

- the Child Safety After Hours Service Centre on **1800 177 135** or **(07) 3235 9999** if after hours

Please note: the **Regional Intake Service** or Child Safety After Hours Service Centre will want to speak with the person who has the suspicion.

The types of questions the **Regional Intake Service** may ask will be the same as those listed above.

1.4 Notifying in writing

Notifying the **Regional Intake Service** of child protection concerns over the telephone is sufficient. However some Family Support Services may choose to provide their concerns in writing.

Family Support Services that intend to report child protection concerns in writing are encouraged to use the **Notified Concerns Form** contained in this manual.

Family Support Workers using the **Notified Concerns Form** are encouraged to use the following as a guide.

The diagram shows the 'NOTIFIED CONCERNS FORM' with labels A through F pointing to the following fields:

- A:** To: Regional Intake Service
- B:** Fax Number: Choose an item.
- C:** Name of staff member completing this form:
- D:** Address:
- E:** Fax Number:
- F:** Telephone Number:

The form also includes a 'Date' field with a dropdown menu (Brisbane, Central Queensland, Far North Queensland, North Coast, North Queensland, South East, South West) and a 'Family name (incl. First Name)' field. Below these are several checkboxes and dropdown menus for 'Select "Yes" if a Subject Child', 'Aboriginal & Torres Strait Islander Status', 'Other Background (if applicable)', and 'Relationship to subject child'.

- Enter the location of the **Regional Intake Service**
- Enter the **Regional Intake Service's** fax number
- Enter the name of the Family Support Service completing the form
- Enter the address of the Family Support Service
- Enter the Family Support Service's fax number

F. Enter the Family Support Service's telephone number

[illegible]

- G.** Enter the date the **Notified Concerns Form** is being completed and the name of the Family Support Service staff member completing it
- H.** Enter the family's surname include all surnames the family is known by
- I.** Complete a line for each person living in the household whether related or not. Enter the household member's first name
- J.** Enter the household member's middle name
- K.** Enter the household member's last name if it is different to the family name
- L.** Enter the household member's date of birth if known – if not known leave blank
- M.** Enter the household member's gender
- N.** Select "Yes" if the household member is a child subject to the child protection concerns notified in the form – if not, leave blank
- O.** Enter the household member's cultural background – select from Aboriginal, Torres Strait Islander, Both, Non-Indigenous, Unknown
- P.** If Non-Indigenous, enter the household member's cultural background if known

Q. Enter the relationship of the household member to the subject child or children (e.g. mother's partner, father, sister, uncle, no relationship etc)

The diagram shows a form with several fields. Red circles with letters S, R, T, U, W, X, and V are placed around the form, with arrows pointing to specific fields:

- S** points to the 'Household' field under 'Location:'.
- R** points to the 'Address' field under 'Location:'.
- T** points to the 'Telephone Number' field.
- U** points to the 'Mother's details if not the same as above:' field.
- W** points to the 'Father's details if not the same as above:' field.
- X** points to the 'Telephone Number' field.
- V** points to the 'Telephone Number' field.

The form fields include:

- Location: Provide details of the child/ren's location if not at the household address:
 - Household
 - Address
- Above household's details:
 - Mother's details if not the same as above:
 - Father's details if not the same as above:
- Telephone Number

R. Enter the address of the current location of the children if not at home (e.g. at Bellbird Day Care – 123 Tooloo Street, Bedford). If the children are at home leave blank

S. Enter the address of the household

T. Enter the telephone number of the household

U. Enter the children's mother's address if it is different to the household address

V. Enter the children's mother's phone number including her mobile phone number if known

W. Enter the children's father's address if it is different to the household address

X. Enter the children's father's phone number including his mobile phone number if known

Y. Enter whether or not you are aware that a child or children has been harmed or is currently being harmed

Z. If you selected "Yes" record the details – if you selected "No" leave blank

A. Enter whether or not you are aware that a child or children is at risk of being harmed

B. If you selected "Yes" record the details – if you selected "No" leave blank

C. Enter whether or not you can provide details of the parent/caregiver's circumstances

D. If you selected "Yes" record the details – if you selected "No" leave blank

Identified Concerns

A Are you aware of any **harm** to the child/ren? ☐ Yes (Provide details below) ☐ No
(e.g. signs/symptoms/indicators of child abuse and/or neglect; physical appearance of any injury; severity; frequency; any ongoing concerns; delays in presentation; explanation of harm; emotional/behavioural impacts of harm)

B Are you aware of any **risk of harm** to the child/ren? ☐ Yes (Provide details below) ☐ No
(e.g. vulnerability; history of harm; emotional/behavioural presentation; presence of medical needs or developmental delays; attachment between parent and child/ren. If the information relates to an unborn child, what is the alleged risk to the unborn child after her or she is born)

C Can you provide details of the **parents'/caregivers' circumstances**? ☐ Yes (Provide details below) ☐ No
(e.g. their parenting capacity; their protective capacity; the presence of complicating factors such as domestic violence; drug/alcohol misuse; mental health history; physical or intellectual abilities; relationship stability)

D Are you aware of any relevant **environmental factors**? ☐ Yes (Provide details below) ☐ No
(e.g. condition of the child's home; socioeconomic factors that impact on the family; family and individual stressors; mobility and transience; lack of family, social or community support; physical isolation of the family)

E Are you aware of any **protective factors and/or family/child strengths**? ☐ Yes (Provide details below) ☐ No
(e.g. the presence in the home of a protective caregiver; the parents' willingness to seek or receive support)

F Detail how you came to know about the alleged harm or risk of harm to the child/ren or unborn child:

G Provide the name and contact details of any other person or agency who may be able to provide information regarding the above or the general safety and wellbeing of this child or unborn child:

H Include any other information you consider to be relevant:

I

J

K

- E.** Enter whether or not you are aware of any environmental factors that may be contributing to the **harm** or risk of **harm** to the child
- F.** If you selected "Yes" record the details – if you selected "No" leave blank
- G.** Enter whether or not you are aware of any protective factors or family or child strengths relevant to the family
- H.** If you selected "Yes" record the details – if you selected "No" leave blank
- I.** Enter the details of how you came to know about the alleged harm or risk of harm to the child or children (e.g. did someone tell you something, did you see something, or has there been a series of incidents that have lead to a suspicion?)
- J.** Enter the name and contact details of any other person or agency who may be able to provide information to Child Safety regarding the family
- K.** Enter any other relevant information
- L.** Enter the name of the Family Support Service staff member you would like the **Regional Intake Service** to contact to provide feedback regarding the **intake** outcome and rationale

The diagram shows a feedback request form with two callouts. Callout 'L' points to the 'Feedback Requested' header. Callout 'M' points to the 'Telephone Number' input field.

Feedback Requested
In keeping with the provisions of Section 159M of the *Child Protections Act 1999*, advice about the outcome of this report is requested and is to be provided to:

Name: Telephone Number:

M. Enter the Family Support Service staff member's telephone number

1.5 Requesting feedback

Family Support Workers who have reported child protection concerns to the **Regional Intake Service** (verbally or in writing) are able to request feedback regarding the **intake** outcome and rationale.

When feedback is requested, the **Regional Intake Service** is required to provide the following either at the time of the request or by a follow up telephone call after the **intake** outcome has been determined:

- the details of the response (e.g. **General Enquiry**, **Child Concern Report** or **Notification**)
- the rationale for the decision and
- the likely timeframe for any contact with the family where applicable

2.0 Ongoing involvement after notifying

Requesting and receiving feedback after reporting child protection concerns to the **Regional Intake Service** is vital, as Family Support Services must review their ongoing involvement with a family both:

1. **before** receiving feedback from the **Regional Intake Service** regarding the **intake** outcome and rationale and
2. **after** receiving feedback from the **Regional Intake Service** regarding the **intake** outcome and rationale

2.1 Ongoing involvement before receiving feedback

Family Support Services are encouraged to continue delivering **planned** support services to a family, before receiving feedback from the **Regional Intake Service** regarding the **intake**

outcome, unless requested otherwise by the **Regional Intake Service** or a Child Safety Service Centre.

Service delivery is continued to avoid disruption to the support provided to the family whilst the **Regional Intake Service** decides the **intake** outcome.

The **Regional Intake Service** must decide the **intake** outcome within **48 hours** of receiving the child protection concerns; therefore the time lapse between reporting the child protection concerns and receiving feedback is relatively short.

2.2 Ongoing involvement after receiving feedback

There are three possible **intake** outcomes:

1. **General Enquiry**
2. **Child Concern Report**
3. **Notification**

Family Support Services are encouraged to use the following as a guide to the level of support provided to a family after receiving feedback:

1. **General Enquiry** - when a **Regional Intake Service** advises the information received will be recorded as a **General Enquiry**, this indicates the information is not a child protection concern and therefore does not require a statutory response.

Hence the Family Support Worker can:

- continue to provide services to the family as planned and
- recontact the **Regional Intake Service** should further child protection concerns emerge

2. **Child Concern Report** - when a **Regional Intake Service** advises the information received will be recorded as a **Child Concern Report**, this indicates the information is a child protection concern, but it does not meet the threshold of **harm** and therefore does not meet the threshold for a **notification**.

Hence the Family Support Worker can:

- continue to provide services to the family as planned and
- recontact the **Regional Intake Service** should further child protection concerns emerge

3. **Notification** - when a **Regional Intake Service** advises the information received will be recorded as a **Notification**, this indicates the information is a child protection concerns and it does reach the threshold of **harm** and therefore requires an **investigation and assessment** to determine:

- whether the **child is in need of protection** or
- what action is require to ensure the child's ongoing safety (i.e. the child is already subject to statutory **Ongoing Intervention** e.g. **Intervention with Parental Agreement**)

In these circumstances, it is recommended service delivery to the family is **suspended** from the time the **investigation and assessment** is commenced until an outcome to the **investigation and assessment** is known.

Suspending Family Support Service delivery will ensure the integrity of the Family Support Service, as it prevents the Family Support Worker being called upon by Child Safety to undertake statutory activities (e.g. supervising **family contact** between a child and their parent) required as part of the **investigation and assessment**.

During the **investigation and assessment**, the Family Support Worker may however:

- be interviewed by Child Safety to inform the **investigation and assessment** process and
- act as a **support person** for family members if requested, during interviews with Child Safety

Whilst fulfilling the role⁵³ of **support person**, Family Support Workers are required to refrain from speaking on behalf of a family member, or intervene in, or influence the **investigation and assessment** outcome. Family Support Workers will however:

- ensure that information conveyed by Child Safety is understood by the family member
- attend to the personal support needs of the family member during interviews with Child Safety and
- assist in ensuring the **investigation and assessment** process is fair and accountable

⁵³ Department of Communities – Child Safety Services – Practice Resource – **The role of a support person**

Family Support Services can resume service delivery to a family, if the **investigation and assessment** finds the child to be either:

- **not in need of protection** or
- **in need of protection** and the **case plan** goal for the child is either:
 - **reunification** within 12 months **or**
 - support for a parent(s) with a child living at home under a **Child Protection Order** (e.g. a Protective Supervision Order or a Directive Order) which requires specific actions involving the family **or**
 - support for the parent(s) with a child living at home under **Intervention with Parental Agreement** or a **Support Service** case

When resuming service delivery, Family Support Workers may review the **Support Plan** in instances where the **investigation and assessment** outcome (e.g. **child in need of protection**) has:

- caused the family to move from one **Target Group** to another (e.g. **Target Group 1** to **Target Group 2**) and therefore have access to more **core functions** or
- uncovered needs not previously identified by the family's **Needs Assessment Report**

In instances where the **case plan** goal following the **investigation and assessment** indicates **reunification** is no longer likely to occur within 12 months or a **long term order** should be sought, service delivery should not resume and the Family Support Service case should **close**.

3.0 Respond to Child Safety pre-notification checks

A **Regional Intake Service** may receive child protection concerns about past or current Family Support Service clients from sources other than the Service.

In these instances, the **Regional Intake Service may** contact the Family Support Service for the purpose of conducting a **pre-notification check**.

When receiving a request to provide **pre-notification check** information, Family Support Workers are encouraged to:

- determine the specific information being sought by **Regional Intake Service** and the timeframe within which a response is required (usually between **24** and **48 hours**)
- gather the information requested by perusing client records and where relevant, consulting with colleagues
- maintain confidentiality by not informing the client about the request for a **pre-notification check** and reminding colleagues with whom consultations have occurred of their confidentiality obligations and
- respond within the required timeframe wherever possible

Family Support Workers are encouraged to telephone the **Regional Intake Service** in the event the timeframe for providing **pre-notification check** information cannot be met.

4.0 Record activities and outcomes

Family Support Workers are required to:

1. record a **Case Activity** on the Community Sector Information System (CSIS) each time a case work activity is undertaken (e.g. receipt of information that alleges **harm** to a child; providing **pre-notification check** information etc) (see **Recording Case Activities**)
2. record a description of what transpired during each case work activity on a **Case Note** or Progress Note (see **Recording Case Activities**)
3. record the child protection concerns on a **Notified Concerns Form** if reporting concerns to the **Regional Intake Service** in writing
4. record each contact made with **Regional Intake Service** regarding child protection concerns in CSIS (e.g. the RIS Contact Tab of the Family Case details section of the Case Management Page)
5. place the following on the family's Family Support Service file:
 - c. all **Case Note** or Progress Notes and
 - d. the hard copy of the **Notified Concerns Form** if used



For more information about creating safe and supportive service environments for children and young people, including information about what policies and procedures each Family Support Service needs to have in place to ensure this

occurs, please refer to the **Creating Safe and Supportive Service Environments for Children and Young People – Child and Youth Risk Management Strategy Toolkit**

To:		From:	
Regional Intake Service		Agency name:	
		Address:	
Region:	Choose an item.	Fax Number:	
Fax Number:		Telephone Number:	

Date: [Click here to enter a date.](#)

Name of staff member completing this form:

[illegible]

Location:	Provide details of the child/ren's location if not at the household address:	Telephone Number
	Household Address	
Above household's details:		
Mother's details if not the same as above:		
Father's details if not the same as above:		

Notified Concerns	
Are you aware of any <u>harm</u> to the child/ren? <i>(e.g. signs/symptoms/indicators of child abuse and/or neglect; physical appearance of any injury; severity; frequency; any ongoing concerns; delays in presentation; explanation of harm; emotional/behavioural impacts of harm)</i>	<input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No
Are you aware of any <u>risk of harm</u> to the child/ren? <i>(e.g. vulnerability; history of harm; emotional/behavioural presentation; presence of medical needs or developmental delays; attachment between caregiver and child/ren. If the information relates to an unborn child, what is the alleged risk to the unborn child after her or she is born)</i>	<input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No
Can you provide details of the <u>parents'/caregivers' circumstances</u> ? <i>(e.g. their parenting capacity; their protective capacity; the presence of complicating factors such as domestic violence; drug/alcohol misuse; mental health history; physical or intellectual abilities; relationship stability)</i>	<input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No
Are you aware of any <u>relevant environmental factors</u> ? <i>(e.g. condition of the child's home; socioeconomic factors that impact on the family; family and individual stressors; mobility and transience; lack of family, social or community support; physical isolation of the family)</i>	<input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No
Are you aware of any <u>protective factors and/or family /child strengths</u> ? <i>(e.g. the presence in the home of a protective caregiver; the parents' willingness to seek or receive support)</i>	<input type="checkbox"/> Yes (Provide details below) <input type="checkbox"/> No
Detail how you came to know about the alleged harm or risk of harm to the child/ren or unborn child:	
Provide the name and contact details of any other person or agency who may be able to provide information regarding the above or the general safety and wellbeing of this child or unborn child:	
Include any further information you consider to be relevant:	
Feedback Requested	
In keeping with the provisions of Section 159M of the <i>Child Protections Act 1999</i> , advice about the outcome of this report is requested and is to be provided to:	
Name:	Telephone Number:

REQUESTING BROKERAGE

1.0 Use of brokerage funds

A brokerage fund of up to 4%⁵⁴ of the total grant funding is available to each Aboriginal and Torres Strait Islander Family Support Service to cover the cost of purchasing goods and services, that if not purchased may jeopardise a family achieving the goals of their **Shared Family Agreement**.

Brokerage funds are a limited resource and therefore must be used conservatively by Family Support Workers to achieve medium to long term goals for the family (e.g. purchase specialist assessments and aids, applicants and other equipment and goods that contribute to the overall needs and wellbeing of the child and family).

Families will from time to time require emergency relief (e.g. urgent bill paying, food vouchers etc); however emergency relief is **not** an appropriate use of brokerage funds.

Family Support Workers are encouraged to redirect families requiring emergency relief to more appropriate providers in the community if children require food and clothing etc as an emergency response.

Brokerage funds for purchasing goods or services of short term immediate value (e.g. food, clothing, rent and rental bonds) may only occur at times of extreme hardship and where there is clear evidence that all alternative sources of available funds have been investigated and exhausted.

The use of brokerage must be consistent and align with:

- the goals and actions as negotiated in the **Shared Family Agreement** for each child and family and
- Child Safety's **Case Plan** for the child where relevant

Notional brokerage funds are limited to **\$500.00**⁵⁵ per individual family per annum.

These funds are not considered an entitlement for every family and should only be used where there is an identified need that cannot be met through other means (e.g. by the family, emergency financial relief, a government agency or another non-government agency).

⁵⁴ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

⁵⁵ Department of Communities (Child Safety) Grant Funding Information Paper 2009-2010 – Aboriginal and Torres Strait Islander Child Protection Services – Family Support Services – Recognised Entity Services

2.0 Accessing brokerage funds

2.1 Complete a Brokerage Request Form

To access brokerage funds, Family Support Workers are required to complete an application for expenditure in writing as the expenditure requires approval by a financial delegate **before** the money is spent.

The expenditure should only be requested if:

- the goods or services have:
 - medium to long term value for the family (e.g. achieving a goal as negotiated on the **Shared Family Agreement**) or
 - short term immediate value (e.g. food, clothing, rent and rental bonds); however:
 - the family is undergoing a period of extreme hardship and
 - there is clear evidence that all alternative sources of available funds have been investigated and exhausted
- the family is legitimately unable to cover the costs of the goods or services themselves
- the goods or services cannot be met through other means (e.g. through another program or funding source such as an emergency financial relief agency, a government agency or another non-government agency)
- the amount requested falls within the limit of **\$500.00** per individual family per annum

Once satisfied the above criteria have been met, the Family Support Worker can complete **Brokerage Request form** and submit it to their Line Manager for consideration.

When completing the **Brokerage Request form**, Family Support Workers are encouraged to use the following guide.

The diagram shows a form titled "FAMILY SUPPORT SERVICE BROKERAGE REQUEST". Red circles with letters A through F point to specific fields:

- A** points to the "Client's Name:" field.
- B** points to the "Client's Date of Birth:" field.
- C** points to the "Name of person requesting brokerage:" field.
- D** points to the "Is brokerage linked to a goal listed in the Shared Family Agreement:" section, specifically the "No" checkbox.
- E** points to the "If No, provide reason for the exception circumstance:" field.
- F** points to the "If Yes, state which goal:" field.

- A.** Enter the client's name – this is the child or children's names. Even if intending to purchase goods or services to be used by a parent (e.g. counseling), the aim of the purchase is to benefit the parent **AND** the child. Remember the focus of all Family Support Service intervention is to improve the safety and wellbeing of the child.
- B.** Enter the child's or children's date of birth.
- C.** Enter your name (e.g. the Family Support Worker completing the form)
- D.** Indicate whether or not the goods or services you intend to purchase are required to achieve a goal listed on the family's Shared Family Agreement (e.g. the goods or service have medium to long term value for the family)
- E.** If you answered "No" to **D**, enter the reason why you believe this request is an "exceptional circumstance"; otherwise leave blank
- F.** If you answered "Yes" to **D**, enter which goal or goals of the Shared Family Agreement the intended goods or services support; otherwise leave blank

The diagram shows the "Reason for brokerage:" section of the form. Red circles with letters G through J point to specific fields:

- G** points to the "Reason for brokerage:" header.
- H** points to the "What does the client need?" field.
- I** points to the "Why does the client need it?" field.
- J** points to the "What result are you seeking?" field.

- G.** Enter a brief description of **what** goods or service the family needs (e.g. Mother needs 12 Taxi vouchers to transport her between Woree and Cairns North)
- H.** Enter a brief explanation **why** the family needs the goods or service

Example

Mother is willing to attend counselling [under a Mental Health Care Plan] to help her work through her own abuse as a child and improve her understanding of how her own experience of trauma as a child impacts on her parenting as an adult.

She has organized care for her two small children whilst she attends her counselling sessions, one of whom has a physical disability; however has no transport to take them to their care arrangements and to get herself to her counselling session.

- I.** Enter a brief description of the alternative funding sources approached (e.g. the family and other agencies both government and non-government) to provide the goods or services

Example

Mother has used bus transport in the past, however has found this stressful given the number connections, the ages of her children, the disability of one child, the heat and the frequency of bus delays. It is noted the Mother has missed one counselling appointment due to bus delays.

- J.** Enter a brief explanation of what outcome the goods or services are intended to achieve

Example

Mother to be assisted to attend counselling with the minimum of stress to enable her to participate fully and gain some new insights in relation to her parenting

- K.** Enter the details of the company or business from which the goods or services are intended to be purchased

The diagram shows a form with the following sections:

- Name of Service Provider:** A text input field with callout K pointing to it.
- Method of Payment:** A dropdown menu with the text "Choose an item." and callout L pointing to it. Below the dropdown are the options: Credit Card, Petty Cash, Purchase Order, and Other.
- Amount:** A text input field with callout M pointing to it.
- If Other, please specify:** A text input field with callout L pointing to it.
- For Financial Delegate Use Only:** A section at the bottom right of the form.

- L.** Enter how the company or business would be paid. If the options (e.g. Credit Card, Petty Cash, Purchase Order) don't apply, select "Other" and include the method to be used

Example

Other – 12 Taxi Vouchers – 6 from Woree to Cairns North and 6 from Cairns North to Woree

- M.** Enter the amount to be expended. Remember to get quotes and attach them to the Brokerage Request. If unsure of the exact cost, get a written estimate wherever possible.

Example

Fare from Woree to Cairns North is estimated to be \$30.00 total amount requested is 12 x \$30 = \$360.00

2.2 Submit the Brokerage Request Form for approval

After a **Brokerage Request form** is completed, forward the request via email to the Financial Delegate for consideration.

The Financial Delegate is usually the Service Manager.

The Service Manager will consider the request and record their decision on the section titled "For Financial Delegate Use Only".

When completing the "For Financial Delegate Use Only" section of the **Brokerage Request form**, Service Managers are encouraged to use the following guide.

The diagram shows a form titled "For Financial Delegate Use Only". The form contains the following fields:

- Is the expenditure approved:** with checkboxes for **Yes** and **No**. Callout **N** points to the **Yes** checkbox.
- If No, provide reason:** A text area. Callout **O** points to this field.
- If Yes, enter the Request No.** A text area. Callout **P** points to this field.
- Name:** A text area. Callout **Q** points to this field.
- Position:** A text area. Callout **R** points to this field.
- Signature** A large text area for a signature. Callout **S** points to this field.
- Date:** A text area. Callout **T** points to this field. Below the date field is a link that says "Click here to enter a date." with a small 'x' icon. Callout **X** points to this link.

- N.** Indicate whether or not the Brokerage Request is approved
- O.** If not approved, enter a brief rationale for declining the request
- P.** If approved, enter the Request No. The Request Number is the Community Sector Information System Client Number (usually a four digit number) and a letter identifying whether it is the first, second, third, etc Brokerage Request for the family

Example

Request Number 1458a if it is the first Brokerage Request for client number 1458 or 1458b if it is the second Brokerage Request for client number 1458 and so on...

- Q.** Enter your name
- R.** Enter your position
- T.** Enter the date the decision was made

Once the above is completed, the Service Manager will:

- print the Brokerage Request
- sign the form
- email the Family Support Worker to advise them of the outcome of their request and
- forward the form on to Administration for processing

As some goods and services (e.g. counselling) are paid in several installments, Administration staff can use the “For Administration Use Only” section of the **Brokerage Request form** to keep a record of the invoices paid against each approved request.

Keeping track of invoices already paid against an approved request may prevent over expenditure.

Each time payment is required for a client related goods and service, the Administration Officer will locate the corresponding **Brokerage Request**, check the Amount Expended Table to ensure there is sufficient available funds and either:

- speak with the Service Manager if there is insufficient funds or
- complete the Amount Expended Table before making payment if there is sufficient funds

The diagram shows a table titled "AMOUNT EXPENDED" with the subtitle "For Administration Use Only". The table has four columns: "Date", "Invoice Number", "Amount", and "Balance Remaining". Below the table, there are four red circles labeled U, V, W, and X. Arrows point from each circle to its corresponding column in the table: U points to "Date", V points to "Invoice Number", W points to "Amount", and X points to "Balance Remaining".

AMOUNT EXPENDED			
For Administration Use Only			
Date	Invoice Number	Amount	Balance Remaining

Family Support Service | Last Updated 4 April 2011

- U.** Record the date of the invoice
- V.** Record the invoice number
- W.** Record the amount of the invoice and
- X.** Record the balance remaining after subtracting the amount of the invoice from the previous balance

ABORIGINAL & TORRES STRAIT ISLANDER FAMILY SUPPORT SERVICE
BROKERAGE REQUEST

Client's Name:	
Client's Date of Birth:	

Name of person requesting brokerage:	
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Is brokerage linked to a goal listed in the Shared Family Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide reason for the exception circumstance:	
If Yes, state which goal:	

Reason for brokerage:	
What does the client need?	
Why does the client need it?	
What have you done to meet this need elsewhere?	
What result are you seeking?	

Name of Service Provider:	
Method of Payment:	Choose an item. If Other, please specify:
Amount:	

For Financial Delegate Use Only

Is the expenditure approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, provide reason:	
If Yes, enter the Request No.	
Name:	
Position:	
Signature	X
Date:	Click here to enter a date.

For Administration Use Only

AMOUNT EXPENDED

Date	Invoice Number	Amount	Balance Remaining

WORKING WITH RESISTANT CLIENTS

1.0 The source of resistance

Client resistance is regularly encountered in the “helping professions”.

Client resistance occurs when a client either directly (overtly) or indirectly (passively) opposes working collaboratively to change their circumstances⁵⁶.

Client resistance to intervention can be caused by a variety of factors including factors relating to⁵⁷:

- the client themselves (e.g. age, gender, cultural background, sexual orientation, developmental history, mental health history etc)
- the social environment they're in (e.g. being influenced by their relationships and obligations, feeling isolated or not having enough support etc)
- the intervention on offer (e.g. characteristics of the Family Support Worker, characteristics of the interventions itself [too hard, too fast, too scary, too time consuming]) and
- the substances they use (e.g. drugs, alcohol and other mind or mood altering substances etc)

Resistance can emerge at any point or points along the intervention continuum. Family Support Workers are therefore encouraged to remain aware of the possibility of resistance and if it appears, to identify its cause and help the client to move through it.

In doing so, Family Support Workers are encouraged to balance the need to work with resistance whilst also respecting a client's right to not accept services or to withdraw from services at any time.

As resistance is strongly influenced by the Family Support Worker's approach, if it continues, Family Support Workers are encouraged to consider it as a signal to stop what they are doing and change their approach. Before changing the approach:

- discuss the case with the Line Manager or team to brainstorm alternative approaches or

⁵⁶ Wikipedia.org – **Psychological resistance**

⁵⁷ White. W.L. **Engaging and Motivating the Change Resistant Client**

- consider having a frank discussion with the client to determine if they want to continue receiving services

2.0 Strategies for overcoming resistance

The following provides a possible step by step guide for managing resistance in clients. It is important to note that whilst there is a sequence to the steps, this order doesn't need to be strictly applied⁵⁸:

Step 1: Make the client as comfortable as possible

Try to put the client at ease by introducing yourself, being personable, reassuring them of confidentiality, and explaining, in an appealing way, how your role works.

You could say that your job is simply helping people to identify and get what they and their children need. Never say "I help people with problems", as the client may feel labeled as a "problem".

If the client is reluctant to talk about the matter at hand, they may be more open to first speaking about their interests and passions – so try a type of a 'get to know you before I talk to you' approach.

Step 2: Acknowledge their perspective

It also helps if you acknowledge how the client is seeing things and how they are feeling. For clients who are not talkative, you may have to guess how they are feeling.

Acknowledgement for how they are feeling might help to ease strong negative emotions. At the very least, the client might appreciate that you are trying to understand how they are seeing things.

You could also reframe the client's resistance in a positive light.

Example

"You don't want to be told by anyone what to do. You have your own ideas on what will help".

⁵⁸ Warren. K., *Engaging Resistant Clients*

A double-sided reflection can also help.

Example

"On the one hand, you think your partner is being very unfair and you are not the problem. But on the other hand, you can't go on putting up with things as they presently are".

Although the client has not actually said the more positive part, you are at least helping them to consider if they do indeed feel that way. Most people are reluctant to correct a position that helps to paint them as reasonable.

Step 3: Find out what they want

Everyone wants something. But given you're working with the family, the challenge is you also have other parties whose wants you also need to consider. Parents, for example, might want their child's behaviour to improve.

Sometimes clients choose unworthy goals (to kill themselves, for example) or unachievable (for others to leave them alone). Your job is to negotiate goals that are **worthy** and **achievable**.

Other times, clients simply say what they think you want to hear. They might say they want to address their problem drinking even when they really do not see their drinking as a problem at all. Here you need to double-check with people that they are really meaning what they are saying. Finding out what people want is further complicated by the fact that some people have a hidden agenda.

Where clients have a number of wants, your task is to clarify which of these wants need to be worked on first.

Step 4: Use what they find motivating

Find out what is motivating for an individual by asking why or what questions.

Example

"Why do you think you need to change?" or
"What makes you think you need to work on this?"

Although you might already have an idea as to what the reasons are, clients tend to become more motivated by that which they voice themselves.

Whenever you hear 'change language', turn the volume up by asking questions to elicit more talk that is supportive of change.

Other clients, through their resistant behaviour, are saying they are motivated by power and control. If this is the case, harness this need by giving them control.

Example

"You're in control of your life. I can't make you do anything. What are your ideas for helping the situation?"

Family Support Workers are encouraged to also consider the following quick guides to overcoming client resistance⁵⁹:

- **Don't be an expert** - The more resistant the client, the less knowledge you should profess to know. The more motivated the client, the more knowledge you can express.
- **Don't collude** - Don't encourage feelings of victimhood and powerlessness. Discuss these perceptions in the beginning of the working relationship, then move beyond them and lead the client beyond them.

Facilitating feelings of powerlessness only communicates to clients that they are powerless. This is a disservice to them. Empathise with them, but don't sympathise. Understand their perspective without conveying a sense of victimhood.

- **Slow down when encountering resistance** - Going fast or being impatient for change only increases resistance. Take baby steps with resistant clients.
- **Don't argue** - Arguing creates an environment for increased resistance
- **Focus on the detail** - Detail creates options. If you do not have enough options, you do not have enough details about what is occurring in the client's situation. Healing often comes from addressing and processing a detail in the client's life that no one has ever discussed and processed before.

⁵⁹ Shallcross, L., **Managing Resistant Clients**

- **Don't blame** - Don't blame anyone or anything – not the client or the people the client believes are the cause of their problems. Blaming externalises a problem and creates an opportunity for increased resistance to accepting responsibility for change
- **Treat resistance with respect** - The client has a reason for what they said or did and they have a right to be respected unconditionally at all times
- **Find emotionally compelling reasons for change** – Don't waste time trying to create change through using logic.

If logic was all that is required nobody would smoke or drink and everyone would have an exercise program and get eight hours of sleep.

When people make major changes in their life, they don't do it because of logic. They do it because they have an emotionally convincing reason.

- **Don't over question** - Questions can be confrontational with resistant clients and may invite unproductive answers. Excessive questioning may cause you to get sucked into the client's 'stuckness.' Learn to communicate without asking questions all the time.

DICTIONARY

This dictionary⁶⁰ lists the definitions of terms used within this manual.

Other terms and their definitions can be found on the Child Safety website by accessing this hyperlink – **Glossary of Terms (Child Safety Practice Manual)**.

A list of acronyms frequently used by Child Safety can also be found on the Child Safety website by following this link – **Acronyms (Child Safety Practice Manual)**.

AUTHORITY TO CARE

Child Safety is required to provide carers (e.g. foster, kinship and provisional Carers) with an “Authority to Care” form each time a child is placed with the carer.

This form indicates that the carer listed on it has the authority to have custody of the child.

CARE AGREEMENT

A Care Agreement is an agreement between parents and Child Safety to place a child or children in out-of-home care (e.g. foster, kinship or provisional carers) for a short time.

There are two different types of Care Agreement:

- an **Assessment Care Agreement** which may be required and negotiated during the **Investigation and Assessment** process during which Child Safety is determining whether a **child is in need of protection**

The parents retain custody and guardianship for Assessment Care Agreements and the types of day-to-day (**custody**) decisions the parents must be consulted with are included in the **Placement Agreement**

- a **Child Protection Care Agreement** which may be required and negotiated during an **Intervention with Parental Agreement** case in which a child has been assessed as being **in need of protection** and the child’s parents are working with Child Safety to reduce the risks to the child, whilst the child lives at home

⁶⁰ The definitions contained in this dictionary have been sourced and modified from *Child Safety’s Carer Handbook* and the *Child Safety Practice Manual*

The parents retain guardianship for Child Protection Care Agreements and Child Safety has custody and the types of day-to-day (**custody**) decisions the parents must be consulted with are included in the **Placement Agreement**

Parents entering a Care Agreement recognise that they need help, time and space to deal with some issues – and that their child is safer staying in out-of-home care while they do that.

Parents retain certain rights when they sign a Care Agreement. This means that they:

- will be given the details of where their child is placed
- may have contact, as agreed by Child Safety, with their child
- are to be consulted by Child Safety about particular decisions regarding their child; and
- can end the arrangement at any time with two day's notice to Child Safety

For more information about care agreements use this hyperlink – **[What is a care agreement?](#)**

CASE MANAGEMENT

Case management is defined as a system of collaborative assessment, planning, implementation and review that identifies client need, develops a plan, actions the plan and review client outcomes.

For further information please refer to the **Case Management Society of Australia's** website.

CASE PLAN

Child Safety is responsible for making sure that every child in care has a Case Plan.

A Case Plan is a formal document setting out the child's day-to-day and long-term needs.

The Case Plan covers:

- placement and support
- health

- education
- cultural needs
- emotional development
- social development

It also looks at:

- strengths of both the child and family
- ways to reunify the child and family where possible
- goals to measure progress against

Case Plans focus on the child's current needs, and may aim for family reunification depending on the circumstances of the child and the family.

A Case Plan should be reviewed by Child Safety every six months at the minimum.

Who is involved in the Case Plan?

Case planning is a group activity, bringing together those who know the child best with other relevant people and services.

People present at a case planning activity (also known as a **Family Group Meeting** or a Case Plan Review Meeting) may include:

- the child's family
- the child if age and developmentally appropriate
- a **Recognised Entity** if the child is Aboriginal or a Torres Strait Islander
- a convenor who facilitates the meeting
- agencies providing services to the child or family (e.g. Family Support Services)
- the child's carers (e.g. foster, kinship or provisional carers) and
- the child's **Child Safety Officer**

Why is the Case Plan important?

Case Plans are important as they, together with the **education support plan** and the child **health plan**, provide a framework that Child Safety and the child's carers can work to, to ensure the child's needs and best interests are met.

CHARTER OF RIGHTS

Every child that is removed from their family home by Child Safety has the right to:

- be provided safe and stable living environment
- receive care that best meets their needs and is culturally appropriate
- have their relationships with family and community maintained
- be consulted with and participate in decision making
- be given information about decisions and plans
- privacy
- have their care arrangements regularly reviewed to ensure they continue to meet their needs
- access to services to meet needs
- access to education
- access to job training opportunities
- appropriate help with transition from care to independence

For more information about the charter of rights, use these hyperlinks

- [Charter of Rights Book Kid's rights, for children aged 4 to 9 years](#) *and*
- [Charter of Rights Book My journey in care, for young people aged 10 to 18 years](#)

CHILD ABUSE

A child is any person under 18 years of age.

Child abuse is action, behaviours or inaction by an adult towards a child that harms or endangers the child's:

- physical
- psychological or emotional health
- development or wellbeing

Harm is the impact that the child abuse has on the child. Therefore harm is what is actually experienced or likely to be experienced by the child.

What is important, in terms of the **Child Protection Act 1999**, is whether a child:

- has suffered harm, is suffering harm, or is at unacceptable risk of suffering harm and
- does not have a parent who is able and willing to protect them from harm

A child that has suffered **harm**, is suffering harm or is at unacceptable risk of suffering harm that doesn't have a parent able and willing to protect them is known as a **child "in need of protection"**.

Harm can occur as a result of one serious incident or a series of incidences that occur over time.

The following links provide further information about harm. These links take you to Child Safety's website.

- [Types and signs of harm](#)
- [Factors contributing to harm](#)
- [Effects of harm](#)

CHILD CONCERN REPORT

A Child Concern Report is one of three outcomes to information received at **intake**.

A Child Concern Report is a record of child protection information received by a **Regional Intake Service** that does not meet the threshold of **harm** and therefore does not meet the threshold for a **notification**.

After recording a Child Concern Report the **Regional Intake Service** will either:

- take no further action or
- refer the family for Family Support Services

If the family is Aboriginal or Torres Strait Islander the **Regional Intake Service** must engage the **Recognised Entity** for the child in all decisions regarding referrals.

CHILD IN NEED OF PROTECTION

The **Child Protection Act 1999** defines a child in need of protection as a child who has suffered harm, is suffering harm, or is at unacceptable risk of suffering from harm **and** does not have a parent able and willing to protect the child from the harm.

Children, who Child Safety identifies, as being in need of protection through an **Investigation and Assessment** process require **Ongoing Intervention** to ensure that their safety needs are met. It is these children that become open cases with Child Safety.

CHILD PLACEMENT PRINCIPLE

For the definition of the child placement principle, use this hyperlink – [Child Placement Principle](#)

CHILD PROTECTION ASSESSMENT ORDERS

Child protection assessment orders are used when parents do not consent to actions necessary as part of an **Investigation and Assessment** to determine if a **child is in need of protection**.

There are two types of assessment orders:

- **Temporary Assessment Order**
- **Court Assessment Order**

Temporary Assessment Order

A Temporary Assessment Order (also known as a TAO) is an order granted by a magistrate (not a court), to authorise any of the following actions necessary as part of an **Investigation and Assessment** to determine if a **child is in need of protection**:

- Child Safety to have contact with the child
- Child Safety to take custody of the child while the order is in place
- a medical examination or treatment to occur
- direct a parent about contact with the child
- Child Safety to enter a residence or premises and search for a child

A Temporary Assessment Order is not required if the parents of the child give consent to the above occurring.

A Temporary Assessment Order cannot remain in effect for longer than **3 days**, from midnight on the date it was decided (e.g. a TAO decided on Tuesday will end on Friday)

If the Magistrate is satisfied that Child Safety intends to apply for a **Court Assessment Order** or a **Child Protection Order**, the Temporary Assessment Order can be extended, once only, to the end of the next business day.

Court Assessment Order

A Court Assessment Order (also known as a CAO) is an order granted by a court to allow any of the following actions necessary as part of an **Investigation and Assessment** to determine if a **child is in need of protection**:

- Child Safety to have contact with the child
- Child Safety to have temporary custody of the child
- a medical examination or treatment to occur
- direct a parent about contact with the child
- Child Safety to enter a residence or premises to undertake a search for a child

A Court Assessment Order is appropriate when Child Safety has determined that more than **3 days** will be necessary to complete the Investigation and Assessment.

A Court Assessment Order is not required if the parents of the child give consent to the above occurring.

A Court Assessment Order may be required where initial contact has occurred but consent for subsequent actions is refused by the parents. For example:

- a parent consents to the child being interviewed, but will not agree to arrange a medical examination for the child which is considered to be necessary to complete the **Investigation and Assessment**
- A safety assessment is completed and the outcome is “unsafe” and the parents refuse consent for any custody intervention (i.e. refuse to enter a **care agreement**) to ensure the safety of the child while the investigation and assessment is completed.

A Court Assessment Order is in force for **28 days**.

CHILD PROTECTION ORDERS

A Child Protection Order is a type of **Ongoing Intervention** which ensures the safety of children who are **in need of protection**.

Not all Child Protection Orders are the same however.

Directive Order

There are two types of Directive Orders:

- an order directing a parent of a child to do, or refrain from doing something directly related to the child's protection
- an order directing a parent not to have contact, direct or indirect, either:
 - with the child
 - with the child, other than when a stated person or a person of a stated category is present

A Directive Order may also be applied in conjunction with a **Supervision Order** or another **Child Protection Order** if required. In limited circumstances, a child may be subject to both a Directive Order and **Intervention with Parental Agreement**.

A Directive Order about parental actions is sought when **all** of the following circumstances apply:

- the parents will not take the action, or cease the action, on a voluntary basis
- the child can safely remain at home, as long as the parents take certain actions or cease certain actions - where applicable, this consideration will be informed by the most recent safety assessment
- the action is able to be clearly defined, and what is required of parents is easily understood by the parents
- a specific order is able to be made by the court
- failure on the parents part to keep to the directives of the order, will not place the child at unacceptable risk of **harm**
- the parents are likely to adhere to the recommended order

A Directive Order about parental contact is sought when **all** of the following circumstances apply:

- the child could remain at home with a protective parent if the parent to whom the child protection concerns apply was prevented, or restricted, from contact
- a protective parent consents to the child being cared for by another person, for example, with relatives, and the parent to whom the child protection concerns apply was prevented, or restricted, from contact

- there is a Family Court of Australia parenting order which needs to be overridden for child protection reasons, allowing the protective parent to apply for variation of the Family Court of Australia order
- there is a need to prevent a parent from harassing the child in a significantly harmful way, for example, telephone threats, and prosecution may be required to enforce the contact order - in this case, the order may be made in conjunction with any other child protection order
- the child's safety could be secured through the supervision of the parent to whom the child protection concerns apply, and there is a person assessed as able and willing to provide the supervision

Supervision Order

A Supervision Order requires Child Safety Services to supervise the child's protection, with respect to the matters stated in the order.

A Supervision Order may be applied for in conjunction with a **Directive Order**

A Supervision Order may be sought when **all** of the following circumstances apply:

- the **child is in need of protection** but supervision and direction by Child Safety will enable:
 - the child to safely remain at home
 - Child Safety to monitor the situation to ensure the matters specified in the order are addressed by the parents
- it is possible to specify the areas relating to the child's care which are to be supervised by Child Safety
- failure on the parents part to comply with Child Safety requirements will not place the child at immediate risk of **harm**
- the intervention needed, with the child residing in the home, will not be accepted by the parents on a voluntary basis
- it is appropriate for the parents to retain their custody and guardianship rights and responsibilities

A Supervision Order must **not** be for more than one year.

Short-term Custody Order

A short-term custody order can be made for up to **2 years** for **children in need of protection** and grants custody to either:

- a suitable person, other than a parent of the child, who is a member of the child's family or
- Child Safety

The person that has custody of the child (i.e. a person that has custody granted to them through the court, or the carer of the child if Child Safety has custody) can make **custody decisions** about the child.

The parents of the child retain the right to make **guardianship decisions**.

Short-term custody to a member of the child's family

An order granting short-term custody to a suitable member of the child's family can be made when **all** of the following circumstances apply:

- the child cannot be safely left at home using a lesser order
- Child Safety is working towards the reunification of the child and family
- there is an appropriate relative able and willing to assume short-term custody for the purpose of protecting the child and work with Child Safety in planning for the child
- there is no significant conflict between the parents and the relatives, and the relatives will facilitate appropriate family contact between the child and parents
- it is not necessary to impose a 'no contact' decision on a parent
- it is appropriate for the parents to retain guardianship, that is, at least one parent is available and involved in case planning for the child

Short-term custody to the chief executive (Child Safety)

An order granting short-term custody to Child Safety can be made when **all** of the following circumstances apply:

- the child cannot be safely left at home using a lesser order
- the department is working towards the reunification of the child and family
- it is appropriate for the parents to retain guardianship, that is, at least one parent is available and involved in planning for the child
- it is not necessary to impose a complete 'no contact' decision on a parent
- it is not possible or appropriate to make the short-term custody order in favour of a relative

Note: Guardianship **cannot** be removed from just one parent and not the other.

Short-term Guardianship Order

A short-term guardianship order can be made for up to **2 years** for **children in need of protection** and can **only** be made in favour of Child Safety.

These orders allow Child Safety to decide who will have responsibility (e.g foster, kinship or provisional carer) for the day-to-day care of the child. As these orders are guardianship orders, the carers that Child Safety places the child with can make **custody decisions**, but Child Safety makes all **guardianship decisions** for the child.

It is always preferable for parents to retain guardianship **unless** there are reasons, as outlined below, why this is not considered to be in the child's best interests.

An order granting short-term guardianship to Child Safety can be made when:

- the child cannot be safely left at home using a lesser order and
- Child Safety is working towards the reunification of the child with the family, and **one** of the following circumstances apply:
 - there is no available parent to exercise guardianship and be involved in case planning, or the parents availability is erratic
 - it is necessary to actively remove guardianship from the parents, due to the very serious nature of the harm, or because the parents current incapacity to exercise guardianship is causing harm to the child
 - it is assessed that the parent will fail to make appropriate guardianship decisions, such as schooling and health care, and therefore it is in the child's interests for guardianship to be vested in Child Safety.

Long-term Guardianship Order

A long-term guardianship order grants guardianship of a **child who is in need of protection** until their turn **18 years** of age to either:

- a suitable family member, other than a parent of the child
- another suitable person nominated by Child Safety (e.g. a Foster Carer)
- Child Safety

The Childrens Court can **only** grant a long-term guardianship order to a suitable person, who is **not** a member of the child's family, if **both** of the following apply:

- a short-term custody or guardianship order already exists in relation to the child
- the proposed guardian is nominated by Child Safety

A decision about seeking a long-term guardianship order will **only** occur after a period of case planning and active intervention with the family, to resolve the child's protection and care needs.

Long-term guardianship to a suitable person

If long-term guardianship is being considered, and a suitable family member or other suitable person (e.g. a Foster or kinship carer) is able and willing to assume guardianship of the child, the Childrens Court can **only** grant guardianship to that person and **not** Child Safety.

These orders give the relative or suitable other the powers, rights and responsibilities to look after the child until they turn 18 years of age. As these orders are guardianship orders they give the relative or suitable other the authority to make all **custody** and **guardianship decisions** for the child.

Child Safety remains involved in the lives of these children but only on a minimal basis.

Child Safety continues to financially support children on these orders by paying the fortnightly foster allowance to guardians.

Long-term guardianship to the chief executive (Child Safety)

If long-term guardianship is being considered, and there is **no** suitable family member or other suitable person available and willing to accept guardianship of the child, a long-term order granting guardianship to Child Safety will be recommended as the appropriate order.

The Childrens Court will **only** grant long-term guardianship to the chief executive if the court **cannot** properly grant guardianship to another suitable person.

These orders allow Child Safety to decide who will have responsibility (e.g. a Foster, kinship or provisional carer) for the day-to-day care of the child. The carer that Child Safety places the child with can make **custody decisions**, but Child Safety makes all **guardianship decisions** for the child.

For more information on Child Protection Order use hyperlink – **Child Protection Orders**

CHILD SAFETY OFFICER

Each child involved in the statutory child protection system is allocated a Child Safety Officer (also known as CSO).

The Child Safety Officer is guided by legislation, policies and procedures and has many roles including working with children to plan for their needs to be met and supporting the child's carer (e.g. Foster, kinship and provisional carers) and other important people (e.g. the child's parents) in the child's life to carry out these plans.

CRITICAL INCIDENTS

A critical incident is any incident of sufficient criticality to require reporting to the Child Safety, via an Incident Report.

Critical incidents may relate to:

- children subject to interventions by Child Safety
- carers (e.g. Foster, kinship or provisional carers)
- the public
- matters where media attention has occurred or is possible

CUSTODY DECISIONS

Custody decisions are decisions that can be made by the carer (e.g. Foster, kinship or provisional carer) that Child Safety, through an **Authority to Care** form has given the day-to-day care responsibility for a child.

Custody decisions include:

Daily routine:

- Bed time

- Meal time
- Homework

Medical:

- Medical attention for a common illness
- Medical or dental treatment when a general anaesthetic is not required
- Continued or other health treatments for established conditions, unless the medical practitioner is proposing a new treatment
- Diagnostic tests for new conditions such as an x-ray
- A second medical opinion (but the carer cannot act on it without guardianship approval)

Educational:

- Child care arrangements
- Signing school reports
- Participation in sport and recreational activities that are low to moderate risk (see **Low Risk Activities**)
- Participation in curriculum-related activities including swimming, arts council performances and religious education that are consistent with the views of the child and family

Sport and recreational activities:

- Joining and taking part in low-to-medium risk sporting or recreational activity (see **Low Risk Activities**)
- Participation in outings that do not conflict with family contact arrangements

Personal appearance:

- Haircuts
- Clothing
- Makeup
- Ear piercing⁶¹

NB Decisions regarding personal appearance must consider the child's views. How much weight the child's opinion carries depends on their age and stage of development.

NB Tattooing of children (under the age of 18 years) is a criminal offence.

Any custody decisions not in keeping with a child's **Case Plan** or **Placement Agreement** are considered to be **guardianship decisions**.

⁶¹ Body piercing must be discussed with and approved by the child's Child Safety Officer.

See also **Guardianship Decisions** and Child Safety's fact sheet titled **Decision making for children and young people**.

EDUCATION SUPPORT PLAN

Every child of school age in out-of-home care on a **Child Protection Order** has an Education Support Plan.

The principal of the school that the child is enrolled in is responsible for developing the Education Support Plan together with:

- the child (if old enough)
- the child's Child Safety Officer
- the child's carer (e.g. Foster, kinship or provisional carer)

Education Support Plans should be finalised within **one month** of the child's enrolment and need to be reviewed **annually**.

What does the Education Support Plan cover?

The Education Support Plan is a formal document that is tailored to bring out the best in the child by identifying:

- the child's educational goals
- strategies to achieve those goals
- resources that are required and available
- who is responsible for implementing the strategies
- monitoring and reviewing processes

The Education Support Plan looks at:

- subjects being studied
- participation in subjects
- achievement levels – current levels and what could be attained and how
- areas of improvement and what may benefit the child such as:
 - music and drama classes
 - homework centres
 - recovery reading
 - extension programs
 - literacy and numeracy tutoring
- behaviour management plans and processes
- social and emotional wellbeing including:

- school support staff
- buddies
- other programs

Any additional educational services, such as tutors will be noted on the plan and extracurricular interests (e.g. sports) should also be included.

Education Queensland receives funds from Child Safety to support the special needs of children in care.

Child Safety keeps a copy of each child's Education Support Plan on file and is responsible for providing the carer of the child with a copy.

For more information on Education Support Plans use this hyperlink – [Education Support Plans](#)

EPISODE OF SUPPORT

An episode of support refers to the period during which a family received Family Support Service intervention following an agency referral (e.g. Department of Communities, Department of Education and Training, Department of Health or an Aboriginal and Torres Strait Islander Health Service).

A family may have more than one episode of support (e.g. first/second/third episode of support) if they were referred to the Service more than once and received services on each occasion.

Following the planned conclusion of an episode of support, a family can self refer to the Family Support Service and receive additional support services for a further month.

The support provided following a self referral is called "**follow-up support**" rather than an "episode of support".

FAMILY CONTACT

Family contact may include contact between the child and their siblings, parents, extended family, community members, persons of cultural or ethnic significance and other persons of significance in the child's life.

Children in out-of-home care need contact with their families as it is important for the physical and emotional wellbeing as well as their sense of self.

Positive family contact allows:

- a sense of stability, continuity, predictability and security
- relationships to develop/be maintained in a safe, supportive environment
- appropriate expectations of family and relationships to develop
- greater understanding and connection with family and culture, helping to build a child's identity

Family contact can include:

- face to face contact
- phone calls
- SMS messaging
- letters
- emails

Frequency of contact

The child's Child Safety Officer determines how often the family meet, how the meetings are held and whether it is supervised or unsupervised.

Carers can make **custody** (daily care) decisions with regard to family contact arrangements if they are consistent with case decisions and the case plan. These decisions must take into consideration the views of the child, their carer, the family and service providers, if applicable.

Any decisions with regard to making or varying family contact arrangements for a child in the custody or guardianship of Child Safety, where they substantially conflict with the agreed **Case Plan**, or are likely to result in significant issues for the child or their family members, must be made by the Team Leader or the Manager of the relevant Child Safety Service Centre.

Carers (e.g. foster, kinship or provisional carer) must therefore follow Child Safety's direction regarding family contact. Any significant changes made to family contact without Child Safety's approval may be considered a breach of the child's safety and therefore may be responded to by Child Safety through the **matter of concern** process.

For more information about family contact, use this hyperlink – **Family Contact – Information for Foster Carers**.

FAMILY GROUP MEETING

A meeting convened in accordance with the *Child Protection Act 1999*, section 51, to:

- provide family-based responses to children's protection and care needs and
- to ensure an inclusive process for planning and making decisions relating to children's wellbeing and protection and care needs

A Family Group Meeting results in the development of a **Case Plan** for the child.

GENERAL ENQUIRY

A General Enquiry is one of three outcomes to information received at **intake**.

A General Enquiry may be a request for information or relate to child wellbeing issues.

After recording a General Enquiry, the **Regional Intake Service** will take no further action.

GUARDIANSHIP DECISIONS

Decisions that can only be made by Child Safety or the child's guardian include the following:

Medical⁶²:

- Immunisations
- Blood tests
- Major medical and surgical procedures or examinations
- Blood transfusions
- Testing to determine parentage (DNA testing)
- Pregnancy termination
- Contraception
- Acting on a second medical opinion
- Prescribed medications to manage behaviour or mental health conditions (e.g. anti-depressants, dexamphetamine)

NB Health Practitioners can consider a child's ability to understand and provide consent in emergency and non-emergency situations if the guardian cannot be contacted.

⁶² Doctors have the legal authority to treat a child in an emergency if the guardian cannot be contacted before treatment and delaying treatment may jeopardise the child's health and safety.

Educational:

- Enrolment in a new school, TAFE or other training arrangement
- Day excursions involving **high risk activities**
- Sporting or recreational activities that are **high risk activities**
- School camps
- Participation in curriculum-related activities that may not be consistent with the child's or family's views and beliefs (e.g. religious education)

Legal:

- Changing a child's surname
- Granting permission for a child to marry (i.e. under the age of 18 years)
- Giving permission for the child to join the Australian Defense Force (i.e. under the age of 18 years)
- Allowing interstate or overseas travel

Police Interviews:

- Children cannot be interviewed by police unless:
 - The child has had the opportunity to speak to a support person
 - The support person is present during interviewing

Any **custody decisions** not in keeping with a child's **Case Plan** or **Placement Agreement** are also considered to be guardianship decisions.

Also see **custody decisions** and Child Safety's fact sheet titled **Decision making for children and young people**.

HARM

Harm is defined in the **Child Protection Act 1999**, section 9 as any detrimental effect of a significant nature on the child's physical, psychological or emotional well-being.

Harm can be caused by physical, psychological or emotional abuse or neglect, or sexual abuse or exploitation.

See also **Child Abuse**

HEALTH PASSPORT

All children entering out-of-home care for more than **30 days** will receive their own Child Health Passport through Child Safety.

The Child Health Passport includes:

- the Child Information Form
- the child's health plan
- Medicare card details
- information relating to specific health needs

An initial baseline health assessment, followed by annual check-ups will cover the child's:

- physical health
- developmental wellbeing
- nutrition assessment
- immunisation status
- psychosocial/behavioural assessment
- vision
- hearing

The child's health plan is developed from this initial baseline health assessment, ensuring more effective coordinated health care for the child over time.

The health plan includes:

- significant findings from the health check
- proposed health/treatment plan
- recommended follow-up treatment and timeframes
- actions to be taken

Who can do the initial baseline health assessment?

The following practitioners can do the initial baseline health assessment:

- the child's General Practitioner (for continuity)
- the carer's General Practitioner (for convenience)
- an Indigenous Health Service
- Royal Flying Doctors Service and outreach paediatric clinics (in remote areas)
- Clinic-based paediatricians
- Paediatricians working with child health nurses and
- School nurses (for vision and hearing tests)

How much will it cost?

Medicare items numbers exist for health assessments for Aboriginal and Torres Strait Islander children. The cost of these health assessments should be bulk-billed for these children at no cost to the carer (e.g. foster, kinship or provisional carer) if a bulk billing practice or public hospital provider is used.

What happens with the Child Health Passport?

Carers will be given the Child Health Passport for children in their care, and Child Safety will keep a copy.

To make sure that Child Health Passports remain current, carers are required to forward any updates from medical, allied health or dental visits to Child Safety,

The Child Health Passport remains with the child at all times.

Medicare Cards

Children in care on **Child Protection Orders** are issued with their own Medicare card.

It is Child Safety's responsibility to organise this and provide carers with the Medicare number.

Children over **15 years** can apply for their own card.

Immunisation

Child Safety will pay for all scheduled vaccination costs a child requires in order to keep their immunisation up to date.

Available therapeutic support

Accessing allied health support is dependent upon the child's **Case Plan** and Child Safety will cover the costs if the need is identified. This includes:

- Counselling for :
 - sexual assault
 - drug and alcohol dependence and
 - grief and loss
- Speech therapy

- Play therapy
- Occupational therapy
- School support
- Specialist medical support
- Youth services

HIGH RISK ACTIVITIES

Child Safety approval is required before a child can engage in high risk activities.

High risk activities include:

- rock climbing
- abseiling
- pig hunting
- motor bike riding
- dingy on the ocean
- bush bashing
- hang gliding
- bungee jumping
- scuba diving

See also **Low Risk Activities**

INTAKE

Intake is the first of three phases that make the child protection continuum, and is initiated when information or an allegation is received from a notifier about **harm** or risk of harm to a child, or when a request for Child Safety assistance is made.

There are three intake outcomes:

- **General Enquiry**
- **Child Concern Report**
- **Notification**

See also **Investigation and Assessment** and **Ongoing Intervention**

INTERVENTION WITH PARENTAL AGREEMENT

Intervention with parental agreement is one type of **ongoing intervention**. It is generally of a short-term and intensive nature, and it is usual for the child to remain at home for all, or most of, the intervention period.

An intervention with parental agreement case enables Child Safety to provide support and assistance to a child and family in circumstances where all of the following apply:

- the **child is in need of protection**
- the parents are able and willing to work actively with Child Safety to reduce the level of risk in the home
- a **child protection order** is not appropriate
- it is assessed that the child is safe to remain at home for all, or most of the intervention
- it is likely that the parents will be able to meet the protection and care needs of the child once the intervention is completed

Intervention with parental agreement aims to build the capacity of the family so that following the intervention they are able to meet the child's protection and care needs.

The willingness of the parents to work with Child Safety to address the child protection concerns does not lessen Child Safety's responsibility to meet the child's protection and care needs.

Child Safety will undertake work with the family, as well as refer to appropriate services to address the child protection needs in a timely way.

INVESTIGATION AND ASSESSMENT

Investigation and assessment is the second phase of the child protection continuum.

It is Child Safety's response to all notifications, to determine the safety and protective needs of a child under the **Child Protection Act 1999**, section 14, where there are allegations of **harm** or risk of harm to a child.

See also **Intake** and **Ongoing Intervention**

LOW RISK ACTIVITIES

Children in out-of-home care can engage in low risk activities on the approval of their carer (e.g. foster, kinship or provisional carer).

An example of low risk activities includes:

- approved school sports
- flights on regulated airlines
- rides at theme parks

See also **High Risk Activities**

MATTERS OF CONCERN

People who work in the child protection system want the best for children in out-of-home care. They want to play their part in protecting them, in helping them grow physically and emotionally, in safe and caring environments.

Carers (e.g. foster, kinship or provisional carers) are asked to meet certain Standards of Care, which are contained in the **Statement of Standards of Care (s122)** of the **Child Protection Act 1999**.

Child Safety and its non-government partners have a responsibility to ensure that these Standards of Care are met.

When Child Safety receives information about an alleged breach in the Standards of Care, this becomes what Child Safety refers to as a “matter of concern” (also known as an MOC). Child Safety is required by law to record this alleged concern and to take any action deemed necessary to investigate and resolve this concern.

*A matter of concern is any concern raised in relation to the quality of care provided to a child placed in out-of-home care under the **Child Protection Act 1999** where a breach of standards is indicated.*

In other words, matters of concern refer to the process Child Safety uses to decide whether the required Standards of Care for a child have been met.

The matters of concern process can be difficult for carers. Carers may find it confronting or distressing to have concerns raised about the quality of care they provide to a child in their care. This is why Child Safety is committed to ensuring that the matter of concern process is:

- focused on the best interest of the child and supporting carers to meet the **statement of standards**
- fair for all concerned, giving the carers the opportunity to respond to the concerns
- respectful and courteous, allowing carers the opportunity to have access to support and advocacy
- timely, with the process being completely within six weeks wherever possible
- transparent, with decisions and actions clearly explained

How does Child Safety respond when concerns are raised?

Not all concerns raised are the same. The way Child Safety responds depends on the level of concern and the possible impact on the child:

1. **case note** – a case note is recorded by Child Safety when the information provided to them indicates that no breach of the Standards of Care has occurred
2. **matter of concern** – a matter of concern is recorded by Child Safety when the information provided to them suggests that a breach of standards may have occurred

If a matter of concern is recorded Child Safety will respond in one of two ways:

- a. **child placement concern report** – Child Safety will phone the carer (e.g. foster, kinship and provision carer) to arrange a meeting to discuss the concerns, or
- b. **notification** – Child Safety will commence an Investigation and Assessment

An **Investigation and Assessment** is a more “official” response than a meeting to discuss a child placement concern report and only occurs where the information provided to Child Safety suggests that a child may have experienced, or may currently be experiencing **harm** in out-of-home care.

It is important that Child Safety has accurate and comprehensive information before making a decision about whether or not to record a matter of concern.

That is why the Child Safety Officer allocated the case, has **2 working days** to gather information before a decision is made by the Manager.

In that time, the Child Safety Officer will speak to the person who provided the information about the alleged concern, conduct a departmental history check and gather contextual information from relevant people (e.g. the other Child Safety Officers that have a child placed with the carer).

The Child Safety Officer will also engage the **Recognised Entity** for the child (if Aboriginal or Torres Strait Islander) in the decision making process.

The Child Safety Officer will then discuss all the information gathered with the Team Leader, Senior Practitioner and Child Safety Service Centre Manager before the Manager decides whether a matter of concern will be recorded and responded to.

Child Safety has established a Matters of Concern Review Unit to assist Child Safety staff in making a decision about the most appropriate response. This unit is independent of the Child Safety Service Centre.

Child Placement Concern Report

The child's Child Safety Officer or another departmental officer has **5 working days** to inform the carer (e.g. foster, kinship or provisional carer) about the Child Placement Concern Report and hold a meeting with the carer to discuss the report.

In these instances, carers can expect to be told the following before the meeting is held:

- that a Child Placement Concern Report has been recorded and requires discussion
- who will be present at the meeting
- their rights to have a **support person** present at the meeting

The meeting will usually be face to face in the out-of-home care environment.

The meeting will consist of discussions between the Child Safety Officer and:

- the carer or carers
- the child the concerns relate to
- any other children in the home that may be able to contribute to the assessment

The Child Safety Officer will then assess the concerns and the impact, if any, on the child or children. In doing so, the Child Safety Officer must consult with their Senior Practitioner and Team Leader as part of this process. Should advice or assistance be needed by departmental officers, a senior departmental office such as a Senior Practitioner or Manager may contact the Matters of Concern Review Unit.

A Child Placement Concern Report assessment can take up to **six weeks** to complete. Child Safety is required to inform the carer in writing, stating the reasons for the delay and the anticipated timeframe for completion, if the assessment takes longer than **six weeks**.

Once an assessment decision has been reached, Child Safety is required to inform the carer of the outcome of the Child Placement Concern Report.

If the outcome is a breach of the standards, the carer will be advised in writing and an **action plan** will be developed to help them meet the **Standards of Care** in the future. The carer is involved in the development of the action plan; however not all of the actions will be the carer's responsibility.

Child Safety and the care service are responsible for implementing action to help the carer (e.g. foster, kinship or provisional carer) to meet the **Standards of Care**.

A notification response

Child Safety is responsible for commencing an **Investigation and Assessment** by holding interviews with the carer **within 24 hours** of making the decision to record a matter of concern – notification.

As far as possible, at least one of the Child Safety Officer conducting the Investigation and Assessment of a notification will be independent of the case.

To ensure the safety of the child, Child Safety may provide additional supports while an Investigation or Assessment is carried out. Wherever possible, Child Safety will try to keep the child in the placement.

If the concerns are very serious and there is a risk of further **harm** to the child or other children, the Child Safety Service Centre Manager may request the child or child be removed from the carer or the carer be suspended from duties pending the outcome of the **Investigation and Assessment**.

Carers can expect to be told the following prior to the meeting wherever possible:

- that a notification has been recorded and requires an **Investigation and Assessment**
- the interview arrangements
- their rights to have a **support person** present at interview

Where the interview is not pre-arranged, the carer will be provided the above information during the interview.

The investigation and assessment of a notification can take up to **six weeks** to complete. Child Safety is required to inform the carer in writing, stating the reasons for the delay and the anticipated timeframe for completion, if the assessment takes longer than **six weeks**.

The Child Safety Officers must consult with their Senior Practitioner and Team Leader before a decision about the outcome of the Investigation and Assessment is made.

Where Child Safety assesses that there is no basis to the concerns, this information will be recorded on the carer's file and no further action will be taken.

Where Child Safety assesses that a breach of the **Standards of Care** has occurred but the child has not been harmed and is not at risk of **harm**, an **action plan** will be developed to ensure the quality of care in the future.

Where Child Safety assesses that a breach of the **Standards of Care** has occurred and the child has been harmed or is at risk of **harm**, either an **action plan** will be developed to ensure the quality of care in the future or in serious cases of **harm** the carer will be deregistered (if a foster, kinship or provisional carer) or their employment will be terminated (if a staff member of a licensed residential

If the allegations suggest that a criminal offence has been committed against a child (e.g. assault) Child Safety is required by law (i.e. S14[2] of the **Child Protection Act 1999**) to inform the Police, and a Police investigation may follow which may result in criminal charges.

Action plans

If the assessment of a Child Placement Concern Report or Notification finds that the **Standards of Care** have not been met, an action plan will be developed to take steps to assist the carer to meet the Standards of Care in the future.

Because the action plan is designed to help both the carer and the child, the carer will be involved in the development of the action plan, as will the Child Safety Officer, support worker and the **Recognised Entity** (if the child is Aboriginal or Torres Strait Islander).

The carer is given a copy of the action plan so they are aware of what is expected from them and from others.

The action plan will be finalised within **6 weeks** of the initial recording of a matter of concern and reviewed within **6 months** to check on progress.

Support

Carers have the right to have support during the matters of concern process. The Child Safety Officer is responsible for assisting carers to identify a support person who may be present during the process. This will ensure that the carer's needs are looked after during what can be a difficult time.

A **support person** is a staff member, friend or family member who is there to provide emotional and practical support. The support person cannot speak about the details of the concerns during the assessment process. Instead, their role is to make sure that the carer has an opportunity to respond to the concerns that are raised and are treated respectfully throughout the process.

A support person is unlikely to be allowed to participate in interviews when the **investigation and assessment** occurs as part of a criminal investigation conducted by Police.

For more information about the role of a support person, please refer to the Department of Communities – Child Safety Services – Practice Resource – **The role of a support person**

NOTIFICATION

A notification is recorded by Child Safety when information received about a child meets the legislative threshold of **harm**. The information may allege a child has been harmed, is being harmed or is at unacceptable risk of harm.

A notification 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 harm after they are born

ONGOING INTERVENTION

Ongoing intervention is the third phase of the child protection continuum.

It occurs when a child is assessed as being **in need of protection** by Child Safety and therefore it is necessary that the family be provided support and assistance to reduce risk to a child, to ensure that the child's protection and care needs are met.

The following lists the three types of ongoing intervention:

- **a support service case**
- **intervention with parental agreement**

- a child protection order

PERMANENCY PLANNING

“Permanency” is defined as a permanent living arrangement that provides, for a child, continuity of relationships with nurturing caregivers, a sense of emotional, cultural and personal belonging and the opportunity for lifelong attachments. This is underpinned by a legal relationship, for example, through birth, a long term Child Protection Order granting guardianship or an adoption order.

“Permanency Planning” refers to time-limited, goal directed efforts that help maintain a child in a permanent and stable living arrangement with his or her own family, under a long term Child Protection Order granting guardianship or an adoption order.

PLACEMENT AGREEMENTS

The Placement Agreement is an agreement between the carer (i.e. foster, kinship or provisional carer) and Child Safety about the child in care so that the carer can provide the appropriate protection and care.

Child Safety completes the placement agreement **prior to** the child's placement wherever possible, to establish the roles and responsibilities of each of the parties in achieving the case plan goal and outcomes of the placement.

If a placement is required at short notice and limited information is available about the child, the placement agreement is:

- completed with all known information
- given a short review timeframe and
- updated when more details are obtained

If it is not possible to provide a written agreement at the time of placement, the carer is provided with as much verbal information about the child as is possible, followed by a written agreement to the carer **within 24** hours of the placement.

The Placement Agreement tells the carer details about the child's:

- family and significant others in the child's life (including authorised **family contact** arrangements)
- schooling
- health
- religion

- culture
- behavioural issues
- goals for the placement
- reasons for coming into care

The Placement Agreement should also tell carers about:

- what the parents know about the placement
- the likely length of the placement
- the review process and
- what support and services will be available to you

The Placement Agreement is linked to the **Case Plan** and Child Safety is responsible for making sure it is regularly reviewed.

A placement agreement is **not** required when a child protection order grants **long-term guardianship to a suitable person**.

PRE NOTIFICATION CHECK

An enquiry by a **Regional Intake Service** to another professional, an external agency or an interstate or international child protection jurisdiction, to gather further information about allegations of **harm** to a child, in order to determine if the concerns meet the threshold for recording a **notification**.

A pre-notification check cannot be conducted for an unborn child

RECOGNISED ENTITY

In addition to the general principles and provisions in the **Child Protection Act 1999** there are sections in the legislation that are specifically relevant to Aboriginal and Torres Strait Islander children. These sections are outlined below:

Making Decisions (s 6)

The following are legislative provisions that Child Safety and the Courts must adhere to when **making decisions** about Aboriginal and Torres Strait Islander children:

- when making a significant decision about an Indigenous child, the Recognised Entity must be given an opportunity to participate in the decision making process
- when making other decisions the Recognised Entity must be consulted with

- the Children's Court must have regard to the Recognised Entity's views
- consultations, negotiations, family group meetings etc must be conducted in a place that is appropriate to Aboriginal tradition or Island custom

For more information, use this hyperlink - [Recognised Entity Fact Sheet](#)

Placement (s 83)

The legislation also provides provisions that Child Safety must adhere to when making decisions about the **placement** of Aboriginal and Torres Strait Islander children.

When making decisions regarding the placement of an Aboriginal and Torres Strait Islander child, Child Safety:

- must ensure Recognised Entity participation in decision making
- must give proper consideration to placing child in order of priority with a member of the child's family, member of child's community or language group, another Indigenous person who is compatible with child's community or language group, another Indigenous person (the above provision is known as the **Child Placement Principle**)
- must give proper consideration to views of the Recognised Entity
- must ensure optimal retention of the child's relationships with parents, siblings and other people of significance
- if no appropriate person, must give proper consideration to placing child in order of priority with a person who lives near the child's family, a person who lives near the child's community or language group
- before placing child, must give consideration to whether the person is committed to facilitating contact between the child and family, helping to child maintain contact with community and language group, helping child maintain connection with culture, preserving the child's sense of identity

For more information, use this hyperlink - [Child Placement Principle Fact Sheet](#).

Contact between the child and child's community or language group (s 88)

When an Aboriginal and Torres Strait Islander child is placed in out-of-home care, the legislation requires that Child Safety provide opportunity for contact, as often as is appropriate, between the child and members of child's community and language group.

REGIONAL INTAKE SERVICE

Each Department of Communities – Child Safety Services region has a Regional Intake Service operating within its geographical area.

Regional Intake Services receive information and child protection concerns from community members, government and non-government agencies during business hours (from 9 am to 5 pm Monday to Friday) and determine the appropriate response.

Based on an assessment of the information received and in some instances gathered, the Regional Intake Service will either:

- take no action
- refer the family to a support agency (e.g. Aboriginal and Torres Strait Islander Family Support Service) or
- record a notification and transfer the **notification** to the relevant Child Safety Service Centre for **investigation and assessment**

Regional Intake Services	Phone Number	Fax Number
South East	1300 679 849	3884 8801
South West	1300 683 390	4616 1796
Far North Queensland	1399 684 062	4039 8320
North Queensland	1300 706 147	4799 7273
North Coast	1300 703 921	5420 9049
Brisbane	1300 682 254	3259 8771
Central Queensland	1300 703 762	4938 4697

REUNIFICATION

Reunification with the family is the preferred **permanency planning** outcome for children placed in out-of-home care.

The **Child Protection Act 1999** outlines the following principles that relate to reunification of a child with their family:

- a child's family is the preferred permanency option wherever possible
- most families can care for their children if assisted
- reunification requires collaborative case planning by Child Safety working with the child, family members and other persons such as Aboriginal and Torres Strait Islander **Recognised Entities**, approved carers and other government and non-government agencies

Where reunification is not possible, stable long-term placement options for the child need will be identified by Child Safety in a timeframe that considers the child's age and needs.

In circumstances where there is a conflict between the welfare and best interests of the child and the interests of another party, the conflict must be resolved in favour of the child. This includes the child's right to stability and security.

REVIEWABLE DECISION

Schedule 2 of the **Child Protection Act 1999** lists a set of decisions made by Child Safety that are able to be reviewed by application to the **Queensland Civil and Administrative Tribunal** by certain people (referred to as the aggrieved).

People that can request decisions be reviewed include:

- Foster and Kinship Carers
- Parents of children
- Children

The **Queensland Civil and Administrative Tribunal** promotes and protects the rights, interests and welfare of children and young people by:

- making sure their views and wishes are considered
- involving them in making decisions

It is an independent body that answers directly to its minister and is separate from Child Safety.

For more information about the Queensland Civil and Administrative Tribunal, use this hyperlink – **Queensland Civil and Administrative Tribunal**

SAFETY ASSESSMENT

The purpose of the safety assessment is to guide Child Safety's decision-making about:

- whether there is the threat of immediate harm to a child in the household
- what interventions are required to maintain their safety and protection
- a 'safety decision' for each child in the household
- the development of a safety plan to ensure the safety of any child who remains in the home, whenever immediate harm indicators have been identified

A safety assessment is not completed for **matters of concern** or for the **investigation and assessment** of an unborn child, unless the child is born prior to the approval of the investigation and assessment, in which case, the safety assessment will be completed following the birth.

A safety assessment is completed at the commencement of an **investigation and assessment**. Subsequent safety assessments will occur throughout Child Safety's intervention with a child and family, as required (e.g. during **intervention with parental agreement** when changed circumstances in the home may affect the safety of the child and prior to the closing of a reunification case).

The safety assessment has three outcomes:

- Safe (which means it is safe for the child to remain at home)
- Conditionally Safe (which means it is safe for the child to remain at home provided the "conditions" listed in the Safety Plan are adhered to)
- Unsafe (which means it is unsafe for the child to remain at home and therefore an alternative placement is required)

STATEMENT OF STANDARDS

When Child Safety removes a child from their home and places them in out-of-home care the legislation requires that the carers of the child (e.g. foster, kinship and provisional carers) provide the child with a level of care that is consistent with the statement of standards (also known as Standards of Care), as outlined in section 122 of the **Child Protection Act 1999**.

The statement of standards:

- provide a way for Child Safety to measure the quality of care a child receives and
- form a basis for assessing whether a care environment is acceptable

The standards are interpreted with consideration to the needs of each individual child.

The Act states:

1. Child Safety must take reasonable steps to ensure a child placed in care under section 82 (of the **Child Protection Act 1999**) is cared for in a way that meets the following standards (these standards are referred to as the statement of standards):
 - a. the child's dignity and rights will be respected at all times
 - b. the child's needs for physical care will be met, including adequate food, clothing and shelter
 - c. the child will receive emotional care that allows him or her to experience being cared about and valued and that contributes to the child's positive self-regard
 - d. the child's needs relating to his or her culture and ethnic grouping will be met
 - e. the child's material needs relating to his or her schooling, physical and mental stimulation, recreation and general living will be met
 - f. the child will receive education, training or employment opportunities relevant to the child's age and ability
 - g. the child will receive positive guidance when necessary to help him or her to change inappropriate behaviour
 - h. the child will receive dental, medical and therapeutic services necessary to meet his or her needs
 - i. the child will be given the opportunity to participate in positive social and recreational activities appropriate to his or her developmental level and age
 - j. the child will be encouraged to maintain family and other significant personal relationships

- k.** if the child has a disability - the child will receive care and help appropriate to the child's special needs
- 2.** For subsection **(1)(g)**, techniques for managing the child's behaviour must not include corporal punishment or punishment that humiliates, frightens or threatens the child in a way that is likely to cause emotional harm.
- 3.** For subsection **(1)(j)**, if the chief executive has custody or guardianship of the child, the child's carer must act in accordance with the chief executive's reasonable directions.
- 4.** The application of the standards to the child's care must take into account what is reasonable having regard to:
 - a.** the length of time the child is in the care of the carer or care service
 - b.** the child's age and development

For more information, use this hyperlink -[**Statement of commitment between Child Safety, foster care services and the carers of Queensland.**](#)

SUITABLE PERSON

The *Child Protection Regulation 2000* states section 9 (2) states that a person is a suitable person for having the daily care of a child if the person:

- a. does not pose a risk to the child's safety; and
- b. for a person other than an approved foster carer, is willing and able to provide the care in a way that meets the standards of care in the Statement of Standards; and
- c. understands, and is committed to, the principles for administering the act; and
- d. has completed any training reasonably required by Child Safety to ensure the person is properly able to provide the care; and
- e. understands the policies and procedures implemented by Child Safety to ensure the carer meets the standards of care in the Statement of Standards

SUPPORT SERVICE

A support service case is another form on **Ongoing Intervention**.

The purpose of a support service case is to reduce the likelihood of future **harm** to a child, or an unborn child after birth, or to provide ongoing support and assistance to a young person who has transitioned from care, following their eighteenth birthday.

The provision of a support service case includes the development and regular review of a support plan and the use of other government agencies and funded services to provide support to the family, pregnant woman or young person.

TRAUMA FIRST AID

“Trauma First Aid” is a phrase used by carers or services working with children to describe the response given to the immediate needs of children who have suffered **harm**.

Children coming into an emergency or short term placement often arrive following a traumatic incident of harm, which consists of:

- an incident of abuse or extreme neglect
- the breakdown of a family or kinship or foster care placement

Many of these children will also have experienced other significant episodes of **abuse and neglect** in the past.

Different children react differently to harm, and so each child has to be thought about and understood when they arrive at a carer or Service.

Just like children who have been hurt in a car accident, children who are removed from their family or other carer have experienced harm, and will have to have their immediate needs met.

One way of attending to the immediate needs of these children is through the concept of “trauma first aid”.

When a child has experience harm or a break in their usual family relationships, that child is likely to be:

- **Frightened** – due to the frightening and confusing events that have occurred
- **Disoriented** – not sure where they are or why they are there
- **Grieving** – they may be very distressed at separation from family or previous carers, even if those people were the source of harm

- In terms of their emotional and mental state they may be experiencing either **hyper-arousal**, a state of being revved up, over-active and reactive, as if danger and threat are present even when they are not, or **dissociation**, a state of being spaced out and withdrawn as if they had gone numb.

Trauma First Aid acknowledges that children come into care following abuse, neglect or a break in family relationships, and that this must be thought about and understood for each child.

What this means is that the child will often struggle to pay attention, listen and take in information when they first arrive, and that they may have difficulty stating their needs.

When it is understood that the way they are behaving is due to the harm they have suffered, it is easier for staff and carers to look after them.

Trauma First Aid provides three essential elements:

- a calm, soothing environment that is relatively stress free, is comforting and nurturing to help the children through their distress
 - calm, understanding adults who nurture and care for the children
 - rules, structures and routines that are clear and adhered to consistently as this will help the children to feel safe and cared for
-

FACILITATOR'S NOTES

FAMILY SUPPORT SERVICE INDUCTION

Session Plan

FACILITATOR'S NOTES

The Family Support Service Induction package consists of a PowerPoint presentation and facilitated group discussion.

The PowerPoint presentation poses a series of questions and provides responses to each of these questions.

The method of delivery requires the facilitator to encourage and guide group discussion of each question prior to presenting, and where necessary explaining the information on subsequent slides.

Large group discussion, rather than small group activity with a speaker, was selected as the method of information exchange as the former is considered more appropriate culturally and generally less anxiety provoking for participants.

Given the nature of the material covered and the style of presentation, it is imperative the facilitator be well versed in the proposed service delivery model and practice framework and be experienced in group facilitation.

Handouts for participants include an Agenda and a Workbook at the start of the day and an Evaluation Form at the end. The Workbook is quite large (19 pages) and should be printed using both sides of the page.

Certificates of Participation may be presented at the conclusion of the induction or posted at a later date.


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Family Support Service Induction – Session Plan

Time	Resources	Method of Delivery	Learning Outcomes
Full Day 8.45 am start 5.00 pm finish 15 min morning and afternoon tea breaks And 45 mins lunch break	<ul style="list-style-type: none"> Multiple copies of the Family Support Service Induction Agenda One copy of the Record of Attendance form Name tags Paper and pens Whiteboard, markers and an eraser Butcher's paper, a marker and Blue Tac Family Support Service Induction PowerPoint Slides Laptop and Projector Multiple copies of Family Support Service Induction Workbook Multiple copies of the Family Support Service Evaluation Form 	<ul style="list-style-type: none"> Group delivery PowerPoint "Slide Show" presentation Large group activities 	<p>At the end of the induction, participants will be able to:</p> <ol style="list-style-type: none"> 1. Articulate the objectives of Family Support Services 2. Describe the families that can access Family Support Services 3. Describe the types of support Family Support Services provide 4. Articulate the key features of the Family Support Service referral process 5. Describe the four phases of the Family Support Service Case Management System: <ul style="list-style-type: none"> • Assessment • Planning • Implementation and • Review 6. Describe the key features of the Family Support Service evaluation process

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Family Support Service Induction – Session Plan

Time	Content	Resources
30 mins	INTRODUCTIONS AND WELCOME ACTIVITIES Show Slide 1 while you: <ul style="list-style-type: none">• Distribute name tags and• Ask participants to register by completing the Record of Attendance	<ul style="list-style-type: none">• Name tags• Record of Attendance• Laptop & Projector• Slide 1 
	Introduce the facilitator/s	
	Housekeeping details – Advise the group of location of exits and toilets, planned breaks, catering arrangements, arrangements for smokers and collection of phone messages.	

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Family Support Service Induction – Session Plan

Time	Content	Resources
	Welcome to country	
	Introduce each other – Ask participants to introduce themselves to the group.	
	<p>Group Rules – Source rules from the group. Ask what people need from the group in order to feel comfortable and write these on a sheet of butcher's paper. Ensure the following are covered:</p> <ol style="list-style-type: none">1. Confidentiality – any information that is shared in the group will be confidential to the group – link to the need to respect confidences in all work related activities;2. Respect – mutual respect and tolerance for a diversity of opinions and experiences; and3. Punctuality and respect for process – punctuality and respectful processes in discussion (e.g. not speaking over one another, listening if someone is speaking etc). <p>Display the agreed group rules on a wall in the full view of all participants.</p>	<ul style="list-style-type: none">• Butchers paper, a marker and Blue Tac
	<p>Distribute Handouts - Hand an Agenda and a Family Support Service Induction Workbook to each participant and inform the group they can use the workbook to record information discussed.</p> <p>Remind participants to work through their workbook at the pace of the group and to refrain from racing ahead as they are likely to miss key pieces of information.</p>	<ul style="list-style-type: none">• Multiple copies of the Family Support Service Induction Workbook• Multiple copies of the Agenda

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Time	Content	Resources
	<p>Overall aim of the Family Support Service Induction – inform participants that the Family Support Service Induction will provide them with general information regarding the service delivery model and practice framework of Family Support Services.</p> <p>Inform the group that information provided will help guide the development of their internal policies, procedures, protocols and practices within their own organisations and teams.</p> <p>Before starting take the opportunity to acknowledge the experience in the room as the information covered will be new to some, but a refresher to others in the room.</p>	

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Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Learning Objectives - Show Slide 2 and read the learning objectives to the group.</p> <p>Show Slide 3 and continue.</p>	<ul style="list-style-type: none">• Slide 2• Slide 3



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Family Support Service Induction – Session Plan

Time	Content	Resources
15 mins	<p>SESSION 1: THE OBJECTIVES</p> <p>Show Slide 4 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>Family Support Services have been funded to achieve particular outcomes for families – can you name what they are?</i></p> <p>If the group continues to experience difficulty responding move to Slide 5 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">• Slide 4  <p>What do Family Support Services aim to achieve?</p> <p>Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd © 2018</p>
	<p>Show Slide 5 and read its content to the group</p>	<ul style="list-style-type: none">• Slide 5  <p>Family Support Services aim to:</p> <ul style="list-style-type: none">• Increase the protective factors for children by improving the parenting skills of family members• Improve the attachment between the child and parent and other family in a caring role of the child, whilst building on the strengths within the child's family and support network <p>Queensland Aboriginal and Torres Strait Islander Child Protection Peak Ltd © 2018</p>

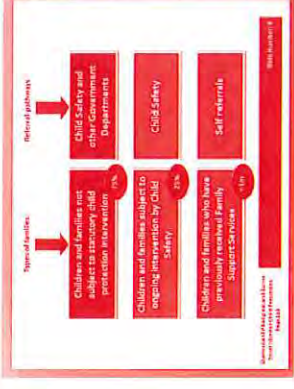
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 6 and read its content to the group whilst adding some additional information (see suggestions in <i>italics</i> below):</p> <p>By achieving these aims, Family Support Services will:</p> <ul style="list-style-type: none"> prevent children entering or re-entering the statutory child protection system – <i>so by increasing the protective factors for children, Family Support Workers aim to prevent children entering or re-entering the statutory child protection system and</i> assist children to feel and experience greater security and stability within their own families and communities – <i>by improving the attachment between the child and parent, or others in a caring role</i> <p>As the group for questions and answer them before moving to session 2</p>	<ul style="list-style-type: none"> Slide 6 
1 hour	<p>SESSION 2: THE CLIENTS</p> <p>Show Slide 7 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If Family Support Services aim to increase the protective factors for children by improving the parenting skills of family members – then which family might benefit most from Family Support Services?</i></p> <p>If the group continues to experience difficulty responding move to Slide 8 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 7 

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Time	Content	Resources
	<p>Show Slide 8 and work through the diagram whilst explaining each point to the group</p> <p>In doing so ensure the group understands there are three categories of families that can access Family Support Services.</p> <ol style="list-style-type: none"> The first group is children and families not subject to child protection intervention – but at risk of entering – this group is referred to as “Early Intervention” and should form approximately 75% of the total number of cases. This group can only be referred by three Government Departments – namely Child Safety in conjunction with the Recognised Entity, Education and Health The second group is children and families subject to statutory child protection intervention – so these children are already in the system and Child Safety is working towards getting them out – this group is referred to as “Statutory Intervention” and should form approximately 25% of the total number of cases. This group can only be referred by Child Safety in conjunction with the Recognised Entity. The third and final group is families that self refer – to be eligible for services, these families must have been a previous client of the Family Support Service – if accepted these cases can only be open for one month – therefore intervention needs to be brief. The number of these cases should be small. 	<ul style="list-style-type: none"> Slide 8 

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Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 9, read its content to the group and elaborate and encourage discussion where appropriate</p> <p>Show Slide 10 and continue</p>	<ul style="list-style-type: none">Slide 9 <div><p>Children and families not subject to statutory child protection intervention</p><p>Families are referred by Child Safety if:</p><ul style="list-style-type: none">a Child Concern Report has been recorded and the family will benefit from a short period of support orthe outcome of a Child Safety investigation and assessment has substantiated or unsubstantiated harm and the child is not in need of protection and the family will benefit from a short period of support</div> <ul style="list-style-type: none">Slide 10 <div><p>Children and families not subject to statutory child protection intervention</p><p>Families are referred by other Government Departments if:</p><ul style="list-style-type: none">the Government Department (e.g. Department of Education, School Principals or Guidance Officers, Queensland Health child care professionals) has concerns that the child may enter the statutory child protection system if support is not received</div>



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Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 11, read its content to the group and elaborate and encourage discussion where appropriate</p> <p>Show Slide 12 and continue</p>	<div><div><div>Children and families subject to ongoing intervention by Child Safety</div><div>11a</div><div>Families are referred by Child Safety if child is in need of protection and the case plan goal is:<ul style="list-style-type: none">reunification within 12 months orsupport for the parent(s) with a child living at home under a Child Protection Order (e.g. Protective Supervision Order or a Directive Order) which requires specific actions involving the family or</div><div>Slide 11</div></div><div><div>Children and families subject to ongoing intervention by Child Safety</div><div>11b</div><div>support for the parent(s) with a child living at home under an Intervention with Parental Agreement or Support Service case to prevent any likelihood of the child entering out-of-home care</div><div>Slide 12</div></div></div>



FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 13, read its content to the group and elaborate and encourage discussion where appropriate</p>	<ul style="list-style-type: none"> Slide 13 
	<p>Show Slide 14, read its content to the group and elaborate and encourage discussion where appropriate.</p> <p>Ensure the group understands that the target group includes the following:</p> <ul style="list-style-type: none"> Aboriginal and Torres Strait Islander children aged 0 to 18 years including unborn children Parents and kin where kin are in a caring role of the child Children including unborn children, who are at risk of entering or re-entering the statutory child protection system or Children who are subject to statutory child protection intervention – however conditions apply – these conditions will be discussed in detail when you go over the referral process. 	<ul style="list-style-type: none"> Slide 14 


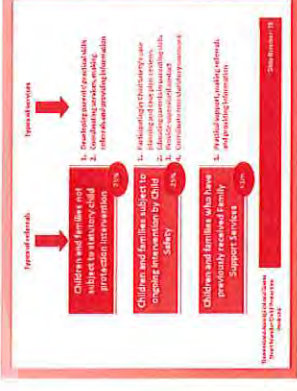
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 15 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>We've just discussed the families that are able to access Family Support Services – can you tell me what problems these families might be facing and therefore might need help dealing with?</i></p> <p>If the group continues to experience difficulty responding move to Slide 16 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 15 
	<p>Show Slide 16. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Move through this slide slowly as it contains a lot of information.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>As the group for questions and answer them before moving to session 3</p>	<ul style="list-style-type: none"> Slide 16 



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Family Support Service Induction – Session Plan

Time	Content	Resources
1 hour 30 mins	<p>SESSION 3: THE SUPPORT</p> <p>Show Slide 17 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>How might the Family Support Service help these families? What kind of support can the Family Support Worker offer the family?</i></p> <p>If the group continues to experience difficulty responding move to Slide 18 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 17 
	<p>Show Slide 18 and work through the diagram whilst explaining each point to the group</p> <p>In doing so ensure the group understands that each of the three categories of families that can access Family Support Services is associated with particular set of services or service/support types.</p> <p>For example a Family Support Worker would only ever participate in Child Safety's case planning and case review processes if the child is subject to statutory intervention.</p>	<ul style="list-style-type: none"> Slide 18 



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Time	Content	Resources
	<p>Show Slide 19 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If you were a Family Support Worker, how might you help a parent develop their parenting skills? What might you do? What are the different ways people learn new information?</i></p> <p>If the group continues to experience difficulty responding move to Slide 20 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 19 
	<p>Show Slide 20. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Move through this slide slowly as it contains a lot of information.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 20 


FACILITATOR'S NOTES

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Time	Content	Resources
	<p>Show Slide 21 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If you were a Family Support Worker, how would you coordinate the services a family receives? Remember you might be providing some services to the family and other individuals or agencies might be providing other services – how would you go about making sure that the family is receiving the support they need?</i></p> <p>If the group continues to experience difficulty responding move to Slide 22 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 21 
	<p>Show Slide 22. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Move through this slide slowly as it contains a lot of information.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 22 

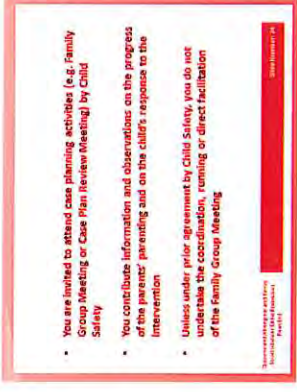
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 23 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If you're working with a family who is also involved in the statutory child protection system – how do you participate in Child Safety's case planning processes for the child? What information might Child Safety need from you?</i></p> <p>If the group continues to experience difficulty responding move to Slide 24 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 23 


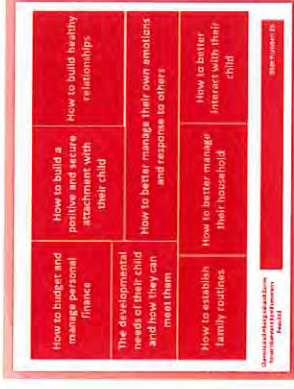
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 24, read its content to the group and elaborate and encourage discussion where appropriate.</p> <p>Ensure the group understands that:</p> <ul style="list-style-type: none"> Whilst they can only attend a child's statutory case planning or review meeting if invited by Child Safety, they can in fact request an invitation in the event they believe their participation would be beneficial to the process or outcome The information they are able to contribute at planning forums for the child, relates to the work they've been doing with the family – specifically the progress the parents have made towards intervention goals and the impact this is having on the child They should never agree to convene, coordinate or facilitate a Family Group Meeting without the prior approval of their Coordinator or Manager. Family Group Meetings are high structured formal meetings that produce a statutory case plan for the child – consequently these meetings are extremely complex and often difficult to convene. Additionally, the coordination and facilitation of these meetings is a statutory function. 	<ul style="list-style-type: none"> Slide 24 


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Time	Content	Resources
	<p>Show Slide 25 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>Parents sometimes need help to learn better ways to care for their children. What information might help a person improve their parenting?</i></p> <p>If the group continues to experience difficulty responding move to Slide 26 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 25 
	<p>Show Slide 26. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Move through this slide slowly as it contains a lot of information.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 26 

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Time	Content	Resources
	<p>Show Slide 27 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If a child is removed from their family by Child Safety and is living in out-of-home care – for example with a Foster Carer or a Kinship Carer - Child Safety might want contact between the child and certain members of their family to be supervised.</i></p> <p><i>In what circumstances do you think Child Safety would want a child's contact with certain members of their family to be supervised? What is meant by "supervised"? What is the role of the supervisor when supervising family contact on behalf of Child Safety?</i></p> <p>If the group continues to experience difficulty responding move to Slide 28 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 27 

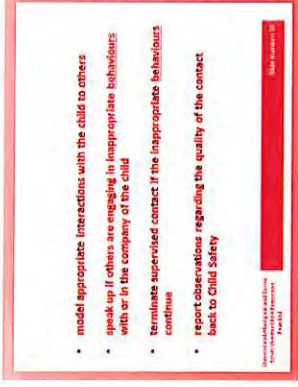

FACILITATOR'S NOTES

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Time	Content	Resources
	<p>Show Slide 28, read its content to the group and elaborate and encourage discussion where appropriate.</p> <p>Show Slide 29 and continue</p>	<ul style="list-style-type: none">• Slide 28 <div><p>Supervised Contact is:</p><ul style="list-style-type: none">• Child Safety approved contact between a child and their family that is supervised• contact between a child and family that is observed to ensure the child does not suffer further harm• provided by the Family Support Service only if the Service is working with the family towards improving parenting skills and attachments to the child<p>Supervised contact is not:<ul style="list-style-type: none">• contact between a child and family that is not approved by Child Safety• contact between a child and family that is not observed• contact between a child and family that is not supervised</p></div> <ul style="list-style-type: none">• Slide 29 <div><p>The person supervising the contact must:</p><ul style="list-style-type: none">• not proceed with supervised contact if unauthorised people are present, those present are under the influence of a substance or are behaving inappropriately• stay near the child at all times during contact to ensure that everything that is said and done to, or with the child is heard and seen by them• ensure the child is physically and emotionally safe during supervised contact<p>Supervised contact is not:<ul style="list-style-type: none">• contact between a child and family that is not approved by Child Safety• contact between a child and family that is not observed• contact between a child and family that is not supervised</p></div>



FACILITATOR'S NOTES

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Time	Content	Resources
	<p>Show Slide 30 and continue</p>	<ul style="list-style-type: none"> Slide 30 
	<p>Show Slide 31 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If a family is involved in the statutory child protection system, Child Safety might ask the Family Support Service to coordinate the non-statutory casework. What's involved in coordinating non-statutory casework? How would the Family Support Worker do this?</i></p> <p>If the group continues to experience difficulty responding move to Slide 32 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 31 

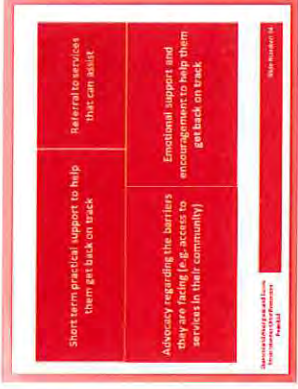

FACILITATOR'S NOTES

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Time	Content	Resources
	<p>Show Slide 32. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Move through this slide slowly as it contains a lot of information.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 32 
	<p>Show Slide 33 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>As mentioned previously, a family can self refer if they have previously been a client of the Family Support Service; however they can only receive support for a period of up to one month.</i></p> <p><i>What support do you think the family would benefit from given the short timeframe?</i></p> <p>If the group continues to experience difficulty responding move to Slide 34 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 33 



FACILITATOR'S NOTES

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Time	Content	Resources
	<p>Show Slide 34. Please note the slide will be blank until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>As the group for questions and answer them before moving to session 4</p>	<ul style="list-style-type: none"> Slide 34 
1 hour	<p>SESSION 4: THE REFERRAL PROCESS</p> <p>Show Slide 35 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p>Most referral process follow the same process – starting from receiving the referral and ending with either accepting or declining the referral – List the steps of a typical referral process?</p> <p>If the group continues to experience difficulty responding move to Slide 36 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 35 

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Time	Content	Resources
	<p>Show Slide 36 and read its content to the group.</p>	<ul style="list-style-type: none"> Slide 36 
	<p>Show Slide 37, read its content and elaborate and encourage discussion where appropriate.</p>	<ul style="list-style-type: none"> Slide 37 

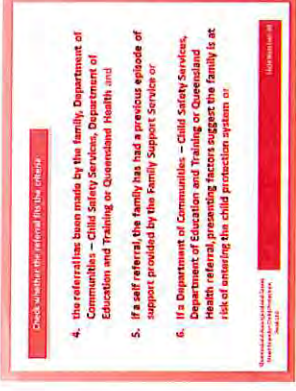
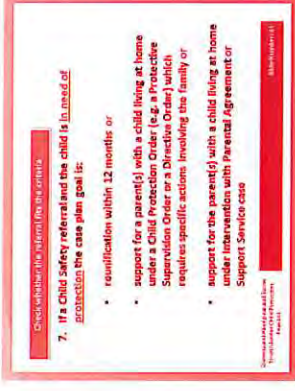
FACILITATOR'S NOTES

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Time	Content	Resources
	Show Slide 38, read its content and elaborate and encourage discussion where appropriate.	<ul style="list-style-type: none">Slide 38 
	Show Slide 39, read its content and elaborate and encourage discussion where appropriate.	<ul style="list-style-type: none">Slide 39 

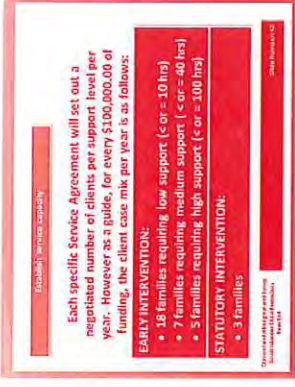
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 40 and continue</p> <p>Show Slide 41 and continue</p> <p>Ensure the group understands that Child Safety can only refer a child subject to statutory intervention to the Family Support Service if the statutory case plan is:</p> <ul style="list-style-type: none"> • reunification within 12 months or • support for a parent(s) with a child living at home under a Child Protection Order (e.g. a Protective Supervision Order or a Directive Order) which requires specific actions involving the family or • support for the parent(s) with a child living at home under Intervention with Parental Agreement or Support Service case <p>Also ensure the group understands that:</p> <ul style="list-style-type: none"> • an Intervention with Parental Agreement Case is opened by Child Safety when it is determined that a child is in need of protection, however the child can safety remain at home whilst the parents work with Child Safety • a Support Service Case is opened by Child Safety when it is determined that a child is not in need of protection, however the outcome of the risk evaluation tool is high or very high and the family consents to intervention 	<ul style="list-style-type: none"> • Slide 40  <ul style="list-style-type: none"> • Slide 41 

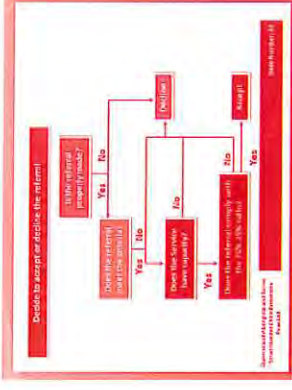
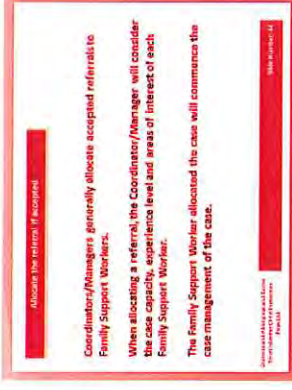
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 42 and work through the diagram whilst explaining the concepts of case capacity and case loads to the group</p> <p>In doing so ensure the group understands:</p> <ul style="list-style-type: none">• That each Service Agreement will determine the case mix and the number of cases per annum for each Family Support Service• The difference between low, medium and high support cases in terms of case complexity and the number of hours required to support the family through change• That low or medium cases might close after a couple of weeks or months whereas high support cases might remain open for up to 12 months.• That these case numbers are based on funding of \$100,000.00 – so if a Family Support Service received double the funding (e.g. \$200,000.00) then these case numbers would also double.	<ul style="list-style-type: none">• Slide 42 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 43 and work through the diagram whilst explaining each decision making point to the group</p> <p>In doing so ensure the group:</p> <ul style="list-style-type: none"> understands that a referral can be declined at any one of the four decision making points and can only be accepted if all decision making points have a favourable response acknowledges that it is important to follow this process every time to ensure consistency in how referral decisions are made <p>Remind the group that in the event a referral is not properly made, it's a good idea to contact the referring agency and seek to have them rectify the problem rather than automatically declining the referral.</p>	<ul style="list-style-type: none"> Slide 43 
	<p>Show Slide 44, read its content and elaborate and encourage discussion where appropriate.</p> <p>In doing so ensure the group understands:</p> <ul style="list-style-type: none"> that case load and subsequent case capacity is far more than just case numbers (e.g. 6 low support cases might be a far lesser load than 3 high support cases even though 6 is far more numerically than 3) that case load and subsequent case capacity are influenced by a number of factors that need to be considered when a referral is being allocated (e.g. case numbers; case mix; experience level of the Family Support Worker; skill level of the Family Support Worker etc) 	<ul style="list-style-type: none"> Slide 44 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 45, read its content and elaborate and encourage discussion where appropriate.</p> <p>In doing so ensure the group understands that the reason for declining a referral should be provided to the referring agency both verbally and in writing (e.g. a phone call followed up by an email).</p> <p>As the group for questions and answer them before moving to session 4</p>	<ul style="list-style-type: none">Slide 45 

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
1 hour 45 mins	<p>SESSION 5: THE CASE MANAGEMENT SYSTEM</p> <p>Show Slide 46 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>A Family Support Worker doesn't have a set of tools, like a builder or a mechanic to do their work. Instead they have a practice framework to deliver services and produce outcomes for client that relies on their knowledge, their values and their skills.</i></p> <p><i>If all Family Support Workers working for an organization are going to work in a similar way - in other words if there is going to be consistency in service delivery - then the organization needs a shared practice framework and each Family Support Worker needs to work according to that practice framework – in other words each Family Support Worker needs to draw knowledge from the same reference materials, place importance on similar values and possess the necessary skills to do the work.</i></p> <p><i>What knowledge, values and skills do you think need to come together to make the practice framework for Family Support Services.</i></p> <p>If the group continues to experience difficulty responding move to Slide 47 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 46 

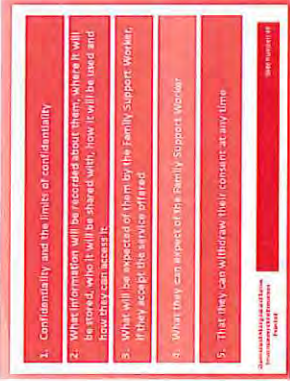
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 47. Please note the slide will only feature the person until you click your mouse or remote. One click will bring a block of colour to the slide and a further click will bring text through to that block of colour.</p> <p>The content contained in the black blocks refers to the knowledge component of the practice framework. The content contained in the red blocks refers to the values component of the practice framework and the content contained in the tan blocks refers to the skills component of the practice framework.</p> <p>Read each block and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 47
	<p>Show Slide 48 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>We all agree that it is important for families to give consent to working with Family Support Services – people should have the right to choose to accept or decline services offered – in fact even the research shows that families that consent to services offer are more likely to achieve better outcomes because they are ready for change. With that in mind, what do Family Support Workers need to discuss with families to make sure they are making an informed decision when they are giving their consent? In other words what information do Family Support Workers need to give families for their consent to be informed?</i></p> <p>If the group continues to experience difficulty responding move to Slide 49 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 48


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 49. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make a text box appear.</p> <p>Read the content of each text box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>Ensure the group understands:</p> <ul style="list-style-type: none"> the responsibility placed on Family Support Workers to ensure each family is given sufficient information in order to make an informed decision about whether or not to consent to accept services being offered that providing this information at the beginning of a case and allowing families to make an informed decision shows respect and can avoid damaging the working relationship with the family at a later stage (e.g. when information is shared with Child Safety and the family becomes angry because they were not informed this would happen) 	<ul style="list-style-type: none"> Slide 49 

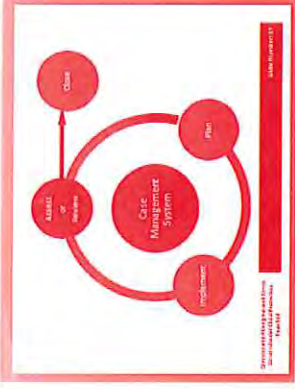

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 50 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>Families referred to and accepted by Family Support Services are usually called “cases” – and all cases need to be managed by each Family Support Worker using an agreed upon and standardized process.</i></p> <p><i>This helps families experience similar support from the Service regardless of who their Family Support Worker is. It also helps Family Support Workers know what they need to do. Finally it helps everyone keep focused and on track.</i></p> <p><i>There are four phases of every Case Management System – regardless of whether it is a Case Management System in a DV Service or in another non-government agency or even in Child Safety – the only difference is how each organization actions each of the four phases – what they do, how they record information, what forms they use, the timeframes they need to get things done. The phases themselves however, are always the same four.</i></p> <p><i>Can you tell me what the four phases of a Case Management System are?</i></p> <p>If the group continues to experience difficulty responding move to Slide 51 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 50  <p>Slide 50 is a presentation slide with a red border. The text on the slide reads: "What is a Case Management System?" at the top. Below this, there is a red box containing the text: "What is a Case Management System?". At the bottom of the slide, there is a red bar with the text: "What is a Case Management System?".</p>

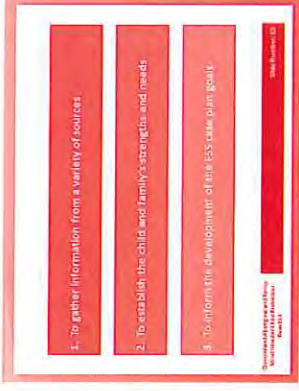

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 51 and work through the diagram whilst explaining each phase within the case management cycle</p> <p>In doing so ensure the group understands that:</p> <ul style="list-style-type: none"> • The first phase is assessment • The second is planning • The third is implementation • The fourth is review or reassessment at which point one of two things can happen – either more planning will occur if needed or the case will close 	<ul style="list-style-type: none"> • Slide 51 
	<p>Show Slide 52 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>The assessment phase is the first point of each case management cycle – even though Family Support Workers are “assessing” at each contact with the family and at each point of the case management cycle – assessment is a dedicated phase that leads into planning.</i></p> <p><i>Why is it important to have a dedicated assessment phase at the beginning of the case management cycle? What is the reason for having an assessment phase?</i></p> <p>If the group continues to experience difficulty responding move to Slide 53 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> • Slide 52 

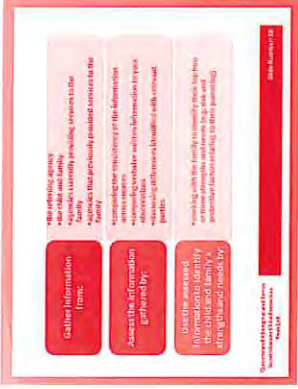

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 53. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make text box appear.</p> <p>Read the content of each text box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 53 
	<p>Show Slide 54 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>So the assessment phase is about gathering information from a variety of sources to assess the child and parents' strengths and needs – and this information is used to inform the case plan goals.</i></p> <p><i>So how does the Family Support Worker gather the information they need.....and how do they assess the parents' strengths and needs? What do they actually do?</i></p> <p>If the group continues to experience difficulty responding move to Slide 55 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 54 



FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 55 and work through the diagram whilst elaborating on the content and encouraging discussion</p>	<ul style="list-style-type: none"> Slide 55 
	<p>Show Slide 56 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>The planning phase is the second point of each case management cycle. The planning phase is guided by the information gathered in the assessment phase.</i></p> <p><i>What is the reason for having a planning phase?</i></p> <p>If the group continues to experience difficulty responding move to Slide 57 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 56 



FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 57 and read its content to the group</p>	<ul style="list-style-type: none"> Slide 57 
	<p>Show Slide 58 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>So the planning phase is about encouraging and assisting the family to participate in the development of a Case Plan.</i></p> <p><i>So how does the Family Support Worker develop a Case Plan? What do they do? Who do they involve in the process? What is discussed? What does the Case Plan include?</i></p> <p>If the group continues to experience difficulty responding move to Slide 59 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 58 

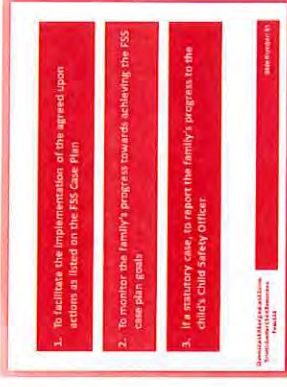

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 59 and work through the diagram whilst elaborating on the content and encouraging discussion</p>	<ul style="list-style-type: none"> Slide 59 
	<p>Show Slide 60 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>The implementation phase is the third point of each case management cycle. The implementation phase is guided by the Case Plan developed in the planning phase.</i></p> <p><i>What is the reason for having an implementation phase?</i></p> <p>If the group continues to experience difficulty responding move to Slide 61 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 60 

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 61. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make a text box appear.</p> <p>Read the content of each text box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 61 
	<p>Show Slide 62 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>So the implementation phase is about putting the Case Plan into action, monitoring progress and if a statutory case, reporting progress to Child Safety.</i></p> <p><i>So how specifically does the Family Support Worker do all of this?</i></p> <p>If the group continues to experience difficulty responding move to Slide 63 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 62 

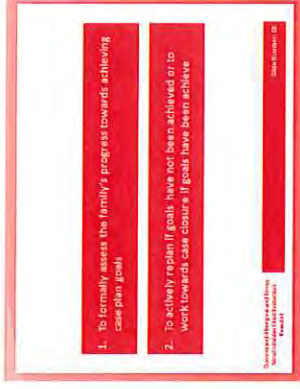

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 63 and work through the diagram whilst elaborating on the content and encouraging discussion</p>	<ul style="list-style-type: none"> Slide 63
	<p>Show Slide 64 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>The review phase is the fourth point of each case management cycle. At review, the case management cycle has done a full circle.</i></p> <p><i>What is the reason for having a review phase? Why review what's been done?</i></p> <p>If the group continues to experience difficulty responding move to Slide 65 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 64

FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 65. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make a text box appear.</p> <p>Read the content of each text box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p>	<ul style="list-style-type: none"> Slide 65 
	<p>Show Slide 66 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>So the review phase is about formally reviewing progress and either re-planning or closing the case.</i></p> <p><i>So how does the Family Support Worker review the progress of a case and either re-plan to keep the case open or make a decision to close it?</i></p> <p>If the group continues to experience difficulty responding move to Slide 67 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none"> Slide 66 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 67 and work through the diagram whilst elaborating on the content and encouraging discussion</p>	<ul style="list-style-type: none">Slide 67 

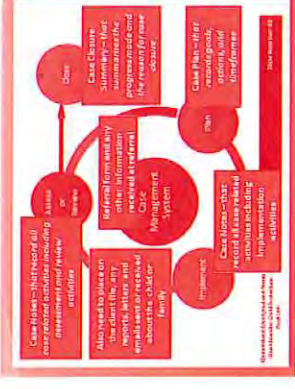
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 68 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>Information about a family is received – from individuals and other agencies - or generated by the Family Support Worker, throughout the life of a case. For accountability reasons this information must be recorded and stored.</i></p> <p><i>How information is recorded may differ between Family Support Services – for example Services may use different forms to record information and systems to file information. Nevertheless the type of information that needs to be recorded and stored will be much the same.</i></p> <p><i>What information does a Family Support Worker need to keep whilst they are managing a case? Think about the Case Management System – the phases of assessment, planning, implementation and review – the purpose of these phases and what the Family Support Worker does during each of these phases – then think about the type of information that might need to be kept.</i></p> <p>If the group continues to experience difficulty responding move to Slide 69 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 68 


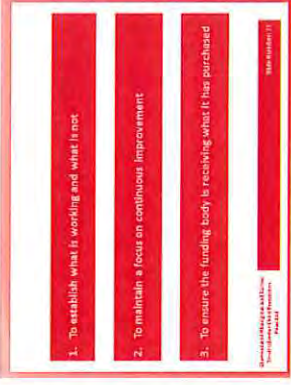
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 69. Please note the slide will be have the case management cycle on it until you click your mouse or remote. Each click of your mouse or remote will make a text box appear. Note that each text box overlays a particular part of the case management cycle – this signifies that the content contained in the text box relates to that phase of the cycle. For example, the case closure summary text box overlays the closure phase of the case management cycle because a case closure summary is recorded when a case is about to close.</p> <p>Read each text box and discuss its content fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>In doing ensure the group acknowledges the importance of record keeping (e.g. for accountability purposes, for service evaluation activities etc).</p> <p>As the group for questions and answer them before moving to session 6</p>	<ul style="list-style-type: none">• Slide 69 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
30 mins	<p>SESSION 6: THE EVALUATION</p> <p>Show Slide 70 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>Why is it important to evaluate each Family Support Service? What can an evaluation tell us?</i></p> <p>If the group continues to experience difficulty responding move to Slide 71 without a lengthy or awkward delay.</p>	<p>Slide 70</p>  <p>Slide 71</p> <ul style="list-style-type: none">Slide 71 


FACILITATOR’S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 72 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If an evaluation is expected to tell us all of those things – then what information informs the evaluation and where is it collected from?</i></p> <p>If the group continues to experience difficulty responding move to Slide 73 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">Slide 72 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 73. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make a text box appear.</p> <p>Read the content of each text box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>In doing so ensure the group understands that:</p> <ul style="list-style-type: none">• Registers need to be maintained for feedback received, complaints managed and incidents that have occurred• Data as defined in each Service Agreement will also need to be collected in order to respond to key performance indicators• That accurate and complete data is essential to inform evaluation processes	<ul style="list-style-type: none">• Slide 73 

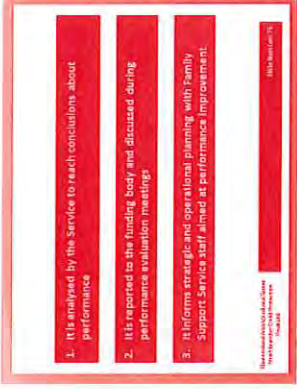
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 74 and read the question to the group</p> <p>Try to elicit responses from the group by providing additional information or reframing the question if they experience difficulty answering it (see suggestions in <i>italics</i> below).</p> <p><i>If the purpose of the evaluation is to answer questions like:</i></p> <ul style="list-style-type: none">• <i>what's working and what isn't</i>• <i>what needs to happen to improve service delivery and</i>• <i>is the funding body is getting what it paid for</i> <p><i>How does the raw data – the feedback, the complaints, the incidents and the other data that is collected - answer these questions for us? How do we use the evaluation information that we collect?</i></p> <p>If the group continues to experience difficulty responding move to Slide 75 without a lengthy or awkward delay.</p>	<ul style="list-style-type: none">• Slide 74 


FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
	<p>Show Slide 76. Please note the slide will be blank until you click your mouse or remote. Each click of your mouse or remote will make a text box appear.</p> <p>Read the content of each box and discuss it fully with the group before clicking your mouse or remote to present the next piece of information.</p> <p>In doing so ensure the group understands that:</p> <ul style="list-style-type: none">• Data needs to be analysed to be useful• The analysed data is presented to and discussed with the funding body at regular performance evaluation meetings and• The analysed data is used for internal performance improvement planning activities with staff	<ul style="list-style-type: none">• Slide 75 

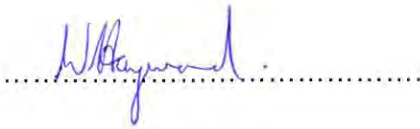
FACILITATOR'S NOTES

Family Support Service Induction – Session Plan

Time	Content	Resources
30 mins	<p>Closing the day</p> <p>Prior to closing the day revisit the Learning Outcomes located on Slides 2 and 3, and check the group understands each. In doing so summarise each learning outcome and relate it back to the content covered.</p> <p>Ask the group if they have any questions and seek verbal feedback from the group regarding their perception of the day's content.</p> <p>Show slide 76 and close the session – paying attention to the content of the slide and the text box below.</p>	<ul style="list-style-type: none">Slide 76 
<p>Before dismissing the group remember to:</p> <ul style="list-style-type: none">check that each participant has registered for the Induction on the Record of Attendance formhand an Evaluation Form to each participant and request they complete and return the form before leavingeither hand out the Certificates of Participation or tell the group they will each receive a Certificate in the mail within the next fortnight andthank participants for their contribution throughout the day		

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

Attachment C to the statement of **William Hayward** dated **24 August 2012** is a copy of the United Nations Permanent Forum on Indigenous Issues Eleventh Session – New York.

A handwritten signature in blue ink, appearing to read 'W Hayward', written over a horizontal dotted line.

Witness

A large, stylized handwritten signature in blue ink, written over a horizontal dotted line.

Signature of person taking
statement

United Nations Permanent Forum on Indigenous Issues
Eleventh Session – New York
7 - 18 May 2012

Agenda Item 4a: Implementation of the Declaration on the Rights of Indigenous Peoples: Child Protection

Joint Intervention Delivered by Shane Duffy on behalf of the Indigenous People's Organisation's (IPO) Network of Australia:

National Aboriginal and Torres Strait Islander Legal Services (NATSILS)
The Secretariat of National Aboriginal and Islander Child Care (SNAICC)
Turkindi - Indigenous Information Network of South Australia
Aboriginal Legal Service of WA (Inc.)
National Native Title Council (NNTC)
Marninwarntikura Women's Resource Centre Aboriginal Corporation
Gugu Badhun Limited
Aboriginal Legal Rights Movement (ALRM)
Queensland Culture Heritage and Native Title Management Services
Koort Marr Kaart – Aboriginal and Torres Strait Islander Social Workers of Western Australia
Victorian Aboriginal Legal Service (VALS)

Thank you Madame/Mr Chairperson,

In all Australian State and Territory jurisdictions Indigenous children continue to be significantly over-represented across all phases of the child protection system.

In 2010–11 Indigenous children were:

- 8 times more likely to be the subject of substantiated child abuse and neglect;
- 9 times more likely to be subject to a statutory child protection order; and
- 10 times more likely to be subject to out-of-home care.¹

Such over-representation has significant consequences for Indigenous children in relation to their right to culture and plays an important role in understanding the similar over-representation of Indigenous children in the juvenile justice system.

Indigenous children predominately come into contact with the child protection system due to neglect which is largely the result of the high levels of poverty, disadvantage² and social exclusion faced by Indigenous peoples.³

¹ Australian Institute of Health and Welfare, *Child Welfare Series no 53 Child Protection Australia 2010-11* (2012).

² Approximately 40 per cent of Aboriginal and Torres Strait Islander peoples living in major cities, outer regional, remote and very remote areas of Australia live below the poverty line and this rate increases to over 50 per cent in inner regional areas (B. Hunter, *Assessing the evidence on Indigenous socioeconomic outcomes: A focus on the 2002 NATSISS* (2006), 100.

³ Kelly Richards, 'Juveniles Contact with the Criminal Justice System in Australia', AIC Monitoring Reports 07, (2009), 19.

The rates of over-representation of Indigenous children in the child protection system are increasing. With such high percentages going into out of home care Indigenous children are increasingly being placed with non-Indigenous carers as the number of available carers that satisfy government set criteria becomes exhausted. For example, only 39 per cent of Indigenous children in out-of-home care are placed with their immediate family or other community members and 31% are placed with non-Indigenous carers.⁴

When placing children in out of home care it is essential that effective mechanisms are in place to ensure that the child's right to culture, as protected under Article 8 of the Declaration on the Rights of Indigenous Peoples and Article 20 of the Convention on the Rights of the Child, is protected. At present In Australia, many of the cultural retention mechanisms adopted by the child protection system are deficient and continue to fail to address cultural competency in service delivery, policy and legislation.

There has been little progress towards reducing the rates of over-representation and ensuring the effective maintenance of an Indigenous child's connection to their culture once they are taken into care. There is a distinct lack of focus on prevention and early intervention strategies to prevent Indigenous children being taken into out-of-home care in the first place. Furthermore, while current strategies, such as the Aboriginal and Torres Strait Islander Child Placement Principle and Cultural Support Planning, have attempted to integrate Indigenous cultural considerations within the mainstream system, their inclusion in law and policy across different jurisdictions varies significantly and analysis of their implementation has shown that they are not working to effectively protect a child's right to culture. Language barriers and a lack of cultural competence amongst child protection staff have also not been effectively addressed.

Canada and North America have employed Indigenous self-governance models since the 1970's which provide key insight into how a child's right to maintain a connection to his or her family, community and cultural group can be ensured regardless of their out of home care status.⁵ Such experience provides approximately 40 years of evidenced based international best practice that Australia desperately needs to catch up with. Indigenous family, community and cultural groups need to be granted increased participation in, and active ownership of, the enduring decisions that impact children and young people's holistic cultural wellbeing. They also need to be appropriately resourced to perform such functions.

Internationally, the connection between a child's involvement in the child protection system and the likelihood of that child to have future contact with the criminal justice system is well evidenced. While no nationally collated data exists within Australia, in Queensland for example, it has been found that 54 per cent of Indigenous males, and 29 per cent of Indigenous females, involved in the child protection system go on to criminally offend both as juveniles and adults.⁶ Given the over-representation of Indigenous children within the child protection system, there is no doubt that this trend has disastrous consequences throughout the country.

In fact, Indigenous children are 26 times more likely to be held in detention.⁷ Such over-representation in the juvenile justice system has been deemed a 'national crisis' by the

⁴ Australian Institute of Health and Welfare, above n 1.

⁵ Queensland Aboriginal and Torres Strait Islander Child Protection Peak, *Long-Term Guardianship Position Paper* (2011).

⁶ Anna Stewart, *Transitions and Turning Points: Examining the Links Between Child Maltreatment and Juvenile Offending* (2005) Office of Crime Statistics and Research

<www.ocsar.sa.gov.au/docs/other_publications/papers/AS.pdf> at 24 May 2010.

⁷ Australian Institute of Criminology, *Australian Crime: Facts and figures* (2009), 113.

Australian House of Representatives inquiry into Indigenous youth and the criminal justice system.⁸

Despite the evident connection, the issues of Indigenous children's over-representation in both the child protection and juvenile justice systems are seen as separate issues rather than interrelated issues that should be addressed together in a cooperative way. There is little recognition within Australia that by utilising prevention, early intervention and culturally competent strategies within the child protection system, over-representation within both this and the juvenile justice system could be reduced.

Recommendations

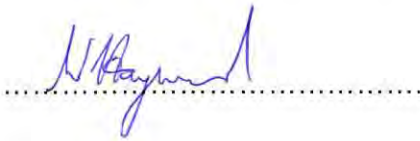
The IPO recommends that:

1. States explore full and partial self-governing Indigenous child protection models to ensure greater Indigenous responsibility for child placement decision-making, culturally competent practices and quality outcomes in cultural retention and preservation. Furthermore the Forum recommends that this process must be guided by Indigenous principles and values, the Declaration on the Rights of Indigenous Principles and the Convention on the Rights of the Child;
2. States resource and build the capacity of Indigenous peoples and organisations to develop and maintain targeted early intervention, prevention and reunification programs that address the underlying causes of the over representation of Indigenous children within the child protection and juvenile justice systems. Levels of investment should be proportional to rates of over-representation and effectiveness should be measured by a reduction in such rates;
3. States ensure that adequate, mandated and enforceable cultural support plans are in place for all Indigenous children in out of home care to support their ongoing connection to culture;
4. States should joint case planning between child protection and juvenile justice systems to ensure collaborative and consistent decision-making that balances the child protection and justice needs of Indigenous children;
5. States refocus juvenile justice systems away from punitive models towards human rights based models in order to address the underlying causes of offending and promote the overall wellbeing of Indigenous children; and
6. States are to prioritise the establishment of National Children's Commissions, which include an Indigenous Children's Commissioner, to develop culturally competent national agendas to address critical human rights concerns impacting upon Indigenous children.

⁸ House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *Doing Time – Time for Doing* (2011), 2.4.

QUEENSLAND CHILD PROTECTION COMMISSION OF INQUIRY

Attachment D to the statement of **William Hayward** dated **24 August 2012** is a copy of the NATSILS – Shadow Report to the UN Committee on the Rights of the Child.



Witness



Signature of person taking
statement

NATSILS

SHADOW REPORT TO THE UN COMMITTEE ON THE RIGHTS OF THE CHILD



Victorian Aboriginal Legal
Service Co-operative Ltd



Aboriginal Legal Service
of Western Australia



Aboriginal & Torres Strait Islander
Legal Service (Qld) Ltd



Aboriginal Legal Rights
Movement Inc



NORTH AUSTRALIAN ABORIGINAL JUSTICE AGENCY



Aboriginal Legal Service (NSW/ACT) Limited

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1. About the NATSILS

The National Aboriginal and Torres Strait Islander Legal Services Forum (NATSILS) is the peak national body for Aboriginal and Torres Strait Islander justice issues in Australia. The NATSILS have almost 40 years experience in the provision of legal advice, assistance, representation, community legal education, advocacy, law reform activities and prisoner through-care to Aboriginal and Torres Strait Islander peoples in contact with the justice system. The NATSILS are the experts on justice issues affecting and concerning Aboriginal and Torres Strait Islander peoples.

The NATSILS represent the following Aboriginal and Torres Strait Islander legal services:

- Aboriginal and Torres Strait Islander Legal Service (Qld) Ltd (ATSILS Qld);
- Aboriginal Legal Rights Movement Inc. (ALRM);
- Aboriginal Legal Service (NSW/ACT) (ALS NSW/ACT);
- Aboriginal Legal Service of Western Australia (Inc.) (ALSWA);
- Central Australian Aboriginal Legal Aid Service (CAALAS);
- North Australian Aboriginal Justice Agency (NAAJA); and
- Victorian Aboriginal Legal Service Co-operative Limited (VALS);

2. Introduction

The NATSILS make this submission to the United Nations (UN) Committee on the Rights of the Child (the Committee) to highlight serious concerns about the worsening situation of Aboriginal and Torres Strait Islander young people¹ in contact with the justice system in Australia.

The Committee has previously noted its concerns and made recommendations in relation to the problems faced by Aboriginal and Torres Strait Islander young people.² These are not being adequately addressed by the Australian Government. While some positive steps are being taken to 'Close the Gap' on health and education outcomes for Aboriginal and Torres Strait Islander young people, little progress is being achieved in the justice system and in some circumstances the situation is worsening. The current situation has been detailed in the recently released report 'Doing Time – Time for Doing'³ which describes the relationship between Aboriginal and Torres Strait Islander young people and the justice system of Australia as a "national crisis".⁴

The NATSILS seek a new commitment from the Commonwealth, State and Territory governments of Australia to overhaul the justice system with particular regard as to how it affects and deals with Aboriginal and Torres Strait Islander young people. Such a commitment will require a holistic national strategy between the Commonwealth, State and Territory governments that is prepared in collaboration with Aboriginal and Torres Strait Islander peoples (including young people) and organisations. This commitment must also recognise the rights of Aboriginal and Torres Strait Islander young people and be based on partnership, collaboration, responsibility, agreed

¹ Throughout this document the term 'young people' is chosen to refer to children and young people aged 17 years or younger.

² Committee on the Rights of the Child, *Concluding Observations: Australia*, 40th sess, CRC/C/15/Add.268, 2005.

³ Standing Committee on Aboriginal and Torres Strait Islander Affairs, House of Representatives, *Doing Time - Time for Doing, Indigenous Youth in the Criminal Justice System* (2011).

⁴ Ibid 2.

outcomes and the principles of free, prior and informed consent, in accordance with the Declaration on the Rights of Indigenous Peoples.

This submission acknowledges and endorses the comprehensive report of the Australian Non-Government Organisation (NGO) National Child Rights Taskforce and does not seek to duplicate the information presented in that report. The NATSILS will instead focus on key issues and their specific effect on Aboriginal and Torres Strait Islander young people in contact with the justice system and seek to provide information that has not already been sufficiently detailed by the Taskforce.

It is hoped this report will assist the Committee in understanding the situation from an Aboriginal and Torres Strait Islander perspective, to ensure targeted questions can be asked of the Australian Government during its review in 2012 and for solid recommendations to be made with respect to Aboriginal and Torres Strait Islander young people in the Committee's Concluding Observations. To assist in this process we provide a list of suggested questions and recommendations for the Committee's consideration.

Unless otherwise stated, the questions and recommendations made below are directed at the Australian Commonwealth Government as the body responsible for ensuring that the rights within the Convention on the Rights of the Child (CRC) are protected within all jurisdictions of Australia. This however, is based on the understanding that in implementing the CRC the Commonwealth Government will need to work with State and Territory governments in areas of their jurisdiction.

3. Family environment and alternative care

3.1 Over-representation of Aboriginal and Torres Strait Islander Young People in Alternative Care (arts 2, 4 and 27)

The Committee has previously voiced its concerns regarding the over-representation of Aboriginal and Torres Strait Islander young people in alternative care.⁵ Despite repeated calls for government action, Aboriginal and Torres Strait Islander young people continue to be over five times more likely to be the subject of child protection substantiations than non-Aboriginal and Torres Strait Islander young people.⁶ In Queensland for example, Aboriginal and Torres Strait Islander young people comprise only 6.3 per cent of the child population yet comprise 31.5 per cent of all young people in the child protection system.⁷ This over-representation continues to increase. In 2009-10, approximately 32 per cent per of all young people in alternative care were identified as Aboriginal or Torres Strait Islander, a 9 per cent increase from the previous year.

3.2 Protection from abuse and neglect (art 19)

Data shows that neglect is the most common form of maltreatment experienced by Aboriginal and Torres Strait Islander young people.⁸ Neglect is the failure to provide for a young person's basic needs such as adequate food, shelter, clothing, supervision, education, hygiene and standards of

⁵ Committee on the Rights of the Child, above n 2, [37].

⁶ Richards, K, 'Juveniles Contact with the Criminal Justice System in Australia' (2009) *AIC Monitoring Reports* 07, 19.

⁷ Ibid.

⁸ Berlyn, C, Bromfield, L and Lamont, A, 'Child Protection and Aboriginal and Torres Strait Islander Children' (2011) *National Child Protection Clearinghouse Resource Sheet* April, 2.

health. The high rates of neglect amongst Aboriginal and Torres Strait Islander young people are consistent with, and reflective of, the high levels of disadvantage experienced by many Aboriginal and Torres Strait Islander peoples.⁹

It is widely accepted that there is a close link between abuse and neglect and the broader issues of poverty, in all indicators of which Aboriginal and Torres Strait Islander peoples rate as the most disadvantaged group in Australia. For example, the Steering Committee for the Review of Government Service Provision in its *Overcoming Indigenous Disadvantage: Key Indicators 2009 Overview*¹⁰ found that:

- The infant mortality rate is between two to three times higher for Aboriginal and Torres Strait Islander infants than non-Aboriginal and Torres Strait Islander infants and the mortality rate for young people is between two to four times higher for Aboriginal and Torres Strait Islander young people than non-Aboriginal and Torres Strait Islander young people (p.14).
- The rate of hospitalisation of young people under the age of five for potentially preventable diseases and injuries is twice as high for Aboriginal and Torres Strait Islander young people than non-Aboriginal and Torres Strait Islander young people (p.30).
- The death rate from external causes and preventable diseases for young people aged less than five years is two to five times as high for Aboriginal and Torres Strait Islander young people than non-Aboriginal and Torres Strait Islander young people (p.30).
- The adult Aboriginal and Torres Strait Islander hospitalisation rate for potentially preventable chronic conditions is six times higher than the rate for non-Aboriginal and Torres Strait Islander adults (p.38).
- Aboriginal and Torres Strait Islander men and women are five and four times as likely as non-Aboriginal and Torres Strait Islander men and women to die from avoidable causes (p.39).
- Aboriginal and Torres Strait Islander peoples have higher treatment rates for mental health issues in community clinics, residential care facilities and hospitals compared with non-Aboriginal and Torres Strait Islander people (p.41).
- Aboriginal and Torres Strait Islander females and males are 35 and 21 times as likely to be hospitalised due to family violence related assaults as non-Aboriginal and Torres Strait Islander females and males (p.24).
- Unemployment is over three times higher for Aboriginal and Torres Strait Islander peoples than for non-Aboriginal and Torres Strait Islander people (p.19).
- The average income of Aboriginal and Torres Strait Islander households is only 65 per cent of the average income of non-Aboriginal and Torres Strait Islander households (p.22).
- Aboriginal and Torres Strait Islander peoples are five times more likely to live in overcrowded households than non-Aboriginal and Torres Strait Islander people (p.49).

These statistics show that despite Government initiatives aimed at improving living standards, such as the Close the Gap campaign and the Northern Territory Intervention, efforts are failing to

⁹ Approximately 40 percent of Aboriginal and Torres Strait Islander peoples living in major cities, outer regional, remote and very remote areas of Australia live below the poverty line and this rate increases to over 50 percent in inner regional areas (B. Hunter, *Assessing the evidence on Indigenous socioeconomic outcomes: A focus on the 2002 NATSISS* (2006) 100).

¹⁰ Steering Committee for the Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key Indicators 2009* (2009) Productivity Commission.

address the levels of poverty and disadvantage experienced by many Aboriginal and Torres Strait Islander young people. The Committee's previous Concluding Observations have repeatedly raised concerns over the disparate living standards of Aboriginal and Torres Strait Islander young people.¹¹

The ongoing living standards of Aboriginal and Torres Strait Islander young people remain inconsistent with Australia's obligation to protect the right of every young person to an adequate standard of living under article 27 of the CRC and consequentially, its obligation under article 19 to protect young people from abuse and neglect.¹²

Proposed Question to the Australian Government:

How is the effectiveness of initiatives to improve the living standards of Aboriginal and Torres Strait Islander young people measured and what plans are in place to amend such initiatives if they are proven to be ineffective?

Suggested Recommendations:

1. That the Government strengthen its current efforts to address the living conditions of Aboriginal and Torres Strait Islander peoples so that fewer Aboriginal and Torres Strait Islander young people are taken into alternative care by:
 - a) committing to improving evidence gathering mechanisms through the incorporation of Aboriginal and Torres Strait Islander methodologies in relation to standards of living of Aboriginal and Torres Strait Islander young people;
 - b) implementing independent reviews with the involvement of Aboriginal and Torres Strait Islander peoples of the success of the Closing the Gap campaign and the Northern Territory Intervention and committing to amend these initiatives in light of the reviews' results; and
 - c) developing a system in consultation, partnership and collaboration with Aboriginal and Torres Strait Islander peoples for increased early and therapeutic family interventions and parental support which focuses on increasing the chances of young people remaining within their families.

3.3 Indigenous Child Placement Principle and Preservation of Identity (arts 20 (3) and 8)

Given the over-representation of Aboriginal and Torres Strait Islander young people in the child protection system, and in light of a desire to avoid a repetition of the trauma suffered by victims of the Stolen Generations, the Government has introduced the Indigenous Child Placement Principle.¹³ This outlines the priority of placement for Aboriginal and Torres Strait Islander young people being placed into alternative care. The order of priority for placement is as follows:

¹¹ Committee on the Rights of the Child, above n 2, [17-18, 24-25, 37, 47, 55, 56, 57].

¹² *Convention on the Rights of the Child*, opened for signature 20 November 1989, I-127531, arts 27, 19 (entry into force 2 September 1990).

¹³ See <http://www.communities.qld.gov.au/childsafety/about-us/our-performance/ongoing-intervention-phase/indigenous-child-placement-principle#what-is-the-indigenous-child-placement-principle>.