

# **Family and Child Connect**

## Service Model and Guidelines

2020 (Version 5)

## Version History

Version	Date	Comments
Version 1.0	January 2016	Following review of previous Program Description and Practice Guidelines
Version 1.1	February 2016	Inclusion of attachment Principal Child Protection Practitioner guidelines  Amendments to information on Common Assessment Tools
Version 2.0	February 2018	Review: <ul style="list-style-type: none"> <li>• Content and format update</li> <li>• Reformatting content</li> <li>• Def: at risk families/enquirers</li> <li>• Opening hours</li> <li>• Tertiary qualifications clarification</li> <li>• LLA requirements</li> <li>• TIS access</li> <li>• Inclusion of ATSIFBW into PCPP consults?</li> </ul>
Version 3.0	April 2018	Reformatting and removal of obsolete content
Version 4.0	October 2018	Updated content to reflect the <i>Child Protection Reform Amendment Act 2017</i>  Updates Links to additional resources
Version 5.0	March 2020	Refreshed content  Added Local Level Alliance Best Practice Principles  Updated Engagement and Assessment, Closure and Referrals sections

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## List of Acronyms

ARC	Advice, Referral and Case management
CALD	Cultural and Linguistically Diverse
CAP	Collaborative Assessment and Planning framework
CCR	Child Concern Report
CRC	Children's Research Center
CSSC	Child Safety Service Centre
DFV	Domestic and Family Violence
ECEC	Early Childhood Education and Care
FaCC	Family and Child Connect
FAST	Family Assessment Summary Tool
FGM	Family Group Meeting
FRE	Family Risk Evaluation
FRRE	Family Risk Re-evaluation
FWS	Aboriginal and Torres Strait Islander Family Wellbeing Service
I&A	Investigation and Assessment
IFS	Intensive Family Support
IPA	Intervention with Parental Agreement
OASIS	Online Acquittal Support Information System
PCPP	Principal Child Protection Practitioner
RIS	Regional Intake Service
SDM	Structured Decision Making
TFS	Tertiary Family Support
Child Safety	Child Safety Services
The department	Department of Child Safety, Youth and Women

# 1. Introduction

## 1.1 Purpose

The purpose of these program guidelines is to outline operational requirements and provide guidance for organisations funded to deliver Family and Child Connect (FaCC) services across Queensland. It complements but does not replace the Service Agreement or the requirements set out in the *Families Investment Specifications*.

## 1.2 Audience

These guidelines inform the work of funded FaCC service providers and for relevant government staff, particularly in the Department of Child Safety, Youth and Women (the department). This document replaces all previous versions.

Further information is also available on the department's website:

<https://www.qld.gov.au/community/caring-child/family-child-connect>

<https://www.csyw.qld.gov.au/about-us/funding-grants/investment-specifications>

## 1.3 Background

FaCC services have been established across Queensland to support families who are at risk of entering or re-entering the child protection system.

FaCC are local, community-based services that help families to care for and protect their children at home, by connecting them to the right services at the right time. Broadly, the FaCC will:

- assess the information they receive with a focus on the safety and protection of the children in the family
- provide advice where appropriate
- make contact with the family to discuss the concerns
- assess the type and level of support required
- refer the family to services to assist them, including Intensive Family Support services, and
- support a Local Level Alliance (LLA) of government and non-government services within the community to ensure that vulnerable families receive the right mix of services.

## 2. The Model

### 2.1 Overview

Families, professionals and other members of the community who have concerns about a child's wellbeing are encouraged to contact FaCC for information and advice.

The FaCC will assess the information provided by the enquirer and, considering the family's circumstances, provide resources, information and advice regarding appropriate support options. This will include, where appropriate, accepting a referral for the family for active engagement<sup>1</sup>.

FaCC can also partner with enquirers to engage with and support the family. This has two key benefits, firstly, to assist the family to engage with services with the support of the enquirer who has an existing connection or relationship with the family and secondly, to increase the knowledge and skills of the enquirer in accessing support services for children and their families.

FaCC is an assessment/referral service and does not provide case management.

### 2.2 Service users

FaCC services provide support to two distinct user groups:

#### 1. Referrers and Enquirers

- Referrers and enquirers are people who are concerned about the safety and/or wellbeing of a child or family and are seeking information, advice, or referral for support for the vulnerable family.
- Referrers and enquirers can refer vulnerable and/or at risk families when they identify children or young people in need of support.
- Referrers and enquirers include professionals (including those defined as mandatory reporters in the *Child Protection Act 1999*), prescribed entities<sup>2</sup>, organisations, community members and/or families.
- If a referrer or enquirer is a mandatory reporter, they must report a reasonable suspicion of harm that a child is a child in need of protection caused by physical or sexual abuse to Child Safety.

#### 2. At Risk Families

- Families with children and young people under 18 years, including unborn children, who are at high risk of entering or re-entering the statutory child protection system.
- The family would benefit from access to family support interventions and/or referral to specialist support services.
- The child and family's circumstances or risk factors are likely to escalate if they do not receive support.

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<sup>1</sup> See page 12 – Response Type 4

<sup>2</sup> See page 8

- The child is not currently in need of ongoing Child Safety intervention.
- Long term guardians may seek and access support through a FaCC where a child is not the subject of current case work being undertaken by the Department of Child Safety, Youth and Women.

## 2.3 Receiving enquiries and referrals

Contact can be made with a FaCC in person, over the telephone or by accessing the online referral form via the FaCC website.

### 13FAMILY telephone number

The 13FAMILY (13 32 64) telephone number is a unique statewide number to access FaCC services. Calls to 13FAMILY route the caller to the relevant FaCC service in their area. The exception is for 13FAMILY calls made in Cape York or Torres Strait which are routed to the Cairns FaCC to provide information and advice only for the Cape York/Torres Strait catchment.

### Online Referral form

Referrals can be made to a FaCC at any time using the online referral form which is located on the FaCC website <http://familychildconnect.org.au/professionals/>.

When a referral is received through the online referral form, best practice requires that the FaCC worker **must** make all attempts to contact the referrer to gather or confirm all relevant and contextual information to assist in determining the most appropriate response for the family.

### Referral pathways

#### Prescribed entities - referrals without consent

The *Child Protection Act 1999* enables prescribed entities (159M) to make referrals to FaCC 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*'.

Prescribed entities means each of the following entities—

- (a) the chief executive of a department that is mainly responsible for any of the following matters: adult corrective services; community services, disability services, education<sup>3</sup>; housing services; public health;
- (b) the police commissioner;
- (c) the chief executive officer of Mater Misericordiae Ltd;
- (d) a health service chief executive within the meaning of the *Hospital and Health Boards Act 2011*;
- (e) the principal of an accredited school under the *Education (Accreditation of Non-State Schools) Act 2001*;

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<sup>3</sup> Although Early Childhood Education and Care (ECEC) services are mandatory reporters, they are not Prescribed Entities, therefore cannot make a referral to FaCC without consent of the family.



- (f) a specialist service provider – a non-government entity other than a licensee or an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child, funded by the State or the Commonwealth to provide a service to either a relevant child or the family of a relevant child<sup>4</sup>. Specialist service providers include both FaCC and IFS services.
- (g) the chief executive of another entity that provides a service to children or families; and is prescribed by regulation.

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

It should be noted that some prescribed entities, particularly the Department of Education, have their own internal policy to gain consent from the parents before a referral is made regardless of their legislative ability to make a referral without consent.

Where a referral has been made without the family's consent by a prescribed entity under section 159M of the *Child Protection Act 1999*, both the referrer's details and the referred family's details need to be managed in accordance with both the *Information Privacy Act 2009* and under section 188 of the *Child Protection Act 1999*.

The *Information Privacy Act 2009* (IPA) limits the right to share personal information other than where the person whose information is being shared has agreed to the information being shared with that other entity or individual. The only exceptions are:

- where there are reasonable grounds that the disclosure is necessary to lessen or prevent a serious threat to the life, health, safety or welfare of an individual, or to public health, safety or welfare;
- where the disclosure is authorised or required under another law; or
- where the disclosure is directly related to obtaining information requested by the chief executive.

#### Professionals and other organisations – referrals with consent

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

#### Community referrals

Community members seeking assistance for families experiencing vulnerabilities who need support may refer a family, with the family's consent, to a FaCC service or encourage the family to self-refer.

#### Self-referrals

Families may self-refer to a FaCC service for information, advice and support.

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<sup>4</sup> A relevant child is defined as a child in need of protection or a child who may become a child in need of protection if preventative support is not given to the child or the child's family

## **Receiving enquiries or referrals from outside your catchment**

### Response types 1 and 2

The receiving FaCC can and should provide response types 1 and 2 to any enquirer, regardless of the family's location.

### Response types 3 and 4

The receiving FaCC will telephone the appropriate FaCC to advise that an out-of-area referral has been received. The receiving FaCC will then electronically transfer the referral to the appropriate FaCC service for their follow up.

## **Managing sensitive referrals**

There may be occasions when FaCC receives a referral that is deemed sensitive, such as a referral from a family member or someone known to an employee.

In these cases the service should be particularly mindful of the family's privacy when making contact to offer support. Consideration could be given to a more senior person in the organisation initiating first contact with the family to offer the option of working with FaCC. Best practice would be to provide the family the opportunity to choose whether or not they would like to receive support from the service.

Should the family choose not to work with the FaCC, efforts can be made, with the consent of the family, to link them with an alternative appropriate service. If the alternative service is a FaCC in an adjacent catchment, that service will need department approval through their contract manager to accept the case as it will be outside their catchment. Discussions with the FaCC and department need to occur prior to referring the family to the alternative service.

In extraordinary circumstances a FaCC may need to advise the referrer that they are unable to accept a referral that is deemed sensitive, again being mindful of the family's privacy, 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.

If the family lives outside the catchment of the alternative service (and it is funded by the department), that service will need to contact the department to ensure accepting the referral is not going to breach their service agreement. Once this has occurred, the FaCC should assist the referrer to make the referral to the other service.

## **2.4 Response types**

FaCC enquiry responses will generally fall into four categories. These responses are flexible and the focus is on providing the most effective response available to the enquirer and the family.

Response types are determined at the point of enquiry and reflect how the service has either responded to (response type 1 or 2) or intends to respond to (response types 3 or 4) the enquiry.

Response type definitions below use terms such as universal, secondary and tertiary service types to help clarify how each response differs. Secondary services include both intensive family support and targeted services.

### **Response type 1**

Response type 1 is used in circumstances where the details of the enquiry indicate that the issues raised concerning the child and their family do not require a secondary or tertiary service response. In these instances the FaCC will provide advice to the enquirer on how they could respond to the situation and this might take the form of:

- information about local universal services in order to support and connect the family with their community;
- protective advice; or
- suggestions for the enquirer staying engaged with and supporting the family.

This advice may be provided via telephone, email, face to face and/or by providing brochures to the enquirer about local universal support services.

### **Response type 2**

Response type 2 is used in circumstances where the initial assessment by FaCC indicates that the concerns raised about a child are best met by the enquirer directly referring the family to a secondary or targeted service (including an Intensive Family Support service). FaCC is expected to encourage and support the enquirer to gain the consent of the family or individual family member for a referral to a service provider recommended by FaCC; and for the enquirer to then make a direct referral to this service.

To provide this response, FaCC will determine that the enquirer is able and willing to make the referral on the family's behalf.

The FaCC should only provide an enquirer with details of an Intensive Family Support service when FaCC is satisfied that the Intensive Family Support referral criteria are met and information indicates that the family is willing to engage with this service.

FaCC can also provide additional information and advice as per response type one.

### **Response type 3**

Response Type 3 is used when FaCC make an initial assessment that the concerns raised about a child would be best met by referring the family to a secondary or targeted service/s (including an Intensive Family Support) however additional support is required from FaCC to assist the enquirer in making the referral.

Response Type 3 acknowledges that the enquirer has an existing relationship with the family and is best placed to lead the family's engagement with services. However, unlike Response Type 2 where the enquirer makes the referral on the family's behalf without assistance, the purpose of Response Type 3 is to build enquirer confidence and change future referral behaviour by enhancing the enquirer's skills in talking with families about their worries and referral options.

FaCC is expected to support the enquirer to gain the family's consent and have contact with both the enquirer and the family to manage a smooth referral process. For example:

*A teacher is new to a community and has developed a relationship with a family but is unsure about the local service system. The teacher seeks support about how to engage with the family in a way that enables them to maintain their relationship as well as link the family into relevant service supports. The teacher has the consent of the family to contact FaCC who then meet with the teacher and the family to support this discussion. This leads to the teacher making a referral with the family's consent to an appropriate family support service.*

To accurately reflect the FaCC's engagement with the family, it is expected that case summaries would be opened in the Advice, Referral and Case management database (ARC) and once the enquirer completes the referral, the case is closed in ARC with the closure reason – Referred to another service.

#### **Response type 4**

Response type 4, also known as *active engagement*, is appropriate when FaCC make an initial assessment that the referral criteria (see below) are met and response type 3 is identified as not appropriate. A referral to FaCC for active engagement is most appropriate in circumstances where:

- the family's needs have not been able to be sufficiently ascertained, or
- further assessment is required to identify the most appropriate service/s to meet the family's needs, or
- the family may benefit from another secondary support service and referral can best be facilitated by the FaCC.

FaCC family support workers are expected to encourage referrers to use their connection with the family to gain consent for the referral.

#### *Referral criteria for active engagement*

- the referred family has a child unborn to 18 years of age, and
- the child is not currently in need of protection, and
- without support the child, young person and family are at risk of entering or re-entering the statutory child protection system, and
- the family would benefit from access to intensive and specialist support services,

either:

- active engagement provided by FaCC, or
- case management and intervention services provided by an intensive family support service
- the family has multiple and/or complex needs;

There is at least one family member presenting with behaviours or circumstances that are having negative consequences for the family, particularly children. Consider if there is:

- more than one issue impacting on the child or family's wellbeing; or
- there is a complex issue/s impacting on the child or family's wellbeing.

*Examples of issues include, but are not limited to: family violence, parenting challenges, mental health, substance misuse, learning difficulties, housing instability and financial stress.*

In circumstances where FaCC makes an initial assessment that the referral criteria are met and an active engagement response is appropriate, FaCC will:

- advise the enquirer of the planned response
- seek engagement (i.e. direct contact) with the family
- undertake a detailed needs assessment with the family
- identify the range of services required by the family; and
- implement a plan to facilitate family's engagement with services.

Every effort is to be made by the FaCC to ensure the response type 4 cohort of families only includes the most high risk and/or complex families.

## **2.5 Consent and Information Sharing**

### **Consent based engagement**

FaCC services require the consent of the family, or a family member in order for them to engage with the service. The intent of gaining consent is to ensure that the family is willing to engage with the service and take responsibility for achieving a positive change for their family.

Informed consent is critical to the FaCC service model. Family members need to be aware what giving consent means and what information will be shared and why, and that accepting support by providing consent includes permission to share information about their family with other service providers who can assist them.

There may be several points during the support process where a family's consent will be sought to share their personal information. A family will have the option of limiting or not permitting the sharing of information with a particular service or organisation.

Where the adults in the family have different views about providing consent, the service will work to ensure the adult willing to engage with the support service is safely able to provide consent and this will include permission to share information, and access the services they need.

A parent can consent on behalf of their child. Young people can provide consent where developmentally appropriate and should be encouraged to consent on their own behalf where appropriate.

Informed consent will be sought where the FaCC intends to undertake work with, or on behalf of a family and includes consent:

- from the family to work with the FaCC
- to seek information about a family
- to seek to work collaboratively with another person or service
- to refer a family to another service

Under some circumstances, a FaCC may meet family's needs without gaining written consent from the family. For example, a short intervention through a home visit or provision of information

for the family to access another secondary or universal service may meet the family's needs without written consent or further assessment being required (or is possible) by the FaCC.

### **Written Consent**

It is preferable that written consent be obtained from the family to allow FaCC to refer a family to, or share information with, another service. The written consent is preserved as a record and can be referred to if there is any dispute.

Each FaCC should develop a consent form for use when obtaining a family's written consent to work with a FaCC and/or share their personal information with other service providers or organisations.

While a less preferable option, verbal consent can also be accepted. A file note recording the consent date should be created as soon as practicable after the consent was obtained.

Care needs to be taken to respond to any cultural and language barriers to the participation and understanding of families from Culturally and Linguistically Diverse (CALD) backgrounds and interpreters should be engaged as required.

Where practicable, more than one FaCC staff member should be present when consent is obtained as corroboration of the circumstances under which the consent was obtained assists in challenging any future allegations that may be made.

It is imperative that all families are made aware of the duty of care service providers have to report significant harm or the risk of significant harm to a child to relevant authorities including Child Safety (note, consent is not required to report to Child Safety when a child may be in need of protection).

### **Information sharing**

In October 2018, changes to information sharing provisions within the *Child Protection Act 1999* were enacted. The information sharing framework in the Act enables broad information sharing without consent for specific entities involved in the child protection and family support systems. Child Safety, prescribed entities and service providers may share information with each other to identify, assess and respond to child protection wellbeing concerns. The Information Sharing Guidelines provides detailed information on the circumstances when information can be shared and who may share the information. The guidelines are located here: <https://www.csyw.qld.gov.au/about-us/partners/child-family/information-sharing>

As specialist service providers, FaCC services can share information with each other (and other specialist service providers) in order to decrease the likelihood of a child becoming in need of protection. Some examples include:

- Transferring a referral that has been submitted to a FaCC in the incorrect catchment so that the service in the correct catchment can engage with the family;
- Sharing information with another FaCC in the event that the family moves to another part of the state, ensuring the family continues to receive a service; or

- A FaCC that was previously working with a family is able to share information with another service, such as an IFS, when the new service begins working with the family.

Although the legislation now allows referrals to FaCC and IFS services (and between these services) without consent, best practice is that sharing information about a family should occur with consent unless it is not safe, possible or practical.

The management of the confidentiality and privacy of information is the responsibility of each FaCC service.

### **Sharing information with Child Safety**

Child Safety may contact a FaCC to seek information and FaCC can provide relevant information to Child Safety, for example:

- to assist in making plans or decisions regarding a child and their family
- when conducting a pre-notification check, to assist in determining if a notification response is required
- to assist in assessing or responding to the health, education and care needs of a child
- to assist in undertaking an investigation into an allegation of harm or risk of harm and assessment into a child's need for protection, or
- when developing a case plan during ongoing intervention.

If a FaCC is contacted and the family's records indicate that they were the subject of a case consultation with the PCPP, FaCC should also advise the Child Safety intake officer that a case consultation occurred. The intake officer can then also contact the PCPP for further information if required. Local protocols for managing requests for information from Child Safety may be beneficial.

## **2.7 Consulting the Principal Child Protection Practitioner**

FaCC services are able to access the Principal Child Protection Practitioner (PCPP) to obtain expert generic child protection advice and guidance in accordance with Child Safety policies and procedures, statutory responsibilities, departmental objectives and current trends. The PCPP's role also includes providing a case consultation service to FaCC on complex cases and ensuring cases that may require statutory intervention are reported to Child Safety when necessary.

The PCPP can also be consulted about non-Child Safety referrals when, during active engagement, it becomes apparent that the presenting issues for the family are concerning and a history check may confirm the family requires a greater level of intervention.

Further information on the PCPP role can be found on the FaCC secure website <http://www.familychildconnect.org.au/secure>.

## 2.8 Engagement and Assessment

### Engagement

Effective engagement is crucial to working with families with multiple and complex needs, particularly as many referrals are made by Child Safety. Contact with formal services and supports in the past may influence a family's willingness to engage with a FaCC.

Some of the key practices principles for engaging effectively with families<sup>5</sup> include:

- Treating family members with respect and courtesy
- Focusing on building the family's strengths
- Promoting positive relationships among parents and children
- Developing trust through sensitive and inclusive inquiry about their circumstances
- Taking an active, caring, whole-of-family approach to their situation
- Focusing on the children's needs

Engagement begins from the first exchange with a family, therefore it is important to prepare well to increase the chances of successful engagement. Preparation may include: researching the referral; consulting with specialist workers (Aboriginal and Torres Strait Islander worker, DFV specialist, PCPP); considering the potential barriers to engagement (and how to mitigate these barriers); and preparing a script which is supportive and engaging.

When making initial contact, ensure consideration is given to the safety of members of the family and provide alternative meetings places, such as cafes or parks, especially for families where domestic violence is a concern.

FaCC will undertake work for a **maximum period of six weeks** (extended to 8 weeks if a 3 hour return trip to visit the family is required). As a minimum standard, the following activities will occur during this timeframe:

- At least one attempt to contact the family by telephone (should contact number be available)
- At least one attempt to contact the family by unannounced home visit (cold call)<sup>6</sup>
- Send initial letter seeking to engage family (letter templates can be found on the FaCC secure site <http://www.familychildconnect.org.au/secure>.)
- Send follow-up letter seeking to engage family

Analysis undertaken in 2019 regarding engagement rates in FaCC services indicated that services with shorter average engagement periods generally have the highest engagement rates, irrespective of funding levels. This indicates families seen when referrals are first received are more likely to engage. Research from Victoria also reinforces this view, indicating that delays in

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<sup>5</sup> Bromfield, L., Sutherland, K., & Parker, R (2012) Families with multiple and complex needs: Best interests case practice model. Department of Human Services, Victoria

<sup>6</sup> The SIG paper "Engagement rates and Strategies in FaCC Services" found that attempting a prompt cold call is a more effective strategy than sending letters.



commencement of services may lead to a loss of intervention momentum<sup>7</sup>. Best practice then is likely to be a prompt cold call rather than sending letters as this appears to increase engagement.

A tip sheet for Strengthening Engagement with Families has been developed and is attached as Appendix 4.

### **Prioritisation of referrals**

Services may choose to adopt a mechanism to assist prioritising referrals if a demand management strategy is required. Some of the factors to consider when prioritising referrals include –

- Referrals from Child Safety whereby the family is deemed to not currently be in need of protection but the family is at high risk of entering the statutory child protection system without an intervention
- The child/ren is/are under 3 years old
- The degree of vulnerability of child/ren given consideration of factors such as developmental delay, physical/intellectual disability, health/medical needs and challenging behaviours etc.
- Complexity of need with multiple presenting factors (e.g. mental health, domestic and family violence, substance misuse, and disability issues, engagement in criminal activities)
- Social, environmental, cultural influences and networks (e.g. limited access to services, including housing)

### **Assessment of the family's needs**

Once consent is obtained from a family, FaCC can work with them for a further four weeks to undertake a needs assessment, determine appropriate referral/s, and to facilitate a 'warm transfer' of the family. Extended timeframes for working with families (up to eight weeks) are acceptable where return travel to a family takes three hours or longer.

The Collaborative Planning and Assessment (CAP) framework is an effective way to understand and articulate what is happening within a family and to work together to plan for the future.

The CAP is organised around four key questions

1. What are we worried about? (Harm/complicating factors)
2. What is going well (strengths, acts of protection/belonging)
3. Safety and wellbeing scale – how safe is it for the child using a scaling question
4. What needs to happen for the children to be safe and well in the future (including action steps)

Further information on the CAP framework can be found on the FaCC secure site.

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<sup>7</sup> Commission for Child and Young People (2019) *Lost, not forgotten: inquiry into children who died by suicide and were known to Child Protection*. Melbourne, Victoria (page 71)

## Common Assessment Tools

Common assessment tools used by FaCC and IFS services support a shared understanding, language and consistent practice across all services. This is complementary to the implementation of the *Strengthening Families Protecting Children Framework for Practice*.

### Structured Decision Making (SDM) Tools

The SDM system is comprised of decision-support assessments – the assessments do not make decisions but help guide decisions, increasing overall consistency and accuracy as a system.

The following Structured Decision Making® (SDM) tools are to be used in FaCC:

- Safety Assessment - helps to identify children who are at imminent threat of serious harm.
- Family Risk Evaluation (FRE) – helps to identify families where the children have a high, moderate or low probability experiencing abuse or neglect.

The Safety Assessment differs from the Family Risk Evaluation in that it assesses the child's immediate danger and the interventions currently needed to protect the child. In contrast, the Family Risk Evaluation estimates the likelihood of future abuse/neglect.

The goal of applying SDM® tools is to ensure that critical case characteristics, immediate harm indicators, and domains of family functioning and needs are assessed for every family, every time, regardless of social or locational differences. Detailed definitions for assessment items increase the likelihood that workers assess families consistently using a similar framework.

The table below shows the points during a FaCC intervention when SDM tools can be utilised to support decision making:

Decision	Supporting SDM® Assessment
Are there indicators of immediate harm to a child, therefore requiring an immediate safety plan?	Safety assessment
If there is an immediate harm indicator, what household strengths, protective actions and safety interventions can be implemented to create an immediate safety plan that addresses the harm and ensures a child's safety?	Safety assessment
Is there a reasonable suspicion that a child is in need of protection and a notification to Child Safety is required?	Safety assessment
Is the likelihood of future harm to a child high enough that IFS services need to be considered for this family?	Family risk evaluation
What is the recommended minimum frequency of contact for this family?	Family risk evaluation

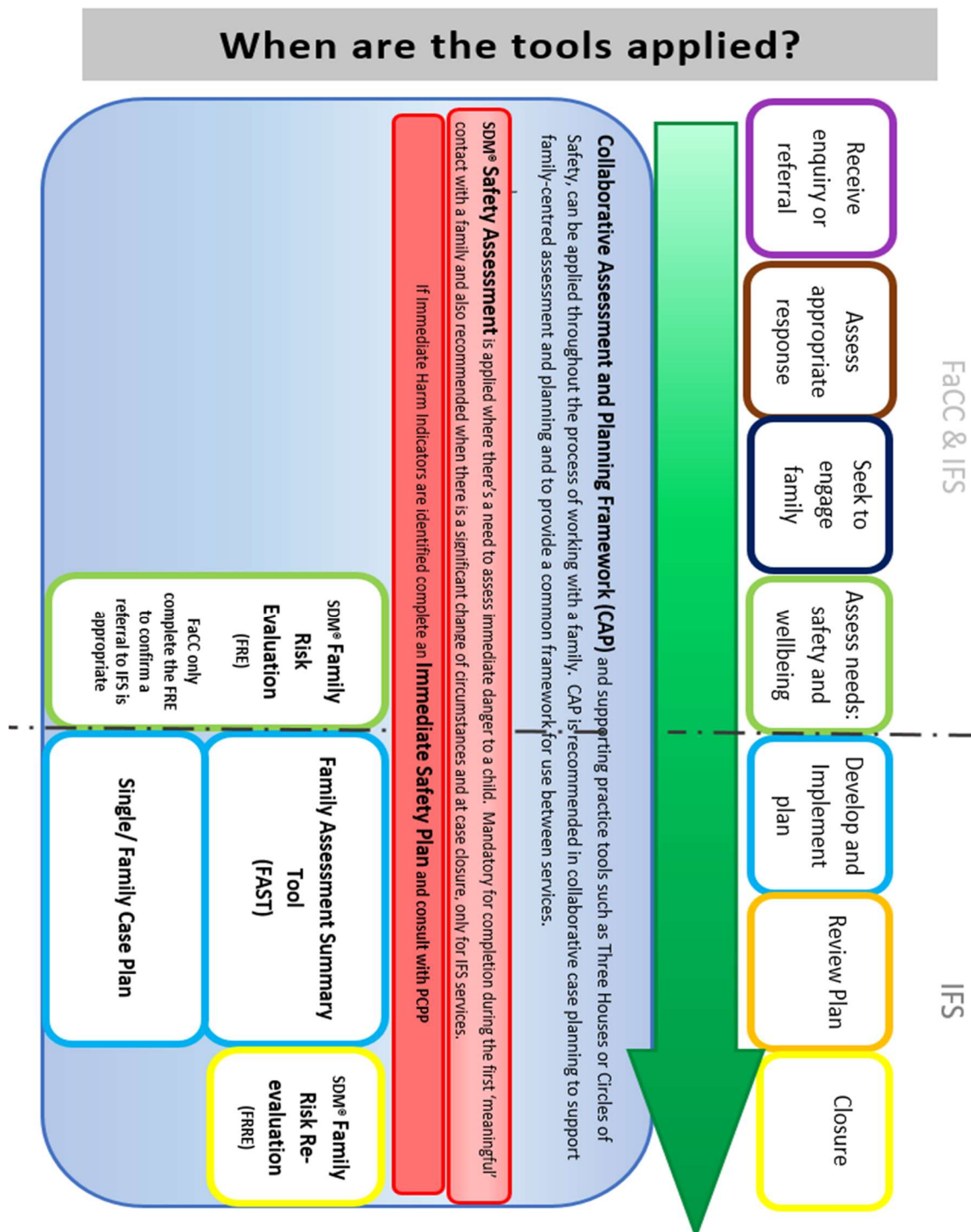
### Collaborative Assessment and Planning (CAP) Framework

SDM is supported by the Collaborative Assessment and Planning (CAP) Framework (SP Consultancy) and associated practice tools, such as Three Houses and Circle of Safety. The CAP framework supports a collaborative process of assessment (gathering, organising and analysing

information) and collaborative planning for future safety and wellbeing. These tools can be found on the FaCC secure site <http://familychildconnect.org.au/secure/>.

### When are the tools applied?

The following diagram describes the key stages of work for FaCC and IFS. The tools described below are placed where they are used within this continuum.



### **Brokerage funding**

FaCC can access brokerage funds to support a family. Brokerage funds can be accessed for the purchase of goods, services or activities that respond to an immediate identified need of a family.

The intended use of brokerage funds is to reduce risk or increase protective factors that impact on the safety and wellbeing of children and their family. Up to five per cent of the total available FaCC budget may be accessed for the use of brokerage.

Brokerage should only be used when publicly funded services are unavailable or the waitlist times for those services are prohibitive in responding to the immediate needs of a family.

## **2.7 Referrals/Linking with support/Case Closure**

### **Linking with informal supports**

FaCC workers may work with the family in identifying and strengthening their informal network who may be able to support the family and therefore potentially reduce the need for professionals' involvement.

The Circles of Safety and Support Tool (which can be found on the FaCC secure site) can be used to help parents identify people for their family's safety and support network. This tool can help workers have conversations with parents about why a safety and support network is important, the role the network can play and the process for determining who is most appropriate to participate in the family's informal network of support.

### **Provision of Resources and Information**

Depending on the identified needs of the family, FaCC workers may provide information on appropriate resources and online supports that the family can access.

### **Referrals to Intensive Family Support services**

Intensive Family Support (IFS) services deliver case management to families referred by FaCC in each child and family catchment. The expectation is that referrals from FaCC to an IFS service will be for families with multiple and/or complex needs. The FaCC will have actively engaged with the family, assessed their needs and gained consent for referral to the IFS service.

It is intended that the use of common assessment tools, the Safety Assessment and Family Risk Evaluation, will support and enhance the referral process between the FaCC and IFS services.

The IFS services will accept a referral from FaCC where the referral criteria are met. IFS services will have developed internal strategies for active holding and demand management.

However, while every FaCC will have designated IFS service/s to undertake more intensive work with families, if the IFS service is at capacity and active holding is not an option for the IFS, the FaCC will actively support the family to engage with alternative family support options.

Local agreements and procedures between FaCC and IFS services are to be developed regarding referral of families.

## **Referrals to other services**

Depending on the needs identified in collaboration with the family, the FaCC worker will refer the family to appropriate secondary or universal services. Where possible, FaCC workers to undertake a warm transfer with the family and new service to ensure a smooth transition for the family.

There is considerable variation across catchments regarding the availability of support services to which FaCC can make referrals. It is acknowledged that this may impact on timeframes and required FaCC to undertake active holding or close following a brief intervention (see below).

## **Active Holding**

Following an assessment of the family's needs, and if the immediate referral to another service is not possible, FaCC can initiate 'active holding' by keeping in touch with the family before handing the case over to an Intensive Family Support service or other lead agency as soon as there is capacity in that service.

However, the timeframe for a family to be on 'active holding' with FaCC should be limited and appropriate to the family's circumstances and needs.

## **Close with family's needs met by FaCC Intervention**

In some cases, the intervention that a FaCC undertakes with a family will meet the family's needs, with no further referrals required. In these cases, the outcome of the intervention will be recorded as "Closed with family's needs met by FaCC intervention".

## **2.8 Feedback to referrers**

In order for a FaCC service to provide feedback to the referrer that includes the family's personal information, the family must provide their consent. In order for the family to provide informed consent for their information to be shared they need to know the identity of the referrer.

Without the consent FaCC can only advise the referrer:

- If contact with the family did not occur and the referral was closed.
- Whether the family did, or did not, engage with FaCC.

With the family's consent, FaCC is able to advise the referrer on the outcome of the referral. The only exceptions to this are:

- That FaCC can contact a referrer if they have referred a family to the incorrect FaCC to advise them of such; and
- Where Child Safety is the referrer – see below.

A prepared letter/email for FaCC to send to referrers is located via the FaCC secure site - <http://familychildconnect.org.au/secure/>

### **Specific requirements for referrals from Child Safety**

In circumstances where Child Safety refers a family to FaCC and the family cannot be contacted or chooses not to engage with the service, the FaCC must contact/email the department to advise of the outcome. The information provided to Child Safety should include the details of the FaCC's attempts at engagement, what strategies have been used and over what timeframe. The Child Safety Officer who receives this advice will make a record of the information and this information then becomes part of the client history for the family.

If new or additional concerns are reported by the FaCC to Child Safety, this information will be assessed per the department's usual intake procedures.

Email templates for this purpose are securely located on the FaCC secure site-  
<http://familychildconnect.org.au/secure/>

## **3. FaCC service delivery**

### **3.1 FaCC Hours of Operation**

To ensure families access the information, resources and support they need, the FaCC service will be open 52 weeks per year, excluding public holidays. To increase accessibility to FaCC for families, including working parents, telephones will be staffed from 8.30am to 5.30pm on normal business days.

The FaCC will meet the needs of the community by providing flexible appointment times for families who cannot be contacted or access the service during normal business hours.

The FaCC will possess a telephone system that is capable of receiving voicemail messages for calls received outside the hours of operation outlined above. It is expected that these messages will be responded to on the next working day. The FaCC voicemail message will also direct callers to the FaCC website which provides access to self-help resources.

### **3.2 Staffing**

FaCC staffing levels will vary in size and roles from service to service state-wide. The majority of staff will hold university qualifications (undergraduate qualifications or above) in human services or a relevant related field. This applies to roles that work directly with families or have clinical roles, but not to clerical or administrative roles.

There may be circumstances, such as in remote parts of Queensland, where the recruitment of staff with appropriate skills and expertise can be difficult, particularly to find the right mix of qualifications, cultural connections and knowledge of the local area, skills and life experience required in the team. In these instances the FaCC must support all staff to successfully meet the requirements of their role through internal and external training and encouragement to attain appropriate professional qualifications where required.

FaCC staff will be required to demonstrate skills in engaging hard-to-reach families. Each FaCC service will have a multidisciplinary team of professionals, including specialist family support workers, specialist domestic and family violence worker/s and may recruit workers with other relevant qualifications, skills and experience, such as youth workers and early childhood health or education professionals.

All specialist positions outlined below will have varying responsibilities based on the needs of their local FaCC. This variation is important in ensuring the needs of the service and region in which they operate are met.

### **3.3 Principal Child Protection Practitioner**

The role of the PCPP is to provide specialist child protection expertise to FaCC services and work collaboratively with government and non-government organisations within the catchment to support earlier and more effective intervention for children and families. Each FaCC will have a PCPP who is physically located for part of each week with the service.

The position will provide consultancy and advice on child protection matters to FaCC, IFS and Aboriginal and Torres Strait Islander Family Wellbeing Service staff, as well as community education to government (excluding Child Safety) and non-government organisations on statutory child protection processes and responsibilities.

In summary the PCPP will undertake the following responsibilities:

- provide expert generic child protection advice and guidance to the FaCC, IFS and FWS in accordance with departmental policies and procedures, statutory responsibilities, departmental objectives and current practice;
- provide a case consultation service to FaCC, IFS and FWS on complex cases and ensure cases that may require statutory intervention are reported to Child Safety when necessary, including oversight of reporting quality;
- build the child protection expertise of FaCC, IFS and FWS and other organisations through training and professional development initiatives;
- support the implementation of the CPG and act as an agent of change through the provision of training and education (and/or training and education resources) to schools, police and health professionals;
- perform a cross sector co-ordination role, establishing and maintaining effective working relationships with the FaCC, IFS and FWS, other non-government and government agencies, to promote better collaboration;
- actively participate in meetings with the FaCC, IFS and FWS and other non-government and government organisations, as a representative of Child Safety.

More information on the roles and responsibilities of the PCPP are located on the FaCC secure site- <http://familychildconnect.org.au/secure/>

### **3.4 Specialist Domestic and Family Violence worker**

Each FaCC will have one full-time experienced professional with specific and well developed experience and exposure to working directly with domestic and family violence, or extensive studies in domestic and family violence. The requirement of this role recognises the high proportion of vulnerable families who are affected by domestic and family violence.

The key benefit of the specialist domestic and family violence worker is the support and advice provided for the timely and effective identification and response to domestic and family violence issues to FaCC staff working with families experiencing domestic and family violence. The specialist domestic and family violence worker will have skills to identify the high level of risk that



domestic and family violence poses within a family to the safety and wellbeing of children, young people and family members and possess the specialist skills required to, assess risk, safely engage with affected families, and develop appropriate service responses that prioritise safety.

This specialist role ensures that each FaCC service is highly cognisant of the nature and impact of domestic and family violence and that this awareness informs all points of engagement with referrers, family members and other services.

The role works as part of the FaCC team to provide specialist advice and assistance to other FaCC staff members and those contacting the service. Examples include:

- Raise awareness of nature and impact of domestic and family violence
- Domestic and family violence screening and risk assessment
- Specialist advice and assistance to team and inquirers
- Advice on safe engagement strategies
- Assist with assessment of client needs
- Assist with support and referral planning and decisions.

The role also provides a conduit between the FaCC, the domestic and family violence professional within Intensive Family Support services and specialist, community based domestic and family violence services to ensure client pathways between services are seamless and that relevant information around risk and safety is being shared appropriately (with consent).

The role will ensure the FaCC is effectively linked to local domestic and family violence prevention and support services; including participation in any existing local domestic and family violence integrated responses and sector networks. This includes:

- Working in partnership with the Local Level Alliance (LLA) worker to assist domestic and family violence services to participate in LLAs.
- Support domestic and family violence services to be part of the *Supporting Families Changing Futures* reforms that focus on integrated, earlier interventions that support families to provide a safe home for their children
- Assist in resolving any identified service issues related to domestic and family violence intervention.

Through maintaining close links with community based domestic and family violence services, the domestic and family violence professional will be able to draw upon the resources and expertise of the specialist services to not only meet client needs but to also use these linkages as a peer support and professional development mechanism.

For example, there may be training opportunities delivered through the specialist domestic and family violence services that FaCC staff link into to retain or gain specialist knowledge of the issue and reduce any risk of isolation, as an addition to the supervision and support offered through their own agencies.

Specialist domestic and family violence professionals within FaCC are also encouraged, along with their Intensive Family Support colleagues, to engage with each other across the State to create a peer network for support and practice development.

The specialist domestic and family violence professional is not expected to:

- be the only staff member with domestic and family violence skills and expertise
- respond to every query about domestic and family violence issues, or
- be the only FaCC staff member to engage with domestic and family violence services.

The department supports a Community of Practice (CoP) specifically for specialist domestic and family violence workers in FaCC and IFS services. The CoP meets on a quarterly basis and is led by the Queensland Centre for Domestic and Family Violence Research (QCDFVR) at the University of Central Queensland. QCDFVR also hosts a monthly peer support group in response to the expressed need of the more 'isolated' services. Requests to join the CoP can be made by emailing the Child and Family Team at [childandfamilycommissioning@csyw.qld.gov.au](mailto:childandfamilycommissioning@csyw.qld.gov.au)

General information about domestic and family violence, research, fact sheets and other resources are available through:

- [www.ourwatch.org.au](http://www.ourwatch.org.au)
- [www.noviolence.com.au](http://www.noviolence.com.au)
- [www.anrows.org.au](http://www.anrows.org.au)

### **3.5 Local Level Alliance worker**

Each FaCC has a Local Level Alliance worker (LLA worker). This role takes the lead in identifying key agencies and services that contribute to the service system for vulnerable children and their families and establishing a forum for collaboration.

The LLA works together to strengthen the local service system response to families. The LLA worker acts as the driver and coordinator for the actions undertaken by the LLA to establish and/or strengthen connections between local services that are involved with working with vulnerable families to ensure families receive the right service at the right time.

While there may be existing local networks of services within the local catchment, the role of the LLA is not intended to duplicate or replace these forums. The specific focus of the LLA is vulnerable families with children. Ongoing communication and connections with other networks within the catchment is important to the effectiveness of the LLA.

Refer to section 4 - 'Local Level Alliance' for further information.

### 3.6 Specified Aboriginal and Torres Strait Islander staff

One of the key strategies identified in FaCC as supporting the achievement of high quality outcomes for Aboriginal and Torres Strait Islander staff, is through directly employing Aboriginal and Torres Strait Islander staff who can:

- provide culturally appropriate advice to other staff within FaCC regarding their engagement with Aboriginal and Torres Strait Islander families and services
- liaise with and maintain relationships with Aboriginal and Torres Strait Islander service partners
- engage directly with Aboriginal and Torres Strait Islander families to support their engagement with both FaCC and the services that the family is being referred to.

### 3.7 Interface with Child Safety

#### Threshold for making a report to Child Safety

Where a reasonable suspicion is identified that a child or young person is in need of protection, FaCC have a responsibility to report the matter to Child Safety through the appropriate Regional Intake Service (RIS).

Under section 13A of the *Child Protection Act 1999*, any person may make a report to Child Safety if they form a reasonable suspicion that:

- a child may be in need of protection; or
- an unborn child may be in need of protection after he or she is born.

FaCC does not need the family's consent to report to Child Safety.

#### Queensland Child Protection Guide

The Child Protection Guide (CPG) is an online decision support tool that has been designed for professionals who have concerns about a child and/or their family. The aim of the CPG is to assist professionals report their concerns to the appropriate agency or refer the family to the service provider that best meets their needs.

The CPG works by posing the user a series of 'yes or no' questions guided by supporting information to support their decision making. At the end of this process one of the following recommendations will be made as determined by the user's responses:

- report to Child Safety – Regional Intake Service (RIS)
- refer to a FaCC
- refer to an IFS
- direct referral to meet the family's need
- no report – continue to monitor child's wellbeing.

If the outcome is a report to Child Safety or a referral to a FaCC or an Intensive Family Support service is recommended, the CPG will link the user to the appropriate online form for the user to complete and submit electronically.

The Child Protection Guide, fact sheet and on-line training module is accessible via the following link:

<https://www.csyw.qld.gov.au/about-us/partners/child-family/our-government-partners/queensland-child-protection-guide>

It should be noted that not all matters reported to Child Safety will result in the recording of a notification and a subsequent investigation and assessment.

FaCC may access the CPG to support their decision making as to whether the concerns should be reported to Child Safety and they should also consult the PCPP. Where the concerns clearly reach the threshold for a report to Child Safety or an urgent response is considered necessary, the service can however report to Child Safety without prior consultation with either the CPG or the PCPP. (Note: the service will report information about immediate danger to the relevant Emergency Service/s).

### **Reporting to Child Safety based on information provided at referral**

When a FaCC receives a referral where the concerns are assessed as reaching the threshold for a report to Child Safety, FaCC will contact the referrer and encourage them to report directly to the appropriate RIS. This not only ensures that all relevant information is provided directly to Child Safety but by making a direct report to Child Safety, the referrer receives protection as a notifier under the *Child Protection Act 1999*.

The only exception to re-contacting the referrer to make a report direct to Child Safety would be under circumstances where doing so could adversely affect the safety of a child or another member of the family.

When a professional referrer agrees to make a report to Child Safety, FaCC will request an email from the referrer to confirm that this has occurred, allowing the FaCC referral record to be closed. If this advice/email is not received within a 48 hour period, FaCC should report the matter directly to the RIS, including details of the concerns and the identity of the original referrer. Under these circumstances the FaCC worker is recorded and protected as a notifier.

If the referrer is not a professional and the FaCC assesses that the concerns detailed in the referral reach the threshold for a report to Child Safety, the FaCC should report the matter directly to the RIS as detailed above.

### **Reporting to Child Safety based on information gathered during an intervention**

If during the course of their engagement with a family, the FaCC suspects that a child may be in need of protection, the FaCC is responsible for reporting the matter to Child Safety through the RIS.

FaCC may use the CPG to support their decision making as to whether their concerns should be reported to Child Safety and a case consultation with the PCPP may also assist.

Where the concerns clearly reach the threshold for a report to Child Safety or an urgent response is considered necessary, the FaCC can report to Child Safety without prior consultation with either the CPG or the PCPP. (Note: the service will report information about immediate danger to the relevant Emergency Service/s).

Where active engagement has commenced with the family, regardless of FaCC reporting the matter to Child Safety, engagement will continue with the family unless exceptional circumstances exist (e.g. concerns regarding the safety of staff or under direction from Child Safety).

FaCC will only cease involvement with a family if they are advised that the family is subject to ongoing departmental intervention (i.e. Intervention with Parental Agreement (IPA) or Child Protection Order). This also applies if while working with a family, FaCC become aware that Child Safety is currently undertaking an Investigation and Assessment.

However, if the FaCC receives a referral and prior to commencing engagement with the family the FaCC is made aware that an Investigation & Assessment (I&A) is pending from Child Safety, the FaCC will not commence any engagement until after the I&A is completed and the outcome known.

Where FaCC suspect or are informed that Child Safety are currently involved with a family, FaCC should contact Child Safety to inform them of current FaCC involvement and where safe to do so, help coordinate the best options for the family. The PCPP may assist by coordinating this liaison.

Local protocols for managing these scenarios are encouraged.

### **Child Safety reporting contacts**

If you believe a child is in immediate danger or in a life-threatening situation, contact Emergency Services immediately by dialing 000.

If urgent contact is required with Child Safety during normal business hours, contact the local Regional Intake Service on:

<b><i>Region</i></b>	<b><i>Telephone No.</i></b>
Brisbane	1300 682 254
Central Queensland	1300 703 762
Far North Queensland	1300 684 062
North Coast	1300 703 921
North Queensland	1300 706 147
South East	1300 679 849
South West (Darling Downs)	1300 683 390
Ipswich	1800 316 855

If immediate contact is required after hours, contact the Child Safety After-Hours Service Centre on **1800 177 135** or (07) 3235 9999.

In all other circumstances when making a report to Child Safety, FaCC should use the on-line report form and download a copy of the report to retain for records.

The on-line report of suspected child in need of protection can be accessed via the following link: <https://www.csyw.qld.gov.au/child-family/protecting-children/about-child-protection/reporting-referring-concerns>

### **3.8 Working with Aboriginal and Torres Strait Islander families**

Aboriginal and Torres Strait Islander children are disproportionately represented in the child protection system. They are:

- five times more likely than non-Indigenous children to be subject to a child protection notification
- six times more likely to be substantiated for significant harm; and
- nine times more likely to be placed in care.

Given this, FaCC, and in particular FaCC services not operated by community controlled organisations, have a fundamental role in ensuring their service targets and effectively meets the needs of Aboriginal and Torres Strait Islander children and their families.

As part of *Supporting Families, Changing Futures* the department is focusing on improved outcomes for Aboriginal and Torres Strait Islander children and families by:

- building the capacity and capability of all child and family support services provided to Aboriginal and Torres Strait Islander children and families
- ensuring that all engagement with Aboriginal and Torres Strait Islander children and families in the delivery of services is conducted within the appropriate cultural context
- ensuring that Aboriginal and Torres Strait Islander families have the choice of receiving family support services from Aboriginal and Torres Strait Islander community controlled services.

FaCC are expected to focus on these outcomes in their service delivery. Effective engagement when working with Aboriginal and Torres Strait Islander families must take into account the cultural and historical factors that have led to entrenched disadvantage and vulnerability within the community. Aboriginal and Torres Strait Islanders people should be supported and empowered to participate in decision making processes at all stages of engagement and support.

Given the variation in both needs and service provision across the state, local level planning and agreement is required to implement FaCC effectively in each catchment. This involves engagement and partnership with all relevant local community controlled organisations.

#### **Cultural capability for working with Aboriginal and Torres Strait Islander families**

##### Child Placement Principle

Amendments to the *Child Protection Act 1999* during 2018 represented a significant shift in how the department supports the connection of Aboriginal and Torres Strait Islander children and young with people with their family, community and culture, acknowledging that stronger connections result in better outcomes for Aboriginal and Torres Strait Islander children and young

people. The changes also recognise the significant and long-term effect of decisions on a child or young person, their family and community; and acknowledges the role of family and community as the primary source of cultural knowledge.

At the core of the legislative amendments are the five elements of the Aboriginal and Torres Strait Islander Child Placement Principle. All FaCC services will need to be aware of and work towards incorporating relevant elements into their practices, particularly Prevention, Participation and Partnership:

- *Prevention* – protecting children's rights to grow up in family, community and culture by redressing the causes of child protection intervention
- *Connection* – maintaining and supporting connections to family, community, culture and country for children in out-of-home care
- *Participation* – ensuring the participation of children, parents and family in decisions regarding the care and protection of their children
- *Placement* – placing children in out of home care in accordance with established placement hierarchy
- *Partnership* – ensuring the participation of community representatives in service design, delivery and individual case decisions

A guide to support the implementation of the Child Placement Principle can be found here:

<https://www.snaicc.org.au/policy-and-research/child-safety-and-wellbeing/>

### Strategy and Action Plan for Aboriginal and Torres Strait Islander Children and Families

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

As part of the *Our Way* strategy, the first three-year action plan, *Changing Tracks* has been released and aims to:

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

More information can be found here:

<https://www.csyw.qld.gov.au/campaign/supporting-families/background/strategy-action-plan-aboriginal-torres-strait-islander-children-families>

Additional resources to support cultural practice within FaCC services

- **QATSICPP** (Queensland Aboriginal and Torres Strait Islander Child Protection Peak) is funded by the Department and made up of 30 Aboriginal and Torres Strait Islander community controlled member organisations. QATSICPP's principal purposes is to promote and advocate the rights, safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and their families through effective partnerships and strategic collaborations. QATSICPP provides leadership in advocacy and the development of policies, strategies and programs to resource, support and strengthen the capacity and capability of Aboriginal & Torres Strait Islander community controlled child protection agencies. Their website can be accessed via the following link: <http://www.qatsicpp.com.au>
- **SNAICC** (Secretariat of National Aboriginal and Islander Child Care) is a national body which represents Aboriginal and Torres Strait Islander children's services and promotes the rights, needs and aspirations of Aboriginal and Torres Strait Islander children and families. SNAICC developed a number of useful resources, including the *Aboriginal and Torres Strait Islander Child Placement Principle* aimed to enhance and preserve Aboriginal and Torres Strait Islander children's connection to family and community, and sense of identity and culture. The document highlights the broad aims of the principle as well as the five inter-related elements of the principle flow: prevention, partnership, placement, participation and connection. The SNAICC website can be accessed via the following link: <http://www.snaicc.org.au> and the Child Placement Principle can be accessed here: <https://www.snaicc.org.au/understanding-applying-aboriginal-torres-strait-islander-child-placement-principle/>
- **Family Matters: Strong Communities. Strong Culture. Stronger Children** is Australia's national campaign to ensure Aboriginal and Torres Strait Islander children and young people grow up safe and cared for in family, community and culture. It is led by SNAICC and is supported by a strategic alliance of over 150 Aboriginal and Torres Strait Islander and non-Indigenous organisations, leading academics and prominent educational institutions. The website includes Queensland specific resources and can be accessed at: <http://www.familymatters.org.au/>
- The Queensland Government's **Aboriginal and Torres Strait Islander Cultural Capability Action Plan 2019 – 2022** can be accessed via the following links: <https://www.premiers.qld.gov.au/publications/categories/plans/cultural-capability-action-plan.aspx>
- Further information on meeting the needs and requirements of Aboriginal and Torres Strait Islander children, families and communities can be accessed via the following link: <https://www.csyw.qld.gov.au/child-family/child-family-reform/meeting-needs-requirements-aboriginal-torres-strait-islander-children-families-communities>



### 3.9 Working with Culturally and Linguistically Diverse Families

FaCC staff are required to be capable of responding in a culturally sensitive way to families from culturally and linguistically diverse (CALD) backgrounds.

Families from CALD backgrounds require services to be responsive to their specific needs. Services need to demonstrate their willingness and capacity to work with people from diverse backgrounds by developing specific strategies including linking with local multicultural organisations and engaging interpreter services where required.

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.

#### Accessing Translating and Interpreting (TIS) services

To access an interpreter, FaCC must first apply for a Translating and Interpreting (TIS) code from the department. A TIS code can be requested through: [interpreting.services@csyw.qld.gov.au](mailto:interpreting.services@csyw.qld.gov.au). Once a TIS code is set up a service can book interpreter services. This code is quoted for each TIS booking and TIS will bill the department.

If further information is required, there are fact sheets available at:

<https://www.csyw.qld.gov.au/about-us/funding-grants/non-government-organisation-access-interpreting-services>

## 4. Local Level Alliance

### 4.1 Purpose

The purpose of the Local Level Alliance (LLA) is to establish or strengthen connections and networks between local services that are involved with working with vulnerable families to ensure they receive the right service/s at the right time.

The LLA is supported in each FaCC by a funded position for a designated LLA worker. This role will take the lead in identifying key agencies and services that contribute to the service system for vulnerable children and their families and establishing a forum for collaboration and to assist in identifying service system gaps.

It is acknowledged that every service system has a number of networks. The LLA is not intended to duplicate or replace these forums, though in some locations the existing family support networks or Supporting Families Alliances are transitioning to the new LLA framework. The specific focus of the LLA is vulnerable families with children.

Each FaCC catchment area will have at least one LLA and in some instances, usually in large catchment areas, multiple LLAs.

## 4.2 Outcomes

It is expected that the LLA will work towards achieving the following outcomes:

- building 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
- FaCC embedded as an alternate pathway for families to be connected to the right support at the right time
- improved information sharing between providers to enable more coordinated and effective responses to families
- responses aligned to better support vulnerable families and strengthen service integration, such as a shared practice framework and resources
- contribute to service system integration through identification of available services and service gaps, improvement in the alignment between the configuration of the service system and the needs of local families
- contribute to place-based planning for the development of an integrated suite of local services that provide families with responsive, accessible and effective support.

## 4.3 Benefits

Through strengthening the service system LLA will contribute to:

- improved outcomes for at risk families and children through increased referrals to family support services and/or family needs met by FaCC
- a reduction in unnecessary reports to Child Safety as a result of more efficient and effective pathways for children and families to access child and family support services
- a reduction of in the number of children at risk and in out-of-home care through increased use of family support services and improved matching of services to high risk families.

## 4.4 Membership

The LLA will include government and non-government agencies, including Local Councils and Australian Government service providers.

Members will be drawn from agencies providing services in the local area who work with vulnerable families or family members and will include the FaCC, IFS, ATSIFWS and departmentally funded DFV services. Departmentally funded secondary and targeted services are also encouraged to participate in the LLA.

Each LLA will include Aboriginal and/or a Torres Strait Islander representation to reflect the views, needs and aspirations of Aboriginal and Torres Strait Islander people.

The underlying principle is for the LLA to include members who are best placed to meet the goal of strengthening the local service system to effectively respond to vulnerable families. It is important that decision making representatives from agencies attend the LLA meetings.

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

## 4.5 Co-ordination and Reporting

The FaCC service will resource and support the LLA and report quarterly to the department in keeping with their funding and service contract. Each report will detail LLA activities undertaken, effectiveness and/or issues relating to local agreements and protocols, and gaps in referral options and services.

Each FaCC is funded to provide an LLA Coordinator (or Alliance worker). This role plays an important role in identifying key agencies and services that contribute to the service system for vulnerable families and inviting them to participate.

## 4.6 Governance

The LLA works in partnership with the Regional Child, Family and Youth Committee (RCFYC) and in so doing forms part of the three-tiered governance structure established to assess and plan further service delivery and investment. The three-tiered governance system consists of:

1. Local Level Alliance: to establish or strengthen connections between local services that are involved in working with vulnerable families to ensure families receive the right service at the right time.
2. Regional Child, Family and Youth Committees: to implement the child protection reforms and achieve outcomes by coordinating reform implementation and facilitate effective working relationships at regional and local levels.
3. Statewide Child Protection Reform Leaders Group: to oversee development and operation of the place-based planning and service delivery processes and report on outcomes.

The LLAs play a key role in collaborative place-based planning and integrated service delivery in local catchments.

## 4.7 Best Practice Principles

A Review of Local Level Alliance Functioning and Best Practice was undertaken in 2018. Fourteen practice principles were identified during this review. These 14 principles have been refined and condensed into seven Best Practice Principles -

1. Undertake well-structured meetings
2. Ensure Aboriginal and Torres Strait Islander representation at LLA meetings
3. Utilise evidence based and data-driven strategies
4. Value what already exists
5. Establish working groups to address priority issues
6. Ensure consistent communication with members
7. Develop clear governance structure and linkages with Regional Child Youth and Family Committee (RCYFC)

Appendix 3 – Local Level Alliance – Best Practice Principles provides further details on these principles.

## Appendix 1 - Frameworks

### Strengthening Families Protecting Children Framework for Practice

The *Strengthening Families Protecting Children Framework for Practice*, developed in partnership with the Children's Research Center (CRC) and SP Consultancy, sets out a strengths-based, safety-oriented approach that aims to enhance Queensland's child protection practice and deliver better outcomes for vulnerable children, young people and families in need.

It highlights that, while research and practitioner sources of knowledge are valued, so too is the knowledge held by individuals and families, the community and culture, and the broader system in which children and family are located.

With clear focus on engagement, assessment, planning and organisational processes, the framework enhances linkages with non-government partners and relevant stakeholder agencies.

Further information about the Practice Framework can be accessed via the following link:

<https://cspm.csyw.qld.gov.au/resources/resource/Framework-for-practice/8847597c-1c50-481e-adf5-a502224efb7b>

### Human Services Quality Framework

The Human Services Quality Framework (HSQF) is the department's quality framework for funded organisations. The HSQF was developed in partnership with the non-government sector to safeguard the needs of clients and reduce duplication and compliance burden for organisations.

The HSQF contains a set of common standards, known as the Human Services Quality Standards, which apply to all departmentally funded organisations. These six standards cover the core elements of quality service provision and provide a benchmark for measuring service delivery to promote consistency across funded organisations.

All FaCC services are expected to implement this framework. The HSQF can be accessed via the following link:

<https://www.csyw.qld.gov.au/about-us/funding-grants/human-services-quality-framework>

## Appendix 2 - Glossary of Terms

### **Active engagement**

To actively engage with a family is to offer support that will address the family's needs. Active engagement may involve outreach to families in their homes or other community locations where they feel comfortable. Active engagement may require sustained efforts over time to encourage families to participate in services.

### **Child**

An individual under 18 years. Once a person turns 18, they are regarded as an adult.

### **Child concern report (CCR)**

A record of child protection information received by Child Safety where it has been assessed that the concerns do not meet the threshold for an investigation into whether a child is in need of protection.

### **Child in need of protection**

A child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm, and does not have a parent able and willing to protect the child from the harm. 'Child in need of protection' is the threshold for child protection intervention by the department.

### **Child Protection Guide (CPG)**

An online decision support tool to assist professionals with their decisions to refer or report their concerns about a child's safety or wellbeing.

### **Child Safety**

Refers to the Department of Child Safety, Youth and Women.

### **Domestic and family violence (DFV)**

Violent or abusive behaviour by a person towards their partner, ex-partner, co-parent, family member, carer or person for whom they are providing care. Domestic and family violence includes physical and sexual abuse, emotional and psychological abuse, economic abuse, threats, coercive behaviour, or any other behaviour that controls, dominates or causes fear for the safety and wellbeing of the direct victim or any other person, including a child.

### **Family and Child Connect (FaCC)**

A non-government community based intake and referral service to which issues regarding a child and their family's wellbeing can be referred, so that vulnerable families are assisted to access relevant support services based on their assessed needs.

### **Informed Consent**

Informed consent requires the person or persons to provide consent to be given full disclosure of what providing they consent will mean, for example, who will be provided information about them or their family or what agreeing to engage with a service will mean.

### **Intensive Family Support (IFS)**

Family support delivered under a lead case management model to address multiple and /or complex needs and assist families to build their capacity to care for and protect their children.

General and specialist interventions, including practical in-home support, are delivered by the service as part of a single family case plan. Families may be linked to appropriate external specialist responses in order address identified needs. Intensive family support is delivered over an extended period until case plan goals are met, resulting in measurable improvements in the wellbeing of children and their families. Intensive family support services include:

### **Local Level Alliance (LLA)**

An alliance of government and non-government services within the FaCC service's catchment area to ensure collaborative planning and integrated and timely responses to vulnerable children, young people and their families. FaCC support LLAs.

### **Mandatory reporter**

Teachers, doctors, nurses, police officers with child protection responsibilities, and persons performing a child advocate function under the *Public Guardian Act 2014* are mandated to report to Child Safety a reasonable suspicion that a child in care has suffered, is suffering or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse and may not have a parent able and willing to protect the child from the harm. Doctors and registered nurses are mandatory reporters whether they are employed in the private sector or public health sector. Refer to section 13E, *Child Protection Act 1999*.

Child Safety employees and employees of licensed care services are mandated to report a reasonable suspicion that a child in care has suffered, is suffering or is at unacceptable risk of suffering significant harm caused by physical or sexual abuse. Refer to section 13F, *Child Protection Act 1999*.

### **Multiple and/or Complex Needs**

'Multiple needs' refers to situations where the family may be facing several different issues, for example, domestic and family violence, problematic substance use and mental health issues. 'Complex needs' refers to the impact on many aspects of the family's functioning caused by a single chronic or significant issue.

### **Non-government organisation (NGO)**

An organisation that is not operated by government but may receive government funding to deliver services. Non-government organisations may operate as not-for-profit or for-profit and must meet prescribed eligibility criteria in order to receive Queensland Government funding. Non-government organisations may also be referred to as community-based organisations.

### **Notification (Child Safety)**

Information received by Child Safety about a child who may be at significant risk of harm and have no parent willing and able to protect them which requires an investigation and assessment response. A notification is also recorded on an unborn child when there is reasonable suspicion that they will be at risk of significant harm after they are born.

### **Notifier**

A person who informs Child Safety about alleged significant harm or alleged risk of significant harm to a child and reasonably suspects the child may be in need of protection, irrespective of how the information is recorded or responded to by Child Safety. May also be referred to as a Reporter.

## **Parent**

A child's mother, father, or someone else having or exercising parental responsibility for the child. A person temporarily standing in the place of a parent of a child is not a parent of the child. A parent of an Aboriginal child includes a person who, under Aboriginal tradition, is regarded as a parent of the child. A parent of a Torres Strait Islander child includes a person who, under Island custom, is regarded as a parent of the child (section 11, *Child Protection Act 1999*).

## **Parent 'able and willing'**

A parent may be willing to protect a child, but not have capacity to do so, that is, they are 'unable'. This includes situations where the parent's inability is due to factors such as intellectual impairment or ill health. Alternatively, a parent may have the capacity to protect a child, that is they are able, but may choose not to. This includes situations where parents choose an ongoing relationship with a person who is abusing their child and are thus unwilling to protect the child. When child protection assessments are made by Child Safety both willingness and ability of the parents are considered. If there is at least one parent willing and able to protect the child, the child is not a child in need of protection.

## **Prescribed entity**

Certain professionals from particular entities prescribed under section 159M of the *Child Protection Act 1999*, including:

- (a) the chief executive of a department that is mainly responsible for any of the following matters—
  - (i) adult corrective services;
  - (ii) community services;
  - (iii) disability services;
  - (iv) education;
  - (v) housing services;
  - (vi) public health;
- (b) the police commissioner;
- (c) the chief executive officer of Mater Misericordiae Ltd (ACN 096 708 922);
- (d) a health service chief executive within the meaning of the Hospital and Health Boards Act 2011;
- (e) the principal of an accredited school under the Education (Accreditation of Non-State Schools) Act 2001;
- (f) a specialist service provider;
- (g) the chief executive of another entity that—
  - (i) provides a service to children or families; and
  - (ii) is prescribed by regulation.

## **Regional Child, Youth and Family Committee (RCYFC)**

The RCYFC will implement the Child Protection Reform Roadmap and achieve outcomes in their region. Their functions will include: determination of regional priorities in line with state-wide directions; map the needs of the local population and plan regional services to match place-based service needs; encourage innovative responses to improve the effectiveness of service delivery; support cultural and behavioural changes required across the government and non-government sectors to successfully implement reforms; report progress on strategies, issues of concern and performance outcomes to the Child Protection Reform Leaders Group.

### **Regional Intake Service**

The service responsible for managing intakes to Child Safety. Intake is the first phase of the child protection continuum, and is initiated when information or an allegation is received from a notifier about significant harm or risk of significant harm to a child or young person, or significant risk to an unborn child after they are born.

### **Report**

Information provided to Child Safety about alleged significant harm or alleged risk of significant harm to a child and reasonably suspects the child may be in need of protection, irrespective of how the information is recorded or responded to by Child Safety.

### **Reporter**

A person who informs Child Safety about alleged significant harm or alleged risk of significant harm to a child and reasonably suspects the child may be in need of protection, irrespective of how the information is recorded or responded to by Child Safety. May also be referred to as a Notifier.

### **Secondary services**

In the context of FaCC, secondary services provide support to families with dependent children where a child may be at risk of child abuse and neglect. This can include support to pregnant women, where there is a risk of harm to an unborn child following their birth. Risk factors for child abuse and neglect can include, but are not limited to, problematic parental substance use, domestic and family violence, parental mental health problems, and social disadvantage including poverty and homelessness. Where children are at risk due to the presence of one or more risk factors, secondary services can provide early intervention to prevent circumstances from worsening with the aim of increasing parental capacity and reducing the risk to children.

### **Service provider**

*Service provider* means—

- (a) a person providing a service to children or families; or
- (b) a licensee; or
- (c) an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child.

### **Specialist service provider**

A non-government entity, other than a licensee or an independent Aboriginal or Torres Strait Islander entity for an Aboriginal or Torres Strait Islander child, funded by the State or the Commonwealth to provide a service to—

- (a) a relevant child; or
- (b) the family of a relevant child.

This includes services such as FaCC and Intensive Family Support Services.

### **Significant harm**

Any detrimental effect of a significant nature on the child's psychological or emotional well-being. Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation, and it is immaterial how the harm is caused (section 9, *Child Protection Act 1999*).



The *Child Protection Act 1999* provides guidance on what can be considered in identifying 'significant harm', including detrimental effects on a child's body or psychological state that are evident or may become evident, their nature and severity, and the child's age. A professional may use their knowledge, training and expertise in identifying significant harm, which recognises that professionals may detect an impact of harm that non-professionals may not.

### **Single need**

Characteristics of families who could be referred to a community based organisation where one service provider is able to assist a family meet their needs.

### **Structured Decision Making (SDM)**

Structured Decision Making (SDM) is an assessment and decision-making model to assist in making critical decisions about the safety of children. SDM™ is currently used by the Department of Communities, Child Safety and Disability Services under licence.

### **Support services**

A broad range of services provided by government or non-government organisations to assist and support members of the community. These services may include case management, intensive family support services, or specific services such as counselling, parenting courses, health, domestic and family violence support, or emergency housing.

### **Teacher**

An approved teacher under the *Education (Queensland College of Teachers) Act 2005*, employed at a school.

### **Tertiary services**

Tertiary services target families in which child maltreatment has already occurred. Tertiary services seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring. In Queensland, tertiary services are delivered by Child Safety through Regional Intake Services and Child Safety Service Centres. Tertiary services are offered to children in need of protection and their families.

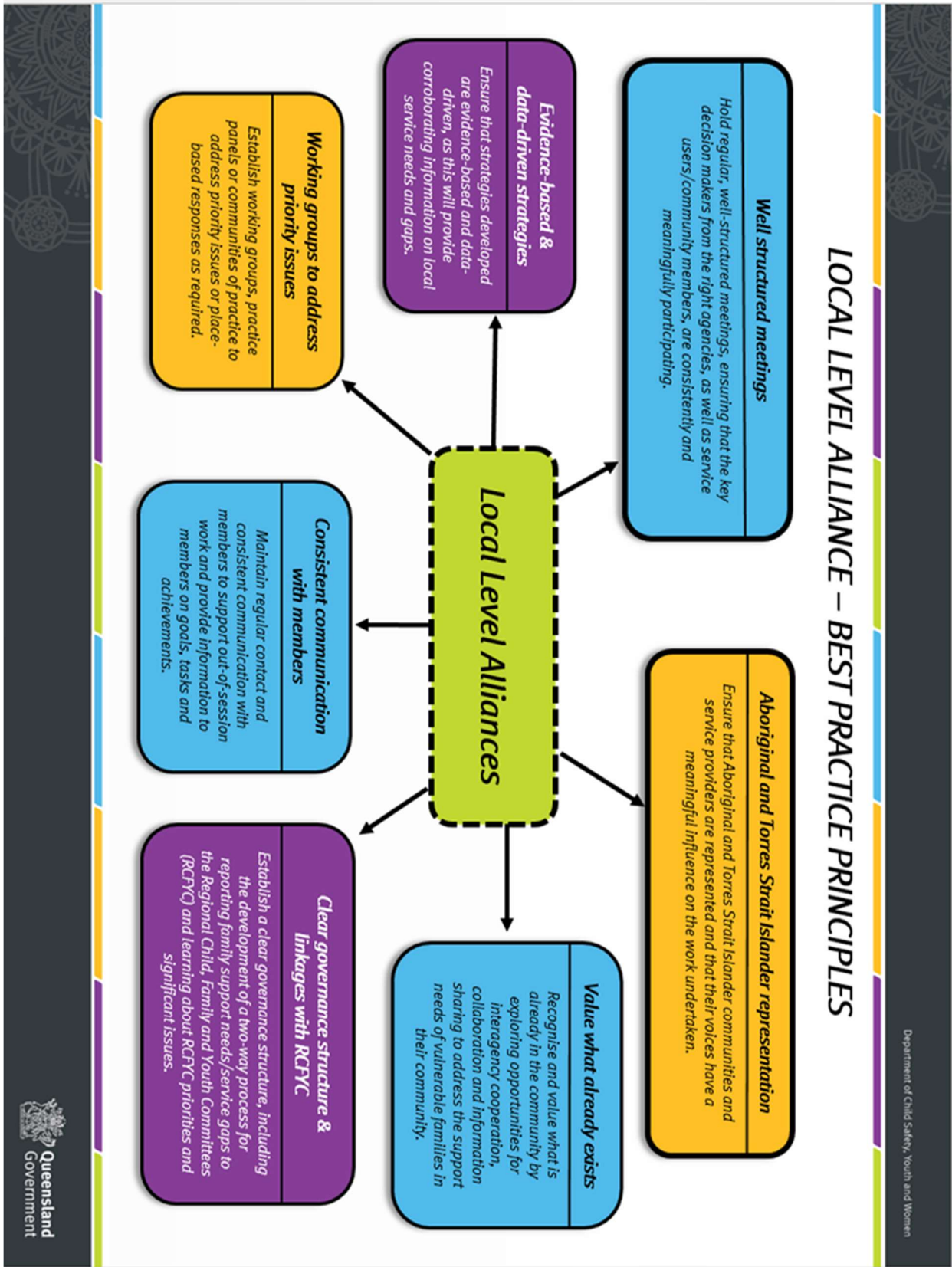
### **Universal services**

Universal services are services that are available to everyone within the community.

### **Warm Transfer**

When a service makes direct contact with a family to gain consent (if required) and assess their needs to support the family's referral onto services that can best meet those needs. This is known as a warm transfer.

Appendix 3 – LLA Best Practice Principles



## Appendix 4 – Strengthening Engagement in FaCC Services

