

Families

Investment Specification

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1. Introduction

In line with the strategic intent of the Department of Communities, Child Safety and Disability Services (the department), Families has been designated as a funding area to provide support to vulnerable families to prevent their children from entering or re-entering the statutory child protection system.

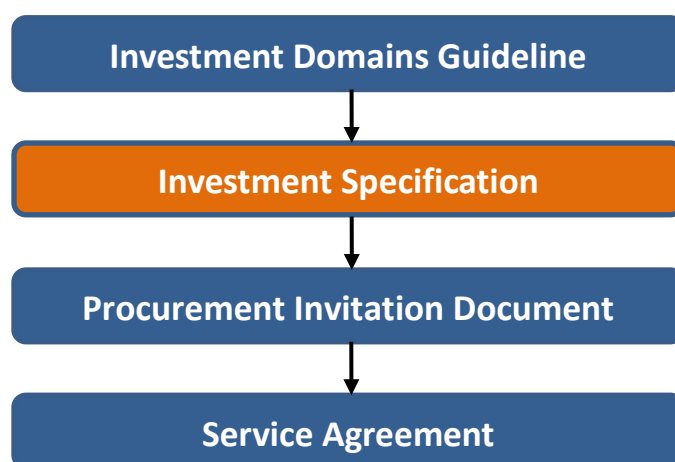
1.1 Purpose of the investment specification

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.

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



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.

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 vulnerable and at risk families to strengthen their capability, parenting skills, and resilience to prevent problems from developing in the first place 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.

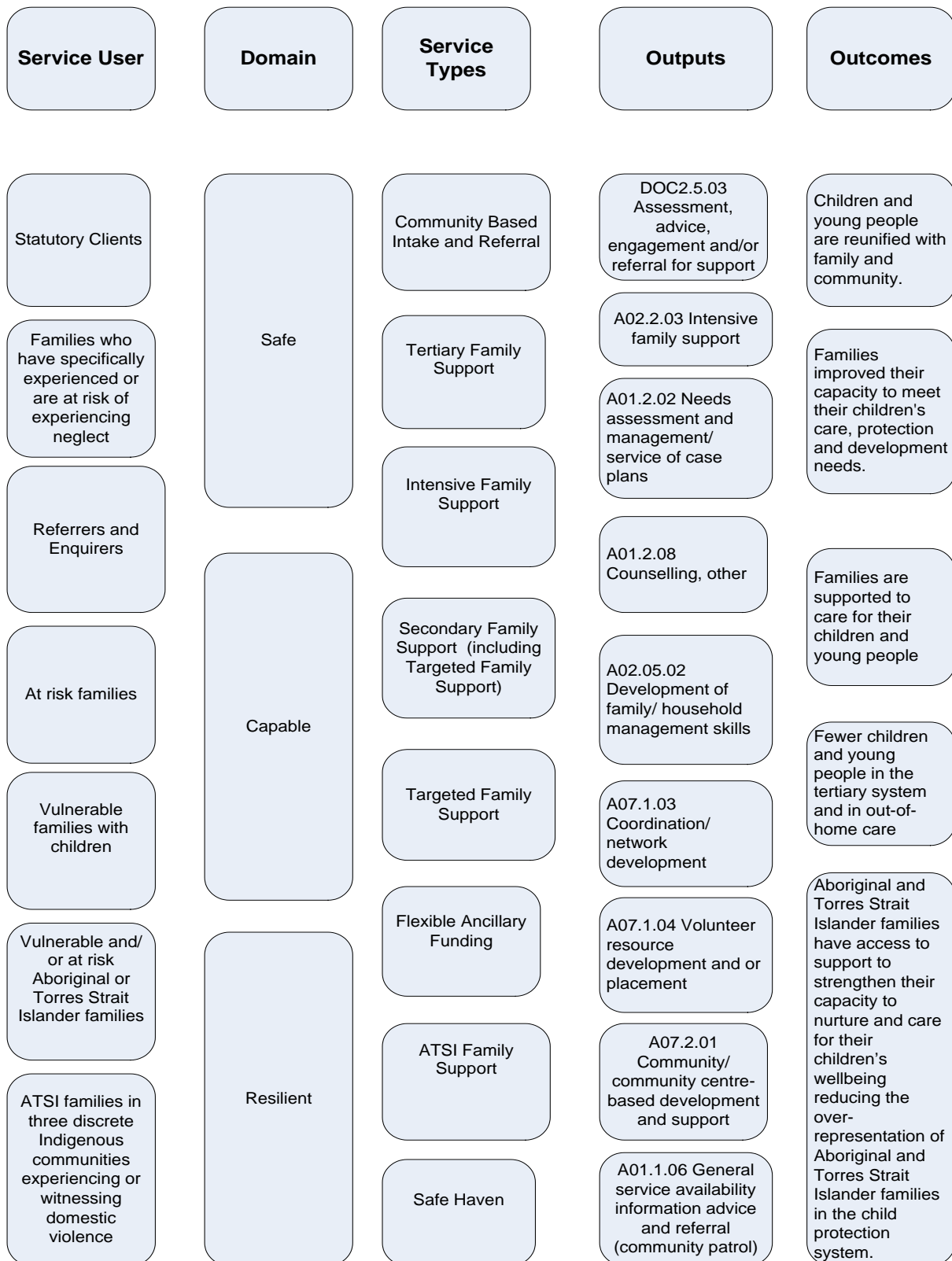
In line with the department's investment approach to improve the line of sight from investment through to outcomes, investment under Families contributes to the following outcomes:

- children and young people are reunified with family and community
- families improve their capacity to meet their children's care, protection and development needs
- families are supported to care for their children and young people
- fewer children and young people in the tertiary system and in out-of-home care
- Aboriginal and Torres Strait Islander families have access to support to strengthen their capacity to nurture and care for their children's wellbeing, reducing the over-representation of Aboriginal and Torres Strait Islander families in the child protection system.

2.1 Context

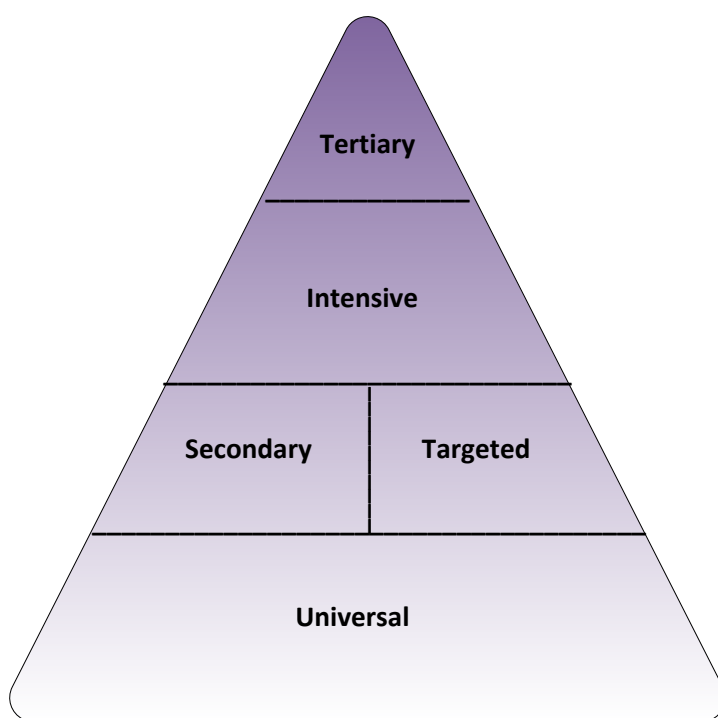
The Queensland Government has committed to building a child and family support system with a greater focus on supporting families to provide a safe and secure home for their children. The department funds non-government organisations across Queensland to provide support to vulnerable and at risk families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

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 in order for families to get the right service at the right time. These programs 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 vulnerable families, children and young people (0 - under 18 years) who have entered or are at risk of entering the child protection system.



Family support services that operate at the tertiary level 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.

Most family support services are positioned within secondary services, 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.

Intensive family support is a consent-based program that responds to vulnerable 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. A key feature of Intensive Family Support services is that they use a lead case management approach to respond to the complexity of Service Users' needs and identify a range of appropriate interventions in response to this complexity then manage access and engagement with these interventions through a case plan.

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 a tertiary or crisis intervention. 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. This maximises the assistance to the family, as case management is provided within an integrated service system.

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

The table below provides an overview of the services 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
Referrers and enquirers (U3340)	Community Based Intake and Referral (T347)
Statutory Service Users (U3310)	Support - Tertiary Family Support (T339)
Families who have specifically experienced or are at risk of experiencing neglect (U3130)	Support - Fostering Families (T324)
At risk families (U3050)	Support - Intensive Family Support (T327)
	Community Based Intake and Referral (T347)
	Support – Flexible Ancillary Funding (T312)
Vulnerable families with children (U3330)	Support - Secondary Family Support (T334)
	Support - Targeted Family Support (T336)
	Support – Flexible Ancillary Funding (T312)

Vulnerable and/or at risk Aboriginal or Torres Strait Islander families (U3333)	Support - Aboriginal and Torres Strait Islander Family Support (T311)
	Support – Secondary Family Support (T334)
	Support – Targeted Family Support (T336)
	Support – Flexible Ancillary Funding (T312)
	Support – Intensive Family Support (T327)
Aboriginal and Torres Strait Islander families in three discrete Indigenous communities experiencing or witnessing domestic violence (U3113)	Support - Safe Haven (T331)

4.1 Description of service type

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 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”.

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

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.

- This service 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.

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 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 service must ensure staff are provided with adequate supervision and with training and networking opportunities to enhance professional development and improve Service User outcomes.

Service delivery

- If a service is offering support to a family and Child Safety begins an Investigation and Assessment, the service may continue to work with the family. However, if as the result of the Investigation and Assessment an ongoing statutory response is deemed appropriate, the service must immediately transition lead case management to Child Safety.

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

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 vulnerable families with children and young people:

- 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 investment and 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, child care, emergency relief payment, rental assistance) and case management to coordinate service delivery.

Source: Professor Clare Tilbury, Griffith University

- **Referral engagement and participation.**
 - Services focus attention on engaging families through the skills and persistence of their workers. The match between Service User need and services provided is considered crucial – if Service Users perceive the service is helpful they are more likely to stay engaged. Workers develop a partnership approach with parents that endorse parental responsibility. Multiple pathways in to the service are utilised to encourage self-referral (where available) and reduce stigma for families.
 - 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 of the family declining to the offer of support.

5.1.2 Considerations for all services

Departmental policies and procedures including, but not limited to:

- *Child Safety Practice Manual - Chapter 4. Case planning*

Workforce competency

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

Cultural capability for working with Aboriginal and Torres Strait Islander families

All family support services should apply the following principles to effectively respond to the Aboriginal and Torres Strait Islander children, young people and families.

- Valuing culture - Recognising, respecting and valuing Aboriginal and Torres Strait Islander cultures is fundamental.
- Leadership and accountability - All leaders are accountable for demonstrating and promoting cultural capability within the sector.
- Building cultural capability to improve economic participation - Building the sector's cultural capability to improve services and facilitate sustainable employment outcomes will lead to greater economic prosperity.
- Aboriginal and Torres Strait Islander engagement and stronger partnerships - Sustained, respectful and inclusive engagement is essential to gaining an understanding of Aboriginal and Torres Strait Islander peoples.
- Culturally responsive systems and services - Embedding Aboriginal and Torres Strait Islander perspectives into the design, delivery and evaluation of policy, programs and services will lead to better outcomes.

Source: Qld Government Aboriginal and Torres Strait Islander cultural capability framework 2014

Assessment Tool

- 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 to plan and deliver services to clients and a case manager/lead professional works to ensure that the client receives the right mix of services, in the right order and at the right time.
- Single case plan is a method of service integration where services work collaboratively to plan and deliver services to individual clients. 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 works to address issues using a 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.

6. Service delivery requirements for specific Service Users

6.1 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.

6.1.1 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 Services on an Intervention with Parental Agreement or a Court Order.

- Service Users are parents ¹and other immediate family members in a direct caring role of children who are referred exclusively by Child Safety Services 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 Service² case to prevent any likelihood of the child entering out-of-home care; and
 - B. The age group is inclusive of children and young people aged from unborn to under 18 years.

6.1.2 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 Services to ensure ongoing safety and consolidate their learning.

6.2 Families who have specifically experienced or are at risk of experiencing neglect (U3130)

Definition

Families with children and young people under 18 years in the statutory child protection system or at high risk of entering or re-entering the statutory system who have specifically experienced or are at risk of experiencing neglect.

6.2.1 Requirements – Families who have specifically experienced or are at risk of experiencing neglect

- Services Users are families with children and young people under 18 years in the statutory child protection system or at high risk of entering or re-entering the statutory system who have specifically experienced or are at risk of experiencing neglect.

¹ 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 out-of-home care placements. Definitions of “parent” contained in the Child Protection Act 1999 apply.

² 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

6.2.2 Considerations - Families who have specifically experienced or are at risk of experiencing neglect

- Families with children under 18 years of age may require ongoing intervention by Child Safety Services through an Intervention with Parental Agreement (IPA) and the concerns include neglect.
- Families with children under 18 years of age may be working voluntarily with Child Safety Services under a Support Service case and where the needs relate to neglect.

6.3 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.

6.3.1 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 family support interventions and/or referral to specialist support services
- 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

6.3.2 Considerations – At Risk Families

- The family may have medium to high complex needs

6.4 Vulnerable families with children (U3330)

Definition

Families with children and young people under 18 years, including unborn children, who find themselves in vulnerable situations.

6.4.1 Requirements – Vulnerable families with children

- 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
- 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 - Vulnerable families with children

- The child/ren may currently be in need of ongoing Child Safety intervention³
- Families may present with multiple concerns.

6.5 Vulnerable and/or at risk Aboriginal or Torres Strait Islander families (U3333)

Definition

Aboriginal or Torres Strait Islander families with children and young people under 18 years in the statutory child protection system or at risk of entering or re-entering the statutory child protection system

6.5.1 Requirements - Vulnerable and/or at risk Aboriginal or Torres Strait Islander families

- A member of the family identifies as Aboriginal or Torres Strait Islander
- 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 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 not currently in need of ongoing Child Safety intervention

6.5.2 Considerations - Vulnerable and/or at risk Aboriginal or Torres Strait Islander families

Nil.

6.6 Aboriginal and Torres Strait Islander families in three discrete Indigenous 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 Indigenous communities (Mornington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence.

6.6.1 Requirements - Aboriginal and Torres Strait Islander families in three discrete Indigenous communities experiencing or witnessing domestic violence

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

³ Ongoing Child Safety intervention includes Intervention with Parental Agreement (IPA) or a Child Protection Order (CPO) of any type. For further information on types of Child Protection Orders refer to <http://www.communities.qld.gov.au/childsafety/protecting-children/ongoing-intervention/child-protection-order>

- families with children and young people under 18 years in three discrete Indigenous communities (Morrington Island, Cherbourg, Palm Island) who have experienced or witnessed domestic violence

6.6.2 Considerations - Aboriginal and Torres Strait Islander families in three discrete Indigenous communities experiencing or witnessing domestic violence

Nil.

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 well-being of a child or family and are seeking information, advice, or referral for support for the vulnerable family.
- 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 entities⁴, 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 Services.

6.7.2 Considerations - Referrers and Enquirers (U-3340)

- 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 vulnerable family or child.

7. Service delivery requirements for specific service types

7.1 Support — Tertiary Family Support Services (T339)

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

⁴ *prescribed entity* means each of the following entities— (a) the chief executive; (b) an authorised officer; (c) a licensee; (ca) the public guardian; (d) 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; (da) the chief executive officer of the Mater Misericordiae Health Services Brisbane Ltd (ACN 096 708 922); (daa) a health service chief executive within the meaning of the *Hospital and Health Boards Act 2011*; (e) the police commissioner; (f) the principal of a school that is accredited, or provisionally accredited, under the *Education (Accreditation of Non-State Schools) Act 2001*; (g) the person in charge of a student hostel; (h) the chief executive of another entity, that provides a service to children or families, prescribed under a regulation.

7.1.1 Requirements — Tertiary

Tertiary Family Support 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; and/or
- assist in the reunification of the child with their family from an out-of-home care placement where this is in the child's best interest.

Referral pathways

- Only Child Safety Service Centres are able to make referrals to Tertiary Family Support Services. Other government and non-government agencies are not permitted to send referrals to Tertiary Family Support.
- Families are not able to self-refer.

Case management/planning

- Services must work to a case plan developed by Child Safety Services, who retain lead case management responsibility. The case plan must include one of the following goals:
 - reunification of children with their families in 12 months;
 - support to a child's family living at home on a child protection order,
 - intervention with parental agreement (IPA) or
 - support service case.
- Services must work in partnership with Child Safety Service Centres and collaboratively 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.

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.

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 \$5,000 per \$100,000 per annum (or 5% of total grant funding) is available.

Reporting

- When families are referred by Child Safety Services subject to an Intervention with Parental Agreement, or support service, the department requires regular progress reports on the family's participation in the program
- Services are required to provide Service User data on an annual basis on a template provided by the Australian Institute of Health and Welfare (AIHW).

7.1.2 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 Services.
- 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 episode of service
- Hours of contact and coordination support provided to each family range from 10 to 20 hours per week, depending on the nature of the referral made by Child Safety.

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.
- On average, workers have a caseload of 12 families per year.
- Interventions may vary in length from three to twelve months, with the possibility of a further six months extension depending on a family's need, consistent with parental progress and departmental case plan goals and reviews.
- Under some circumstances, services will need to be provided outside of business hours, including before school, evenings and occasionally on weekends.

Service delivery mode options: centre-based or mobile

7.2 Support — Fostering Families (T324)

7.2.1 Requirements – Fostering Families

Fostering Families is a secondary (non-statutory) service model targeted towards improving safety conditions for children experiencing neglect and reduce the risk of children entering or re-entering the statutory child protection system by:

- improving wellbeing and safety of children, young people and their families experiencing neglect
- improving parenting and family functioning to increase the protective factors for children
- preventing children entering or re-entering the statutory child protection system.

Referral Pathways

The following are able to refer to a Fostering Families service:

- Child Safety Service Centres and the Regional Intake Service (RIS)

- Direct referrals from Queensland Health and the Department of Education, Training and Employment where there are concerns about the child, including concerns relating to neglect, but the concerns do not reach the threshold for statutory intervention
- Community Based Intake and Referral services can refer families where the presenting concerns relate to neglect
- Families that have been previous clients of a Fostering Families service are also able to self-refer.

Case Management/Planning

- Services must provide casework that will reduce the incidence or likelihood of neglect occurring, including assessing the family's support needs and strengths, planning the intervention, providing information on and referring to specialised secondary and universal services as required, monitoring coordination and delivery of services and advocating for families regarding barriers to a family's access to services.
- Services must develop a therapeutic role and structured helping alliance with family members to strengthen the attachment between the child and parent, assist parents to develop practical skills within the family home to care for their children and improve the safety of the home environment.

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 \$5,000 per \$100,000 per annum (or 5% of total grant funding) is available.

Reporting

- When families are referred by Child Safety Services subject to an Intervention with Parental Agreement, or support service, the department requires regular progress reports on the family's participation in the program
- Services are required to enter data on Community Sector Information System (CSIS), a program developed specifically for the intensive family support service system.

7.2.2 Considerations – Fostering Families

Service Delivery

- Under some circumstances, services will need to be provided outside of business hours, including before school, evenings and occasionally on weekends.

Service delivery mode options: centre-based or mobile

7.3 Support — Intensive Family Support (T327)

7.3.1 Requirements — Intensive

Intensive Family Support (IFS) services are required to build the capacity of families to adequately nurture, protect and keep their children safe.

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.

Referral Pathways

- There are a number of referral pathways into the service, these include referrals from:
 - Child Safety Services
 - Department of Education, Training and Employment and Queensland Health
 - other government and non-government agencies
 - Community Based Intake and Referral (CBIR) and
 - self referrals where capacity allows
- To make a referral to the service the following criteria must be met:
 - there is a child unborn to 18 years of age
 - the family has medium to high or complex needs
 - the family would benefit from access to intensive and specialist support services
 - the child and family have had involvement with, or at risk of progressing into the statutory child protection system
 - the child is not currently in need of statutory child protection.

Referral Process

- CBIR accept a referral for a family and commence a process to actively engage with the family to obtain their consent prior to referring to IFS.
- Child Safety Service Centres (CSSCs) and Regional Intake Service (RIS) will only refer families they have assessed as “at risk” but where statutory intervention is not required (un/substantiated - child not in need of protection). All referrals from CSSC’s and RIS are made via the Community Sector Information System (CSIS).
- There are two types of referral that the service can receive from Child Safety:
 - Referral with Consent: Where a full investigation and assessment (I&A) has been conducted with an outcome of “substantiated” or “unsubstantiated – child not in need of protection” with no ongoing intervention or the family have been subject to an intervention with parental agreement (IPA) and it has been assessed that the child is no longer in need of protection. In these cases, Child Safety Services will keep the case open until the family has engaged with the service and the service has confirmed engagement. During the I&A or IPA, Child Safety Services would have sought consent from the family to refer them to the service, where it has been deemed appropriate and the referral criteria has been met, for the family to receive a service.
 - Referral without consent: It is unlikely that Child Safety Services will have had contact with a family where RIS have recorded a child concern report (CCR) at intake. Therefore, where intensive family support is deemed appropriate and the referral criteria have been met, Child Safety Services may refer the family without

the family's prior consent. (*Small services operating as a one worker model are not obliged to receive referrals without consent*).

Referrals from Police, Schools and Health Services

- The Department of Education and Training Queensland Police and Queensland Health referrals:
School Principals, Guidance Officers, Queensland Health Child Health Professionals and Police may refer to the service when they identify a child who does not meet the threshold for reporting to Child Safety Services, however the family is deemed to be in need of intensive family support and the referral criteria is met. These referrals can be made without the family's consent.

Other Referrals

- Where capacity exists within the service, and based on the same criteria as Child Safety Services, Department of Education, Training and Employment and Queensland Health, the service may accept referrals from other government or non-government agencies with the family's consent and accept self-referrals. The service will assess whether the self-referred family meets the referral criteria for intensive family support.

Prioritisation of Service Users: The service will prioritise Service Users as follows:

- Priority 1 – Community Based Intake and Referral Service
- Priority 2 - Child Safety referrals (CSSC and RIS)
- Priority 3 – Department of Education, Training and Employment, Queensland Police and Queensland Health referrals where capacity allows
- Priority 4 – all other referrals only where capacity allows.

Active Engagement

- If the referrer is a mandatory reporter 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 Services 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.
- Where families, referred by Child Safety Services (RIS and CSSC), do not engage with the service, the service must advise Child Safety Services 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 Services will consider the family's engagement in secondary support services.

Case Management/Planning

- Secondary 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 families will be referred to the service without their consent, services will play an active role in assisting Service Users 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.
- 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 of support overall.
- A critical success factor of the program is the provision of integrated service provision to support vulnerable families. Services use formal agreements and/or brokerage funds to procure other specialist or support services for the families referred for active intervention. Secondary 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 \$5,000 per \$100,000 per annum (or 5% of total grant funding) is available.

Reporting

- Services are required to enter data on the Community Sector Information System (CSIS), a program developed specifically for the secondary family support service system.

Networking

- All services participate in a local alliance of government and non-government services.

7.3.2 Considerations - Intensive

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 or mobile

7.4 Support — Secondary Family Support (T334)

7.4.1 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.

These 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 for families 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 Services if there is a current notification and an investigation and assessment 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 only be accepted when the family is exiting from a Child Safety intervention (Investigation and Assessment 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 out-of-home care by Child Safety Services. Where children are placed in out-of-home care, Child

Safety Services 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.

7.4.2 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 workers with different skill levels, including volunteers, tertiary qualified (university) and vocationally trained (TAFE) staff.

Case Management/Planning

- A range of interventions is delivered to vulnerable families 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 alliance of government and non-government services.

Service delivery mode options: centre-based or mobile

7.5 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 or social and personal development. 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, such as counselling.

- 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, ATSI, 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

7.5.1 Requirements — Targeted

Targeted Family Support services are secondary services. They 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.

These services are required to:

- 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 for families 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 Services if there is a current notification and an investigation and assessment has not commenced or where it has been determined that a child is in need of ongoing Child Safety intervention.

- Referrals from Child Safety Services can only be accepted when the family is exiting from a Child Safety intervention (Investigation and Assessment 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 out-of-home care by Child Safety Services. Where children are placed in out-of-home care, Child Safety Services 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.

7.5.2 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, tertiary qualified (University) and vocationally trained (TAFE) staff.

Case Management/Planning

- A range of interventions is delivered to vulnerable families 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 alliance of government and non-government services.

Service delivery mode options: centre-based, mobile or virtual

7.6 Support — Flexible Ancillary Funding (T312)

The intent of Flexible Ancillary Funding is to provide a response to a gap in the service system for Intensive Family Support (IFS) Service Users. The department in consultation with the IFS and local alliance will scan and review the identified service delivery gap in order to determine the priority need within the local service system. This process is then repeated prior to the expiry of the Service Agreement.

The purpose of this funding is to address prevention and early intervention service delivery gaps and priorities determined by the Regional committee and the IFS service within the catchment area. This includes the establishment of new services or enhancement of existing services within

the targeted areas to increase the capacity of the service to provide specialised and ongoing support for Service Users of the funded IFS service.

Depending on regionally identified needs, funding may be used to boost specialist services required for IFS Service Users (e.g. Domestic and Family Violence counselling, Indigenous Family Support) or to build less intensive services that are able to provide “step down” support for families exiting an IFS service. Flexible Ancillary funded services must deliver a direct Service User service and prioritise IFS Service Users. Where capacity allows Ancillary services may accept Service Users from other referral pathways.

7.6.1 Requirements — Flexible Ancillary Funding

Flexible Ancillary Funding is to provide a response to a gap in the service system for Intensive Family Support (IFS) Service Users.

Service Delivery

- Provide direct service delivery to Service Users, giving priority to Service Users referred by the IFS
- Deliver specialist services that meet the needs of IFS Service Users as identified by the department and the IFS service
- Work collaboratively with the IFS as the lead case manager to ensure Service Users’ needs are met
- Be members of and actively participate in the local Alliance or Network of services within the region
- Use a variety of strategies to engage hard-to-reach families, in particular Aboriginal and/or Torres Strait Islanders and people from culturally and linguistically diverse backgrounds
- Participate in existing networks and/or establish and maintain networks and partnerships within the local community and with a broad range of targeted and universal services

Brokerage

- Brokerage is not funded within the model.

Reporting

- There are no additional reporting requirements for these services.

7.6.2 Considerations — Flexible Ancillary Funding

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, tertiary qualified (university) and vocationally trained (TAFE) staff.

Case Management/Planning

- A range of interventions is delivered to vulnerable families 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 alliance of government and non-government services.

Service delivery mode options: centre-based or mobile

7.7 Support - Aboriginal and Torres Strait Islander Family Support Service (T311)

7.7.1 Requirements – Aboriginal and Torres Strait Islander Family Support Service

- Aboriginal and Torres Strait Islander Family Support Services reduce the risk of harm to children within the family and home environment and improve the capacity of families where ongoing departmental intervention (Child Safety Services) is required to nurture, protect and keep their children safe. Early intervention services are also provided to families at risk of departmental intervention. Service delivery is targeted at 25% families with ongoing departmental intervention and 75% early intervention.

Services must:

- improve the wellbeing and safety of children, young people and their families
- build the capacity of families to care for and protect their children
- prevent entry into the statutory child protection system
- work to achieve reunification and family preservation.

Referral Pathways

- There are a number of referral pathways into the services: Child Safety Services, Aboriginal medical services, referrals from Department of Education Training and Employment and Queensland Health and referrals from other government and non-government agencies and self-referrals, where capacity allows.

Case Management/Planning

- Risks within the family and home environment will be reduced by building on existing parenting strengths through the provision of practical support to develop skills such as budgeting, running a household, and improving the attachment between children and their parents.

- Support will be provided to families to facilitate the return of children from out-of-home care placement once it is evident that enhanced knowledge, caring and parenting skills and safety have been achieved and practised by the caregiver.
- Support will be provided to encourage active participation and engagement of other significant family members, in particular acknowledging the role and positive influence of fathers on children and family life generally.
- The personal, cultural and spiritual wellbeing of Aboriginal and Torres Strait Islander children and their parents/family members will be supported within appropriate cultural models.
- The services work collaboratively with Recognised Entities and other culturally appropriate services and supports to help Aboriginal and Torres Strait Islander families overcome personal and social barriers to nurturing and caring safely for their children.

Service Delivery

- Aboriginal and Torres Strait Islander Family Support Services are provided by Indigenous community organisations.
- Services must work with families through direct support within the family home and the local community within a culturally competent framework of intervention.

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.
- A brokerage fund of up to \$4000 per \$100,000 per annum (or 4% of total grant funding) is available.

Reporting

- Services are required to enter data on Community Sector Information System (CSIS), a program developed specifically for the secondary family support service system.

7.7.2 Considerations – Aboriginal and Torres Strait Islander Family Support Service

Nil.

Service delivery mode options: centre-based or mobile

7.8 Support — Safe Haven (T331)

Safe Havens reduce the impact of family violence on children, young people and their families in three Aboriginal communities: Mornington Island, Cherbourg and Palm Island.

7.8.1 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.
- 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.
- 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 and as 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.

7.8.2 Considerations — Safe Haven

Nil.

Service delivery mode options: centre-based or mobile

7.9 Support — Community Based Intake and Referral (T347)

The fundamental intent of the Community Based Intake and Referral (CBIR) services is to create social infrastructure which enables families under stress to access the support they need as early as possible and without involvement of the statutory child protection system.

7.9.1 Requirements— Community Based Intake and Referral (T347)

- The Community Based Intake and Referral (CBIR) services are required to operate both locally within their defined catchment, and as a network 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, and lead an alliance of local non-government and government services that work with vulnerable children, young people and families.
- Three key functions of the CBIR are 1) information, assessment, advice and/or referral for support, 2) active engagement and referral for support and 3) lead a local level alliance.

Information, assessment, advice and/or referral for support

- The CBIR service is the entry point for information and support advice for vulnerable families. Community members and professionals seeking assistance for families that do not require a report to Child Safety Service must make enquiries to the CBIR.
- The service will make available the following contact options:
 - in person
 - by phone and/or
 - by email via a website.
- The service must provide a visible point of entry for vulnerable families 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 CBIR must also provide assistance with the use of the online Queensland [Child Protection Guide](http://www.communities.qld.gov.au/childsafety/partners/our-government-partners/queensland-child-protection-guide/online-child-protection-guide) at <http://www.communities.qld.gov.au/childsafety/partners/our-government-partners/queensland-child-protection-guide/online-child-protection-guide>
- If the information provided indicates the family has multiple and/or complex needs and will require intensive family support, the CBIR worker must encourage the enquirer to gain consent from the family to refer the family to an Intensive Family Support service.
- If the referrer is a mandatory reporter and unable or unwilling to gain the consent of the family, the CBIR 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 CBIR 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 CBIR to seek engagement.
- The initial assessment must be undertaken by a professionally 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 resident out-posted officer (Child Safety Services).

- Where it is identified that children or young people have been or are at risk of significant harm, the CBIR must make a prompt and timely referral of the family to the Regional Intake Service (RIS).

Active engagement and referral for support

The second function of the CBIR is to actively engage with the families that are referred to the service because of multiple and/or complex needs.

- If the enquirer is a prescribed entity and is unable or unwilling to gain the consent of the family, then the CBIR must accept the referral of the family without consent and commence a process to actively engage with the family to gain consent.
- 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.
- The CBIR 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 CBIR 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 CBIR service model. Family members need to agree to accept support by providing consent which includes permission for their information to be shared with other service providers who can assist them.
- 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.
- 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. Family members will have the option of limiting or not permitting information sharing with particular services or organisations.
- All families must be made aware of the duty of care that providers have to report significant harm or risk of significant harm to relevant authorities including Child Safety Services.
- Child Safety Services (RIS) must refer a proportion of families to the CBIR. Where families do not engage with the CBIR service or provide consent for a family support intervention, the CBIR will advise Child Safety Services 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 Services will consider the family's engagement in secondary support services
- Families identified as requiring intensive support or 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.

Lead a Local Level Alliance

The third function of the CBIR is to lead the Alliance which will include government and non-government agencies who work with vulnerable families, including Local Councils and Australian Government service providers. The Alliance may be co-chaired by a government agency and the

CBIR or another non-government agency within the Alliance by mutual agreement of Alliance members.

- The Alliance will be responsible for contributing to the development of 'local family-support needs plans' and 'family-support service plans' which will detail current availability and demand and identify existing or emerging gaps in service responses for families.
- The CBIR must work collaboratively with the department who will assist with support to actively progress the work of the Alliance.
- In addition, the role of the Alliance must include working with services to ensure families receive timely and coordinated responses, reducing the need to tell their story multiple times.
- The Alliance must collaborate to develop local responses that support and strengthen service system integration to ensure families receive the right service at the right time to support their needs.
- For families with multiple and/or complex needs, the CBIR service must identify and refer the family to the appropriate lead agency within the Alliance. For these families, there will be a lead case manager who will work to develop a single case plan within a secondary intensive family support service. The intensive family support service will develop a case plan with the family, provide intensive interventions and engage other specialist services as required. In some cases it may be more appropriate for another secondary or specialist service to take lead case management.
- The work of the Alliance must be underpinned by a partnership approach with a shared vision and approach.

Enquiries to CBIR

- The service must provide advice and support on the use of the Queensland Child Protection Guide.
- The CBIR must manage enquiries from mandatory reporters, 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 CBIR must receive some form of response from the suite outlined in section 7.9.1 Considerations — Community Based Intake and Referral - Response types.

Referrals to a CBIR service

Not every enquiry to CBIR will result in a referral. To make a referral to CBIR the following criteria must be met:

- there is a child or young person (unborn* to under 18 years) and
- the family has multiple and/or complex need and
- the family would benefit from access to intensive and specialist support services and
- without support the child, young person and family are at risk of entering or re-entering the statutory child protection system and
- the child is not currently in need of protection.

* Concerns about an unborn child cannot be referred without the pregnant women's consent.

- Child Safety Services Regional Intake Service (RIS) will make direct referrals to CBIR service who will actively engage with the referred families to gain their consent for and active participation in an intensive family support service.
- The legislation allows for mandatory reporters to refer without consent

- Referrals must need to 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 vulnerable families. 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 a specified form 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 CBIR 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 from Child Safety Regional Intake Service (RIS)

The department has the legislative authority to make referrals of families to specialist family support services without necessarily obtaining their consent.

- RIS can refer families who do not require a statutory response to specialist family support services including CBIR without prior consent. Where families do not engage with a CBIR service, the CBIR will advise Child Safety Services 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 services will consider the family's engagement in secondary support services.

Referrals from Child Safety Service Centres (CSSC's)

- CSSC's can refer families who do not require a statutory response; including closing Interventions with Parental Agreement (IPAs) to specialist family support services, with the family's prior consent. There may be situations that arise where a RIS may contact the CBIR directly to seek advice or facilitate a referral for a family.
- The department has the legislative authority to make referrals of families to specialist family support services without necessarily obtaining their consent.

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 and the service will operate for extended hours until 7.30pm one evening each week (for example, every Thursday). The service will not be expected to operate outside of these hours or on public holidays.
- Outside of the hours outlined above, the CBIR telephone system must be capable of receiving voicemail messages for a call-back on the next working day; and the CBIR

voicemail will direct callers to the CBIR website which will provide the capacity to leave a message and provide access to self-help resources.

CBIR staffing

- CBIR staff must hold tertiary (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 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.
- Organisations are also encouraged to recruit specifically for the lead Alliance function which will require a dedicated resource focussed on sector engagement and partnerships.
- 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, 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.

Specialist domestic and family violence professional

- The CBIR must recruit at least one full-time experienced specialist domestic and family violence professional. This is in recognition of the high proportion of vulnerable families 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 CBIR 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 CBIR team to provide specialist advice and assistance to other CBIR staff members and those contacting the service. This will include assessment of referrals into the CBIR 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.

Cultural capability

- The CBIR 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 over-representation of Aboriginal and Torres Strait Islander children in out-of-home 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 or Torres Strait Islander.

- In areas where there are high populations of Aboriginal and Torres Strait Islander families, organisations are encouraged to recruit proportionate number of Aboriginal and Torres Strait Islander staff to the CBIR team.
- In addition, CBIR 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

- Under the Child and Family Reform Program, the department will implement a new child protection practice framework (recommendation 7.1 of the Inquiry). The department will provide training to the staff of the CBIR services, IFS services and domestic and family violence services in relevant components of the new tertiary child protection practice framework to develop a shared practice approach across CBIR, intensive family support, domestic and family violence services and Child Safety Services. Participation in this training is mandatory. The department will meet the costs of training service providers in the practice framework.
- Alongside the new practice framework, tools including common assessment tools, will be provided by the department for use by CBIR and IFS services to develop a shared understanding and consistent practice across all CBIR's.

Principal Child Protection Practitioner (PCPP)

- A senior child safety officer employed and supervised by the department will work within the CBIR 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.

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 be used by service providers 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 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 \$5000 per \$100,000 per annum (or 5% of total grant funding) is available.

Evaluation

- Funded organisations will be required to participate in evaluation by providing information and data as required by the department and evaluation partners. The evaluation may include longitudinal follow-up of a statistically valid sample of families, with their consent, to assess their experiences following the CBIR response they received.

7.9.2 Considerations — Community Based Intake and Referral (T347)

Response types

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

Enquiry - Response type 1

- Where the CBIR makes an initial assessment that the concerns raised about children are relatively low level, the CBIR 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 CBIR makes an initial assessment that the concern raised about children is more complex but requires one principal service response, the CBIR 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 CBIR; and for the enquirer to then make a direct referral to the recommended specialist service.

Enquiry - Response type 3

- Where the CBIR makes an initial assessment that the concern raised is more complex or urgent which requires one principal service response, but a CBIR facilitated referral to the specialist service is warranted, the CBIR 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 CBIR and the specialist service to prepare for a smooth referral process.

Enquiry - Response type 4

- Where the CBIR makes an initial assessment that the concerns are highly complex and in need of multiple responses, the CBIR will ask the enquirer to use their connection with the family to gain consent if possible. If this is possible, the CBIR 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) or other lead agency as soon as there is capacity in that service.
- The department estimates that approximately 25 per cent of enquiries received by a CBIR will fall into a 'response type 4'; every effort will be made by the CBIR to make sure this cohort is only the most high risk and/or complex families.
- While every CBIR will have a designated IFS service to undertake more intensive work with these families, if the IFS is at capacity, then the CBIR will actively support the family to engage with alternative intensive family support options.

Referrals from a CBIR service

- The CBIR may refer to any appropriate service whether it forms part of the Alliance or not; however, the newly funded or enhanced IFS and domestic and family violence services in the CBIR catchment should be the first option to accept a CBIR 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 prioritise CBIR referrals.

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

Deliverables

The following outputs are funded under the Families funding area. The service agreement will identify the relevant outputs for each service outlet and the quantum to be delivered.

Service User Code	Service Type Code	Output	Quantity per annum	Number of Service Users
U3340	T347	DOC 2.5.03 Assessment, advice, engagement and/or referral for support Activities that respond to enquiries and referrals about the wellbeing of vulnerable children and young people and families.	[insert number of hours]	NA
U3333 U3330	T311 T336 T312	A01.2.08 Counselling, other Activities that help Service Users to assess their circumstances and relationships, and to make choices, decisions and plans for the future. Help is provided by discussions with trained counsellors in individual and group sessions.	[insert number of hours]	[insert number of Service Users]

Service User Code	Service Type Code	Output	Quantity per annum	Number of Service Users
U3333 U3310	T311 T339	A02.2.03 Intensive Family Support Activities that seek to prevent the separation of families with child protection concerns or seek to reunify families where separation has already occurred. Activities focus on improving family functioning and are generally intensive and short term in nature.	[insert number of hours]	[insert number of Service Users]
U3333 U3130 U3330	T311 T324 T336 T312	A02.5.02 Development of Family/household management skills Activities that re-establish and maintain minimum levels of family household and child rearing management skills. The aims of these activities may include preventing child and family entry to the formal statutory protection system. For tertiary services, such as Child Safety services, the aims may also include facilitating early home release of children from out of home accommodation or providing alternative options to removing a child from home after a court protective hearing.	[insert number of hours]	[insert number of Service Users]
U3333 U3050 U3113 U3330	T327 T331 T334 T336 T331 T311 T312	A01.2.02 Needs assessment and management of case/service plans Activities of assessment of service needs, development and monitoring of service plans, ongoing case management and coordination of voluntary, individualised service packages, and professional support in accessing and using general community services.	[insert number of hours]	[insert number of Service Users]
U3113 U3330	T331 T336 T312 T334	A07.2.02 Community/community centre based development and support Developing groups and activities focused on enhancing simultaneously the personal and community support and	Milestones	

Service User Code	Service Type Code	Output	Quantity per annum	Number of Service Users
		development capacities of people living within a defined geographical community.		
U3050 U3340	T327 T347	A07.1.02 Coordination/ network development Driving the development of networks and/or coordinating networks to minimise duplication and share specialist knowledge.	Milestones	
U3330	T336 T312 T334	A07.1.04 Volunteer resource development and placement Providing volunteers with knowledge about the roles, functions, activities and policies of non-government organisations, with training in discharging their duties and responsibilities as volunteers. This may include referrals to registered service providers.	Milestones	
U3113	T331	A01.1.06 General service availability, information, advice and referral (community patrol) Providing information, advice or referral about any specific services available to the general public and/or to specific groups.	Milestones	

Performance measures

The following table includes the range of measures that are collected across the funding provided under the Families funding area. The service agreement will identify the relevant performance measures for each service outlet.

Service User Code	Service Type Code	Output measures	Counting rules and examples

Service User Code	Service Type Code	Output measures		Counting rules and examples
U3340	T347	DOC 2.5.03 Assessment, advice, engagement and/or referral for support	Number of hours provided during the reporting period	<p>Count all hours spent with Service Users or time spent on behalf of a Service User or which can be attributed to a Service User</p> <p>Examples:</p> <p>A worker spends 30 minutes conducting an initial assessment where the concerns raised are relatively low level. The CBIR provides advice to the enquirer on how they could respond to the situation themselves (e.g. protective advice, suggestions for staying engaged with and supporting the family or information about local universal services). This advice may be provided via telephone, e-mail, face to face and/or through providing a brochure which provides details about local support services either by email or through the post. Count as 30 minutes</p> <p>A worker spends two hours making an initial assessment where the concerns raised are complex and requires one principal service response. The worker encourages the enquirer to gain the consent of the family or individual family member for a referral to a specialist service; and for the enquirer to then make a direct referral to the recommended specialist service. Count as 2 hours</p> <p>A worker spends three hours making an initial assessment where the concerns raised are more complex or urgent requiring one principal service response. The worker then facilitates a referral to the specialist service and supports the enquirer to gain the family or individual family member's consent, and facilitates a three-way engagement between themselves, the enquirer and the specialist service. Count as 3 hours</p> <p>A worker spends four hours making an initial assessment where the concerns are highly complex and requires multiple responses. The worker asks the enquirer to use their connection with the family to gain consent if possible. The worker accepts the referral and undertakes a more detailed needs assessment identifying the range of services required/ An immediate referral is not possible therefore the worker undertakes active-holding by keeping in touch with the family before handing the case over. Count as 4 hours</p> <p>A worker receives a referral from an enquirer from a prescribed entity about a family with multiple complex needs. The enquirer unable to gain the consent of the family. The worker accepts the referral of the family without consent spends three and a half hours to actively engage with the family to gain consent. Count as 3.5 hours</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
		<p>A02.2.03 Intensive Family Support</p> <p>Activities that seek to prevent the separation of families with child protection concerns or seek to reunify families where separation has already occurred. Activities focus on improving family functioning and are generally intensive and short term in nature.</p>	<p>Number of hours provided during the reporting period</p>	<p>Count all hours spent with Service Users or time spent on behalf of a Service User or which can be attributed to a Service User.</p> <p>Examples:</p> <p>A worker spends two hours with a family in their home assisting with the development of household management skills. Count as two hours.</p> <p>A parent receives an hour long counselling session with a worker. Count as 1 hour.</p> <p>Two workers co-facilitate an hour long group session with 6 Service Users. Count as 2 hours.</p> <p>A worker spends 2 hours writing progress reports on 3 families for Child Safety Service Centres. Count as 2 hours.</p> <p>A team leader attends a meeting for one hour with a Child Safety Officer to discuss two current cases. Count as 1 hour.</p>
<p>U3333</p> <p>U3310</p>	<p>T311</p> <p>T339</p>		<p>Number of Families</p>	<p>Count the number of cases commenced during the quarterly reporting period.</p> <p>A family is defined as a “case” when:</p> <ul style="list-style-type: none"> • it has been referred to the service; AND • the service has accepted the referral; AND • initial contact between the service and the family has occurred <p>Examples:</p> <p>A service accepts a referral and meets with the Child Safety Officer and the family to discuss case plan goals. Count as 1.</p> <p>A service has commenced working with a family, however the family moves away from the area after a couple of weeks and the file is closed. Count as 1.</p> <p>A service receives a referral from Child Safety near the end of a quarter but has not made contact with the family. Do not count until case has commenced. Count as 0.</p> <p>A family has been receiving support for several months, and is still receiving support during this quarter. Only count each case once, presuming this family was counted in the quarter the case commenced. Count as 0.</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
				<p>A family that had previously received a service re-engages with the FIS. If the case had been previously closed, it should now be regarded as a new case commenced. Count as 1.</p> <p>If the case had not previously been closed, do not count again. Count as 0.</p>
U3333 U3050 U3113 U3330	T327 T331 T334 T336 T331 T311 T312	<p>A01.2.02 Needs assessment and management of case/service plans</p> <p>Activities of assessment of service needs, development and monitoring of service plans, ongoing case management and coordination of voluntary, individualised service packages, and professional support in accessing and using general community services.</p>	<p>Number of hours provided during the reporting period</p>	<p>Count time spent working directly with and/or on behalf of Service Users</p> <p>Examples:</p> <p>One worker spends one hour developing case goals a Service User and a further 30 minutes writing up the Service User case plan. Count as 1 hour 30 minutes.</p> <p>Two workers spend one hour in a group counselling session. Count as two hours.</p> <p>One worker spends one hour writing up case notes for five of the group participants. The other worker spends one hour writing up case notes for the other five participants. Count as two hours</p> <p>Two workers spend one hour planning and preparing material for a group household budgeting session. Count as two hours.</p> <p>A worker spends 30 minutes on the phone with a worker from another service talking about a Service User. Count as 30 minutes.</p> <p>A worker spends two hours conducting an assessment of a Service User for entry to a service but is deemed not suitable. Count as two hours.</p> <p>A worker spends two hours conducting assessment for entry to a service, is deemed suitable but does not return. Count as two hours.</p>
			<p>Number of Families who received a service during the reporting period</p>	<p>Count the number of Service Users that commenced receiving a service in each reporting period.</p> <p>Examples:</p> <p>If a Service User commences receiving a service during the reporting period – count as one.</p> <p>A new Service User attends one needs assessment interview and five sessions. Count as</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
				<p>one Service User.</p> <p>An adult commences receiving a service and attends a session with her two young children. Count as one Service User.</p> <p>A child attends a session with an accompanying adult, both receive a service. The child is a new Service User and the adult a continuing Service User from a previous quarter. Count as one Service User.</p> <p>A Service User returns to the service after having completed a period of intervention 6 months prior. Count as one Service User.</p> <p>Four people participate in group counselling, two are new Service Users to the service. Count as two Service Users.</p> <p>A person receives an assessment for entry to a service but is deemed not suitable or does not return - Do not count here. Include in Performance Measure GM01 Number of occasions that information, advice and referral services were provided (not provided elsewhere)</p>
U3333 U3330	T311 T336 T312	A01.2.08 Counselling, other Activities that help Service Users to assess their circumstances and relationships, and to make choices, decisions and plans for the future. Help is provided by discussions with trained counsellors in individual and group sessions.	Number of hours provided during the reporting period	<p>Count time spent working directly with and/or on behalf of Service Users</p> <p>Examples:</p> <p>One worker spends one hour counselling a Service User and a further 30 minutes writing up the Service User case notes and making a referral. Count as 1 hour 30 minutes.</p> <p>Two workers spend one hour in a group counselling session. Count as two hours.</p> <p>One worker spends one hour writing up case notes for five of the group participants. The other worker spends one hour writing up case notes for the other five participants. Count as two hours.</p> <p>Two workers spend one hour planning and preparing material for a group counselling session. Count as two hours.</p> <p>A worker spends 30 minutes on the phone with a worker from another service talking about a Service User. Count as 30 minutes.</p> <p>A worker spends two hours conducting an assessment of a Service User for entry to a service but is deemed not suitable or does not return. Count as two hours.</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
			Number of Service Users who received a service during the reporting period	<p>Count the number of Service Users that commenced receiving a service in each reporting period.</p> <p>Examples:</p> <p>If a Service User commences receiving a service during the reporting period – count as one.</p> <p>A new Service User attends one needs assessment interview and five sessions. Count as one Service User.</p> <p>An adult commences receiving a service and attends a session with her two young children. Count as one Service User.</p> <p>A child attends a session with an accompanying adult, both receive a service. The child is a new Service User and the adult a continuing Service User from a previous quarter. Count as one Service User.</p> <p>Four people participate in group counselling, two are new Service Users to the service. Count as two Service Users.</p> <p>A Service User returns to the service after having completed a period of intervention 6 months prior. Count as one Service User.</p> <p>A person receives an assessment for entry to a service but is deemed not suitable or does not return - Do not count here. Include in Performance Measure GM01 Number of occasions that information, advice and referral services were provided (not provided elsewhere)</p>
U3333 U3130 U3330	T311 T324 T336 T312	A02.5.02 Development of Family/household management skills Activities that re-establish and maintain minimum levels of family household and child	Number of hours provided during the reporting period	<p>Count time spent working directly with and/or on behalf of Service Users</p> <p>Examples:</p> <p>One worker spends one hour coaching a Service User and a further 30 minutes writing up the Service User case notes and making a referral. Count as 1 hour 30 minutes.</p> <p>Two workers spend one hour facilitating a group training session. Count as two hours.</p> <p>One worker spends one hour writing up case notes for five of the group participants. The other worker spends one hour writing up case notes for the other five participants. Count</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
		<p>rearing management skills. The aims of these activities may include preventing child and family entry to the formal statutory protection system. For tertiary services, such as Child Safety services, the aims may also include facilitating early home release of children from out of home accommodation or providing alternative options to removing a child from home after a court protective hearing.</p>		<p>as two hours. Two workers spend one hour planning and preparing material for a group session. Count as two hours. A worker spends 30 minutes on the phone with a worker from another service talking about a Service User. Count as 30 minutes. A worker spends two hours conducting an assessment of a Service User for entry to a service but is deemed not suitable or does not return. Count as two hours.</p>
			Service Users	<p>Count the number of Service Users that commenced receiving a service in each reporting period. Examples: If a Service User commences receiving a service during the reporting period – count as one. A new Service User attends one needs assessment interview and five sessions. Count as one Service User. An adult commences receiving a service and attends a session with her two young children. Count as one Service User. A child attends a session with an accompanying adult, both receive a service. The child is a new Service User and the adult a continuing Service User from a previous quarter. Count as one Service Users. Four people participate in group counselling, two are new Service Users to the service. Count as two Service Users. A Service User returns to the service after having completed a period of intervention 6 months prior. Count as one Service User. A person receives an assessment for entry to a service but is deemed not suitable or does not return - Do not count here. Include in Performance Measure GM01 Number of occasions that information, advice and referral services were provided (not provided elsewhere)</p>

Service User Code	Service Type Code	Output measures		Counting rules and examples
U3113 U3330	T331 T336 T312 T334	A07.2.02 Community/community centre based development and support Developing groups and activities focused on enhancing simultaneously the personal and community support and development capacities of people living within a defined geographical community.	Milestones	<i>Report on milestones on the agreed plan. See reporting template attachment 1</i> <i>Forums/Conferences</i> - Organise and convene forums/ conferences – may include through the use of telecommunication or online technologies <i>Workshops</i> - Convene a group to exchange ideas and skills including through the use of telecommunication or online technologies. Includes meetings with stakeholders or service system networks <i>Community events</i> – Organise and implement events for specified communities or target groups <i>Resources/tools</i> – Develop and provide resource packages, may include online tools and information products <i>Training, learning and development</i> - Organise and provide learning and development/training activities including training events/programs/courses, staff exchanges, and training subsidies, including through the use of telecommunication or online technologies
U3050 U3340	T327 T347	A07.1.03 Coordination Network development Driving the development of networks and/or coordinating networks to minimise duplication and share specialist knowledge.	Milestone	<i>Report on milestones on the agreed plan</i>
U3330	T336 T312 T334	A07.1.04 Volunteer resource development and placement Providing volunteers with knowledge about the roles, functions, activities and	Milestone	<i>Report on milestones on the agreed plan. See reporting template attachment 2</i> <i>Forums/Conferences</i> - Organise and convene forums/ conferences – may include through the use of telecommunication or online technologies <i>Workshops</i> - Convene a group to exchange ideas and skills including through the use of telecommunication or online technologies. Includes meetings with stakeholders or service system networks

Service User Code	Service Type Code	Output measures		Counting rules and examples
		<p>policies of non-government organisations, with training in discharging their duties and responsibilities as volunteers. This may include referrals to registered service providers.</p>		<p><i>Community events</i> – Organise and implement events for specified communities or target groups</p> <p><i>Resources/tools</i> – Develop and provide resource packages, may include online tools and information products</p> <p><i>Training, learning and development</i> - Organise and provide learning and development/training activities including training events/programs/courses, staff exchanges, and training subsidies, including through the use of telecommunication or online technologies</p>
U3113	T331	<p>A01.1.06 General service availability information advice and referral (community patrol)</p> <p>Providing information, advice or referral about any specific services available to the general public and/or to specific groups.</p>	Milestone	<i>Report on milestones on the agreed plan</i>

Service User Code	Service Type Code	Throughput Measures		Counting rules and examples
All	All	IS133	Number of existing Service Users	<p>Count 1 for each unique Service User who received a service during the reporting period as a continuation from the previous reporting period.</p> <p>Example:</p> <p>At the beginning of the reporting period the service has 30 current cases who are continuing on from the previous period. Count as 30.</p>

U3340 U3130 U3050 U3330 U3333 U3113	T347 T324 T327 T347 T312 T334 T336 T311 T331	IS132	Number of Service Users with cases commenced during the reporting period	Count the number of cases commenced during the quarterly reporting period. A “case” has commenced when: <ul style="list-style-type: none"> • it has been referred to the service; AND • the service has accepted the referral; AND • initial contact between the service and the Service User has occurred Examples: A service accepts a referral and meets with the Child Safety Officer and the young person to discuss case plan goals. Count as 1. A counselling service has commenced working with a young person, however the young person decides they do not want to continue and the file is closed. Count as 1. A service receives a referral from Child Safety near the end of a quarter but has not made contact with the young person. This is not counted until the case has commenced. Count as 0. A child has been receiving support for several months, and is still receiving support during this quarter. Presuming this child was counted in the quarter the case commenced, it is not counted again Count as 0.
All	All	IS145	Number of Service Users who exited from the service	Count 1 for every case closed during the reporting period, for whatever reason. Example: A Service User moved away from the area and ceased receiving a service. Count as 1 A Service User achieved their case plan goals and exited the service. Count as 1 A Service User dis-engaged from the service for a period of time and the service closed the case plan. Count as 1.
		IS201	Number of referrals received	Count one for each referral made to a service outlet from another area or organisation. Example: A service outlet receives a referral from a government organisation. Count as 1 A service outlet receives a referral from another service outlet/provider. Count as 1 A service outlet receives a referral from another outlet (government or non-government) and declines/rejects the referral due to capacity or inappropriate. Count as 1.

		GM07	Number of Service Users with cases closed as a result of the majority of identified needs being met	Count one for each case/support plan closed as a result of the majority of identified needs being met. Example: A case/support plan was developed for a client who had been attending the service for six months. At a case review, the client indicated the majority of their needs have been met. The service closes the case/support plan. Count as one closed case/support plan
		IS146	Number of Service Users who have re-entered	Count 1 for each Service User who previously received a service and returned to the service following a period of absence. Example: A Service User previously received an episode of support from this service outlet. Due to their current circumstances they have re-engaged the service to provide support. Count as 1.
All	All	IS151	Value of brokerage expenditure	Count the dollar value of funds expended transferred or invoiced to a third party in the provision of assistance, support or other services in meeting the individual needs of the Service User to achieve their case plan/goals during the reporting period. Example: A Service User requires a specialist service not available through existing funding or funded services. The service utilises a fee for service specialist to assist the Service User achieve their goals. Count the total dollar value paid to the specialist.
	T347 T327		These and other performance measures will be captured on Community Sector Information System (CSIS), a program developed specifically for the intensive family support service, where services are required to enter data.	

Service User code	Service Type Code	Demographic Measures		Counting rules and examples
All	All	IS35	Number of Service Users identifying as Aboriginal and/or Torres Strait Islander	Count 1 for each unique Service User who identifies as Aboriginal and/or Torres Strait Islander.
		IS39	Number of Service Users identifying as being from Culturally and Linguistically diverse backgrounds	Count 1 for each unique Service User who identifies as being from a Culturally and Linguistically diverse background.
	T347 T327		These and other performance measures will be captured on Community Sector Information System (CSIS), a program developed specifically for the intensive family support service and CBIR, where services are required to enter data.	
Service User code	Service Type Code	Outcome Measures		Counting rules and examples
U3333 U3050 U3113 U3310	T339 T331 T311 T327	Code	Number of Service Users that have shown improvements in being safe and protected from harm	Count 1 for each unique Service User who has shown improved safety and protection from harm or risk of harm during the reporting period as evidenced through a recognised client assessment tool or method. Example: A Service User has made progress towards/achieved some their case plan goals. Count as 1.

All	All	Code	Number of Service Users with improved family interactions / connectedness	<p>Count 1 for each unique Service User who has shown improved family interactions/ connectedness during the reporting period as evidenced through a recognised client assessment tool or method.</p> <p>Example: A Service User has been attending counselling session to address their family relationships/ behaviours and has demonstrated improvement. Count as 1.</p>
U3333 U3113	T311 T331 T312	Code	Number of Service Users with improved cultural identity / connectedness	<p>Count 1 for each unique Service User who has shown improved cultural identity/connectedness during the reporting period as evidenced through a recognised client assessment tool or method.</p> <p>Example: A Service User has been referred to and made contact with a service that supports their ongoing efforts to understand their people's traditional language and customs. Count as 1.</p>
U3333 U3130 U3050 U3113 U3330	T311 T324 T327 T331 T334 T335 T312	Code	Number of Service Users with improved social connectedness	<p>Count 1 for each unique Service User who has shown improved social connectedness during the reporting period as evidenced through a recognised client assessment tool or method.</p> <p>Example:</p> <ul style="list-style-type: none"> A Service User has begun to attend a playgroup with other parents and children on a regular basis. Count as 1.

All	All	Code	Number of Service Users with improved life skills	<p>Count 1 for each unique Service User who has shown improved life skills during the reporting period as evidenced through a recognised client assessment tool or method.</p> <p>Example:</p> <ul style="list-style-type: none"> A Service User has attended/completed a budgeting/food preparation etc. course with demonstrated understanding and improvement in the area. Count as 1.
U3333 U3130 U3113 U3310	T339 T311 T324 T331	Code	Number of Service Users with a reduced level of law / statutory involvement	<p>Count 1 for each unique Service User who has shown reduced interaction with law and/or statutory authorities during the reporting period as evidenced through a recognised client assessment tool or method.</p> <p>Example:</p> <ul style="list-style-type: none"> A Service User has been reunified after a period of intensive family support by a tertiary family support service and the children are no longer under a statutory order. Count as 1.

Service User Code	Service type Code	Other Measures		Counting rules and examples
All	All	GM01	Number of occasions information advice and referral were provided (not provided elsewhere)	<p>Count one for each occasion of information, advice and referral services were provided</p> <p>Examples:</p> <p>A Service User contacts the service to ask for help locating a new bed for their child. Count as one occasion.</p> <p>A person receives an assessment for entry to a service but is deemed not suitable. Count as one occasion.</p> <p>A person receives an assessment for entry to a service, is deemed suitable but does not return. Count as one occasion.</p> <p>Do not count internet web hits unless a webform (or similar device) was completed, requesting further information, advice or referral.</p> <p>Do not count dissemination of leaflets, brochures or other printed material unless they resulted in a request for further information, advice or referral.</p>
		IS70	Report attached	Complete and upload the report as per the template provided.
		IS204	Number of cases per case worker (FTE positions)	<p>Number of cases per full time equivalent (FTE) case worker at the end of the reporting period.</p> <p>Example:</p> <p>A service has 4 fulltime equivalent case workers and 40 cases at the end of the reporting period. The average caseload per worker is 40 divided by 4. Count as 10 (40 ÷ 4 = 10).</p>
		GM16	What significant achievements or factors have impacted on the quality of service delivery during the reporting period?	Examples may include new staff member, training; work process enhancement, new referral arrangements, more integrated service delivery, natural disaster diverting resources, etc.

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 Communities, Child Safety and Disability Services](#) website.

11. Other funding and supporting documents

- [Investment Domains Guideline](#)
- [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
- [Outputs Catalogue](#)
- [Human Services Quality Framework](#) (HSQF)

Report Template

Targeted Family Support

A07.1.02 Community/Centre-Based Development and Support

Quarterly Output Summary Report

Quarter from: to

Community/Centre-Based Development and Support activities / events	Number of agencies	Number of participants	Comments
<i>(Insert more rows as needed)</i>	(if applicable)	(if applicable)	(eg: aim of event, who participated, location, feedback, benefits/outcomes etc.)

Case Study (optional)

Report Template

Targeted Family Support

A07.1.04 Volunteer Resource Development and or Placement

Quarterly Output Summary Report

Quarter from: to

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

Case Study (optional)

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Report Template

Family Support Services

(organisation name)

Brokerage Expenditure Report

Quarter from: to

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:

Wellbeing Domains

Needs Identification Record / Needs Assessment Record

Family Name: _____ Case ID: _____

Family Safety	Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength	No Information	Not Applicable
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Key risk factors and things to consider when making a decision</p>	<p><u>Considerations about the Child/ Young person:</u> Does the Child or young person have a safe home environment? Does the child or young person display risky behaviour (such as running away from home or absences from school)?</p> <p><u>Considerations about the Family:</u> Is there a history of family and domestic violence? Is there a history of child abuse or neglect? Does the family environment include problems relating to drug and alcohol use? Does the family environment include problems relating to crime?</p> <p><u>Considerations about the child's community:</u> Is the child or young person safe at school (e.g. bullying)? Does the child or young person live in a safe neighbourhood?</p>			<p>The Family Safety domain area focuses on unsafe behaviours or an unsafe environment that could negatively impact a child's wellbeing.</p> <p>When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers family safety to be a concern at the time.</p>			
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>							

Material Wellbeing		Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength	No Information	Not Applicable
Overall Assessment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key risk factors and things to consider when making a decision	<u>Considerations about the Child/ Young person:</u> Are the child's or young person's basic care needs being met (including food and clothing)?			The Material Wellbeing domain area focuses on the family's access to housing, food and other basic needs. For instance, a family is said to have adequate material wellbeing if they have access to some income (such as a Centrelink benefit), are renting or buying a house (that is large enough to accommodate them), or if the family is able to pay their bills and buy food and clothing. When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers material wellbeing to be a concern at the time.				
	<u>Considerations about the Family:</u> Does the family have a regular income? Is at least one parent participating in education/ training? Does the family adequately manage their financial and material resources? Is the family home safe, affordable and suitable? Is the family able to buy food and clothing?							
	<u>Considerations about the child's community:</u> Does the family have access to appropriate government services? Does the family have access to transport (their own car or public transport)? Does the family participate in ordinary community life?							
Comments								
<input type="checkbox"/> Refer additional comments page								

Connections						No Information	Not Applicable
Overall Assessment	Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength		
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key risk factors and things to consider when making a decision	<p><u>Considerations about the Child/ Young person:</u> Does the child or young person have a sense of belonging, at home, at school and in the community? Does the child or young person have strong relationships with his or her peers and with adults?</p> <p><u>Considerations about the Family:</u> Does the family have strong relationships with relatives, friends and neighbours?</p> <p><u>Considerations about the child's community:</u> Does the family or child have a good knowledge of local support networks in the community? Does the family or child find support through their spiritual connections?</p>				<p>The Connections domain area focuses on the types of support networks the family and young person have. Good connections foster a sense of belonging/ identity and facilitate supportive relationships.</p> <p>When making an assessment on the challenge or strength of the domain area for the family please consider the items to the left and make an overall assessment on whether you or the family considers connections to be a concern at the time.</p>		
Comments							
<input type="checkbox"/> Refer additional comments page							

Health	Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength	No Information	Not Applicable
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Key risk factors and things to consider when making a decision</p>	<p><u>Considerations about the Child/ Young person:</u> Does the child or young person have good physical health? Does the child or young person have good mental health and emotional wellbeing? Does the child or young person undertake regular exercise and have a nutritional diet?</p> <p><u>Considerations about the Family:</u> Is there a chronic illness in the family? Has a member of the family been recently hospitalised? Do the adults in the family have good mental and emotional health? Is there a suspected undiagnosed health issue? Does the family manage their prescribed medications well?</p> <p><u>Considerations about the child's community:</u> Does the family have access to health services? Does the family have access to mental health services? Does the family have access to respite services? Does the family have access to leisure, sport and recreation options? Does the family have access to infrastructure that supports mobility (e.g. wheelchair access)?</p>			<p>The Health domain area focuses on the family's access to healthcare and treatment of existing health and mental health issues, as well as embracing a healthy lifestyle to maintain good health.</p> <p>When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers health to be a concern at the time.</p>			
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>							

Child Wellbeing						No Information	Not Applicable
Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength			
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key risk factors and things to consider when making a decision	<p><u>Considerations about the Child/ Young person:</u> Does the child or young person seek out or have opportunities to undertake social activities? Is the child or young person achieving developmental milestones? Does the child or young person have developmentally appropriate learning opportunities? Does the child or young person have the ability to communicate thoughts to others?</p> <p><u>Considerations about the Family:</u> Do the parents/ other family members have the ability and knowledge to support the child/young person? Does the child have an opportunity to engage with his/ her parent(s) (i.e. playing, reading)?</p> <p><u>Considerations about the child's community:</u> Does the family have access to specialist services? Does the family have access to sports, leisure and entertainment activities? Does the child participate in child care/ play group/ school?</p>			<p>The Child Wellbeing domain area focuses on opportunities for a child or young person to undertake activities that positively impact on his or her development and wellbeing.</p> <p>When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers child wellbeing to be a concern at the time.</p>			
Comments							
<input type="checkbox"/> Refer additional comments page							

Parenting	Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength	No Information	Not Applicable
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Key risk factors and things to consider when making a decision</p>	<p><u>Considerations about the Child/ Young person:</u> Does the child interact positively with his or her parent(s)? Does the child have contact with both parents?</p> <p><u>Considerations about the Family:</u> Do the parents provide age appropriate activities for the child? Is the parent confident? Does the parent provide a family routine? Is there a positive and responsive parent/ child relationship? Does the parent employ positive child behaviour management techniques? Does the parent provide play/ learning activities? Does the parent teach the child life skills? Does the parent teach the child the impact of any cultural beliefs? Does the parent have a motivation to change their parenting style? Is there involvement of relatives and extended family in child rearing?</p> <p><u>Considerations about the child's community:</u> Does the family have access to culturally appropriate support? Does the family have access to family/ community networks?</p>					<p>The Family Safety domain area focuses on unsafe behaviours or an unsafe environment that could negatively impact a child's wellbeing.</p> <p>When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers family safety to be a concern at the time.</p>	
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>							

Family Interactions						No Information	Not Applicable
	Challenge	Moderate Challenge	Adequate	Moderate Strength	Strength		
Overall Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Key risk factors and things to consider when making a decision	<p><u>Considerations about the Child/ Young person:</u> Does the Child or young person feel included in the family?</p> <p><u>Considerations about the Family:</u> Is there a positive parent/ carer and child relationship? Does the family have a high quality of life? Has the family experienced separation? Do the parents have a good relationship? Do the siblings have a good relationship?</p> <p><u>Considerations about the child's community:</u> Does the family have access to culturally appropriate family support services? Is there effective informal support available to the family (family and friends)? Does the family have opportunities for leisure, sport and entertainment activities? Does the family have relatives and extended family networks?</p>			<p>The Family Interactions domain area focuses on the family relationship environment that ensures relationships are fostered and with a strong network. Discord in the family can strain these relationships, causing the child or young person to feel excluded.</p> <p>When making an assessment on the challenge or strength of the domain area for the family, please consider the items to the left and make an overall assessment on whether you or the family considers family interactions to be a concern at the time.</p>			
Comments							
<input type="checkbox"/> Refer additional comments page							

Attachment 5

LOCAL LEVEL ALLIANCE REPORT

Location:

Report for the quarter ending: (e.g. 31 March 2015)

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
- Innovative 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.

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)