Community Mental Health Activity

Family Mental Health Support Services

Operational Guidelines

Effective 1 July 2021

Version Control

This table confirms timing of revisions and endorsement of these Operational Guidelines.

Version	Changes	Date
1.0	Approved Operational Guidelines	1 June 2015
2.0	Update to multiple sections to reflect new grant agreements	3 May 2021

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1. Preface

These Operational Guidelines relate to Family Mental Health Support Services (FMHSS) funded by the Department of Social Services (the department).

The primary purpose of the Operational Guidelines is to assist funded providers to work in a nationally consistent, co-ordinated and co-operative manner.

This document outlines some key elements of FMHSS service delivery, and seeks to clarify policy and process questions that may arise during the delivery of services.

The Operational Guidelines are a living document – as any additional issues become evident, and/or policy clarifications are refined, changes will be included in an updated version of the Operational Guidelines.

Updates to the Operational Guidelines will be emailed to the program schedule level contact listed in the department's Grant Payment System (GPS). Please ensure this contact detail is kept up-to-date with your Funding Arrangement Manager (FAM). Copies of the most current Operational Guidelines can be found on the Families and Children Activity pages on the department's website.

FMHSS providers have a responsibility to ensure they are familiar with all contractual obligations including where these may change as the Operational Guidelines are amended.

FMHSS providers should engage with their FAM as the first point of contact with the department. The FAM will provide guidance and assist you with reporting, accountability and contractual obligations.

The Operational Guidelines should be read in conjunction with the:

- Community Mental Health (CMH) Program Guidelines
- Commonwealth Standard Grant Agreement/s
- Commonwealth Standard Grant Conditions (Schedule 1)
- Commonwealth Standard Grant Agreement Supplementary Provisions
- Families and Children Administrative Approval Requirements.

2. Community Mental Health – Family Mental Health Support Services

2.1. Overview

Family Mental Health Support Services (FMHSS) is a component of the Community Mental Health (CMH) Activity. The CMH Activity is a sub-activity of the Disability, Mental Health and Carers Program.

The CMH Activity aims to support the provision of accessible, responsive, high-quality and integrated community mental health services. These services should improve the lives of people with a mental illness and/or intervene early to assist families with children and young people affected by, or at risk of, mental illness.

The objectives of the CMH Activity align with objectives described in the:

- National Agreement on Closing the Gap,
- National Framework for Protecting Australia's Children,
- National Plan to Reduce Violence against Women and Their Children 2010-2022, and
- The National Children's Mental Health and Wellbeing Strategy (draft).

The department strongly encourages FMHSS funded providers to understand these initiatives and their successor plans and consider how the design and delivery of their services can contribute to achieving the aims and outcomes articulated in them.

2.2. Aims and Objectives

FMHSS provide early intervention and non-clinical community mental health support for children and young people, aged up to 18 years, who are showing signs of, or are at risk of, developing mental illness.

FMHSS should be accessible, flexible, high-quality, integrated and responsive to the needs of children, young people, their families and carers.

The department seeks the following outcomes through FMHSS:

1) Children and young people
   (a) have improved mental health and well-being; and
   (b) are better able to manage any negative impacts of mental health/well-being matters on their lives, and reach their full potential;
2) Families and carers are better able to understand and support eligible children and young people; and
3) Communities develop knowledge surrounding mental health matters and are more able to respond to issues that impact well-being.

FMHSS outcomes should be achieved by adhering to the FMHSS delivery model.

3. Service Delivery

3.1. Service delivery model

The FMHSS delivery model describes three levels of in-scope support. The FMHSS provider should deliver:

1. **Intensive, early intervention support to children and young people (with the support of their families or carers) which may include:**

   - assessment of the child or young person to identify
     (a) mental health and any well-being requirements;
     (b) risk factors; and
     (c) protective factors.

   - identification of goals
     (a) a Family Action Plan (FAP) should be developed for on-going participants to map goal direction and achievement; and
     (b) FAPs should be reviewed and revised quarterly (see **Appendix A** for information on the FAP and **Appendix B** for the FAP template).

   - ongoing support
     (a) supportive counselling and/or family interventions;
     (b) targeted, therapeutic groups for children, young people, their families and carers;
     (c) practical assistance and home-based support for the child or young person (e.g. developing familial resources and routines);
     (d) advocacy;
     (e) referrals to relevant service streams; and
     (f) co-ordination and/or collaborative practice with relevant service streams or agencies to ensure a holistic and integrated response to any identified mental health and well-being requirements.

FMHSS providers should aim to deliver at least weekly support to children or young people following identification as meeting ongoing participant requirements.
It is anticipated the majority of clients will require less than 12 months support, however, a small number of participants may require longer-term support.

Should the child or young person require ongoing, intensive support (beyond a 12 months duration), the FMHSS provider should review the FAP and consider referring the participant to any alternate support services available, as appropriate to the participant's needs.

2. **Short-term, immediate assistance for children and young people, with the support of their families or carers which may include:**
   - assessment of needs;
   - information or referrals; and
   - limited or one-off practical assistance/direct support (this should not overlap with other Government funded activities in the same region).

Short-term assistance may also be offered to children and young people (with the support of their families or carers) for up to six sessions – this form of intervention does not require a FAP.

3. **Community outreach, mental health education and community development activities may include:**
   - organisation of, and participation in, community events;
   - community development activities to promote mental health and wellbeing for children and young people; and
   - facilitation of group work or community development with children and young people to improve knowledge on mental health matters and ensure communities are more able to respond to issues that impact well-being.

3.2. Service delivery principles

All FMHSS providers must operate according to the principles outlined in the '*National standards for mental health services 2010*' and the '*National practice standards for the mental health workforce 2013'*.

To standardise service delivery, all FMHSS providers should use a tool such as the Common Approach to Assessment, Referral and Support (CAARS)[1].

In addition, FMHSS services should be delivered in line with the following principles:

Early intervention – have knowledge and understanding of the social and environmental factors as well as the risk and protective factors that impact on the development of mental health issues in children and young people;

Child and young person-centred approach – design service delivery around addressing the needs of the children and young people;

Family focus – build an inclusive service where families feel comfortable;

Service promotion – ensure any promotion of services clearly articulates the aim of FMHSS is to provide early intervention and non-clinical community mental health support for children and young people, aged up to 18 years, who are showing early signs of, or are at risk of, developing mental illness;

Cultural appropriateness – be aware of, and respond to, any specific cultural or religion of families in the local area. Providers should promote tolerance and respect for different cultural or religious needs and circumstances; and

Flexibility – actively seek to tailor services to the individual including consideration of any cultural requirements. Providers should operate any outreach service as a mechanism to make contact with difficult to engage with children, young people, their families or carers. Providers should also consider how:

- their operating hours impact the ability to meet local needs and, if necessary, vary working hours appropriately; and

[1] As part of the work involved with the National Framework for Protecting Australia's Children, CAARS has been developed by the Australian Research Alliance for Children & Youth (ARACY) to support universal service providers to identify children who may need help and to help connect them to the support they need. It encourages all professionals who work with children to think holistically about the strengths and needs of children and their families and help them access the support they need.

- the use of technology and social media increases service delivery flexibility, especially in terms of working with young people.

FMHSS providers should link with the local service network to give greater flexibility to the options offered to children, young people, their families and carers.

Accessibility and responsiveness – comply with all accessibility requirements of their clients including varying information formats.

FMHSS providers should:

- be mindful of the range of contexts represented in the local community and design and promote their service accordingly;
- design and deliver services in such a way as to reduce the stigma of mental illness in the community;
- prominently display and make available mental health crisis information for participants and the general public; and
- have an open-door approach, using outreach (not just drop-in or appointment services), and using community development approaches to planning and service delivery.

Hours of operation – establish hours of operation and be mindful, FMHSS is not a crisis service. Providers will also consider how their operating hours promote or hinder flexibility in service delivery. If necessary, providers can establish variable working hours to meet local needs.

Professional staff – should ensure their staff are skilled in working with children and should support staff to remain competent and committed to an early intervention approach to service delivery.

3.3. Service Area

FMHSS delivery must occur in the areas specified in the grant agreement. FMHSS providers can seek to change their service areas in consultation and agreement with the department. Providers cannot alter their service areas without prior written agreement from the department.

Providers are encouraged to monitor any demographic shifts in their region and discuss varying their service areas with the department if this addresses any emerging or identified need that is not met in an area.

The department may also ask FMHSS providers to vary their existing service areas in order to address emerging demands.

Each service area has a geographical boundary based on the Australian Statistical Geographical Standard. If the organisation seeks to change the boundary of a service area, the department expects the grant recipient to be able to meet the cost of delivering FMHSS in the revised area within the funds provided.

In accordance with grant agreement requirements, FMHSS providers must advise the department of their outlet locations in service areas within three months of the execution of their grant agreements. Thereafter, providers must advise the department of any changes to outlet locations annually through the AWP Report.

In summary:

- changes to service areas cannot occur without prior written agreement from the department; and
- changes to outlet locations within service areas can be adjusted as required by the organisation and updates reported annually through the AWP Report.

It is possible to assist someone living outside of the defined service area.
Up to 10 per cent of a FMHSS provider's participant 'caseload' can come from outside the service area without seeking the departments approval. Delivering FMHSS to an out of area participant should be considered on a case-by-case basis.

FMHSS providers should consider the most appropriate type of service delivery for these clients (for example, referral or standard service delivery) by considering questions such as:

- What is in the best interests of the participant in the longer term?
- Is there another provider, or appropriate community service, that could support the participant?
- What is the providers capacity to service the client and what impact, if any, could this have on servicing participants from within the service area?
- What are the barriers to support the client? (for example, will service delivery staff have to travel long distances to service the client; will the client receive the quality of service expected; would the client be better supported by another provider?)
- What are the longer term needs of the participant?

3.4. Flexibility

The department expects service providers to monitor changes in their communities and adjust the services they deliver, in mutual agreement with the department, to meet the changing needs of families and children. The department may ask FMHSS providers to vary their existing service type/s to meet changing demands.

3.5. Using grant funding

Funding is provided to assist with the costs of operating FMHSS in funded locations. Funding can be used for:

- intake and assessment;
- information / advice / referral;
- education and skills training;
- child/youth focussed groups;
- counselling;
- community capacity building;
- outreach; and
- family capacity building.

FMHSS providers cannot use grant funding to:

- deliver clinical services or specialist medical services (providers may assist participants to access appropriate services); and
- deliver crisis services.

Further detail on appropriate use of grant funding can be found at Section 6.1 of these Operational Guidelines.

FMHSS providers may use funds flexibly to provide one-off practical assistance tailored to the needs and situation of each child, young person and family. The provider may dedicate up to five per cent of the service budget to support participants to access practical assistance and material goods if all other options have been exhausted. It is not the intent that FMHSS becomes an emergency relief measure.

3.6. Subcontracting

FMHSS providers cannot subcontract any part of their grant activities without the department's prior written consent. Providers are responsible for meeting their obligations described in their grant agreements, including in relation to any tasks undertaken by subcontractors.

3.7. Collaboration with other agencies and services

FMHSS providers must work collaboratively with each other and with relevant government and non-government agencies to provide an integrated suite of local services that address the needs of the target group. To ensure effective integration with appropriate services, grant recipients must build and maintain effective relationships with a broad network of relevant services, which may include:

- legal assistance services;
- family law courts;
- other providers under the Families and Communities Program, particularly those also funded under the Families and Children (FaC) Sub-Activity;
- services funded by state and territory governments that service the target group/s;
- family support services;
- 'first to know' agencies;
- medical services such as general practitioners;
- mental health services;
- alcohol and other drug services;
- family violence services;
- domestic and family violence services;
- homelessness services;
- education services;
- housing services;
- Services Australia; and
- any other relevant services, such as financial counselling and health services.

The FMHSS provider should establish and maintain strong links with "first-to-know" or "first responder" agencies to promote early intervention and not rely on referrals from specialised or clinical providers.

FMHSS providers must establish and maintain close links with other child and family services and agencies, and take advantage of relevant resources.

FMHSS providers must also abide by the following set of principles to encourage local community initiatives (for example Stronger Places, Stronger People or other collective impact initiatives). Providers are to work in ways that:

- recognise, support and work with community-led change initiatives (in places where they are being or have been established);
- recognise and support local and cultural leaders and governance arrangements;
- support and participate in the design and implementation of community-led change strategy;
- consider within the parameters of the operational guidelines and grant requirements, opportunities to align service provision and communication to the community's strategy, including community needs, goals and solutions;
- share data, evidence and learnings to improve outcomes for children, families and communities;
- are fair, open and transparent in engaging with Aboriginal and Torres Strait Islander stakeholders and organisations;
- participate in work that examines the system (beyond programs) to create better outcomes; and
- build relationships, collaboration and leverage investments and impacts.

3.8. Communication and Promotion

FMHSS providers should communicate and promote the importance of mental health and wellbeing for children, young people, their families and carers. Providers must ensure any promotional activities clearly articulate the support of children or young people in a family or carer context.

Providers may name or brand their particular service to illustrate they are relevant and welcoming for children, young people and families in the local areas. Providers can consider developing or adopt service names that are appropriate to the communities they work in describing the intent of FMHSS, however, there is a requirement in any communication or promotional product to acknowledge funding is provided by the Australian Government Department of Social Services.

FMHSS providers must list services on free online community service directories where applicable. The department maintains a list of service directories that providers should consider. If you think this list should include other directories, please contact your FAM.

The department also encourages providers to list their services on local service directories where possible. For example, local and regional councils maintain online service directories.

Please refer to the department's Communication Policy for Services, Activities and Events for further information on promoting services.

4. Working with Clients

4.1. Participant eligibility

FMHSS eligible participants are children and young people, up to the age of 18, who are showing signs of, or are at risk of developing mental illness.

A formal diagnosis of mental illness is not required to access FMHSS.

FMHSS providers cannot work with children and young people without the involvement of their families or carers.

It is expected that FMHSS providers will have their own systems in place to ensure written consent is obtained from parents or guardians prior to commencing any **intensive, early intervention support or short-term, immediate assistance** with the child or young person, and can provide evidence of this if requested by the department.

FMHSS providers may encourage children, young people, their families or carers to seek assistance through clinical mental health services if appropriate, but cannot exclude participants who decide not to engage with these services.

Key points:

- the child, young person, family or carers should reside in the provider's service area as defined in the grant agreement;
- a young person aged 18, and living independently, is not required to seek their parents or guardians written consent – the FMHSS provider may, however, request details regarding their next of kin; and
- where a child or young person's parents or carers are separated or divorced, the FMHSS provider should seek written consent from either parents or carers, including addressing any existing court or family order requirements.

Screening/intake processes

In order to on-board a FMHSS participant – the provider should perform a screening/intake process:

- is designed to determine whether the child or young person is eligible for FMHSS;
- should determine if FMHSS are the most appropriate services for the child, young person and their family or carer; and
- commences on engagement with the FMHSS provider.

The FMHSS provider may use screening/intake procedures already established by the organisation. An example intake/screening template at **Appendix C.**

Persons not eligible to participate in FMHSS include those:

- who do not meet the eligibility criteria;
- not able to access services in the community because of their residential setting (residential care) or legal conditions imposed on their activities (detention);
- not able or willing to engage family or carer in at least the assessment of need and development of a FAP; and
- a child or young person under the care of (as distinct from in contact with) the child protection system.

If the FMHSS provider is working with a child who subsequently comes under the care of the child protection system, it is anticipated the provider would work closely with the child protection agency to determine what appropriate supports and services would be best for the child or young person and then gradually withdraw FMHSS assistance, following securing appropriate support for the child or young person.

4.2. Accessibility

FMHSS must be accessible to all families, children and young people in accordance with the following policy:

- Access and Equity Policy (https://www.communitygrants.gov.au/information-recipients/access-and-equity-policy)

FMHSS must be flexible, culturally competent, culturally sensitive and responsive to the needs of participants. FMHSS providers must ensure that cultural and linguistic diversity is not a barrier for participants by providing access to language services where appropriate.

FMHSS providers must:

- provide disability access, including making information available in a range of accessible formats for people with impaired vision or hearing, poor literacy or language barriers;
- use an open-door approach, with an outreach element of delivery (not just drop-in or appointment services); and
- using community development approaches to planning and service delivery.

FMHSS providers should design and deliver services in ways that reduce the stigma of mental illness in their communities, and prominently display and make available mental health crisis information for participants and the general public.

FMHSS providers are required to establish and maintain open referral and access pathways into their services. A formal referral is not required to access FMHSS.

4.3. Priority target groups

FMHSS providers are required to prioritise support to children and young people who meet the eligibility criteria and are facing additional disadvantage for poor mental health outcomes. These groups include, but are not limited to:

- Aboriginal and Torres Strait Islander people;
- people from culturally and linguistically diverse backgrounds, including humanitarian entrants and recently arrived refugees and migrants;
- children in contact with the child protection system;
- young people leaving out-of-home care; and
- children and young people in families experiencing:
    - homelessness;
    - unemployment;
    - drug and alcohol abuse;
    - domestic violence; and
    - disability and history of trauma.

4.4. Assessing need

The needs assessment process should commence once the intake/screening process indicates that the child or young person meets the eligibility for participation in FMHSS. This leads to developing the FAP. Examples of possible outcomes from the assessment process include:

- No further support;
- Accepted for intensive, long-term support; or
- Accepted for short-term immediate assistance (can include general group work).

Instances where a child or young person's circumstances change or the family provides additional information, after the initial needs assessment, FMHSS providers should re-assess these circumstances, update the FAP immediately and determine appropriate outcome as outlined above.

Where a child or young person is not eligible for FMHSS, they and their families should be provided with any relevant or useful information and/or referral to other appropriate services.

4.5. Referral practices

FMHSS providers must work collaboratively with each other and relevant government and non-government agencies that provide services to families and children.

If a FMHSS provider lacks capacity or capability to support a client, or thinks a client would benefit from additional types of support, the department expects the provider to offer the client a timely referral to one or more appropriate services. The department expects FMHSS providers to have accurate knowledge of the services to which they are referring clients, and recommends that providers develop clear referral protocols with one another.

Effective referral practices are critical to minimising service system fragmentation and preventing families and children 'falling through the gaps'. The table at **Appendix D** outlines different types of referral practices.

The department expects FMHSS staff who make referrals have or receive the knowledge and skills they need to support families and children to access other services, including negotiating ways to overcome barriers to access.

The checklist at **Appendix E** may assist staff to make effective referrals.

4.6. Required qualifications

FMHSS staff should have a range of personal and professional qualities, ensuring high-quality support to vulnerable children, young people, their families and carers.

Although there are no prescriptive FMHSS team roles, FMHSS providers are required to employ individuals/professionals capable of delivering the three elements of the FMHSS delivery model including with consideration to:

- skills;
- qualifications;
- experience; and
- personal attributes.

As a component of the department's funding, all FMHSS providers are required to comply with the relevant Commonwealth, State or Territory law relating to the employment or engagement of people who work or volunteer with children in relation to the Activity, including mandatory reporting and complying with the National Standards for Working with Children Checks.

Service providers must adhere to requirements specified in grant agreements in relation to working with vulnerable persons. More information on the department's policy regarding vulnerable persons, police checks and criminal offences is available on the DSS website.

4.7. Clients Exiting FMHSS

When a child or young person exits FMHSS, the provider should update participant information accordingly in the data collection system. Providers should ensure participants exiting FMHSS have adequate alternative supports in place, should they require them.

4.8. Refusal of service

FMHSS providers may refuse to deliver services where:

- there are safety concerns; or
- evidence indicates the child, young person or participant is not eligible for FMHSS (refer to Section 4.1 for detail on participant eligibility).

4.9. Safety

The safety of all children, young people, their families and carers who visit or work for FMHSS is paramount.

Service providers must ensure the safety of their staff and should:

- give their staff clear safety policies and procedures in writing and provide staff with adequate support, training and resources to comply with those policies and procedures; and
- report critical incidents to the department (refer to Section 8).

4.10. Commonwealth Child Safe Framework

The Royal Commission into Institutional Responses to Child Sexual Abuse highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations.

In response, the Australian Government introduced the *Commonwealth Child Safe Framework* (the Framework), a whole-of-government policy that sets minimum standards for creating and embedding a child safe culture and practice in Commonwealth entities and Commonwealth funded third parties.

In line with clause CB9 of the Supplementary Provisions in your grant agreement, all services funded under the Budget Based Funded activity must ensure activities conducted comply with the National Principles for Child Safe Organisations and other action for the safety of children, and relevant checks and authority. Under this clause, you are required to:

- submit an annual Statement of Compliance stating you have implemented the National Principles for Child Safe Organisations;
- complete an updated risk assessment to identify the level of responsibility for children and level of risk of harm to children;
- have an updated risk management strategy; and
- provide training and a compliance regime.

It is the organisation's responsibility to understand their requirements and evidence their compliance under the Framework.

Further information on the Framework and providers' obligations is available on the National Office for Child Safety website and the Australian Human Rights Commission's Child Safe Organisations website.

Any questions regarding the Statement of Compliance Process should be directed to your FAMs.

4.11. Fees

FMHSS is free of charge for participants.

4.12. Staff training and development

FMHSS providers must employ and adequately train, support and supervise staff in accordance with their grant agreements.

FMHSS providers are required to:

- ensure staff (paid or voluntary) undertake training that is appropriate to the services they deliver,
- support staff to access ongoing professional development and training to maintain an up-to-date understanding of research on children's and young people's mental health and wellbeing, and
- support their staff to remain skilled in, and committed to, an early intervention approach to service delivery.

FMHSS providers should employ staff who are able to work cooperatively with different types of families in communities. Providers should employ and/or train staff with skills to deliver services that are responsive to the needs, values, lifestyles and cultural experiences of participants.

5. Governance and Support

The department expects providers to have an effective governance framework including:

- explicit information on roles, responsibilities, rights, and remuneration;
- procedures for quality assurance, risk management and issues management;
- procedures for supervision, performance management and information management;
- financial systems that support effective management and accountability; and
- clear effective arrangements for internal control and transparent decision making.

The views of children, young people, their families and carers should be considered as a component of service planning, implementation and delivery.

5.1. Support available to providers

The following table outlines sources of support for different aspects of the FMHSS grant activity, noting additional supports may be under development:

Topic	Support
Grant agreement	FAM
Activity Work Plan (AWP)	AWP templates and guidance (https://www.dss.gov.au/families-and-children-programs-services-parenting-families-and-children-activity/families-and-children-activity-work-plan-reports) FAM
Data Exchange	Data Exchange Training Resources (https://dex.dss.gov.au/training) Data Exchange Helpdesk (https://dex.dss.gov.au/helpdesk/) FAM
Review point	FAM
Program logic and theory of change	FAM Families and Children Expert Panel Project (https://aifs.gov.au/cfca/expert-panel-project)
Planning, implementing and evaluating grant activities	Families and Children Expert Panel Project (https://aifs.gov.au/cfca/expert-panel-project)
Grant Recipient Portal	Community Grants Hub (https://www.communitygrants.gov.au/contact)
General feedback on policy	FAM

Complaints	DSS Feedback and Complaints (https://www.dss.gov.au/contact/feedback-compliments-complaints-and-enquiries) FAM

5.2. Compliance with Activity requirements

All FMHSS providers must comply with the CMH Activity Guidelines, as specified in the terms and conditions of their Grant Agreement. The department's funding recipients are responsible for ensuring:

- the terms and conditions of the Grant Agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- highest standards of duty of care applied;
- services are operated in line with, and comply with the requirements set out within all state and territory and Commonwealth legislation regulations;
- Aboriginal and/or Torres Strait Islander people have equal and equitable access to services;
- working collaboratively to deliver the service; and
- contributing to the overall development and improvement of the service such as sharing best practice.

6. Funding

6.1. Eligible and ineligible expenses

Grant funding may be used for:

- staff salaries and on-costs that can be directly attributed to the provision of FMHSS in the identified service area/s as per the grant agreement;
- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the CMH Activity and FMHSS; and
- operating and administration expenses directly related to the delivery of FMHSS, such as:
  - telephones;
  - rent and outgoings;
  - computer/ICT/website/software;
  - insurance;
  - utilities;
  - postage;
  - stationery and printing;
  - accounting and auditing;
  - travel/accommodation costs;
  - materials and equipment, including assets as defined in the Standard Supplementary Provisions, that can be reasonably attributed to meeting deliverables in the grant agreement;
  - evaluation costs; and
  - marketing.

Grant funding cannot be used for:

- purchasing goods and services for participants and their families, with limited exceptions[2];
- purchasing personal care and domestic help for participants and their families
- purchase of land;
- paying retrospective costs;
- costs incurred in the preparation of a grant application or related documentation;
- major construction/capital works;
- overseas travel; and
- activities for which other Commonwealth, state, territory or local government bodies have primary responsibility.

[2] Service providers may dedicate a small part of their budgets (up to 5 per cent) to support program participants and families to access practical material assistance if all other options have been exhausted and the assistance is required to meet the goals of the Family Action Plans. Providers may not purchase services from other providers.

The Commonwealth Standard Grant Conditions for FMHSS set out clauses on spending, reporting and repaying grant funding.

6.2. Funding innovation

The department encourages service providers to pursue innovative ideas to enhance service delivery outcomes. Service providers may utilise up to 10 per cent of their grant funding for the development of innovative concepts in consultation and agreement with the department.

6.3. Funding for practical and material assistance

Service providers may dedicate up to 5 per cent of their funding to support participants and their families to access practical and material assistance if all other options have been exhausted and the assistance is required to meet the goals of participants' FAP. Providers must not purchase services from other providers.

6.4. Long-term sustainability

The department encourages service providers to actively plan and develop strategies to ensure long-term sustainability. Providers are encouraged to explore opportunities to reduce reliance on Government support through increased inter-organisational collaboration, and by identifying supplementary sources of funding through partnerships with business and philanthropy.

7. Reporting

7.1. Data reporting

All FMHSS providers must have systems in place to allow them to meet the data collection and reporting obligations outlined in their grant agreement.

FAMs monitor and evaluate program performance to ensure activities and service providers are focussed on outcomes for their clients. Service providers must meet their data collection and reporting obligations and work in accordance with the requirements described in their grant agreement.

7.2. Data Exchange

FMHSS providers are required to report client data and service delivery information for all clients of FMHSS in accordance with the Data Exchange Protocols (https://dex.dss.gov.au/data-exchange-protocols/) and FMHSS specific guidance in the Program Specific Guidance for Commonwealth Agencies in the Data Exchange (https://dex.dss.gov.au/document/466).

The Data Exchange Protocols provides operational guidance to users of the Data Exchange. The Program Specific Guidance for Commonwealth Agencies assists managers and front-line staff to understand the data they must report in the Data Exchange for FMHSS.

The department publishes fact sheets, task cards, webinars and e-learning modules on the Data Exchange website to help service providers set up and perform different functions in the Data Exchange (https://dex.dss.gov.au/training).

For additional support, service providers can contact the Data Exchange Helpdesk (https://dex.dss.gov.au/helpdesk/).

7.3. Data Exchange Partnership Approach

FMHSS providers are required to participate in the Data Exchange Partnership Approach. By participating, service providers report client and community outcomes for clients of FMHSS and receive access to additional self-service reports. The department requires service providers to report outcomes using its Standard Client/Community Outcomes Reporting (SCORE) framework, which is a methodology for standardised reporting of outcomes data. For further information on the Partnership Approach and SCORE, please refer to the Data Exchange Protocols (https://dex.dss.gov.au/data-exchange-protocols/).

For further information on the requirements of the Data Exchange Partnership Approach for FMHSS, please refer to the Data Exchange Partnership Approach Fact Sheet and the Review Point Assessment Criteria at **Appendix F**.

For additional support, service providers can contact the Data Exchange Helpdesk (https://dex.dss.gov.au/helpdesk/).

7.4. Guidance on measuring client and community outcomes

The department encourages all service providers to use validated outcomes measurement tools to measure client and community outcomes.

A 'validated tool' is an instrument that has been formally evaluated and psychometrically tested for:

- reliability (the ability of the instrument to produce consistent results);
- validity (the ability of the instrument to produce true results); and
- sensitivity (the probability of correctly identifying a client with the condition).

The Australian Institute of Family Studies has published an article outlining how to choose an outcomes measurement tool (https://aifs.gov.au/cfca/2016/04/14/how-choose-outcomes-measurement-tool). The article includes links to established tools for measuring child and family outcomes.

The department has developed a Translation Matrix to help organisations convert results from commonly used outcomes measurement tools into SCORE data (https://dex.dss.gov.au/document/121). The Translation Matrix also contains a generic template that service providers can use to translate proprietary outcomes measurement tools or tools that they have developed internally into SCORE data.

For additional support, service providers can contact the Data Exchange Helpdesk (https://dex.dss.gov.au/helpdesk/).

7.5. Activity Work Plans (AWP) and AWP reports

The AWP is a mandatory document that all FMHSS providers must complete in consultation and agreement with the department. Using the 'standardised AWP template' on the department's website, providers must set out deliverables, timeframes, measures of achievement, grant expenditure and other key requirements of their grant agreements that they plan to complete within a period of time specified in the AWP template. The department expects AWPs to align with the Outcomes Framework at **Appendix G**.

Once mutually agreed, the AWP forms part of the grant agreement. Providers must report progress against their AWPs annually as specified in their grant agreements.

The AWP is a living document that providers can update at any time in consultation and agreement with the department.

FMHSS providers can download the AWP template from July 2021 from the Families and Children Activity Work Plan Reports webpage on the DSS website. The webpage also has a guidance document to assist providers develop their AWPs.

The department uses information in AWPs to better understand the activities and progress of individual providers as well as broader trends within and across programs.

FAMs use AWPs to understand the progress of grant activities and facilitate conversations with providers about service delivery. Policy teams read AWPs to identify common themes and issues to inform future policy development.

7.6. Program logics and theories of change

FMHSS providers will be required to develop a program logic for each funded activity.

A template for program logics and theories of change is under development by the Australian Institute of Family Studies (AIFS) and is expected to be available later in 2021.

The first draft of program logics will be required in March 2022, followed by a final version in June 2023.

Additional guidance and supporting information will be provided to assist with this process.

7.7. Financial acquittal reports

FMHSS providers are required to submit a financial declaration for each financial year in their grant agreements. The financial declaration is a certification from the service provider stating that funds were spent for the purpose provided as outlined in the grant agreement and in-which the service provider must declare any unexpended funds. The financial declaration must be certified by your Board, the Chief Executive Officer or other officer with appropriate authority to verify that grant funding has been spent in accordance with the grant agreement.

Please refer to your grant agreement to ensure you meet the stipulated timeframes.

Further information on financial declarations can be found at https://www.dss.gov.au/grants/information-for-grant-recipients/financial-declaration on the department's website.

7.8. Unexpended funds

The department expects grant funding to be fully expended in the financial year in which it is allocated.

If service providers do not expend all grant funding received in a financial year, the department will either approve a roll over of the funds for use in the next financial year or recover the funds. FAMs will liaise with providers on the treatment of unexpended funds after the department has reviewed financial acquittal reports.

7.9. Review point

In 2023-24, the department will review the performance of service providers delivering FMHSS. The department will measure performance across the period 1 July 2021 to 31 August 2023 using the assessment criteria in the matrix at **Appendix F**. The review will commence on 1 September 2023 (the review point) and the department will notify providers of their outcomes by 29 February 2024.

The review point is an opportunity for the department and service providers to check if grant activities are on track, identify areas for improvement, and work together to achieve improved outcomes for families and children in Australia.

Some assessment criteria for the review point take effect at various points after 1 July 2021 (e.g. criteria for reporting data in the Data Exchange). These criteria give

service providers time to build their capability, troubleshoot problems and work towards targets by dates specified in the matrix.

The department has set targets for most assessment criteria, but providers will set their own targets for client numbers and client demographics in agreement with the department (see the AWP and associated guidance for further information). The targets set by the department aim to be ambitious but realistic; they are based on the requirements of grant agreements, past performance of service providers delivering FMHSS and trends across other programs funded by the department. The targets set the department's expectations of performance by, and following, the review point.

The department is committed to the holistic assessment of performance. When assessing performance against the assessment criteria, the department will draw on qualitative information in AWP reports as well as other sources where relevant.

If a provider does not meet one or more assessment criteria, the department will work with the provider to improve performance. The department acknowledges that some providers may not meet some assessment criteria due to circumstances beyond their control. If a provider has credible reasons for not meeting one or more criteria, and the department has no further concerns, it may decide there is no need to work with the provider to improve performance.

Please note the assessment criteria at **Attachment F** are distinct from performance indicators in grant agreements. The assessment criteria measure performance against targets whereas the performance indicators measure performance by comparing similar service providers to one another. While there is some overlap in the types of performance measured by each method, the department will only use the assessment criteria to measure performance at the review point.

Service providers should contact their FAMs if they have questions about the review point.

8. Grant Administration

8.1. Grant recipients' responsibilities and accountabilities under the Activity

In entering into a grant agreement with the department, the grant recipient must comply with all requirements outlined in the suite of documents that comprise the agreement including:

- the Commonwealth Standard Grant Conditions (Schedule 1);
- Commonwealth Standard Grant Agreement Supplementary Provisions;
- the CMH Program Guidelines; and
- these Operational Guidelines.

Grant recipients are responsible for ensuring:

- the terms and conditions of the grant agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- highest standards of duty of care are applied;
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations;
- Aboriginal and Torres Strait Islander people have equal and equitable access to services;
- they work collaboratively to deliver the program; and
- they contribute to the overall development and improvement of the program such as sharing best practice.

Relevant Commonwealth, State and Territory legislation include, but are not limited to:

- State and territory mental health acts;
- State and territory child protection acts and the *Family Law Amendment Act 2008;*
- *Privacy Act 2012* and the National Privacy Principles (NPPs);
- *Racial Discrimination Amendment Act 1980;*
- *Social Security and Other Legislation Amendment (Income Support Bonus) Act 2013;*
- *Sex Discrimination Act 1984;*
- *Sex Discrimination Amendment Act 2013;*
- *Disability Discrimination Amendment Act 2005;*
- *National Disability Insurance Scheme Act 2013;*
- National Standards for Disability Services 2013;
- National Standards for Mental Health Services 2013;
- Work Health and Safety Act 2011;
- any applicable state or territory law relating to discrimination; and
- any state or territory laws regarding young people who are under 18 years of age.

- FMHSS providers should also be aware of any case-based law that may apply to, or affect, their service delivery. They must also ensure FMHSS meet health and safety requirements and all licence, certification and/or registration requirements in the locations they are providing services.

8.2. Other key requirements, policies, information & factsheets for service providers

All service providers must comply with the:

- Community Mental Health (CMH) Program Guidelines which provides overarching guidance for all activities delivered under Community Mental Health, including FMHSS.

The following policies on the DSS and Community Grants Hub websites also apply to FMHSS:

- Access and Equity Policy
- Communication Policy for Services, Activities and Events
- Complaints Process for Grant Recipients
- Grant Recipient Complaints and Whistleblower Provisions
- National Redress Scheme Grant Connected Policy
- Online Safety
- Vulnerable Persons, Police Checks and Criminal Offences

The Community Grants Hub website also has some helpful factsheets for service providers:

- Factsheet on business processes
- Factsheet on strategic planning
- Factsheet on workforce design

The department strongly encourages service providers to visit the Australian Institute of Family Studies' Child Family Community Australia (CFCA) webpage for free research and information for service providers that work in the child, family and community welfare sector.

8.3. Privacy

In accordance with the Grant Agreement General Conditions, all FMHSS providers must comply with their obligations under the *Privacy Act 1988* (Privacy Act). Information about the National Privacy Principles (NPPs) can be found in the Grant Agreement General Conditions.

8.4. Grant Recipient Portal

The Grant Recipient Portal is a platform where grant recipients interact with the department's systems and services to self-manage their grant information. The Portal has been designed to make grant management simple and easy. The Portal allows grant recipients to:

- access their grants information in one place;
- view their activities and milestones;
- download copies of their payment advices;
- update their organisational details and adding additional organisational users;
- update their organisation's bank account details;
- submit financial acquittals; and
- submit AWPs.

The department encourages all grant recipients to use the Grant Recipient Portal. For further information on accessing and using the Portal, please visit the Community Grants Hub website or contact the Community Grants Hub.

8.5. Primary contact person

The FMHSS provider must notify the department within five days if the primary contact person named in the cover letter accompanying the Grant Agreement changes, or the primary contact's details change.

8.6. Changes to your organisation

Organisations undergoing significant change (such as a change of name, change of legal entity, or change of ABN) must provide 30 days written notice to the department via the FAM.

8.7. Disclosure of personnel and personnel changes

FMHSS providers must advise the department of the details of personnel providing services (if requested by the department). Providers must notify the department in writing if there are changes to staffing structures that may negatively impact service delivery.

8.8. Complaints

The department requires FMHSS providers to have a transparent and accessible complaints handling policy. Providers are expected to make their complaints policies and processes readily available to staff, participants and the public. Providers should also maintain appropriate whistleblower provisions.

A complaints policy should include options for escalation both within an organisation and to the department if necessary (e.g. a participant is unhappy with a provider's handling of their complaint). The department expects providers to inform participants of their right to lodge complaints directly to the department via the Feedback and Complaints webpage.

A complaint made by a participant should not adversely affect the relationship between a service provider and the participant.

Please refer to the following webpages for further information:

- DSS Feedback and Complaints
- Grant Recipient Complaints and Whistleblower Provisions
  Contacting DSS.

8.9. Hot Issues and Media

Demand for, and increased public, media or political interest/scrutiny will periodically spike due to a variety of issues, including:

- something that is of interest to the target group;
- launches of new initiatives; and
- parliamentary proceedings, including senate estimate hearings and question time.

Identifying these issues and sharing the information with the department will enable more proactive service delivery responses.

Service providers must also alert the department of any less urgent issues, particularly where they affect services to clients.

The department must be informed if service providers are planning to engage with the media. It is important that the department is made aware in advance of what issues will be raised as this will allow the department time to prepare for any follow-up enquiries and/or to brief relevant stakeholders as necessary.

For further information, please refer to the DSS Communication Policy for Services, Activities and Events.

8.10. Critical Incidents

FMHSS providers should notify the department within 24 hours of any incidents occurring (or 24 hours from when they are discovered) that may adversely impact the delivery of services to FMHSS participants or the reputation of the department.

FMHSS participant includes a child or young person who is receiving direct support from the FMHSS Provider. Although the FHMSS Activity is family-focused and carer-inclusive and requires Providers to consider the family member's or carer's role in contributing to the mental health wellbeing of a child or young person, any incident reporting should be about the participant in the FMHSS.

Critical incidents can include such things as:

- death, injury or abuse of FMHSS participants while in the care of the provider;
- death, injury or abuse of FMHSS staff or volunteers;
- inappropriate conduct between FMHSS participants and employees;
- significant damage to, or destruction of, property impacting service delivery;
- adverse community reaction to FMHSS activities;
- negative media coverage; and
- misuse of FMHSS funding.

To notify the department, the FMHSS service provider Site Manager must complete the Incident Report Form (at **Appendix H**) and forward it to their FAM. The service provider should telephone their FAM to advise the email is coming, and should confirm the department has received the email via telephone or an email read receipt.

The department expects all FMHSS service providers to be familiar with the Incident Report Form template.

Information supplied to the department should be de-identified. Names and addresses may be requested if the department becomes involved in judicial proceedings as a result of the incident.

Reports to DSS should only be prepared after immediate duty of care and reporting requirements have been addressed. For example, if someone is in immediate danger please call 000. If an incident is a matter for police or child protection, liaison and resolution with these authorities is always the priority.

9. Glossary

Activity Work Plan (AWP) – is the document that details the activities that will be implemented under the Grant Agreement.

Assessment – an initial conversation, after screening has occurred, to determine grounds of which a child or young person is seeking a service. It will provide a preliminary understanding of the life circumstances (risk factors and protective factors) of a child or young person and his/her family, and a level of insight into the needs and strengths of the child or young person and his/her family.

Children, Young People, Families or Carers Experiencing Significant Risk Factors There are significant mental health risk factors for children who experience homelessness, unemployment, drug and alcohol abuse, domestic violence, disability and/or history of trauma. They have a higher risk of poor mental health outcomes later in life. Such children and young people are regarded as vulnerable and disadvantaged and are regarded as special needs groups for the purposes of these services.

Service Area – refers to the geographically defined area in which a particular service is delivered and in which participants must reside in order to qualify for services from that service provider.

Cultural competency / sensitivity – Cultural competence is awareness of cultural differences. It is the ability to understand, communicate with, and effectively interact with people across cultures. Cultural competence encompasses:

- being aware of one's own world view;
- developing positive attitudes towards cultural differences;
- gaining knowledge of different cultural practices and world views; and
- developing skills for communication and interaction across cultures[3].

A person who is culturally competent can communicate sensitively and effectively with people who have different languages, cultures, religions, genders, ethnicities, disabilities, ages and sexualities. Culturally competent staff strive to provide services consistent with a person's needs and values.

Culturally and Linguistically Diverse (CALD) – People from CALD backgrounds are defined as people who identify "…*as having a specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents' identification on a similar basis*[4].

Family – the definition of 'family' in these Operational Guidelines is '*a group of people identified by the participant as their family. This includes all familial arrangements, such as same-sex relationships, kinship, de facto, etc.*' Carers are included as family members for the purposes of these guidelines. Their role is to support the child or young people in all aspects as they participate in FMHSS. The support may include:

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[3] Belonging, Being & Becoming - The Early Years Learning Framework for Australia <http://docs.education.gov.au/node/2632>

[4] Victorian Multicultural Strategy Unit (2002) in Australian Psychological Society Ltd 2008

- encouraging the child or young people to express their feelings and thoughts,
- identifying appropriate goals,
- participating in all assessments and reviews,
- updating the child or young person's change in circumstances with the provider such as changes in the child or young person's mental health or relocating out of service area,
- assisting with the transport of a child or young person to appointments for comfort and reassurance,
- collaborating with Providers,
- working closely with Providers to monitor the child or young person's progress, and
- maintaining meeting schedules.

Family Action Plan (FAP) – the Family Action Plan (FAP) is negotiated between child, young person and family, and the practitioner to record the goals, needs and strengths of the referred child or young person, and each significant adult in his/her family who will also be working with the provider. These are reviewed every three months unless there are significant changes that require the FMHSS provider to immediately update the FAP.

Families and Children (FaC) Activity – is delivered under the Families and Communities Program and aims to support families, strengthen relationships, improve the wellbeing of children and young people and increase participation of people in community life to enhance family and community functioning.

Families and Communities Program – provides a range of services, focused on strengthening relationships, support families, improve wellbeing of children and young people, reduce the cost of family breakdown, strengthen family and community functioning and facilitate the settlement of migrants and humanitarian entrants into the community

'First to know' agencies – are agencies that are often the first to have concerns that a child or young person may be experiencing difficulties or any form of abuse. They include schools, childcare centres, general practitioners, child protection agencies, police and hospitals.

Funding arrangement manager (FAM) (formerly called grant agreement manager) – departmental officer responsible for the ongoing management of the grant recipient and their compliance with the grant agreement.

Grant Agreement – the legally binding contract between the department and the service provider.

Humanitarian entrants – people who hold or have held a humanitarian visa**.**

Participant – refers to a child or young person who is receiving direct non-clinical community mental health support service from the FMHSS provider.

Program Guidelines – are the guidelines applicable to a Sub-Activity.

Screening – the initial process by which a FMHSS provider determines if the service is appropriate for the child or young person, their family or carer, and broadly what type of support is required as a first step. This screening reflects point in time information and does not in any way prohibit further assistance.

The department – The Australian Government Department of Social Services.

Young people leaving out-of-home care – the 'young people leaving care' target group refers specifically to young people who have been in the formal care of the state and are in the process of transitioning to independence.

10. Appendices

10.1. Appendix A – Family Action Plan

10.1.1. What is a Family Action Plan?

The Family Action Plan (FAP) is used to record the goals, needs, strengths, difficulties and progress of the referred child or young person, and each significant person in their family who is also working with the provider.

A FAP should be developed for all children and young people assessed as requiring intensive, long-term, early intervention support, with the support of their families. FAPs should be reviewed and revised *at least once every three months*.

The life domain goals or issues that may be considered when developing the FAP include:

1. Physical health
2. Mental health and emotional wellbeing
3. Relationships (including social networks and relationships, and family relationships and functioning)
4. Material wellbeing (including housing and self-care and living skills)
5. Learning and development (including school attendance/learning and sport/recreational activities)
6. Safety (including child and family safety).

The voices of children and young people should be sought, heard and included in the development of FAPs. FAPs are living documents and remain the property of the child or young person.

10.1.2. Developing a Family Action Plan

A FAP template is provided in below. This template is simple and can be modified to make it more interesting and engaging for participants, depending on their age, cultural background and other personal interests. The department requests providers to base their modified FAP on the template contained in this document.

The FAP has at least two sections – one for the child or young person and one for each of the significant other family members who are working with the provider to support the child or young person.

The FAP is linked with the mandatory client level data in DEX (described on pages 48-49 of the Data Exchange Protocols, https://dex.dss.gov.au/data-exchange-protocols/).

If appropriate, a FAP can also include:

- The child/young person's strengths.
- What they can do to help themselves.
- Which other people can help them and how
- How will they know they are finding it easier to manage their issues
- How will they know they are finding it more difficult to manage their issues
- What can they do if they start finding it more difficult to manage their issues, and what do they want other people to do?

The department is also able to access data to compare the progress made by different sub-groups of participants. For example, it would be useful to know that 60% of children who wanted to work on their school attendance had improved their attendance rate over the first three months of service.

The FAP is not intended to replace detailed notes kept by the practitioner.

10.1.3. Family Action Plan Principles

The following principles should be followed when working with participants (children, young people and their families) to develop their FAP:

- The child or young person is central to all planning processes and their voices should be heard and recorded in the FAP.
- Discussions between the participant and their support worker should be based on the participant's life goals, not on what other people think should be their goals.
- The FAP should focus on the participant's goals, aspirations and preferences and affirm the strengths, talents and capacities of the person.
- Other participants (e.g. family members) involved in the development of the FAP, need to be willing to discuss their goals in relation to outcomes for the child or young person.
- The FAP is a living document that should be regularly reviewed and updated every three months at a minimum.
- The FAP is owned by the participant and not the service provider. It is considered as 'Mary's FAP' rather than 'the FAP for Mary'. The participant should always be able to have a copy of their FAP and know exactly what is in it. Nothing should be in the FAP that the participant did not agree to.
- The FAP should use the participant's language or way of expressing their needs and goals, and not service or clinical language.
- The process of planning and developing a FAP is a shared responsibility between a support worker and the participant. It is not something prepared without the participant.

10.2. Appendix B – Family Action Plan template

Providers are not required to use this exact template; they can develop their own to suit their local participants and target groups, etc.

Part 1: Child/young person

Name (first name only required):

____

Date plan developed:

____

Areas of need identified in assessment (the things I want to work on):

1. --
2. --
3. --
4. --
5. --

For practitioner - which life domain goals does this fit in?

Life domain	
1. Physical health	
2. Mental health & emotional wellbeing	
3. Relationships (including social networks and relationships, and family relationships and functioning)	
4. Material wellbeing (including housing and self-care and living skills)	
5. Learning and development (including school attendance/learning and sport/recreational activities)	
6. Safety (including child and family safety)	

What I'm good at or what I don't need help with:

1. --
2. --
3. --
4. --
5. --

What I can do to help me more easily progress towards my goals:

____
____
____
____

People who can help me progress towards my goals:

Who (name)	What part do they play in my life? (e.g. parent, teacher, cousin etc.)	What I need them to do

People who do not help me with positive changes:

Who (name)	What part do they play in my life? (e.g. parent, teacher, cousin etc.)	What I need them to do

How I will know if I am finding it easier to manage my area(s) of need:

____
____
____
____
____

What I can do if I start to have more difficulties:

____

____
____
____
____

What I want other people to do if I start having more difficulties:
____

____
____
____
____

Things I can do for myself:

____
____
____
____
____

For practitioner: Child/young person's SDQ scores

Scale	**Score**
1. Emotional symptoms scale	
2. Conduct problems scale	
3. Hyperactivity/inattention scale	
4. Peer relationship problems scale	
5. Prosocial behaviour scale	
6. Total difficulties scale	
7. Externalising score	
8. Internalising score	

Date this plan will be reviewed: --

Part 2: Parent/carer or adult person who will work with the child/young person

Name (first name/s only required):

____

Date plan was developed:

____

Areas of need identified in the assessment (the things I want to work on to help this child/young person manage their issues more easily):

____
____
____
____

For practitioner - which life domain goals or issues does this fit in?

Life domain	
1. Physical health	
2. Mental health & emotional wellbeing	
3. Relationships (including social networks and relationships, and family relationships and functioning)	
4. Material wellbeing (including housing and self-care and living skills)	
5. Learning and development (including school attendance/learning and sport/recreational activities)	
6. Safety (including child and family safety)	

What I'm good at or what I don't need help with as the parent of this child/young person:

____

____
____
____

What I can do to help this child/young person manage their issues more easily:

____
____
____
____

People who can help me to support this child/young person:

Who (name)	What part do they play in my life? (e.g. partner, friend, support worker, etc.)	What I need them to do

People who do not help me to support this child/young person:

Who (name)	What part do they play in my life? (e.g. partner, friend, support worker, etc.)	What I need them to do

How I will know if this child/young person is finding it easier to manage their issues:

____
____
____
____

What I can do if I start to notice the child or young person is finding it more difficult to manage their issues:

____

____
____
____

What I want other people to do to support me in helping this child/young person:

____
____
____

____

Things I can do for myself if I start to feel that I am not helping this child/young person enough:

____

____
____
____

Practitioners should note if the child/young person's goals and their parent's goals are not consistent and any tensions this may cause: -

____

____

____
____

Date this plan will be reviewed:

____

Part 3: Sibling or other child/young person who will be working with the child/young person

Name (first name/s only required):

____

Date this plan was developed:

____

Areas of need were identified in the assessment (the things I want to work on to help this child/young person manage their issues):

____

____

____

____

For practitioner - which life domain goals or issues does this fit in?

Life domain	
1. Physical health	
2. Mental health & emotional wellbeing	
3. Relationships (including social networks and relationships, and family relationships and functioning)	
4. Material wellbeing (including housing and self-care and living skills)	
5. Learning and development (including school attendance/learning and sport/recreational activities)	
6. Safety (including child and family safety)	

What I'm good at or what I don't need help with as a sibling or friend of this child or young person:

____

____

____

____

What I can do to help this child/young person manage their issues better:

____

____

____

____

People who can help me to support this child/young person:

Who (name)	What part do they play in my life? (e.g. partner, friend, support worker, etc.)	What I need them to do

People who do not help me to support this child/young person:

Who (name)	What part do they play in my life? (e.g. partner, friend, support worker, etc.)	What I need them to do

How I will know if this child/young person is finding it easier to manage their issues:

____

____

____

____

What I can do if I start to notice the child or young person is finding it more difficult to manage their issues:

____

____
____
____

What I want other people to do to support me in helping this child/young person:

____
____

____
____
____

Things I can do for myself if I start to feel that I am not helping this child/young person enough:
____

____
____
____

Date this plan will be reviewed:
____

10.3. Appendix C – Screening template

Question	Response	Comment/s
1. Does the referral concern a child or young person between the ages of 0 and 18 years?	Yes/No	
2. Is there at least one adult family member or carer willing to work with the child or young person and the service?	Yes/No	
3. Does the child or young person live within the Coverage Area for this particular service?	Yes/No	
4. Does an adult think the child or young person is showing early signs of, or is at risk of, developing mental illness?	Yes/No	
5. Who is that adult? • Parent or care giver? • Health professional? • Educational professional? • Friend or informal contact?		
6. Is there a presenting issue for the child or young person, which may increase their risk of having poor mental health outcomes later in life?	Yes/No	
7. Is the child or young person under the care of the state child protection agency? (That is, does the state child protection agency have total or shared parental responsibility for the child?)	Yes/No	
8. Is the child or young person in contact with the child protection system?	Yes/No	
9. If the young person is under the care of the child protection system, are they transitioning from out-of-home care? (This process usually starts from the age of 15.)	Yes/No	
Question	**Response**	**Comment/s**
10. What is the expressed request of the child or young person and their family? • For information or one-off support? • For ongoing assistance?	Information or one-off support/ ongoing assistance	

11. If the child or young person is accepted into the service, do they and their family/carer consent to their information collected by this provider being disclosed in a de-identified form to the Department of Social Services for the purposes data collection?	Yes/No	

For a child or young person to be accepted for further support, there should be a ‘yes’ answer to **questions 1, 2, 3, 5 and 6**.

The answer to **question 7** should be ‘no’.

If the answer to **question 7** is ‘yes’ and they are a child or young person aged under 15, they are only able to receive information or one-off support.
(It is not appropriate for the service provider to provide ongoing support for these children or young people as it is the responsibility of the state child protection agency to do this.)

If the answer to **question 7** is ‘yes’ and they are a young person aged 15 or over transitioning to independence from out-of-home care and wanting to work with their family of origin or carer/s to improve their mental health outcomes, then they may be eligible for this service.

The answer to **question 8** can be ‘yes’ or ‘no’ - it will be recorded through the Assessment data for the child or young person.

The answer to **question 9** can be ‘yes’ or ‘no’ – it will be recorded through the Assessment data for the child or young person.

10.4. Appendix D – Referral practice table

A provider's choice of referral practice will depend on a client's needs, what arrangements have been agreed with the service/s to which the client is to be referred and the capacity of both the provider and the service/s to which the client is to be referred. The department encourages service providers to use facilitated, warm and/or active referral processes whenever possible.

Possible term	Characteristics	Possible advantages and disadvantages
Passive referral	The client is given contact information for one or more other services and is left to make their own contact at a time that best suits the client.	This process gives responsibility to the client to take action on their own behalf. There is a greater likelihood that the client will not follow through with the referral if, for example, they lack confidence. The client may feel let down by the service and less inclined to reach out for help again.
Cold referral	The client is transferred to another service without any immediate communication between the referring organisation and the service. For example, the client is transferred to a call centre queue.	The other service may be unaware of the nature of the call or any information or services that the client has already received. The client may be frustrated that they have to re-tell their story and may not communicate their needs in a way that helps the other service understand why the client has been referred.
Facilitated referral	The referring organisation helps the client access another service. For example, the referring organisation makes an appointment with another service on the client's behalf or asks the other service to contact the client.	The other service is made aware of the client and the client is helped to access that service. The client may need to wait for a response from the other service. There is a risk that the other service forgets to contact the client.
Active referral	The referring organisation helps the client access another service. With the client's consent, the referring organisation shares information it has collected about the client and/or its professional assessment of the client's needs with another service.	The client does not need to repeat all of their story and the service to which the client is referred has relevant information about the client. There is a risk that the referring organisation communicates the client's information in such a way that it is misinterpreted by the service receiving the referral.

Possible term	Characteristics	Possible advantages and disadvantages
Warm referral	The referring organisation and the client contact another service together (e.g. in person, by telephone or virtual meeting, etc.). The referring organisation introduces the client, explains what has already been done to assist the client and why the client is being referred.	This provides an open and transparent process in which information can be exchanged between the referring organisation, the client and the other service. All parties can clarify issues immediately and the client does not need to repeat all of their story. The client may feel more comfortable and be more willing to engage with the other service. This process relies on someone at the other service being available to talk with the referring organisation and the client when they contact the other service.

10.5. Appendix E – Referrals checklist

The following checklist may assist staff to make effective referrals:

- I understand the client's situation and perceived needs.
- The client and I have discussed how to prioritise their needs and what options exist to help address their needs.
- The client is willing and ready to be referred.
- I have discussed what issues might make it difficult for the client to follow through with the referral.
- I am comfortable the service to which I am referring the individual is an appropriate service.
- To assist the client in attending a referral appointment, I have discussed issues such as:
    - Name, phone number, and address of the referral service.
    - Directions and transportation to and from the service appointment.
    - What the client can expect upon arrival at the service, along with the nature, purpose and value of the referral.
    - Written material about the service (if available).

Some additional points for staff to consider are:

- I have considered whether a facilitated, warm or active referral would be desirable, based on the client's:
    - ability to negotiate complex social situations
    - ability to provide and receive information
    - ability to tolerate waiting
    - level of ambivalence about seeking help
    - interpersonal style (e.g. passive or argumentative)
- If the referral is a passive or cold referral, I have provided sufficient information and 'coaching' to help make the referral successful.
- (Where appropriate) I have made a plan to follow up with the client to see how things went and to determine next steps.

10.6. Appendix F – Review Point Assessment Criteria

From 1 September 2023, the department will review the performance of each service provider using the assessment criteria in the table below. If a provider does not meet one or more criteria, and cannot provide a credible justification, the department will work with the provider to improve performance and reserves the right to undertake any remedial action in accordance with clauses 2, 13 or 19 of the Commonwealth Standard Grant Conditions.

This table sets out the Review Point Assessment Criteria.

Requirement	**Description**	**Measure**
Reporting requirements		
Participate in the Data Exchange (DEX) Partnership Approach	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance. Meet the minimum requirements in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	Minimum requirements for Data Exchange Partnership Approach include: • 50 per cent of clients assessed for Circumstances. • 50 per cent of clients assessed for Goals. • 10 per cent of clients assessed for Satisfaction.
Develop a program logic and theory of change	Develop a program logic and theory of change using the FaC Activity template. The department will provide feedback on working drafts and approve final documents.	• Submit a first draft by 31 March 2022. • Submit a final version by 30 June 2023 that is approved by the department.
Submit Activity Work Plans (AWPs) and AWP reports	All providers are required to use the standard AWP report template.	Submit AWPs and AWP reports by the milestone dates in the grant agreement.
Submit financial acquittal reports	All financial acquittal reports must be submitted in accordance with the requirements of the grant agreement and departmental guidelines.	Submit valid financial acquittal reports by the milestone dates in the grant agreement.

Data and outcomes assessment		
SCORE Client Circumstances	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance. Meet the minimum requirement in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	80 per cent of clients with a complete SCORE assessment achieve a ***positive or neutral change*** in Client Circumstances.
SCORE Client Goals	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance. Meet the minimum requirement in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	80 per cent of clients with a complete SCORE assessment achieve a ***positive or neutral change*** in Client Goals.
SCORE Client Satisfaction	Report against appropriate outcome domains as specified in the DEX Program Specific Guidance. Meet the minimum requirement in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	90 per cent of clients with a complete SCORE assessment report ***positive*** Client Satisfaction.

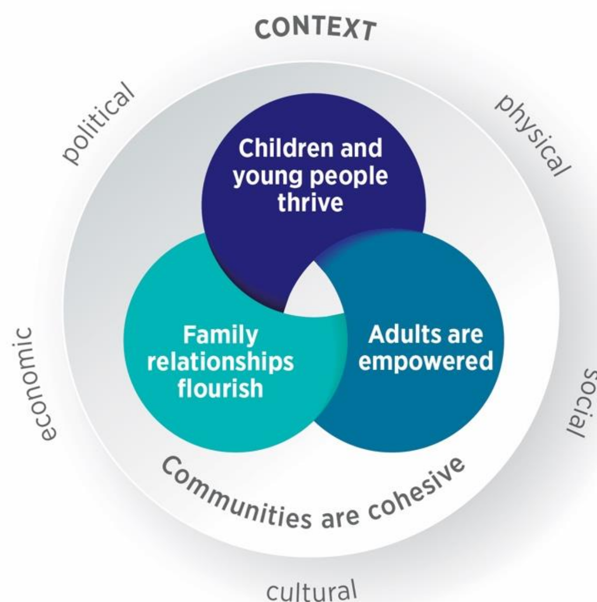
Target number of clients[5] assisted	Each service provider sets an annual target for the number of clients it will assist. The target is agreed with the department and forms part of the AWP. Meet the annual target in the second financial year of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	Achieve the annual target number of clients assisted as agreed in the AWP.
Client demographic targets	Service providers record the following demographic characteristics in DEX: • Indigenous status • Country of birth • Main language spoken at home • Disability, impairment or condition Each service provider sets annual targets for demographic groups its service will assist. The targets are agreed with the department and form part of the AWP. Meet the annual targets in the second financial year of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	• Achieve the annual targets for assisting particular demographic groups as agreed in the AWP. • 80 per cent of clients have complete demographic data.

[5] 5 For guidance on acceptable levels of de-identified client data please refer to Program Specific Guidance for Commonwealth Agencies in the Data Exchange. For guidance on appropriate use of unidentified clients, please refer to the Data Exchange Protocols.

Data quality	Accurate reporting of clients' first names, surnames, genders and dates of birth. Meet the minimum requirement in the third and fourth reporting periods of the grant agreement (i.e. 1 July 2022 to 30 June 2023).	• 90 per cent of Statistical Linkage Keys (SLKs) are valid.

10.7. Appendix G – Outcomes Framework

(This framework is a draft)



AIM: CHILDREN AND YOUNG PEOPLE THRIVE

OUTCOMES:

Positive mental health and wellbeing
Increased resilience
Positive social relationships
Safe at home and in the community
Strong connections to social supports and community
Strong connection to culture
Greater participation in decision-making
Optimal health and development
Positive engagement in education and training

AIM: ADULTS ARE EMPOWERED

OUTCOMES:

Positive mental health and wellbeing
Increased resilience
Positive social relationships
Safe at home and in the community
Strong connections to social supports and community
Strong connection to culture
Greater participation in decision-making
Improved self-efficacy and confidence

AIM: FAMILY RELATIONSHIPS FLOURISH

OUTCOMES:

Positive parenting/caregiver practices
Positive caregiver-child relationship
Respectful relationships
Good communication
Good conflict management

AIM: COMMUNITIES ARE COHESIVE

OUTCOMES:

Communities are safe
Communities are inclusive
Communities understand issues facing children, youth and families
All community members are able to participate in decision making
Services are accessible, appropriate and inclusive
Services work together to support families
Services have the capacity to respond to children's and families' needs

WHAT DO WE MEAN WHEN WE SAY FAMILY?

A family can be made up of anyone a person considers to be their family. Families can include children, but they may not. Family members contribute significantly to the wellbeing of each other and play essential roles in supporting each other through life's transitions, stresses and celebrations.

WHAT DO WE MEAN WHEN WE SAY CONTEXT?

The context is the physical, social, cultural, economic and political environment that clients are located within. It can influence the extent to which clients' basic needs, such as stable housing and food security are met, and in turn, can affect their ability to engage consistently and effectively with services.

The outcomes framework listed above is a draft, and has not been finalised.

Through the families and children consultations, the department received a large amount of feedback on the proposed outcomes framework, including the need for the outcomes to represent the best-practice approaches to service delivery. The department is working closely with the Australian Institute of Family Studies to incorporate service provider feedback and update the outcomes framework.

The department does not anticipate major changes will be made to the draft outcomes framework, and expects the outcomes framework to be finalised in mid-to-late 2021.

The department is also working with the Australian Institute of Family Studies to develop supporting documents to link the outcomes in the outcomes framework to appropriate indicates to allow these to be monitored and recorded in the Data Exchange.

10.8. Appendix H – Incident Report Form

Organisation:

____

Service activity

name:____

Site:____

__

DETAILS OF INCIDENT

DATE OF INCIDENT:_____/_______/__________**TIME OF INCIDENT:**_________:_________AM/PM

NO. OF INDIVIDUALS INVOLVED: ____________**GENDER OF INDIVIDUALS INVOLVED**:____________

AGE OF INDIVIDUALS INVOLVED: ____________**STATUS OF INDIVIDUALS INVOLVED (STAFF, CHILD OR YOUNG PERSON ETC**):________________________

WHERE DID THE INCIDENT TAKE PLACE? ____

WHAT OCCURRED? (DESCRIPTION OF INCIDENT)

____

____

____

____

____

____

RESPONSE TO THE INCIDENT:

____

____

____

____

____

____

ACTION THAT HAS BEEN TAKEN OR CAN BE TAKEN TO PREVENT THE INCIDENT FROM HAPPENING AGAIN:

____

____

____

____

____

HAS THERE BEEN OR IS THERE LIKELY TO BE MEDIA COVERAGE OF THE INCIDENT:

____

___

____

____

______**NAME OF SITE MANAGER: __________________________________DATE:**

_______/______/_______

SIGNATURE OF SITE MANAGER

____