Families

Investment Specification

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1. Introduction

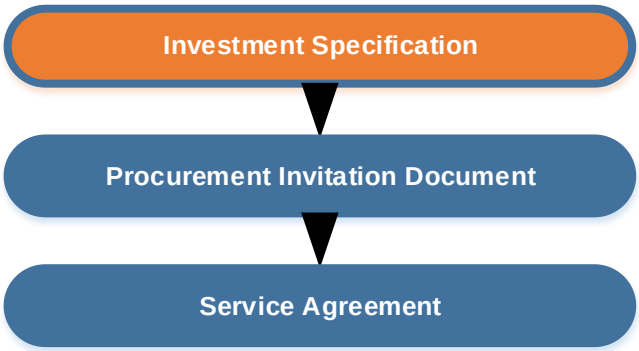
In line with the strategic intent of the Department of Children, Youth Justice and Multicultural Affairs (the department), Families has been designated as a funding area to provide support to vulnerable and at-risk families to prevent their children from entering or re-entering the statutory child protection system.

1.1 Purpose of the investment specification

The purpose of this investment specification is to describe the intent of funding, the Service Users and identified issues, the service types, and associated service delivery requirements for services under the Families funding area.

This investment specification is a guide for service delivery for the Families funding area, where all service types contribute to outcomes. The investment specifications allow for flexibility, responsiveness, and innovation in service delivery, enabling the right services to be delivered to the right people at the right time.

Figure 1 – Funding document hierarchy



The department's funding documents underpin the business relationship between the department and the funding recipient. The investment specification should therefore be read in conjunction with the procurement invitation document (new funding), and service agreement for organisations that are currently funded to deliver a service.

2. Funding intent

Investment is provided to deliver services to families to improve the safety and wellbeing of children in their home and reduce the need for children to enter or re-enter the statutory system.

These services have a child protection purpose and focus primarily on the care and protection of vulnerable children and young people. Services work with families experiencing vulnerability to strengthen their capability, parenting skills, and resilience to prevent problems from developing or escalating to crisis point in order to avoid entry into the statutory system or when exiting from the statutory system. A coordinated and integrated family support system offers families with multiple and complex needs adequate support to de-escalate issues and provide a safer environment for children and young people.

In line with the department's investment approach to improve the line of sight from investment through to outcomes, investment under Families contributes to the following outcomes:

- Children and young people are reunified with family and community.
- Families improve their capacity to meet their children's care, protection, and developmental needs.
- Families are supported to safely care for and nurture their children and young people.
- Fewer children and young people in the tertiary system and in care.
- Aboriginal and Torres Strait Islander children grow up safe and cared for in family, community, and culture.
- Reduce the disproportionate representation of Aboriginal and Torres Strait Islander families in the child protection system.
- Families are supported to participate in child protection decisions that affect them.

2.1 Context

The Queensland Government has committed to building a child and family support system with a greater focus on supporting families to provide a safe and secure home for their children. The department funds non-government organisations across Queensland. This is to provide support to vulnerable and at-risk families with a focus on supporting positive family functioning and assisting families to effectively nurture, care for and protect their children.

Our Way: a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 represents a partnership between the Queensland Government and Family Matters Queensland to fundamentally change the way child and family services respond to Aboriginal and Torres Strait Islander children and their families experiencing vulnerability. Our Way is built on a joint commitment to eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system by 2037 and close the gap in life outcomes for Aboriginal and Torres Strait Islander children and families. Our Way is supported by seven, three-year action plans which articulate the path to ensuring achievement of the Family Matters building blocks:

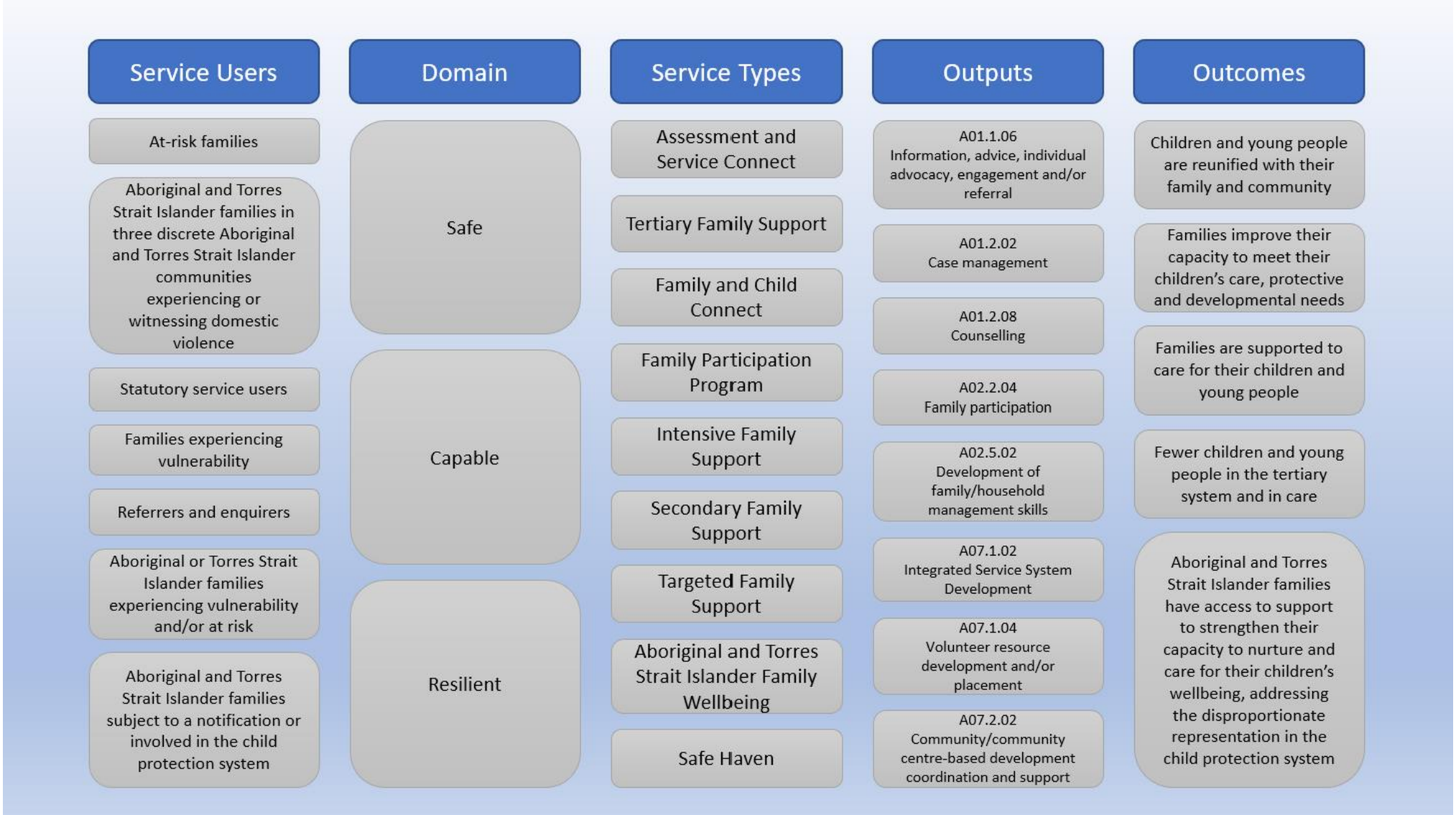
- All families enjoy access to quality, culturally safe universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive.
- Aboriginal and Torres Strait Islander peoples and organisations participate in and have control over decisions that affect their children.
- Law, policy and practice in child and family welfare are culturally safe and responsive.
- Governments and community services are accountable to Aboriginal and Torres Strait Islander peoples.

Decisions relating to the design, investment, and delivery of services to Aboriginal and Torres Strait Islander children and families are fundamental to the achievement of these outcomes.

In 2018, the *Child Protection Act 1999* was amended to provide, among other things, for the delegation of the Chief Executive's powers and functions in relation to an Aboriginal or Torres Strait Islander child who is either in need of protection or at risk of becoming in need of protection, to an Aboriginal or Torres Strait Islander CEO of an Aboriginal or Torres Strait Islander entity (a 'prescribed delegated') (Chapter 4 Part 2A).

For the purposes of this document, the making, receiving, and undertaking of delegations under this Part are referred to as ‘delegated authority’. Delegated authority is an additional tool to improve outcomes for Aboriginal and Torres Strait Islander children and families in, or at risk of entering the child protection system. Delegated authority is being co-designed and implemented in a staged approach. This is because child protection decision making is complex, and the department has a large amount of infrastructure, systems, and policies to support child protection staff to make decisions. This capacity will take some time to develop within the Aboriginal and Torres Strait Islander entities accepting delegations.

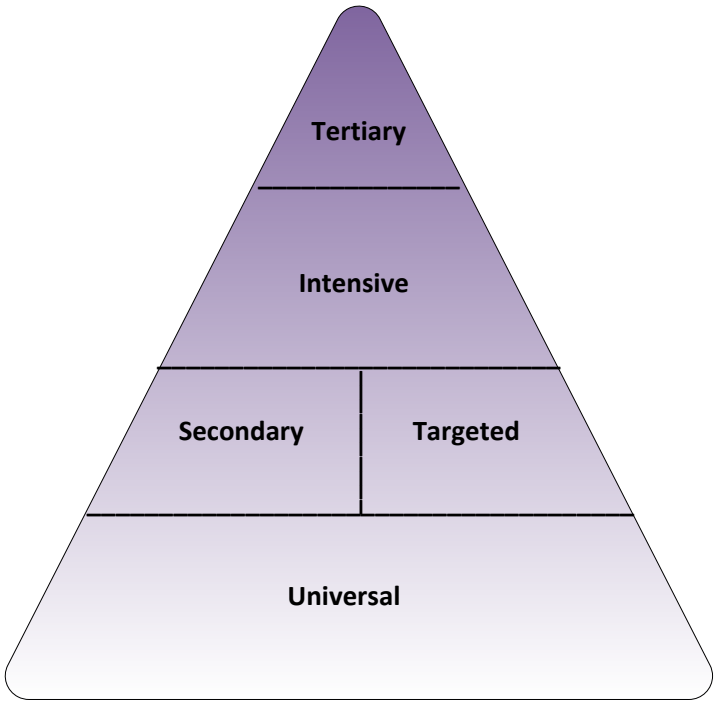
3. Investment logic



4. Service delivery overview

The structure of family support initiatives within the Child Safety stream can be viewed in light of The Australian Research Alliance for Children and Youth (ARACY) report, "*Inverting the Pyramid: Enhancing Systems for Protecting Children*" and the National Framework for Protecting Australia's Children. The Families funding area provides support services to families along the continuum of need (as depicted in the diagram below) for families to get the right service at the right time. Program types include Tertiary Family Support, Intensive Family Support, Secondary Family Support and Targeted Family Support. The Families funding area does not have responsibility for the Universal Support services. All "Families" funded services are directed towards families with children and young people (0 - under 18 years) experiencing vulnerability who have entered or are at risk of entering the child protection system.

Figure 2 – Service delivery pyramid



Family support services, such as Tertiary Family Support services (formerly known as Family Intervention Services or FIS) and Assessment and Service Connect (ASC) operate at the tertiary level and work with families whose children are subject to statutory intervention. These services aim to improve family functioning and increase individual capability and resilience so that it is safe for their children to live with, or be reunified with them, or if not, and they are living out of home, to maintain a relationship with their families. Family Participation Program (FPP) services also operate at the tertiary level, assisting families who have been the subject of a notification or who are already subject to intervention by the child protection system.

Most family support services are positioned within the secondary level, providing support of varying intensity to families whose children are not subject to statutory intervention but are at risk of entering the child protection system. The secondary family support system is three tiered, delivering intensive family support, secondary family support and targeted family support.

Family and Child Connect (FaCC) is an entry point to the secondary family support system, providing information, support and advice to families, community members and professionals seeking assistance for families who do not require a statutory intervention.

In recognition of the disproportionate representation of Aboriginal and Torres Strait Islander families in the child protection system, specific family support services are provided through the Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) for Aboriginal and Torres Strait Islander families. The FWS provide culturally appropriate responses by supporting families through universal or early intervention responses, or through intensive family support and reintegration when children are transitioning back to their family's care. These services are located state-wide and are all delivered by Aboriginal and Torres Strait Islander community controlled organisations (ACCOs). Support can be provided to families with children under 18 years of age, including pregnant women, who are at risk of involvement in the statutory child protection system. Families can self-refer or be referred to FWS by members of the public, community members, professionals, other government agencies, non-government organisations and by Child Safety.

All family support services must demonstrate strong cultural capability for working with Aboriginal and Torres Strait Islander families.

Intensive Family Support (IFS) is a consent-based program that responds to families with children and young people (unborn – under 18 years) who are at high risk of involvement in the statutory child protection system. Families may refer themselves or be referred to services directly from Child Safety, other government agencies and non-government organisations with the consent of the family, or from the Regional Intake Services and prescribed entities without the families' prior knowledge or consent. Case managers work collaboratively with families to identify and prioritise their presenting needs and provide intensive support interventions and engagement with specialist services.

Secondary family support services are aimed at averting crisis and/or the need for a tertiary response or in some cases supporting families to re-establish themselves following an intensive or crisis intervention. Families present with fewer and less complex issues, and interventions required are usually shorter in duration and intensity than IFS services. These services work collaboratively with families to provide needs assessment, case management, practical in-home support, individual and family counselling, and specialist services as required. Assistance to the family is provided through case management within an integrated service system.

Targeted family support services are secondary services that either target a specific group (young people, pregnant women or cultural group etc.) within the community to deliver case management, or are available to a broad target group but offering a single service, such as counselling, community development, family and household management development or volunteer recruitment and development.

Safe Haven services work with families in three discrete Aboriginal and Torres Strait Islander communities to improve their safety.

To date, the implementation of delegated authority allows for Aboriginal and Torres Strait Islander community controlled organisations to work with and perform statutory functions for families at risk or in the child protection system in two early adopter locations.

The Family Participation Program (FPP) provides support to Aboriginal and Torres Strait Islander families who are at risk of entering the Child Safety system. The primary function for the FPP is to ensure families participate in child protection decisions that affect their lives. The FPP supports and empowers families in decision making processes and activates appropriate support networks, prioritising the safety and wellbeing of Aboriginal and Torres Strait Islander children within family, community, and culture. Through the FPP, families have the ability to self-determine responses through the Aboriginal and Torres Strait Islander family led decision (ATSIFLDM) making process.

The table below provides an overview of service users and service delivery types within the Families funding area. This is not an exhaustive list; the department may from time to time update this investment specification in response to evidence and changing needs to invest in additional service delivery responses, or different combinations of responses. Please refer to the most up-to-date version of this investment specification (see Section 11 for web links).

Service Users	Services Types
At-risk families (U3050)	Support – Intensive Family Support (T327)
	Support – Family and Child Connect (T347)
	Support – Assessment and Service Connect (T448)
Aboriginal or Torres Strait Islander families experiencing vulnerability and/or at risk (U3333)	Support – Aboriginal and Torres Strait Islander Family Wellbeing Services (T313)
Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)	Support – Family Participation Program (T601)
Aboriginal and Torres Strait Islander families in three discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence (U3113)	Support – Safe Haven (T331)
Referrers and enquirers (U3340)	Support – Family and Child Connect (T347)
Statutory Service Users (U3310)	Support – Tertiary Family Support (T339)
Families experiencing vulnerability (U3330)	Support – Secondary Family Support (T334)
	Support – Targeted Family Support (T336)

4.1 Description of service type

Support Services improve the capability, resilience, and safety of Queenslanders who may be experiencing vulnerability, and provide a range of responses to support Service Users (Families). The service types in Section 7 provide details of the range of supports provided to Service Users (Families) under Support Services for the Families funding area.

5. Service delivery requirements for all services

5.1 General information for all services

Services that are funded under the Families funding area must comply with the relevant statements under the headings of "Requirements" as specified in the Service Agreement. Services should also have regard to the relevant best practice statements and guidance provided under the headings of "Considerations".

Services should understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which is relevant across the child and family service system. Additional information is available at:

- Family Matters: The Family Matters Roadmap
- CYJMA: Child Placement Principle
- SNAICC: Understanding and applying the Aboriginal and Torres Strait Islander Child Placement Principle

Requirements for all services are outlined in Section 5.1.1. Service delivery requirements for specific Service Users and Service Types are outlined in Sections 6 and 7 below.

5.1.1 Requirements for all services

Blue Cards

- Organisations are required to comply with the screening and risk management requirements of the *Working with Children (screening and risk management) Act 2000*.
- The Blue Card system contributes to the creation of safe and supportive environments for children and young people when receiving services and participating in activities which are essential to their development and wellbeing.
- It is a requirement that people who work with children in regulated employment (which includes counselling and support) are suitable. This is assessed through the 'working with children' suitability notice (Blue Card). Blue Card information is available here: Blue Card Services | Your rights, crime and the law | Queensland Government (www.qld.gov.au)

Accessibility

- Where an organisation is unable to provide a service to a person due to ineligibility or lack of capacity, there must be processes in place to refer the person to an appropriate alternative service. This can include providing an assisted referral or adequate support to the family to ensure engagement.
- Services must not exclude Service Users with challenging or complex behaviours; rather they must develop alternative processes for managing these Service Users.
- Services will use a variety of strategies to engage hard-to-reach families, in particular Aboriginal and/or Torres Strait Islanders and families from culturally and linguistically diverse (CALD) backgrounds including the engagement of interpreters and translators where required.
- Services should apply active effort in the application of the Aboriginal and Torres Strait Islander Child Placement Principle (the Act, Section 5C).
- The department supports fee-free access to interpreters for funded service providers and clients from non-English speaking backgrounds who have difficulties communicating in English.
    - To access a telephone interpreter you need to first apply for a Telephone Interpreter Service (TIS) code at this email address: interpreting.services@cyjma.qld.gov.au

      Once your service has a TIS code, you quote this code each time you book TIS for interpreting services and TIS will bill the department.

- If you require the services of Deaf Services Qld your service should proceed with engagement and invoicing. This confirms that the service's requirements were met.

  Following the provision of the service and invoicing from Deaf Services Qld you will then need to seek re-imbursement from the department. To do this your service will need to then invoice the department by sending the invoice to: interpreting.services@cyjma.qld.gov.au and providing a copy of a paid invoice. Upon receipt of the invoice and supporting document/s it will be checked and processed.

Further information about interpreter services is available at:

> Non-government organisation access to interpreting services - Department of Children, Youth Justice and Multicultural Affairs (cyjma.qld.gov.au)

Workforce competency

- Staff teams must be appropriately trained and culturally and professionally diverse (where possible) and have the appropriate skills to meet the complex needs of the target group.
- Counselling and case management staff must be highly skilled and hold relevant qualifications. Funded organisations are responsible for the recruitment of appropriately qualified staff, provision of appropriate induction, ongoing training and development and professional supervision of these staff.
- The department understands that in some circumstances such as in remote parts of Queensland recruitment of staff with appropriate skills and experience can be difficult.

  It is also recognised that it may be desirable for a mix of qualifications, cultural connections and knowledge of the local area, skills, and life experience to be reflected in the team.

Referral engagement and participation

- Multiple pathways into secondary services are utilised to maximise access to support for families. Self-referral is encouraged, and families may seek out services after initially declining support.
- Services should demonstrate perseverance in engaging hard to reach families. Thorough assessment of the family's needs should inform the support provided. If Service Users perceive the service is helpful, they are more likely to stay engaged. Workers should develop a partnership approach with parents that endorses parental responsibility and builds their skills and capacity.
- Where families are referred by Child Safety, either Regional Intake Service (RIS) or a Child Safety Service Centre (CSSC), and the family refuses to engage with the service, services must advise the referring CSSC or RIS the family has declined the offer of support.

Service delivery

- If a service is offering support to a family and Child Safety begins an investigation, the service may continue to work with the family. However, if the result of the investigation determines an ongoing statutory response is appropriate, the service must immediately transition lead case management to Child Safety. Child Safety has legislated case management responsibility once ongoing intervention is required. Services should continue to work with families until a transition plan is actioned or a decision is made for an intensive service to continue working with the family.

Output delivery

- The actual level of service outputs delivered and their alignment with the capacity for which the service is funded, will be assessed regularly by departmental staff. Where a service is unable to achieve the level of outputs for which they are funded, which might occur for a range of reasons, the service should alert the department to this matter as soon as possible.
- Where a service is unable to deliver outputs to the level of funded capacity agreed to in the Service Agreement, the department will require a practical action plan which demonstrates how the service will be able to achieve its funded capacity within a realistic timeframe. If a service consistently delivers

outputs below its level of funded capacity, the department will seek to work with the organisation to understand the reason for the under-delivery and develop strategies to respond.

- The work of volunteers is not included in the reportable output hours for the department.

Outcomes delivery

- Services should be focused on delivering measurable change for service users as an outcome of the supports provided and aligned with the purpose of funding and reporting requirements.
- Outcomes for service users should be evidenced through a recognised client assessment tool or method.

Networking

The service must participate in existing networks and/or establish and maintain networks and partnerships within the local community and with a broad range of family support and universal services.

Practice principles

All family support services must adopt the following practice principles to provide best practice and positive outcomes for families experiencing vulnerabiltiies:

- Valuing and supporting families as the primary place of nurturing for children
  - The best way to promote the safety and wellbeing of children and young people and to protect them from harm is by supporting families to care safely for their children at home and by creating safe and supportive communities.
- Building on strengths
  - Support and intervention builds on the strengths of the child, family and community, enhances capacity and resilience and addresses identified risks and/or problems. Service providers work collaboratively and in partnership with children, families, communities, and other service providers where appropriate, to develop case plans and to make decisions.
- Respecting and responding to family and community diversity and strengthening culture and connections
  - Family and cultural background has a strong bearing on the ways families and communities approach childrearing. Support and intervention respects and responds to diversity and promotes culture as a resource, seeking to build on the strengths and protective factors which particular cultural backgrounds may provide.
- Holistic and integrated policy and practice
  - A holistic and integrated approach to service provision offers the greatest chance of longer-term success. In partnership with non-government organisations, government plays a leading role in bringing together relevant stakeholders and supporting genuine collaboration throughout planning, implementation, partnership development and evaluation.
- Evidence-based policy and practice
  - Support and intervention is outcome driven and reflects contemporary research and evidence on what works best to achieve desired outcomes. Where appropriate, consideration is given to targeting activities and interventions toward the early years and other critical transition points to maximise outcomes.
- Purposeful, planned and matched to need
  - Supports and interventions are goal orientated and planned, within a sound theory of change. They are carefully coordinated and individually tailored to the specific nature and source of family difficulties. Parent engagement is maximised through family support based on goals that are specific and interventions that are well coordinated.

- Relationship-based
  - Relationships are vital to service delivery. Workers aim for a therapeutic role and strive to develop a structured helping alliance with family members. Interventions should be delivered by appropriately trained, research informed and skilled staff, backed up by good management and supervision.
- Tangible and non-tangible forms of assistance
  - A mix of practical, personal development, therapeutic and enabling services are utilised as appropriate:
    - practical services address a specific need in the family, such as transport to medical appointments, establishing daily routines related to meals or getting to school or respite care
    - personal support and development including information and advice, parenting skills courses, budgeting, and household skills development
    - clinical or therapeutic services include casework, counselling, emotional support, family mediation, anger management, development of social supports
    - enabling services to link the family to other supports via referral and advocacy (e.g. assist with access to housing, childcare, emergency relief payment, rental assistance) and case management to coordinate service delivery.

  Source: Professor Clare Tilbury, Griffith University

5.1.2 Considerations for all services

Departmental policies and procedures

Relevant resources include, but are not limited to:

Child Safety Practice Manual

- The information sharing provisions of the *Child Protection Act 1999* enable specialist service providers to share information with each other, with other prescribed entities[1] and with other service providers to identify, assess and respond to child protection and child wellbeing concerns. Specialist service providers are defined as *non-government entities funded by the Queensland or Commonwealth Government to provide services that have the primary purpose of helping children in need of protection or decreasing the likelihood of children becoming in need of protection*. Specialist service providers can share information with each other for particular purposes, for example, a service providing support to a family will be able to share information with another service in the event that the family moves from one part of the state to another. It also means that a service that was previously working with a family to provide support such as a FaCC service will be able to share information with another service, such as an IFS when it begins to work with the family.

[1] Prescribed entity means each of the following entities— (a) the chief executive of a department that is mainly responsible for any of the following matters— (i) adult corrective services; (ii) community services; (iii) disability services; (iv) education; (v) housing services; (vi) public health; (b) the police commissioner; (c) the chief executive officer of Mater Misericordiae Ltd (ACN 096 708 922); (d) a health service chief executive within the meaning of the Hospital and Health Boards Act 2011; (e) the principal of an accredited school under the Education (Accreditation of Non-State Schools) Act 2001; (f) a specialist service provider; (g) the chief executive of another entity that— (i) provides a service to children or families; and (ii) is prescribed by regulation.
Specialist service provider means a non-government entity, other than a licensee or an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child, funded by the State or the Commonwealth to provide a service to— (a) a relevant child; or (b) the family of a relevant child.

The Aboriginal and Torres Strait Islander Child Placement Principle

- The ATSICPP's recognises the importance of connections to family, community, culture, and country and can be used to:
  - understand and show how culture is an important part of safety and wellbeing for Aboriginal and Torres Strait Islander children
  - recognise and protect the rights of Aboriginal and Torres Strait Islander children, family members and communities to have a say in decisions that affect their lives.
- The ATSICPP has five elements:
  - Prevention – protecting children's rights to grow up in family, community, and culture by redressing the causes of child protection intervention.
  - Connection – maintaining and supporting connections to family, community, culture and country for children in care.
  - Participation – ensuring the participation of children, parents and family in decisions regarding the care and protection of their children.
  - Placement – placing children in out of home care in accordance with established placement hierarchy.
  - Partnership – ensuring the participation of community representatives in service design, delivery and individual case decisions.

Family Matters' Building Blocks

- These building blocks aim to eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in child protections systems.
- The building block are:

1. All families enjoy access to quality, culturally safe, universal and targeted services necessary for Aboriginal and Torres Strait Islander children to thrive
2. Aboriginal and Torres Strait Islander people and organisations participate in and have control over decisions that affect their children
3. Law, policy and practice in child and family welfare are culturally safe and responsive
4. Governments and services are accountable to Aboriginal and Torres Strait Islander people

Workforce competency

- Services should employ staff who are indicative of the clients they are working with and appropriately qualified/experienced in working with Aboriginal and Torres Strait Islander peoples and communities.

Cultural capability for working with Aboriginal and Torres Strait Islander families

Ensuring the safe care and connection of Aboriginal and Torres Strait Islander children and young people is vital to achieving the intent of the Supporting Families Changing Futures Reforms, the *Our Way Strategy* and the *Changing Tracks Action Plans*.

More information can be found here:

Strategy and action plan for Aboriginal and Torres Strait Islander children and families - Department of Children, Youth Justice and Multicultural Affairs (cyjma.qld.gov.au)

Decisions about Aboriginal and Torres Strait Islander children (cyjma.qld.gov.au)

Our Way, a generational strategy for Aboriginal and Torres Strait Islander children and families 2017-2037 is a Queensland Government strategic framework that has been guided by Aboriginal and Torres Strait Islander perspectives to achieve generational change over the next 20 years. It represents a long-term commitment by government and the Aboriginal and Torres Strait Islander community to work together.

As part of the Our Way strategy, the first and second three-year action plans, *Changing Tracks* have been released that aim to:

- reduce the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system;
- close the gap in life outcomes for Aboriginal and Torres Strait Islander peoples experiencing vulnerability; and
- ensure all Aboriginal and Torres Strait Islander children grow up safe and cared for in family, community and culture.

Organisations delivering family support should understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which has relevance across the child and family service system. More information is available at:

Practice Resources – QATSICPP

The *Child Protection Reform Amendment Act 2017* represented a significant shift in how the department supports the connection of Aboriginal and Torres Strait Islander children and young with people with their family, community and culture, acknowledging that stronger connections result in better outcomes for Aboriginal and Torres Strait Islander children and young people. The changes also recognise the significant and long-term effect of decisions on a child or young person, their family and community; and acknowledges the role of family and community as the primary source of cultural knowledge.

At the core of the legislative amendments are the five elements of the ATSICPP. All services will need to be aware of and work towards incorporating relevant elements into their practices.

To support the meaningful participation of Aboriginal and Torres Strait Islander children and families in tertiary child protection decision-making, the *Child Protection Reform Amendment Act 2017* introduced the role of an Independent Aboriginal or Torres Strait Islander Entity for the child (known as an Independent Person).

In consultation with the child and the child's family, the department will arrange for an Independent Person for the child to facilitate the child and family's participation in significant decisions that impact on an Aboriginal or Torres Strait Islander child who is the subject of a child protection notification or who is subject to intervention by the statutory child protection system.

The *Child Protection Reform Amendment Act 2017* was also amended, among other things, for the delegation of the chief executive's powers and functions in relation to an Aboriginal or Torres Strait Islander child who is either in need of protection or at risk of becoming in need of protection, to an Aboriginal or Torres Strait Islander CEO of an Aboriginal or Torres Strait Islander entity (a 'prescribed delegated') (Chapter 4 Part 2A).

For the purposes of this document, the making, receiving and undertaking of delegations under this Part are referred to as 'delegated authority'. Delegated authority is an additional tool to improve outcomes for Aboriginal and Torres Strait Islander children and families, in or at risk of entering the child protection system. Delegated authority is being co-designed and implemented in a staged approach. This is because, child protection decision making is complex and the department has a large amount of infrastructure, systems and policies to support child protection staff to make decisions. This capacity will take some time to develop within the Aboriginal and Torres Strait Islander entities accepting delegations.

Assessment tools

- Service User assessment tools are used to determine a Service User's need. These tools are generally used during the intake or initial contact with the Service User as well as periodically to assess and re-assess the ongoing needs of the Service User. Services may wish to use Wellbeing Domains - Needs Identification/Assessment Record (Attachment 4) as the Service User assessment tool to determine the level of Service User improvement to report on the deliverable Outcomes Measures.

Single case plan

- Services should consider collaborative case management and integrated service planning and delivery, especially for the most complex and vulnerable families, where a lead professional provides a single point of contact for complex families and the development of a single case plan.
- Collaborative case management is used when a family or individual requires support from more than one practitioner or agency to respond to multiple, complex and/or interrelated needs. Services work together with the family to plan and deliver services and a lead case manager works to ensure that the client receives the right mix of services, in the right order and at the right time.
- Initial engagement with the family includes identifying which agencies or supports are already in place and negotiating which service is best placed to lead the single case plan.
- The case manager develops a trusting relationship with the family, identifies needs and existing services families may be working with and works to address issues using a single case plan. The provision of regular individual or family support, access to other specialist services and brokerage funds as well as the provision of ongoing practical assistance are critical to the success of the approach.
- An exit plan will be developed as part of case planning clearly identifying how the family will transition, or step down, from intensive family support at the end of the intervention.

6. Service delivery requirements for specific Service Users

6.1 At-risk families (U3050)

Definition

- Families with children and young people under 18 years, including unborn children, who are at high risk of entering or re-entering the statutory child protection system.

6.1.1 Requirements — at-risk families

- Service Users are families with children and young people under 18 years, including unborn children, who are at high risk of entering or re-entering the statutory child protection system.
- The family would benefit from access to an intensive family support intervention that offers case management and referral to specialist support services if required.
- The child and family's circumstances or risk factors are likely to escalate if they do not receive support.
- The child is not currently in need of ongoing Child Safety intervention.
- Long term guardians may seek support from a family support service where it is assessed that the required support can be provided by an IFS service and where the child is not the subject of current case work being undertaken by the department.

6.1.2 Considerations — at-risk families

- The family may have medium to high complex needs.
- In some circumstances (e.g. impending reunification, one child in a family is on statutory orders but other children in the same family are not, or while an investigation is being completed) continued support by the service is appropriate despite the family being referred to or within the statutory system. The appropriateness of IFS working with these families will be determined on a case by case basis through negotiation with the Intensive Family Support service, Regional Contract Manager, Child Safety, and the Commissioning area.

6.2 Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence (U3113)

Definition

- Aboriginal and Torres Strait Islander families with children and young people under 18 years in three discrete Aboriginal and Torres Strait Islander communities (Mornington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence.

6.2.1 Requirements — Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.

- Families with children and young people under 18 years in three discrete Aboriginal and Torres Strait Islander communities (Mornington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence.

6.2.2 Considerations — Aboriginal and Torres Strait Islander families in discrete Aboriginal and Torres Strait Islander communities experiencing or witnessing domestic violence

Nil.

6.3 Families — statutory service users (U3310)

Definition

- Families with children and young people under 18 years, including unborn children, who have experienced abuse and/or neglect and as a result Child Safety has determined the child/ren is/are in need of protection and are therefore in the statutory child protection system.

6.3.1 Requirements — statutory service users

- Statutory service users are families with children and/or young people under 18 years, including unborn children, who have experienced abuse and/or neglect and as a result Child Safety has determined the child/ren is/are in need of protection and are therefore in the statutory child protection system.
- Families must be working with or recently ceased working with Child Safety on an Intervention with Parental Agreement or a Child Protection Order.
- Service Users are parents[2] and other immediate family members in a direct caring role of children who are referred exclusively by Child Safety when:

  A. The case plan goal or review of a case plan goal is:

     - reunification within 12 months; or
     - support for the parent(s) with a child living at home under a Child Protection Order – i.e. a Protective Supervision Order or a Directive Order – which requires specific actions involving the family; or
     - support for the parent(s) with a child living at home under an Intervention with Parental Agreement or Support Service[3] case to prevent any likelihood of the child entering care; and

  B. The age group is inclusive of children and young people aged from unborn to under 18 years.

6.3.2 Considerations — statutory service users

- Families may choose to remain engaged with the service for a short period of time once the case plan goals are achieved and they have ceased working with Child Safety to ensure ongoing safety and consolidate their learning.

6.4 Families experiencing vulnerability (U3330)

Definition

[2] For the purpose of definition for Statutory Service Users, “parent” does not include foster carers, specialist foster carers or specific response carers of children in care placements. Definitions of “parent” contained in the *Child Protection Act 1999* apply.
[3] A Support Service Case is opened when it is determined that a child is not in need of protection, however the outcome of the risk evaluation tool is high or very high and the family consents to intervention

- Families with children and young people under 18 years, including unborn children, who find themselves in vulnerable situations and do not require statutory intervention.

6.4.1 Requirements — families experiencing vulnerability

- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to family support interventions and/or referral to support services.
- Long term guardians may seek support from a family support service where it is assessed that the required support can be provided by a secondary or targeted family support service and where the child is not the subject of current case work being undertaken by the department.
- The child and family have had previous involvement with, or are at risk of progressing into the statutory child protection system without support.

6.4.2 Considerations — families experiencing vulnerability

- Families may present with multiple concerns.

6.5 Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk (U3333)

Definition

- Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years including unborn children, requiring assistance across the service continuum; universal, secondary and/or intensive and specialist assistance. The client group includes families who are subject to ongoing intervention by the department.

6.5.1 Requirements —Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.
- There is a child/ren unborn to under 18 years of age.
- The family would benefit from access to early family support interventions and/or referral to specialist support services.
- The child and family have had previous involvement with, or are at risk of progressing into the statutory child protection system.
- The child is in need of ongoing intervention by Child Safety.

6.5.2 Considerations —Aboriginal and Torres Strait Islander families experiencing vulnerability or at-risk

- Families may present with multiple concerns.

6.6 Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)

Definition

- Aboriginal and/or Torres Strait Islander families with children and young people under the age of 18 years who are the subject of a child protection notification or who are already subject to intervention by the statutory child protection system. Family in this context is defined broadly to include extended kin relationships and significant individuals from the child's community.

6.6.1 Requirements — Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system (U1214)

- A member of the family identifies as Aboriginal and/or Torres Strait Islander.
- There is a child/ren unborn to under 18 years of age.
- A child in the family has become the subject of a notification, or the family is already involved in the statutory child protection system.
- The child is in need of ongoing intervention by Child Safety.

6.7 Referrers and Enquirers (U3340)

6.7.1 Requirements - referrers and enquirers (U3340)

- Referrers and Enquirers are people who are concerned about the safety and/or wellbeing of a child or family and are seeking information, advice, or referral for support for the family experiencing vulnerability.
- Referrers and Enquirers must refer vulnerable and/or at risk families when they identify children or young people in need of support.
- Referrers and Enquirers include professionals (including those defined as mandatory reporters in the Child Protection Act 1999), prescribed entities, organisations, community members and/or families.
- If a referrer or enquirer is a mandatory reporter, they must report a reasonable suspicion of harm that a child is a child in need of protection caused by physical or sexual abuse to Child Safety.

6.7.2 Considerations - referrers and enquirers (U3340)

- Referrers and Enquirers may use the Queensland Child Protection Guide to determine the most appropriate course of action for them to meet the needs of the child and/or family experiencing vulnerability.

7. Service delivery requirements for specific service types

7.1 Support — Aboriginal and Torres Strait Islander Family Wellbeing Services (T313)

7.1.1 Requirements — Aboriginal and Torres Strait Islander Family Wellbeing Services

- The Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) offer Aboriginal and/or Torres Strait Islander children and families who may be experiencing vulnerability a range of services that build their capacity to safely care for and protect their children.
- An integrated service response to families requires services to provide holistic and strengths-based responses to:
    1. assess a family's needs
    2. use a culturally holistic case management approach to coordinate services for families
    3. leverage support for a family from multiple service providers and promote collaboration, information exchange, joint planning, shared resourcing and the development of formal (and informal) partnerships amongst community controlled and mainstream service providers
    4. offer personal support and development including information and advice, parenting skills development, kinship connections, budgeting and household management skills development
    5. deliver practical services that address a specific need in the family
    6. provide direct clinical and/or therapeutic counselling, emotional support and healing practices within a cultural framework.
- Services are designed and delivered by valuing and engaging with local Aboriginal and Torres Strait Islander leadership and knowledge.
- Children and families and their participation in the decisions that shape their future are at the centre of all integrated service responses.
- The service provider will deliver timely and effective support to families to achieve improvements in safety and/or protection from harm; and improve life skills to deliver the following outcomes:
    1. improved wellbeing[4] of Aboriginal and Torres Strait Islander children and families
    2. Aboriginal and Torres Strait Islander children are safer
    3. efficient and effective services for Aboriginal and Torres Strait Islander children, families and communities
    4. a significant contribution to the reduction in the number of at-risk Aboriginal and Torres Strait Islander children in the tertiary child protection system within specific catchments.

[4] This refers to Aboriginal and Torres Strait Islander peoples feeling of being healthy on a physical, spiritual, emotional and social level. It is a state where individuals and communities are strong, proud, happy and healthy. It includes being able to adapt to daily challenges while leading a fulfilling life. For Aboriginal and Torres Strait Islander peoples' land, family and spirituality can also be considered central to wellbeing.
See: Glossary of Healing Terms | Healing Foundation

- Services must align service delivery to the current version of the *Aboriginal and Torres Strait Islander Family Wellbeing Service Program Guidelines*.
- Services understand and work in accordance with the Family Matters Building Blocks and the Aboriginal and Torres Strait Islander Child Placement Principle which is relevant across the child and family service system.
- Services participate in specific meetings such as the Aboriginal and Torres Strait Islander Families Strategic Implementation Group (SIG) and program, and specific reference groups (Indigenous Youth and Family Workers and Specialist Domestic and Family Violence Workers). This is to offer services the opportunity to share their learnings and provide a means to amplify the voices of their families and community. These forums also enable service providers to have input to the ongoing design of the service delivery system.

FWS staffing

A multidisciplinary professional team within the service will assist the family as appropriate to meet their case plan goals. In addition to family support case workers, specialist staff will provide advice to case managers and/or direct support to clients including specialist functions such as counselling. Staff will have experience and/or qualifications relevant to their role, including the more specialised activities.

The department understands that in some circumstances, such as in remote parts of Queensland, recruitment of staff with appropriate skills and experience can be difficult. Organisations are expected to support all staff, including specialists, to successfully meet the requirements of their role through internal and external training, professional supervision and, where staff are willing to undertake study, the attainment of professional qualifications.

Referral criteria

- Aboriginal and Torres Strait Islander families with children and young people under the age of 18 years (including unborns) requiring assistance across the service continuum; universal, secondary and/or intensive and specialist assistance. The client group includes families who are subject to ongoing intervention by the department. The service will support case plan goals regarding the improvement of relationships and/or family reunification or preservation and will support a positive cultural identity for all children through actions that enhance/encourage strong connections with kin, culture and country.

Referral pathways

- self-referrals (includes referrals by family members, friends, other members of the community, Elders)
- Department of Education and Training; Queensland Police Service and Queensland Health
- other government and non-government agencies
- Referrals can be made with or without the family's consent through the Queensland Family Support referral tool https://familysupportreferral.org.au/
- Family Participation Program
- Child Safety (Regional Intake Services and Child Safety Service Centres)

Non-engagement

- The service is required to make active efforts to engage the family in accordance with the program guidelines.
- Where families, referred by Child Safety (RIS and CSSC), do not engage with the service, the service must advise Child Safety that the family did not engage. This information will form part of the child protection history for the family and ensure that any further action from Child Safety will consider the family's engagement in secondary support services.

Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM)

- Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM) is delivered by the Family Participation Program and is a process whereby authority is given to parents, families and children to address problems and lead decision-making in a culturally safe space.
- There are several critical elements to effective ATSIFLDM including the facilitation of the process being seen as independent of the department, where the family being is given the time to meet on their own; effective mapping of kin networks; a focus on the safety of the child, and engagement of the supports that families require to enable them to resolve challenges.
- FWS staff may act as the Independent Person for a family working with the Family Participation Program. Where this occurs, there may be ongoing case management provided to the family after the Family Participation Program involvement has concluded.
- Specific training in ATSIFLDM has been developed for FPP staff, however it is also available for FWS staff who are encouraged to undertake this training opportunity.

Collaborative Family Decision Making (CFDM)

- Collaborative Family Decision Making (CFDM) is applied whenever a critical decision about a child's safety, belonging or wellbeing is required as part of the child protection system. This includes assessment, planning, monitoring and review activities.
- CFDM seeks to specifically influence how critical decisions are made through specifying best practice and minimum standards for engaging the child, their family, extended family and community as a group and empowering them to make decisions.
- The overall approach of CFDM is to ensure that agreed safety, belonging and wellbeing decisions are developed through an independently-convened process that is family and community driven. CFDM processes can therefore be convened or co-convened by Aboriginal and Torres Strait Islander Family Wellbeing Services to support service provision to children and their families.

Brokerage

- Services are funded for brokerage. Brokerage funds will be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the outcomes and intentions of the family's support program and the family's case plan goals.
- The spending of brokerage funds must be clearly linked to a child and or family's case plan.
- Up to five per cent of total grant funding can be allocated for brokerage.

Reporting

- Services are required to submit financial and performance reports using the department's Online Reporting System (Procure to Invest; P2i).
- Services are required to use the Advice Referral and Case Management (ARC) tool.

Sorry Business

- Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.
- Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs.

- Significant community shutdowns caused by Sorry Business affecting service delivery need to be reported to the regional contract manager and these will be considered when assessing overall service performance against contracted annual targets.

Networking

- All services to consider participation in a Local Level Alliance of government and non-government services.
- Services will ensure they participate in all relevant program level meetings, or are appropriately represented in those meetings, i.e.: Aboriginal and Torres Strait Islander Families Strategic Implementation Group.

Information sharing guidelines

- To meet the protection and care needs and promote the wellbeing of Aboriginal and/or Torres Strait Islander children, organisations and their employees operating a FWS program must comply with the legal framework regarding the sharing of information provisions under Chapter 5A and Part 4 of the *Child Protection Act 1999*. Knowing when to share information is an important consideration in enabling the sharing of information provisions.
- A full description of sharing information to support children and families is available in the Department of Children, Youth Justice and Multicultural Affairs document Information Sharing Guidelines October 2018.

Indigenous Youth and Family Workers (IYFW) initiative

- Where FWS are funded to employ Indigenous Youth and Family Workers (IYFW), the service response is to support children under 18 years and their families at risk of involvement with the youth justice system.
- The initiative seeks to address family-related risk factors that contribute to young people's offending. IFYWs work with both young people and their family, but they may involve their FWS colleagues in supporting parents or carers where this would offer the most effective response to the family's dynamics.
- The model is flexible in how the IYFW works in context of the FWS to respond tor the particular circumstances of each service, community or family. Referrals for the IYFW can be received from Youth Justice, Police, schools, health services, FWS, FPP, families, or self-referrers.

Specialist Domestic and Family Violence Workers (SDFVW) initiative

- The Specialist Domestic Family Violence Workers (SDFVW) will:
    - ensure that FWS staff are aware of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers and family members
    - provide specialist advice and assistance to other FWS staff members and those contacting the service
    - identify strategies aimed at preventing domestic and family violence
    - assess referrals received to screen for domestic and family violence
    - undertake risk assessments where domestic and family violence is identified
    - provide FWS workers and enquirers with advice on safe engagement strategies for families affected by domestic and family violence, including strategies to assess, monitor and minimise risk to family members and workers
    - participate in client home visits where appropriate
    - assist with assessment of client needs, and decisions regarding case management and referral pathways.

7.1.2 Considerations — Aboriginal and Torres Strait Islander Family Wellbeing Services

The following principles underpin the design and delivery of FWS:

- Cultural knowledge and understanding is central to improving children's safety, belonging, wellbeing, identity and participation in community life.
- Authentic communication with families fosters collaborative working relationships and drives holistic service responses.
- Aboriginal and Torres Strait Islander local leadership is recognised and valued.
- Aboriginal and Torres Strait Islander community controlled organisations are best placed to deliver services to Aboriginal and Torres Strait Islander children, families and communities.
- Services will listen to the views of children, family and community and will involve them in both the design of the service and the planning of responses.
- Place-based design of service responses reflects the needs and aspirations of the local community.
- Enhanced networks will increase safety and support for children, young people and families.
- Focus on the present and future whilst recognising the impact of the past and the importance of healing, rigour and hopefulness in the search for strength-based solutions.
- Continuous reflection to grow, learn and nurture connection and practice underpinned by trust and a shared commitment to finding solutions to raise strong, healthy, happy children and support a positive cultural identity for all children.

The success of the FWS program will be assessed using the following measures:

1. Demonstrates greater capacity to support families earlier
    - number of families referred to FWS
    - number of families who consent to engage
2. Demonstrates families' willingness to protect children from harm
    - number of substantiations and re-substantiations of Aboriginal and Torres Strait Islander children after engagement with a FWS
    - number of re-notifications of Aboriginal and Torres Strait Islander children after engagement with a FWS
3. Demonstrates effectiveness of FWS program
    - number of cases closed with partial or majority of needs met
    - number of cases which show positive change in key wellbeing domains
4. Demonstrates FWS are meeting family needs and providing culturally appropriate support
    - number of families satisfied with the FWS

Service delivery mode options

- centre-based
- mobile

Hours of operation

- The service must assist families to access the information, resources and support they need and will be open 52 weeks per year excluding public holidays.

- To increase accessibility for families, including working parents, phones will be staffed from 8.30am to 5.30pm on normal business days. It is a requirement that the service will meet the needs of families by providing flexible appointment times for families who cannot be contacted or access the service during normal business hours.
- The service will not be expected to operate as normal on public holidays.
- Outside of the hours outlined above, the telephone system must be capable of receiving voicemail messages for a call-back on the next working day.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).

  Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Bullying and Cyberbullying

- From 1 July 2022, services that are funded to employ Indigenous Youth and Family Workers will be required to:

  - implement an anti-bullying and anti-Cyberbullying policy and process for the detection, prevention, intervention and management of responses to bullying or Cyberbullying acts or allegations;
  - train their staff about how to identify and respond to bullying and Cyberbullying;
  - make resources produced by the e-Safety Commissioner and other bodies readily available to children and young people to or in relation to whom the Services are provided;
  - maintain ground rules for group work that are clear that bullying and Cyberbullying are not acceptable behaviours;
  - display promotional materials that clearly state that bullying and Cyberbullying are not acceptable behaviours;
  - take all reasonable steps to try to maintain a safe online environment for children and young persons to or in relation to whom the Services are provided, without unreasonably compromising privacy or access to social or learning opportunities;
  - identify and draw on external expertise as reasonably required to respond to incidents of bullying or Cyberbullying; and
  - provide clarity to children and young people to or in relation to whom the Services are provided regarding the avenues to assistance should they experience bullying or Cyberbullying.

  "Cyberbullying" means the use of information and communication technologies to support deliberate, repeated, and hostile behaviour by an individual or group, that is intended to harm others.

  "Bullying" is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm

  "eSafety Commissioner" means the Australian Government's eSafety Commissioner, appointed under the *Enhancing Online Safety Act 2015* (Cth).

7.3 Support — Intensive Family Support (T327)

7.3.1 Requirements — Intensive Family Support

Intensive Family Support (IFS) services build the capacity of families to adequately nurture, protect and keep their children safe. Services must align services delivery to the current version of the Intensive Family Support Model and Guidelines.

- The outcomes to be achieved are:
    - Improved wellbeing and safety of children, young people and their families.
    - Strengthened capacity of parents to care for and protect their children.
    - Fewer children and young people entering the statutory child protection system.

Hours of operation

- IFS services are required to operate for 52 weeks each year to receive referrals.
- It is a requirement that the service will meet the needs of families by providing flexible appointment times for families who cannot be contacted or access the service during normal business hours.
- It is a requirement that the case management function, including practical in-home support, will be available to families outside core business hours including mornings, evenings and weekends as necessary to develop and/or implement elements of case plans.
- While the IFS service is not considered a crisis service, it will display flexibility and responsiveness in respect of working hours in order to maximise support interventions with families and engage family members who may be working standard hours.

IFS staffing

- IFS case managers will hold university qualifications (undergraduate qualifications or above) in human services or a relevant related field. Staff will be required to have demonstrated skills in engaging hard-to-reach families. The majority of families referred to the IFS will have multiple and/or complex needs that impact on their parenting, family functioning and children's safety.
- A multidisciplinary professional team within the service will assist the family as appropriate to meet their case plan goals. In addition to family support case workers, specialist staff will provide expert advice to lead case managers and/or direct support to clients. Specialist workers will also collaborate with external service providers within their own field of expertise to develop and maintain effective pathways for IFS clients to access those services as part of their case plan. Specialist workers will have a broader role in policy and program development and building the capability of the IFS in their area of expertise.
- The department understands that in some circumstances such as in remote parts of Queensland recruitment of staff with appropriate skills and experience can be difficult and a mix of qualifications, cultural connections and knowledge of the local area, skills and life experience may be reflected in the team. Organisations are expected to support all staff, including specialists, to successfully meet the requirements of their role through internal and external training, professional supervision and encouragement to attain appropriate professional qualifications.

Specialist domestic and family violence professional

- An experienced full-time worker with specialist knowledge and skills in the area of domestic and family violence has been identified as a critical inclusion in the IFS team. This is in recognition of the high proportion of families experiencing vulnerability who are affected by domestic and family violence; the high level of risk that domestic and family violence poses to the safety of children, young people and their families; and the specialist skills required to identify domestic and family violence, engage with affected families, and develop appropriate service responses.
- The role is designed to provide specialist advice especially during case discussions, assist co-workers to screen for domestic and family violence, and undertake risk assessments where domestic and family violence is identified.
- This worker will:
    - provide case managers with advice and support with engagement strategies for families affected by domestic and family violence, including strategies to assess, monitor and minimise risk to family members and workers
    - participate in client home visits where appropriate; and

- support or work with case managers to engage all family members who require a service response, including fathers, and working with the whole family where it is safe to do so.

- The role will include a level of direct client-related work as appropriate including counselling, risk assessment, risk management and safety planning. Where referrals to specialist domestic and family violence prevention and support services are identified as part of the case plan, this worker can assist family members to effectively engage with the appropriate service and continue to inform risk management strategies. In some cases, joint work with the specialist service and the IFS worker may be the best approach for the family.
- This specialist role is not designed to lead case management or carry a case load.
- There is potential for this role to be seconded from a specialist domestic and family violence service providing information protocols are adhered to.

Diversity and culturally respectful practices

- The IFS should aim to recruit a diverse team that reflects the cultures within the local catchment and a mix of male and female team members to maximise long term engagement and effective relationship building between families and the service.
- If the IFS is not being delivered by an Aboriginal and/or Torres Strait Islander organisation, in recognition of the disproportionate representation of Aboriginal and/or Torres Strait Islander children in care and a commitment to support families to safely care of their children at home, the IFS is expected to recruit workers who identify as Aboriginal and/or Torres Strait Islander wherever possible. The service is required to develop effective links with local Aboriginal and/or Torres Strait Islander organisations and community representatives and to ensure that culturally respectful practice is a core component of staff development and training.
- In addition, an IFS service is required to be capable of responding in a culturally sensitive way to families from Cultural and Linguistically Diverse (CALD) backgrounds. Services need to demonstrate their willingness and capacity to work with people from diverse backgrounds by developing specific strategies including linking with local multicultural organisations and engaging interpreter services.

Practice framework and tools

- The department has implemented the Framework for Practice to develop a shared practice approach across IFS services and Child Safety. The framework outlines the values, principles, knowledge and skills that underpin effective and respectful work with children, young people and their families to strengthen practice when families transition between sectors.
- Alongside the new practice framework, common assessment tools are provided by the department in order to develop a shared understanding and consistent practice across all FaCC and IFS services. These tools, the Common Assessment and Planning (CAP) framework and Structured Decision Making Tools (Safety Assessment, Family Risk Evaluation, Family Risk Re-evaluation and Family Assessment Summary Tool) are available to IFS staff on the secure section of the Family and Child Connect website.

Principal Child Protection Practitioner

- IFS services can access the Principal Child Protection Practitioner (PCPP) to obtain expert generic child protection advice and guidance in accordance with Child Safety policies and procedures, statutory responsibilities, departmental objectives and current trends. The PCPP's role also includes providing a case consultation service to IFS on complex cases and ensuring cases that may require statutory intervention are reported to Child Safety when necessary.
- Once an IFS service is in receipt of a referral, an IFS staff member can seek a case consultation with the PCPP. The PCPP will provide advice and information in relation to specific cases with a focus on:
    - the suitability of the referral to IFS

- whether the matter provides information indicating a child may be in need of protection and therefore requires a report to Child Safety
- assist with the identification and prioritisation of needs for a child and family
- assist in safety planning and assessments
- assist in developing engagement strategies when working with a difficult or resistant family
- undertaking a risk assessment.

Interface with Child Safety

- Generally, IFS will not accept referrals where Child Safety has current involvement. However, there are some exceptional circumstances (e.g. impending reunification, one child in a family is on statutory orders but other children in the same family are not, or while an investigation and assessment is being completed) where continued support by the IFS is appropriate despite the family being reported to or within the statutory system.
- The appropriateness should be determined by an assessment of whether the situation meets the intent of the initiative – that is, the service is working with the family so that they do not enter or re-enter the statutory system. As such, an IFS intervention is not appropriate where the child is subject to ongoing statutory intervention. The department funds other services such as Tertiary Family Support (TFS, previously known as Family Intervention Services) to work with families who enter the statutory system.
- If an IFS service is supporting a family and Child Safety begins an investigation and assessment, the service may continue to work with the family until the assessment is completed. However, if as a result of the investigation and assessment an ongoing statutory response is deemed appropriate, the IFS Service must immediately transition case management to Child Safety.
- The one exception to IFS services working only with non-statutory clients is when an investigation by Child Safety has deemed that a child is in need of protection and the best means to protect the child is via an Intervention with Parental Agreement (IPA). If the family has a good working relationship with the IFS service, Child Safety may request that the IFS service remains involved until the family transition to an appropriate tertiary service.

Referral criteria

- Referrals to IFS services must meet the following criteria:
  - There is a child or young person (unborn to under 18 years).
  - The family has multiple and/or complex needs.
  - The family would benefit from access to intensive and specialist support services through case management.
  - Without support the child, young person and family are at risk of entering or re-entering the statutory child protection system.
  - The child is not currently in need of protection (*Note: Long term guardians may seek support from a family support service where it is assessed that the required support can be provided by an IFS service and where the child is not the subject of current case work being undertaken by the department)*
- Multiple and complex needs - Families at risk of entering the statutory child protection system often have multiple needs or challenges, which may be long-standing and entrenched, and that impact on their capacity to safely nurture and care for their children. Additionally, there are times when a single issue is so complex that it has impacted on family functioning over years, and sometimes generations. Examples of issues include but are not limited to:
  - housing instability
  - mental health
  - drug and alcohol misuse

- domestic and family violence
- parenting challenges
- unemployment
- financial stress

Referral Pathways

- There are a number of referral pathways into the service, these include referrals from:

1. *Family and Child Connect*

Referrals from Family and Child Connect will be transferred through the Advice, Referral and Case Management (ARC) system after the Family and Child Connect has engaged the family, assessed their needs and gained their agreement to be referred for support.

2. Child Safety

Referrals from Child Safety Service Centres (CSSC) and Regional Intake Services (RIS) will only include families where they have been assessed as "at risk" but where statutory intervention is not required (e.g. unsubstantiated -– child not in need of protection). These referrals should be made through the Referral to Support Service website at Queensland family support referral. There are two types of referrals that an IFS service can receive directly from Child Safety:

Referral with consent: Where an investigation and assessment (I&A) of a notification has been undertaken by Child Safety and the case is now closed; or the family has been subject to a Child Safety Intervention with Parental Agreement (IPA), and the case is now closed or will be closed once the family engages and commences working with the IFS. In these cases, Child Safety will have had contact with the family and will refer where intensive family support is deemed appropriate and the IFS referral criteria are met, to an IFS service with the family's consent.

Referral without consent: Where Child Safety has made an assessment of concerns received and determined further investigation is not required, a Child Concern Report (CCR) is recorded. In this case, Child Safety will not have contacted the family. Therefore, where intensive family support is deemed an appropriate response, and the referral criteria are met, Child Safety may refer to an IFS without the family's consent. For CCR referrals, contact by the IFS may be the first time a family is informed there has been a concern about their family brought to the attention of Child Safety.

3. Referrals from Police, Schools and Health Services (mandatory reporters and prescribed entities)

Mandatory reporters, that is, approved teachers, early childhood education and care workers, doctors, nurses, police officers with child protection responsibilities, officers of the new Public Guardian, Child Safety employees and employees of licensed care services, may refer a child or a family directly to a service provider, including an IFS service.

With the exception of early childhood education and care workers, the legislation allows for these referrals to be made without the consent of the family. However best practice is for information about the family to be passed on with their consent.

Prescribed entities under section 159M of the *Child Protection Act 1999* may refer a child or family to a service provider, including an IFS service with or without the family's consent. Again, it is recognised that families are more likely to engage with the service and receive the support they need if the consent of the family is gained.

Referrals can be made with or without the family's consent and should be made through the online referral form: Queensland family support referral.

4. Professionals and organisation referrals

Any other professionals and organisations other than those listed as prescribed entities that identify families experiencing vulnerability who meet the referral criteria may, with the family's consent, refer the family to an IFS service.

5. Self-referrals

Families may self-refer to an IFS service for support.

6. Community referrals

Community members seeking assistance for families experiencing vulnerability who need support may refer a family, with their consent, to an IFS service or encourage the family to self-refer.

Prioritisation Guidelines

- IFS services will engage eligible clients based on their professional assessment of **criticality-of-need**, regardless of the referral pathway, taking into account the following combination of factors:
    - Referrals from Family and Child Connect or Child Safety whereby the child is deemed to be not currently in need of protection but the family's outcome on the Family Risk Evaluation is **high.**
    - The child/ren is/are under 3 years old.
    - The degree of vulnerability of child/ren given consideration of factors such as developmental delay, physical/intellectual disability, health/medical needs and challenging behaviours etc.
    - Child protection history - more than one child concern report/notification recorded within a 12 month period, consideration of cumulative harm (e.g. series or pattern of harmful events and experiences that may have occurred in the past or are ongoing).
    - Complexity of need with multiple presenting factors (e.g. mental health, domestic and family violence, substance misuse, disability issues, engagement in criminal activities).
    - Social, environmental, cultural influences and networks (e.g. limited access to services, including housing).
    - Other services currently involved, including the need for case co-ordination and/or access to more than one type of service.

Active Engagement

- If the referrer is a prescribed entity and unable or unwilling to gain the consent of the family, the IFS will accept the referral for the family and commence a process to actively engage with the family to obtain their consent.
- Assertive outreach to engage hard-to–reach families in their home or other community-based locations is an essential component of the model. This includes unannounced visits or cold calling to make contact with families who have been referred without consent and actively encourage them to engage with available support.
- Unannounced visits are not expected when information indicates this may pose an unacceptable safety risk for IFS staff or to family members, particularly people impacted by domestic and family violence.
- Some of these families will not be aware that a mandatory reporter has concerns about the wellbeing of their children or that Child Safety has referred their family. There are a range of reasons that families may be reluctant to engage and the service will need to develop effective strategies to connect and build trust with families to maximise engagement that is safe for all family members.

Non-engagement

- Where families, referred by Child Safety (RIS and CSSCs) do not engage with the service, the service must advise Child Safety that the family did not engage. This information will form part of the child protection history for the family and ensure that any further action from Child Safety will consider the family's engagement in secondary support services.

Consent and information sharing

- Informed consent is critical to the IFS service model. Family members need to be aware what giving consent means and what information will be shared and why, and that in accepting support by providing consent this also includes permission to share information about their family with other service providers that can assist them.
- When IFS services commence working with children and their families, they should inform them that their personal information may be given to other organisations in certain circumstances, including the duty of care that providers have to report significant harm or risk of significant harm to relevant authorities including Child Safety. People should also be informed when their information has been shared and the reasons it has been shared, unless doing so would create risks to them, the child or others.
- When working with Aboriginal and/or Torres Strait Islander children and families, effective engagement needs to take into account the cultural and historical factors that have led to entrenched disadvantage and vulnerability within this community. Aboriginal and/or Torres Strait Islander peoples should be supported and provided the opportunity to participate in decision making processes.
- Care also needs to be taken to respond to any cultural and language barriers to the participation and understanding of families from Culturally and Linguistically Diverse backgrounds.
- There may be several points during the support process where a family's consent will be sought to share their personal information. A family will have the option of limiting or not permitting the sharing of information with a particular services or organisations.
- Where the adults in the family have different views about consent, the service will work to ensure the adult willing to engage with the support service is safely able to provide consent, including permission to share information, and access the services they need.
- A parent can consent on behalf of their child.
- Young people can provide consent where developmentally appropriate and should be encouraged to consent on their own behalf where appropriate.
- It is not always safe, possible or practical to seek and obtain consent. Requiring consent can at times, prevent or delay a service engaging with a family and prevent the effective coordination of services where multiple services are involved. Professionals need to be able to share information about a child or their family so help and support is provided in a timely way to enable families to meet the protection and care needs of children.
- While information sharing with consent remains best practice, the *Child Protection Act 1999* enables specialist service providers, including IFS and FaCC, to share information with each other, with other prescribed entities, and with other service providers to assess and respond to a child's needs or plan or provide services to a child or the child's family to decrease the likelihood of a child becoming in need of protection.
- The 2017 information sharing addendum to the *Domestic and Family Violence Protection Act 2012* allows IFS services to share relevant information to assess whether there is serious threat to a person's life, health or safety, or to lessen or prevent (manage) a serious threat to a person's life or safety.
- In all cases, the IFS service must reasonably believe the information they are sharing will help with the particular purpose for which they are sharing the information. Decisions about information sharing need to be made with consideration of the individual circumstances of the child and family.

Case management/planning

- IFS services must provide a lead case manager who works with families to identify specific goals to be reached. The goals are documented in a case plan developed during the initial assessment. The case plan also includes a clearly outlined exit strategy that will identify ongoing support services. Maximum independence is developed prior to families exiting the service.

Service delivery

- As some will be referred to the service without their consent, services will play an active role in assisting families to engage with the service. This will include the development of a range of strategies to assist the voluntary engagement of families. A key feature of active engagement is meeting with families where they feel comfortable, often in their own homes and gaining trust by establishing consistent and reliable contact and non-judgmental support.
- An assessment of family needs must be completed using the Family Assessment Summary Tool at case commencement, review and again at case closure. The assessments must be recorded in the ARC system as part of the family's records to support case planning and reporting on outcomes.
- Services are responsible for the recruitment of appropriately qualified staff that will require specialist skills in the provision of intensive family support and counselling. Case management staff should hold relevant tertiary (university) qualifications, a Human Services qualification or equivalent.
- On average, workers have a caseload of 18 to 23 families per year. It is anticipated that families with medium to high complex needs will access between 40 and 100 hours (six to nine months) of support overall (including travel, case coordination and direct service delivery). Hours will be longer for services that work with families in regional and remote areas given the additional imposts of travel.
- A critical success factor of the program is the provision of integrated service provision through single case planning to support families experiencing vulnerability. Services use formal agreements and/or brokerage funds to procure other specialist or support services for the families referred for active intervention. IFS services in smaller communities with few or no support services available will provide the most critical of these services in-house.

Brokerage

- Services are funded for brokerage. Brokerage funds will be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the outcomes and intentions of the family's support program and the family's case plan goals.
- The spending of brokerage funds must be clearly linked to a family's case plan.
- A brokerage fund of up to 5% of total grant funding is available.

Reporting

- Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.
- Services are also required to enter data on the Advice, Referral and Case Management (ARC) system, a program developed specifically for the secondary family support service system. Services are required to enter the data on a regular basis so that data accurately reflects service delivery. In particular, all data needs to be up to date by the 8th day of the month.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).
- Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

Networking

- All services participate in a Local Level Alliance of government and non-government services.

7.3.2 Considerations — Intensive Family Support

Referral criteria – Child Safety referrals

- In some circumstances where a family already engaged with an IFS service becomes subject to an IPA, the service may accept a new referral from Child Safety for that family under the referral type IPA Open (negotiated) in order to continue working with the family while the child is subject to statutory intervention.

Service delivery

- In some circumstances, services may need to be provided outside of business hours, including before school, evenings and occasionally on weekends.
- The period of intervention will be dependent upon the needs of the family.

Service delivery mode options

- centre-based
- mobile

7.4 Support — Safe Haven (T331)

Safe Havens reduce the impact of family violence on children, young people and their families in three discrete Aboriginal and Torres Strait Islander communities.

7.4.1 Requirements — Safe Haven

Safe Havens are required to reduce the impact of family violence on children, young people and their families. The service model has eight elements, defined as:

- Coordination – to develop and implement appropriate protocols and service arrangements with community stakeholders to ensure a coordinated approach towards responding to the needs of children and young people who witness or experience domestic and family violence.
- Community capacity building – to build and strengthen networks and support existing organisations to build and improve their capacity, relating specifically to prevention and early intervention activities to families with children and young people. This includes strategies to address causal factors of family and domestic violence in Aboriginal communities, to effect sustainable change and empower local communities to reduce and prevent family and domestic violence.
- Family support – to assist families when a domestic and family violence incident occurs to keep their children safe from harm; to develop their knowledge and skills to continue to care for and nurture their children; to increase their capacity to manage and resolve complex issues in a way that improves their family functioning, capacity and resilience; by providing information about parenting issues and nurturing children; and by providing information about parenting issues and nurturing children.
- Family counselling – to provide counselling to individuals, couples and families to identify issues, recognise personal and social resources and deliver responses that enhance individual and family functioning.
- Youth work – to provide support to young people to address the social/emotional issues that confront them in their daily life as they make the transition from adolescence to adulthood to become a contributing member of society.
- Community patrol – to provide escort for children, either with the consent of parents, or with the approval of authorised officers, as defined by the *Child Protection Act (1999)* to ensure their safety by transporting them to a safe place if they are found wandering the street.
- Brokerage – to enhance support, services and resources that are available to families on a short-term or episodic basis that will support Service Users to meet their goals in a support plan. They are not

intended to duplicate ongoing services and resources that are available to families through other programs or through their informal support networks.

- Emergency care funding – the provision of vouchers (and non-monetary assistance) to recipients who are meeting the immediate safety needs of children and young people experiencing domestic and family violence.

7.4.2 Considerations — Safe Haven

Nil.

Service delivery mode options

- centre-based
- mobile

7.5 Support — Secondary Family Support (T334)

7.5.1 Requirements — Secondary

Secondary Family Support Services are required to reduce harm or risk of harm to children and young people, prevent crises or problems within families from arising or escalating and stabilise or maintain family wellbeing.

The outcomes to be achieved are:

- Improve the wellbeing and safety of children, young people and their families.
- Build the capacity of families to care for and protect their children.
- Provide linkages to local universal support services/community groups to enable families to access the resources to build their capacity to solve problems and make positive choices and changes.
- Prevent entry or re-entry to the statutory child protection system.

Referral pathways

- Families can self-refer to these services.
- These services receive referrals from other non-government agencies and government agencies. To make a referral to these services the following criteria must be met:
  - There is a child/ren unborn to 18 years of age.
  - The family would benefit from access to family support interventions and/or referral to specialist support services through a case management model.
  - The child is not currently in need of ongoing Child Safety intervention.
  - The family consents to the referral.
- These services cannot accept referrals from Child Safety if there is a current notification and an investigation has not commenced or where it has been determined that a child is in need of ongoing Child Safety intervention.
- Referrals from Child Safety can be accepted when the family is exiting from a Child Safety intervention (investigation or Intervention with Parental Agreement) and the referral forms part of the exit case plan/strategy.
- These services must not provide services to families where the child is placed in care by Child Safety. Where children are placed in care, Child Safety will access Tertiary Family Support Services to work with these families to address the identified child protection concerns.

- Long term guardians may seek support from a family support service where it is assessed that the required support can be provided by the service and where the child is not the subject of current case work being undertaken by the department.

Brokerage

- Brokerage is not funded within the model.

Reporting

- There are no additional reporting requirements for these services.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).
- Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

7.5.2 Considerations — Secondary

Service delivery

- The period of intervention will be dependent upon the needs of the family.
- Supports can be delivered by a variety of paid workers with different skill levels, tertiary qualified (university) and vocationally trained (TAFE) staff.

Case management/planning

- A range of interventions is delivered to families experiencing vulnerability and children (unborn to under 18 years) that aim to reduce harm or risk of harm, prevent crises or problems from arising or escalating and stabilise or maintain the family's wellbeing.
- Interventions provided can include case management, counselling, family therapy, mediation, parenting skills, community education and development, volunteer coordination and support, budgeting, household management strategies or supporting the family to adopt daily routines.

Networking

- All services are encouraged to participate in a Local Level Alliance of government and non-government services.

Service delivery mode options

- centre-based
- mobile

7.6 Support — Targeted Family Support (T336)

These services are narrowed by their target group, i.e. they work with one specific target group, such as teenage parents, or narrowed by the type of services delivered, such as counselling. For example, a service might target a specific group within the community, such as families from culturally or linguistically diverse backgrounds, to deliver case management, or be open to the entire target group to offer a single service.

The matrix below helps determine which category a service aligns to.

Secondary Family Support Matrix	Vulnerable children, young people (0-18) and their families	Any subset of the prescribed target group (young people, Aboriginal and/or Torres Strait Islander, pregnant women)
Needs assessment management of case plan (as the primary output/service model)	Secondary Family Support	Targeted Family Support
Other service model e.g. counselling, social and personal development (as the primary output/service model)	Targeted Family Support	Targeted Family Support

Family Support Matrix

7.6.1 Requirements — Targeted

Targeted Family Support services are secondary services. These services are provided to reduce harm or risk of harm to children and young people, prevent crises or problems within families from arising or escalating and stabilise or maintain family wellbeing.

These services are required to:

- Improve the wellbeing and safety of children, young people and their families.
- Build the capacity of families to nurture, care for and protect their children.
- Provide linkages to local universal support services/community groups to enable families to access the resources to build their capacity to solve problems and make positive choices and changes.
- Prevent entry or re-entry to the statutory child protection system.

Referral pathways

- Families can self-refer to these services.
- These services receive referrals from other non-government agencies and government agencies. To make a referral to these services the following criteria must be met:
  - There is a child/ren unborn to 18 years of age.
  - The family would benefit from access to family support interventions and/or referral to specialist support services.
  - The child is not currently in need of ongoing Child Safety intervention.
  - The family consents to the referral.
- These services cannot accept referrals from Child Safety if there is a current notification and an investigation has not commenced or where it has been determined that a child is in need of ongoing Child Safety intervention.
- Referrals from Child Safety can be accepted when the family is exiting from a Child Safety intervention (investigation or Intervention with Parental Agreement) and the referral forms for part of the exit case plan/strategy.
- These services must not provide services to families where the child is placed in care by Child Safety. Where children are placed in care, Child Safety will access Tertiary Family Support Services to work with these families to address the identified child protection concerns.

Brokerage

- Brokerage is not funded within the model.

Reporting

- There are no additional reporting requirements for these services.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).
- Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

7.6.2 Considerations — Targeted

Service delivery

- The period of intervention will be dependent upon the needs of the family.
- Supports can be delivered by a variety of workers with different skill levels, including volunteers, university qualified and vocationally trained (TAFE) staff.

Case management/planning

- A range of interventions is delivered to families experiencing vulnerability and children (unborn to under 18 years) that aim to reduce harm or risk of harm, prevent crises or problems from arising or escalating and stabilise or maintain the family's wellbeing
- Interventions provided can include case management, counselling, family therapy, mediation, parenting skills, community education and development, volunteer coordination and support, budgeting, household management strategies or supporting the family to adopt daily routines.

Networking

- All services are encouraged to participate in a Local Level Alliance of government and non-government services.

Service delivery mode options

- centre-based
- mobile
- virtual

7.7 Support — Tertiary Family Support Services (T339)

Tertiary Family Support Services (TerFS) support Service Users of Child Safety Service Centres where ongoing statutory intervention with a family is required.

7.7.1 Requirements — Tertiary

Tertiary Family Support (TerFS) Services must deliver services designed to:

- Maintain families where a child remains living at home under the ongoing intervention and monitoring by Child Safety Services Centres; and/or
- Assist in the reunification of the child with their family from a care placement where this is in the child's best interest.

Subject to capacity, where Child Safety Service Centres are undertaking an investigation, and the result of the safety assessment is conditionally safe, the TerFS service may work with the Child Safety Service Centre to engage and work with the family to prevent entry into the statutory system.

Where the TerFS service does provide a service to the family and child/ren to prevent entry into the statutory system, it is possible that under the *Child Protection Act 1999* the TerFS service may be seen to be a specialist service provider and able to "share information with another service in the event that the family move from one part of the state to another". *Refer to 5.1.2 Considerations for all services.*

Referral pathways

- Only Child Safety Service Centres are able to make referrals to TerFS services. Other government and non-government agencies are not permitted to send referrals to TerFS.
- Families are not able to self-refer.

Case management/planning

- Services must work to a case plan developed by Child Safety Service Centres, that retain case management responsibility. The case plan must include one of the following goals:
  - Child to remain safely in the home
  - Reunification of the child with family
  - Long term care
  - Young person lives independently
  - Other permanency options.
- Services must work in partnership with Child Safety Service Centres and collaborate with informal family supports and other support services (including universal and secondary type support services) to ensure case plan goals and case plan reviews for children and young people are addressed in a timely manner and in a family's local community.

Diversity and culturally respectful practices

- If the TerFS is not being delivered by an Aboriginal and/or Torres Strait Islander organisation, in recognition of the disproportionate representation of Aboriginal and/or Torres Strait Islander children in care and a commitment to support families to safely care of their children at home, the TerFS is expected to recruit wherever possible workers who identify as Aboriginal and/or Torres Strait Islander. The service is required to develop effective links with local Aboriginal and/or Torres Strait Islander organisations and community representatives and to ensure that culturally respectful practice is a core component of staff development and training.
- In addition, a TerFS service is required to be capable of responding in a culturally sensitive way to families from Cultural and Linguistically Diverse (CALD) backgrounds. Families from CALD backgrounds require services to be responsive to their specific needs. Services need to demonstrate their willingness and capacity to work with people from diverse backgrounds by developing specific strategies including linking with local multicultural organisations and engaging interpreter services.
- When working with Aboriginal and/or Torres Strait Islander children and families, effective engagement needs to take into account the cultural and historical factors that have led to entrenched disadvantage and vulnerability within this community. Aboriginal and/or Torres Strait Islander peoples should be supported and empowered to participate in decision making processes.

Service delivery

- Services must provide an integrated and responsive therapeutic suite of services including individual or family counselling and group work, where appropriate, to a child/ren and their family.
- Services are responsible for recruiting appropriately qualified staff who have specialist skills in providing integrated and responsive therapeutic services.

Collaborative Family Decision Making (CFDM)

- Collaborative Family Decision Making (CFDM) is applied whenever a critical decision about a child's safety, belonging or wellbeing is required. This includes assessment, planning, monitoring and review activities.
- CFDM seeks to influence how critical decisions are made through best practice and minimum standards for engaging the child, their family, extended family and community and empowering them to make decisions as a group.
- The overall approach of CFDM is to ensure agreed safety, belonging and wellbeing decisions are developed through an independently convened family and community driven process.
- Services may be invited to share information about the supports and resources they can provide to help families achieve their goals.
- If families are already receiving support from the TerFS service, the service can provide feedback about the child, parents and family, their strengths, and any areas of improvement.

Brokerage

- Services are funded for brokerage. Brokerage funds must be used by service providers to purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the outcomes and intentions of the family's support program and the department's case plan goals.
- The spending of brokerage funds must be clearly linked to a family's case plan.
- A brokerage fund of up to 5% of total grant funding is available.

Reporting

- When families, subject to Intervention with Parental Agreements, are referred by Child Safety Service Centres to TerFS services, the department requires regular progress reports on the family's participation in the program.
- Services are required to submit financial and performance reports using the department's Procure to Invest (P2i) system.

Travel

- At-risk families require flexible modes of service delivery which includes travel with or on behalf of a family to meet the case management goals and objectives of the family.
- Hours spent by each worker with or on behalf of a family i.e. if two workers meet with a family for one hour, then the hour for each worker (total two hours) will be recorded as time spent with or on behalf of that family.
- Hours of travel directly attributed to a family i.e. travelling to and from a visit to a family is considered work on behalf of a family.

Networking

- All services are encouraged to participate in a Local Level Alliance of government and non-government services.

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

7.7.2 Considerations — Tertiary

Case management/planning

- Services may assist Child Safety Service Centres in decision making by participating in case planning and case plan reviews that are coordinated and facilitated by Child Safety Service Centres.
- Services aim to develop the practical skills of parents to care for their child, improve the safety of the family home environment and strengthen the attachment between parent and child/ren within a strengths-based and evidence-informed practice framework.
- Child Safety Service Centre Managers have the discretion to allow a family to receive more than one period of service.

- Hours of contact and coordination support provided to each family, depend on the nature of the referral made by the Child Safety Service Centre and the level of support required.

Service delivery

- Service delivery models may vary and include combinations of one-to-one support to a parent or child, family counselling or mediation, group work, centre-based services and in-home support by paid staff and/or volunteers.
- The period of service may vary in length from three to twelve months, with the possibility of a six month extension depending on the family's needs, and progress on departmental case plan goals and reviews.
- Services will need to provide support outside of business hours, including before school, evenings and occasionally on weekends.

Service delivery mode options

- Centre-based
- Mobile

7.8 Support — Family and Child Connect (T347)

The fundamental intent of the Family and Child Connect (FaCC) services is to enable families under stress to access the support they need as early as possible and without involvement of the statutory child protection system.

7.8.1 Requirements — Family and Child Connect (T347)

- FaCC services are required to operate both locally within their defined catchment, and as a network of services to respond to enquiries and referrals about the wellbeing of vulnerable children and young people who are at risk of entry or re-entry into the statutory child protection system, and their families. They also support an alliance of local non-government and government services that work with vulnerable children, young people and families.
- Services must align service delivery to the current version of the FaCC Service Model and Guidelines.
- Three key functions of FaCC are 1) information, assessment, advice and/or referral for support, 2) active engagement and referral for support and 3) support a Local Level Alliance.

  1. Information, assessment, advice and/or referral for support

  - FaCC is the entry point for information and support advice for families experiencing vulnerability. Community members and professionals seeking assistance for families that do not require a report to Child Safety can make enquiries to FaCC.
  - The service will make available the following contact options:
    - in person;
    - by phone; and/or
    - by an online referral via the Family and Child Connect website: https://familychildconnect.org.au/
  - The service must provide a visible point of entry for families experiencing vulnerability who need support within the local catchment.
  - Initial identification and assessment of the presenting safety and support needs of children, young people and their families must be a key function of this service.
  - Many families will only require information or resources, protective advice and/or advice about local services which will be able to be provided promptly to the person making the enquiry.

- The FaCC must also provide assistance with the use of the online Queensland Child Protection Guide at Queensland Child Protection Guide - Department of Children, Youth Justice and Multicultural Affairs (cyjma.qld.gov.au).
- If the information provided indicates the family has multiple and/or complex needs and will require intensive family support through a case management model, the FaCC worker must encourage the enquirer to gain consent from the family to refer the family to an Intensive Family Support (IFS) service or an Aboriginal and Torres Strait Islander Family Wellbeing Service.
- If the referrer is a prescribed entity and unable or unwilling to gain the consent of the family, the FaCC must accept the referral for the family and commence a process to actively engage with the family to obtain their consent.
- Where the referral comes in to FaCC to action, staff will assess the information provided in the referral and contact families according to criticality of need. Families identified as having the most critical needs must be the first to be contacted by FaCC to seek engagement.
- The initial assessment must be undertaken by a university qualified family support worker and also draw on the expertise of the domestic and family violence worker and other specialist workers within the service as appropriate including the Principal Child Protection Practitioner.
- When a reasonable suspicion is identified that child or young person is in need of protection, the FaCC will make a prompt and timely referral of the family to the Child Safety Regional Intake Service (RIS).

2. Active engagement and referral for support

- The second function of the FaCC is to actively engage with the families that are referred to the service due to multiple and/or complex needs.
- The service must actively engage families who have made contact, or have been referred, and work with them to identify their needs and gain consent if required for them to receive appropriate support.
- Assertive outreach to engage hard-to-reach families in their home or other community-based locations is an essential component of the model. Sustained efforts over time are required to actively encourage families to engage with available support services.
- If the enquirer is a prescribed entity and is unable or unwilling to gain the consent of the family, then the FaCC must accept the referral of the family without consent and commence a process to actively engage with the family to gain consent
- The FaCC must contact families by phone, mail and personal unannounced visits where necessary.
- Unannounced visits are not expected when information indicates this may pose an unacceptable safety risk for FaCC staff or to family members, particularly people impacted by domestic and family violence. In order to maximise engagement of families in services, informed consent is a critical aspect of the FaCC service model.
- Child Safety (RIS and Child Safety Service Centres) refer a proportion of families to the FaCC. Where families do not engage with the FaCC service or provide consent for a family support intervention, the FaCC will advise Child Safety that the family has not engaged. This information will form part of the child protection history for the family and ensure that any further action from Child Safety will consider the family's engagement in secondary support services.
- Families identified as requiring intensive support through case management for multiple and/or complex needs will be referred to intensive family support or appropriate specialist services.
- Families assessed as having less complex or fewer needs must be referred to less intensive, targeted or universal services, or be provided with relevant resources.

Consent and information sharing

- When FaCC services commence working with children and their families, they should inform them that their personal information may be given to other organisations in certain circumstances,

including the duty of care that providers have to report significant harm or risk of significant harm to relevant authorities including Child Safety.

- People should also be informed when their information has been shared and the reasons it has been shared, unless doing so would create risks to them, the child or others.
- Children and young people should be given the opportunity and supported to participate in decision making process relating to information sharing and have their views considered. The level of engagement of children in these processes needs to be based on their age, developmental stage and any particular needs.
- When working with Aboriginal and/or Torres Strait Islander children and families, effective engagement needs to take into account the cultural and historical factors that have led to entrenched disadvantage and vulnerability within this community. Aboriginal and/or Torres Strait Islander peoples should be supported and empowered to participate in decision making processes. FaCC services should foster effective working relationships and referral arrangements with Aboriginal and Torres Strait Islander Family Wellbeing Services to ensure families can access appropriate support.
- Care also needs to be taken to respond to any cultural and language barriers to the participation and understanding of families from Culturally and Linguistically Diverse backgrounds.
- A family will have the option of limiting or not permitting the sharing of information with a particular services or organisations.
- Where adults in the family have different views about consent, the service must work to ensure the adult willing to engage is safely able to do so. Information sharing for families experiencing domestic and family violence will be guided by safety considerations, using the expertise of the domestic and family violence specialist.
- It is not always safe, possible or practical to seek and obtain consent. Requiring consent can at times, prevent or delay a service engaging with a family and prevent the effective coordination of services where multiple services are involved. Professionals need to be able to share information about a child or their family so help and support is provided in a timely way to enable families to meet the protection and care needs of children.
- While information sharing with consent remains best practice, the *Child Protection Act 1999* enables 'specialist service providers', including FaCC and IFS to share information with each other, with other prescribed entities, and with other service providers to assess and respond to a child's needs or plan or provide services to a child or the child's family to decrease the likelihood of a child becoming in need of protection.
- A 2017 information sharing addendum to the *Domestic and Family Violence Protection Act 2012* allows IFS services to share relevant information to assess whether there is serious threat to a person's life, health or safety, or to lessen or prevent (manage) a serious threat to a person's life or safety.
- In all cases, the FaCC service must reasonably believe the information they are sharing will help with the particular purpose for which they are sharing he information. Decisions about information sharing need to be made with consideration of the individual circumstances of the child and family.

3. Lead or support a Local Level Alliance

- The third function of the FaCC is to lead or support the Local Level Alliance which will include government and non-government agencies who work with families experiencing vulnerability, including Local Councils and Australian Government service providers. The Alliance may be co-chaired by a government agency and the FaCC or another non-government agency within the Alliance by mutual agreement of Alliance members.
- The purpose of the Local Level Alliance (LLA) is to establish or strengthen connections between local services that are involved with working with families experiencing vulnerability to ensure families receive the right service at the right time.

- It is acknowledged that some service systems have a number of established networks already focusing on families experiencing vulnerability with children and the LLA is not intended to duplicate or replace these forums.
- The aim is for each Family and Child Connect catchment to have at least one LLA and in some instances, usually in large catchment areas, multiple LLAs.

Outcomes

- The LLA will work towards achieving the following outcomes:
    - Improved community capacity to provide a more efficient service provision for families and a thriving local community.
    - Stronger and more direct referral pathways for families to access appropriate services.
    - FaCC embedded as an alternate pathway for families to be connected to the right support at the right time.
    - Improved information sharing between providers to enable more coordinated and effective responses to families.
    - Responses aligned to better support families experiencing vulnerability and strengthen service integration, such as a shared practice framework and resources.
    - Greater service system integration through identification of available services and gaps, improvement in the alignment between the configuration of the service system and the needs of local families.
    - Place based planning for the development of an integrated suite of local services that provide families with responsive, accessible and effective support.

Benefits

Through strengthening the service system, the LLA will contribute to achieving the following benefits:

- Improved outcomes for at-risk families and children through increased referrals to family support services.
- A reduction in unnecessary reports to Child Safety as a result of more efficient and effective pathways for children and families to access child and family support services.
- A reduction of in the number of children at risk and in care through increased use of family support services and improved matching of services to high risk families.

Membership

- The LLA will include government and non-government agencies, including local Councils and Australian Government service providers.
- Members will be drawn from agencies providing services in the local area who work with families experiencing vulnerability or family members.
- Some family support services, such as FWS and IFS are required under their contract to be members of the LLA.
- Each LLA will include Aboriginal and/or a Torres Strait Islander representation to reflect the views, needs and aspirations of Aboriginal and/or Torres Strait Islander peoples.
- The underlying principle is for the LLA to include those members who are best placed to meet the goal of strengthening the local service system to effectively respond to families experiencing vulnerability. It is important that decision making representatives from agencies attend the LLA meetings.

- While leadership arrangements will vary across LLAs, it is intended that these arrangements will reflect a sharing of leadership responsibilities between the non-government sector and the government sector.

Coordination

- The FaCC service will resource and support the LLA and report quarterly to the department in keeping with their funding and service contract.
- The LLA Coordinator (or Alliance worker) will play an important role in identifying key agencies and services that contribute to the service system for families experiencing vulnerability and inviting them to participate.

Reporting

- The Local Level Alliance, through the FaCC will be required to report quarterly on the activities undertaken, effectiveness and/or issues relating to local agreements and protocols, and gaps in referral options.

Governance

- The Local Level Alliance works in partnership with the Regional Child, Youth and Family Committee and in doing so forms part of a local governance system for the child and family reforms.
- The Local Level Alliances are key elements of collaborative place-based planning and integrated service delivery in local catchments.

Receiving enquiries and referrals

Enquiries

- The service must provide advice and support on the use of the Queensland Child Protection Guide.
- The FaCC must manage enquiries from prescribed entities, other professionals and organisations, community members and families. The service must promote its role and functions to key partner agencies and the community generally.
- Every enquiry to a FaCC must receive some form of response from the suite outlined in section 7.8.2 Considerations — Family and Child Connect - Response types.

Referrals

- Not every enquiry to FaCC will result in a referral. To make a referral to FaCC the following criteria must be met:
  - There is a child or young person (unborn to under 18 years).
  - The family has multiple and/or complex needs.
  - The family would benefit from access to intensive and specialist support services.
  - Without support the child, young person and family are at risk of entering or re-entering the statutory child protection system.
  - The child is not currently in need of protection.
- Referrals must meet the referral criteria, be enacted electronically, contain key contact information and relevant information about the family's particular circumstances and needs.
- Professionals and organisations who work with children, young people and families must be able to use the service to access information, advice and support that will assist them in their work with families experiencing vulnerability. If necessary, these professionals can refer families to the service and the service will make contact with the family. Referrals must meet the referral criteria and the online referral from will need to be completed to enact a referral for support. These professionals and organisations will only be able to refer families with consent.

- Support services who receive referrals for urgent support from mandatory reporters – such as police referrals to domestic violence services – may also refer families back to FaCC or IFS, with consent, to enable ongoing support for multiple and/or complex needs.
- Community members must be encouraged to contact the service for information that they can share with families they know who need assistance or to discuss concerns they have about children, young people and families. Community members will only be able to refer families with consent.
- Self-referrals will be encouraged by promotion of the service as a point of information and entry for family support.

Referrals without consent

- The legislation allows for prescribed entities to refer without consent. Prescribed entity means each of the following entities—
    - (a) the chief executive of a department that is mainly responsible for any of the following matters— (i) adult corrective services; (ii) community services; (iii) disability services; (iv) education; (v) housing services; (vi) public health; (b) the police commissioner; (c) the chief executive officer of Mater Misericordiae Ltd (ACN 096 708 922); (d) a health service chief executive within the meaning of the Hospital and Health Boards Act 2011; (e) the principal of an accredited school under the Education (Accreditation of Non-State Schools) Act 2001; (f) a specialist service provider; (g) the chief executive of another entity that— (i) provides a service to children or families; and (ii) is prescribed by regulation.
    - specialist service provider - a non-government entity, other than a licensee or an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child, funded by the State or the Commonwealth to provide a service to— (a) a relevant child; or (b) the family of a relevant child.
- Child Safety can refer families who do not require a statutory response to FaCC without prior consent. Where families do not engage with a FaCC service, the FaCC will advise Child Safety that the family has not engaged. This information will form part of the child protection history for the family and ensure that any further action from Child Safety will consider the family's engagement in secondary support services.
- There may be situations that arise where a RIS or Child Safety Service Centre may contact the FaCC directly to seek advice or facilitate a referral for a family.

Hours of operation

- The service must assist families to access the information, resources and support they need and will be open 52 weeks per year excluding public holidays.
- To increase accessibility for families, including working parents, phones will be staffed from 8.30am to 5.30pm on normal business days. It is a requirement that the service will meet the needs of families by providing flexible appointment times for families who cannot be contacted or access the service during normal business hours.
- The service will not be expected to operate as normal on public holidays.
- Outside of the hours outlined above, the FaCC telephone system must be capable of receiving voicemail messages for a call-back on the next working day.

FaCC staffing

- FaCC staff working directly with clients must hold university qualifications (undergraduate qualification or above) in human services or a relevant related field.
- The staff must be required to have demonstrated skills in engaging hard-to-reach families.

- The service must engage a professional multidisciplinary team, including specialist family support workers, specialist domestic and family violence worker/s and workers with other relevant qualifications, skills and experience such as youth workers and early childhood health or education professionals.
- In some circumstances such as in remote parts of Queensland recruitment of staff with appropriate skills and experience can be difficult and a mix of qualifications, cultural connections and knowledge of the local area, skills and life experience may be reflected in the team. Organisations must support all staff to successfully meet the requirements of their role through internal and external training and, where they are willing to undertake study encourage them to attain professional qualifications.

Specialist domestic and family violence professional

- The FaCC must recruit at least one full-time experienced specialist domestic and family violence professional. This is in recognition of the high proportion of families experiencing vulnerability that are affected by domestic and family violence; the high level of risk that domestic and family violence poses to the safety of children, young people and family members; and the specialist skills required to identify domestic and family violence, assess risk and safely engage with affected families, and develop appropriate service responses.
- This specialist role will ensure that the FaCC is highly aware of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers and family members.
- The role will work as part of the FaCC team to provide specialist advice and assistance to other FaCC staff members and those contacting the service. This will include assessment of referrals into the FaCC to screen for domestic and family violence, and to undertake risk assessments where domestic and family violence is identified.
- This worker will provide colleagues and enquirers with advice on safe engagement strategies for families affected by domestic and family violence, including strategies to assess, monitor and minimise risk to family members and workers, and will participate in client home visits where appropriate.
- The role will also assist with assessment of client needs, and decisions regarding intensive support, case management and referral pathways.
- This role will also be responsible for maximising the domestic and family violence capability of the Local Level Alliance in partnership with local domestic and family violence services.

Local Level Alliance worker

- Each FaCC has a Local Level Alliance worker (LLA worker). This role takes the lead in identifying key agencies and services that contribute to the service system for vulnerable children and their families and establishing a forum for collaboration.
- The LLA worker acts as the driver and coordinator for the actions undertaken by the LLA to establish and/or strengthen connections between local services that are involved with working with families experiencing vulnerability.

Principal Child Protection Practitioner (PCPP)

- The PCPP is a senior child safety officer employed and supervised by the department who works within the FaCC to support the team in assessing risk to children and young people, and engaging families who may be at risk of entry into the statutory child protection system.
- Each service will have access to on-site child protection expertise.
- The PCPP will also support professionals in the application of the Queensland Child Protection Guide.
- While the department will meet the wages and on-costs of the PCPP, the service will meet the costs of the office space and facilities and include the PCPP as one of the staff of the team in all organisational and professional activities. The salary costs of the PCPP will remain within the department's budget.

Cultural capability

- The FaCC must ensure their staff are culturally capable and have regular access to training.

- Funded organisations must recruit a diverse team that reflects cultural diversity in the local community wherever possible.
- In recognition of the disproportionate representation of Aboriginal and/or Torres Strait Islander children in care and the department's commitment to assist families to safely care for their children at home, organisations are encouraged to recruit staff who identify as Aboriginal and/or Torres Strait Islander.
- In areas where there are high populations of Aboriginal and/or Torres Strait Islander families, organisations are encouraged to recruit proportionate number of Aboriginal and/or Torres Strait Islander staff to the FaCC team.
- In addition, FaCC services must be capable of responding in a culturally sensitive way to families from Cultural and Linguistically Diverse (CALD) backgrounds.
- Alliances must include significant CALD organisations as appropriate for the particular catchment.

Consent based engagement

- Informed consent is critical to the service model. Family members need to agree to accept support by providing consent which includes permission to share information with other service providers that can assist them.
- There are numerous points at which family consent will be sought to share their personal information. Families have the option of limiting or not permitting information sharing with particular services or organisations.
- Where the adults in the family have different views about consent, the service will work to ensure the adult willing to engage with support is safely able to provide consent and access the services they need.

Practice framework and tools

- Common Assessment Tools used by FaCC (and IFS services) support a shared understanding, language and consistent practice across all FaCCs. This is complementary to the implementation of the Strengthening families Protecting children Framework for practice (cyjma.qld.gov.au).

Brokerage funding

- Brokerage is available to be used for families who have consented to a service in order to respond to an immediate identified need to reduce risk or increase protective factors that impact on the safety and wellbeing of children and their families.
- Brokerage funds must only be used by service providers for families who have consented to a service.
- Brokerage funds purchase specialist services or goods that contribute to the overall needs and wellbeing of the child and family consistent with the outcomes and intentions of the intervention.
- A brokerage fund of up to 5% of total grant funding is available.

Reporting

- Services are required to complete quarterly performance reporting on the department's online reporting system (Procure to Invest; P2i).
- Services are also required to enter data on the Advice, Referral and Case Management (ARC) system, a program developed specifically for the secondary family support service system. Services are required to enter the data on a regular basis so that data accurately reflects service delivery. In particular, all data needs to be up to date by the 8th day of the month.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).
- Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

7.8.2 Considerations — Family and Child Connect (T347)

Response types

Enquires to the FaCC will fall into the following general response types:

Enquiry - Response type 1

- Where the FaCC makes an initial assessment that the concerns raised about children are relatively low level, the FaCC will provide advice to the enquirer on how they could respond to the situation themselves. This might take the form of protective advice, suggestions for staying engaged with and supporting the family or information about local universal services that can connect the family with their community. This advice may be provided via telephone, e-mail, face to face and/or through providing a brochure to the subject family which provides details about local support services either by email or through the post.

Enquiry - Response type 2

- Where the FaCC makes an initial assessment that the concern raised about children is more complex but requires one principal service response, the FACC will encourage and support the enquirer to gain the consent of the family or individual family member for a referral to a specialist service provider recommended by the FaCC; and for the enquirer to then make a direct referral to the recommended specialist service.

Enquiry - Response type 3

- Where the FaCC makes an initial assessment that the concern raised is more complex or urgent which requires one principal service response, but a FaCC facilitated referral to the specialist service is warranted, the FaCC will support the enquirer to gain the family or individual family member's consent, and to facilitate a three-way engagement between the enquirer, the FaCC and the specialist service to prepare for a smooth referral process.

Enquiry - Response type 4

- Where the FaCC makes an initial assessment that the concerns are highly complex and in need of multiple responses, the FaCC will ask the enquirer to use their connection with the family to gain consent if possible. If this is possible, the FaCC will accept the initial referral; undertake a more detailed needs assessment; identify the range of services required by the family; and if an immediate referral is not possible, undertake active-holding by keeping in touch with the family before handing the case over to an Intensive Family Support (IFS), an Aboriginal or Torres Strait Islander Family Wellbeing Service (FWS) or other lead agency as soon as there is capacity in that service.
- More than half of all enquiries received by a FaCC will fall into a 'response type 4'; every effort will be made by the FaCC to make sure this cohort is only the most high risk and/or complex families.

- While every FaCC will have at least one designated IFS and/or FWS service to undertake more intensive case management work with these families, if the IFS or FWS are at capacity, then the FaCC will actively support the family to engage with alternative family support options.

Referrals from a FaCC service

- The FaCC may refer to any appropriate service whether it forms part of the Alliance or not; however, the IFS and domestic and family violence services in the FaCC catchment should be the first option to accept a FaCC referral. These new and enhanced services, as well as existing intensive family support services funded through the department, will be required through their service agreements to accept and respond to FaCC referrals.

7.9 Support — Assessment and Service Connect (T448)

- Assessment and Service Connect (ASC) provides needs-based responses to children and their families aimed at increasing safety.
- In the ASC model, Child Safety works with families, in partnership with ASC co-responder services, to complete an assessment process and response planning to provide intervention to children and families to increase safety.
- The objective of an ASC response is to determine if a child is in need of protection and provide children and families with the right service, at the right time, in the right place, to increase safety.
- Key aspects of providing the right ASC service include:
  - proportional responses to concerns for children's safety and wellbeing
  - culturally responsive service delivery to support Aboriginal and/or Torres Strait Islander families and families from culturally and linguistically diverse backgrounds
  - integrated responses to domestic and family violence
  - coordinated and partnered assessment and service delivery
- Key aspects of providing an ASC response at the right time include:
  - enhancing access to early support to keep children safely at home
  - timely responses to enable rigorous and balanced assessment
- Key aspects of providing an ASC response at the right place is:
  - delivering an investment in place-based services across Queensland's vast geographical and demographic variances
  - maximising service system investment and capacity through more efficient service integration and triaging processes
- The right service, at the right time, in the right place, relies on a child and family system that partners to work collaboratively to ensure Queensland children are cared for, protected, safe and able to reach their full potential.

7.9.1 Requirements — Assessment and Service Connect (T448)

Service scope

- The scope of the ASC funded service is assessment and service provision following notification that a child may be in need of protection.
- When investigating and assessing notifications of harm, or alleged risk of harm, Child Safety can partner with non-government and government service providers, including ASC funded services, to:
  - effectively engage the child and their family
  - assess whether the child is in need of protection
  - prevent future harm to children
  - increase safety, belonging and wellbeing through intervention
  - enable families to be linked in to the right support services
- This partnership will be referred to as an ASC co-response.

- Where identified as appropriate during an ASC response, Child Safety will partner with co-responders. Child Safety will identify responses that are suitable for co-response and where identified seek to engage a co-responder. ASC services are expected to attend initial visits to families with Child Safety unless there is a clear reason why this should not occur. ASC funded service contact with the family will be with the family's consent which can be sought at this initial visit or prior. If the family does not consent, contact with an ASC service must cease and only the department will continue the investigation and assessment.
- A response may have more than one co-responder, if appropriate to the child and family's needs, such as:
    - ASC funded service providers.
    - Any other government funded or government service provider able to respond and identified by the department as appropriate based on the family's characteristics (e.g. cultural background; current services; presenting issues, such as domestic and family violence or mental health).
- The role of the co-responder will be to partner with the Child Safety Officer to assist in the assessment process through engaging with the family and enable, support and inform the response provided to the child and their family.
- Where the co-responder is the ASC funded service their role will be to assist the child and their family to receive the support and services they need to increase safety and decrease the likelihood of the child entering care.

Referral pathway

- The ASC service will only accept referrals from Child Safety.

Hours of operation

- The service must be open 52 weeks per year excluding public holidays.
- Phones will be staffed from 9.00am to 5.00pm on normal business days.
- It is a requirement that the service is able to operate outside normal business hours if requested by Child Safety to meet the requirements of an ASC response for a particular referral.
- The service will not be expected to operate on public holidays.

ASC staffing

- ASC staff working directly with clients must hold university qualifications in human services or a relevant related field.
- The staff must be required to have demonstrated skills in engaging hard-to-reach families.
- The service must engage a professional multidisciplinary team, including workers with skills and knowledge to work with clients experiencing issues such as domestic and family violence, drug and alcohol misuse, mental health issues, disabilities, and development delays in children.
- In some circumstances such as in remote parts of Queensland recruitment of staff with appropriate skills and experience can be difficult and a mix of qualifications, cultural connections and knowledge of the local area, skills and life experience may be reflected in the team. Organisations must support all staff to successfully meet the requirements of their role through internal and external training and encouragement to attain appropriate professional qualifications.

Culturally respectful practice

- The ASC must ensure their staff are culturally capable and have regular access to training.
- Funded organisations must recruit a diverse team that reflects cultural diversity in the local community wherever possible.

- In recognition of the disproportionate representation of Aboriginal and/or Torres Strait Islander children in care and the department's commitment to assist families to safely care for their children at home, organisations are encouraged to recruit staff who identify as Aboriginal and/or Torres Strait Islander.
- In areas where there are high populations of Aboriginal and/or Torres Strait Islander families, organisations are encouraged to recruit a proportionate number of Aboriginal and/or Torres Strait Islander staff to the ASC team.
- In addition, ASC services must be capable of responding in a culturally sensitive way to families from Cultural and Linguistically Diverse (CALD) backgrounds.

Departmental policies and procedures

- The authority for ASC is provided through the ASC Operational Policy. This policy is supported by Operational Policy Guidelines. These guidelines are provided by the department to service providers and Child Safety staff to support service delivery.

Information sharing

- The information sharing provisions of the *Child Protection Act 1999* enable ASC service providers to share information with each other, with other prescribed entities, and with other service providers to identify, assess and respond to child protection and child wellbeing concerns. ASC services are specialist service providers funded by the Queensland Government to provide services with the primary purpose of helping children in need of protection or decreasing the likelihood of children becoming in need of protection. As a specialist service provider, an ASC service provider can share information with other specialist service providers for particular purposes, for example, providing support to a family and sharing information with another service in the event the family moves from one part of the state to another.

Evaluation

- Funded organisations will be required to participate in evaluation by providing information and data as required by the department and evaluation partners. This may include providing information as frequently as monthly.

Reporting

- Services are required to complete quarterly performance reporting on the department's online reporting system – Procure to Invest (P2i).
- Services are required to use ARC to record information about referrals and families they have contact with. This will include recording information required for evaluation purposes.
- As part of all relevant Investigation and Assessment Events in ICMS, Child Safety records a summary of the action taken to support a child's protection. Where an ASC funded service is part of the response, they will provide sufficient information to assist the Child Safety officer to comprehensively complete this record on ICMS.

Demographic data

- A family is considered to be Aboriginal and/or Torres Strait Islander if a member of the family identifies as Aboriginal and/or Torres Strait Islander.

7.11 Support — Family Participation Program (T601)

Family Participation Program (FPP) services support Aboriginal and Torres Strait Islander families to participate in child protection decisions that affect their lives.

A key function of the FPP is the facilitation of independent Aboriginal and Torres Strait Islander Family Led Decision Making (ATSIFLDM), a process whereby authority is given to parents, families and children to solve problems and lead decision-making in a culturally safe space.

There are several critical elements to effective ATSIFLDM with Aboriginal and Torres Strait Islander children and families. These include the facilitator being seen as independent of the department, the family being given the time to meet on their own and identify an Independent Person/s, the effective mapping of kin networks, a focus on the safety of the child and engagement of the supports that families require to enable them to resolve challenges.

When applied during the investigation and assessment process, ATSIFLDM helps the family to better understand the department's child safety concerns, provide information that can assist in determining if the concerns are warranted, and supports the family to develop a safety plan that mitigates risks to the child. By empowering families to develop solutions to child safety concerns and supporting them to access necessary support, it is anticipated that wherever possible, children will be able to remain safely within their families.

Where families become subject to statutory child protection intervention, ATSIFLDM provides a vehicle for families to actively participate in case planning, placement decisions and transition from care planning.

While ATSIFLDM is a primary function of the service, families may seek other less structured forms of assistance that enable them to participate in decision making.

The FPP aims to:

- give effect to Aboriginal and Torres Strait Islander peoples' right to self-determination
- facilitate shared decision-making involving parents and families at different phases of their involvement in the child protection system
- develop family-based solutions (family designed plan) that provide for the protection and care needs of children, whether at home or in care

The ultimate goal of the FPP is to ensure the participation of families in the decisions that impact most profoundly upon their children. It is hoped that by empowering families in decision making processes and activating appropriate support networks, the safety and wellbeing of Aboriginal and Torres Strait Islander children can be achieved within family, community and culture.

The FPP function is distinct from, but closely associated with the support function of Aboriginal and Torres Strait Islander FWS. ATSIFLDM can assist families to participate in decision making processes, but families are also likely to require support to address child safety concerns and to implement the action plans they have developed. It is expected that families assisted through the FPP service will also be offered access to the full range of supports available through FWS, which operate under a case management approach.

7.11.1 Requirements — Family Participation Program (T601)

The FPP empowers families to participate in decisions about their children at multiple points over the period of their engagement with the child protection system. These include:

- *Investigation and assessment* – The service may convene a family led decision making process prior to the completion of an assessment to enable families to develop a safety plan that reduces the likelihood of the child being removed.
- *Locating an independent person* – The service may assist the family to locate an Aboriginal and/or Torres Strait Islander independent person (entity) or undertake the role of an independent person (entity) where requested.
- *Court* – The Children's Court must have regard to Aboriginal tradition and the Torres Strait Island custom laws *Meriba Omasker Kaziw Kazipa (Torres Strait Islander Traditional Child Rearing Practice) Act 2020* relating to the child, the Aboriginal and Torres Strait Islander Child Placement Principle, and to inform itself about the matters, the court may seek information from a FPP service about the family's involvement in decision making to date.

- *Development or review of a case plan* – The service may assist the family to have input to the development of their child's case plan or case plan reviews, to ensure that every opportunity to reunite the child with family is explored.
- *Cultural support planning* – ATSIFLDM may be used to inform the development of cultural support plans that genuinely maintain connections with family, country and culture.
- *Reunification or transition to independence* – ATSIFLDM can support the development of Child Safety plans that enable the child to be returned to the family, or to plan the child's exit from the child protection system at the age of 18 in a way that sustains connection with family, country and culture.

Key functions that could be undertaken by a FPP service include:

- Assisting families to understand Child Safety processes and the safety concerns held by the department (where applicable).
- Providing unstructured support to a family to enable them to have active input to decisions.
- Conducting family mapping to identify family members who could support the resolution of safety concerns or maintain the child's cultural and family connections.
- Facilitating family planning sessions to assist them to prepare for an ATSIFLDM process.
- Facilitating formal ATSIFLDM processes.
- Support the family to identify independent person/s to provide the family with the support they need to ensure their voices are heard through the decision-making process.
- Linking families with the support services they need to implement and sustain the family-developed plan.

Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM)

- Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM) is a process whereby authority is given to parents, families and children to address problems and lead decision-making in a culturally safe space.
- There are several critical elements to effective ATSIFLDM including the facilitation of the process being seen as independent of the department, where the family is given the time to meet on their own; effective mapping of kin networks; a focus on the safety of the child, and engagement of the supports that families require to enable them to resolve challenges.
- When applied during the investigation and assessment process, ATSIFLDM helps the family to better understand the department's child safety concerns, provide information that can assist in determining if the concerns are warranted, and supports the family to develop a safety plan that mitigates risks to the child. By empowering families to develop solutions to child safety concerns and supporting them to access necessary support, it is anticipated that wherever possible, children will be able to remain safely within their families.
- Where families become subject to statutory child protection intervention, ATSIFLDM provides a vehicle for families to actively participate in case planning, placement decisions and transition from care planning.
- While ATSIFLDM is a primary function of the service, families may seek other less structured forms of assistance that enable them to participate in decision making.
- Specific training in ATSIFLDM has been developed for FPP staff, however it is also available for FWS staff who are encouraged to undertake this training opportunity.

Collaborative Family Decision Making (CFDM)

- Collaborative Family Decision Making (CFDM) is applied whenever a critical decision about a child's safety, belonging or wellbeing is required as part of the child protection system. This includes assessment, planning, monitoring and review activities.
- CFDM seeks to specifically influence how critical decisions are made through specifying best practice and minimum standards for engaging the child, their family, extended family and community as a group and empowering them to make decisions.

- The overall approach of CFDM is to ensure that agreed safety, belonging and wellbeing decisions are developed through an independently-convened process that is family and community driven. CFDM processes can therefore be convened or co-convened by Aboriginal and Torres Strait Islander Family Wellbeing Services to support service provision to children and their families.

Referrals

- Services are required to make active efforts for engagement with the family in accordance with the *Family Participation Program Guidelines* to encourage participation.
- The department should notify a FPP service when it is commencing engagement with a family, but services will only be engaged with the direct approval of the family.
- Families may choose an alternative service provider or individual to support them in Child Safety decision making processes.
- Families may seek support from different sources at different points of their engagement with the department.

Outreach

- Services must be mobile to respond to families in settings that are comfortable for all family members. Assistance needs to be available across the target area.

Hours of operation

- The service must be open 52 weeks per year excluding public holidays.
- The service must operate with a degree of flexibility in its operating hours to maximise the possibility of family members being involved in a decision-making process. This requires some work outside normal business hours.
- The service will not be expected to operate on public holidays.

Travel

- Hours spent by each worker with or on behalf of a family (i.e. if two workers meet with a family for one (1) hour, then the hour for each worker (total two (2) hours) will be recorded as time spent with or on behalf of that family).
- Hours of travel directly attributed to a family (i.e. travelling to and from a visit to a family is considered work on behalf of a family).

Staffing

- Family Participation Program staff working directly with clients must have undertaken training in ATSIFLDM.
- Staff should have experience and/or training in a human services field.

Evaluation

- Funded organisations will be required to participate in evaluation by providing information and data as required by the department and evaluation partners.

Client engagement

- Services will provide to families their unique hyperlink for the families to complete the online Client Engagement Tool (CET) survey. The CET is a de-identified survey that allows families to provide feedback on their experience with the service and Child Safety.

- Results will be received directly by the Department to ensure the integrity and confidentiality of the CET is maintained. The CET responses will be used to support a program evaluation.

Reporting

- Services are required to complete quarterly performance reporting on the department's online reporting system (Procure to Invest; P2i).
- Services will be required to use the ARC case management system to record information about referrals and families they have contact with. This will include recording information required for evaluation purposes.

Sorry Business

- Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.
- Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community,. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs.
- Significant community shutdowns caused by Sorry Business affecting service delivery need to be reported to the regional contract manager and these will be considered when assessing overall service performance agains contracted annual targets.

Networking

- All services will ensure they participate in all relevant program level meetings, or are appropriately represented in those meetings, i.e.: Strategic implementation Group.

Information sharing guidelines

- To meet the protection and care needs and promote the wellbeing of Aboriginal and Torres Strait Islander children, FPP organisations and their employees must comply with the legal framework regarding the sharing of information provisions under Chapter 5A and Part 4 of the *Child Protection Act 1999*. All FPP providers (including fee for service practitioners delivering a family led decision making service) deliver Family Participation Program services as 'prescribed entities' and 'specialist service providers'. Knowing when to share information is an important consideration in enabling the sharing of information provisions.
- A full description of sharing information to support children and families is available in the Department of Children, Youth Justice and Multicultural Affairs document Information Sharing Guidelines October 2018.

Youth Justice Aboriginal and Torres Strait Islander Family Led Decision Making (FLDM) trials initiative

Four service providers participate in the Youth Justice Aboriginal and Torres Strait Islander Family Led Decision Making (FLDM) trials. Features include:

- Supports a culturally responsive youth justice framework for Aboriginal and Torres Strait Islander peoples founded on core principles:
    - wherever possible, a young person's family or kinship group should be the primary sources of decision making about decisions affecting that child, and accordingly that, wherever possible, regard should be had to the views of that family and kinship group
    - that young people should be held accountable, and encouraged to accept responsibility for their behaviour
    - that young people should be dealt with in ways that acknowledge their needs and that will give them the opportunity to develop in responsible, beneficial and socially acceptable ways

- family-led decision making promotes families' shared history, wisdom, untapped resources, and an unrivalled commitment to their children. It is about empowering families and their support network to think and plan creatively for their children and young people, create community partnerships, and utilise family strengths and resources to resolve worries and concerns
- practical demonstration of self-determination
- a culturally safe place for healing – family, child and community.

- Assumptions underpinning decision making processes:
  - the community should be protected from offences
  - children and young people who offend often have complex welfare needs
  - children/young people generally have the best outcomes when they are cared for by and connected to their family and/or significant others
  - children/young people and their families have a right to be heard and to participate in making decisions that affect them
  - children/young people should have the opportunity to develop a connective relationship of identity, family, culture and community
  - families know their own strengths and challenges and are capable of making safe decisions and plans, if properly engaged, prepared and provided with the right information
  - decisions made within families are more likely to succeed than those imposed by outsiders
  - working in partnership with families and their networks benefits children and young people
  - plans and agreements to work must be reviewed at important intervals in the safe care and connection of the young person
  - independent facilitation and authority to aid decision making
  - application of the five categories of the Aboriginal and Torres Strait Islander Child placement principle (a first for Youth Justice outsourced service delivery).

8. Service modes

Service delivery modes are the type of physical setting in which a service is provided to a client.

8.1 Families service modes

Family Support Services may be provided in various delivery modes (centre-based, mobile, and virtual) to ensure that services are delivered in the most appropriate mode to meet the needs of the client.

9. Deliverables and performance measures

The following deliverables and performance measures are funded under the Families funding area. The service agreement will identify the relevant outputs and measures for each service outlet, the quantum to be delivered and the range of measures to be collected and reported.

COUNTING RULES, DESCRIPTORS AND REPORTING EXAMPLES: For counting rules, detailed descriptors and examples please refer to the Outputs and Performance Measures Catalogue.

OUTCOME MEASUREMENT: All quantitative reporting on outcome measures can be supplemented with optional qualitative evidence. Qualitative reports can be uploaded to Procure to Invest (P2i) using IS70. As qualitative reporting is optional the IS70 code will not appear in agreements but will be visible in P2i.

Service Users	Service Types	Outputs
U3050 – At-risk families **U3113 –** Aboriginal and Torres Strait Islander families in three discrete communities experiencing or witnessing domestic violence **U3310 –** Statutory Service Users **U3330** – Families experiencing vulnerability with children **U3333** –Aboriginal and Torres Strait Islander families experiencing vulnerability or at risk **U3340** – Referrers and enquirers **U1214** – Aboriginal and Torres Strait Islander families subject to a notification or involved in the child protection system	**T313** – Support - Aboriginal and Torres Strait Islander Family Wellbeing Services **T327** – Support - Intensive family support **T331** – Support - Safe Haven **T334** – Support - Secondary Family Support T334MR – Community Support **T336** – Support - Targeted family support T336MR – Community Support **T339** – Support - Tertiary Family Support **T347** – Support - Family and Child Connect **T448** – Support - Assessment and Service Connect **T601** – Support - Family Participation Program	**A01.1.06** – Information, advice, individual advocacy, engagement and/or referral **A01.2.02** – Case management **A01.2.08** – Counselling **A02.2.04** – Family participation **A02.5.02** – Development of family/household management skills **A07.1.02** – Integrated Service System Development **A07.1.04** – Volunteer resource development and/or placement **A07.2.02** – Community/community centre-based development, coordination and support

The following information relates to information found in items 6.2 and 7.1 in a Service Agreement or 6.2 and 9.1 in a Short Form Service Agreement

U3050 - At-risk families

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3050	T327	**A01.2.02** Case management	N/A	Number of Service Users with cases closed with all or majority of case plan goals achieved	**A01.2.02**	Number of hours provided during the reporting period Number of Service Users with cases closed with all or majority of case plan goals achieved
U3050	T448	**A07.1.02** Integrated Service System Development	Number of hours	Number of Service Users	**A07.1.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3050	T347	**A07.1.02** Integrated Service System Development	Milestones	N/A	**A07.1.02**	Milestones
U3050	T448	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral	Number of hours	Number of Service Users	**A01.1.06**	Number of hours provided during the reporting period
	T347					Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3050	T327	A01.2.02	Number of hours provided during the reporting period
U3050	T327	IS132	Number of Service Users with cases commenced during the reporting period
U3050	T327	IS133	Number of existing Service Users
	T347		
	T448		
U3050	T327	IS134	Number of Service Users engaged
U3050	T327	IS145	Number of Service Users who have exited from the service
	T347		
	T448		
U3050	T327	IS201	Number of referrals received
	T347		
	T448		
U3050	T327	IS245	Number of in-scope Service Users eligible to receive a service who have exited from the service
U3050	T448	GM07	Number of Service Users with cases closed as a result of the majority of identified needs being met
Service User Code	**Service Type Code**	**Demographic Measure**	
U3050	T327	IS35	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
	T347		

	T448		
U3050	T327	IS39	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds
	T347		
	T448		
Service User Code	**Service Type Code**	**Outcome Measure**	
U3050	T347	OM2.1.01	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3050	T327	OM4.1.01	Number of Service Users with cases closed with all or majority of case plan goals achieved
Service User Code	**Service Type Code**	**Other Measure**	
U3050	T347	IS70	Complete and upload reports as per the templates provided
	T448		
U3050	T327	GM01	Number of occasions information advice and referral were provided (not provided elsewhere)
	T347		
	T448		
U3050	T448	GM16	What significant achievements or factors have impacted on the quality of service delivery during the reporting period?

U3113 - Aboriginal and Torres Strait Islander families in three communities experiencing or witnessing domestic violence

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3113	T331	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3113	T331	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral	Milestones	NA	**A01.1.06**	Milestones
U3113	T331	**A07.2.02** Community/community centre-based development, coordination and support	Milestones	NA	**A07.2.02**	Milestones

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3113	T331	**IS132**	Number of Service Users with cases commenced during the reporting period
U3113	T331	**IS133**	Number of existing Service Users
U3113	T331	**IS145**	Number of Service Users who have exited from the service
U3113	T331	**IS201**	Number of referrals received
U3113	T331	**GM07**	Number of Service Users with cases closed as a result of the majority of identified needs being met
Service User Code	**Service Type Code**	**Demographic Measure**	
U3113	T331	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3113	T331	**IS39**	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3113	T331	**OM2.1.08**	Number of Service Users with improved life skills
Service User Code	**Service Type Code**	**Other Measure**	
U3113	T331	**IS151**	Value of brokerage expenditure
U3113	T331	**GM01**	Number of occasions information advice and referral were provided (not provided elsewhere)
U3113	T331	**GM16**	What significant achievements or factors have impacted on the quality of service delivery during the reporting period?
U3113	T331	**IS70**	Complete and upload reports as per the templates provided

U3310 - Statutory service users

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3310	T339	**A01.2.02** Case Management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3310	T339	**IS132**	Number of Service Users with cases commenced during the reporting period
U3310	T339	**IS133**	Number of existing Service Users
U3310	T339	**IS145**	Number of Service Users who have exited from the service
U3310	T339	**IS201**	Number of referrals received
U3310	T339	**GM07**	Number of Service Users with cases closed as a result of the majority of identified needs being met
Service User Code	**Service Type Code**	**Demographic Measure**	
U3310	T339	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3310	T339	**IS39**	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3310	T339	**OM2.1.01**	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3310	T339	**OM2.1.08**	Number of Service Users with improved life skills
Service User Code	**Service Type Code**	**Other Measure**	
U3310	T339	**IS151**	Value of brokerage expenditure
U3310	T339	**IS204**	Number of cases per case worker (FTE positions)
U3310	T339	**GM01**	Number of occasions information advice and referral were provided (not provided elsewhere)
U3310	T339	**GM16**	What significant achievements or factors have impacted on the quality of service delivery during the reporting period?

U3330 – Families experiencing vulnerability

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3330	T334	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
	T336					Number of Service Users who received a service during the reporting period
U3330	T334-MR	**A07.2.02** Community/ community centre-based development coordination and support	Milestones	N/A	**A07.2.02**	Milestones
	T336-MR					
U3330	T336	**A01.2.08** Counselling	Number of hours	Number of Service Users	**A01.2.08**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3330	T336	**A02.5.02** Development of family/household management skills	Number of hours	Number of Service Users	**A02.5.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3330	T334	**A07.1.04** Volunteer resource development and/or placement	Milestones	NA	**A07.1.04**	Milestones
	T336					

U3330	T334 T336	**A07.1.04** Volunteer resource development and/or placement	Number of hours	Number of Service Users	**A07.1.04**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period
U3330	T334 T336	**A01.1.06** Information, advice, individual advocacy, engagement and/or referral for support	Number of hours	Number of Service Users	**A01.1.06**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period
U3330	T334-MR T336-MR	**A07.1.02** Integrated Service System Development	Milestones	N/A	**A07.1.02**	Milestones
U3330	T334 T336	**A07.1.02** Integrated Service System Development	Number of Hours	Number of Service Users	**A07.1.02**	Number of hours provided during the reporting period Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3330	T334	**IS132**	Number of Service Users with cases commenced during the reporting period
	T336		
U3330	T334	**IS133**	Number of existing Service Users
	T336		
U3330	T334	**IS145**	Number of Service Users who have exited from the service
	T336		
U3330	T334	**IS201**	Number of referrals received
	T336		
U3330	T334	**GM07**	Number of Service Users with cases closed as a result of the majority of identified needs being met
	T336		
Service User Code	**Service Type Code**	**Demographic Measure**	
U3330	T334	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
	T336		
U3330	T334	**IS39**	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds
	T336		
Service User Code	**Service Type Code**	**Outcome Measure**	
U3330	T334	**OM2.1.08**	Number of Service Users with improved life skills
	T336		

Service User Code	Service Type Code	Other Measure	
U3330	T334	**GM01**	Number of occasions information advice and referral were provided (not provided elsewhere)
	T336		
U3330	T334	**GM16**	What significant achievements or factors have impacted on the quality of service delivery during the reporting period?
	T336		
U3330	T334	**IS70**	Complete and upload reports as per the templates provided
	T336		

U3333 - Aboriginal or Torres Strait Islander families experiencing vulnerability and/or at risk

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3333	T313	**A01.2.02** Case management	Number of hours	Number of Service Users	**A01.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3333	T313	**A07.2.02** Community/community centre-based development coordination and support	Number of hours	Number of Service Users	**A07.2.02**	Number of hours provided during the reporting period
						Number of Service Users who received a service during the reporting period
U3333	T313	**A07.2.02** Community/community centre-based development coordination and support	Milestones	N/A	**A07.2.02**	Milestones

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U3333	T313	**IS132**	Number of Service Users with cases commenced during the reporting period
U3333	T313	**IS133**	Number of existing Service Users
U3333	T313	**IS145**	Number of Service Users who have exited from the service
U3333	T313	**IS201**	Number of referrals received
U3333	T313	**GM07**	Number of Service Users with cases closed as a result of the majority of identified needs being met
Service User Code	**Service Type Code**	**Demographic Measure**	
U3333	T313	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U3333	T313	**IS39**	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds
Service User Code	**Service Type Code**	**Outcome Measure**	
U3333	T313	**OM2.1.01**	Number of Service Users that have shown improvements in being safe and/or protected from harm
U3333	T313	**OM2.1.08**	Number of Service Users with improved life skills
U3333	T313	**OM2.1.02**	Number of Service Users with improved cultural identity / connectedness
Service User Code	**Service Type Code**	**Other Measure**	
U3333	T313	**IS70**	Complete and upload reports as per the templates provided

U1214 - Aboriginal or Torres Strait Islander families subject to a notification or involved in the child protection system

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U1214	T601	**A02.2.04** Family participation	N/A	Number of Service Users	**A02.2.04**	Number of Service Users who received a service during the reporting period

Relates to item 7.1 or 9.1 of the agreement			
Service User Code	**Service Type Code**	**Throughput Measure**	
U1214	T601	**IS132**	Number of Service Users with cases commenced during the reporting period
U1214	T601	**IS133**	Number of existing Service Users
U1214	T601	**IS145**	Number of Service Users who have exited from the service
U1214	T601	**IS201**	Number of referrals received
Service User Code	**Service Type Code**	**Demographic Measure**	
U1214	T601	**IS35**	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander
U1214	T601	**IS39**	Number of Service Users identifying as being from culturally and linguistically diverse backgrounds

Service User Code	Service Type Code	Outcome Measure	
U1214	T601	**OM3.1.01**	Number of Service Users satisfied with the supports provided
U1214	T601	**OM3.1.02**	Number of instances in which family participation support results in lower levels of involvement in the child protection system by the child and family
Service User Code	**Service Type Code**	**Other Measure**	
U3333	T313	**IS70**	Complete and upload reports as per the templates provided

U3340 - Referrers and enquirers

Relates to item 6.2 & 7.1 or 9.1 of the agreement		Relates to item 6.2 of the agreement			Relates to item 7.1 or 9.1 of the agreement	
Service User Code	**Service Type Code**	**Output**	**Quantity per annum**	**Number of Service Users**	**Output Measures**	
U3340	T347	**A07.1.02** Integrated Service System Development	Milestones	NA	**A07.1.02**	Milestones

10. Contact information

For further information regarding this investment specification, please contact your nearest service centre.

For information regarding current funding opportunities, visit the Department of Children, Youth Justice and Multicultural Affairs website.

11. Other funding and supporting documents

- Investment Specifications:
  1. Child Protection (Support Services)
  2. Child Protection (Placement Services)
  3. Families
  4. Domestic and Family Violence
  5. Individuals
  6. Young people
  7. Older people
  8. Community
  9. Service System Support and Development
- Catalogue
- Human Services Quality Framework (HSQF)

Report – Community/community centre-based development, coordination and support (A07.2.02)

Quarterly output summary report

Quarter from: insert start date to insert end date

Community/centre-based development and support activities / events	**Number of agencies**	**Number of participants**	**Comments**
	(if applicable)	(if applicable)	(e.g.: aim of event, who participated, location, feedback, benefits/outcomes etc.)
(Insert more rows as needed)			

Case Study (optional)

Report – Volunteer resource development and/or placement (A07.1.04)

Quarterly output summary report

Quarter from: insert start date to insert end date

Number of training and development session	Number of volunteers	Number of families supported	
(Insert more rows as needed)			

Case Study (optional)

Report – Brokerage expenditure – Safe Haven (T331)

(Organisation name)

Quarter from: insert start date to insert end date

Date	Link to case plan	Type of expenditure	Organisation/Company	Amount
End of quarter			**Total expenditure**	

Number of Service Users supported with brokerage funds this quarter:

Trends and issues:

Other comments:

IS70 Report – *Case studies: Indigenous Youth and Family Worker*	
Service outlet:	
Service outlet number:	**Reporting period:**

1. Please provide a de-identified case study

Provide a brief description of the young person's situation: Please ensure: • de-identified data • use YP+Age ie: YP14 • use Family; Parent/s; Grand Parent/s; Guardian; Carer; Older/younger Sibling/s • Youth Justice = YJ; Child Safety = CS; Queensland Police Service = QPS • YJ and/or QPS involvement and/or risk • behaviours – including family factors that may have caused behaviours	*Information collected from initial referral, previous engagement with the organisation if applicable, from the young person and family* *What has the worker been able to identify that has happened for the YP and family that has impacted and led to the current referral*
What the Indigenous Youth and Family Worker did: i.e. • case plan/goals established • actions/referral to specialist services • engagement with Family/Parent/Guardian • engagement with wider family • engagement with stakeholders/other support services – internal/external referrals	*How was the assessment carried out, what did family engagement look like? What worked what was a challenge?*
Impact on young person's situation: i.e. • improved access to other supports that meet their needs • improved connection with family/ community/culture	*How was the progress reviewed and demonstrated?* *Identify how positive lifestyle changes and outcomes were identified and acknowledged* *Were there any significant changes in circumstances during engagement, positive and negative, that impacted this.*

• improved engagement/participation in education, training and/or employment • improved health and wellbeing • improved capacity for decision making/self determination	
How long was the young person involved with the service? • When did the young person start with the IFYW service? • Has the young person been involved in another service in your organisation – if so what, when and are they still involved?	*Original referral and commencement date/s* *Referral and commencement dates for any other service within the organisation*
Family engagement i.e. • how has the family, primary carer, or guardian been engaged? • has there been any improvement or changes to family dynamics? • what support/s is being provided to the family to re-engage/keep engaged young person	*How was the progress reviewed and demonstrated?* *Identify how positive lifestyle changes and outcomes were identified and acknowledged* *Were there any significant changes in circumstances during engagement, positive and negative, that impacted this.* *How do the family identify and support the young person?* *What other support services are involved with the family?*

IS70 Case studies: ***Family Participation Program***	
Service outlet:	
Service outlet number:	**Reporting period:**

Please delete red text before submitting final case study.

1. Situation

How did the family first come to be involved in the program?

It would be good to include:

- de-identified family → use family pronouns (where appropriate): child/ren; Mum; Dad, parent/s; Aunt/s; Uncle/s; Grandparent/s; Guardian; Carer etc.
- acronyms can ca used e.g. Child Safety = CS; Child Safety Service Centre = CSSC; young person = YP
- include CS worries for the family – impacts of parental behaviours on child/ren
- include stage of referral, i.e. Notification→ investigation and assessment (IA) etc.

2. Child and family voices are heard

How did your service engaged the family and children to ensure their voices were heard?

It would be good to include:

- what steps you took to ensure individual/collective voices were captured?
- if there was engagement with wider family and/or independent person (IP)
- if the parents were originally disengaged with CS what strategies did you use to engage them?

3. ATSIFLDM process led to the development of a plan reflecting the wants/needs of the child/ren and family

From your point of view, describe the most significant way the ATSIFLDM process led to improved participation for children and families?

You might want to include:

- were the CS worries addressed and the child and family wants/needs captured?
- did CS approve the family-designed plan, or did it need more work? (is this necessary, do CS need to approve and/or endorse a family plan)
- were the family referred to other services based on their plan?

4. Family satisfaction with the process

Did the family express how their experience with the process was?

In your opinion, what were the most important factors that led to this satisfaction/dissatisfaction?

- feedback through service provider forms
- conversations with the family
- de-identifying feedback forms can be attached, or information can be copied and pasted into this section

5. What was the outcome

In your opinion, what was the most significant change that took place for the child and family post their participation in ATSIFDLM and why was this story significant for you?

You may want to reflect on:

- CS's determination of next steps
- family perspective of successful outcomes
- FPP service perspective of successful outcomes

6. Length of engagement and level of participation

- months and/or weeks
- level of participation from family

Report – Local Level Alliance (T347)

Location: **Report for the quarter ending:** (e.g., 31 March 2021)

MEETING DATES:

KEY ISSUES AND ACHIEVEMENTS:

Referrals

Include as appropriate:

- Strategies implemented or planned which have resulted in effective referral pathways for clients.
- Responses to Identified barriers to clients accessing the right service at the right time.
- Any factors influencing referral pathways.
- Highlight strategies implemented which have resulted in increased referrals and engagement of Aboriginal and Torres Strait Islander and/or culturally and linguistically diverse clients.

Collaboration

Include as appropriate:

- Strategies implemented or planned to increase or support case collaboration between services to the benefit of shared clients.
- Issues identified as barriers to effective case collaboration in supporting mutual clients.

Service System

Include as appropriate:

- Describe what is working well
- Innovated responses and solutions to service system issues.
- Identified local requirements for the long-term improvements of the service system in supporting families to keep children safe.
- Identified service gaps.
- Emerging trends and issues.

Information and data sharing

Include as appropriate:

- Systems or processes implemented or planned to facilitate sharing of personal client information between services to support client outcomes.
- Strategies to strengthen sharing of service level data between local providers.

Time

Required:

- Number of hours spent on Alliance related work by the FaCC service for the quarter.

PRIORITIES

Include as appropriate:

- Priorities and key focus areas for the next quarter
- Development of governance structures and terms of reference.
- Projects and action plans.

Attachments:

Attachment 1 – List of Local Level Alliance membership

Attachment 2 – List of attendees for each meeting

Attachment 3 – (optional) Case Study – One Family's Story and the service system response (excluding any identifying information)

Report – Qualitative evidence to supplement outcome measure (OPTIONAL)

Please make sure any information provided regarding Service Users is de-identified. Keep word length to 250 words.

Reporting period from: insert start date to insert end date

Outcome measure: insert measure

Supplementary qualitative evidence to outcome measure:

[insert here]

Report – Health Visiting Program (T336)

Quarterly performance report

Quarter from: [insert start date] to [insert end date]

1. Service delivery

a) Total number of children	[insert number]
b) Number of children receiving home visits	[insert number]
c) Number of home visits	[insert number]

2. Characteristics of service users

d) Number of children identifying as Aboriginal or Torres Strait Islander	[insert number]
e) Number of children identifying as Culturally and Linguistically Diverse	[insert number]
f) Number of children of single parents	[insert number]
g) Total number of children with mothers under 20 years of age	[insert number]
h) Number of children with mothers who identify as experiencing alcohol and drug issues	[insert number]
i) Number of children with mothers who identify as experiencing financial hardship	[insert number]
j) Number of children with mothers who identify as experiencing domestic and family violence	insert number]
k) Number of children with mothers who identify as experiencing mental health issues	insert number]

3. Quality of service delivery

(Client satisfaction with service i.e. frequency of support, the extent to which they felt valued and understood, the extent to which workers involved them in setting intervention goals and cultural competence)

[insert text]

4. Quality standards

(Evidence of compliance with relevant standards)

[insert text]

5. Outcomes of service delivery

l) Proportion of clients accessing appropriate levels of ante-natal and post-natal care (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

m) Proportion of clients reporting improved access to support services and informal supports (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

n) Proportion of clients who report improved parent-child interaction (circle one):

- 0 – 20%

- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

o) Proportion of clients reporting improved knowledge of infant development (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

p) Proportion of mothers reporting improved mental health and/or decreased substance use (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

q) Proportion of children subject to child concern reports or notifications during or after intervention (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%
- 61 – 80%
- 81 – 100%

Comments:
[insert text]

r) Proportion of infants achieving developmental milestones (circle one):

- 0 – 20%
- 21 - 40%
- 41 – 60%

- 61 – 80%
- 81 – 100%

Comments:
[insert text]

6. Additional information (if required)

(Issues impacting on service delivery this quarter, including barriers and/or successes)

[insert text]

Report – Case Studies

Service Name: ……..

Six-monthly from: insert start date to insert end date

Case Study	Family Members	Comments/outcomes
Case Study 1:		
Case Study 2:		
Case Study 3:		
Case Study 4:		

Case Study 5:		
Case Study 6:		

Report – IS70 Outcomes report (Caboolture Young Mothers for Young Women)

A. Number of users who have shown improvements in parenting capacity (Case management and group only support)								
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents/ families receiving support**	**Indicator/No. of parents/ families receiving case management**	**Indicator/No. of parents/ families accessing group support**
Parents increase their knowledge of, and skills to access, available early childhood, health and specialist services for families and children in the community	Number and % of parents who report that since receiving support knowledge of services, resources and activities in the community for children and families has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed at the end of the reporting period as having attained greater awareness of services, resources and community activities. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support and the number accessing group support only.	No. of parents who are assessed at the end of the reporting period as having attained greater awareness				
	Number and % of parents who report their access to services, resources and activities in the community for children and families has improved		Count the number of parents who are assessed at the end of the reporting period as having attained greater access to services, resources and community activities. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only.	No. of parents who are assessed at the end of the reporting period as having attained greater access to services, resources and community activities.				
Children have increased identification and referral to	% no. of children who receive development and social/emotional screening and who	Record of ASQ completion	Count the number of children screened for developmental delays, social/emotional issues in the reporting period and count the number of	**Reporting period indicator**	**No. of children screened for deve**	**% of children screened for deve**	**% of children screened for vision/hearin**	**No. of subsequent referrals to**

services for possible developmental and social/emotional delays and vision/hearing/other health issues	are referred for further support as needed % no. of children who are referred for vision/hearing/health screening	Number of follow up referrals made for child/ren	subsequent referrals provided. Express as a percentage of all children identified as needing this type of response using the Ages and Stages Assessment.		**lopmental and social/ emotional or vision/ hearing/health delays**	**lopmental and social/ emotional delays**	**g/health delays**	**support services**
				No. of children screened for developmental delays, social/emotional issues				
Parents increase knowledge and understanding of developmental topics including healthy births, children's language and literacy and their child's emerging development and age appropriate development	% no. of parents who report that since receiving support their knowledge and understanding of their child/ren's health and development has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater knowledge of their child/ren's health and development. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents /families receiving support**	**Indicator/No. of parents/ families receiving case management**	**Indicator/ No. of parents/ families accessing group support**
				No. of parents who are assessed in the reporting period as having attained greater knowledge of their child/ren's health and development.				
	% no. of parents who report that since receiving support their knowledge and understanding of activities they can do with their child to support development, learning and positive interaction has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child to support development, learning and positive interaction. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child to support development, learning and positive interaction.				

Parents show improved parenting confidence and capacity	% no. of parents who report their happiness and confidence in their roles has improved since receiving support	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as being happier and more confident in their role. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents/ families receiving support**	**Indicator/ No. of parents/ families receiving case management**		**Indicator/No. of parents/ families accessing group support**
				No. of parents who are assessed in the reporting period as being happier and more confident in their role.					
	% no. of parents who report their knowledge and understanding of activities they can do with their child to support development, learning and positive interaction has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child and that report that positive interaction has improved. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who are assessed in the reporting period as having attained greater understanding of activities they can do with their child and that report that positive interaction has improved.					
Families show improved parent-child interaction	% no. of parents who report that since receiving support their relationship and interactions with your child/ren has improved	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having more positive interaction with their child/ren. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who are assessed in the reporting period as having more positive interaction with their child/ren.					
	% no. of parents who report that since receiving support their knowledge and understanding of positive and nurturing parenting skills and	6 monthly assessment tool – to be finalised	Count the number of parents who are assessed in the reporting period as having attained greater understanding of positive and nurturing parenting skills, and who report that behaviour has improved. Express as a percentage of all parents receiving any	**Reporting period indicator**	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents/ families**	**No. of parents/families who report improvement**	**Indicator/ No. of parents/ families**	**Indicator/No. of parents/ families**

	behaviour has improved		service support in that period; further by the number receiving case management support in that period and the number accessing group support only			**receiving support**	**in behaviour**	**receiving case management**	**accessing group support**
				Number of parents who are assessed in the reporting period as having attained greater understanding of positive and nurturing parenting skills, **and** who report that behaviour has improved.					
Parents promote children's healthy development, language and literacy in the home	% no. of parents who report that since receiving support they are reading aloud to their children at home more often	6 monthly assessment tool – to be finalised	Count the number of parents who report in the reporting period that they are reading aloud to their children three or more times a week. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents who report in the reporting period that they are reading aloud to their children three or more times a week.	**Total No. of parents/ families receiving support**	**Indicator as a % of all parents/ families receiving support**	**Indicator/ No. of parents/ families receiving case management**	**Indicator/No. of parents/ families accessing group support**	
Families link with other families and build social connections	% no. of parents who report they have made friendships and received support from other parents like themselves	6 monthly assessment tool – to be finalised	Count the number of parents that report in the reporting period that they had made friendships and received peer support. Express as a percentage of all parents receiving any service support in that period; further by the number receiving case management support in that period and the number accessing group support only	No. of parents that report in the reporting period that they had made friendships and received peer support.					

B. (i) Number of users with improved life skills (case management only)						
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator (case management only)**	**Measures**	
Families presenting as homeless are housed	Number and % of families presenting as homeless who access long term, secure and affordable housing	Support plan goal creation and status	Count the number of families who have had an open support plan goal to “access long term, secure and affordable housing” in the reporting period. Of these - report goal status: • % and Number still open • % and Number closed • Reasons for closure (e.g. need met) by % and number	No. of families who have had an open support plan goal to “access long term, secure and affordable housing” Report for those receiving Case management only (i.e. they have a current support plan goal)	No. of families who have had an open support plan goal to “access long term, secure and affordable housing	
					Number still open at end of reporting period	
					Percentage still open at end of reporting period	%
					Number closed at end of reporting period	
					Percentage closed at end of reporting period	%
					Reasons for closure (e.g. need met) by % and number – to be provided by YPP: Reason 1: Reason 2: Reason 3:	
Families at risk of homelessness sustain their tenancies	% families at risk of homelessness who have sustained their tenancies (> 6 months)	Support plan goal creation and status	Count the number of families who have had an open support plan goal to “sustain their tenancy” in the reporting period. Of these- report goal status: • % and Number still open • % and Number closed • Reasons for closure (e.g. need met) by % and number	No. of families who have had an open support plan goal to “sustain their tenancy” Report for those receiving Case management only (i.e. they have a current support plan goal)	No. of families who have had an open support plan goal to “sustain their tenancy”	
					Number still open at end of reporting period	
					Percentage still open at end of reporting period	%
					Number closed at end of reporting period	
					Percentage closed at end of reporting period	%

					Reasons for closure (e.g. need met) by % and number – to be provided by YPP: Reason 1: Reason 2: Reason 3:	
Parents and children impacted by domestic and family violence support receive appropriate support	Supported DFV referrals are made where needed Number and % of parents with a domestic and family violence support need who have their need addressed	Service records Support plan goal creation and status	Count number of referrals made in the reporting period in which DFV is a factor Count the number of parents who had had an open support plan goal in the reporting period to either: • Safely exit their housing or to break their lease • Obtain a domestic violence protection order • Understand the dynamics of domestic and family violence • Ensure their children are safe from harm • For their known safety risks to be identified and managed • Ensure their home is physically safer and more secure to live in Of these - report goal status: • % and Number still open • % and Number closed • Reasons for closure (e.g. need met) by % and number	No. of referrals made in the reporting period in which DFV is a factor Report for those receiving Case management only (i.e. they have a current support plan goal)	No. of referrals made in the reporting period in which DFV is a factor	
					No. of parents who safely exited their housing	
					No. of parents who broke their lease	
					No. of parents who obtained a domestic violence protection order	
					No. of parents who understand the dynamics of domestic and family violence	
					No. of parents who ensured their children are safe from harm	
					No. of parents who can identify and manager their known safety risks	
					No. who ensured their home is physically safer and more secure to live in	
					• % and Number still open • % and Number closed Reasons for closure (e.g. need met) by % and number	

Parents presenting with a work, learning or meaningful activity need access or engage in in work, learning or meaningful activity	% parents with a work, learning or meaningful activity support need who have their need addressed	Support plan goal creation and status	Count the number of parents who have had an open support plan goal in the reporting period to either: • Complete secondary education • Complete an accredited training course • Complete a TAFE course • Undertake a university degree • Get a job • Volunteer • Maintain current employment Of these - report goal status: • % and Number still open • % and Number closed • Reasons for closure (e.g. need met) by % and number	No. of parents who have completed education, training or obtained employment during the reporting period Report for those receiving Case management only (i.e. they have a current support plan goal)	No. of parents who have completed their education during the reporting period	
					No. of parents who have completed a training during the reporting period	
					No. of parents who have obtained employment during the reporting period	
					No of Parents who have: Completed secondary education	
					Completed an accredited training course	
					Completed a TAFE course	
					Undertaken a university degree	
					Obtained employment	
					Taken up volunteering	
					Maintained current employment	
					Of these - report goal status: • % and Number still open • % and Number closed	
					Reasons for closure (e.g. need met) by % and number	
B. (ii) Number of users with improved life skills – for pregnant young women						
Outcomes	**Indicator**	**Measurement method**	**Counting rule**	**Reporting period indicator (case management only)**	**Measures**	**Outcomes**
Pregnant young mothers have access to	% no. pregnant young mothers receiving support	6 monthly assessment	Count the number of young women who have identified as being pregnant in the reporting period and	No. of young women who have identified as being	No. of young women who have identified as being pregnant in the reporting period	

and engage in quality antenatal care	who are regularly attending quality antenatal care Reduction in the number of unborn notifications without a plan for the birth.	tool – to be finalised Hospital partnership data Support plan goal creation and status 6 monthly assessment tool – to be finalised	of those the number who indicate they are accessing antenatal care. Express as a percentage of young mothers accessing support who identify as being pregnant. Count the number of women who have had an open support plan goal to “access antenatal care” in the reporting period. Of these - report goal status: • % and Number still open • % and Number closed • Reasons for closure (e.g. need met) by % and number Count the number of young women who have identified as being pregnant in the reporting period and of those the number who indicate that Child Safety is currently involved with the family and an unborn notification has been made. Express as a percentage of young mothers accessing support who identify as being pregnant.	pregnant in the reporting period **and** of those the number who indicate they are accessing antenatal care. - Any pregnant young woman across ‘case management’ and ‘group support only’	No. of young women who have identified as being pregnant in the reporting period and have indicated they are accessing antenatal care	
					Percentage of young mothers accessing support who identify as being pregnant.	%
				No. of women who have had an open support plan goal to “access antenatal care” in the reporting period	No. of women who have had an open support plan goal to “access antenatal care” in the reporting period.	
					Of the above % and Number still open	
					Of the above % and Number still open	
					Reasons for closure (e.g. need met) by % and number to be provided by YPP: Reason 1: Reason 2: Reason 3:	
				Number of pregnant women who indicate that Child Safety is currently involved with the family	No. of pregnant women who indicate that Child Safety is currently involved with the family.	
					No. of pregnant women who indicate that an unborn notification has been made.	

				and an unborn notification has been made. (Any pregnant young woman across 'case management' and 'group support only')	Percentage of young mothers accessing support who identify as being pregnant	
C. Additional reports						
Community collaboration occurs to support outcomes for young pregnant and parenting women and their families	• Number of MOUs developed • Number of partnerships established • Number of community/service meetings attended	Register of MOUs and partnerships Record of meeting attendance	Count the number of MOUs developed and agreed in the reporting period and with who Count the number of partnerships involved in during the reporting period and with who Count the number of community and service meetings attended during the reporting period • Provide a narrative on achievements and plans resulting from the above	No. of MOUs and partnerships developed and agreed in the reporting period and with who No. of community and service meetings attended during the reporting period: • Achievements • plans resulting from the above Team leader to manage To report Quarterly	No. of MOUs developed and agreed in the reporting period	
					No. of partnerships developed and agreed in the reporting period	
					No. of community and service meetings attended during the reporting period: • Achievements	
					• plans resulting from the above	