



Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) (T313)

Program guidelines

February 2025

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List of acronyms and terms

ACCO	Aboriginal and Torres Strait Islander community controlled organisation
ARC	Advice, Referral and Case management
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
ATSIFLDM	Aboriginal and Torres Strait Islander family led decision making
CBIR	Community Based Intake and Referral
CINOP	Child in need of protection
CCR	Child Concern Report
CRC	Children’s Research Centre
CS	Child Safety
CSIS	Community Sector Information System
CSSC	Child Safety Service Centre
DCSSDS	Department of Child Safety, Seniors and Disability Services
FaCC	Family and Child Connect
FLDM	Family led decision making (DCSSDS, different to the ATSIFLDM)
FPP	Family Participation Program
FWS	Aboriginal and Torres Strait Islander Family Wellbeing Service
IFS	Intensive Family Support
IYFW	Indigenous Youth and Family Workers
IPA	Intervention with Parental Agreement
LLA	Local Level Alliance
QATSICPP	Queensland Aboriginal and Torres Strait Islander Child Protection Peak
PCPP	Principal Child Protection Practitioner
RIS	Regional Intake Service
SDFVW	Specialist Domestic and Family Violence Workers
The Inquiry	Queensland Child Protection Commission of Inquiry

Introduction

Purpose of document

This document outlines the service delivery elements of Aboriginal and Torres Strait Islander Family Wellbeing Services (FWS) and complements the Service Agreement. The program guidelines apply to all service models developed by Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) to deliver FWS. The guide also provides information on the service delivery context, the expected service outcomes and reporting requirements.

Providers are encouraged to demonstrate and share elements of best practice by fostering relationships with the Department of Child Safety, Seniors and Disability Services (DCSSDS) and other service providers to ensure there is consistent interpretation of the guidelines.

Audience

These program guidelines are designed to inform the service delivery of FWS by providing guidance for both service providers and departmental staff.

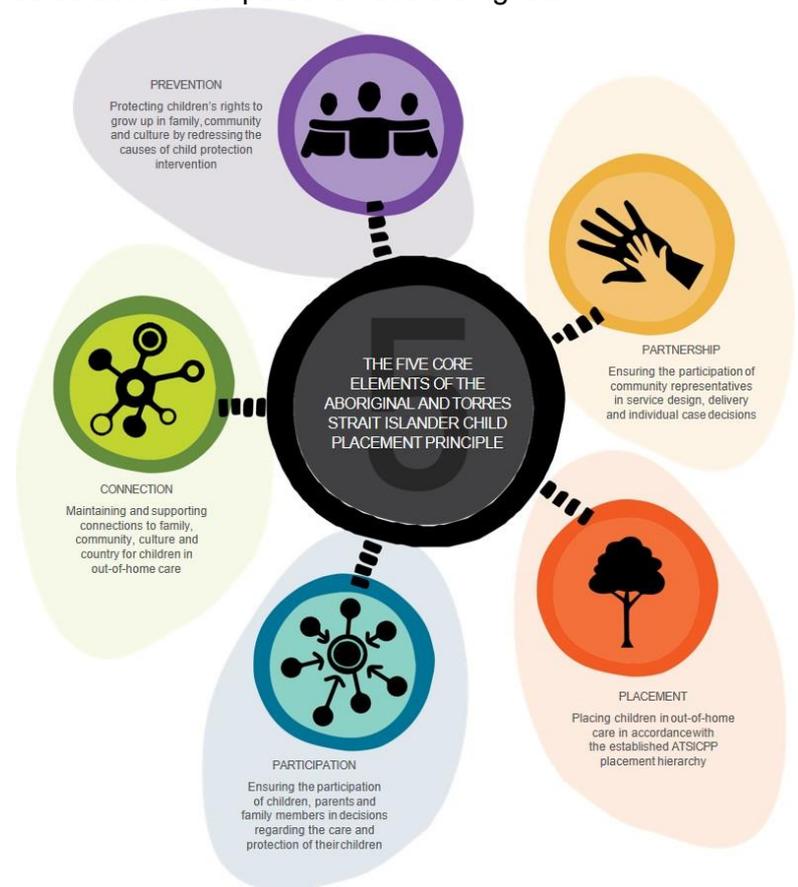
Aboriginal and Torres Strait Islander Family Wellbeing Service

The FWS program seeks to draw on the cultural knowledge and experience of ATSICCOs to design and implement flexible models of integrated service delivery to improve the safety and wellbeing of Aboriginal and Torres Strait Islander children and families who may be experiencing vulnerability.

The FWS program supports the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) to the standard of 'active efforts' as outlined in the *Child Protection Act 1999* (Section 5F(2)(a)) and QATSICPP's Active Efforts Practice Guide, available from the organisation's website.

- Prevention – that a child has the right to be brought up within the child's own family and community.

- Partnership – that Aboriginal and/or Torres Strait Islander persons have the right to participate in significant decisions under the [Child Protection Act 1999](#) about Aboriginal and/or Torres Strait Islander children, including the design and delivery of programs and services.
- Placement – that if a child is to be placed in care, the child has a right to be placed with a member of the child's family group.
- Participation – that a child and the child's parents and family members have the right to participate in an administrative or judicial process for making a significant decision about a child.
- Connection – that a child has a right to be supported to develop and maintain a connection with the child's family, community, culture, traditions, and language.



From time to time, the department may fund complementary initiatives to ensure a holistic response is able to be provided to families and children with specific vulnerabilities under the FWS.

Indigenous Youth and Family Workers

Indigenous Youth and Family Workers (IYFW) are funded in some FWS. The IYFW will:

- support case planning by undertaking separate engagement with adolescents and supporting their involvement in family planning.
- foster connections with youth justice and youth support services to ensure that families coming to the attention of these systems can more easily access support.
- seek to rapidly develop family-based responses to target young people who are at risk of entering, or re-entering, the Youth Justice system.

Specialist Domestic and Family Violence Workers

Specialist Domestic and Family Violence Workers (SDFVW) have been funded in a number of communities.

The SDFVW will:

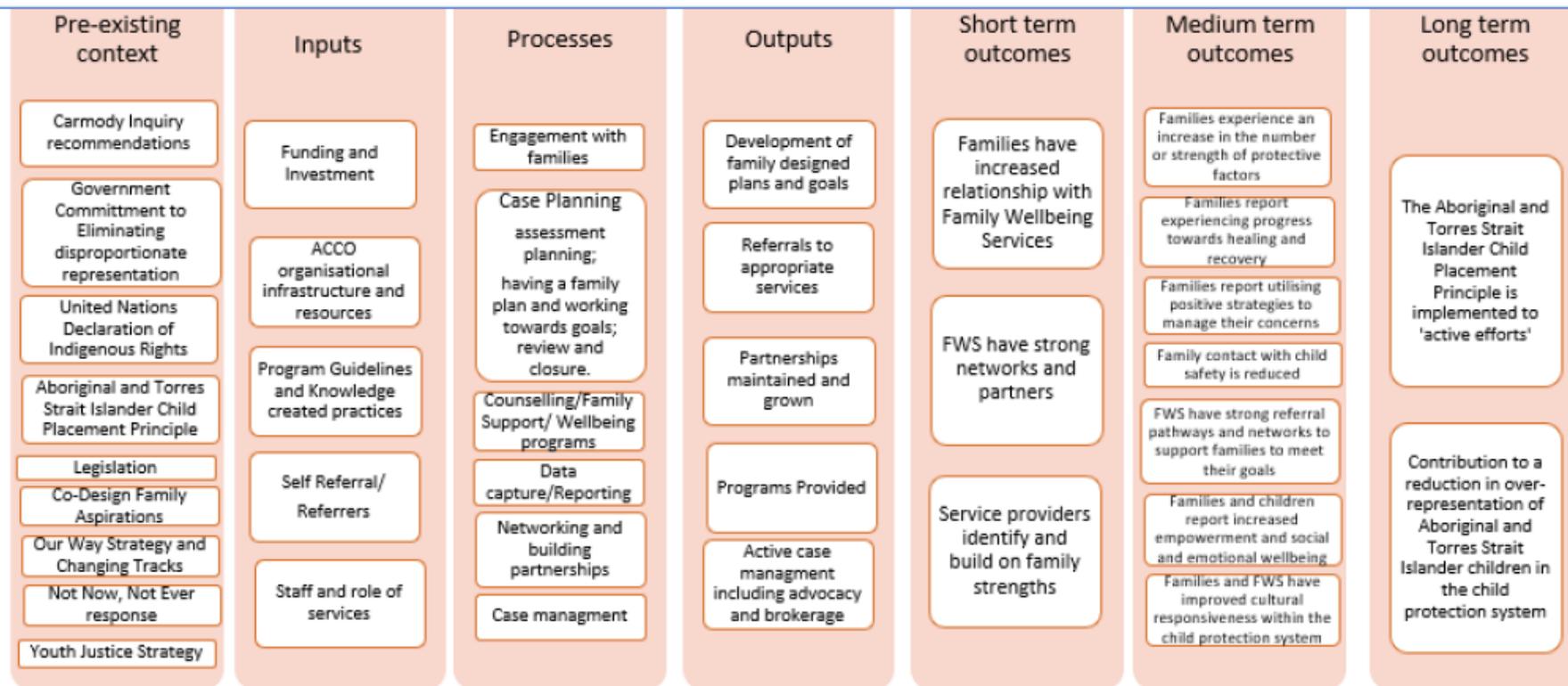
- ensure that FWS staff are aware of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers and family members.
- provide specialist advice and assistance to other FWS staff members and those contacting the service.
- assess referrals received to screen for domestic and family violence.
- undertake risk assessments where domestic and family violence is identified.
- provide FWS workers and enquirers with advice on safe engagement strategies for families affected by domestic and family violence, including strategies to assess, monitor, and minimise risk to family members and workers.

- participate in client home visits where appropriate.
- assist with assessment of client needs, and decisions regarding case management and referral pathways.

The department will keep services informed of changes to legislation that may impact and inform delivery of the FWS and associated initiatives.

Program logic

Overarching goal: children and young people are culturally strong and have high levels of social, emotional and spiritual wellbeing
Goal 1: families and children are actively participating in the decisions that shape their future
Goal 2: relationships between families are healthy, positive and meaningful
Goal 3: shared accountability between DCSYW and Family Wellbeing Services for improved outcomes



Overarching Context

- Colonisation and assimilation policies have resulted in an extensive intergenerational trauma burden for Aboriginal and Torres Strait Islander children and families
- Past and present policies have led to an over-representation of Aboriginal and Torres Strait Islander in the child protection system
- Despite their level of trauma and dislocation, Aboriginal and Torres Strait Islander families and communities have demonstrated significant resilience and strengths in their survival

Program aim

The FWS offer Aboriginal and Torres Strait Islander families a coordinated mix of services to build their capacity to safely care for and protect children experiencing vulnerability. The services offered range from early intervention responses through to supporting children and families where ongoing child safety intervention is required.

The activities undertaken by FWS include:

- comprehensively and holistically assessing a family's needs.
- building family capabilities and connections using a culturally safe, holistic case management approach
- advocating for, and leveraging support for a family from multiple service providers and promoting collaboration, information exchange and joint planning.
- facilitating personal support and development including information and advice, parenting skills development, building family cohesion and kinship connections, budgeting and household management skills development
- delivering practical services that address specific needs within the family
- providing direct clinical and/or therapeutic counselling, emotional support and healing practices within a cultural framework
- activating community leadership, participation and action for the benefit of service users.

The services are designed and delivered by local Aboriginal and Torres Strait Islander leaders and practitioners, drawing on their local knowledge and expertise to create innovative solutions to support children, families and communities, emphasising healing and culture.

FWS recognise different family structures, and services can be delivered to any or all family members. Family members do not need to be living in the same house to receive a service. For example, separated parents, grandparents, or other children may still be considered in the family group and receiving a service despite living across separate households. This helps ensure a family receives a holistic service that meets its needs.

Preserving and strengthening the authority of family members, in particular a child's parents, to act in the child's best interests and be actively involved in the decisions made about them is an important consideration in the delivery of FWS. All assessment, planning and decision making should be undertaken using meaningful Aboriginal and Torres Strait Islander family led decision making (ATSIFLDM) processes that acknowledge the rights and interests of children and their family members. The FWS program will reflect these key principles:

- Family members must be recognised as having a key decision-making role, and opportunities to involve them in meetings, reviews and the design of support are essential.
- Children are more likely to thrive within their families and in their community, and services should involve family in constructive problem solving and identification of support networks to promote this goal wherever it is safe to do so.
- Keeping kids connected with their family, their culture and country is important to keeping them safe and strong in their identification as Aboriginal and Torres Strait Islander peoples. Children should be invited to speak up or have their advocates do so on their behalf, about who are the people they feel can contribute to keeping them safe.
- Family members and the child are entitled to know what information is being discussed in relation their circumstances and concerns.
- Aboriginal and Torres Strait Islander peoples and cultures are diverse – adapting the ATSIFLDM process to account for this diversity is essential.

ATSIFLDM decision making applies across the full range of case work activities undertaken by the FWS in both the tertiary and secondary parts of the system. The FWS will work closely with the department to support families to make decisions and achieve safety goals that they have established through this process.

Context

Legislation

The [Child Protection Act 1999](#) provides the legal framework for the provision of support to children and families. The Act sets out the requirement for certain professionals to report concerns about children to Child Safety. These are referred to as mandatory reporters. It also outlines the framework for how Child Safety will plan and support children for whom ongoing intervention is required.

Child Protection Act 1999

- Defines that a 'child in need of protection' (CINOP) is a child who has suffered, or is suffering, or at unacceptable risk of suffering 'significant' harm and has no parent willing and able to protect them.
- Clearly states that any person (including those professionals who are subject to mandatory reporting requirements) may report to Child Safety a reasonable suspicion that a child may be in need of protection, or an unborn child may be in need of protection after they are born.
- Provides guidance on what to consider in identifying significant harm and developing a reasonable suspicion that a child may be in need of protection.
- Lists the Queensland professionals who are subject to a mandatory requirement to report a concern to Child Safety, that is, approved teachers, doctors, nurses, and police officers with child protection responsibilities, officers of the Public Guardian, Child Safety employees and employees of licensed care services.
- Requires that mandatory reporters must report a reasonable suspicion a child is in need of protection caused by physical or sexual abuse and the child may not have a parent able and willing to protect them from the harm. For licensed care services, a reportable suspicion relates only to the child having suffered, suffering or being at unacceptable risk of suffering significant harm caused by physical or sexual abuse.
- Requires anyone who undertakes functions under the Act in relation to Aboriginal or Torres Strait Islander children and families to apply the five core elements of the ATSICPP – prevention, partnership, placement, participation and connection.
- Provides a contemporary information sharing regime that allows specialist service providers that are funded by the Queensland or Commonwealth Governments to share particular information with each other about children and young people and their families they are supporting and to whom they are providing services. [The Information Sharing Guidelines](#) have been published to support and guide organisations and agencies to understand the information sharing provisions.

Enhanced Intake and Assessment Approach

Since 2022 the department has been developing the Enhanced Intake and Assessment Approach (EIAA), a contemporary approach to ensure families involved in the child protection system receive the right response at the right time. The approach aims to provide proportionate and flexible child protection responses to promote earlier access to support, timely assessments and meet the needs of children and their families. The EIAA will be implemented from the latter half of 2024.

When a report is made to Child Safety, a notification is recorded if it is reasonably suspected that a child is in need of protection or an unborn child will be in need of protection following their birth, that is, a child has been significantly harmed, is being significantly harmed or is at risk of significant harm AND does not have a parent able and willing to protect them. If the information does not reach this threshold, a child concern report is recorded. Under the EIAA, for either notifications or child concern reports, different responses are available to enable timely and effective responses to the complex and changing needs of families.

When a child concern report is recorded, Child Safety can either close and take no further action or provide one of the following responses: protective advice, referral to family support or referral for an Active Support Response. The **Active Support Response** is a new, earlier intervention response available for families. This response will be considered where there is a pattern of ongoing child concern reports over a 12-month period. An Active Support Response will enable Child Safety to contact parents to discuss the concerns and offer help and support including facilitating referrals directly to appropriate services.

Under the EIAA, if a notification is recorded, three responses are available:

1. Priority Response: This response is undertaken by a Child Safety Officer and is an assessment of a child's need for protection. A Priority Response is the appropriate response to a notification when at least one of the following criteria apply:

- The concerns relate to:
 - sexual abuse
 - significant physical abuse, including unexplained injuries
 - severe neglect
 - severe emotional abuse with indicators of significant impact
 - domestic and family violence where high risk or lethality factors are present.
- Use of powers are likely to be required to complete the assessment.
- An assessment of the child's need for protection or the unborn child's need for protection following their birth is required.
- A joint response with the Queensland Police Service is required.
- A parent or alleged person responsible has previously been responsible for causing the death of or a serious injury to a child.
- A child has died in suspicious or unexplained circumstances, and a response is required for other children in the home.
- A subject child is a child in need of protection¹ who is subject to
 - an intervention with parental agreement case
 - a directive order
 - a supervision order
 - a child protection order granting custody or guardianship to the chief executive.
- There is credible information that indicates that a parent or pregnant person would relocate to avoid contact, placing the child or unborn child at increased risk of significant harm.
- There are concerns relating to cumulative harm with indicators of significant impact on the child.

¹ **Note:** If a child is subject to an order granting long-term guardianship to a suitable person or a permanent care order, the response to the notification is based on the response criteria. If the criteria for a Priority Response is not met, complete a Standard Response or a Safety and Support Response – whichever is appropriate in the circumstances.

A Priority Response for an unborn child is the appropriate response when:

- The criteria for a Priority Response is met; or
- The birth of the unborn child is imminent, and the concerns and timeframes do not allow for the pregnant person to be referred for help and support.

2. **Standard Response:** a Standard Response is undertaken by a Child Safety Officer and is an assessment of the child's immediate safety and the family's support needs. A Standard Response is the appropriate response to a notification when the criteria for a Priority Response is not met. The Standard Response is a pre-planned home visiting response where Child Safety will visit the family, undertake a safety assessment of the child's immediate safety needs and if deemed safe, will assess a child and their family's needs and the supports and services required. The family will be offered the opportunity to link with supports and services to address the identified needs and resolve issues and decrease the likelihood of the child becoming in need of protection. Where appropriate, this response may be a co-response with an ASC Service, Family Wellbeing Service or other appropriate service. A family-led decision-making process could be facilitated by a Family Participation Program as part of either a Standard or a Priority Response.

If, during the course of a standard response, it becomes clear that the family's situation meets the criteria for a priority response, the matter can be escalated by the department.

3. **Safety and Support Response:** is a subset of the *Standard Response* and therefore the criteria for a Standard Response must first be met before a Safety and Support Response can be considered. A child may be considered for a Safety and Support Response if there are identified strengths within the family that could be built on with the help of an early intervention service, to provide for the child's safety or unborn child's safety after their birth and the child is visible within their extended family and community, such as at school. This response allows Child Safety to refer a family to a service who will engage with the pregnant person or family, independent of Child Safety, visit the family in their home (or other location as appropriate), assess the child and family's needs and connect them with appropriate and targeted services.

A safety and support response referral can only be made if the service provider has the capacity to engage with the family within 10 business days of receiving the Child Safety referral. If the service provider has been unable to engage the family in this time, or the family has not consented to work with them, the service provider should advise the department, which will then revert to a standard response pathway.

Family Wellbeing Services can decide what role they will play in responding to a standard response, including the Safety and Support Response.

Domestic and Family Violence Prevention (Combating Coercive Control) and Other Legislation Amendment Act 2023

The [Domestic and Family Violence Protection \(Combating Coercive Control\) and Other Legislation Amendment Act 2023](#) strengthens laws to address the patterned nature of coercive control and lays the foundation to introduce a standalone offence of coercive control in 2023.

The Queensland Government's commitment to ending domestic and family violence and coercive control in Queensland has taken a significant step forward with the passing of the [Domestic and Family Violence Protection \(Combating Coercive Control\) and Other Legislation Amendment Act 2023](#). The Act strengthens laws to address the patterned nature of coercive control and lays the foundation to introduce a standalone offence of coercive control in late-2023.

The amendments:

- modernise and strengthen the offence of unlawful stalking in the Criminal Code to better capture the broad range of tactics used by perpetrators.

- broaden the definition of domestic and family violence to include behaviour that occurs over time and that acts of domestic violence must be considered in the context of the whole relationship.
- strengthen the court's response to cross applications for protection orders to ensure the protection of the person most at risk.
- broaden the court's ability to award costs in civil domestic violence matters to help prevent the use of the legal process to further abuse victims.
- strengthen the consideration of previous domestic violence or criminal history when deciding whether to make a domestic violence order.
- bring domestic violence complainants and other witnesses within the protected witness scheme.
- provide for the giving of jury directions and facilitate expert evidence on domestic violence in criminal law trials.

The amendments respond to a range of recommendations made by the Women's Safety and Justice Taskforce. Read about the [government response to the taskforce recommendations](#) and find out more about [information and support for domestic and family violence and coercive control](#).

Impact of legislative changes

The work of FWS service providers aligns with the amendments to the [Child Protection Act 1999 \(Child Protection Reform Amendment Act 2017\)](#) which introduced principles that recognise the right of Aboriginal and Torres Strait Islander peoples to self-determination, acknowledge the long-term effects of decisions on a child's identity and connection with family and culture and require that children and families be supported to participate in decision-making. The Act recognises that children and families are the primary source of knowledge about their own family and culture.

FWS fall within the definition of 'Specialist Service Providers' and is covered by these legislative provisions to enable the reporting of concerns or the sharing of information. FWS providers are able to share information directly with other service providers for the purpose of facilitating a referral or providing a service to the family without the consent of the child or family members.

The Information Sharing provisions in the Act do not need to be referenced in relation to the following activities:

- contacting the referrer to seek clarifying/ further information to inform the referral (reasonable attempts to do so must be made for written referrals), or
- contacting a relevant authority to report safety issues, such as notifying Child Safety or the Queensland Police Service

reporting the results of working with families that are the subject of ongoing intervention by the Department directly with the family's Child Safety Officer or other officer in a Child Safety Service Centre. A summary of all amendments made to the *Child Protection Act 1999* is available at: <https://www.dcssds.qld.gov.au/our-work/child-safety/about-child-protection/history-child-protection>.

Resources on sharing information about children and families to support their accessing assistance is available at: <https://www.dcssds.qld.gov.au/about-us/our-department/partners/information-sharing/child-family>

Other relevant legislation

FWS providers must also adhere to the relevant provisions within the:

- [Community Services Act 2007](#)
- [Human Rights Act 2019](#)
- [Public Guardian Act 2014](#)
- [Family and Child Commission Act 2014](#)

- [Right to Information Act 2009](#)
- [Information Privacy Act 2009](#)
- [Public Records Act 2002](#)
- [Working with Children \(Risk Management and Screening\) Act 2000](#)
- Any further legislation relevant to services funded by the Department of Child Safety, Seniors, and Disability Services.

Consideration must also be given to the [United Nations Declaration on the Rights of Indigenous Peoples](#) and the [United Nations Convention on the Rights of the Child](#).

Investment

The FWS has been funded to assist families across all Department of Child Safety, Seniors, and Disability Services regions.

Principles

Each local service model will demonstrate the following service delivery principles:

- ATSICCOs are best placed to deliver services to Aboriginal and Torres Strait Islander children, families and communities.
- Cultural knowledge and understanding is central to improving children's safety, belonging, wellbeing and participation in community life.
- Services will listen to the views of children, family and community and will enable and support them insofar as possible to take the lead in both the design of the service and the planning of responses to families.
- Place-based design of service responses reflects the needs and aspirations of the local community.
- Enhanced community networks will increase safety and support for children, young people and families.
- Focus on the present and future whilst recognising the impact of the past and the importance of healing, rigour and hopefulness in the search for solutions.
- Continuous reflection to learn and improve practice underpinned by a shared commitment to finding effective ways to support families to raise strong, healthy, happy children.
- Earlier support of families reduces the likelihood of intervention by government agencies with statutory powers (e.g. Child Safety, Youth Justice, Queensland Police Service, etc.).
- Deep understanding of the traditional child rearing practices of Aboriginal and Torres Strait Islander families should underpin service delivery.

The active participation of children and families in the decisions that shape their future is an essential component of the service model. Through family-led support approaches, the program aims to increase the level of self-determination of Aboriginal and Torres Strait Islander children and families.

Sorry Business

The program acknowledges the importance of respecting the cultural practices, customs and protocols associated with the death of Aboriginal and/or Torres Strait Islander peoples in community. Sorry Business has the capacity to impact individual workers and organisations and the local community. Sorry Business can depend on community customs, status of the person being mourned and the relationship with the community and individuals.

Where Sorry Business has impacted a service provider, consideration needs to be given to the impact for the service and community, and reduction in the organisation's capacity to deliver

services during these times. The community expectations around needing time to mourn and heal can have various impacts for services and individuals. During these times, it is expected that organisations will enact their Business Continuity Plans to ensure continuity of care for urgent and complex clients/families with high needs.

Significant community shutdowns caused by Sorry Business affecting service delivery need to be advised to the regional contract manager and to be considered in the overall service delivery when assessing the contracted per annum targets.

Referrals

Referrals may come from a variety of sources:

- self-referrals and community referrals (walk-in, direct inquiries from kin or other family members, Elders, other community leaders, neighbour, friend)
- Child Safety Service Centres (CSSC) and Regional Intake Services (RIS)
- FaCC (see [Family and Child Connect program guidelines](#))
- The Family Participation Program (FPP).
- other family support providers
- mandatory reporters/Prescribed Entities (e.g. teachers, doctors, nurses, police officers with child protection responsibilities, Child Safety employees and employees of licenced care services)
- other government and non-government agencies delivering universal, targeted or specialist services to vulnerable children and families in any sector

The FWS program promotes the importance of self-referrals and community-initiated referrals. These referrals represent the most effective way of engaging with families experiencing vulnerability on their terms and with their immediate consent. Services are expected to create a welcoming and safe space in which families can access universal child and family supports such as playgroups and parenting support programs. They will create an environment that families can access without stigma.

It is expected that services will collaborate closely with universal service providers such as medical services, schools and early childhood centres to ensure families can access the full range of supports that contribute to positive outcomes for children. Out-posting staff to work from these services on a regular basis may build community awareness of the FWS and encourage families to seek assistance when they experience difficulties. Services may also play a key role in community cultural events to establish a profile among Aboriginal and Torres Strait Islander families.

Referral criteria

Referrals to FWS may meet any of the following criteria:

- there is a child or young person (unborn* to under 18 years) and:
 - the family has multiple needs, some of which may be complex.
 - the family requires occasional or episodic support to maintain a child's safety and overall wellbeing.
 - the family would benefit from access to support services to improve child and family wellbeing and
 - without support the child, young person and family are at risk of entering or re-entering the statutory child protection system.
 - the child is not currently in need of protection but the family would benefit from support to prevent entry or re-entry into the statutory child protection system
 - the child is in need of protection, is subject to ongoing intervention and support from the FWS will help prevent the child re-entering care or support reunification (the latter includes

work with families to build their capability while the child is placed elsewhere on a short-term order).

- the child or family would benefit from services to improve their cultural identification or connection to culture.

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

There is local flexibility with regard to the way that referrals can be made to FWS. For example, in several locations, panels have been established at which the department and FWS providers discuss the preferred response pathways for families experiencing vulnerability.

There are no pre-determined proportion of referrals a service may receive from any one source. The program is designed for services to work across the full range of child and family support needs and for each service to balance the complexity of their caseload based on their capacity at any point in time.

Where referrals cannot be accepted, the referral source must be notified of this decision in writing as soon as possible.

FWS providers may refer Aboriginal and Torres Strait Islander families to an Intensive Family Support (IFS), FPP or FaCC for support and/or further assessment, but only with the family's consent. A transfer to an IFS or FaCC cannot occur where ongoing intervention by a CSSC (i.e. an open case) is occurring with the family. Support to foster or kinship carers or specialised/therapeutic foster carers is not offered under FWS.

The FWS program promotes the integration of service delivery with other secondary and universal service providers. Collaboration with these services is a means to ensure that case work undertaken by the FWS is holistic and purposeful. Families are to be supported to actively participate in decisions regarding referrals to or from FWS.

Considerations regarding Referral Pathways

Self-referrals

Parents/caregivers may self-refer directly to a FWS by walk in, telephone, email etc. It is the family's choice whether they engage with their local FWS or one in a different catchment. See Section 2.5.3 for further information on managing sensitive referrals and reasons why families may choose to engage with a FWS outside their community.

Referrals from within the community

Community members (Aunties, Uncles, Cousins, Grandparents, neighbours, friends, etc.) who are concerned about children and families that they suspect may be struggling may refer to a FWS. Ideally, this concerned person should encourage the parent(s) to take the steps to self-refer, or at least consent to their details being passed on to the service. However, where the family does not self-refer, the concerned person can still refer the family to the FWS. If the service considers that the family would meet the referral criteria, then the FWS should contact the family sensitively and offer support and assistance.

Professionals and organisation referrals

Any other professional and organisation that identifies Aboriginal and Torres Strait Islander families experiencing vulnerability and meets the referral criteria (other than those listed as particular prescribed entities) may refer to a FWS.

FPP, other FWS, Family and Child Connect, and Intensive Family Support services

Other family support services using the Advice, Referral and Case Management (ARC) system can refer within ARC.

Child Safety Referrals

There are two types of referrals that a FWS can receive directly from either CSSC or a RIS.

Referral with Consent

- Where information received by the department does not meet the threshold for recording a notification, but Child Safety has contacted the family under an Active Support Response. Child Safety will consider an active support response when:
 - there have been two or more previous intakes about the family within the previous 12 months;
 - there have been fewer than three intakes in a 12-month period, but contact from Child Safety and a referral may benefit the family;
 - the family is more likely to accept a referral for support if contacted by Child Safety;
 - a pregnant person would benefit from support, but only if a referral to an entity listed in the Child Protection Act 1999, section 159H(1) is considered appropriate.
- Where a standard or priority response has been undertaken by Child Safety as a result of a notification and **the case is now closed**, or the family has been subject to a Child Safety intervention with parental agreement (IPA) or Support Services case, and **the case is now closed or will be closed once the family engages and commences working** with the FWS. In these circumstances, Child Safety will have made contact with the family and will refer where family support is deemed appropriate and the FWS referral criteria are met, and the family have consented to the referral.

or

- Where ongoing intervention is required by the department and the department has opened a case and the family has been made aware of the referral and consented. The classifications of interventions with families that are appropriate for support from a FWS are:
 - Support Service Case
 - Intervention with Parental Agreement
 - Child Protection Orders (CPO), including:
 - Directive Order
 - Protective Supervision Order
 - Short term custody orders/short term guardianship orders
 - CPO (reunification is a case plan goal) & Child Protection Care Agreement (reunification)
 - Transition Order.

Referral Without Consent

Where Child Safety has received information and determined it does not meet the threshold for a notification, it is recorded as a Child Concern Report (CCR). In some cases, Child Safety will not have contacted the family. Where family support is deemed appropriate and the referral criteria are met, Child Safety may refer to a FWS without the family's consent. For these CCR referrals, contact by the FWS may be the first time a family will be informed that a concern has been raised about their family and brought to the attention of Child Safety without their knowledge.

In other instances, where a family has been subject to multiple CCRs in a short period, the department may contact the family to advise them of the worries being reported and seek their consent to refer to a support service, such as a Family Wellbeing Service.

Referrals without consent – particular prescribed entities

The *Child Protection Act 1999* enables particular prescribed entities (Section 159M) to make referrals to FWS, FPP, FaCC, and IFS, without a family's consent in order to 'offer help and support to a child or child's family to stop the child becoming a child in need of protection' (section 159MD).

Particular prescribed entities are:

- the chief executive and an authorised officer under the *Child Protection Act 1999* the chief executive of departments with the main responsibility for the following, and their delegate
 - adult corrective services
 - community services
 - disability services
 - education
 - housing services
 - public health.
- the chief executive officer of the Mater Misericordia Health Services Brisbane Ltd (ACN 096 708 922), or their delegate
- a health service chief executive within the meaning of the [Hospital and Health Boards Act 2011](#), or their delegates
- the police commissioner, or their delegate
- the principal of a school that is accredited, or provisionally accredited, under the [Education \(Accreditation of Non-State Schools\) Act 2017](#).

Best practice considerations in non-consent based referrals

The rationale underlying this legislative provision is that sharing information takes precedence over the protection of confidentiality or an individual's privacy because the safety, welfare and wellbeing of children and young people is paramount. While the legislation allows referrals to FWS, FaCC and IFS without consent, sharing information about a family should occur *with consent* and through engagement with the family wherever possible. This also applies to Child Safety and the matters that require ongoing intervention. This concept reinforces a core principle of the program that genuine and trusting relationships will ultimately result in better outcomes with Aboriginal and Torres Strait Islander peoples.

Particular prescribed entities are responsible for managing delegations related to this role, including policy and procedural direction, guidance and support for their staff.

Referral volume

Referrals to a FWS originate from multiple sources. As a result, the numbers of referrals made are not regulated and the department acknowledges that this may result in high numbers of referrals, necessitating a service-level prioritisation and maintenance of a waitlist. Services are encouraged to liaise with Child Safety Service Centres (CSSC) and other referring agencies, the Local Level Alliance (LLA) where they exist and the department's contract management teams, to manage capacity limits. A mix of active cases from low intensity through to high intensity is the most reliable means to reach the contracted outputs.

Waitlist strategies

If a FWS needs to implement a waitlist, strategies to consider for families may include:

- regular phone contact to check the status of the family and review placement on the waiting list, reassessing if needs have escalated, and
- considering the family's needs and priorities and accessing suitable and available services, including, where appropriate, group programs, internal and partner agency programs.

Sensitive referral

There may be times when the service outlet receives a referral that is deemed highly sensitive, such as a referral of the family member of an employee or people closely known to the workforce or family members of respected community leaders. Best practice is to give the family the

opportunity to choose whether they would like to receive support from the local FWS or another FWS.

In these matters, the service should be particularly mindful of the allocation to a worker and any potential conflicts of interest (in ARC, received referrals are only able to be viewed by those staff with a coordinator user profile), and the family's privacy when contacting to offer support. It may be appropriate for a more senior person in the organisation to make first contact with the family to offer the option of working with the service or referring to another service with their consent (including to mainstream another FWS, IFS, secondary or universal service providers).

Should the family choose not to work with the service, active efforts must be made, with the consent of the parent, to link them with an alternative and culturally appropriate service.

Departmental officers in contract management roles are not to know the identity of the family or specific issues related to the matter that may identify the people involved.

In some circumstances, a service may advise a referrer that they are unable to accept a referral that is deemed sensitive, and recommend another service for that referral. Prior to taking this action, and without providing any personal details about the family, contact must be made with the alternative service to assess their capacity and willingness to accept the referral. Once all these measures are in place, the FWS outlet should assist the referrer to make the referral to the other service.

Active engagement

Where a referral has been received from Child Safety through the Queensland Family Support referral portal, the service will need to consider the most effective outreach approach to contact the family, explain the role of FWS in context of the Child Safety worries and how the FWS can best support the family.

Effective engagement strategies need to be considered when approaching families, especially where they may not be aware of the referral occurring. The referral form will identify if a family has consented to the referral. **FWS must make all attempts to contact the referred family via various forms of active engagement.** This could include a mixture of telephone and texting, unannounced home visit (cold call), letters seeking the family to engage, follow up letters or in some instances approaching kin in a discreetly sensitive way. It is only encouraged to approach kin if they reside in the same premises as the preferred family, or if the referral is in relation to a pregnant mother and the support that can be provided could result in positive outcomes for the mother and unborn child.

When engaging with families, time should be provided to enable the family to consider and understand the process. Further information on active engagement can be found on page 5 of [The Aboriginal and Torres Strait Islander Child Placement Principle: A guide to support implementation](#).

Confidentiality and privacy

FWS providers are bound by the standard terms of funding (section 18), which require that personal information is not used for purposes other than the contracted service, or disclosed to other parties unless required or authorised by law (including the [Child Protection Act 1999](#) as outlined above). Obligations regarding information privacy apply to staff, volunteers, officers and contractors engaged by the service.

Engagement with children and families

Children and families feel safe in telling their story when trust and respect has been established during the engagement phase. Building trust, rapport and a genuine relationship with family members are central to effective engagement and meaningful ongoing support. This requires a service to be persistent and patient with a family, acknowledging that the involvement of kin may be critical in keeping children at home and in their community.

The program acknowledges the importance of kin, extended family members and the community in the raising of safe and happy children. Kin and the child's other local connections are important informal support options that may be available to improve safety for children. Extended family members also provide an important voice in planning supports to children who may be experiencing vulnerability and where appropriate should be encouraged to participate in the decision-making process.

Respectful and sensitive outreach to engage hard-to-reach families in their home or other community-based locations is an essential component of the program. This may include unannounced visits or cold calling to contact families who may have been referred without consent, or who reluctantly agreed to a referral, to encourage them to engage with available support.

The calculation of the target hours per annum contained in the service agreement has factored in the time and effort involved in engaging with families and, if they consent, supporting families for a sufficient period to bring about positive change.

Imperative to engagement is a service's prior involvement in the community to establish respectful relationships with people, groups and services. Families are more likely to engage with organisations that are recognised for being actively engaged in the life of their community.

Child Safety, through the Regional Intake Service (RIS) or a CSSC will refer families directly to the FWS. Where families referred by Child Safety do not engage with the FWS, the service provider must advise Child Safety that the family did not engage. This information will form part of the child protection history for the family and ensure that any further action from Child Safety may consider the family's decision to not engage with secondary support services.

Criticality of need

FWS will engage eligible clients based on their professional informed/cultural assessment of the criticality-of-need, taking into account the following factors:

- Acknowledgement of referral within 2 business days of being received, Child Safety staff are to sight the child prior to investigation and assessment in accordance with the [Child Protection Act 1999](#).
- Referrals from Child Safety or FaCC whereby the family is deemed to be not currently in need of protection but the family is at high risk of entering the statutory system without an intervention.
- Referrals from a CSSC where the child/ren is/are subject to ongoing intervention and the prospect of support from the FWS will work towards the child(ren) no longer requiring departmental involvement.
- The child/ren is/are under 8 years old.
- The degree of vulnerability of child/ren given consideration of factors such as developmental delay, physical/intellectual disability, health/medical needs and challenging behaviours etc.
- Child protection history if known (e.g. more than one child concern report/notification recorded within a 12 month period, consideration of cumulative harm [e.g. series or pattern of harmful events and experiences that may have occurred in the past or are ongoing]).
- Complexity of need with multiple and inter-relating presenting factors (social, environmental, cultural influences and networks (e.g. limited access to appropriate services, including housing/risk of homelessness, healing and health, exposure to domestic and family violence).
- Other services currently involved, including the need for case co-ordination, sensitive and culturally safe information sharing and practices and/or access to more than one type of service.

Assessments for engagement with a family

Families and communities are responsible for 'growing up' children, ensuring they are safe and well, and defining how they are connected.

Assessing the underlying needs of the child and family involves, in part, the identification of strengths within the family – this forms part of the child and family’s storyline. The child and family’s storyline provides insights as to how they may have become vulnerable and in need of assistance.² The inclusion of the family’s support network is critical when identifying the child and family’s storyline and assessing their needs and strengths, as those identified as part of that network may be able to provide support and assistance to the family. It is important that the members of the support network are highlighted by the family.

The goal of the ATSICPP is to enhance and preserve Aboriginal and Torres Strait Islander children’s connection to family and community, and their sense of identity and culture. The five inter-related elements of the principle are: Prevention, Partnership, Placement, Participation and Connection.³ Whilst assessing safety, risk, and child and family wellbeing, it is important to include an assessment of the family in relation to all of these principles.

FWS will complete a comprehensive assessment of child and family wellbeing, using the Wellbeing Domains ([Appendix 1](#)). The same tool is used at case closure to demonstrate changes in family strengths and needs over the period of the FWS intervention. This tool captures data used to demonstrate outcomes achieved.

QATSICPP has developed an [Initial Assessment Form](#) that services can use to engage with the child, family and community and identify the storyline (and if used, may be attached on ARC for reference).

Family Wellbeing Service and Child Safety involvement

If a FWS outlet is offering support to a family, Child Safety begins an Assessment as the result of a notification, and the service outlet is aware of this (by any means – either directly from a family member or the department), the service may continue to work with the family until the assessment is completed and an outcome is determined and made known to the service outlet. However, if as a result of the assessment, an ongoing statutory response is deemed appropriate, the FWS must **immediately transition case management** to Child Safety and await further advice if a formal referral is required. The CSSC must in these circumstances make a formal referral.

Where the service is working with families subject to statutory intervention by Child Safety (e.g. where reunification is likely, one child in a family is on statutory orders but other children in the same family are not, or while an investigation and assessment is being finalised) the service will need to work in accordance with the case plan goals developed by the departmental case worker. Liaison with the case worker will be required throughout the service’s involvement with the family to ensure consistent goals are being pursued. Of course, this does not prevent the service provider from offering their views regarding strategies that are likely to improve outcomes for children in the long term.

Long term guardians may seek support from a FWS where it is assessed that the support can be provided and where the child is not the subject of current case work by the department (see [Referral criteria](#) for information on other foster and kinship carers).

Case planning

There are four stages in the process of case planning:

1. **Assess** - The assessment stage is used to identify the child and family’s storyline. This involves acknowledging and using the strengths of the family in a genuine partnership to maintain the child’s care and safety within the family and community.

² QATSICPP (2016) *QATSICPP Practice Guide*, QATSICPP: Brisbane p.14.

³ Tilbury, C., Burton, J., Sydenham, E., Boss, R., & Louw, T. (2013). *Aboriginal and Torres Strait Islander Child Placement Principle: Aims and core elements*. Melbourne: Secretariat of National Aboriginal and Islander Child Care [SNAICC].

2. **Plan** - The planning stage is about developing strategies that actively involve the family in decision making and working towards goals that have been identified to address the needs and/or concerns.
3. **Implement** – Working towards goals with the family assists in changing the storyline. The action plan is developed with the child and the family and actions must be clear and concise and understood by the family. A support team is established to assist in the action plan. Who will be responsible for each action is identified and there is consistent follow-up to ensure the actions are completed. The action plan is monitored and modified as required.
4. **Review** - The review and closure stage involves working with the child and family towards the end goal of the child and family being safe, strong and connected. Achievements are acknowledged and celebrated and areas needing further improvement are identified. It is important to avoid a static approach to the cultural, practical and developmental support needs of the child, and actions should keep children connected to their culture and community at different points of their of development.⁴

The case planning processes are undertaken with the child and the family as well as any other person identified by the family.

Note that the terms “*case management*” and “*case planning*” as used when referring to the FWS include flexible cultural methods of working with families to coordinate and plan support. FWS can deliver services that meet the requirements of the guidelines using their own culturally and locally developed approaches.

This program supports and encourages ATSIFLDM processes and the development of single case plans as methods to involve family members in the decisions made about their children. The department funds ATSIFLDM online training for all FWS workers. This can be accessed via the [QATSICPP Learning Management System \(LMS\)](#) This can be accessed via the QATSICPP Learning Management System for all FWS and FPP staff by contacting QATSICPP.

Involvement of Child Safety in case planning

For child safety-related referrals, the case planning process will involve the participation of CSSC staff informed by legislative requirements and other departmental practice considerations and timeframes (for example Family Group Meetings / FLDM, collaborative case planning, case plan reviews). In most instances, the CSSC has overall responsibility for case planning for a child that requires ongoing intervention.

Collaborative case management

Collaborative case management is a term used by the department to describe case management activity when a family requires support from more than one agency to respond to multiple, complex and/or interrelated needs. The primary purpose of collaborative case management is for families involved with multiple services to have a lead case manager and a single case plan that focuses on improving wellbeing and safety outcomes for the family. This approach prevents overlap or duplication of service delivery and enables the provision of a realistic and holistic intervention tailored to the needs of the family.

A collaborative case management approach recognises that navigating community support services is not easy for families, who often need more than one service to meet their needs. Collaborative case management puts the onus on service providers to work together to support families.

Consent from the family for the service to contact other agencies with whom the family is involved is critical to the success of the approach.

⁴ Arney, F., Iannos, M., Chong, A., McDougall, S., Parkinson, S. *Enhancing the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle*, Australian Institute of Family Studies, viewed 28 September 2023, <https://aifs.gov.au/cfca/publications/enhancing-implementation-aboriginal-and-torres-strait-islander-child>

Effective collaborative case management in this context requires:

- shared goals of increasing safety and reducing the risk of harm to children and strengthening family functioning.
- integrated service delivery across a number of sectors (e.g. health and education) with adult and child services operating collectively to improve safety and wellbeing of children and families.
- commitment to delivering culturally safe services that maintain or reconnect people to their culture, country and family reflected in clear, achievable and realistic plans that the family and child understand.
- development of practical and realistic safety plans that contain actions and responsibilities for all participating partners and ongoing joint reviews of these plans.
- agreement to work together to restore the authority of Aboriginal and Torres Strait Islander families to raise their children their way while preserving the safety and best interest of the child.
- Inclusion of the cultural needs of the child and family as a major component of case planning including the development of specific cultural support plans where required or requested by the family / child.
- strong governance processes to drive implementation at the local level.
- service providers working together to ensure active participation of families in the decisions that affect their children.

Not every person referred to the program will require a case to be opened – this type of work may be limited to information and advice provided to the family (for example on other services that may be more appropriate), or group work that is time limited and does not require a direct case work relationship with the family or child, or community event. Families that participate in these activities and do not enter into a case management relationship would be counted as ‘information advice and referral’.

Determining the lead case manager/service provider

Where referrals are made directly to the FWS provider from any source, the FWS provider should undertake the assessment of need and commence a lead role, subject to further negotiations with other services that may ultimately through the case planning process require higher levels of service coordination or direct support of family members.

Where a Child Protection Order is in place, the department is always the lead case manager. However, the department may ask the FWS provider to take responsibility for coordination of local services and supports in accordance with the goals of the case plan.

Initial engagement with the family includes identifying which agencies or supports are already in place and negotiating which service is best placed to lead a single case plan. This may not always be the FWS. Factors to be considered in determining who is best placed for this role include existing relationships with the family or other factors including staff and client family connections that make working with a family unethical or inappropriate for a variety of reasons, including confidentiality within the community. If a family has an established relationship with another agency, the FWS will not duplicate this but leverage off the existing relationship.

Single case/cultural support plan

FWS delivering early intervention support (i.e. the department is not involved in any form of ongoing intervention) will actively collaborate with other agencies to ensure families get the services and support they need to achieve their case plan goals. Services will engage with all family members who are willing to receive support.

For support of children and families where ongoing Child Safety intervention is required, the department has lead responsibility for collaborative case management, including cultural support planning and assessing the outcomes from the support provided to inform their decision making. In the support of families that require ongoing intervention, it is the department in consultation with stakeholders that determines the cessation or continuation of ongoing intervention based on the family's progress and risk of harm.

The subject child's case plan (including the cultural support plan) should reflect the core elements of the ATSI CPP: Prevention, Partnership, Placement, Participation and Connection.⁵

Recording a case/cultural support plan

A child and family are more likely to enter into a plan when they are central to its development, it is reflective of their story, it builds on their strengths and addresses their underlying needs. The plan should be developed using ATSI FLDM processes and recorded in a way that is culturally appropriate and meets the individual needs of the child and family. The plan should be constantly monitored and modified as required.

Generally, the overarching case plan will be shared amongst relevant service providers with the consent of the family.

Each agency involved in the family will still have their unique case management systems and case notes will be recorded by each agency separately. Comprehensive case notes by individual agencies will not be entered in the 'single case plan'.

For child safety-related matters, the case plan will reflect the aims and purpose of the department's involvement with the family and the case plan developed by Child Safety Service Centre staff. The CSSC case plan forms the basis of all ongoing forms of interventions by the department. Therefore, each service provider must consult with CSSC staff on the content of the family's plan as it relates to the tasks and actions required of the service provider. Conversely, the CSSC should consult with service providers on the content of the family's plan.

Role of the case manager

The case manager has responsibility for ensuring the family or individual family member receives the right services, in the right order and at the right time.

The worker acts as a single point of contact when a range of services are involved with the child or family and an integrated response is required. The lead professional will be well-trusted by the family, able to negotiate access to services and have access to brokerage funds to support the case plan.

The lead case manager works with families to identify and prioritise their presenting strengths and needs to develop the single case plan, to deliver intensive support interventions and engage families with specialist services as required.

The role of the case manager may include the following functions:

- form a strong, respectful and genuine partnership with the family, the children in the family and other family members.
- support client engagement upon referral to the service.
- seek informed consent from families to contact other services or practitioners with whom the family is involved.
- develop an understanding of the primary needs of the family including consistent assessment of risks and needs using appropriate tools.

⁵ Tilbury, C., p.5.

- support the functioning of individuals and families through support, counselling, practical support and group work or events.
- act as a single point of contact for the family.
- advocate, negotiate and support children and families to access other services and maximise opportunity for decision making in service delivery.
- co-ordinate the delivery of actions agreed by relevant practitioners and services.
- run the service provider's preferred family led decision making processes or participate in departmental collaborative decision-making processes.
- develop cultural support options and plans for children and families, where required.
- report to Child Safety the outcomes of the support provided to a child and family where appropriate.
- participate in key meetings with other agencies including Child Safety Service Centre staff regarding each child and family.

Information sharing

Sometimes families may be reluctant to share information or provide consent to contact other professionals or services with whom they have been involved. This may particularly apply in situations where relationships with other stakeholders are perceived as fractured or involve workers who are also members of the same family, clan or community.

Likewise, some professionals and service providers may be reluctant to share information that relates to the wellbeing of the family or their children. This can occur because consent has not been obtained or providers are not confident to share information with service providers whom they don't know well.

Developing trusting respectful working relationships with other service providers is as important as relationship building with families. Where poor information sharing is preventing effective casework, this should be discussed with the department to see if assistance can be given to establish protocols.

Ongoing intervention cases: if the department has given approval which allows information sharing between service providers regarding a child, there is no need for client consent. The relevant provisions are section 159M(2) and section 188(3)(b) of the [Child Protection Act 1999](#).

Further information on information sharing can be found at: <https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family>

Case meetings

Regular stakeholder meetings can be organised by the lead case manager. The FWS should participate in collaborative case management meetings led by other agencies. All case meetings should be conducted in a location that is family-friendly and deemed appropriate by the family. As recommended, family members, including children should be encouraged to attend meetings along with all relevant stakeholders (i.e. other service providers).

Meetings should be hosted in a family-friendly manner and be respectful of the issues family and individual members are facing. The issue of consent and family privacy should always be considered and revisited as necessary. The case plan should be available at the meeting and the lead case manager should determine a process to assess progress towards the case plan goals, including discussion around any planned or unplanned deviation from the case plan. Decisions should be recorded and distributed to all stakeholders, updating the case plan. Wherever possible, families and children should participate in or lead the meetings and development of solutions.

The single case plan **does not restrict** individual agencies from having a case plan with an individual, but an overarching plan may ensure that support is timely, appropriate and coordinated.

The lead case manager is responsible for ongoing management of the case plan and facilitating regular stakeholder meetings to support its implementation. Case plans, along with assessments of family functioning will be reviewed at regular intervals in collaboration with the family. It is expected that case management will continue until all, or the majority of, support needs have been met.

Transferring family cases between FWS providers

When a family receiving a FWS is relocating to another catchment where a FWS is available the following transfer process applies:

1. Discuss with the family if they wish to work with another FWS when they move to their new location.
2. If the family wishes to work with the new service, **gain consent** to speak to the appropriate service.
3. Contact the service to discuss the family's situation and timeframes for transfer. Follow up as appropriate.
4. A four-week period is allocated for case transfer, during which the current service commits to continue working with the family until the new service allocates a worker. Timeframes may be extended or shortened by negotiation, depending on when the family is moving.
5. The transferring family is prioritised by the new service, not added to a waiting list.
6. Wherever practicable, a handover meeting involving all parties introducing the family should take place.
7. A referral is made through ARC to the new service based on the consent given by the family. Minimum requirements for transfer of information include the most recent assessments and the current case plan.
8. The referral must be consistent with the referral criteria/eligibility for service provision.

Once the electronic referral is accepted by the new service, the case is closed in ARC by the originating service.

Case closure

When the family has met the case plan goals and addressed the identified needs, an exit plan will be developed and implemented with the family which identifies how the family will transition from the FWS. This includes referrals to less intensive support services and universal services to ensure the family has continued support and change can be sustained. For matters related to ongoing intervention by Child Safety, the case closure must be undertaken with the full participation of CSSC staff.

The case manager completes a Wellbeing Domains ([Appendix 1](#)) assessment at closure to determine the family's wellbeing at the end of the intervention.

If the FWS worker is the lead case manager, the closure assessment is completed to determine changes to the family's wellbeing for recording in ARC. If a worker from another agency is the lead case manager for the case and a FWS worker is also involved, the closure assessment is completed together to determine changes to a family's wellbeing. This is an opportunity to reflect on the effectiveness of the collaborative case management approach and to identify learnings for future joint work. This assessment of whether all or the majority of needs are met and the recording of changes in Wellbeing Domains in ARC contributes towards outcome and output targets.

Where domestic and family violence is present, the case manager will continually assess and monitor risk in conjunction with specialist services, and/or the department to ensure the safety and wellbeing of all family members and the appropriateness of the family's case plan or in fact risk of case closure and exiting of the family.

Assessment of child and family wellbeing when closing a case

Completion of a Wellbeing Domains assessment ([Appendix 1](#)) will occur prior to case closure in order to establish the change that has occurred during the family's engagement with the service. These closing assessments will, along with meeting case plan goals, measure the three outcomes set by the department for FWS, families:

- have shown improvements in being safe and/or protected from harm
- have improved life skills
- with improved cultural identity / connectedness.

Output – Case Management (A01.2.02)

This program is funded to undertake the following activities associated with this output.

Activities that may include assessment of needs, development and monitoring of service plans, ongoing case management and coordination of voluntary, individualised service packages. Collaborative, client-centred processes aim at empowering and working with clients to effectively meet their individual needs and to increase their self-reliance and independence. Case management incorporates direct client service, based on identification, assessment and planning for their support needs, and the coordination of client access to a range of other appropriate services.

This output covers the activities delivered when a child, person or family member requires case work support. .

Hours

The total number of hours undertaken in work that is directly or indirectly linked with the subject Aboriginal and Torres Strait Islander family. The total hours per annum are inclusive of the time taken in direct support of individual subject children/families providing case management. It relates to direct activity linked to actioning a referral, undertaking a home visit to gain consent, direct support related to case plan goals of a subject child/family, indirect case work activity related to the subject child/family including phone calls, case file notes, attending or conducting meetings, direct transport of a family, case closure.

Counting also includes a count of direct and indirect contact with the subject child or family or contact with other family members associated with the referral and any subsequent attempts to contact the family. Importantly, hours are counted irrespective of the outcome of the work undertaken by the service outlet.

Families

The annual figure of families is a total of families where a referral has been made and the case has been opened and consent given by the family. The total number of individual families supported equates to either full or partial case closure occurred in the reporting period. A family may receive more than once incidence of support in the year and may be counted numerous times when the case is opened. A case that receives continuous support over successive quarterly reporting periods is only counted once – first when the consent is received, and the case is opened and subsequently closed at the end of support (this may either be a full or partial case closure).

Families that do not engage with the service and where consent is not received and no support is delivered to a case plan are not included in the annual figure each service outlet is contracted to meet.

This annual figure includes any full or partial case closure transfers made by the service outlet to other services, or where cases are transferred into the service. The starting point for counting this output occurs after consent is reached with the family, not the time of a referral received.

Service duration

The duration of support to a family will be based on the service outlet's assessment of the vulnerability of the child/ren in the family – this vulnerability will be impacted by a range of factors identified through the referral, meetings with the family, ongoing need assessment, support planning, through to closing the case.

Support to families is time limited. The duration of support is conditional upon the number of case plan goals established with the family, assessed progress of the family with these goals, and the case plan goals achieved (i.e., full or partial achievement of case plan goals). There are no set limits to the length of time spent working with a family, unless the organisation has specifically determined set timeframes that align with their service model.

In matters related to support of Child Safety subject children, time limits exist for case plan goals (e.g., reunification, IPA).

Service outlets are contracted to deliver support to families that results in either partial or full case closure – some families will require longer periods of support, others only shorter interventions depending on the complexity of the family's circumstances and progress in meeting case plan goals. The descriptions of the average cost associated with program include an assumption that cases will not be left open indefinitely where there is infrequent involvement with a subject child/family. In other words, cases must be closed or transferred irrespective of the outcomes and case plan achievements.

Program intent

It is expected that all FWS providers understand and embrace their role within the service system as the service point for Aboriginal and Torres Strait Islander families who may be experiencing vulnerability, with the objective of improving child and family wellbeing for families to safely care for their children at home and in their community.

For FWS the program intent aims for families have:

- shown improvements in being safe and/or protected from harm
- improved life skills
- improved cultural identity / connectedness.

Aboriginal and Torres Strait Islander Families Strategic Implementation Group

Membership

The Aboriginal and Torres Strait Islander Families Strategic Implementation Group (SIG) is made up of organisational leaders from the FPP, FWS and the department across the state. Membership is based on position, rather than personal appointment.

Membership will automatically be extended to the Chief Executive Officer of the funded organisation. The organisation may choose to nominate another position to the group as their delegate. If a member is unable to attend, they may nominate their proxy to the chair for confirmation.

Responsibilities

The SIG is responsible for providing strategic oversight of the implementation of the FPP and the Aboriginal and Torres Strait Islander FWS. It will provide a forum for stakeholders to:

- collaborate to enhance performance across the system by:
 - identifying and reviewing trends and emerging issues
 - identifying and exploring opportunities for program improvement

- drive improvements to service system options, service design, service responses and practice across the state
- contribute to an effective evaluation approach, and
- oversee performance in the context of the whole child protection system.

Working group

The SIG currently has a subgroup, the Data and System Reporting Working Group.

Queensland Child Protection Guide

The [Queensland Child Protection Guide](#) is an online tool that assists those who have concerns about a child or young person to decide about whether to make a report to Child Safety or refer to a support service best placed to meet the family's needs. The guide is available state-wide and supports health and education professionals and police (and other prescribed entities) to report their concerns to Child Safety or refer the family to a support service, including the FWS program. FWS staff may also find the guide useful if they have concerns about the safety of a child with whom they are working.

Shared practice framework

The Strengthening Families Protecting Children Framework for Practice and the tools that support its application aim to achieve a shared practice framework and common language across the child protection sector ([Appendix 2](#)). The values, principles, knowledge bases and core skills of the framework support the objectives of the FWS program.

The framework sets out a strengths-based, safety-oriented approach to enhance Queensland's child protection practice and deliver better outcomes for vulnerable children, young people and families in need. It identifies the range of sources of knowledge critical to effective child protection practice and highlights that, while research and practitioner knowledge are valued, so too is the knowledge held by individuals and families, the community and the broader system in which children and families are located.

The tools are intended to be applied collaboratively, with the family and the service provider undertaking joint assessment, planning and decision making.

The framework has a focus on engagement, assessment and planning and is accompanied by a range of practice maps, tools and processes to strengthen the skills of both child safety professionals and non-government practitioners. The aim is to build collaboration through a common language and shared practice framework across all FWS, FaCC, IFS services and the department.

Resources on the practice framework can be found at:

- <https://www.dcssds.qld.gov.au/campaign/supporting-families>
- <https://www.dcssds.qld.gov.au/about-us/our-department/partners/child-family/resources-publications>
- <https://cspm.csyw.qld.gov.au/>

QATSICPP has developed resources that can assist when working with children, young people and their families:

- The [Practice Standards](#) honour the enduring cultures and traditions of Aboriginal and Torres Strait Islander peoples, drawing on knowledge systems of growing up children and their connection to family, community, country and culture.
- The [Practice Guide](#) is a practical resource that all practitioners can use for both practice and reflection. It is guided by the QATSICPP Practice Standards and the Aboriginal and Torres Strait Islander Child Placement Principles.

- The [Assessment Toolkit](#) is a practical resource that is effective in ensuring the needs of families and children are responded to and they become strengthened as a result of being involved in the assessment process from beginning to end.

QATSICPP Senior Practice Leaders can facilitate workshops for practitioners in using these tools. QATSICPP resources can be found here: <https://www.qatsicpp.com.au/our-work/practice-resources/>.

Practical in-home and, in-community support

Practical in-home support is an important element of the FWS program. In-home support provides tailored interventions in the home environment where the skills and strategies are needed most. Practical in-home support interventions will respond to issues identified during the development of the family case plan. This assistance can also occur at places in the family's community that the family deems appropriately private and culturally safe (and has been negotiated with the family and led by the family members).

Examples include:

- budgeting
- modelling basic skills in managing a household
- establishing safe and practical routines
- parenting programs
- cultural support and cultural identification support
- meal preparation and cooking (including shopping); and
- providing basic advice on child development, wellbeing and attachment (appropriate to the skills of the support worker or referring to a specialist counsellor, psychologist, or child health service where required).

It is expected that practical support, wherever it is delivered, will be available to families outside core business hours as necessary to implement elements of family case plans (for example, early morning routine to prepare for school and evening meal preparation times).

Parenting skills development

Assisting families with parenting skills and developing positive parent-child relationships can contribute to improved child and family wellbeing. Interventions and programs can help parents develop knowledge about child development, factors that influence children's development, skills for managing children's behaviour and tools that build supportive and caring relationships with children. This may be achieved in the family's home or in other private and culturally safe venues. It may also be achieved through group work activity. FWS workers or volunteers will support parents to apply knowledge and skills gained from parenting programs in their home environment. FWS practitioners should undertake appropriate training in evidence-based parenting programs as part of comprehensive and ongoing professional development.

Specialist interventions

Specialist interventions, linked to assessments and case plan goals, can be delivered by staff with relevant expertise within the FWS, by partnering with specialist services or by linking families with external specialist services.

Depending on the identified needs of individual family members specialist intervention may include:

- domestic and family violence support services
- cultural support services

- counselling services
- relationship services
- mental health services
- youth services
- occupational therapy, physiotherapy and speech pathology
- drug and alcohol counselling
- specialist counselling and psychology services (e.g. trauma counselling)
- paediatric services
- infant and early childhood health services.

The FWS will establish strong links to local specialists in relevant fields and draw on the skills and expertise of workers in their LLA, including ATSICCO services, Community Justice Groups, Elders groups and community leaders, and other cultural support agencies.

Access to specialists or other community supports will be driven by the case plan and brokerage may be used for services not available through public services, or where public waiting lists would unreasonably delay the family achieving its case plan goals.

Group work and community events

Not all families and children referred or who directly approach the service will require a case management response. Group work is a valid form of support to individuals who can support each other in a safe environment. The service provider may use group activities to respond to issues in the community to improve safety for children and families. This may be undertaken in partnership with other specialist services, community groups, educators, cultural experts, Elders and leaders in the community. The focus should be on improving the capability of parents and other family members to support children safely in the community and restoring and respecting the child rearing practices of Aboriginal and Torres Strait Islander peoples.

The staging of community events for families is a valid means to creating safe communities. Events that are significant nationally, or at a state or community level should be celebrated to improve social cohesion, community identification and cultural pride.

In considering the running of groups and community events for vulnerable children and families, healing and wellbeing are central.

Brokerage funds

Brokerage is available to support families with their needs as outlined in the family case plan and to contribute to achieving case closure. Brokerage provides a flexible tool for the service to gain timely access to specialist services and resources to support and sustain families and cultural connections and healing.

As well as facilitating access to specialist services, brokerage may be used for:

- parenting programs
- cultural support and child/family participation in specific cultural events
- purchase of healing services
- skills development
- adult education programs
- early childhood education and care related activities (but not childcare fees); and

- early identification of infant and early childhood health and development issues for children up to three years of age and to provide timely interventions to support healthy development.

Brokerage can be used to increase protective factors and reduce risk factors for children, enhance a family's functioning, access to activity and support that enhances cultural identity and help maintain family relationships or re-establish family connections.

Brokerage funds are strictly to be used in respect of families experiencing serious concerns about the safety and wellbeing of the children. This pool of funds is not to be used as a substitute for emergency financial relief for families in need (cash payments to families are not permissible).

For further information see [Appendix 2](#).

Hours of operation

FWS must consider operating services all year round – excluding public holidays and weekends. Services should avoid complete closure over the weeks leading up to, and immediately after, the Christmas and New Year period. Staff rosters should also be maintained during school holiday periods.

Services are required to operate for extended hours (including early morning and evenings) to reach families who cannot be contacted or access the service during normal business hours. The intent is for staff to use this time to make first contact with families, hold initial engagement meetings or make follow up calls with families who have not been contactable or are unable to meet during business hours.

The FWS program is not a crisis / on-call service to families (or CSSCs). However, it will display flexibility and responsiveness in respect to working hours in order to maximise support interventions with families and engage family members who may be working standard hours.

It is a contractual obligation that each FWS has an **after-hours phone contact** (i.e. message bank or an on-call response).

Staffing

It is not a requirement that FWS employ all tertiary-qualified staff. However, for non-qualified staff, the employer should take active steps during a worker's employment to pursue formal training for staff to ensure high quality services are delivered. There is no requirement that each organisation employ Aboriginal and Torres Strait Islander peoples exclusively. This matter is entirely left with each organisation's existing employment policies. Given the nature of referrals and family and child complexity, having a workforce that is well-trained and experienced in dealing with the specific cultural needs of families and ensuring the service is cultural safe and therefore accessible to all Aboriginal and Torres Strait Islander peoples in a local community is very important.

Consideration should be given to employing a team that reflects multiple disciplines and diverse life experience and linkages with the community. Employing specialist or senior practitioners may be a useful strategy to ensure that the team has the capacity to respond to the complex needs of some families. Having a team of workers that is adaptable and fit for purpose to meet community expectations of timely and quality services is an essential consideration. Volunteers should not be discouraged from being part of the team.

The department acknowledges that in some circumstances, such as in remote parts of Queensland, recruitment of staff with appropriate skills and experience can be difficult and therefore a mix of qualifications, skills and life experience may be reflected in the team. Organisations are expected to support all staff, including specialists, to successfully meet the requirements of their role through internal and external training, professional supervision and encouragement to attain appropriate professional qualifications.

The FWS organisation must factor in their business continuity planning how they will address staff vacancies through annual leave etc.

Interpreters

The department supports fee-free access to interpreters for funded service providers and clients from non-English speaking backgrounds who have difficulties communicating in English. Information on this arrangement is available from contract management staff in each region or via email at interpretingservices@cyjma.qld.gov.au.

Local Level Alliances

To support the delivery of FWS and the broader child and family reforms, alliances of local community and government services that are involved in supporting vulnerable families have been established to strengthen connections between services.

The alliance of service providers works to strengthen the service system and ensure that families who may be experiencing vulnerability receive the right service at the right time.

LLAs work towards achieving the following outcomes:

- Enhanced community capacity to provide more efficient service provision for families and a thriving local community.
- Improved and more direct referral pathways for families to access appropriate services.
- Improved information sharing between providers to enable more coordinated and effective responses to families.
- Responses aligned to better support families who may be experiencing vulnerability and strengthen service integration, such as a shared practice framework and resources.
- Service system integration through identification of available services and gaps, improvement in the alignment between the configuration of the service system and the needs of local families.
- Place-based planning for the development of an integrated suite of local services that provide families with responsive, accessible and effective support.

Following a review conducted in 2023, Local Level Alliances (LLAs) in some catchments were deemed to duplicate existing structures to promote collaborative service delivery. As a result, LLAs in those catchments were discontinued. Nevertheless, the active participation of the FWS in the LLA or alternative local network may be critical to successful place-based integration and outcomes, service design, analysis of trends and collaboration opportunities at the local level.

Duty of care

FWS must adhere to the relevant provisions within the:

- [Community Services Act 2007](#)
- [Child Protection Act 1999](#)
- [Public Guardian Act 2014](#)
- [Family and Child Commission Act 2014](#)
- [Right to Information Act 2009](#)
- [Information Privacy Act 2009](#)
- [Public Records Act 2002](#)
- [Working with Children \(Risk Management and Screening\) Act 2000](#).
- Any future legislation relevant to services funded by the Department of Communities, Child Safety and Disability Services.

Services should be aware of the [Child Protection Act 1999](#) in relation to the principles of the Act and the reporting of child protection matters and privacy of information. In addition, it is a requirement that people who work with children in regulated employment (which includes counselling and support) are suitable. This is assessed through the 'working with children' suitability notice (blue card). Blue Card information is available at:

<https://www.bluecard.qld.gov.au/>

It is important that FWS ensure appropriate practices to work with children and young people. This information must also be supplied to other services that are contracted through partnering or brokering to work with the child and family.

Duty of care requires that the FWS contact Child Safety if there is reason to suspect a child is experiencing significant harm. This includes if, after a referral, further information becomes apparent during assessment that leads the service to suspect a child has experienced significant harm. Information regarding reporting suspected child abuse is available at:

<https://www.dcssds.qld.gov.au/our-work/child-safety/protecting-children/report-child-abuse>

All services that work with FWS clients, including brokered services or partnering services, must also be aware of this responsibility.

FWS may also seek advice from their Child Safety Officer within the CSSC for matters related to ongoing intervention cases.

Cultural care and safety

The department and service providers are obligated to ensure that ATSIFLDM meetings are held in a culturally safe environment.

Cultural safety is defined as:

*“an environment that is safe for people where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening”.*⁶

Risk management

The funded organisations delivering FWS need to develop risk management plans and be vigilant about implementing the identified risk mitigation strategies. This includes strategies to ensure worker and client safety.

Human Services Quality Framework (HSQF)

All services funded under this program are subject to the requirements associated with the department's HSQF that are contained with the service agreement. More information on this framework is available from: <https://www.dcssds.qld.gov.au/our-work/human-services-quality-framework>

Data collection and reporting

All FWS providers enter client data on the ARC system developed by our external partner, Infoxchange. The department will provide initial training as services move to this system. Ongoing support can be accessed through the Infoxchange Helpdesk and there is also a user manual

⁶ Williams, R. (1999). Cultural safety – what does it mean for our work practice? *Australian and New Zealand Journal of Public Health* 23(2), 213-214. <https://doi.org/10.1111/j.1467-842x.1999.tb01240>.

specifically for FWS providers. New staff should be trained by an experienced system user within the funded organisation in the context of their specific role and the organisation's process and procedures.

Data will be extracted monthly from ARC by the department to meet the whole of program reporting requirements of the program. For the FWS, this occurs on approximately the **eighth day of the month**. Services are required to enter the data on a regular basis so that data accurately reflects the delivery of services to clients. All data needs to be up to date on the **fifth day of the month**.

In order to complete performance reporting for compliance with the service contract with the department, services will be able to generate the Contract Report from ARC which is required for quarterly reporting under the contract. FWS providers can extract a range of reports and lists from ARC. These have the flexibility to be run for any reporting period (e.g. one day, one week, one month, one year). The ARC Performance reporting list will provide comprehensive service delivery data, including hours of service.

Infoxchange provides a centralised help desk for ARC users, and issues or questions should be sent via:

- Email: srs-support@infoxchange.org or
- Infoxchange Helpline 1300 366 516 or (03) 9418 7487

When contacting the help desk please quote the web address you use to access ARC and the workgroup you belong to.

You can also find generic Service Record System (SRS) Frequently Asked Questions and a feedback page via the online help at <https://srs-qld-families.infoxchangeapps.net.au/>. In addition, ARC support can also be provided by the Aboriginal and Torres Strait Islander Families team.

Additional ARC resources and access to the ARC training environment is accessible through the Aboriginal and Torres Strait Islander Families Resources SharePoint site. This site is for FWS and FPP providers.

To be added to the SharePoint group, please email ATSIFamilies@cyjima.qld.gov.au and include the following details:

- First name
- Last name
- Work email address, and
- Mobile number.

Output funding and reporting

The department currently operates on *Output Funding and Reporting*, and as such there are Output Measures with agreed hours stipulated in the Service Agreement. The Output Measures for the FWS program are provided below:

The Output Measures for which all FWS are funded is:

A01.2.02 Needs assessment and management of case/service plans

FWS should collect detailed data on time spent with or on behalf of a client as part of needs assessment and case management. Included in this Output are all the activities a service would undertake as they work with clients in a case management model.

The Output is measured by:

- Staff related hours of direct service delivery with or on behalf of a client

For needs assessment and management of case plans, the department recognises that there are a range of activities that are essential to effective operation and delivery of services, and that not all

activities are directly related to clients. For the purpose of Output Reporting however, it is only the client related hours that need to be reported. The hours contributed by volunteers are not counted in this reporting. Participation in team meetings, staff development activities (i.e.: training) is not counted in this reporting.

Active engagement strategies can be counted in the reporting if it is recorded as a case note.

A07.2.02 Community/community centre-based development coordination and support

FWS should actively engage with the local community and families, especially families that they might not yet be working with. This is achieved by delivery local activities. Activities can be one off events, i.e.: NAIDOC week activities or community led events, or they can be time limited or ongoing activities, i.e.: Yarning Circles, pre-prep kids groups, Mums & Bubs, children-teenage diversionary engagement, or general programs that are designed to respond to emergent issues i.e.: Respectful Behaviour programs. Activities should further enhance the profile of the FWS as a service that supports families. A benefit of activities may see more families self-referring into the FWS.

The Output is measured by:

- Staff related hours of direct service delivery with or on behalf of families within a community setting.

ARC will capture activities and hours of workers involved. Activities are not considered to be case management, even though families working with the FWS may be actively encouraged to participate in the activities.

Counting rules

All services reporting on ARC provide family support. The data collected captures current performance and informs future investment by the department. Data collected on 'time spent' provides evidence of output hours against the targets set in service agreements, therefore accurate recording is critical.

Guidance for using ARC in recording work with families is available from the User Manual for Aboriginal and Torres Strait Islander Family Wellbeing Services.

All services will provide standard data relating to hours spent on service delivery, as per the User Manual including applying the following counting rules:

- Hours spent by each worker with or on behalf of a client (i.e. if two workers meet with a client for 1 hour, then the hour for each worker (total 2 hours) will be recorded as time spent with or on behalf of that client).
- Hours of travel directly attributed to a client (i.e. travelling to and from a visit to a client is considered work on behalf of a client. This considers that all the services are based on a core component of home visiting).

ARC is designed to perform all calculations of information recorded by the FWS. ARC provides a service level performance report with the data required to enter on department's online reporting system quarterly.

Outcome reporting

Family Wellbeing services form part of a service system that together with Child Safety supports the achievement of system-wide outcomes.

At a **system level** FWS contribute specifically to the outcome:

- Highly vulnerable families are stronger, capable and more resilient- families are appropriately referred and engage with the support they need.

At an **individual service level**, the outcomes for FWS for output "Case Management" (A01.2.02) are:

- Families have shown improvements in being safe and/or protected from harm

Measured by:

- completing the case plan with all or the majority of needs met, and
- on the Wellbeing Domains assessment ([Appendix 1](#)) at case closure recording Adequate or above at case closure against the Family Safety domain
- Families have improved life skills.

Measured by:

- completing the case plan with all or the majority of needs met, and
- recording an improvement against two or more domains that were previously scored as a *Challenge* or *Moderate Challenge*.
- Families have improved cultural identity/connectedness.

Measured by:

- completing the case plan with all or the majority of needs met, and
- recording an improvement against the *Cultural identity / connectedness* domain that was previously scored as a *Challenge* or *Moderate Challenge*.

Contact

For any further information or feedback on this document or the FWS program, please contact:
ATSIFamilies@cyjma.qld.gov.au

Appendices

Appendix 1: Wellbeing Domains Assessment in ARC

The Assessment tool for FWS is available from the Admin page, Documents tab in ARC

FWS required to complete the following assessments for cases that meet the criteria for a FWS (family cases):

- Wellbeing Domains Assessment - at commencement and at case closure (assessments can be completed at review points during intervention too if this is useful).

The results of the completed Assessment (for Initial, Subsequent and Closing) are recorded on the Persons page, Assessment tab.

The Wellbeing Domains Assessment is included below.

Family safety 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"/>
Key risk factors and things to consider when making a decision	Considerations about the Child/ Young person: 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)? Considerations about the Family: 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? Considerations about the child's community: Is the child or young person safe at school (e.g. bullying)? Does the child or young person live in a safe neighbourhood?			The Family Safety domain area focuses on unsafe behaviours or an unsafe environment that could negatively impact a child's wellbeing. 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.			
Comments <input type="checkbox"/> Refer additional comments page							

Material wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

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	Considerations about the Child/ Young person: Are the child's or young person's basic care needs being met (including food and clothing)? Considerations about the Family: 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? Considerations about the child's community: 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?			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.			
Comments <input type="checkbox"/> Refer additional comments page							

Health wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

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"/>
Key risk factors and things to consider when making a decision	Considerations about the Child/ Young person: 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?			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.			
	Considerations about the Family: 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?			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>Considerations about the child's community:</p> <p>Does the family have access to health services?</p> <p>Does the family have access to mental health services?</p> <p>Does the family have access to respite services?</p> <p>Does the family have access to leisure, sport and recreation options?</p> <p>Does the family have access to infrastructure that supports mobility (e.g. wheelchair access)?</p>	
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>		

Child wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

Child 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	<p>Considerations about the Child/ Young person:</p> <p>Does the child or young person seek out or have opportunities to undertake social activities?</p> <p>Is the child or young person achieving developmental milestones?</p> <p>Does the child or young person have developmentally appropriate learning opportunities?</p> <p>Does the child or young person have the ability to communicate thoughts to others?</p> <p>Considerations about the Family:</p> <p>Do the parents/ other family members have the ability and knowledge to support the child/young person?</p> <p>Does the child have an opportunity to engage with his/ her parent(s) (i.e. playing, reading)?</p> <p>Considerations about the child's community:</p> <p>Does the family have access to specialist services?</p> <p>Does the family have access to sports, leisure and entertainment activities?</p> <p>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

Refer additional comments page

Parenting wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

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"/>
Key risk factors and things to consider when making a decision	<p>Considerations about the Child/ Young person:</p> <p>Does the child interact positively with his or her parent(s)?</p> <p>Does the child have contact with both parents?</p> <p>Considerations about the Family:</p> <p>Do the parents provide age appropriate activities for the child?</p> <p>Is the parent confident?</p> <p>Does the parent provide a family routine?</p> <p>Is there a positive and responsive parent/ child relationship?</p> <p>Does the parent employ positive child behaviour management techniques?</p> <p>Does the parent provide play/ learning activities?</p> <p>Does the parent teach the child life skills?</p> <p>Does the parent teach the child the impact of any cultural beliefs?</p> <p>Does the parent have a motivation to change their parenting style?</p> <p>Is there involvement of relatives and extended family in child rearing?</p>				<p>The Parenting domain area focuses on parenting issues or concerns that could impact on a child’s development and home environment.</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 parenting to be a concern at the time.</p>		

	<p>Considerations about the child's community:</p> <p>Does the family have access to culturally appropriate support?</p> <p>Does the family have access to family/ community networks?</p>	
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>		

Family interactions wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

Family interactions	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	Considerations about the Child/ Young person: Does the Child or young person feel included in the family? Considerations about the Family: 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? Considerations about the child's community: 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?			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. 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.			
Comments <input type="checkbox"/> Refer additional comments page							

Cultural identity (connectedness) wellbeing domains needs identification record / needs assessment record

Family name: _____ Case ID: _____

Cultural Identity/ Connectedness	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	<p>Considerations about the Child/ Young person: Does the child or young person have a sense of cultural identity and connectedness, at home, at school and in the community? Does the child or young person participate in and develop links with their culture, their cultural community and country (if the two are different)?</p> <p>Considerations about the Family: Does the family have strong cultural identity and connectedness with kin, friends, and community? Do they participate in and develop links with their culture, their cultural community and country (if the two are different)?</p> <p>Considerations about the child's community: Does the family or child have a good knowledge of local cultural networks in their community and country (if the two are different), and participate in and develop links with their culture and their community and country? Does the family or child find support through their spiritual connections?</p>			<p>The Cultural Identity/Connectedness domain area focuses on the types of links the family and young person have with their culture and in their community and country (if the two are different). 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 cultural identity and connectedness to be a concern at the time.</p>			
<p>Comments</p> <p><input type="checkbox"/> Refer additional comments page</p>							

Appendix 2: Strengthening Families Protecting Children Framework for Practice

Source: <https://www.dsdsatsip.qld.gov.au/resources/campaign/supporting-families/framework-for-practice-overview.pdf>

Department of Communities, Child Safety and Disability Services

Strengthening families | Protecting children

Framework for practice

Best hopes **Safety** **Belonging** **Wellbeing**

Our vision Queensland children and young people are cared for, protected, safe and able to reach their full potential.

Values

- Family and community connection
- Participation
- Partnership
- Cultural integrity
- Strengths and solutions
- Fairness
- Curiosity and learning



Principles

- We always focus on safety, belonging and wellbeing
- We recognise that cultural knowledge and understanding is central to children's safety, belonging and wellbeing
- We build collaborative working relationships and use our authority respectfully and thoughtfully
- We listen to children's, families' and communities' views and involve them in planning and decision making
- We build and strengthen networks to increase safety and support for children, young people and families
- We seek to understand the impact of the past, but stay focused on the present and the future
- We are rigorous and hopeful in our search for strengths and solutions
- We critically reflect on our work and continue to grow and develop our practice

Knowledge

- Individual and family based
- Community and cultural based
- Research based
- Practitioner based
- Systems based



Skills

- Engagement — the development of effective working relationships
- Assessment — critical reflection and robust decision making at key decision points
- Planning — collaborative process for building rigorous change plans
- Process — focus on processes that support and reinforce the practice



Appendix 3: Brokerage Funding Guidelines

Purpose

Brokerage funding purchases additional support, services and/or resources for a client that is unable to be provided by the lead agency. Brokerage funding can only be used for clients who provide their consent to engage with the service and have a case plan. Brokerage funding is intended to be used only when publicly provided or funded services are not available and must be linked to the case plan.

Brokerage funding should assist families to sustain their role as carers. It is used to purchase services which:

- assist family engagement
- reduce immediate risk or increase protective factors for children
- support and sustain a family unit
- enhance a family's quality of family life
- help maintain family relationships

Principles

The use of brokerage by FWS are guided by five principles:

1. Client focused

Brokerage support is responsive to and driven by the needs collaboratively identified with the client, and is respectful of the rights, dignity and confidentiality of the client.

2. Responds to identified needs and case plan goals

Brokerage funds can be administered for the purchase of goods, services or activities that 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.

Once a full case plan is developed brokerage funds can be used where necessary for the purchase of goods, services or activities directly linked to achieving client outcomes and completion of client case plans.

3. Flexibility

The use of brokerage is driven by choice and flexibility in services and can be applied at any point during the client's contact with the service.

4. Avoid duplication of service provision

Brokerage funds are used to purchase goods, services or activities only when existing services, supports or resources cannot meet the identified needs of the client or are not accessible.

5. Value for money

Interventions purchased with brokerage funds are to be as cost effective as possible. When deciding to commit brokerage funds, consideration is given as to whether the intended expenditure is the best use of resources to meet identified client outcomes.

Eligibility and priority

Brokerage funds are available for individual clients according to their need for additional support, services and/or resources. The spending of brokerage funds must be clearly linked to a family's identified needs or case plan.

Brokerage funding can be pooled to provide services for a number of families, where the same need is identified for a number of clients.

There is no cap on the amount of brokerage funding any one family may receive; services are expected to prioritise families and their needs in an equitable and sustainable manner.

Types of expenditure

Brokerage funds should purchase supports, services and resources on a short-term or episodic basis.

Examples of support covered by brokerage:

- The purchase of white goods. For example: referred child is being ostracised at school for offensive odour. The FWS identifies that the child is a bed wetter and the family do not have a washing machine, therefore the child's clothing is not cleaned on a regular basis.
- Purchasing direct support services. For example: to assist services to respond to the identified needs of Aboriginal and/or Torres Strait Islander/Culturally and Linguistically Diverse families and/or assist Aboriginal and/or Torres Strait Islander/ Culturally and Linguistically Diverse families access to mainstream services by purchasing interpreter services.
- Timely access to initial dental, health and speech therapy assessments and treatment. For example: access to initial assessment by private practitioner to expedite entry into the public health system or specialist health services where public services are not available in the locality to meet specific needs of a client.
- Mental health assessments. For example: access to assessment by private practitioner for diagnosis and referral for diagnosed services in the public health system.
- Accommodation/personal expenses. For example: one off payment in times of financial crisis or to escape domestic and family violence.
- School/education expenses and supplies. For example: parents are not sending child/ren to school and it is identified that they cannot meet the financial costs of uniforms, books and general stationery items required.
- The purchase of household items (explore options of local charity groups in the first instance). For example: one off payment for essential items (such as bed and bed linen) to "set up" in new accommodation.
- House cleaning. For example: one off payment if referral is made for a child living in unhygienic/unsanitary conditions and the service case plan is to work with the family to teach them general household living skills.
- Respite care. For example: referred child has a diagnosed disability and it is identified by the service that respite care would assist the family's coping strategies.
- Child Care. For example: while the parent(s) of the referred child is attending a parenting course or counselling sessions for a six week period, brokerage funding is used to meet the cost of ordinary child care.

Service gaps

Brokerage funds are frequently used to respond to gaps in the amount or quality of existing programs because:

- there is a gap between the demand for, and supply of, core community programs
- existing programs may be unable to provide a sufficient amount of support
- existing programs may have waiting lists of people needing a specific form of support and/or a time delay before assistance can be provided
- the type of support needed is not readily available
- existing programs may not be able to provide the necessary service quality or responsiveness

Limits on expenditure

The amount of funds allocated to brokerage from the service budget must be negotiated and clearly recorded in the service agreement with the department. Up to \$5,000 per \$100,000 per annum (or 5 per cent of total grant funding) is considered an eligible cost.

Brokerage is not to be the first or only service provided to clients with the exception of responding to immediate risk factors for children and their families.

Brokerage funds are only to be provided in the context of clients' identified needs and case plans. Case plans must demonstrate the use of brokerage as part of a range of strategies to support the client to address identified needs and achieve goals which lead to case closure.

Prior to using brokerage funds to purchase a support, service or resource, alternative sources that may be less expensive or free should be explored. If an appropriate service is available and able to meet their needs, then clients should be referred to that service.

Family Support services are expected to quarantine brokerage funds from administration and organisational costs and cover the cost of administering brokerage funds within the general administrative costs of the service.

Brokerage funds are not to be used:

- to reimburse a worker already employed within the service.
- for any other funded initiative or service type provided by the organisation.

Supports, services and resources which are more ongoing in nature, do not fall within the parameters of Family Support brokerage. Brokerage funds are provided for one off payments of goods or services and may not be used for the employment of staff or the subcontracting of services that form part of the existing service agreement with the department to another organisations or agency.

Accountability

The Aboriginal and Torres Strait Islander Family Wellbeing Service is required to:

- ensure that brokerage funds provided by the department are used in accordance with these guidelines
- record data about the use of brokerage as part of the client's records
- develop a policy and procedures for managing demand for brokerage, including clear eligibility requirements and assessment processes based on the principles outlined in these guidelines.