SMCFA & SMFVRIC

Child and Family Working Group (0-10)

Morning Series Summary:

Building skills to effectively engage and lead collaborative care teams

Thursday 18th September 2025

Guest Speakers: Kayley Aldred and Lynn Meki

Southern Melbourne Family Violence Regional Integration Committee

Southern Melbourne Child and Family Alliance

Southern Melbourne Family Violence Regional Integration Committee

Southern Melbourne Child and Family Alliance

Our Acknowledgements

Acknowledgement of Country: We acknowledge the people of the Boonwurrung, Bunurong and Wurundjeri tribes of the Kulin Nation who are the traditional owners and custodians of the Aboriginal land of our region. We recognise their continued connection to the land and waters and acknowledge that sovereignty was never ceded. It always was and always will be Aboriginal land.

We embrace diversity in all its forms, and respect everyone's strengths and contributions irrespective of gender, ethnicity, culture, religious beliefs, sexual orientation and political views.

Morning Series Summary: IFAS

Guest Speakers: Kayley Aldred and Lynn Meki- Principal Practitioners- South Child, Youth & Family Services

---

About Care Team Meetings:

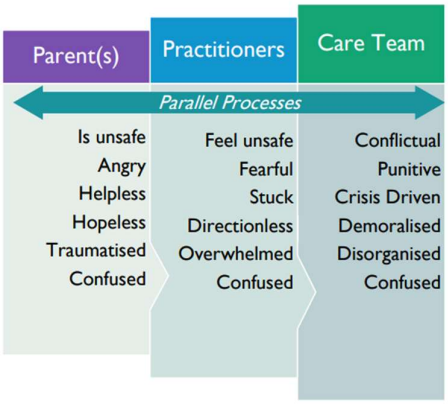
Care Team Meetings are formal, collaborative gatherings where a group of professionals and services share information, coordinate actions and manage risks to ensure the safety and well-being of a child in care or a victim of family violence. These meetings often include the child or client, when appropriate and safe, and are crucial for developing and reviewing care plans, resolving conflicts, and allocating responsibilities among team members. A convenor typically leads the meeting, keeps records, and tracks actions to ensure objectives are met.

- **Purpose of Care Team Meetings**

- **Information Sharing**- to formally exchange information necessary for a person's safety and care.
- **Risk Management**- to identify, assess and manage any risks to the individual or family.
- **Coordination of Services**- to ensure different professionals and services are working together effectively towards shared goals.
- **Goal Setting and Planning**- to contribute to the creation and review of a case plan or care plan for the individual.
- **Client inclusion**- to ensure the client's voice is heard and considered in the process where possible and safe.

Presentation Notes:

- Reference "Core principles and values of effective team-based health care" Mitchel et al, 2012
- Hayley and Lynn with Dr Maxwell Fraser on this presentation, he works with DFFH, so it has been good to be getting consistent messaging out to so many stakeholders.
- Parallel dynamics or process from the Sandra Bloom framework occurs when organisations mirror the same dysfunctional dynamics experienced by the clients they serve. In family services, stressed staff and pressured systems often unintentionally replicate the trauma, disconnection, and power struggles seen in the young people and families they aim to support.
- The key ideas are **Trauma echoes** Just as traumatised clients struggle with safety, trust and emotional. regulation, organisations under chronic stress develop similar issues creating cycles of dysfunction. **You are part of the system** Your stress and coping strategies affect clients. **Heal the workplace to heal families** Safe, supported staff create safe, supportive interventions.
- Stress and anxiety come up for a lot of people around care teams and even the work practitioners do. Anxiety can be contagious and can get in the way. Important to think about reflective functioning, how can we engage in a way to counterbalances the way a family may interact and softening defensiveness.



- **"House model of care teams"-** like building a house you need string foundations, a shared purpose amongst members of the team from which to build joint work.
- Next the walls, well defined roles that prevent members duplication and promote collaboration.
- Clear communication both at formal meetings and between them to share.
- These basic 3 structures are enough to hold up the roof in most routine care teams in a way that allows for effective child and family recovery.
- For cases where there is a high degree of complexity in the work either due to the trauma of the family being supported or due to the service intersection they sit in, we get more pressure coming down from the roof.
- In these cases, we need reinforcement in the house to help the roof weather the additional storms.
- This reinforcement comes in the form of processes that promote mutual respect to parallel the relational connection we want with the family.
- We also need agreed upon change markers which can hold us steady amidst the pushes and pulls of the work and resist case drift.
- Care teams should allow space to hear multiple perspectives and professional opinions and advice. How do your values impact a care team meeting? Try to think of care teams as a professional village or family like.
- **Shared Purpose**- A clear, actionable goal that is within the authority of the services involved.
- Each professional or service involved may have their own agenda or focus but as a care tam, there is a shared outcome being sought for the family.
- To try to hear the voice of the child and parents through what they say, do and show us- this requires the care team to make sense of this communication together.
- To work to act on behalf of the best interests of the child and their family.
- **Role definition**- Role definition means being clear about what our piece of the pie is and having effective professional boundaries around it.
- Role definition refers to the process od clearly defining the responsibilities, tasks and expectations.
- Role definition provides clarity and structure within a team by establishing clear boundaries and expectations for each position.

- **Clear Communication-** Communication breakdowns can contribute not just to the system remaining stuck but to risk.
- The more complex the Care System around a family becomes, the more important having defined channels of communication will be.
- It's about closing all the loops among the group of professionals.
- Importantly, information from the family is likely to be fragmented and confused, the job of the care team is to integrate this into a whole.
- **Communication during and in between**
- Care team meetings are the centrepiece, but good communication is essential. Update emails, document exchange, redirecting contact to the right person, coordinating regular, ad hoc and emergency care team meetings, phone calls with individual care team members. Key decisions may need to be made and communicated before the next meeting (with relevant authority.
- **Keys to running an effective meeting**
- Acknowledgment, Introductions, Agenda Setting, Discussions on ley themes, minutes, action, a chairperson.
- Meeting structure and sticking to this is important for clear communication and staying on track.
- Chair to set boundaries for the meeting

- When do you acknowledge a rupture in meeting and when privately. I can see we are getting stuck here, how can we move this forward and re clarify, shared vision.
- **When risk trumps agenda**- To manage acute or new risk, effective prioritisation and flexibility are needed.
- The standing agenda might need to wait while the more urgent risks are managed.
- Additional invitees may be required to manage specific situations who do not need to remain involved ongoing.
- Tis needs to be balanced against the need to maintain focus on the broader goals, particularly when cases are taken up with a pattern of repeated crises.
- **Mutual respect**- Each member of the care team sees the value of the other members and feels valued in turn.
- Care team members need to help bring one another into work being done at both between professionals at meetings and also with the family.
- There is a genuine desire to collaborate and lean into the expertise of others in the care team.
- Attention must be given to the micro-culture of the care team.
- **Change markers**- One of the consistent challenges of work with complex families is drift- this impacts on care teams too.
- Families who are "treatment resistant" can be combative, avoidant of contact, or only superficially engaging.
- It can also be caused by apparent high- level engagement through repeated crises that distract from larger goals.
- These problems can be mitigated against and managed through agreed and timely feedback on progress.
- When these are implemented well, they support managing this resistance.