**Child Protection (Support Services)**

Investment Specification

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# Introduction

In line with the strategic intent of the Department of Communities, Child Safety and Disability Services (the department), Child Protection Support Services has been designated as a funding area to support children and young people in the care of, and post-care of the department.

## 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 that are funded under the Child Protection Support Services funding area.

This investment specification is a guide for service delivery for the Child Protection Support Services 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.

Investment specifications form part of a hierarchy of funding documents of the department. Investment specifications are informed by the three broad investment domains described in the investment domains guideline. Refer to Section 11 for more information and links to the investment domains guideline and other associated documents.

*Figure 1 –Funding document hierarchy*

### Investment Domains Guideline

**Investment Specification**

**Procurement Invitation Document**

**Service Agreement**

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 investment domains guideline, procurement invitation document (new funding), and service agreement for organisations that are currently funded to deliver a service.

# Funding intent

Child Protection service delivery funded by the department through non-government organisations (NGOs) or other government agencies is ultimately and solely for the purpose of achieving the principles of the *Child Protection Act 1999 (*the Act*),* Child Safety policies, the Child Safety Practice Manual and individual case- plans for clients Service Users subject to a statutory intervention.

Core principles of the Act (which are embodied in policies and practice) in relation to child protection are:

* the welfare and best interests of the child are paramount
* the preferred way of ensuring a child's welfare is through support of the child's family
* intervention is not to exceed the level necessary to protect the child
* families are able to participate in planning and decision making for children
* Aboriginal and Torres Strait Islander agencies are to be consulted in decision making regarding Aboriginal and Torres Strait Islander children
* children and families have a right to information
* services are to be culturally appropriate
* coordination, consultation and collaboration with families, other professionals, agencies and the community
* accountability of the department.

In Queensland, the child protection practice paradigm is that the department retains case management responsibility for statutory clients while non-government organisations (NGOs) and government partners deliver casework and support for Service Users in accordance with case plans. Over the years, government has explicitly expanded the funding for the purchase of child protection services from NGOs for a range of reasons including efficiency, effectiveness, and economy; and to reduce the stigma attached to government intervention in the lives of children and families to the maximum extent possible.

In general, the department has outsourced:

* out-of-home care placement services, including physical, psychological and emotional care for children and young people as part of an integrated child protection response when assessment indicates that separation from their family is unavoidable to ensure the child or young person’s safety or wellbeing
* therapeutic and specialist counselling and support services for children and young people subject to statutory intervention, and to their carers, insofar as contributing to placement stability
* family support aimed at diverting families with identified risk factors away from statutory intervention or more intensive forms of intervention, by building their capacity to care for their own children
* intensive family support with families whose children are subject to statutory intervention to enable the children to safely remain living at home, or to enable re-unification of children who are living away from home.

This investment specification is concerned with therapeutic counselling and intensive support services for children and young people in the care of, and post care of the department. The “Families” investment specification describes service delivery requirements for a range of support services for vulnerable families.

The department is standardising its investment approach to improve the line of sight from investment through to outcomes. Funding under Child Protection Support Services contributes to the following outcomes:

* children and young people are in stable placements
* children and young people in care have improved wellbeing
* children and young people have improved family and carer relationships
* young people leaving statutory care are able to fully participate as adults in the community.

## Context

The future of the child protection system in Queensland will be shaped by the government’s response to the Child Protection Commission of Inquiry’s report, [*Taking Responsibility: A Roadmap for Queensland Child*](http://www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/qcpci-final-report-web-version.pdf)[*Protection*.](http://www.childprotectioninquiry.qld.gov.au/__data/assets/pdf_file/0017/202625/QCPCI-FINAL-REPORT-web-version.pdf)

The [*Queensland Government response to the Queensland Child Protection Commission of Inquiry final*](http://www.communities.qld.gov.au/resources/reform-renewal/qg-response-child-protection-inquiry.pdf)[*report*](http://www.communities.qld.gov.au/resources/reform-renewal/qg-response-child-protection-inquiry.pdf) provides a response to each of the report recommendations, including a number of recommendations which will impact directly or indirectly on out-of-home care placement services.

The department will prepare detailed five-year and 10-year blueprints for implementation of the government’s response.

# Investment logic

##### Child Protection Support Services

**Service Users Service Types Outputs Outcomes**

Children and young people who are subject to statutory intervention

Counselling and Intervention

Evolve Therapeutic Services

A01.2.08

Counselling Children and young people are in stable

placements

Young people transitioning from statutory care

Sexual Abuse Counselling

Transition to Independence

A01.1.06

Information, advice,

individual advocacy,

engagement and/or

referral

A01.2.02

Case Management

Children and young people in care have improved wellbeing

Children and young people have improved family and carer relationships

Families and carers of children and young people in statutory care

Educational Support

A07.1.04

Volunteer resource

development and or

placement

Young people leaving statutory care are able to fully participate as adults in the community

# Service delivery overview

The primary Service Users (target clients) for in care support services generally are children and young people aged under 18 years who are subject to intervention under the *Child Protection Act 1999*. Specific age ranges of Service Users may be the target clients for different types of service.

Young people over 18 years may continue to receive transition from care assistance as a support service case when there are existing case planning goals and outcomes still to achieve, or if there are key life events for which the young person may require ongoing support.

Aboriginal and Torres Strait Islander children and young people are significantly over-represented in the child protection system and it is essential that in care support services address their cultural needs. The *Child Protection Act 1999* contains specific provisions concerning the placement of Aboriginal and Torres Strait Island children including having regard to the general principle that they should be cared for within an Aboriginal or Torres Strait Islander community. It is essential that all placement and support services are accessible and relevant to Aboriginal and Torres Strait Islander children, young people and their families.

The table below provides an overview of the services users and service delivery types within the Child Protection Support Services 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 (refer to Section 11 for web links).

|  |  |
| --- | --- |
| **Service Users** | **Service types** |
| Children and young people under 18 years who are subject to statutory intervention and require counselling or other support as a result of abuse (physical, emotional or sexual) or neglect. (U2310) | Support - Counselling and Intervention (T319) |
| Support - Evolve Therapeutic Services (T323) |
| Support - Educational Support (T330) |
| Support - Sexual Abuse Counselling (T335) |
| Young people transitioning from statutory care - 15 – 21 year olds (U2325) | Support – Transition to Independence (T329) |
| Families and carers of children and young people in care (U2319) | Support - Counselling and InterventionSupport (T319) |
| Support - Sexual Abuse Counselling(T335) |

## Support services

Support Services improve the capability, resilience, and safety of vulnerable Queenslanders, and provide a range of responses to support Service Users. The service types in Section 7 provide details of the range of supports provided to Service Users under the Child Protection Support Services funding area.

# Service delivery requirements for all Child Protection Support Services

## General information for all Child Protection Support Services

Services that are funded under the Child Protection Support Services 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”.

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.

Child Protection Support Services provide assistance to children and young people who are referred by Child Safety Services for a range of interventions that focus on assessed needs. Support services and individual interventions provided by non-government organisations are coordinated by Child Safety Service Centre staff based on case plan goals.

The overall objectives of Child Protection Support Services are to:

* + - increase the stability of out-of-home care placements
		- deliver specialist sexual abuse counselling services for children and young people and their non- offending family members and/or carers
		- provide mental health therapeutic interventions for children and young people
		- support families and/or carers where ongoing intervention by the department is required
		- provide support to young people in care and who have left care and need help to live independently.

Support services provide emotional support and practical assistance to children and carers, and assist other family members at times of emotional distress or where the conduct of a carer or parent causes disruption to the child’s living situation.

The support is primarily targeted at children to reduce their emotional distress, improve relationships (with carers, peers and family), learn new skills in coping with the challenges of daily life and improve the child’s problem solving skills and overall wellbeing. Foster and kinship carers receive a benefit by learning new ways to support the child in their care and receive counselling support when support issues become difficult and the carer’s confidence in their caring role becomes diminished or stressed.

Young people may require assistance through supports and services to develop the skills and knowledge to live independently.

##### Requirements for all services

All services will be required to:

* + - * recruit, supervise and support suitably qualified staff
			* practice that is evidence-based and is widely accepted for working with families and children and young people with an experience of abuse or neglect
			* deliver culturally appropriate practice methodology and specific strategies to demonstrate equitable access for families, children and young people and carers from Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse backgrounds and people with disability.

The department has an expectation that services will respond promptly and flexibly to its referral requests by prioritising the relevant support for Service Users according to their specific and current needs.

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 must 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 renegotiate the service’s funded capacity to a more achievable level.

Due to the nature of the services and the vulnerability of the Service User group, it is required that all workers providing counselling and therapeutic support services must be competent in risk assessment and safety planning and that counsellors hold professional qualifications and/or relevant work experience.

Services must also employ staff who are appropriately qualified/experienced in working with Aboriginal and Torres Strait Islander people and communities.

In all situations Child Safety referrals must take priority.

##### Considerations for all services

The support needs of children and young people referred by Child Safety Services are identified in the departmental case plan for each Service User and are subject to regular review. The case plan integrates outcomes from:

* the Child Strengths and Needs Assessment
* the Child Health Passport
* the Education Support Plan
* the Cultural Support Plan for Aboriginal and Torres Strait Islander children and, where appropriate, children from culturally and linguistically diverse backgrounds
* transition to independence planning, for young people aged 15 to under 21years; and
* any specialist assessments, such as those conducted by Evolve Interagency Services and disability services, and any behaviour support and/or treatment plans.

Departmental staff will make an assessment of each child or young person’s needs and refer them accordingly to the most appropriate support service that will assist in meeting the Service User case plan.

Services will be provided either where the Service User lives or in clinical settings and the Service User’s mobility and wellbeing to access the service must be taken into consideration by the service provider concerning where and when the support is provided.

# Service delivery requirements for specific Service Users

## Children and young people under 18 years who are subject to statutory intervention (U2310)

*Definition*

Children and young people under 18 years who are subject to statutory intervention and require counselling or other support as a result of abuse (physical, emotional or sexual) or neglect.

###### Requirements

Nil. (Refer to specific service types)

###### Considerations

Nil.

## Families and carers of children and young people in care (U2319)

*Definition*

* + - Carers (foster and kinship) of children under 18 years subject to statutory child protection intervention and who require support to maintain their caring role of a child that has experienced harm or neglect
		- Family members of a child, in specific circumstances as determined by an assessment of need by the referring Child Safety Service Centre
		- Parents and other family members of a child or young person aged between five and 17 years subject to statutory child protection intervention who is receiving support services
		- Carers and non-offending family members of children and young people who are aged between five and 18 years and have been sexually abused, who have previously been subject to ongoing intervention with a child protection order within 12 months of the case being closed.

##### Requirements

Refer to specific service types. In all situations Child Safety referrals take priority.

##### Considerations

Nil.

## Young people transitioning from statutory care (U2325)

*Definition*

* Service Users will be young people: under a child protection order granting custody or guardianship to the Chief Executive aged 15-17 years, or
* aged 15-21 years for whom a child protection order granting custody or guardianship to the Chief Executive has been discharged or has otherwise expired after turning 15 years.

###### Requirements

Refer to specific service types.

###### Considerations

Nil.

# Service delivery requirements for specific service types

## Support — Counselling and Intervention Support Services (T319)

Counselling and intervention services are provided to children and young people under 18 years who are subject to statutory intervention and require support as a therapeutic response arising from a personal experience of physical, emotional or sexual abuse/harm and neglect.

Counselling support is a targeted therapeutic response involving skilled and qualified practitioners listening attentively and patiently to the express feelings and circumstances of the child (and carer), perceiving difficulties from a child’s point of view, helping the child to see things differently, and facilitating choice and positive change in the child’s life, conducted within a private and safe setting.

The overall objective of counselling and intervention services is to increase the stability of out-of-home care placements and support to families where ongoing intervention by the department is required.

A discrete component of Counselling and Intervention Support services is Outreach Placement Support. This activity is aligned to Counselling and Intervention in that it aims to achieve placement stability but the placement may be at home following a period of residential care. This service may be delivered by the placement provider or a family support service or a counselling and intervention service.

###### Requirements — Counselling and Intervention

Counselling must be confidential and conducted in a safe and open relationship that encourages the expression of the child’s concern and does no further harm or re-traumatises the child.

The child’s participation in counselling support must be voluntary; a child will not be sent to a counsellor without an understanding of what the support involves and its overall purpose and therapeutic value having been properly explained.

Counselling support must be conducted with the participation of the child’s carer and other members of the child’s support network.

Counselling and intervention services are not specialist mental health services experienced or qualified to manage children with significant mental health needs or psychiatric disability or intervene in crisis mental situations including risk of suicide. In these circumstances, children must be redirected to specialist mental health agencies (e.g. Child and Youth Mental Health Services) with input from the Child Safety Service Centre. Counselling and intervention services do not provide after-hours crisis or emergency support to Service Users of the department.

Young people aged 18 years may continue to receive counselling to assist with transition to independence, through a support service case for up to 12 months, when there are outstanding case plan goals or key life events that require this type of ongoing support.

###### Considerations — Counselling and Intervention

The child’s carer is an important consideration in the establishment of a therapeutic response. The carer will often provide encouragement to the child to seek counselling support; they may accompany this child to the counselling session and in some cases participate in the counselling with the child. The carer may learn simple techniques and new communication methods that enhance the child’s general emotional wellbeing

and the child’s relationship with the carer. The carer will receive from the counsellor practical ideas and advice of how to better support the child in the placement.

## Support — Evolve Therapeutic Services (T323)

Evolve Therapeutic Services is a state-wide cross-government initiative providing mental health therapeutic interventions for the target group of children and young people subject to statutory intervention, with severe and complex psychological and/or behavioural problems.

###### Requirements — Evolve Therapeutic Services

Interventions used by Evolve Therapeutic Services occur at the clinical and systems levels and must be underpinned by a theoretical framework featuring theories of attachment, trauma, grief and loss, child development and ecological and family systems theory.

Clinical interventions must include:

* comprehensive assessment of the bio/psycho/social/cultural aspects of the child or young person and their significant others
* direct intervention with carers and family of origin where appropriate
* attachment or trauma focussed therapies, which may include dyadic work (where the focus is on the facilitation of therapeutic attachment relationships between the child and their carer), individual therapy, family based intervention or the use of other treatment modalities
* facilitating access for children, young people and their families receiving interagency therapeutic and behaviour support services to a range of mental health service options as appropriate and available, such as specialist infant mental health programs and inpatient admissions.

System interventions must include:

* working collaboratively with stakeholders to determine intervention goals including recognition of stakeholder plans
* provision of carer support including foster carer training
* specialist consultation-liaison services to other service providers internal to Queensland Health and externally across government, non-government and private sector
* specialist professional development and training to staff internal to the Evolve Therapeutic Services team as well as staff of key government departments, private practitioners and non-government agencies
* regular reports and review of progress of each child or young person will be presented to the Evolve panel in the relevant area.

The Evolve Therapeutic Services team will work within the overarching Evolve Interagency Model:

* Performance measurement will be undertaken and performance reporting will be provided in accordance with the Evolve Performance Management Framework and associated reporting arrangments. Data will be provided on the performance indicators identified in the framework on an annual basis for inclusion in the Evolve Interagency Services Performance report.
* Operations of Evolve Therapeutic Services, including those that are provided through contracted agencies e.g. Mater Child and Youth Mental Health Services, will be consistent with the endorsed Evolve Interagency Services state-wide service model, policy and procedures as outlined in the Evolve Interagency Services Manual and the Evolve Therapeutic Services Model of Service and associated Framework.
* A central program management function to support the coordination and operation of the Evolve Therapeutic Services program as per the funding and FTE allocation in the service plan will be provided, including:
	+ Evolve Therapeutic Services program development and enhancement
	+ Direct Evolve Therapeutic Services program support activities state-wide
	+ Brokering and faciliating program specific training and professional development
	+ Reporting accountabilities – internal and external.
* Service representatives will be required to participate in Evolve governance and performance management meetings such: Panels, Local Steering Committees, Quarterly Service Meetings and activities as a core member as determined at the local level by the DCCSDS region and HHS.

###### Considerations — Evolve Therapeutic Services

Most Evolve Therapeutic Services interventions are medium to long term aimed at reducing the child or young person’s maladaptive emotional and behavioural responses. However, crisis and short-term interventions may be utilised to stabilise the system and child or young person, so that longer term or more intensive work is possible.

A child or young person from this Service User group who also has a disability may access an Evolve Behaviour Support Service.

## Support — Transition to Independence (including after care support): 15–21-year-olds (T329)

Support through the transition to independence period to support young people to develop the maturity, skills and connections to participate fully as adult members of society.

###### Requirements — Transition to Independence

Assistance to each young person must focus on the following key areas of a young person’s life so that they:

* have a sense of identity and belonging, including an understanding of their family, community and cultural background;
* are connected to peers, family, community and culture;
* are healthy: physically, emotionally, mentally and sexually;
* have a safe and stable place to live and are supported to sustain those arrangements;
* are educated and have a job or are engaged in continuing education;
* have practical life skills to look after themselves;
* have a stable income and are able to make basic financial decisions.

Transition to independence support services will be consistent with the department’s transition from care planning processes for young people in care, which includes the service provider’s and young person’s participation in transition from care case planning meetings and reviews with key departmental staff and other stakeholders.

##### 7.3.2 Considerations — Transition to Independence

Intensity of support will vary according to the developmental needs of the young person and the immediacy of case plan goals and issues for each young person.

For instance, a 15-year-old may require support that focuses on a range of less intensive support matters including information and advice on a range of education issues, life skills development, etc.

On the other hand, a 16- or 17-year-old may require higher levels and more frequent periods of support covering a wider range of personal support issues, including the young person’s emotional preparedness to leave care, practical issues of gaining a drivers licence, accessing financial or study assistance, budgeting, maintaining a bank account, pre-parenting issues, or managing more challenging events in their life involving disrupted attachments including reconnection with family members or managing personally the effects of their trauma experience.

Supports and services provided will be in response to the best interests of a young person, promote positive outcomes and assist the young person to achieve their goals.

Effective outcomes for young people may be delivered through key components including:

* connections and timely access – providing young people with opportunities to connect to support through multiple access mechanisms;
* tailored individual support – assistance through resourcing and targeted responses to young people who require help, based on an assessment of their needs.

## Support — Educational Support (T330)

A learning based mentoring program for children in foster care aiming to improve children’s learning outcomes.

###### Requirements — Educational Support

The service must:

* interview, screen and train volunteers who are then matched with a child who has been referred to the program by the department
* support the volunteers who visit a child at home once a week to deliver literacy and numeracy modules through reading books, playing educational games and engaging in other fun, learning based activities.

###### Considerations — Educational Support

Nil

## Support — Sexual Abuse Counselling Services (T335)

Sexual abuse counselling services (SACS) assist children and young people aged five to under 18 years who are subject to child protection statutory intervention and have been sexually abused or are engaging in sexualised or early sexual offending behaviour.

###### Requirements — Sexual Abuse Counselling

Sexual abuse counselling services must address the range of issues arising from sexual abuse through an appropriate mix of therapeutic and family/carer-based support services, assessment and individual case plans that are responsive to the individual needs of children, young people and their families/carers. There are a number of principles and service delivery methods that must be applied by the service provider to therapeutic interventions:

* evidence based practice is supported by a clear service model
* responsive and flexible services that meet the needs of the child or young person (e.g. individual counselling or therapeutic groups)
* a consistent and comprehensive approach to the assessment of the child or young person’s needs which considers the child or young person’s developmental stage and identified goals
* strengths-based support and counselling methods
* comprehensive Treatment Plans including the identification of therapeutic goals and the approximate timeframes involved for treatment and support (e.g. proposed start and end dates)
* a child or young person’s treatment plan and identified goals are regularly reviewed and evaluated
* culturally appropriate practice and specific strategies to demonstrate equitable access are provided for children, young people, their non-offending family members and carers from culturally and linguistically diverse backgrounds, and children and young people who have a disability, and Aboriginal and Torres Strait Islander children and families
* demonstrated linkage to other specialist sexual abuse services throughout Queensland and Australia and other specialist practitioners in the field of sexual abuse counselling
* effective links across the non-government sector and relevant statutory service systems to ensure service coordination to meet the Service User’s needs, including referrals to other support and treatment services made in consultation with the child or young person’s Child Safety Officer
* processes for the recruitment, supervision and support of tertiary-level qualified staff, and the provision of regular professional development opportunities and peer review.

Young people aged 18 years may continue to receive sexual abuse counselling to assist with transition to independence, through a support service case for up to 12 months, when there are outstanding case plan goals or key life events that require this type of ongoing support.

###### Considerations — Sexual Abuse Counselling

* When delivering services, consideration must be given to the use of trauma-focused cognitive behaviour therapy (TFCBT) as the underlying therapeutic model.
* The provision of information to the referring Child Safety Service Centre case manager:
* notifying the department if concerns arise regarding the child or young person
* regular written progress reports during the period of treatment and support and a final report and/or recommendations at the conclusion of counselling support
* contribute to departmental case planning and review processes and include any current or future risks of harm.
* Information and support and counselling for non-offending family members and carers to appropriately respond to the behaviours and challenges of the child or young person that has experienced sexual abuse.
* Where there is capacity, SACS may also work with:
* children who have been sexually abused but are not and have not been statutory child protection Service Users or previously reported to the department.
* carers and non-offending family members of children and young people who are aged between five and 18 years and have been sexually abused, who have previously been subject to ongoing intervention with a child protection order within 12 months of the case being closed.
* Information and support is provided to paid support workers in residential care teams, including advice and training in understanding the therapeutic support needs identified within the child or young person’s treatment plan and opportunities to contribute to elements of the care approach in the residential setting.
* The provision of information to the department (Child Safety Service) as a contribution to the departmental case plan including information about the risk of current or future harm to the children and young person/s undertaking counselling.
* The service model is documented clearly for replication (so that other services can adopt/adapt the model for their use).
* Systematic processes to ensure accountability, performance monitoring, case planning, case work, recording and evaluation.
* Reference to the *Queensland Government Interagency Guidelines for Responding to People who have Experienced Sexual Assault.*

# Service modes

Child Protection 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.

# Deliverables and performance measures

The following deliverables and performance measures are funded under the Child Protection Support Services 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 & Performance](https://www.communities.qld.gov.au/resources/funding/output-funding-reporting/outputs-catalogue.xlsx) [Measures Catalogue *Version 1*](https://www.communities.qld.gov.au/gateway/funding-and-grants/output-funding-and-reporting)

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

|  |  |  |
| --- | --- | --- |
| **Service Users** | **Service Types** | **Outputs** |
| **U2310 –** Children and young people under 18years who are subject to statutory intervention and require counselling or other support as a result of abuse (physical emotional or sexual) or neglect. **U2319 –** Families and carers of children and young people in care**U2325 –** Young people transitioning from statutorycare – 15 – 21year olds | **T319 –** Counselling and interventionsupport**T323 –** Support – Evolve therapeuticservices**T329 –** Support – Transition toIndependence**T330 –** Support – Educational support**T335 –** Support – Sexual abuse counselling | **A01.2.02 –** Case management**A01.2.08 –** Counselling**A07.1.04 –** Volunteer resource development and/or placement |

###### 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

**U2310 - Children and young people under 18 years who are subject to statutory intervention and require counselling or other support as a result of abuse (physical emotional or sexual) or neglect.**

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| **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** |
| **U2310** | T319 | **A01.2.08**Counselling | Number of hours | Number of Service Users | **A01.2.08** | Number of hours provided during the reporting period |
| **U2310** | T323 | Number of Service Users who received a service during the reporting period |
| **U2310** | T335 |
| **U2310** | T330 | **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 aservice during the reporting period |

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| **Relates to item 7.1 or 9.1 of the agreement** |
| **Service****User Code** | **Service****Type Code** | **Throughput Measure** |
| **U2310** | T319 | **IS132** | Number of Service Users with cases commenced during the reporting period |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **IS133** | Number of existing Service Users |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **IS145** | Number of Service Users who have exited from the service |
| **U2310** | T323 |
| **U2310** | T335 |

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| **U2310** | T319 | **IS201** | Number of referrals received |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **GM07** | Number of Service Users with cases closed as result of the majority of identified needs being met |
| **U2310** | T323 |
| **U2310** | T330 |
| **U2310** | T335 |
| **Service****User Code** | **Service****Type Code** | **Demographic Measure** |
| **U2310** | T319 | **IS35** | Number of Service Users identifying as Aboriginal and/or Torres Strait Islander |
| **U2310** | T323 |
| **U2310** | T330 |
| **U2310** | T335 |
| **U2310** | T319 | **IS39** | Number of Service Users identifying as being from culturally and linguistically diverse backgrounds |
| **U2310** | T323 |
| **U2310** | T330 |
| **U2310** | T335 |
| **U2310** | T319 | **IS207** | Number of Service Users over 15 years |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **IS137** | Number of Service Users 18 - 21 years |
| **U2310** | T335 |

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| **Service****User Code** | **Service****Type Code** | **Outcome Measure** |
| **U2310** | T319 | **OM2.1.01** | Number of Service Users that have shown improvements in being safe and/or protected from harm |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **OM2.1.08** | Number of Service Users with improved quality of life |
| **U2310** | T323 |
| **U2310** | T330 |
| **Service User****Code** | **Service Type Code** | **Other Measure** |
| **U2310** | T330 | **IS70** | Upload report attached |
| **U2310** | T323 |
| **U2310** | T319 | **IS204** | Number of cases per case worker (FTE positions) |
| **U2310** | T323 |
| **U2310** | T335 |
| **U2310** | T319 | **GM16** | What significant achievements or factors have impacted on the quality of service delivery during the reporting period. |
| **U2310** | T323 |
| **U2310** | T330 |
| **U2310** | T335 |

**U2319 - Families and carers of children and young people in care**

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| **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** |
| **U2319** | T319 | **A01.2.08**Counselling | Number ofhours | Number ofService Users | **A01.2.08** | Number of hours provided during the reportingperiod |
| **U2319** | T335 | Number of Service Users who received aservice during the reporting period |

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| **Relates to item 7.1 or 9.1 of the agreement** |
| **Service****User Code** | **Service****Type Code** | **Throughput Measure** |
| **U2319** | T319 | NA | NA |
| **U2319** | T335 |
| **U2319** | T319 | **GM07** | Number of Service Uses with cases closed as result of the majority of identified needs being met |
| **U2319** | T335 |
| **Service****User Code** | **Service****Type Code** | **Demographic Measure** |
| **U2319** | T319 | **IS35** | Number of Service Users identifying as Aboriginal and/or Torres Strait Islander |
| **U2319** | T335 |
| **U2319** | T319 | **IS39** | Number of Service Users identifying as being from culturally and linguistically diverse backgrounds |
| **U2319** | T335 |
| **Service User****Code** | **Service Type Code** | **Outcome Measure** |
| **U2319** | T319 | **OM2.1.01** | Number of Service Users that have shown improvements in being safe and/or protected from harm |
| **U2319** | T335 |
| **U2319** | T319 | **OM2.1.08** | Number of Service Users with improved quality of life |

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| **Service****User Code** | **Service****Type Code** | **Other Measure** |  |
| **U2319** | T319 | **IS70** | Upload report attached |
| **U2319** | T335 |
| **U2319** | T319 | **IS204** | Number of cases per case worker (FTE positions) |
| **U2319** | T335 |
| **U2319** | T319 | **GM16** | What significant achievements or factors have impacted on the quality of service delivery during the reporting period. |
| **U2319** | T335 |

**U2325 - Young people transitioning from statutory care – 15-21year olds**

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| **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** |
| **U2325** | T329 | **A01.2.02**Case management | Number ofhours | Number ofService Users | **A01.2.02** | Number of hours provided during the reportingperiod |
| Number of Service Users who received aservice during the reporting period |
| **U2325** | T329 | **A01.1.06**Information, advice, individual advocacy, engagement and/or referral | Number ofhours | Number ofService Users | **A01.1.06** | Number of hours provided during the reportingperiod |
| Number of Service Users who received a service during the reporting period |

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| **Relates to item 7.1 or 9.1 of the agreement** |
| **Service User****Code** | **Service Type Code** | **Throughput Measure** |
| **U2325** | T329 | **IS132** | Number of Service Users with cases commenced during the reporting period |
| **U2325** | T329 | **IS133** | Number of existing Service Users |
| **U2325** | T329 | **IS145** | Number of Service Users who have exited from the service |
| **U2325** | T329 | **IS201** | Number of referrals received |
| **U2325** | T329 | **GM07** | Number of Service Users with cases closed as result of the majority of identified needs being met |
| **Service****User Code** | **Service****Type Code** | **Demographic Measure** |
| **U2325** | T329 | **IS35** | Number of Service Users identifying as Aboriginal and/or Torres Strait Islander |
| **U2325** | T329 | **IS39** | Number of Service Users identifying as being from culturally and linguistically diverse backgrounds |
| **U2325** | T329 | **IS207** | Number of Service Users over 15 years |
| **U2325** | T329 | **IS137** | Number of Service Users 18 - 21 years |

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| **Service****User Code** | **Service****Type Code** | **Outcome Measure** |
| **U2325** | T329 | **OM2.1.08** | Number of Service Users with improved quality of life |
| **Service****User Code** | **Service****Type Code** | **Other Measure** |
| **U2325** | T329 | **IS70** | Upload report attached |
| **U2325** | T329 | **GM16** | What significant achievements or factors have impacted on the quality of service delivery during the reporting period. |

# Contact information

For further information regarding this investment specification, please contact your nearest [service](http://www.communities.qld.gov.au/communityservices/contact-us/service-centres-by-region) [centre](http://www.communities.qld.gov.au/communityservices/contact-us/service-centres-by-region).

For information regarding current investment opportunities at the Department of Communities, Child Safety and Disability Services, please go to [funding and grants](http://www.communities.qld.gov.au/gateway/funding-and-grants)

# Other funding and supporting documents

* [Investment Specifications](http://www.communities.qld.gov.au/gateway/funding-and-grants/investment-domains-guideline-and-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](https://www.communities.qld.gov.au/resources/funding/output-funding-reporting/outputs-catalogue.xlsx)
* [Human Services Quality Framework](http://www.communities.qld.gov.au/gateway/funding-and-grants/human-services-quality-framework) (HSQF)

**Report Template – IS70 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]

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*Author: Child Safety Date: Effective 1 October 2015 Version: 3.1 Page 24*