption in this toolkit is that while your Hub might reflect the key principles of Hub models of practice, operationally it will be different to other Hubs, including those that have provided examples and templates here.
The toolkit, therefore, is designed to be a practical resource, with templates and examples provided throughout, which can be adapted as needed. As with any toolkit, users should feel free to adjust the resources provided to suit their situation.

The TRGS FDCC team acknowledge the generous contributions of existing Hubs to the TRGS FDCC study and to this toolkit.

# The building blocks

The toolkit is based on the Hub building blocks which were developed from the experiences of the Hubs involved in the TRGS FDCC study (see Figure 1).

**Figure 1: Building blocks for a Child and Family Hub**



**Partnership**
- Building and maintaining partnerships
- Governance

**Relevance for Community**
- In language support, culturally safe & welcoming
- Accessibility, trust & engagement

**Buy-in**
- Agreed common agenda
- Generating in principle commitment

**Hub co-ordination and navigation**
- Hub co-ordinator
- Navigation support
- Capability building

**Ongoing Integration**
- Referral pathways
- Information sharing & communication
- Engaging with general practice

# Buy-in

A necessary first step in developing a Hub is to secure the buy-in of relevant partners. Depending on the nature of the Hub this might include:

- Communities e.g. cultural and language groups
- Local government and state government agencies e.g. Ministry of Health and health services, Department of Communities and Justice (DCJ), Department of Education and local schools
- Non-Government Organisations (NGOs) e.g. early childhood education services, family support services, Aboriginal Community Controlled Health Services (ACCHOs)
- Private providers e.g. general practitioners (GP), private psychologists, private allied health providers

## Questions to ask to secure buy-in

All potential partners should be involved together in discussing the following questions, which are intended to generate discussion and enable honest assessment of the viability of the Hub model for this community, this issue, and these potential partners. Ideally this discussion can be undertaken in a workshop or meeting.

### Is there a shared understanding of the issue to be addressed?
- What is the issue we are trying to address (e.g. access to comprehensive care, social care, developmental surveillance, readiness for school, trauma, parenting)? Do we agree on this?
- Where does this issue fit in each of our organisation's list of priorities? Is this issue a priority for each of us?

### Do we have the right partners involved?
- What are our values? Do we share similar values and have a shared interest in addressing the issue?
- Do we understand each organisation's core purpose and business model enough to enable trust and be comfortable that the purpose and business models of potential partners are aligned with the vision and purpose of the Hub?
- Are there other organisations we should be talking to about a Hub e.g. NGOs that work with migrant and refugee families?

### Have we defined and agreed on the community and population that will use the Hub?
- What are our population data sources? Do we have a common set of data that defines the community and population groups that will use the Hub?
  - Location
  - Demographics
  - Culture and language
- Are these population groups within the scope of our business and a priority for our organisations?

**A common vision**
- What is our shared vision?
- What approach will we take to address the issue? Do we agree on the approach?

**In principle commitment**
- What commitments are we prepared to make to the Hub? Are the decision-makers in each organisation committed to addressing the issue through a Hub model?
- What resources can we commit to the Hub? Have the decision-makers in each organisation agreed to commit these resources to the development of a Hub?
- How will we work together to support staff to change practice if needed for the Hub? Are the decision makers in each organisation committed to supporting practice change among staff working in the Hub?
- What are the necessary structures to commence planning and implementation of the Hub? Have we agreed to set them up?
  - Senior level governance – a senior level governance group with oversight and the capacity to commit resources and address challenges to the partnership.
  - Operational level governance – working group or groups to address day to day operational issues and escalate where necessary to the senior level governance group.
  - Planning – A time-limited and resources project management structure to plan the establishment of the Hub, including facilities, resources, staffing, developing models of care etc.

**Appendix A Resources**
- Sample decision-making tree

# Partnership

Partnership formalises buy-in with defined roles and responsibilities and real commitment to the Hub model.

## Building and maintaining partnerships

Partnerships can take a long time to establish and a lot of effort to maintain. It can take 2 – 5 years to establish strong, trusting partnerships with other agencies. Partnering requires ongoing oversight and maintenance at senior level. Some level of formal governance between partners, with terms of reference (ToR), should be established and maintained by organisational leaders and staff.

Partners in a Hub can and do change as the Hub evolves. However, there should be a process to invite/accept new partners into the Hub, as well as agreed roles and responsibilities.

At the service delivery level, opportunities for team building, shared communication, and co-design should be established and maintained.

### Questions to ask about maintaining the partnership

- Who should we have represented on our senior management/leadership group? Have we agreed on appropriate senior management representation, Terms of Reference (ToR), and a Secretariat?
- How will we share roles and power? Have we agreed on the lead agency and how we share roles and power?
- How will we manage day to day issues in the Hub? Have we established an operational group in the Hub?
- Are all partners represented at governance meetings and do representatives attend?
- What should our communication pathways between partner organisations be? Have we established effective communication pathways at senior and operational levels?
- Have we developed agreed processes to manage issues and/or conflict, including when and how issues should be escalated to senior levels?
- How should we assess the effectiveness of the partnership and make changes if needed?
- Have we or do we intend to co-develop and commit to some form of partnership agreement? (See resources)
- How will we build opportunities for shared activities (e.g. client care, training, staff wellbeing, team building) between Hub partners and between Hub staff into the business model for the Hub?

- How will we identify, communicate, and respond to external influences on our partners that might affect how we work together? Do we have an agreement as to how we will respond?
- Are we willing to try new things, learn from our shared stumbles, and celebrate our shared achievements?
- Are all partners at all levels actively involved in planning for the Hub?

### Appendix A Resources

- Sample Senior Management/ Leadership Group ToR
- Sample Operational/Working Group ToR
- Sample Partnership Agreement
- Partnership self-assessment tools

# Hub coordination and navigation

## Hub Coordinator

Hub coordination requires the following essentials.

### Discussion points to help when planning for your Hub Coordinator

- Where will the funding for a Hub coordinator come from? Is there a guaranteed source of funding for the Coordinator position and have we realistically assessed the FTE required (minimum 0.6FTE)?
- What will be our accountability structure for the Coordinator? Will this change over time?

- Have we agreed that position has the delegation and seniority to make decisions and take actions?
- What do we want the Coordinator to do? Have we developed a clear position description that outlines the key functions and requirements of the role as well as essential and desirable experience and capabilities?

### Possible Hub Coordinator experience and capabilities

**Experience**

- Early childhood health, social support, or education
- Supporting operational activities in a service
- Working in cross-agency programs
- Project management
- Change management
- Working in a high-pressure environment

**Capabilities**

- Tertiary qualifications in a relevant field
- Negotiation and conflict resolution skills
- Ability to work independently and make decisions
- Written and verbal communication skills
- Ability to multi-task

## Navigation support

It is important to have a position in the Hub of "Care Navigator" as this role can support people into the Hub, promote it to the community, and connect them with other services. This role is supported by the worker in the Hub who has a close relationship with the client and has established trust and rapport. Some examples are provided in Appendix A Resources.

### Questions to ask about navigation support

- How do we think care navigation can best be implemented in our Hub? Have we agreed on what "care navigation" is (i.e. not ongoing case management) and established our approach to care navigation?
- What proportion of our client group (numbers and needs) is likely to need navigation support?
- To what extent do we think care navigation should be a legitimate and an expected role of our Hub staff?

- How will we allocate the time needed to provide navigation support into the workload of Hub staff, including time and opportunities to connect and build relationships with other services?
- How will we support all Hub team members to develop and maintain the skills and capability to provide navigation support if needed?

# Capability building

### How we select workers in the Hub

Not every person wants to work in a Hub. It is important to select staff for the Hub who understand the rationale for a Hub, who want to work in this environment within an integrated model of care, and have a commitment to community development as well as clinical care.

### Developing skills

Working in a Hub model is different for many practitioners. Developing a plan to build capability in the necessary skills can support

professional development. Training together can help build cohesion and support team building. Think about the skills your Hub staff and their line managers will need to work effectively in your Hub. Some likely examples are:

- Adaptive and flexible practice
- Integration
- Trauma informed care
- Culturally respectful care
- Person centred care
- Working with interpreters

### Questions to ask about building capability

- How will we provide comprehensive orientation to the Hub for new staff, line managers, and providers?
- What skills do Hub team members need to work in the Hub? Are they in addition to their current skills? Do we have a process for assessing the current and ongoing skills of our Hub team (new and existing staff)?
- What are our available resources for training and skills development? Are they adequate?

- Have we allocated time for training and skills development for our team within their working days?
- Have we considered opportunities for peer-to-peer training?
- What training programs are we aware of, or already have access to, that will help build capability in identified areas for development?

### Appendix A Resources

- Examples of navigation support approaches
- Examples of navigation support
- Sample Orientation Checklist

# Relevance for community

## Community participation

Ensuring relevance for community requires community participation. Community participation can occur anywhere along a spectrum depending on its purpose, the relationship with the community, and the extent to which communities want to participate.  A model for this spectrum was developed by the International Association for Public Participation (IAP2) and describes a range of forms of public participation: Inform – Consult – Involve – Collaborate – Empower. Generally, the degree of community impact on the decisions being made increases from Inform through to Empower.  At various points Hubs might engage with communities across these levels of participation – no single level is better than another; it depends on the situation.

## Consumer participation

Consumer participation occurs at the individual level, with the direct care provider and at the Hub level. Clients of the service might provide feedback and contribute ideas on the service they receive. They might also provide input into the overall Hub model, including what services are available, how they experience the Hub, and how the Hub can be improved. Some of the ways consumer participation can be encouraged are through direct conversations, customer satisfaction surveys, surveys on key questions, and invitations to discuss particular topics in focus groups or online.

## Questions to ask about relevance for community

The TRGS FDCC study specifically focused on migrant and refugee families in three locations with high proportions of residents from culturally and linguistically diverse backgrounds. The following questions reflect our experience.

### In language support, culturally safe, and welcoming

- How can we actively try to recruit staff from the cultures and languages of our local communities?
- What are the different languages that are preferred in our Hub area? What signage do we need to reflect this?
- How do we provide a reception/concierge or wayfinding function for when people enter our facility?
- How do we support/train all our Hub staff so that they feel comfortable and competent in identifying if a person requires an interpreter, accessing an interpreter (phone or in person), and working with an interpreter?
- If we have staff who speak different languages, do we have protocols for if and how they work with same-language clients?
- Are we able to provide brochures and written health information in the languages that are preferred in our area?

### Accessibility, trust, and engagement?

- What are the characteristics of the population in our Hub area that might need our services?
- What are the cultural beliefs about health that are important to our local communities? How do we incorporate this into our practices?
- How do we develop a tailored approach to engagement with our local communities that is situation-dependent and does not rely on formal structures?
- Where are the services and group leaders where families in our Hub area prefer to go (e.g. playgroups, mothers' groups, social events, places of worship)? How do we engage with them to hear about their views and ideas?
- How do we make sure other services and groups in the Hub area know how to, and feel encouraged to make and receive referrals with us?
- How do we consistently find out from our clients how we can improve our services? Do we have ways of asking clients in their preferred languages?
- Do we have various ways in which our clients can provide feedback or be involved in our service planning that are tailored to their culture and language?
- Who are the language speaking GPs in our area? How do we engage with them?
- Is our Hub conveniently located near other services where our clients go?

# Ongoing integration

Ongoing integration can be achieved via:
- Warm referrals between services (i.e. specific custom-made pathways to avoid using mainstream intake systems; or create 'fit for purpose' new ones as per need e.g. preschool and Child and Family Health Nursing (CFHN).
- Commitment to providing feedback on referrals received by partners.
- Nominated key contacts in each agency to support referrals/build relationships between services.
- Common orientation for new staff/services across all agencies.
- Commitment agreements for all partner agencies to clarify expectations of being involved in the model.
- Regular partner working group and leadership meetings.

- Changes to NGO contracts to work as part of the model.
- Reallocation of health resources to staff the services offered.
- Changes to business practices for seamless functionality of Hubs (e.g. school has brought transition to school activities forward to term 3 and instigated a principal 'meet and greet' for future enrolments to identify and make warm referrals for children to the CFHN or family support services).
- Organising joint Hub events on or off site to engage the community.
- Common branding – logos.
- Joint training and planning opportunities and 'community of practice'.

## Referral pathways

Shared referral pathways are fundamental in Hubs as they move from co-location to integration. They guide and support key elements of integration, such as continuum of care, warm referrals and transfers, and a comprehensive, seamless care experience for clients. An example referral pathway is included in Appendix A Resources.

**Prerequisites for developing referral pathways**
Hub partners need to:
- Agree to develop the referral pathways for the Hub.
- Include warm referrals in their referral pathways.
- Commit to their part of the work in adapting or developing their referral protocols for the referral pathways.
- Keep their referral information up to date.
- Adhere to the final agreed pathways.
- Provide a feedback process to referrers.

**Developing referral pathways**
*Adaptive development*
The process of developing referral pathways should be organic and adaptive, to accommodate different partners.
Here are some reasons why referral pathways might need to be developed and maintained:
- There might already be a well-established pathway with a partner, that meets the model of care of the Hub, and needs little or no adaptation.
- A partner might have rigid and established

pathways that, for valid reasons, cannot be adapted and have to be used within the Hub as is.
- Some partners might not have been regular referrers in the past and there are no referral pathways in place, requiring a new pathway.
- A partner might have an established pathway but it does not fit with the Hub way of working and needs to be adapted.

*Resources*
Developing referral pathways is not a small task. While individual partners can work on their own referral pathways, all partner organisations should be involved in shaping the Hub pathways. This will require the Hub Coordinator or another appropriate delegate to coordinate and facilitate pathway development.

*Maintaining pathways*
Referral pathways are living documents. As additional partners join the Hub, the referral pathways will need updating. It is good practice to check key contacts and linked documents annually at a minimum to ensure they are up to date.

## Information sharing and communication

Information sharing and communication involves formal and informal activities. Referral pathways (as discussed above) are a key component of information sharing, but so are case conferencing and shared-care planning. Communication about clients is important, but so is the interpersonal communication that builds team cohesiveness and trust. All these things require thoughtful consideration and the allocation of time and effort. The extent to which formal structures for communication can be set up depends on the type of Hub that is being developed.

### Questions to ask about information sharing and communication

- Have we allocated time in the workload of our frontline workers to plan and participate in case conferences and care planning as needed?
- Have we developed a model for multidisciplinary case conferencing, depending on client needs, that includes all potential services – clinician and non-clinician?
- Do we have an agreed process for sharing client information between services as needed (e.g. feedback protocols etc)?
- Have we developed a process for regularly sharing information about our services and issues of importance to the Hub and partners?
- Do we plan to have Hub workshops with all staff attending – on topics of shared interest, sharing knowledge, case challenges, or case presentations?
- Will our facility have space or shared activities for informal gathering of staff, e.g. the coffee run, Friday lunches, dedicated eating area, outdoor seating etc?
- Will we encourage opportunities for shared celebrations, such as Hub achievements, birthdays etc?

## Engaging general practice

The TRGS FDCC study found that families relied heavily on their local (often language speaking) GPs for their health care. One of the issues with maintaining engagement with families was their preference for GP care, especially as GPs provide childhood immunisations. GPs as primary care providers for entire populations of any age, may not have the resources to undertake the full developmental checks on children that are undertaken by Child and Family Health Nurses during the Personal Health Record (PHR) (Blue Book) checks.

GP engagement with Hubs is a critical component of a comprehensive child and family service. However, general practices are busy places, and it can be challenging to maintain visibility of the Hub in that environment.

### Lessons learnt from the TRGS FDCC study

- Work collaboratively with the local Primary Health Network (PHN) to engage GPs.
- Make it as easy as possible for GPs to refer to the Hub using their practice software.
- Be a presence (virtual or actual) in general practices to remind them of the Hub and the services available to their patients.
- Provide feedback on client attendance and outcomes to their referring GP.
- Engage with GP practice nurses (who may be doing child health checks).
- Look for opportunities for shared training and skills development with GP practice nurses.

# A guide to estimate funding needs

## How to use the guide

### Brief guide for Hub practitioners
This is a brief guide for practitioners developing a Hub to help address the practical question of: "What are the investments (costs) required to support both the establishment and on-going running of Hubs?"

### Aligned with 'generic' building blocks
The guide identifies the main generic categories of activity that should be considered and costed when developing a Hub. These categories are aligned with the "building blocks" as previously described. The categories highlighted below should not be considered exhaustive and particular Hub sites may have unique considerations.

### Tailoring investments to local context
The activities and associated investments required will be specific to local context and different for each Hub. That is, 'one size does not fit all' and there is not a single, fixed, investment amount needed for a Hub. Prior to costings, it is important that practitioners first use the earlier stages of this toolkit to conceptualise the Hub model that best suits local context, consider the local resources that currently exist, and then use this generic costing guide to identify additional and specific funding needs going forward.

### Using the guide – questions to ask
Previously, the toolkit guides users regarding what questions to ask when converting the generic building blocks into specific needs and activities. For instance, to develop effective partnerships, the guide prompts users to ask whether sufficient governance arrangements are in place; or for Hub coordination and navigation whether there is sufficient staff and time to have the capacity to meet anticipated client numbers. Therefore, when addressing these questions, users should then ask the complementary costing question of: 'what are the associated resources (financial and in-kind) that are required to ensure for effective implementation and delivery?'

### Using the costing estimates as inputs for business cases
It is not expected that practitioners become experts in costing methodologies. Rather, the purpose of this guide is to support practitioners to develop a joint-understanding and language when seeking to articulate investment needs to establish and operate Hubs. Please note, that from a normative (or ethical perspective) "cost" is used in a positive sense and when summed refers to the cumulative investment needed. Undertaking a transparent costing process will add value when developing business cases to justify funding requirements.

# Identifying establishment (set-up) costs

**Potential activities and costs to consider**
Table 1 summarises the key categories of activities that should be considered in the initial stages prior to the establishment of a Hub. These are intended to be self-explanatory and, to reiterate, are aligned with the building blocks as described previously in this toolkit. Regarding building and equipment,

it is important to consider the physical location of the Hub and if any capital investment is needed in new buildings and/or a refit of parts of an existing location. Further, consider whether there is rent to be paid and whether there is a need for investment in clinical equipment to ensure appropriate clinical activities can be undertaken.

**Table 1: Checklist on potential establishment activities and costs**

| Function | Specific activities | Relevant? (yes/no) | Hubs funding | $ In-kind |
|---|---|---|---|---|
| **Building & equipment** | | | | |
| New building or refit | Construction | | | |
| Rent | Annualise | | | |
| Clinical equipment | Purpose the Hub | | | |
| **Sub-Total** | | | | |
| **Shared strategy & training** | | | | |
| Workshops | Facilitators, staff time, online or venue hire/refreshments | | | |
| Training | Facilitators, staff time, online or venue hire/refreshments | | | |
| Seminars | Speakers, staff time, online or venue hire/refreshments | | | |
| Literature | New materials, online licenses | | | |
| **Sub-Total** | | | | |
| **Integration of services** | | | | |
| Referrals | Documenting referral pathways | | | |
| Pathways | Developing Primary Care (GP) pathway | | | |
| **Sub-Total** | | | | |
| **Vehicles & transport** | | | | |
| Cars | Purchase, rent | | | |
| **Sub-Total** | | | | |
| **TOTAL** | | | | |

**Estimating the funding needed**
A distinction should be made between new financial budget required versus in-kind contributions from existing resources (staff and non-staff). In-kind should be valued 'as if' payment was required. For instance, in-kind staff time should be valued based on hourly rates (annual salary divided by contracted hours of work). Further, there may be situations where certain resources that may be 'free' to a Hub, such as existing physical spaces where no rent is requested. Such situations should also be considered 'in-kind' and a value put on the 'potential rent' that the space could attract. The

main reason for valuing in-kind contributions is so that policymakers understand the full cost of establishment and avoid relying on unpaid goodwill of well-meaning staff, as there may be future scenarios where new funding may be required to cover such activities.

**On-costs and GST**
When valuing staff time (new hires and in-kind) it is important to include oncosts, which can vary but will typically range from (15% - 25%) of staff salary. For non-staff expenditures it is also important to include Goods and Service Tax (GST) which is typically 10%.

# Identifying operational (recurrent) costs

**Potential activities and costs to consider**

Table 2 summarises the potential functions and activities that, if relevant to a Hub, would then need to be costed. While the activities and associated investments will vary by Hub, the core and indispensable investment will be staffing to ensure there is a Hub Coordinator to manage the Hub, and administrative support to schedule and follow-up clients.

For staffing, there is a need to estimate the full-time equivalent (FTE) hours that are expected. There is not an easy formula to be applied. Rather, it is recommended that each Hub makes its own estimate based on the Hub's required capacity to serve the local population. It may be helpful to consider the following three factors:

1. The size of the eligible client population,
2. How many clients per day can be seen at full efficiency, and
3. The physical layout of the buildings, and intake procedures that may limit the clients that can be seen per day.

This process will also help considerations of whether to alter or change the physical location of a Hub. In Rockdale, for example, the Hub Coordinator was a 3 days per week or 0.6 FTE role and was working at full capacity, and the administrative support was approximately 1 day per week or 0.2 FTE.

**Table 2: Checklist on potential establishment activities and costs**

| Function | Specific activities | Relevant? (yes/no) | $ New funding | $ In-kind |
|---|---|---|---|---|
| **Hubs management** | | | | |
| Staffing | Staff (FTE) – Hubs Coordinator | | | |
| **Sub-Total** | | | | |
| **Governance & communication** | | | | |
| | Leadership group (strategy) | | | |
| | Working group (operations) | | | |
| | Joint client intake meeting | | | |
| | Joint case review meeting | | | |
| **Sub-Total** | | | | |
| **Administration** | | | | |
| Staffing | Staff (FTE) Client schedules, follow-up | | | |
| **Sub-Total** | | | | |
| **Building & equipment** | | | | |
| Building maintenance | Cleaning, ad hoc repairs, health & safety inspections | | | |
| Stationery | Office & hygiene items | | | |
| IT equipment | Computers, mobiles, printer, software license, internet | | | |
| **Sub-Total** | | | | |
| **Vehicles & transport** | | | | |
| Cars | Maintenance, insurance | | | |
| Travel | Reimbursements (fuel, public transport) | | | |
| **Sub-Total** | | | | |
| **TOTAL** | | | | |

Please note, as with Establishment, the same considerations apply regarding distinguishing between financial versus in-kind costs (including 'free'' resources) and inclusion of on-costs and GST, where relevant.

# Sustainability and scaling considerations

**Sustainability considerations**

*Renewed 'establishment' costs:* Establishment activities are likely to be repeated periodically. For instance, further capital investments may be required in buildings, external or internal. Also, the establishment workshop activities may be repeated in cycles as staff turnover should be expected at all levels.

*Avoid underestimating needs:* A major reason for identifying and valuing in-kind supports and 'free' resources is that such goodwill or spare resources may not always exist going forward. Further, when estimating staff needs it is recommended not to cost the bare minimum to avoid staff burnout and minimize the risks of staff turnover. Also consider whether there could be future scenarios resulting in periodic spikes in client demand and whether there would be sufficient capacity. There is a rational economic case to build 'slack' into the Hub system (staff, time, resources) and in periods where staff are underutilised to then offer in-kind support with other activities.

**Scaling-up considerations**

When estimating funding requirements, consider whether the size of the eligible client population is expected to change (increase/decrease) in coming years, and the potential implications on Hub capacity and needs going forward. For instance, whether increased client numbers would require additional FTE staff time and additional physical space. This will then impact on the ongoing funding needed in operating Hubs each year. If such scaling considerations are relevant, then it is recommended that two estimates of Hub operating costs are needed: one for the immediate year ahead and another for the future as the Hub expands to reach a larger population.

**Potential for shared resources across Hubs sites**

Consider whether multiple Hubs could pool certain activities and resources to improve effectiveness and efficiency. For instance, background functions such as administration and IT (e.g. licenses) tend to be likely candidates.

**Seeking further advice**

Finally, it is recommended that when developing costing estimates there is clear communication with potential funders (e.g. State government) regarding expectations. It is also possible to reach-out to an applied economist to provide support. Overall, practitioners are not expected to become experts but to use this brief guide to develop a common understanding and consistency between Hubs when developing business cases for the necessary investments.

# Appendix A:
# Resources and Links

# Sample decision-making tree

## KARITANE® DECISION-MAKING TREE
ADAPTED FOR USE WITH PERMISSION FROM KARITANE

### What new services should be considered at Wolli Creek?

| Category | Aspect | Explanation | Scoring |
|---|---|---|---|
| **Strategic fit to Hub** | Vision, aims, objectives alignment | Aligned with the established core vision, aims and objectives of the Hub | |
| | Values | Aligned with core values of Karitane<br>Aligned with core values of partner/s | |
| | Evaluation partner | Willing to be a partner in formal and informal evaluation of the Hub<br>Willing to be added to any ethics processes for data collection and analysis<br>Has suitable data collection methods to extract required data | |
| | Target group | Aligned with the core focus of children and families, women<br>Service is prepared to work flexibly and adapt to meet client/community needs according to Hub model of care | |
| | Complementary service | The service complements existing services in the Hub<br>Obvious referral pathways to provide stepped model of care with at least one other Hub service | |
| | First 2000 Days implementation Plan alignment | Works in accordance with or is closely associated with the First 2000 Days Implementation Plan | |
| | Broader involvement | Able to provide representation to the Hub governance structure to support collaboration | |
| | Marketing alignment | Willing to be a partner in marketing the holistic services of the Hub | |
| **Community need** | Social impact | Provides opportunity to have a significant social impact on the community | |
| | Need identified | Service meets a currently unmet or underserviced need supported by data | |
| | Stakeholder engagement | Community partners have identified a community need<br>Community members have identified the community need<br>Service is prepared to participate in stakeholder engagement activities | |
| **Feasability/ease of implementation** | Financially independent | Service is able to pay staff, equipment needs, not dependent on Hub for vital expenses<br>Service is able to contribute to the joint Hub expenses at an agreed % | |
| | Days | Service able to operate on days/times where there is an available room | |
| | Equipment needs | The equipment needs of the service are able to be managed within the physical environment of the Hub | |
| | Reliability | Service reliability on agreed days/times is guaranteed | |
| **Risk** | Financial | No significant financial risk is identified | |
| | Reputational | No significant reputational risk to partner/s or Karitane is identified | |
| | Legal | Inclusion of the service does not pose any legal risk to the service, clients, SESLHD or Karitane | |
| | Mitigation | Identified risks in line with the risk appetite/risk tolerance can be mitigated | |
| | Governance | The service has its own set of clearly defined governance processes<br>Governance processes align broadly with Karitane and SESLHD processes | |

**Scoring key**
3 = definitely
2 = in part
1 = not at all

Max score = 60

if these aspects are not met, the initial request is not to progress
Scores below 30 are not to progress
Scores 30-40 are to be taken into consideration by Project team
Scores 40-60 are to be taken to Governance Group for consideration

| Strategic fit | → | Community need | → | DECISION |
| Risk | | Feasibility |

| Not to progress<br>Score below 30 or red aspect unmet | Project team to consider<br>Score 30-40 | Governance Group to consider<br>Score 40-60 |
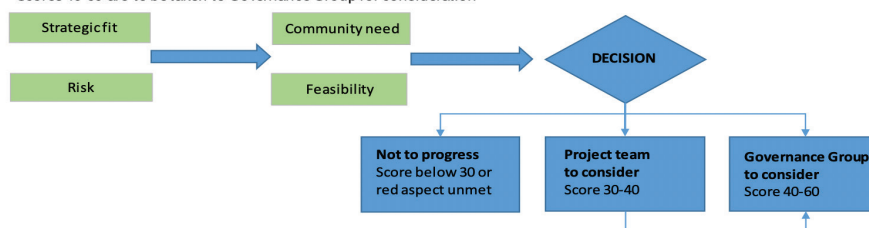
## Sample Senior Management/Leadership Group ToR

Adapted for use with permission from the Rockdale Hub Leadership Group.

# Child and Family Hub Leadership Group

1. **Purpose**

   The role of the Rockdale Child and Family Hub Leadership Group is to work with the local community to provide interagency and multi-system governance over the development, implementation, delivery and evaluation of services for children and families living in Rockdale.

2. **Vision**

   To ensure that all children and families living in Rockdale get the best start to life, early learning and school, supported by a connected community.

3. **Priorities**

   The priorities of the Leadership Group are aligned with the Brighter Beginnings whole of government initiative and the NSW Health First 2000 days Framework to give children the best start in life. These include:

   - providing families with reliable and timely information to support child development
   - assisting families to navigate the local service sector, in particular families from priority populations
   - improving engagement with early childhood developmental surveillance and early intervention, to optimise children's readiness to learn when entering school
   - improving social connectedness and belonging by addressing social and community needs.

   References:

   NSW Ministry of Health. *First 2000 Days Framework* (2019) accessed 16 May 2023 https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf

   NSW Government. *Brighter Beginnings website* accessed on 16 May 2023 https://www.nsw.gov.au/family-and-relationships/child-development

4. **Term**

   These Terms of Reference are effective from DATE and will be reviewed annually.

5. **Responsibility and scope of activities:**

   5.1. **Governance**

       **5.1.1.** Ensure appropriate governance and leadership of the Rockdale Children and Families Hub. The leadership group will support the development of and endorse strategic direction for quality services to be delivered in partnership with relevant NSW government agencies and non-government services

   5.2. **Strategy**

       **5.2.1.** Champion the Rockdale Children and Families Hub initiative

       **5.2.2.** Ensure that the Rockdale Child and Family Hub is aligned with service improvement strategies

       **5.2.3.** Support the identification of local priorities

       **5.2.4.** Lead safe, efficient, effective and enhanced client care

       **5.2.5.** Support and monitor the evaluation of the Rockdale Children and Families Hub, including any achievements realised

**5.2.6.** Guide any business issues and constraints that may arise

**5.2.7.** Seek additional funding and support

**5.2.8.** Ensure the findings of this initiative are shared with other services, published and presented to promote sustainability and scalability

**5.3. Operational service delivery**

**5.3.1.** Oversee the Rockdale Children and Families Hub operations

**5.3.2.** Recognise, foresee and develop mitigation strategies for any clinical risks

**5.3.3.** Provide strategic and where appropriate operation support the Project Officer

6. **Membership**

**6.1. Membership places**

The Leadership Group will consist of members representing each of the following categories:

- Government Sector
- Non-Government Sector
- Community representatives
- Additional key stakeholders as required (e.g., Research or Evaluation representatives).

**6.2. Membership criteria:**

**6.2.1.** Core criteria for government and non-government members:

- Commitment to the Rockdale Children and Families Hub core priorities
- Capacity to make a contribution beyond regular meetings
- Member organisations deliver services in the Rockdale area and have a demonstrated commitment to the Rockdale community.
- Members have authority by their organisation to represent it and make decisions on its behalf.

**6.2.2.** Community member/s criteria:

The community will be represented at each Leadership meeting through:

- A formal mechanism of reporting feedback and outcomes of community conversations that will inform decisions and directions
- Consultation with existing consumers or advocate groups; and /or
- A community representative, advocate or recognised leader who has lived experience in the Rockdale area.
- 

**6.3. The Support Team membership**

The Support Team includes key contacts with a specific set of skills and knowledge who support the Project Officer in coordinating partner services and provide strategic advice. Members do not have any voting/decision making rights.

**6.4. Invited Attendees**

Additional attendees may be co-opted to attend the meetings, for specific reasons. Co-opted members do not have any voting/decision making rights.

**6.5. Appointment of chair/ co-chair**

The Chair role will be nominated by the Leadership Group for a 12 month term.

**6.6. Applications for membership**

Vacancies should be filled as suitable members are identified and agreed by the Leadership Group.

**6.7. Membership of the Leadership Group**

| Leadership Group | | |
|---|---|---|
| Name | Agency | Position |

## 7. Meetings

**7.1. Quarterly**

Meetings will be held quarterly, for the purpose of overseeing the implementation and delivery of the Rockdale Children and Families Hub's services.

**7.2. Quorum**

A quorum shall consist of a 50% membership plus 1. Members should nominate a delegate to attend if unavailable.

**7.3. Agenda**

The agenda will be completed and distributed to all members at least one week prior to the meeting.

**7.4. Minutes**

All meetings shall be minuted and distributed to all members of the committee within a fortnight of the previous meeting. The minutes will be endorsed by the Leadership Group at the following meeting.

**7.5. Secretariat**

The Support Team will provide the secretariat resources for the meeting i.e. preparation of agendas, minutes and maintain a file of confirmed minutes and key documents.

**7.6. Establishment of subcommittees**

The Leadership Group, as deemed necessary, will establish subcommittees to review and make recommendations regarding project proposals and initiatives relevant to the provision of clinical services.

## 8. Amendment, Modification or Variation

These Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the Rockdale Children and Families Hub Leadership Group.

# Sample Operational/Working Group ToR

Adapted for use with permission from the Rockdale Hub Leadership Group.

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**Children and Families Hub Working Group**

1. **Purpose**

   The role of the Rockdale Children and Families Hub Working Group is to develop and coordinate work in response to priorities endorsed by the Rockdale Children and Families Hub Leadership Group.

2. **Governance Structure**

   The Hub is overseen by a two-tiered governance structure:

   > Rockdale Children & Families Hub Leadership Group
   >
   > ↓
   >
   > Rockdale Children & Families Hub Working Group

   The role of the Rockdale Child and Family Hub Leadership Group is to work with the local community to provide interagency and multi-system governance over the development, implementation, delivery and evaluation of services for children and families living in Rockdale.

3. **Vision**

   To ensure that all children and families living in Rockdale get the best start to life, early learning and school, supported by a connected community.

4. **Priorities**

   The priorities of the Working Group are aligned with the Brighter Beginnings whole of government initiative and the NSW Health First 2000 days Framework to give children the best start in life. These include:

   - providing families with reliable and timely information to support child development
   - assisting families to navigate the local service sector, in particular families from priority populations
   - improving engagement with early childhood developmental surveillance and early intervention, to optimise children's readiness to learn when entering school
   - improving social connectedness and belonging by addressing social and community needs.

5. **Term**

   These Terms of Reference are effective from DATE and will be reviewed annually.

6. **Responsibility and scope of activities**

   **6.1.** Develop and coordinate work in response to priorities endorsed by the Rockdale Children and Families Hub Leadership Group

   **6.2.** Provide quality service delivery in partnership with relevant government and non-government services

   **6.3.** Contribute to the service design of the Rockdale Children and Families Hub through quality improvement activities

   **6.4.** Work collaboratively to understand underlying causes/ factors that contribute to the presenting issue (at child, family, community or system level)

   **6.5.** Identify and collate agreed quantitative and qualitative data for service evaluation purposes

   **6.6.** Identify local priorities to inform service delivery

**6.7.** Maintain the focus of the agreed scope, outcomes and benefits of the Rockdale Children and Families Hub.

**7. Membership**

**7.1. Membership criteria:**

**7.1.1. Core criteria for government, non-government and service sector members:**

- ☐ Commitment to the Rockdale Children and Families Hub core priorities
- ☐ Capacity to make a contribution beyond regular meetings
- ☐ Member organisations deliver services in the Rockdale area and have a demonstrated commitment to the Rockdale community.
- ☐ Members are supported by their organisation to represent it and make decisions on its behalf.

**7.1.2. Community member/s:**

The community will be represented at each working group meeting through:

- ☐ A formal mechanism of reporting feedback and outcomes of community conversations that will inform decisions and directions
- ☐ Consultation with existing consumers or advocate groups; and /or
- ☐ A community representative, advocate or recognised leader who has lived experience in the Rockdale area.

**7.1.3. The Support Team membership**

The Support Team includes key contacts with a specific set of skills and knowledge who support the Project Officer in coordinating partner services and provide strategic advice.

**7.2. Invited Attendees**

Additional attendees may be co-opted to attend the meetings, for specific reasons.

**7.3. Appointment of chair/ co-chair**

The chair role will be filled by a member of Working Group on a volunteer roster system.

**7.4. Applications for membership**

Vacancies should be filled as suitable members are identified and agreed by the Working Group/ Leadership Group.

**7.5. Membership of the Working Group**

| Working Group | | |
|---|---|---|
| Name | Agency | Position |
| The Support Team | | |
| Name | Agency | Position |

**8. Meetings**

**8.1. Bi-monthly**

Meetings will be held bi-monthly (prior to the Leadership Group meetings) for the purpose of reviewing the development, implementation and delivery of the Rockdale Children and Families Hub services.

**8.2. Quorum**

A quorum shall consist of 50% member organisations plus 1.

**8.3. Agenda**

The Support Team will prepare meeting agendas. The agenda will be completed and distributed to all members at least one week prior to the meeting.

**8.4. Minutes**

All meetings shall be minuted and distributed to all members of the committee within a fortnight of the previous meeting. The NOMINATED MEMBER will take minutes and maintain a file of confirmed minutes and related documents.

**8.5. Establishment of subcommittees**

Subcommittees may be established to drive initiatives and will report to the Working Group.

9. **Amendment, Modification or Variation  This Terms of Reference may be amended, varied or modified in writing after consultation and agreement by the Working Group.**
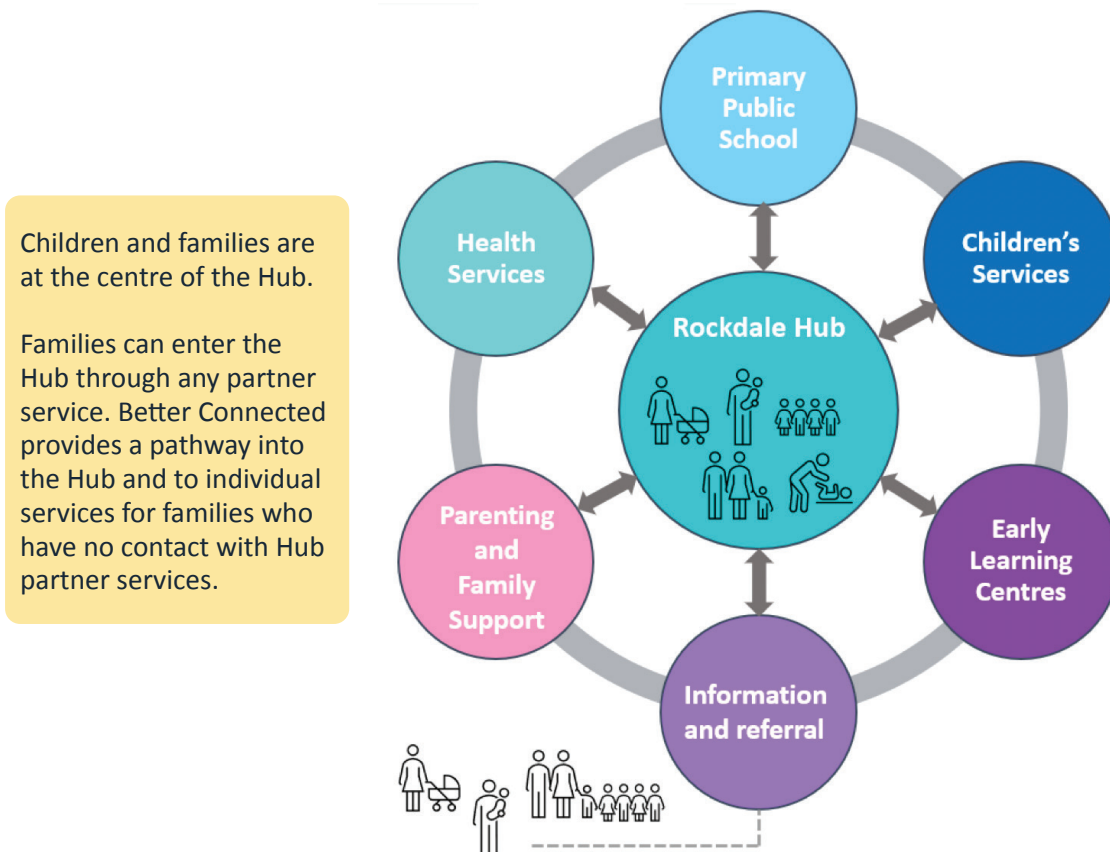
## Sample Partnership Agreement

Adapted for use with permission from the Rockdale Hub Leadership Group. As it is an actual example, this Agreement refers to specific organisations, that might not be relevant to your Hub.

### What is the Rockdale Children and Families Hub?

The Rockdale Children & Families Hub ('the Hub') is a collaboration of virtual and co-located integrated local service providers and government agencies. Early childhood (0-5 years) provides a crucial window of opportunity to shape the long-term health and wellbeing of children.

The focus of the Hub is to support early childhood development and wellbeing to ensure children and their families have the best start to school and learning. These outcomes are achieved by forming a child-centered central point of care coordination for vulnerable families who are not engaged with health and other support services.

Children and families are at the centre of the Hub.

Families can enter the Hub through any partner service. Better Connected provides a pathway into the Hub and to individual services for families who have no contact with Hub partner services.



The Hub is overseen by a two-tiered governance structure:

Rockdale Children & Families Hub Leadership Group

Rockdale Children & Families Hub Working Group
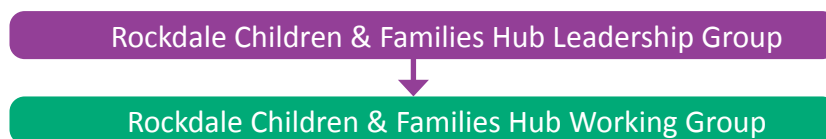
Reference: Edwards K, et. al. A new way of working. How place-based sector collaboration improves transition to school. Australian Journal of Community Work | 2021/2022, vol. 2. https://www.acwa.org.au/ajcw/current-issue/

## Partnership Criteria

➢ An organisation providing child and family services to Rockdale

➢ Willing to work with the other organisations as a partner

➢ A child-centered approach; and

➢ Senior Manager's agreement to join the Rockdale Children & Families Hub.

## Commitment of a Service Partner

To be a Service Partner, organisations are required to commit to the following:

➢ Uphold the shared vision set by the partnership

➢ Organisation representative to attend bi-monthly working group meetings

➢ Display the Rockdale Children & Families Hub Logo

➢ Orientation of staff regarding the Rockdale Children & Families Hub

➢ Provide feedback to the working group on what is working well and what needs improvement

➢ Work proactively with partners to promote and enhance the overall effectiveness of the Rockdale Children & Families Hub model

➢ Participate in Rockdale Children & Families Hub activities

➢ Ensure that services create a consistent, seamless pathway for families to access the right support at the right time, through agreed ways of working such as "warm" referrals, "no wrong door", two-way feedback between referring partners (e.g., childcare < > school).

## Service Partner Agreement

Signed for and on behalf of the (*Name of Organisation*) _____
to being a Service Partner with the Rockdale Children & Families Hub:

......................................................................................................................................................
Signature


......................................................................................................................................................
Name and Position (please print)


Date of signing

## Examples of navigation support approaches

### Example – NGO partner as navigator

The NGO Navigator offers navigation support to families with children from priority populations in the community, who may be isolated from services and have not already connected with the Hub or other services in the local area.
This involves:
- Connecting families and providing information about available services
- Facilitating warm transfers and soft entry to the services in the Hub and external to the Hub, as well as community events
- Connecting mothers and families to other supports, such as childcare, emergency relief, community events, legal services and any other services related to their health and wellbeing

### Example – Child and Family Health Nurse

During the TRGS FDCC study, we found that the Child and Family Health Nurse was the trusted person who took a Navigator role with families. This involved:
- Being available by phone and email to address questions and take appointments
- Actively following up parents to make appointments for developmental checks
- Sending (text or phone) reminders to parents for upcoming appointments and developmental checks
- Being flexible around location and timing of appointments, including appointment changes

### Example – Cross Cultural Worker

In a Hub that was not part of the TRGS FDCC study, the Cross Cultural Workers offer navigation support to recent migrants, refugee and international students from culturally and linguistically diverse backgrounds.
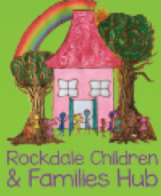This involves:
- Support and education during pregnancy and for children 0 to 5 years
- Support to access and navigate services during pregnancy and into parenting
- Link to community supports and networks
- Provide culturally appropriate pregnancy, birth and parenting information and education
- Support transition from pregnancy and birth to child and family health services
- Collaborate with local communities and community-based services.

# Sample Orientation Checklist

Adapted for use with permission from the Rockdale Hub Leadership Group.
The checklist refers new staff and providers to links for information and training.



**Rockdale Children & Families Hub**
## Orientation Checklist

☐ **Read about the Rockdale Children & Families Hub:**

Project Summary: Provides relevant information about the project, such as what it is, why it was started, who are involved, and how it works.

Journal Article: Edwards K, Gardiner R, Craven S, D'Astoli M, Ha A, Woolfenden S, Harris-Roxas B, Webster A, Parker J, Burt K, Zeini R, and Rimes T. A new way of working. How place-based sector collaboration improves transition to school. Australian Journal of Community Work | 2021/2022, vol. 2. https://www.acwa.org.au/ajcw/current-issue/

☐ **Review the Rockdale Children & Families Hub Website**

Visit www.rockdalehub.com.au for more information on current service partners in the Hub.

☐ **Read the Rockdale Children & Families Hub Referral Guidelines**

These guidelines have information about all the services at Rockdale Children & Families Hub. It is an easy guide to understanding the specific referral process for your service to other Rockdale Children & Families Hub services.

☐ **Meet other service providers in the Rockdale Children & Families Hub:**

Get acquainted with the different organisations that make up the Rockdale Children & Families Hub. Contact rockdalehub@betterconnected.org.au to introduce yourself to the team. Arrange to meet service providers to gain a greater understanding of their role, or attend a Working Party Meeting.

☐ **Complete the online "Learn the Signs, Act Early" training:**

This is a course that provides tools and best practices for monitoring the development of children.

Visit: https://www.cdc.gov/ncbddd/watchmetraining/module1.html for all the modules.

# Template for Hub referral pathways

## How to use this template

This template for referral pathways includes the information that might be needed to provide context and explain the essential nature of referral pathways in an integrated Hub. We suggest the Hub partners work together, using and adapting this template to suit the characteristics of your Hub. We have provided examples of different elements of a Hub referral pathway, to assist you in your thinking.

## Introduction to the Hub

### *Hub Vision*

The Hub vision will have been developed with the Hub partners during the establishment stages.
The vision of our Hub is…

> Sample
>
> All families in the XXX area will have the opportunity to give their children the best start in life.
>
> (Fictitious Hub)

### *How the Hub operates*

A description of the main purpose and activities of the Hub.

> Sample
>
> We exist to provide an integrated child and family support system for families with children up to age 6, who live in our local area, especially families who are experiencing challenges. We do this by collaborating across government and non-government services in the XXX community to identify child developmental concerns, to offer service navigation and support for families and to work with them to help them stay connected to services that will help address their particular needs.
>
> (Fictitious Hub)

## Purpose of referral pathways

Shared referral pathways are fundamental in Hubs as they move from co-location to integration
The Centre for Community Child Health emphasises the value of linked services, both horizontally and vertically. Links between services are both a prerequisite and a facilitator for integrated referral system.
A reminder of the value in having clearly described and agreed referral pathways between the Hub services.

> Sample
>
> Referral Pathways are essential in an integrated Hub. These pathways describe the steps needed for clients to move between and within services to achieve their goals or meet their health and social care needs.
> By having clearly agreed and understood referral pathways between Hub partners we support continuity of care and timely access to services by Hub clients.
> Thinking of the referral pathway as a way of making the family's journey though services as easy as possible, keeps the focus of the Hub on the family and children and on supporting them in the decisions they make about care.
>
> (Fictitious Hub)

## Services involved in the Hub

A 1 – 2 paragraph description of each the services involved in the Hub – this can be provided by the services for inclusion.

> Sample
>
> *The XXX service provides family support for families with children up to age 12 who are experiencing financial hardship or housing insecurity. We offer financial counselling, debt consolidation and assistance with rental bonds.*
>
> (Fictitious Hub)

## A map of the Hub referral pathway

A diagram can help describe your network of services and how they relate to each other and to their clients for referrals.

Sample diagram
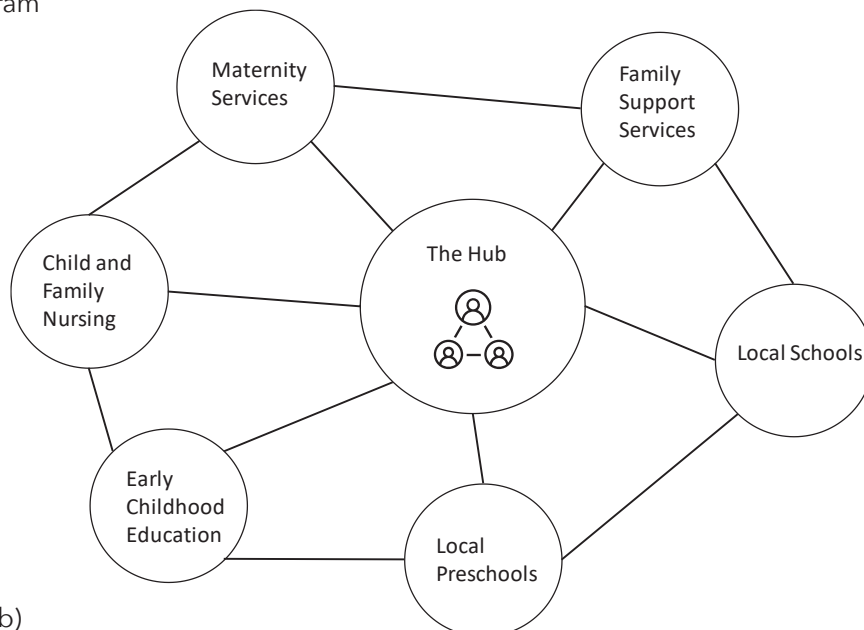


(Fictitious Hub)

## Making effective referrals

A description of the key enablers for effective referrals between Hub partners.
Key points might include:

- Understanding each service's referral protocols and having up to date contact information
- Making "warm" referrals and/or warm transfers between services
- Knowing partner services and referring to the "right" service for the client
- The channels that can be used for referrals, e.g. phone, email, face to face
- Ensuring information in a referral is accurate
- Having feedback processes in place for referrers
- Having a key contact for each service that can answer questions to support referrals

## Referral protocols for Hub partners (copy as needed)

### Service 1

| | |
|---|---|
| **Contact details** | |
| Name: | |
| Telephone: | |
| Email: | |
| Key Contact: | |
| **Services offered** | |
| | |
| | |
| **Target population** | |
| | |
| | |
| **Referral criteria** | |
| | |
| | |
| **Making a referral** | |
| | |
| | |
| **Providing feedback** | |
| | |
| | |
| **Attached links to documents** | |
| | |
| | |
| | |

## Sample Checklist
# Buy-in

| | Yes | Not yet | Comment |
|---|---|---|---|
| Have we agreed on the issue we are trying to address? | | | |
| Have we agreed on the population for the Hub? | | | |
| Have we agreed on our common values? | | | |
| Are we ready to agree on a shared vision for the Hub? | | | |
| Do we know enough about each other's purpose and business models? | | | |
| Have we canvassed other local organisations for their interest in the Hub? | | | |
| Do we have a shared source of information about our local population demographics? | | | |
| Have we a shared source of information about the cultures in our local population? | | | |
| Do we have* a shared source of information about the health needs of our local population? | | | |
| Have we each committed time and resources to the Hub? | | | |
| Have we agreed on the governance structure for the Hub?* | | | |
| **Our priorities for action to establish buy-in are:** | | | |
| ACTION | Who by | By when | |
| | | | |
| * Documentation | | | |
| The issue the Hub will address is… | | | |
| The target population for this Hub is… | | | |
| The core values of this Hub are…. | | | |
| The governance structure of this Hub will be… | | | |

# Sample Checklist
# Partnership

| | Yes | Not yet | Comment |
|---|---|---|---|
| Have we agreed on appropriate senior management representation, Terms of Reference, and a Secretariat? | | | |
| Have we agreed on the lead agency and how we share roles and power? | | | |
| Have we established an operational group in the Hub? | | | |
| Have we established effective communication pathways at senior and operational levels? | | | |
| Have we developed agreed processes to manage issues and/or conflict, including when and how issues should be escalated to senior levels? | | | |
| Have we discussed how we will assess the effectiveness of the partnership? | | | |
| Do we intend to co-develop and commit to some form of partnership agreement?* | | | |
| Have we considered opportunities for shared activities within the Hub?* | | | |
| Are all partners at all levels actively involved in planning for the Hub? | | | |
| Have we each committed time and resources to the Hub? | | | |
| Have we agreed on the governance structure for the Hub?* | | | |
| **Our priorities for action to maintain our partnership are:** | | | |
| ACTION | Who by | By when | |
| | | | |
| * Documentation | | | |
| The partners within this Hub are… | | | |
| The lead agency of this Hub is… | | | |
| The partnership agreement for this Hub can be found here… | | | |
| Shared activities between partners within this Hub include… | | | |

## Sample Checklist
# Partnership

|  | Yes | Not yet | Comment |
|---|---|---|---|
| Is there a guaranteed source of funding for the Hub Coordinator position?* |  |  |  |
| Have we agreed on the accountability structure for the Hub Coordinator? |  |  |  |
| Have we agreed the delegation and seniority level of the Hub Coordinator? |  |  |  |
| Have we developed a clear position description or the Hub Coordinator? |  |  |  |
| Have we established our approach to care navigation? |  |  |  |
| Have we allocated the time needed to provide navigation support into the workload of Hub staff? |  |  |  |
| Have we agreed how we will support all Hub team members to develop and maintain the skills and capability to provide navigation support if needed? |  |  |  |
| Have we developed a comprehensive orientation to the Hub for new staff, line managers, and providers? |  |  |  |
| Do we know what skills Hub team members need to work in the Hub? |  |  |  |
| Do we have a process for assessing the current and ongoing skills of our Hub team (new and existing staff)? |  |  |  |
| Have we identified time and resources for training and skills development? |  |  |  |
| **Our priorities for Hub coordination and navigation are:** |  |  |  |
| ACTION | Who by | By when |  |
|  |  |  |  |
| * Documentation |  |  |  |
| The coordinator position will be funded by… |  |  |  |

# Relevance for community

| | Yes | Not yet | Comment |
|---|---|---|---|
| Are we recruiting staff from the cultures and languages of our local communities? | | | |
| Does our signage reflect the commonly used languages in our locality? | | | |
| Do we provide brochures and written health information in the languages that are preferred in our area? | | | |
| Do we have a wayfinding function for when people enter our facility? | | | |
| Are Hub staff competent in identifying if a person requires an interpreter, accessing an interpreter, and working with an interpreter? | | | |
| Are we incorporating cultural beliefs about health into our practice? | | | |
| Do we have a tailored approach to engagement with our local communities that does not rely on formal structures? | | | |
| Do other services and groups in the Hub area know how to, and feel encouraged to make and receive referrals with us? | | | |
| Do we have ways of asking clients in their preferred languages how we can improve? | | | |
| Do we have ways in which our clients can provide feedback or be involved in our service planning, tailored to their culture and language? | | | |
| Are engaging with local language speaking GPs? | | | |
| **Our priorities for establishing community relevance are:** | | | |
| ACTION | Who by | By when | |
| | | | |
| * Documentation | | | |
| Our Hub employees culturally sensitive/engaging practices such as… | | | |

## Sample Checklist
# Ongoing integration

| | Yes | Not yet | Comment |
|---|---|---|---|
| Have we developed agreed referral pathways between Hub services, that include warm referrals and handovers? | | | |
| Have we allocated time in the workload of our frontline workers to plan and participate in case conferences and care planning as needed? | | | |
| Have we developed a model for multidisciplinary case conferencing, depending on client needs, that includes all potential services – clinician and non-clinician? | | | |
| Do we have an agreed process for sharing client information between services as needed (e.g. feedback protocols etc)?* | | | |
| Have we developed a process for regularly sharing information about our services and issues of importance to the Hub and partners?* | | | |
| Do we plan to have Hub workshops with all staff attending – on topics of shared interest, sharing knowledge, case challenges, or case presentations? | | | |
| Will our facility have space or shared activities for informal gathering of staff? | | | |
| Are we proactively engaging with GPs in our locality? | | | |
| Do we have ways of asking clients in their preferred languages how we can improve? | | | |
| Do we have ways in which our clients can provide feedback or be involved in our service planning, tailored to their culture and language? | | | |
| Are engaging with local language speaking GPs? | | | |
| **Our priorities for establishing community relevance are:** | | | |
| ACTION | Who by | By when | |
| | | | |
| * Documentation | | | |
| Our Hub partners will meet at the following places and times… | | | |
| Our Hub partners will share information in the following ways… | | | |

# Useful links

## Hubs

For those who wish to find more information on Hubs please see National Hubs Network.

www.childandfamilyhubs.org.au

## Partnership

**The Partnering Initiative**
thepartneringinitiative.org

**SNAICC – National Voice for our Children Partnership Book**
www.snaicc.org.au/wp-content/uploads/2020/02/1148_SNAICC_PartnershipBook_LR-Final.pdf

**The Centre for Community Child Health at The Royal Children's Hospital Melbourne**
communityhubs.org.au/wp-content/uploads/2017/10/evaluating-community-partnerships-ccch.pdf

**Community Tool Box**
ctb.ku.edu/en/creating-and-maintaining-coalitions-and-partnerships

**Partnership self-assessment tools**
toolkit2collaborate.ca/partnership-self-assessment-tool-psat/
chcs.org/media/Partnership-Assessment-Tool-for-Health_-FINAL.pdf

## Relevance for community

**Migrant and Refugee Women's Health Partnership (the Partnership)**
https://culturaldiversityhealth.org.au/wp-content/uploads/2019/10/Guide-for-clinicians-working-with-interpreters-in-healthcare-settings-Jan2019.pdf

**NSW Health (policy) – Interpreters**
**Standard Procedures for Working with Health Care Interpreters**
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_044.pdf

2000

# TRGS FDCC

## First 2000 Days Care Connect

# Child and Family Hub Toolkit

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