



Australian Government
Department of Education and Training

Guide to Additional Child Care Subsidy (child wellbeing)

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Part A – Introduction

1. Overview of the Additional Child Care Subsidy

The Child Care Package includes a \$1.2 billion Safety Net to give the most vulnerable and disadvantaged children, as well as those from regional and remote communities, a strong start through access to quality early learning and child care.

Included in the Child Care Safety Net is an Additional Child Care Subsidy (ACCS). The ACCS includes four elements:

- ACCS (child wellbeing) - for families who require practical help to support their children's safety and wellbeing
- ACCS (grandparent) - for grandparents who are primary carers of their grandchildren
- ACCS (temporary financial hardship) - for families experiencing temporary financial hardship
- ACCS (transition to work) - for families transitioning from income support to work.

ACCS is a top-up payment in addition to the Child Care Subsidy (CCS) and, except for the ACCS (transition to work), it will cover all of a child's child care fees in most cases.

1.1. Features and benefits

- ACCS (child wellbeing) provides a [higher rate of assistance](#) than CCS in order to reduce the possibility of the cost of child care being a barrier to children 'at risk' from either entering or remaining engaged with child care.
- It provides [additional hours of care](#) (up to 100 hours per fortnight) and parents or carers do not need to undertake activities, so that families can focus on dealing with difficult circumstances.
- Additional time spend in quality early learning and child care, and in turn assist the child's safety, wellbeing, resilience and development.
- Families are encouraged to take advantage of other support services that can help them because [providers can make referrals to appropriate support agencies](#).
- Providers can give immediate access to the subsidy and providers will receive the additional subsidy immediately after they have [submitted their attendance reports](#).

1.2. How the subsidy and the activity test is calculated

Where ACCS (child wellbeing) is granted for a child, providers (on behalf of families) will receive a [subsidy](#) equal to the actual fee charged, up to 120 per cent of the relevant CCS hourly rate cap, for up to 100 hours per fortnight.

1.3. Certificates and determinations

When a provider considers that the child is '[at risk](#)' they can, in most cases, immediately give a [certificate](#) for up to six weeks. This can be done through either third party software or through the Provider Entry Portal. This gives the family immediate access to the subsidy:

- Providers can approve up to 6 weeks of ACCS (child wellbeing) in a 12 month period for a child using their care (see 12 month rule).
- A certificate is only valid at the particular service of a particular provider. If a child attends more than one service managed by the provider, then the provider will need to give a certificate for each service.

When a provider has given a child a certificate and considers that the child will continue to be at risk for longer than six weeks, the provider can apply for a [determination](#):

- Providers can apply for a determination from the Department of Human Services through third party software or the Provider Entry Portal.
- Providers can apply to the Department of Human Services while the certificate is in place. There is no need to wait until the certificate ends.
- Generally, the full six weeks must be used before a determination can be made by the Department of Human Services. For example, if a provider gives a certificate for four weeks, they would need to give another certificate for two weeks – a total of six weeks – before the Department could make a determination.

Determinations for ACCS (child wellbeing) are made for periods of up to 13 weeks. Where a child continues to be at risk, the Department of Human Services can approve additional periods of ACCS (child wellbeing) by making subsequent determinations.

When a determination is given by the Department of Human Services, it will apply to all providers and services that the child uses, even if the provider has not applied for a determination.

1.4. Giving notice – making an ACCS (child wellbeing) referral

Making an [ACCS \(child wellbeing\) referral](#) is about:

- getting the family additional support in addition to access to early childhood education and child care
- helping the family to make contact with the state and territory support agencies that are best placed to assist the family in their particular circumstances.

[Family Assistance Law](#) requires that the provider must [give notice](#) (i.e. [make an ACCS \(child wellbeing\) referral](#)) to an ‘[appropriate support organisation](#)’ when accessing ACCS (child wellbeing) for a child. This is to ensure that a support organisation can assist the family.

Providers are expected to have [conversations with their families](#) about eligibility for ACCS (child wellbeing) and the requirement to refer the family to an ‘appropriate support organisation’.

The Department of Human Services will advise both the provider and the family where ACCS (child wellbeing) is being paid for a family. Providers that do not apply for a determination will be able to see that the family is receiving ACCS (child wellbeing) through:

- notification of payments sent to providers
- viewing the entitlements that have been calculated for each child through third party software or the Provider Entry Point at any time
- notifications to providers that a determination has been made.

2. Purpose of this Guide

This Guide contains information for CCS approved providers and services who are involved in the administration of ACCS (child wellbeing).

This Guide:

- provides an overview of the ACCS (child wellbeing) legislative and policy framework to promote a consistent understanding
- supports consistent decision making and administration, especially in areas that are complex and sensitive
- ensures that ACCS (child wellbeing) is managed in accordance with legislative obligations and relevant policies and processes.

In particular, this Guide outlines:

- the circumstances under which providers can access ACCS (child wellbeing)
- how providers can access ACCS (child wellbeing)
- the implementation of the 'giving notice' requirement in each State and Territory ('making an ACCS (child wellbeing) referral')
- what information is required to assist DHS decision makers to assess applications for ACCS (child wellbeing).

This Guide is available on the [Department of Education and Training website](#) and is updated as required. This document should be used in conjunction with the [Child Care Service Handbook](#) and other resources.

3. Family Assistance Law

The key legislation of the Family Assistance Law includes:

- [A New Tax System \(Family Assistance\) Act 1999](#) as amended by the [Family Assistance Legislation \(Jobs for Families Child Care Package\) Act 2017](#)
- [A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#) as amended by the [Family Assistance Legislation \(Jobs for Families Child Care Package\) Act 2017](#)
- [Family Assistance Legislation \(Jobs for Families Child Care Package\) Act 2017](#).

The following instrument is also relevant to users of this Guide:

- [Child Care Subsidy Minister's Rules 2017](#)

[Appendix B](#) provides a list of the relevant legislative references for ACCS (child wellbeing), including related instruments and determinations. These Acts and legislative instruments are collectively known as 'Family Assistance Law'.

4. Important notice and disclaimer

All approved early childhood and child care providers must be familiar with and comply with [Family Assistance Law and legislative instruments](#) that form the Family Assistance Law.

Providers must also be familiar with and comply with the Education and Care Services National Law (National Law) and the Education and Care Services National Regulations (National Regulations)

Provider's obligations to comply with the Family Assistance Law apply separately from their obligations to comply with the National Law and to meet the requirements of the National Quality Framework. Providers must ensure they are compliant with both. The Commonwealth only administers the Family Assistance Law. State and territory regulators administer the National Law.

This Guide to the Additional Child Care Subsidy (ACCS) (child wellbeing) is provided as guidance only and is not the law. Providers and other users accept any risk involved in relying on this Guide to their detriment, without having first had regard to the Family Assistance Law. The Family Assistance Law is set out in Commonwealth legislation and legislative instruments which may be amended before this guide is updated. If there is a conflict or discrepancy between the material in this Guide and the Family Assistance Law, the Family Assistance Law will always prevail. As such, providers and others who use this Guide should refer to the Family Assistance Law for the laws that apply to child care payments and the approval of child care providers and services.

Providers should also be familiar with the conditions of their approvals and any relevant terms and conditions in any contractual funding agreements they have entered into with the Commonwealth. If there is conflict between material contained in this Guide and conditions of approval or terms in funding agreements, then these conditions will prevail.

5. Protection of privacy and personal information

Information about families and providers collected by the Australian Government is subject to confidentiality provisions contained in the *A New Tax System (Family Assistance) (Administration) Act 1999* and the provisions of the *Privacy Act (1988)*. In summary, these provisions limit the use and disclosure of protected and personal information.

The Department of Education and Training and the Department of Human Services should only provide protected and personal information where it is authorised (e.g. where the disclosure is to fulfil the purposes of the Family Assistance Law) and necessary for assessing circumstances to determine eligibility for the ACCS claim.

6. Eligible hours and percentage of subsidy paid

Families are exempt from the Child Care Subsidy activity test for any child who is eligible for the Additional Child Care Subsidy (child wellbeing). This means, they will be entitled to access up to 100 hours of subsidised child care per fortnight regardless of their activity.

Example: Meg is eligible for ACCS (child wellbeing). Her daughter Madeleine is attending child care 10 hours each day, four days a week (80 hours per fortnight). Because Meg is eligible for 100 hours per fortnight, she would receive ACCS (child wellbeing) for the 80 hours Madeleine attends. Meg could even consider increasing Madeleine's hours to 100, if that would help the child or family, and receive ACCS (child wellbeing) for an additional 20 hours.

ACCS (child wellbeing) is paid directly to providers to reduce the cost of child care for eligible families. Eligible families will receive a subsidy equal to the actual fee charged by the provider, up to 120 per cent of

the relevant CCS hourly rate cap, whichever is lower. In most cases, the full cost of child care will be covered.

Care type	Children below school age CCS hourly rate cap (ACCS hourly rate cap)	School-aged children CCS hourly rate cap (ACCS hourly rate cap)
Centre based	\$11.77 [^] (\$14.12 [^])	\$10.29 [^] (\$12.35 [^])
Outside School Hours	\$11.77 [^] (\$14.12 [^])	\$10.29 [^] (\$12.35 [^])
Family Day Care	\$10.90 [^] (\$13.08 [^])	\$10.90 [^] (\$13.08 [^])
In Home Care – family hourly rate cap	\$25.48 [^] (\$30.58 [^])	\$25.48 [^] (\$30.58 [^])

[^]These are 18-19 figures and will be indexed by CPI annually.

Example: A centre based child care service charges \$11 per hour. Jon’s child is at risk and the provider has given a certificate to that effect. As \$11 is below the ACCS (child wellbeing) hourly rate cap of \$14.12, Jon will receive a total subsidy of \$11 per hour for up to 100 hours per fortnight.

When a provider gives a [certificate](#) or when the Department of Human Services makes a [determination](#), the ACCS (child wellbeing) payment is made once the child’s attendance data has been received and all other criteria to make payments have been satisfied. Information about other criteria, including CCS eligibility, are available in the [Handbook](#).

Part B – ACCS (child wellbeing) eligibility criteria

1. Definition of ‘at risk’

Under [Family Assistance Law](#), a child is taken to be ‘at risk’ for the purpose of ACCS (child wellbeing) if they are experiencing harm, as a result of current or past circumstances or events that resulted in the child being subject to, or exposed to: serious physical, emotional or psychological abuse; sexual abuse; domestic or family violence; or neglect.

Being ‘at risk’ also includes situations where the child is likely to experience those circumstances in the future, in that the risk is ‘real and apparent’. This requires the provider and/or the Department of Human Services to make a reasonable assessment based on some form of observation or evidence that suggests that the risk is real or apparent. (Note: providers are required to keep file notes about their observations and these can be used to support giving a certificate.)

This inclusive definition allows for families to be eligible for the subsidy at the earliest appropriate point and potentially before they are known to a [child safety/protection agency](#).

2. How to assess if a child is ‘at risk’

The key question to assess if a child meets the ACCS (child wellbeing) definition of ‘at risk’ is: Is the child currently suffering harm from any of these events, regardless of whether they occurred in the past, or if they are currently occurring? Or, is it likely that the child will be suffering harm from any of these events in the future?

These events could include:

- serious physical, emotional or psychological abuse
- sexual abuse
- domestic or family violence
- neglect.

In this context:

- ‘harm’ means any detriment to the child’s wellbeing
- ‘neglect’ means a failure to be provided with the basic needs that are essential for the child’s physical and emotional wellbeing
- ‘serious’ means significant or worrying; not slight or negligible.

Providers are expected to have evidence to support their decision.

***Example:** Jack’s child care educators have become aware that his parents have separated recently and are currently sorting out their future living arrangements. The educators noticed that Jack’s attendance has become very random lately and he wears the same clothes several days in a row. Jack also states his parents are always fighting about money. Following a conversation with the parents, the provider determines that Jack is at risk of neglect and gives a certificate, so Jack can attend child care without the parents having to worry about child care fees. The provider makes a file note of their conversation with the parents, outlining the concerns they have and why they believe the child meets the definition of*

‘at risk’ for the purpose of ACCS (child wellbeing).

3. Emerging risk

It is appropriate for a provider to give a certificate on the basis that a child is likely to experience harm in the future.

Example: Tim lost his temporary accommodation and he has let his child care service know that he and his daughter Brianna are living in the car until “something better comes up”. While Brianna seems fine and Tim is searching for new accommodation, this circumstance suggests that Brianna’s circumstances of being temporarily homeless might mean that she may become subject to neglect in the near future. The risk is real and apparent given Tim does not have access to settled accommodation.

While there is no limit on how long ACCS (child wellbeing) can be granted based on emerging risk it is important to note that the Department of Human Services will ask for supporting evidence, including independent third party evidence, to confirm that the risk continues to remain real and apparent.

Evidence about emerging risk can often be significantly different or unusual behaviour, or an emerging pattern of injuries that do not necessarily require a provider to make a formal report to a state or territory safety/protection agency. This Guide also provides information about [evidence](#) to support an application for a determination.

4. Indicators of abuse or neglect

Providers should be familiar with relevant indicators of abuse or neglect. For a general overview, providers may wish to consider the information available on the [Australian Institute of Families](#) website.

5. Child in need of care under State or Territory law

In some circumstances, a child attending child care may already be under the care of a state or territory safety/protection agency. Children who are already recognised as requiring additional protection under state or territory based law, will be taken to be ‘at risk’ for the purpose of ACCS (child wellbeing), as long as they are under care because they are ‘at risk’. States and territories have different ways of describing ‘at risk’, as set out in the table below. If a court order or a determination in a particular state uses the term in the legislation, then the child will automatically be considered to be at risk in terms of accessing ACCS (child wellbeing):

Table: State and Territory child protection or child safety laws

State/territory	Circumstance	Relevant law
ACT	in need of care and protection	Children and Young People Act 2008 (ACT)
NSW	at risk of significant harm	Children and Young Persons (Care and Protection) Act 1998 (NSW)
NT	in need of care and protection	Care and Protection of Children Act (NT)

State/territory	Circumstance	Relevant law
QLD	in need of protection	<u>Child Protection Act 1999 (Qld)</u>
SA	at risk	<u>Children's Protection Act 1993 (SA)</u> / <u>Children and Young People (Safety) Act 2017 (SA)</u>
TAS	at risk	<u>Children, Young Persons and Their Families Act 1997 (Tas)</u>
VIC	in need of protection	<u>Children, Youth and Families Act 2005 (Vic)</u>
WA	in need of protection	<u>Children and Community Services Act 2004 (WA)</u>

Note: the information in the table may change over time as state/territory law changes. Generally, the most current wording applies.

If the circumstances outlined in the table above apply, no additional evidence needs to be provided. The provider will not need to provide information about the type of harm the child is experiencing, while a court determination is still in place.

***Example:** Sara has been placed in foster care under a court order because it is no longer safe to live in the family home. Sara therefore meets the definition of 'at risk' and her foster carer is eligible to receive ACCS (child wellbeing).*

It is important to remember that this applies to foster and kinship care arrangements that are recognised in a decision of a court or tribunal. If a child is living in residential care, then they cannot receive CCS or ACCS (child wellbeing).

Part C – Factors to consider in making a decision

1. Where a child is not ‘at risk’

There are some circumstances which, considered in isolation, are not sufficient indicators that a child is at risk of serious abuse or neglect for the purpose of ACCS (child wellbeing). However, when considered together, these circumstances may indicate that a child is [‘at risk’](#) for the purpose of ACCS (child wellbeing).

Some examples of circumstances that, in and of themselves, do not mean that a child is at risk:

1.1. Low income

***Example:** Tim and Camille receive income support as their sole source of income. In itself, that does not mean that John, their child, is ‘at risk’.*

Camille spends most of their income on gambling, which means that regularly John misses out on meals because there is no food in the house. Being on a low income is part of the context, but not the sole reason, why John is being neglected. In this case, John’s circumstances, when considered in full, would meet the definition of being ‘at risk’.

1.2. Ethnic, cultural, religious or racial background

***Example:** Peter’s family are newly arrived migrants from a non-English speaking background. They are living in a regional area where there are no families with similar backgrounds. In isolation, Peter’s ethnicity alone would not result in being considered to be at risk.*

However, if he or his family witnessed (or were subject to) persecution because of their ethnicity, then ethnicity may inform the overall consideration that he is ‘at risk’ where he continues to suffer from the impact of the persecution, even if the persecution is no longer a threat.

1.3. Location

***Example:** Paula lives in a remote location in the Northern Territory. Based on her location only, Paula is not ‘at risk’ for the purpose of ACCS (child wellbeing). Paula’s location may be taken as a contributing factor when determining if she is ‘at risk’. As Paula is regularly left unattended for many hours while her parents drive to the nearest shops; there is evidence of neglect which means she may meet the definition of ‘at risk’.*

1.4. Disability or mental illness

Where a disability or mental illness of a parent or of a child is part of the consideration if a child is at risk, the provider / Department of Human Services needs to determine the link between the parent’s ability to care for the child on a day to day basis and how the child might be ‘at risk’. The following aspects may help with that consideration:

- type and extent of disability (or mental illness)
- the way the disability (or mental illness) impedes appropriate care for the child

- availability of other support person (including partner).

Example: Anita is Emma's mother. Anita has a deformity on one of her feet which makes her limp heavily. This has been formally recognised as a disability. She is otherwise fine, able to drive a car, looks after Emma on a day to day basis and has the support of her husband Joe. Based on this, Emma is not 'at risk'.

2. Verify observations

A provider will only be able to see a glimpse of a family's circumstances. Hence, it is important, as part of a conversation with the family, to try to verify the observations made if possible.

3. Where the child is no longer at risk

A provider has an obligation to notify the Department of Human Services as soon as practicable if they believe that the child was not at risk during the time a [certificate](#) or [determination](#) is or was in effect. This includes when a certificate or a determination has ceased. It also includes any times when the [provider was eligible for ACCS \(child wellbeing\)](#).

Part D – Family Involvement

1. Why have the conversation

A provider will have skilled staff who can discuss with families matters about a child's development, welfare and wellbeing. From time to time, this can include discussing possible eligibility for ACCS (child wellbeing).

There are good reasons for providers to discuss ACCS (child wellbeing) with the family, including:

- ACCS (child wellbeing) supports early intervention. Engaging positively with vulnerable families – including offering help through ACCS (child wellbeing) – may help prevent issues from escalating. Families that feel included in the process are more likely to respond to offers of assistance.
- Providers must make a referral to an [appropriate support organisation](#) when a child is 'at risk'. This organisation may contact the family to discuss ways to help them resolve the matters that led to the child being at risk. This is to help families get every support they need.
- Families will receive advice from Centrelink once a [certificate](#) is given or a [determination](#) has been made. They will also see in their account statement that they are in [receipt of](#) additional support.

In many cases, families will play an important role in [gathering and sharing evidence](#) that their child is at risk. If the family wishes, they can give consent for their provider to receive information about contact with any support service in order to obtain supporting information for an application for a determination.

2. When to have the conversation

A family should be approached about the additional subsidy in a careful and considered manner. Before having a conversation with the family, it may be appropriate to consider the following:

- Is this the right time to have the conversation?
- Should we strengthen the relationship with the family or carers a little more before having a conversation?
- Is there a sense of urgency that needs to be taken into account?

Under [Family Assistance Law](#), there is no obligation to give a [certificate](#) or apply for a [determination](#) immediately. This means that the provider can wait until the appropriate time. This will need to be balanced against any sense of urgency in terms of:

- keeping the family engaged in child care
- financial pressure on the family
- helping the family get the support they need (which may include a formal notification under state or territory child safety/protection law, where this is required and the family's circumstances require it).

A conversation with the family could be difficult for many reasons. Each reason may require a different and prepared approach:

- where a difficult conversation is expected, it could be advisable to have a third party or support person attend

- if there are culturally sensitive aspects (e.g. culturally and linguistically diverse), providers can ask for guidance prior to having the conversation; e.g. from a recognised Aboriginal and Torres Strait Islander organisation or relevant community group
- perhaps a support person is already working with the family and it may be appropriate for them to be involved
- interpreters might be needed.

3. How to have the conversation

Providers should have an open and transparent conversation with the family. Exactly what they say and how they best frame the conversation, depends very much on their relationship with the family and the severity of risk that has been identified.

The following process is suggested:

- build empathy with the family and choose a time when everyone involved can focus on what is being said. Not everything needs to be discussed at once. Check in that the family is 'OK' with how the conversation is going and check they have understood, in a way that is respectful
- consider the need for support people – whether a translator or interpreter is needed
- focus on the 'shared' goals and working together:
 - getting the family some additional support from a community service during a tough time – given you are unlikely to know all of the facts, it is best to avoid making judgements
 - if appropriate, the family can help explore what might be a 'good fit' service to approach and obtain consent to make the phone call
 - if appropriate, make contact with the community service together – aim for local services, where possible
 - invite the family to keep in regular contact about how things are going and either part of the 'additional support' conversation or later
 - let the family know that that in addition to other support discussed, additional financial support towards the cost of child care might be organised.
- reinforce the importance of the family and their role in assisting you, the provider, to support the child
- you should keep notes about your conversation and keep them in a secure location where sensitive information is only available to those who need to know.

Depending on the circumstances, the provider may frame the conversation differently, as outlined in the example below.

Example: "I understand home life has been a bit difficult and Hayley seems to not be herself at the moment. I'd like to discuss with you a way to support you that might help you to get back on your feet. You may be able to receive extra financial help towards your child care costs for six weeks and I can look for some other services that might help. They may get in touch with you and offer you some help too."

Key messages:

- The provider must [make an ACCS \(child wellbeing\) referral](#) to an [appropriate state or territory support organisation](#). If the family is already using an appropriate support organisation for the

same circumstances that lead the provider to consider the child to be ‘at risk’, then an ACCS (child wellbeing) referral is [not necessary](#)

- ACCS (child wellbeing) means that a child is ‘at risk’ for the purpose of ACCS (child wellbeing). When talking to families, the conversation should focus on ‘safety and wellbeing’, in order to be clear about the nature of the concern (specific behaviours or observations) and the need to take some action to provide support
- providing [more hours of child care support](#) and an exemption from the activity test means that the family can focus on managing the difficult circumstances they are facing
- ACCS (child wellbeing) can mean potentially free child care [for six weeks](#) and possibly longer – this is one support for a family during a challenging time. Other supports are important too
- the support organisation may contact the family to help them (or the family or provider can make the contact)
- ACCS (child wellbeing) is an opportunity for families to [receive financial support](#) so their child can remain in child care or possibly increase their attendance
- ACCS (child wellbeing) does not necessarily involve the relevant state [child safety/protection agency](#).

4. When to delay the conversation

In most cases, it is better to have a conversation with families about [making an ACCS \(child wellbeing referral\)](#). This will help families understand the reason for getting additional support, why they will get letters from Centrelink about the subsidy and why a support agency may get in touch with them. In some circumstances, the provider could consider delaying the conversation until a more appropriate time and a relationship has been built with the family. This could be particularly relevant where there is a significant chance that the family may withdraw from child care if the provider raises concerns with them.

If the child’s circumstances require formal notification to the state or territory child protection, providers must follow their [state or territory guidance](#) on whether to raise the issues with the family or not. Some state and territory child safety/protection laws protect the individual’s identity when a notification is made, and in such circumstances, it would not be appropriate to have a conversation with the family.

5. What to do if the provider is not sure if the child is ‘at risk’

It is [the provider’s assessment](#) as to whether the child’s circumstances meet the ACCS (child wellbeing) definition of being ‘[at risk](#)’. If the child’s circumstances are unclear, providers can choose to do any of the following (as appropriate):

- advise the family that the provider does not think that they can give a certificate based on what they know
- advise the family that the provider wants to watch how things go for a while to be certain regarding the action that should be taken, knowing that a certificate can [be backdated up to 28 days](#)
- refer the family to a community service anyway, as this support may be important for the family to receive. The provider can invite the family to attend when they make the initial contact with a community service

- with the family's consent, the provider can have a follow up conversation with the community service where they have provided assistance and potentially obtain more information to help their assessment
- give a certificate for [shorter than 6 weeks](#), where the provider believes that the circumstances exist and may be easily resolved
- at any point a provider can [give a certificate](#) if the information they have supports it
- at any point a provider can [cancel a certificate](#) (or [request for the certificate to be cancelled](#)).

6. What if families disagree

Providers should discuss their concerns with families wherever possible before giving a certificate or applying for a determination. This will allow families to voice their views and enable the provider to make an informed decision if the child is 'at risk'.

Providers should make every effort to ensure families understand and are supportive of the ACCS (child wellbeing) process.

Families do not need to agree to a provider giving a [certificate](#), applying for a [determination](#) or [making an ACCS \(child wellbeing\) referral](#) to an [appropriate support organisation](#). However, where, following the discussion with the family, the family is not comfortable with accessing ACCS (child wellbeing) and its requirements, the provider should not access ACCS (child wellbeing).

A provider must not give access to ACCS (child wellbeing) only because a family asks for it. Providers need to assess if a child meets the ACCS (child wellbeing) definition of '[at risk](#)' and should tell families if, based on their knowledge of the situation, they do not feel comfortable giving a certificate.

Where families feel that their child is [not or no longer at risk](#), they should discuss this with their provider in the first instance.

7. Working with Indigenous Australians

The Australian Institute of Family Studies reports that Aboriginal and Torres Strait Islander children are over-represented in child protection and out-of-home care services compared to non-Indigenous children.¹ For this reason, along with understanding that discussions regarding a child being 'at risk' may involve greater sensitivities and may be viewed with suspicion, the following information is provided to help providers support Aboriginal and Torres Strait Islander families.

In responding to situations in which Indigenous children are at risk, all states and territories have adopted the [Aboriginal Child Placement Principle](#) that requires that where Aboriginal and Torres Strait Islander children are removed from their family, the following order of preference for their placement should be followed: the child's extended family; the child's Indigenous community; other Indigenous Australians.

While not involved in placement decisions, providers can follow the basic principle that talking to the family about the [ACCS \(child wellbeing\) subsidy](#) and the family being part of the decision making about which [support agency](#) to approach is part of 'empowering families'.

¹ <https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>

It is important to note:

- as with any family, respecting cultural, language, disability and other differences through using interpreters and support people (that the family agrees will help) is an important first step
- there is much variation amongst Aboriginal and Torres Strait Islander families and there will be variation in their reactions to suggesting ACCS (child wellbeing) as a practical solution to their circumstances
- as a general rule, it can be productive to have an Aboriginal and Torres Strait Islander staff member lead the discussion with the family about why ACCS (child wellbeing) is a good thing.

7.1. Understanding the environment

The framework '[*Protecting Children is Everyone's Business – National Framework for Protecting Australia's Children 2009 – 2020*](#)' says:

Indigenous communities experience intergenerational cycles of adversity and trauma, leading to entrenched social problems including poverty, high levels of violence, psychological distress, destructive behaviours, individual, family and community dysfunction. These problems are also associated with heightened rates of abuse and neglect. Addressing Indigenous disadvantage is critical to addressing the factors that put Aboriginal and Torres Strait Islander children at-risk of abuse and neglect.

Child abuse and neglect can be prevented by: addressing disadvantage (for example, overcrowded and inadequate housing); recognising and promoting family, community and cultural strengths that protect children; and developing community-wide strategies to address specific risk factors where they occur in high concentration such as alcohol misuse and family violence. It is critical that approaches to address Indigenous disadvantage and the underlying causes of abuse and neglect are holistic, culturally sensitive, and empower families and communities to develop and take responsibility for community-identified solutions.

The best interests and safety of a child are paramount. Where Aboriginal and Torres Strait Islander children cannot remain safely in the care of their parents or community, timely and culturally appropriate responses for their care, protection and nurture are needed. Maintaining connection to family, community and culture is essential within a framework that respects the physical, mental and emotional security of the child. This is particularly important in light of the historical experiences that Aboriginal families have with child protection agencies.

7.2. Talking with Aboriginal and Torres Strait Islander families

The implication for providers is that where they are working with an Aboriginal and Torres Strait Islander family or child, and they need to work with the appropriate cultural and community based services:

- take time to build trust and rapport and wherever possible, obtain consent
- when talking to the family about a service that might help, ask the family for ideas about what services might help. Are they using services now? What services have helped in the past? Who would they go to again? Have they heard about other services that have been used in their community?

- early intervention is better. Talk to families about getting in touch with services that can help sooner rather than later. The message is about doing things to support the child and the family together, in their home, in their community
- in addition, it is about the children being able to keep attending child care, or possibly increasing the time they can come to care, while the important issues can be dealt with
- if the child's circumstances warrant formal notification to a child safety or protection authority, follow the state and territory guidance on when to discuss concerns with the family.

Further information can be found in the resource guide '[Stronger, Safer, Together](#)', published by SNAICC, for services that provide intensive and targeted support for Aboriginal and Torres Strait Islander families while addressing key practice issues and using a place-based approach.

7.3. Talking with Aboriginal and Torres Strait Islander services

Aboriginal and Torres Strait Islander services work with families in a way that is culturally and community sensitive while focussing on looking after the children's safety and wellbeing. Contact your local services, and without breaking confidentiality, ask for their help in working out what might be the best service to approach.

Part E – How to access ACCS (child wellbeing)

1. Provider discretion

Family Assistance Law allows providers to exercise their judgement regarding the giving of a [certificate](#) or applying for a [determination](#). For the purpose of receiving the subsidy, a provider may choose to delay in circumstances where:

- discussions with the family regarding the child's circumstances need to be managed sensitively and slowly
- the provider wishes to monitor the circumstances to inform their decision regarding the child meeting the definition of being 'at risk'
- where appropriate, the provider may wish to discuss their observations or information with a third party.

That is, there is no obligation on the provider to give a certificate or apply for a determination.

2. Certificate or determination?

2.1. When to give a certificate

The child care provider must give a certificate up to a maximum of six weeks if:

- a certificate for the same child has not been given for the same service and the same provider for a total of six weeks in a 12-month period ([12-months rule](#))

and

- the service is below its percentage limit ([50 per cent rule](#)).

This also applies when the [provider is eligible to receive ACCS \(child wellbeing\)](#).

If the child [attends more than one service](#) operated by the provider, then a certificate will need to be given for each service for the ACCS (child wellbeing) to be paid in each service.

2.2. When to apply for a determination

The child care provider must apply for a determination up to a maximum of 13 weeks if:

- the child has been given a certificate previously for the same service and the same provider a total of six weeks in a 12-month period. This includes situations where the child is currently on a six-week 'at risk' certificate ([12-months rule](#))

or

- the service has exceeded its percentage limit ([50 per cent rule](#)).

This also applies when the [provider is eligible to receive ACCS \(child wellbeing\)](#).

There is no need to ask for a determination to apply to more than one service or more than one provider. When a determination is made, it will automatically cover all providers and services that the child attends.

3. Giving an ACCS (child wellbeing) certificate

A provider can only give a certificate if it considers that a child is '[at risk](#)'. A certificate can be given for up to six weeks. This allows providers to respond to emerging situations by giving practical support to ensure that the cost of child care is not a barrier to children at risk from either entering or remaining engaged with child care. The provider is expected to have evidence that supports their consideration that a child is at risk (e.g. file notes); however this evidence does not need to be provided to the Department of Human Services for the purpose of giving a certificate.

While a certificate is in effect, the [higher ACCS \(child wellbeing\) subsidy rate](#) is paid. The rate applies to all enrolments of the child at the service, however it does not apply at other services or providers.

Example: Edward is enrolled at Pink Donkey Child Care Centre and Yellow Zebra Child Care Centre. Edward has been given an ACCS (child wellbeing) certificate at Pink Donkey. The ACCS (child wellbeing) subsidy rate is paid only for his enrolment and attendance at Pink Donkey. If Edward also attends Yellow Zebra, only the applicable CCS rate is paid, not ACCS (child wellbeing) as an ACCS (child wellbeing) certificate has not been given at Yellow Zebra Child Care Centre.

3.1. Required information when giving a certificate

The certificate is given by the provider using the Child Care Subsidy System (CCSS) and must include the following information:

- the child the certificate is given for
- the child care service the certificate is valid at
- [period of certification](#)
- [type of neglect or abuse](#) (this information not required when the child is receiving care under relevant state/territory law)
- confirmation that the provider will abide by the requirement to '[make an ACCS \(child wellbeing\) referral](#)'
- for [service-level claims](#) (where the provider is unable to identify an eligible individual), the provider must declare that reasonable endeavours have been made to identify an eligible individual and one cannot be identified.

3.2. Duration, start and end dates

The day the certificate takes effect must be a Monday as required by [Family Assistance Law](#). A provider can backdate a certificate up to 28 days. Each week for which the certificate has effect must include at least one day when the child is '[at risk](#)'.

Example: It is Tuesday, 30 October 2018. The certificate must take effect on a Monday and no more than 28 days before it was given. The furthest date the provider can backdate the certificate to is Monday, 8 October 2018.

Example: On a Wednesday the child care provider decides that a child is ‘at risk’ and they can give a certificate commencing on the Monday of that week.

A certificate can be given for a minimum of one week and a maximum of six weeks, as considered appropriate by the provider. Certificates must be given for full weeks, starting on a Monday.

Where a certificate was given previously for a child within twelve months by the same provider for the same service and if this certificate has been in effect for less than six weeks, a certificate over the remaining weeks must be given before the provider can apply for a determination.

Where a certificate has been [given previously for six weeks already](#) (even if the six weeks comprises multiple shorter periods), the provider cannot give another certificate and must apply to the Department of Human Services for a [determination](#).

3.3. Changes to certificates

3.3.1. Cancellation of a certificate by the provider

Separate rules apply depending on when cancellation of a certificate occurs as outlined below.

3.3.1.1. Cancellation within 28 days from the date of effect

A provider must cancel a certificate they have given if they no longer consider the child to be [at risk](#) during a week for which the [certificate](#) has effect.

A provider must also cancel a certificate when the child is not, or was not, at risk during [the period for which the certificate was given](#). This could be the case where a certificate was accidentally given for the wrong child; or where new information has come to light that the child’s circumstances do not warrant an ‘at risk’ certification.

The cancellation is made by the provider in the CCSS and no intervention from the Department of Human Services is required.

Example: A certificate for Nate has taken effect on Monday 9 July because the provider believed that Nate was ‘at risk’. On 23 July, during a conversation with the family, the provider realised it had been a misunderstanding and Nate was actually never at risk. The provider cancels the certificate on 23 July, which means it is taken as never having been in effect.

Where the cancellation is backdated and entitlements have been paid, payments already made need to be reassessed. As the ACCS payment was made to the provider, the debt is also raised against the provider. It is a matter for the provider to follow up any debt with the family.

3.3.1.2. Cancellation outside 28 days from the date of effect

After 28 days from the date of effect, the provider cannot cancel the certificate.

In these circumstances, a provider must advise the Department of Human Services that the child is not, or was not, at risk when the certificate was given. Providers need to indicate the date from which the child is or was no longer at risk. They also need to confirm that they have recorded evidence that indicates that the

child is no longer at risk, which can include any file notes they have made in relation to the child's circumstances, such as [conversations with the family](#). The Department of Human Services can ask for that evidence to be provided if necessary for making a decision to vary or cancel the certificate.

The provider must notify the Department of Human Services using the Child Care Subsidy System. The Department of Human Services can consider any information it holds to determine if the certificate should be cancelled. The Department of Human Services can consider other certificates or determinations in effect, and/or pending applications for determinations. In order to inform their decision, the Department of Human Services can request additional information from any of the providers who have certificates in effect or determinations made for the child.

3.3.2. Giving a replacement certificate

A replacement certificate can only be given when the [provider has cancelled a certificate](#) (e.g. because they entered incorrect dates or other information and need to rectify this).

Where a provider has cancelled a certificate for a child, they can give a replacement certificate for the same child if the provider now has new or correct information to certify that a child is or was 'at risk'. The provider can backdate the replacement certificate to take effect more than 28 days before the replacement certificate is given but no earlier than the day the original certificate that is being replaced took effect.

3.3.3. Variation or cancellation of a certificate by the Department of Human Services

The Department of Human Services can vary or cancel a certificate given by a provider if they are not satisfied the child to whom the certificate relates is or was '[at risk](#)' during a week for which the certificate has effect.

Any certificate given by a provider can be reviewed by the Department of Human Services, regardless of whether it is in effect or has ceased to have effect. If the Department forms the view that a certificate was given to a child who was not at risk, the certificate can be cancelled.

There is no time limit to reviewing and cancelling certificates when a child was not at risk. As the ACCS payment was made to the provider, any debts are raised against the provider. It is a matter for the provider to follow up any debt with the family.

The provider is notified through the CCSS of any variation or cancellation of certificates.

4. Applying for an Additional Child Care Subsidy (child wellbeing) determination

Once a provider has given a [certificate\(s\)](#) in relation to the child at a service [for six weeks in any twelve months period](#), the provider can make an application to the Department of Human Services for a determination in relation to additional periods. The application should be accompanied by [evidence](#) that supports the provider's view that the child continues to be at risk.

The Department of Human Services can make an initial determination of up to 13 weeks and may make further determinations, where a determination is already in effect. This allows for [ongoing ACCS \(child wellbeing\) to be paid](#) without the requirement to make a new application for each determination.

For subsequent periods (of 13 week blocks), providers would only be asked to confirm if the child is still at risk and that circumstances have not changed, with the option to provide additional [evidence](#) or advise of changed circumstances if required.

4.1. What needs to be in an application for a determination

A provider can apply for a determination if they consider the child is or was '[at risk](#)' at the time care was provided and the provider is [unable to give a certificate](#).

The provider applies for a determination using the CCSS and must include the following information:

- the child the determination is applied for
- period the child is likely to be 'at risk'
- [type of neglect or abuse](#) (this information not required when the child is receiving care under relevant state/territory law)
- confirmation that the provider has '[made an ACCS \(child wellbeing\) referral](#)'
- [evidence](#) to support the application
- for [service-level claims](#) (where the provider is unable to identify an eligible individual), a declaration that reasonable endeavours have been made to identify an eligible individual and one cannot be identified.

While a determination is in effect, the [higher ACCS \(child wellbeing\) subsidy rate](#) is paid. The rate applies to all enrolments of the child at all CCS approved child care services of all providers.

4.2. Assessment by the Department of Human Services

The Department of Human Services assesses each application for a determination and determines if the [evidence](#) supports the claims that the child is '[at risk](#)' for the purpose of ACCS (child wellbeing).

If the Department of Human Services determines the child to be 'at risk', the determination will specify the date it takes effect, which must be a Monday not more than 28 days before the date the [application](#) was made. The determination will also specify the weeks for which it is in effect. If the Department of Human Services is satisfied that the child will continue to be 'at risk' after the determination ceases to have effect, they can make another determination while a determination is in effect, to take effect immediately after the current determination ceases. Each determination can be in effect for up to 13 weeks.

If the Department refuses an application for a determination, they will give the provider and any other affected person notice of the decision. A decision (whether favourable or unfavourable) is a reviewable decision.

Notice of the determination is given to any person affected by the determination. A provider is notified of a decision through the CCSS. The family also receives notification of the decision.

4.3. Decision within 28 days

The Department of Education and Training and the Department of Human Services are committed to making every effort to deal with applications in a timely manner and expects to do so within the 28 days. In the rare event that a decision is not made within 28 days the application will be deemed to have been

refused. This is to ensure a timely response to applications as well as certainty for the provider and the family.

This timeframe cannot be extended by the Department of Human Services or on request by the provider. Providers can help by ensuring they give all the [information](#) the Department of Human Services needs to make a decision.

In the rare event that an application is 'deemed refused', it is automatically assigned for [review](#) by the Department of Human Services. Providers do not need to take any action at this stage. The application is then assessed by the Department of Human Services as a matter of priority and a decision made (that is, reject the application or make a determination). The decision that the Department of Human Services makes can be appealed by the provider or the family in line with the usual Department of Human Services [review/appeal process](#). This approach ensures that the subsidy can be paid from the original date of application and include requested backdating. Until a decision is made on the application, CCS payments continue (where eligible).

4.4. Subsequent determinations

28 days before a determination expires, the provider is asked to confirm if the child continues to be [at risk](#) and provide new [evidence](#) (if evidence provided previously is [more than six months old](#)).

If the provider confirms that the child continues to be at risk, and if the evidence is still current (or once the Department of Human Services has assessed new evidence provided and deemed appropriate), the Department of Human Services may make another determination for up to another 13 weeks.

A subsequent determination must be made while the current determination is in effect otherwise the provider will need to lodge a new [application](#) for a [determination](#). There is no limit on the amount of time that a child can receive ACCS (child wellbeing) so long as they continue to be eligible.

If current [evidence](#) is not provided, then the determination may cease. In that case, providers should [talk to the family](#) (where appropriate) and ask for their assistance to gather further information to support the ongoing subsidy. The family may also provide consent for the provider to approach other third parties.

If the provider indicates that the child is [no longer at risk](#) or does not respond to the review request, ACCS (child wellbeing) will cease at the end of the current determination period.

4.5. Variation or revocation of a determination

Where a provider considers a child [no longer at risk](#), they must advise the Department of Human Services using the third party software of the Provider Entry Portal. Providers need to indicate the date from which the child is or was no longer at risk.

Providers also need to confirm that they hold [evidence](#) that indicates that the child is no longer at risk, which can include any file notes they have made in relation to the child's circumstances, such as conversations with the family. The Department of Human Services can ask for that evidence to be provided if necessary for making a decision to vary or revoke the determination.

The Department of Human Services will make a decision if the child is still at risk and vary or revoke the determination if the child was not at risk. When making that decision, the Department can also consider

other information that it holds. In addition, the Department can request additional evidence from any of the providers who have [certificates](#) in effect or determinations made for the child.

5. Evidence to support an application for a determination

Evidence does not need to be provided to the Department of Human Services at the certification stage, but providers must maintain supporting documentation to substantiate their claims (e.g. staff observations) if the [certificate is reviewed](#) by the Department of Human Services at a later stage.

A provider must provide evidence to substantiate their application for a determination and, if required, provide new evidence for subsequent determinations.

The Department of Human Services needs to be satisfied that all of the conditions outlined below are met:

- The type of evidence needs to be acceptable.
- The source of evidence needs to be acceptable.
- The detail in the evidence must meet the minimum requirements.
- The evidence must be current.

Generally, the more supporting and contemporaneous evidence a provider has, the easier it will be for the Department of Human Services to assess the eligibility for ACCS (child wellbeing).

Evidence must be obtained lawfully, preferably by the family or with their consent.

Documentary evidence of involvement by a child safety/protection agency involving a case of abuse or neglect is sufficient. No further evidence is required.

5.1. Acceptable types of evidence

Types of evidence that are acceptable for the purposes of ACCS (child wellbeing) includes:

- letters, statements
- referrals
- case plans
- in their initial application for a determination, a provider may submit a statutory declaration if they have been unable to obtain third party evidence before making the first application to the Department of Human Services. The statutory declaration needs to indicate why they have not been able to obtain third party evidence and the steps they have taken (a statutory declaration template is available on the Department of Education and Training website for providers to download)
- documentary evidence from a Child Safety/Protection Agency if relevant.

The practical obligation is for the provider to obtain supporting evidence within 19 weeks of giving the certificate (up to six weeks of certification plus up to 13 weeks of the initial determination). This will allow providers sufficient time to obtain suitable third party evidence. For example, this could be a letter or statement from the support organisation that the family was referred to during the 6-week period, or other evidence from a relevant professional regarding the child's situation.

5.2. Acceptable sources of evidence

Organisations considered suitable to provide third party evidence in support of an ACCS (child wellbeing) claim include:

- state and territory government, early intervention and support programs and services for vulnerable children and families
- non-government organisations providing early intervention and family support services
- other state and territory government and non-government organisations that are providers of relevant services including those related to mental health, family violence and family law, homelessness, drug and alcohol rehabilitation, and indigenous services
- state and territory government child safety/protection agencies.

Professionals considered suitable to provide third party evidence in support of an ACCS (child wellbeing) claim include:

- medical practitioners and registered nurses
- hospital admission/emergency unit professionals
- welfare agency personnel and social workers
- psychologists and counsellors
- physiotherapists, occupational therapists, speech pathologists
- school principals and teachers
- police officers
- lawyers.

This list represents those professionals who are generally expected to have knowledge about the types of circumstances that might meet the ACCS (child wellbeing) definition of 'at risk'.

This list is not exhaustive, and there may be other appropriate professionals who are able to provide supporting documentation.

5.3. Minimum basic information

Any evidence provided must clearly state:

- the name of the child
- the child's date of birth; or residential address; or name(s) of parent(s) to ensure that the evidence relates to the correct child
- the name and contact details of the organisation responsible for the document
- the date the evidence was given.

Where the evidence is a letter, statement, email or similar, it must also clearly state:

- the name of the person giving the evidence
- the person's title and/or position in the organisation.

Where appropriate for the type of evidence (e.g. a letter), it must be signed by the author.

Where the evidence is a case plan or similar, only relevant parts need to be provided. It is acceptable if relevant parts are provided electronically to the provider and then uploaded into the CCSS as long as the requirements above are met.

Where possible, the evidence should state the period of time for which the child is expected to be at risk. This will help the Department of Human Services with identifying the appropriate duration for a determination.

***Example:** The family's case plan states that major issues need to be resolved which may take years. The Department of Human Services makes a determination for the maximum 13 weeks.*

***Example:** Isabelle has been 'at risk' for some time. Her mother has left a violent relationship some time ago and the case worker's letter states that, once Isabelle and her mother have settled into their new home, Isabelle should be fine after another two months or so. The Department of Human Services makes a determination for 8 weeks. If progress is slower than expected, a subsequent determination can be made for Isabelle.*

5.4. Minimum details

Generally, the evidence must allow the Department of Human Services to determine if the child meets the definition of 'at risk'.

Where the person or organisation providing the evidence feels comfortable to do so, they should state that they have reviewed the criteria for ACCS (child wellbeing) and that they believe the child meets these criteria, specifying which one. This is sufficient to satisfy the evidentiary requirements and ensures confidentiality is maintained.

***Example:** "I have reviewed the criteria for being 'at risk' in the Minister's rule and am satisfied that Henrik meets the description of being at risk of neglect." – Such a statement is sufficient as evidence.*

As a minimum, the evidence provided must give a high level description of the circumstance that resulted in the child being at risk (the 'type' as outlined in the Minister's Rule).

***Example:** "Sebastian is at risk of serious abuse." – Such a statement is sufficient as evidence.*

***Example:** "Kayla is at risk of abuse." – Such a statement is not sufficient because it indicates that the threshold in the Minister's rule ('serious abuse') has not been met.*

If a such statement is not made, the evidence provided should:

- focus on the presence of risk of serious abuse or neglect (or evidence of actual abuse or neglect), for example by referencing indicators of abuse or neglect or risk factors
- describe the child's circumstances in a way that they can be clearly linked to the definition of 'at risk'
- explain how the circumstances of the family are linked to the risk to the child (where applicable)
- highlight how the family's issues are a barrier to the family caring appropriately for the child thereby leaving the child at risk.

***Example:** "Kylie has been experiencing difficult times at home. Her father has gambling issues and her mother is attending alcoholics anonymous. The parents are highly occupied with their own issues and, as a consequence, I am concerned that Kylie may not receive the care and basic attention she requires." – A such statement from a relevant third party would be sufficient as evidence as it clearly describes the child's circumstances and as it can be linked back to the definition of 'neglect' in the Minister's rule.*

If available, evidence should

- indicate the period that the child will likely be at risk for

- give an indication that child care is part of the child’s case management plan
- outline an overarching support package that responds to the child continuing to experience any ongoing trauma resulting from past abuse or neglect.

Example: “The issues that cause Joshua to be at risk of abuse are ongoing. While the family is supported by counsellors, it is likely that the ‘at risk’ situation for Joshua is going to persist for an indefinite period.”

5.5. Currency of evidence

Any evidence provided to the Department of Human Services should not be more than six months old.

Example: A court order is in place since 2 January because Logan is in need of protection under state law. It is now August and the provider needs to confirm if Logan continues to be at risk. As the evidence provided is older than six months, the provider obtains confirmation that the court order continues to be in place. This evidence, dated 11 August, is provided to the Department of Human Services.

In certain circumstances, a subsequent determination could be made without current evidence if the Department of Human Services is satisfied that the child continues to be at risk. In such cases, the determination may be made for a reduced number of weeks (e.g. six to eight weeks).

5.6. Additional information

The Department of Human Services can make a decision based on the evidence available or ask the provider to provide updated and/or additional evidence. However, where the Department of Human Services has asked for additional information, it is important that the provider submit the necessary information within the timeframe given to support Department’s decision-making.

6. Change of provider

A certificate is only in effect at the particular service it was given for. If a child moves from one service to another, the new service will need to give a new certificate if they are satisfied that the child meets the definition of ‘at risk’.

A determination made by the Department of Human Services will remain in effect at all services of all providers, even when the child is no longer in the care of the provider that applied for the determination. However, Department of Human Services will not automatically make a subsequent determination once the determination ends. The new provider will be advised by the Department of Human Services when the determination is about to end. If the provider believes that the child continues to be at risk, they can give a certificate or apply for a determination as appropriate.

7. Enrolling a child ‘at risk’ - no eligible individual

7.1. ‘ACCS (child wellbeing) – provider eligible’ enrolment

Where a provider is unable to identify an eligible individual (parent or carer), the provider can become eligible to receive the ACCS (child wellbeing) payment. In order to do this, they must create an ‘ACCS (child wellbeing) – provider eligible’ enrolment type for the child.

This enrolment type must only be used where the provider has been unable to identify an eligible individual. The provider will need to make a declaration that they have made all reasonable attempts to identify an eligible individual and that they have been unable to do so.

Providers are expected to make every effort to identify an eligible individual. If a provider knows that an individual does not satisfy the CCS eligibility requirements (e.g. because they do not meet the residency requirements), but the child meets the definition of ‘at risk’, the provider can become eligible for ACCS (child wellbeing). This is to ensure that any child ‘at risk’, regardless of the families CCS eligibility status, can receive subsidy for care provided by an approved child care service.

In the circumstances outlined above, a provider can enrol a child as an ‘ACCS (child wellbeing) – provider eligible’ enrolment. This allows them to receive ACCS (child wellbeing) for that child. Where the provider is seeking to be eligible, the provider can enrol the child even if the child does not have a CRN or if the CRN is not known to the provider.

The provider will need to satisfy themselves prior to enrolling the child that the child meets, or is exempt from, the immunisation and school/age CCS eligibility requirements.

The enrolment end date will be populated with the certificate and/or determination end dates. Once the date is reached and the certificate/determination ends, the enrolment will also end. This is because the ‘ACCS (child wellbeing) – provider eligible’ enrolment is only used for the purpose of administering ACCS (child wellbeing) where a provider is eligible because an eligible individual cannot be identified.

7.2. When an eligible individual is identified

Should an eligible individual be identified at a later date, the provider must:

- end the ACCS (child wellbeing) – provider eligible enrolment for the child
- enter into a Complying Written Agreement with the liable individual and start a new enrolment
- if the child continues to be at risk, give a certificate or apply for a determination (as appropriate).

Children in ‘out of home’ care (other than foster or kinship care) arrangements under a state/territory welfare law do not qualify for CCS or ACCS (child wellbeing).

Part F – Interdependencies between certificates and determinations

1. Certificate or determination?

The provider must give a certificate (that is, they cannot apply for a determination) where:

- a certificate for the same child has not been given for the same service and the same provider for a total of six weeks in a 12-month period (12 month rule)

and

- the service is below its percentage limit (50 per cent rule).

The provider must apply for a determination if:

- the child has been given a certificate previously for the same service and the same provider a total of six weeks in a 12-month period. This includes situations where the child is currently on a six-week 'at risk' certificate (12 month rule)

or

- the service has exceeded its percentage limit (50 per cent rule).

2. The 12 month rule

For each child, certificates given by the provider in relation to a particular service cannot be in effect for more than 6 weeks in any 12-month period.

***Example:** Cary attends Pink Donkey Child Care Centre and was given a six-week certificate on 1 October 2018 because he was at risk at the time. It is now 1 March 2019 and Cary is assessed to be at risk again. Cary cannot be given another certificate because certificates for Cary have been in effect for a total of six weeks within the last 12 months. The provider will need to apply for a determination from the Department of Human Services for Cary.*

3. The 50 per cent rule

3.1. Approaching the 50 per cent limit

There is no limit to the number of children accessing ACCS (child wellbeing) at a service. However, the approval process changes once a service has 50 per cent of the children attending the service in receipt of ACCS (child wellbeing).

If a service reaches or exceeds the 50 per cent limit, additional certificates cannot be given and providers need to apply to the Department of Human Services to make a determination for additional children eligible for ACCS (child wellbeing).

When approaching the 50 per cent limit, the CCSS will notify the provider that the service has reached 35 and 45 per cent respectively. These notifications enable the provider to prepare to apply for

determinations for any additional children ‘at risk’ and consider applying to the Department of Education and Training for a higher percentage limit.

Note: If a service has been assigned a percentage higher or lower than 50 per cent, that percentage is to be used.

3.2. Changes to the 50 per cent limit

3.2.1. Provider initiated changes

Providers can ask for a particular service’s percentage to be changed, particularly if the provider knows that they will go over their 50 per cent limit.

Example: a service may be close to 50 per cent of children receiving ACCS (child wellbeing). The service receives a referral from a state or territory child safety/protection agency, asking that the service provide child care for three children from the same family, starting in a week’s time. This would take the service over 50 per cent. In this case, the provider could apply for this service to have a higher percentage rate.

Providers need to fill in a form which can be obtained from the Department of Education and Training’s (the department) website. Once this form has been uploaded through third party software or the Provider Entry Point, the department assesses these requests and adjusts the percentage limit (if deemed appropriate) on a case by case basis. The department can change the percentage for a service and assign an ‘expiry date’ for the higher percentage limit.

The 50 per cent limit is different to the previous 18 per cent limit. It is expected that most services will have less than 50 per cent of their children receiving ACCS (child wellbeing). Increases will therefore only be considered in exceptional circumstances. The fact that a service is close to or above the 50 per cent limit does not mean that the circumstances will warrant an increase.

Circumstances that could warrant an increased percentage limit could include:

- providers experiencing a temporary influx of children ‘at risk’
- providers located in areas where specialist services regularly care for a large share of children ‘at risk’.

When considering changes to a service’s percentage limit, the department may consider current and previous compliance history. In particular, the department could consider the number of certificates that have been cancelled by education or the provider’s/service’s compliance history managing the Special Child Care Benefit (at risk) payment.

3.2.2. Department of Education and Training initiated changes

The Department of Education and Training can, at any time, increase or decrease the percentage limit that applies to a particular service if the department determines that it is appropriate to do so. This may be based on evidence previously provided or compliance data analysis the department has undertaken.

4. Where the child attends more than one service operated by the provider

Where a child identified as ‘at risk’ attends more than one service of the same provider, the provider should apply for a determination if a certificate cannot be given at one of the services.

***Example:** George has been attending Teddy Bears Kambah full time for a year and is now also attending Teddy Bears Erindale from Wednesday to Friday. George was given an ‘at risk’ certificate for six weeks for the service in Kambah four months ago. The provider believes that George is at risk again. While the provider could give a certificate for the Erindale service, they cannot give a certificate for the service in Kambah again because the provider has reached the maximum number of weeks (six weeks) that can be given by a certificate in any year . Hence, the provider applies for a determination to be made to ensure George will receive ACCS (child wellbeing) at all services he attends.*

Once a determination has been made, it applies at all services of all providers and ACCS (child wellbeing) is paid for all sessions of care that the child is attending.

When a determination is made on application of one provider and an ACCS (child wellbeing) certificate is still in effect at that time at another provider, the certificate will remain in effect. While there is no particular benefit to this, providers are also able to give a certificate for the time a determination is in effect.

Part G – Making an ACCS (child wellbeing) referral

1. Your statutory obligations under state/territory law

Making an ACCS (child wellbeing) referral is different to the reporting requirement under state/territory law when a child meets the child protection reporting threshold.

The requirements outlined below do not affect, override or remove the obligation of providers to formally notify their relevant child safety/protection agency where it is statutorily required. In other words, when thinking about ACCS (child wellbeing) for a child, you should also think about whether you need to get in touch with your state or territory child safety/protection agency. Remember: these are two different decision making processes.

If a child, at any stage, meets the child protection reporting threshold, providers must follow relevant child protection notification processes in their jurisdiction.

2. What is ‘making an ACCS (child wellbeing) referral’?

2.1. Overview

Making an ACCS (child wellbeing) referral is a simple process:

- it is about encouraging families to take advantage of other support services
- making the referral is all that is required under Family Assistance Law – the appropriate support organisation is not required to contact the provider to say whether or not they will get in touch with the family
- any ongoing contact between the family and the appropriate support organisation does not need to be monitored by the child care provider. That is, any future contact between the family, the support organisation and the child care provider is something to be decided between all involved, but it is not required under Family Assistance Law
- the provider keeps notes about the contact with the appropriate support organisation and lets the Department of Human Services know that contact has been made by recording the information in third party software or the Provider Entry Point.

2.2. Further details

Family Assistance Law provides that if a child is certified as ‘at risk’ the provider must make an ACCS (child wellbeing) referral to an appropriate support organisation (‘appropriate State/Territory body’). This is to ensure that an organisation focusing on the welfare of children or families is informed and able to respond to the issues that such children and families may be facing.

This is consistent with the practice followed by many providers with regard to putting families in touch with community services and resources to support parenting and family wellbeing.

Providers only need to advise these organisations about the fact that a child is at risk for the purposes of the ACCS (child wellbeing). How much detail is disclosed and if that organisation then chooses to get in touch with the family (or if the family elects to contact the organisation) is not relevant for the purpose of

administering ACCS (child wellbeing) and is a matter of judgment between the provider and the support service they contact.

3. When to make an ACCS (child wellbeing) referral

There are two main rules when a provider needs to make an ACCS (child wellbeing) referral:

1. A provider must make an ACCS (child wellbeing) referral within six weeks from a certificate coming into effect:

A provider that gives an ACCS (child wellbeing) certificate must, no later than 6 weeks after the day the certificate takes effect, make an ACCS (child wellbeing) referral to an appropriate support organisation that the provider considers the child is or was 'at risk' for the purpose of ACCS (child wellbeing).

2. A provider must make an ACCS (child wellbeing) referral before they can apply for a determination:

Before making an application for an ACCS (child wellbeing) determination for a child, a provider must make an ACCS (child wellbeing) referral to an appropriate support organisation that the provider considers the child is or was 'at risk'. Date and time of most recent relevant contact regarding the child with the appropriate support organisation need to be captured in the CCSS.

The requirement to make an ACCS (child wellbeing) referral does not apply when:

- the child has been referred to the service, or the service knows that the family is already being supported by an appropriate support organisation for the same reasons that the child care provider considers the child to be 'at risk'
- the provider has already 'made an ACCS (child wellbeing) referral' less than 6 weeks ago
- a provider has already made a report because the child meets the child protection reporting threshold.

The table below summarises when a provider needs to give make an ACCS (child wellbeing) referral .

If	Then
A child is identified by the provider as 'at risk' for the purpose of ACCS	The provider needs to notify an appropriate support organisation.
A child was referred by another organisation (i.e. not an appropriate support organisation)	Once the provider has established that the child is at risk for the purpose of ACCS, they need to notify an appropriate support organisation.
A child 'at risk' was referred to the provider by an appropriate support organisation or a child safety/protection agency or the provider has direct knowledge that the family is being supported by an appropriate support agency for the same reasons that the child care provider considers the child to be 'at risk'	The 'making an ACCS (child wellbeing) referral' requirement is satisfied. No further notification needs to be made.

If	Then
The provider notified the child safety/ protection agency about a child ‘at risk’	The ‘making an ACCS (child wellbeing) referral’ requirement is satisfied. No further notification needs to be made.

4. What is an ‘appropriate support organisation’?

4.1. What is an ‘appropriate support organisation’

Any of the following is an appropriate support organisation for the state or territory where care is provided to the child to whom a certificate relates:

- a department or agency of the State or Territory that is responsible for dealing with matters relating to the welfare of children
- an organisation dealing with such matters on behalf of such a department or agency in accordance with an agreement between the department or agency and the organisation.

This means, an organisation is an appropriate support organisation if

- they are a state or territory department or agency
- they are funded or part-funded by the state or territory
- they are otherwise supported or endorsed by the state or territory (such as Indigenous support services that may be fully funded by the Commonwealth and are recognised by a state or territory department or agency as being part of their ‘wraparound’ services).

In practice, the following types of organisations are considered appropriate:

- parenting assistance including Family Support Programs
- interpersonal conflict/ separation/ mediation services
- child and maternal health services, including antenatal services
- drug or alcohol or substance abuse services
- community health services including publicly funded general practitioner services (but not private services), mental health services, counselling services, women’s health services, bereavement counselling services (Psychology or Social Work), psychiatric services or palliative care services
- domestic violence, rape victim support or other similar support services (including State or Territory police)
- homelessness, crisis or public housing services
- financial or gambling counselling services
- Aboriginal and Torres Strait Islander health and support services
- school readiness programs, school counsellors and other education related services
- other early intervention services
- child safety/protection agency.

Notifying a private service does not meet the 'making an ACCS (child wellbeing) referral' requirement. While a discussion with the local GP might be a good idea, it will not meet the 'making an ACCS (child wellbeing) referral' requirements, unless the GP operates out of a public hospital clinic, a community health centre or an Indigenous health service.

4.2. How to find an appropriate organisation

Where a provider is unsure about with which organisation to share information, there are several avenues they can pursue:

- Use the online search tools that many states and territories provide to identify local services.
- Some providers may already have established relationships with appropriate organisations which they can continue to use. Providers can enquire with their preferred organisation if there is a link with the state/territory that meets the criteria outlined above. These organisations may be able to help the provider find an appropriate family support service in their area.
- Search the internet, e.g 'alcohol counselling nt.gov.au' or 'domestic violence counselling wa.gov.au'. The search results usually have at least one, in many cases, several appropriate services in the jurisdiction. Including the search term [state/territory].gov.au ensures the search results displayed likely meet the requirements in Family Assistance Law.

Once the 'making an ACCS (child wellbeing) referral' requirement is satisfied, providers can refer a family to any additional family support service or organisation that is able to assist the family with their needs. These organisations do not need to meet the requirements for an 'appropriate support organisation'.

Example: Hippo Child Care shares information with the central referral point in their state and enter relevant information into the CCSS. This satisfies the 'making an ACCS (child wellbeing) referral' requirement. As the provider is aware of a local family support service that has been in touch with the family before, they re-establish the contact so the family can re-engage with the service.

4.3. When to use the list above

Each state and territory has different arrangements. If you provide child care services in the following states, you can use the jurisdiction specific guidance in the following pages and the above list to help identify a local support service:

- Australian Capital Territory
- South Australia
- Victoria
- Western Australia.

For more information about referrals in all states and territories, see Part H below.

Part H – Implementation in each state and territory

There are differences between states and territories in the way child safety/protection and early intervention services are organised. Therefore, the approach to ‘making an ACCS (child wellbeing) referral’ varies depending on state/territory and other factors (such as remoteness, availability of support services and child safety/protection reporting requirements).

Providers should follow the detailed guidance below for their state or territory to make an ACCS (child wellbeing) referral. If there is no specific guidance provided for a state or territory, the generic instructions in Part G should be followed. Some states and territories support services making referrals to appropriate support services that they use and are known locally. In these cases, the provider will need to satisfy themselves that they are making a referral to an appropriate support organisation (see below).

1. Australian Capital Territory

In the ACT, providers can make an ACCS (child wellbeing) referral as outlined below.

Child’s circumstances	How to make an ACCS (child wellbeing) referral
Where the child’s circumstances meet the definition of being ‘at risk’ for ACCS (child wellbeing), BUT does NOT require mandatory notification.	Where a provider believes that a child or family may require additional support, but does not meet the threshold for a Child Concern Report, there are a range of (early intervention) services that can be contacted in the ACT. Providers are encouraged to identify, with the family as appropriate, the ‘best fit’ service to approach and make an ACCS (child wellbeing) referral. See below for a <u>non-exhaustive list</u> of services.

Child's circumstances	How to make an ACCS (child wellbeing) referral
	<p>OneLink OneLink provides easy access to support services in the ACT. OneLink staff will talk with you about what support you think may be helpful for the child or family and help link you with the best services that will meet their needs and how to access them.</p> <p>OneLink can connect you with services including:</p> <ul style="list-style-type: none"> • child, youth and family services • tenancy support • support for people who are homeless • legal services • financial counselling • mental health services • other support services. <p>OneLink is contactable Monday to Friday, 8am – 6pm on 1800 176 468, free of charge.</p> <p>Individuals can also drop in and meet with OneLink staff, located at Housing ACT – Corner of Emu Bank and Benjamin Way, Belconnen. Children and families can also access OneLink directly.</p>
<p>Child and Family Centres</p>	<p>Child and Family Centres provide services for families with young children in the Gungahlin, Tuggeranong and West Belconnen communities. Child and Family Centres aim to positively influence the lives of children by building the capacity and resilience of families to best support their children.</p> <p>Staff at the Centres can assist you with information, support and services for all members of your family. The Centres provide a range of universal, targeted and tailored services based on the needs of children and their families, with a strong emphasis on providing outreach services in homes, schools and the community.</p> <p>Child and Family Centres are an excellent place for families to start if they need parenting advice and guidance. Parents can talk with trained professionals free of charge about a range of issues including:</p> <ul style="list-style-type: none"> • general parenting • adjusting to being a parent • family relationship issues • child behaviour.

Child's circumstances	How to make an ACCS (child wellbeing) referral
<p>ACT Community Directory</p> <p>Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), AND requires mandatory notification.</p>	<p>The ACT Community Directory, managed by Volunteering and Contact ACT, has over 2,200 community listings for the Canberra region. The directory includes services, community organisations and support groups. NOTE: An ACCS (child wellbeing) referral can only be made to the types of organisations listed in the generic instructions so providers will need to select an appropriate service. Volunteering and Contact ACT can also be contacted on (02) 6248 7988.</p> <p>The ongoing wellbeing of children in the ACT is a shared responsibility. The <i>Children and Young People Act 2008</i> allows for any member of the community to report to Child and Youth Protection Services (CYPS) a 'belief or suspicion' that a child may be at risk of abuse or neglect, or an unborn child may be at risk after they are born.</p> <p>In the ACT, CYPS can receive Child Concern Reports relating to:</p> <ul style="list-style-type: none"> • physical abuse • sexual abuse • emotional abuse (including exposure to family violence) • neglect. <p>Please refer to the publication 'Keeping Children and Young People Safe' for details:</p>

Step One: Have a conversation with the family.

Step Two: Decide whether Child Concern Report is required. If it is, follow procedures for making a Child Concern Report outlined in the link above.

Step Three: Where mandatory notification is not required, make an ACCS (child wellbeing) referral using one of the organisations outlined in the table above.

Step Four: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via third party vendor software.

2. New South Wales

Step One: Complete the [Mandatory Reporter Guide](#) to decide whether mandatory notification is required. If it is, follow procedures for making a mandatory notification as outlined below.

Step Two: Have a conversation with the family, if it is safe and appropriate to do so. Do not proceed to give a certificate for ACCS (child wellbeing) if you are not able to have the relevant conversation with the family.

Step Three: Where mandatory notification is not required, make a referral to an appropriate service identified by using any of the links outlined below. This will satisfy the ACCS (child wellbeing) requirement.

Step Four: Apply for the ACCS (child wellbeing) certificate and record the referral you have made in the Provider Entry Point or via third party vendor software.

NOTE: After the six weeks of support provided by the certificate, third party evidence is required to support an application for a determination. Written consent from the family may be sought to enable you to receive information for this purpose.

In NSW, providers can make an ACCS (child wellbeing) referral as outlined below.

Child's circumstances	How to make an ACCS (child wellbeing) referral
Where the Mandatory Reporter Guide (MRG) does not require reporting to the children's helpline, BUT the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing).	<p>The following are examples of how you might identify a service that can help.</p> <p>Look at the links below to identify services that can help:</p> <ul style="list-style-type: none"> • NSW Department of Family and Community Services • Make a community referral through a non-government organisation involved in the Brighter Futures program • Find an appropriate service through the Family Referral Service • NSW Child and Family Health Nursing Services <p>Contacting any of these will meet the requirement to make an ACCS (child wellbeing) referral.</p> <p>You should ensure that any service you contact is considered a 'prescribed body' as specified in section 248(6) of the Children and Young Persons Care and Protection Act 1998 or in clause 8 of Children and Young Persons (Care and Protection) Regulation 2012.</p>
Where the Mandatory Reporter Guide (MRG) requires reporting to the children's helpline	Make a mandatory report online using ChildStory (eReport) or call the Child Protection Helpline on 13 21 11

3. Northern Territory

The Family and Children's Enquiry and Support (FACES) hotline has been launched in the Northern Territory. The hotline number is 1800 999 900.

The line is available to any Territory family experiencing difficulties, whether these are parenting problems, family relationships, managing money, housing, or other issues.

This comprehensive support referral service will be staffed by a team of specialists who will be able to connect families with the help they need. The helpline is to provide early intervention and support before families come into contact with the child protection system.

Territorians can ring 1800 999 900 to access FACES. The same telephone number will also put callers in touch with Territory Connect, which will assist callers with general Territory Families enquiries that are not about family support or child protection. The existing Child Protection Hotline, used for mandatory reporting and child protection referrals, will remain.

Territory Families helpline and hotline services are:

- Territory Families Connect (ph 1800 999 900)
- Territory FACES (ph 1800 999 900)
- Child Protection Hotline (ph 1800 700 250)

4. Queensland

In Queensland, providers can make an ACCS (child wellbeing) referral as outlined below:

Child's circumstances	How to make an ACCS (child wellbeing) referral
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), BUT does NOT require mandatory notification under Children's Protection Act 1993 s13E .	Queensland provides one entry point through Family and Child Connect. Contact Family and Child Connect
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), AND requires mandatory notification under the Child Protection Act 1999 s13E.	Queensland Government, Department of Child Safety, Youth and Women, reporting child abuse and Queensland Government, Department of Child Safety, Youth and Women, mandatory reporting

Step One: Have a conversation with the family.

Step Two: Decide whether mandatory notification is required. If it is, follow procedures for making a mandatory notification outlined in the link above.

Step Three: Where mandatory notification under the *Child Protection Act 1993* is not required, with the family's agreement, refer the family to [Family and Child Connect using the online referral form](#), noting the family is applying for ACCS (child wellbeing).

Step Four: Record the referral in the Provider Entry Point or via third party vendor software. If you have made an ACCS (child wellbeing) referral to Family and Child Connect, please select 'other early intervention services'.

The [Child Protection Act 1999](#) requires certain professionals, referred to as 'mandatory reporters', to make a report to Child Safety, if they form a reasonable suspicion that a child has suffered, is suffering or is at an unacceptable risk of suffering significant harm caused by physical or sexual abuse, and may not have a parent able and willing to protect them.

Mandatory reporters should also report to Child Safety a reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.

Early childhood education and care (ECEC) professionals are mandated by law to report child safety concerns to the department where there is a reasonable suspicion that the child has suffered, is suffering, or is at unacceptable risk of suffering, significant harm caused by physical or sexual abuse, and there is not a parent willing and able to protect the child from harm.

ECEC professionals include staff from family day care, kindergarten, limited-hours care, long day care and after-school hours care. Individuals who are volunteers or under 18 years of age are not mandatory reporters.

ECEC professionals are not prescribed entities and cannot refer families to [Family and Child Connect](#) or an intensive family support service without their agreement. If concerns about a family do not meet the legislative threshold for reporting to the department, ECEC professionals are encouraged to refer families to support services, with their agreement.

5. South Australia

In South Australia, approved providers can make an ACCS (child wellbeing) referral as outlined below:

Child's circumstances	How to make an ACCS (child wellbeing) referral
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), BUT does NOT require mandatory notification under Children's Protection Act 1993 or Children and Young People (Safety) Act 2017	Find a local service that can assist the family, remembering that families may already have connections with services. You can identify potential services by visiting the General Community Information Directory, which provides government, non-government and community services in South Australia: SA Directory of Community Services In addition, you can find information about a range of government services by going to Child and Youth Health website Using these resources will NOT meet the 'making an ACCS (child wellbeing) referral' requirement. You will need to contact a service that you identify by going to these sites. The services will need to be one of those listed under Generic Instructions
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), AND requires mandatory notification under Children's Protection Act 1993 or Children and Young People (Safety) Act 2017	South Australia Department for Child Protection

In South Australia, providers can make an ACCS (child wellbeing) referral as outlined below:

1. Decide whether mandatory notification is required. If it is, follow procedures for making a mandatory notification outlined in the link below.
2. Have a conversation with the family. In the case of mandatory notification, this is not required.
3. Step Three: Where mandatory notification is not required, make an ACCS (child wellbeing) referral using the link below.
4. Step Four: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via third party vendor software.

Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing) and requires mandatory notification under the [Children's Protection Act 1993](#) or the [Children and Young People \(Safety\) Act 2017](#), follow these [procedures](#).

Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing) but does not require mandatory notification under the [Children's Protection Act 1993](#) or the [Children and Young People \(Safety\) Act 2017](#): Find a local service that can assist the family, remembering that families may already have connections with services. You can identify potential services by visiting the [General Community Information Directory](#), which provides government, non-government and community services in South Australia. In addition, you can find information about a range of government services by going to [Child and Family Youth Health Centres website](#).

6. Tasmania

For the purposes of ACCS (child wellbeing) in Tasmania there are important things to remember:

- All circumstances require mandatory notification because the definition of ‘at risk’ in the Commonwealth legislation meets the threshold for a mandatory report in Tasmania.
- While early education and child care helps protect children, it is not necessarily the complete solution. If there is not an immediate risk of abuse or neglect to the child, what possible support services could help the family? Gateway Services will be able to make referrals to other support services.
- When you make a mandatory notification under your state or territory legislation for a child that is attending one, or more, of your services, this will meet your obligations to make an ACCS (child wellbeing) referral simultaneously. You will need to record your actions in your third party vendor software or the Provider Entry Point.

In Tasmania, approved providers can make an ACCS (child wellbeing) referral as outlined below:

Child’s circumstances	How to make an ACCS (child wellbeing) referral
<p>A child who meets the definition of being ‘at risk’ for ACCS (child wellbeing) purposes will also meet the requirements for mandatory reporting in Tasmania.</p> <p>If there is an immediate risk of abuse or neglect to the child, please call Child Safety Service as soon as practicable.</p>	<p>Call Child Safety Service on 1300 737 639. Urgent notifications can be made at any time.</p> <p>For additional information, please refer to the fact sheet for mandatory reporters, including a summary of the legislation.</p>
<p>Where the circumstances do <u>not</u> suggest immediate risk of abuse or neglect, please contact Gateway Services. Gateway Services can refer matters to Child Safety Service if it becomes necessary.</p>	<p>Please contact Gateway Services on 1800 171 233 (Monday - Friday, 9am - 5pm).</p>

Step One: Have a conversation with the family, including letting them know they may be eligible for an additional childcare subsidy to support the wellbeing of their child.

Step Two: Decide whether the child is at immediate risk. If the child is at immediate risk, follow procedures outlined above by calling Child Safety Service. If the child is not at immediate risk, contact Gateway Services.

Make sure you let Child Safety Service, or Gateway Services know whether you consent to being identified as the notifier to the family. This will assist Child Safety Service, or Gateway Services to assess the child’s circumstances.

Step Three: You can also contact Gateway Services to talk about support services that can help the family now. If the family is receiving support services, the Child Safety Service can take this into account in their assessment.

Step Four: Record ‘making an ACCS (child wellbeing) referral’ in the Provider Entry Point or via third party vendor software. If you made an ACCS (child wellbeing) referral to Gateway Services, please select ‘other

early intervention services’. In the free text, include any information about any additional contact with a support service. If reporting to Child Safety Service, then please select ‘child protection agency’.

Step Five: The family can, if it wishes, give consent for you to receive information about your contact with Child Safety Service or Gateway Services in order to obtain supporting information for ongoing eligibility for the subsidy (in 13 week blocks).

Please note: from October 2018, Gateway Services will no longer exist and a new Children’s Advice and Referral Service will commence operation. These guidelines will be updated accordingly.

7. Victoria

Providers are not mandatory reporters in Victoria. Only teachers registered to teach or who have permission to teach pursuant to the *Education and Training Reform Act 2006 (Vic)* are mandatory reporters in addition to Principals of government and non-government schools and registered medical practitioners, nurses and all members of the police force.

In Victoria, providers can make an ACCS (child wellbeing) referral as outlined below.

Child's circumstances	How to make an ACCS (child wellbeing) referral
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), BUT does NOT require notification to child protection under the Children Youth and Families Act 2005	Find a local service that can assist the family, remembering that families may already have connections with services. You can identify potential services by visiting the DHHS website OR If you have concerns about the child and family that relate to family violence visit the Orange Door OR If you have concerns about the child's wellbeing you contact Child FIRST to talk about your concerns and get assistance in locating a local service to support the family via Child First .
Where the child's circumstances meet the definition of being 'at risk' for ACCS (child wellbeing), AND requires a report to child protection	If you believe your concerns have a serious impact on the child's immediate safety, stability or development, a report needs to be made to child protection. This will also meet the requirement to make an ACCS (child wellbeing) referral. See the DHHS website for advice on how to make a report to child protection.

Step One: If a report to child protection is required follow procedures for making a report to children protection outlined in the link above.

Have a conversation with the family about ACCS (child wellbeing) Outline the benefits of the subsidy and, if you feel comfortable, outline what steps you will take to make an ACCS (child wellbeing) referral.

The [professionals reporting guide](#) explains when to report to child protection or notify Child First

Step Two: Where a report to child protection is not required, make an ACCS (child wellbeing) referral by contacting:

- A local service that can assist the family
- Visit [the Orange Door](#) if the family are experiencing family violence
- Child FIRST

Step Four: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via third party vendor software. If you have used Child First, then select 'other early intervention services'.

8. Western Australia

8.1. Links for reporting abuse or neglect

In Western Australia, mandatory reporting only applies to certain groups with regard to sexual abuse. Mandated reporters do not include child care workers unless they are registered teachers.

Providers can make an ACCS (child wellbeing) referral by contacting one of the organisations listed below. This is not an exhaustive list and providers can identify additional services through their own networks.

8.1.1. State-wide

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Centrecare	Counselling, Housing, domestic violence	08 9325 6644	Joondalup, Mirrabooka, Midland, Perth, Cannington, Gosnells, Bunbury, Leonora, Kalgoorlie, Esperance.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Helping Minds	Youth Support, Counselling	08 9427 7100	Metro: Armadale, Cockburn, Fremantle, Whitfords, Midland, Midvale, Perth, Rockingham. Regional: Mandurah, Geraldton, Carnarvon, South Hedland, Broome.
Mission Australia	Youth support, homelessness, family support	Crisis 1800 199 088 or 1800 88 88 68	Metro: Maddington, Balcatta, East Perth, Northbridge. Regional: Mandurah, Geraldton, Meekatharra, Carnarvon, Karratha, Tom Price, Newman, South Hedland.

Organisation	Type of support	Phone number	Locations
Ngala	Early parenting, early childhood services	08 9368 9368 or 1800 111 546 (country callers)	Metro: North West Metro & Inner City, North East Metro, South West Metro, South East Metro. Regional: Midwest and Gascoyne, Goldfields, Great Southern, Kimberley, Peel, Pilbara, South West, Wheatbelt.
Parkerville	Family & youth services	08 9290 1200	Metro: Parkerville, Armadale, Midland, Mirrabooka. Regional: Bunbury, Northam, Geraldton.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Relationships Australia	Counselling, domestic violence, family support, Aboriginal families support	1300 364 277	Metro: West Leederville, Fremantle, Gosnells, Joondalup, Midland, Kwinana. Regional: Mandurah, Bunbury, Busselton, Margaret River, Manjimup, Albany, Northam, South Hedland.
Save the Children	Homelessness, youth, child health support	1800 760 011	Albany, Bridgetown, Claremont, Forrestdale, Mandurah, Clarkson, East Victoria Park, University of Western Australia, West Perth (Head office), Newman, Beagle Bay, Ardyaloon, Djarindjin, Lombadina.
Yorgum Aboriginal Corporation	Aboriginal health, support	08 9218 9477	East Perth, Kalgoorlie, South Hedland.
360 Health	Counselling, GP	1300 706 922	Metro: Midland (GP), Guildford, Osborne Park, Joondalup, Armadale, Bentley, Cockburn, Fremantle, Medina, Rockingham. Regional: Pinjarra, Mandurah, Kalgoorlie, Geraldton.

8.1.2. Metropolitan

Organisation	Type of support	Phone number	Locations
Alta-1 College	Secondary service	08 9403 8200	Albany, Canning Vale, Ellenbrook, Malaga, Mullaloo, Belmont, Cockburn, Joondalup, Merriwa.
Armadale Family Support Network	Family support services	1300 887 487	Armadale.

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Organisation	Type of support	Phone number	Locations
<u>Child Development Service</u>	School readiness	1300 551 827	Armadale, Bentley, Clarkson, Fremantle, Joondalup, Koondoola, Kwinana, Lockridge, Mandurah, Midland, Rockingham, West Perth.
<u>Derbarl Yerrigan Health Service Inc</u>	Aboriginal health, support	08 9421 3888	East Perth, Maddington, Midland, Mirrabooka, Stratton, Koongamia.
<u>Fremantle Family Support Network</u>	Family support services	1300 951 190	Fremantle.
<u>Fremantle Multicultural Centre</u>	Mental health services, accommodation services, settlement services, migration advice services	08 9336 8282	Fremantle.
<u>Metropolitan Migrant Resource Centre</u>	Settlement, youth support, community development, education & training	08 9345 5755	Mirrabooka.
<u>Mirrabooka Family Support Network</u>	Family support services	1300 760 691	Mirrabooka.
<u>Mirrabooka Multicultural Centre</u>	Settlement, referrals to mainstream service providers, education workshops, mentoring program	08 9205 7320	Mirrabooka.
<u>Moorditj Koort</u>	Aboriginal health, support, child & women's health	08 6174 7000	Kwinana and Rockingham.
<u>Nyoongar Outreach Services</u>	Youth service	0403 360 337	Perth (head office), Leederville (roaming operation), Midland, Crown, Northbridge, Northern, Northbridge patrol, Fremantle, South East.
<u>Ruah Community Services</u>	Homelessness, family support, housing, domestic violence	13 RUAH (13 7824)	West Perth (Corporate), Fremantle, Geraldton, Maddington, Mandurah, Northbridge, Rockingham, Stirling.

Organisation	Type of support	Phone number	Locations
(SARC) Sexual Assault Resource Centre	Sexual assault, domestic violence, counselling	24 hour emergency line 08 6458 1828 or 1800 199 888.	n/a
Swan Emergency Accommodation/Snow Bennett Youth Service	Youth service, homelessness, crisis, support	08 9274 1611	53 Great Northern Highway, Midland.
Uniting Care West	Homelessness, counselling, support, youth, disabilities	1300 663 298	Victoria Park, East Perth, Subiaco, Belmont.
Women's health and family services	Women's health, counselling, domestic violence	Northbridge – 6330 5400 or Joondalup – 9300 1699	Northbridge, Joondalup.
Wungening Aboriginal Corporation (formerly Aboriginal Alcohol and Drug Service)	Aboriginal health, support	08 9221 1411	East Perth.

8.1.3. South West

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Centrecare	Counselling, Housing, domestic violence	08 9325 6644	Joondalup, Mirrabooka, Midland, Perth, Cannington, Gosnells, Bunbury, Leonora, Kalgoorlie, Esperance.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.

Organisation	Type of support	Phone number	Locations
Parkerville	Family & youth services	08 9290 1200	Metro: Parkerville, Armadale, Midland, Mirrabooka. Regional: Bunbury, Northam, Geraldton.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Relationships Australia	Counselling, domestic violence, family support, Aboriginal families support	1300 364 277	Metro: West Leederville, Fremantle, Gosnells, Joondalup, Midland, Kwinana Regional: Mandurah, Bunbury, Busselton, Margaret River, Manjimup, Albany, Northam, South Hedland.
South West Aboriginal Medical Service (SWAMS)	Aboriginal service/counselling/child & women's health/antenatal & postnatal W:	1800 779 000	Bunbury, Brunswick Junction, Busselton, Collie, Manjimup.
Save the Children	Homelessness, youth, child health support	1800 760 011	Albany, Bridgetown, Claremont, Forrestdale, Mandurah, Clarkson, East Victoria Park, University of Western Australia, West Perth (Head office), Newman, Beagle Bay, Ardyaloon, Djarindjin, Lombadina.

8.1.4. Great Southern

Organisation	Type of support	Phone number	Locations
Alta-1 College	Secondary service	08 9403 8200	Albany, Canning Vale, Ellenbrook, Malaga, Mullaloo, Belmont, Cockburn, Joondalup, Merriwa.
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.

Organisation	Type of support	Phone number	Locations
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Great Southern Aboriginal Health Service (GSAHS)	Aboriginal support/counselling/child & women's health/antenatal & postnatal	08 9222 4222	Albany, Katanning.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Relationships Australia	Counselling, domestic violence, family support, Aboriginal families support	1300 364 277	Metro: West Leederville, Fremantle, Gosnells, Joondalup, Midland, Kwinana. Regional: Mandurah, Bunbury, Busselton, Margaret River, Manjimup, Albany, Northam, South Hedland.
Southern Agcare	Aboriginal support/counselling	08 9827 1552	West Arthur, Wagin, Dumbleyung, Lake Grace, Woodanilling, Katanning, Kent, Kojonup, Broomehill-Tambellup, Gnowangerup, Jerramungup, Cranbrook, Plantagenet, Denmark.
Save the Children	Homelessness, youth, child health support	1800 760 011	Albany, Bridgetown, Claremont, Forrestdale, Mandurah, Clarkson, East Victoria Park, University of Western Australia, West Perth (Head office), Newman, Beagle Bay, Ardyaloon, Djarindjin, Lombadina

8.1.5. Wheatbelt

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.

Organisation	Type of support	Phone number	Locations
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Parkerville	Family & youth services	08 9290 1200	Metro: Parkerville, Armadale, Midland, Mirrabooka. Regional: Bunbury, Northam, Geraldton.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Relationships Australia	Counselling, domestic violence, family support, Aboriginal families support	1300 364 277	Metro: West Leederville, Fremantle, Gosnells, Joondalup, Midland, Kwinana. Regional: Mandurah, Bunbury, Busselton, Margaret River, Manjimup, Albany, Northam, South Hedland.
Wheatbelt Agcare	Counselling	08 9046 5091	Nungarin, Corrigin.

8.1.6. Goldfields

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.

Organisation	Type of support	Phone number	Locations
Bega Garnbirringu Health Service	Aboriginal health, support, child & women's health	08 9022 4720	Kalgoorlie. Mobile clinic locations every 3 months: Esperance, Laverton, Leonora, Menzies, Morapoi, Mount Margaret, Mulga Queen, Norseman.
Centrecare	Counselling, Housing, domestic violence	08 9325 6644	Joondalup, Mirrabooka, Midland, Perth, Cannington, Gosnells, Bunbury, Leonora, Kalgoorlie, Esperance.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Ngangganawili Aboriginal Health Service	Aboriginal health, support, women's & child health	08 9981 8600	Wiluna.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Spinifex Health Service	Aboriginal health, support, youth services, child health	08 9037 1102	Tjuntjunjtarra.
Yorgum Aboriginal Corporation	Aboriginal health, support	08 9218 9477	East Perth, Kalgoorlie, South Hedland.

8.1.7. Midwest

Organisation	Type of support	Phone number	Locations
Centacare family Services	Family support, counselling	08 9921 1433	Geraldton, Kalbarri, Mount Magnet, Mullewa, Yalgoo.

Organisation	Type of support	Phone number	Locations
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Desert Blue Connect (formerly Chrysalis)	Family violence, crisis accommodation, women's health, counselling	08 9964 2742	Geraldton.
Geraldton Regional Aboriginal Medical Service (GRAMS)	Counselling, women's & child health, antenatal & postnatal	08 9956 6555	Rifle Range Road, Rangeway WA 6530 Geraldton, Mount Magnet.
Helping Minds	Youth Support, Counselling	08 9427 7100	Metro: Armadale, Cockburn, Fremantle, Whitfords, Midland, Midvale, Perth, Rockingham. Regional: Mandurah, Geraldton, Carnarvon, South Hedland, Broome.
Midwest Family Support Service	Family support service		Geraldton.
Mission Australia	Youth support, homelessness, family support	Crisis 1800 199 088 or 1800 88 88 68	Metro: Maddington, Balcatta, East Perth, Northbridge. Regional: Mandurah, Geraldton, Meekatharra, Carnarvon, Karratha, Tom Price, Newman, South Hedland.
Parkerville	Family & youth services	08 9290 1200	Metro: Parkerville, Armadale, Midland, Mirrabooka. Regional: Bunbury, Northam, Geraldton.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.

8.1.8. Pilbara

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Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Helping Minds	Youth Support, Counselling	08 9427 7100	Metro: Armadale, Cockburn, Fremantle, Whitfords, Midland, Midvale, Perth, Rockingham. Regional: Mandurah, Geraldton, Carnarvon, South Hedland, Broome.
Mawarnkarra Health Service Aboriginal Corporation	Aboriginal health/support	08 9182 0850	Roebourne.
Mission Australia	Youth support, homelessness, family support	Crisis 1800 199 088 or 1800 88 88 68	Metro: Maddington, Balcatta, East Perth, Northbridge. Regional: Mandurah, Geraldton, Meekatharra, Carnarvon, Karratha, Tom Price, Newman, South Hedland.
Parkerville	Family & youth services	08 9290 1200	Metro: Parkerville, Armadale, Midland, Mirrabooka. Regional: Bunbury, Northam, Geraldton.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Puntukurnu Aboriginal Medical Service PAMS	Aboriginal health, support	08 9177 8307	Newman, Jigalong, Parnngurr, Punmu, Kanawarritji.

Organisation	Type of support	Phone number	Locations
Relationships Australia	Counselling, domestic violence, family support, Aboriginal families support	1300 364 277	Metro: West Leederville, Fremantle, Gosnells, Joondalup, Midland, Kwinana. Regional: Mandurah, Bunbury, Busselton, Margaret River, Manjimup, Albany, Northam, South Hedland.
Save the Children	Homelessness, youth, child health support	1800 760 011	Albany, Bridgetown, Claremont, Forrestdale, Mandurah, Clarkson, East Victoria Park, University of Western Australia, West Perth (Head office), Newman, Beagle Bay, Ardyaloon, Djarindjin, Lombadina.
Wirraka Maya Health Service	Aboriginal health/support	08 9172 0400	Port Hedland.
Yorgum Aboriginal Corporation	Aboriginal health, support	08 9218 9477	East Perth, Kalgoorlie, South Hedland.

8.1.9. West-Kimberley

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Beagle Bay Health Centre	Aboriginal health/support	08 9192 4914	Beagle Bay.
Bidyadanga Health Centre	Aboriginal health service/support	08 9192 4952	Bidyadanga.
Broome Regional Aboriginal Medical Service (BRAMS)	Aboriginal health/support	08 9192 1338	Broome.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.

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Organisation	Type of support	Phone number	Locations
Derby Aboriginal Health Service & Jurrugk Aboriginal Health Service	Aboriginal Health, support, outreach	08 9193 1090	Derby (outreach locations) Gibb River Station, Mt Barnett, Imintji, Dodnun, Kandiwel, Yilimbu, Teralantji.
Helping Minds	Youth Support, Counselling	08 9427 7100	Metro: Armadale, Cockburn, Fremantle, Whitfords, Midland, Midvale, Perth, Rockingham. Regional: Mandurah, Geraldton, Carnarvon, South Hedland, Broome.
Kimberley Aboriginal Medical Services Council	Support/Aboriginal service	08 9168 1049	Broome (Head Office). Outreach locations – Broome, Balgo, Beagle Bay, Bidyadanga, Billiluna, Headspace Broome, Mulan.
Mission Australia	Youth support, homelessness, family support	Crisis 1800 199 088 or 1800 88 88 68	Metro: Maddington, Balcatta, East Perth, Northbridge. Regional: Mandurah, Geraldton, Meekatharra, Carnarvon, Karratha, Tom Price, Newman, South Hedland.
Nindilingarri Cultural Health Services	Aboriginal health/support	08 9193 0093	Fitzroy Crossing.
Police and Community Youth Centres (PCYC)	Youth Support, Counselling	08 9277 4388	Metro: Fremantle, Gosnells, Kensington, Midland, Rockingham, Subiaco. Regional: Serpentine, Bunbury, Collie, Harvey, Albany, Northam, Quairading, Kalgoorlie, Geraldton, Exmouth, Carnarvon, Roebourne, Broome.
Save the Children	Homelessness, youth, child health support	1800 760 011	Albany, Bridgetown, Claremont, Forrestdale, Mandurah, Clarkson, East Victoria Park, University of Western Australia, West Perth (Head office), Newman, Beagle Bay, Ardyaloon, Djarindjin, Lombadina.
Wunan Foundation	Aboriginal services/support	08 9192 8530	Broome.

8.1.10. East-Kimberley

Organisation	Type of support	Phone number	Locations
Anglicare WA	Counselling, Domestic violence support, youth services, Aboriginal early years, Housing, financial counselling	1300 11 44 46	Metro: Armadale, East Perth, Gosnells, Joondalup, Midland, Rockingham, Spearwood. Regional: Mandurah, Bunbury, Busselton, Collie, Manjimup, Albany, Katanning, Mount Barker, Narrogin, Kalgoorlie, Karratha, Broome, Derby, Halls Creek, Kununurra, Balgo.
Clontarf	Aboriginal youth support, Aboriginal secondary education	08 9356 2500	Metro: Seville Grove, Cannington, Medina, Girrawheen, Maddington, Swan View, Waterford. Regional: Coodanup, Katanning, Albany, Northam, Kalgoorlie, Esperance, Geraldton, Carnarvon, Karratha, Derby, East & West Kimberley, Fitzroy, Halls Creek.
Department of Communities, Housing Division	Housing, Emergency, crisis	1800 093 325	Metro: Armadale, Cannington, Perth, Fremantle, Joondalup, Kwinana, Mandurah, Midland, Mirrabooka, Victoria Park. Regional: Albany, Broome, Bunbury, Busselton, Carnarvon, Derby, Esperance, Geraldton, Halls Creek, Kalgoorlie, Karratha, Katanning, Kununurra, Manjimup, Meekatharra, Merredin, Narrogin, Northam, South Hedland.
Ord Valley Aboriginal Health Service	Aboriginal health, support	08 9166 2200	Kununurra.
Wunan Foundation	Aboriginal services, support	9168 3881 (Halls Creek) or 9168 5122 (Kununurra)	Halls Creek, Kununurra.
Yura Yungi Medical Service	Aboriginal health/support	08 9168 6266	Halls Creek.

8.2. Useful Resources**[Aboriginal Health Council of Western Australia](#)**

The Aboriginal Community Controlled Health Services are individual Aboriginal Health Services that are run by local Aboriginal people and their communities to manage their own health and well-being in accordance with protocols and procedures determined by their community members.

[Perth Aboriginal Resources Directory](#) (Ruah)

This resource directory is produced to support Aboriginal people's access to the services that exist in the Perth community. It is available on the website electronically for interested individuals and agencies to access.

Part I – Reviews and Appeals

1. ACCS (child wellbeing) certificate

The decisions to give/not give an ACCS (child wellbeing) certificate rests with a provider. Under Family Assistance Law, the department has the right to vary or cancel a certificate given by a provider. If the department varies/cancels a certificate, both the provider and the family have a right of appeal.

2. ACCS (child wellbeing) determination

The Department of Human Services is responsible for making ACCS (child wellbeing) determinations. The decision to apply to the Department of Human Services for a determination rests with the provider only. Family Assistance Law does not oblige an application to be made by the provider for a child if it does not believe the child to be 'at risk'.

If the Department of Human Services rejects an application, both the provider and the family have a right of review and can appeal the decision. When the child attends more than one service provided by more than one provider, all providers will be notified of the decision.

3. Department of Human Services review process

For decisions made by the Department of Human Services the family or provider can apply to have the decision reviewed. If the family or provider is not satisfied with the outcome of the initial review, they can seek a review from an Authorised Review Officer (ARO) within the Department of Human Services. If they believe the ARO decision is incorrect, they can appeal to the Administrative Appeals Tribunal.

4. Application to increase 50 per cent rule

The Department of Education and Training is responsible for assessing requests for services to increase their 50 per cent limit. If the department rejects an application, the provider has a right of review and can appeal the decision.

5. Department of Education and Training review process

For decisions made by the department the family or provider can apply to the department to have the decision reviewed. If the family or provider is not happy after this initial review, they can appeal to the Administrative Appeals Tribunal.

Appendices

This Guide should be considered in conjunction with a number of other resources that provide background or additional information. These include:

- Glossary of terms at Appendix A
- Summary of all ACCS child care assistance payments at Appendix B
- Legislative References at Appendix C
- Other relevant resources at Appendix D

Appendix A - Glossary of terms

Key Term	Definition
ACCS (child wellbeing)	Australian Government payment provided to an eligible individual to assist families with children at risk of serious abuse or neglect.
ACCS (child wellbeing) referral	Notifying an ‘appropriate State/Territory body’ in the meaning of Family Assistance Law
Additional Child Care Subsidy (ACCS)	Australian Government payment that helps eligible families with the cost of child care
(Approved) provider	A provider of early learning and child care that has been approved to administer Child Care Subsidy on behalf of the Australian Government.
Appropriate support organisation	‘Appropriate State/Territory body’ in the meaning of Family Assistance Law
At risk	This term describes a circumstance where a child meets the definition of ‘at risk of serious abuse or neglect’ as defined in the Child Care Subsidy Minister’s Rules 2017.
Centrelink	The agency that delivers payments and services to individuals and families on behalf of the Australian Government. See humanservices.gov.au
Child Care Service Handbook (the Handbook)	A publication produced by the Department of Education and Training for CCS approved service providers. The Handbook is available on the Department of Education and Training website .
Child Care Subsidy (CCS)	Australian Government payment that helps families with the cost of child care.
Child Care Subsidy System (CCSS)	The CCSS is the electronic system used for the administration of child care payments. Approved child care services can access CCSS via the Provider Entry Point or third party software.
Department of Education and Training (the department)	Australian Government Department that has responsibility for early childhood and child care policy.
Department of Human Services (DHS)	Australian Government Department that has responsibility for delivery of payments to families.
Family Assistance Law	The legal basis for the Australian Government to provide child care fee assistance, and for the approval of child care providers to administer child care fee assistance on behalf of families. The primary legislation is: <i>A New Tax System (Family Assistance) Act 1999</i> and <i>A New Tax System (Family Assistance) (Administration) Act 1999</i> .

Key Term	Definition
Service	The child care that is delivered by a provider in a particular site or setting. There are different types of child care services. One provider may deliver one or more services, which may include different service types and/or different service sites.
Service ACCS (child wellbeing)	Australian Government payment provided to a child care services to assist children at risk of serious abuse or neglect when there no eligible individual can be identified.

Appendix B – Summary of all ACCS child care assistance payments

The Additional Child Care Subsidy (ACCS) is a top up payment in addition to the Child Care Subsidy which will provide targeted additional fee assistance to families and children facing barriers in accessing affordable child care.

The ACCS has four elements:

- ACCS (child wellbeing)
- ACCS (grandparent)
- ACCS (temporary financial hardship)
- ACCS (transition to work)
-

1. ACCS (child wellbeing)

ACCS (child wellbeing) provides assistance to families that are in circumstances that require practical help to support their child's safety and wellbeing.

Eligible families receive a subsidy equal to the actual fee charged, up to 120 per cent of the relevant CCS hourly rate cap, for up to 100 hours per fortnight. The family will not have to meet Activity Test requirements.

2. ACCS (grandparent)

Additional Child Care Subsidy (grandparent) is available for grandparents who:

- receive income support
- are the principal carer with 65 per cent or greater carer responsibilities
- have substantial autonomy for the day-to-day decisions about the child's care, welfare and development

Eligible grandparents receive a subsidy equal to the actual fee charged, up to 120 per cent of the relevant CCS hourly rate cap, for up to 100 hours per fortnight. These grandparents will not have to meet Activity Test requirements.

3. ACCS (temporary financial hardship)

ACCS (temporary financial hardship) provides short-term increased child care fee assistance to families who are experiencing significant financial stress due to exceptional circumstances, to ensure continuity of care.

Eligible families receive a subsidy equal to the actual fee charged, up to 120 per cent of the relevant CCS hourly rate cap, for up to 100 hours per fortnight. The family will not have to meet Activity Test requirements. This support will be provided for a maximum of 13 weeks per event.

4. ACCS (transition to work)

ACCS (transition to work) provides support to individuals who are transitioning to work from income support by engaging in work, study or training activities.

To be eligible for Transition to Work, families need to be:

- in receipt of one of the following payments:
 - Parenting Payment
 - Newstart Allowance
 - Disability Support Pension
 - Youth Allowance
 - a payment prescribed by the Minister's rules.
- have a Job Plan (whether mandatory or voluntary) in effect (employment pathway plan within the meaning of the *Social Security Act 1991 (Cth)*, or a participation plan under section 94B of the *Social Security Act 1991 (Cth)*).

ACCS (transition to work) provides a subsidy of 95 per cent of the actual fee charged up to 95 per cent of the CCS hourly rate cap. Hours of assistance will be determined by the Child Care Subsidy Activity Test. Individuals may continue to receive the subsidy for 12 weeks after they gain employment and their income support payments cease.

Appendix C - Legislative References

<i>A New Tax System (Family Assistance) Act 1999 reference</i>	Content
15	CCS Activity test – ACCS (child wellbeing) result
67CD (3)	Entitlement to be paid ACCS (child wellbeing)
67FC	Child no longer at risk
67FC (1)	Where a certificate is in effect
67FC (2)	Where a determination is or was in effect
85CA	Eligibility
85CA (1)	Eligibility of an individual
85CA (2) and (3)	Eligibility of an approved provider
85CB	Certificates
85CB (1)	When a certificate can be given
85CB (2)	Requirements
85CB (3)	12 month rule
85CB (4)	50 per cent rule
85CC	Cancellation of certificate by the approved provider
85CC (1)	When an approved provider can cancel a certificate
85CC (2)	Effect of a cancellation
85CC (3)	Cancelling a certificate no longer in effect
85CC (4)	Replacement certificate
85CD	Variation and cancellation of certificate by the department
85CD (1)	When the department can vary or cancel a certificate
85CD (2)	When a certificate is cancelled
85CD (3)	When a certificate is varied
85CD (4)	Cancelling or varying a certificate no longer in effect
85CE	Determinations
85CE (1)	When a determination can be made
85CE (2)	Requirements

<i>A New Tax System (Family Assistance) Act 1999 reference</i>	Content
85CE (3)	Making a determination
85CE (4)	Deemed refusal
85CE (5)	Requirements
85CE (6)	Subsequent determinations
85CF	Variation and revocation of determinations
85CF (1)	When a determination can be varied or revoked
85CF (2)	Notifying affected parties
85CF (3)	When a determination is revoked
85CF (4)	When a determination is varied
85CF (5)	Varying or revoking a determination no longer in effect
204B (6)	Varying or updating session reports - 67FC(1)
204K	Giving notice
204K (1)	The 'giving notice' requirement for certificates
204K (2)	When 'giving notice' is not necessary (certificates)
204K (3)	The giving notice requirement for determinations
204K (4)	When 'giving notice' is not necessary (determinations)
204K (7)	Meaning of 'appropriate state/territory body'

Appendix D - Other relevant resources

This Guide is supported and complemented by the following material

1. Child Care Provider Handbook

- [Child Care Provider Handbook](#)

2. Information to assist child care compliance

- Insert link to compliance flip chart
- Insert link to compliance factsheet

3. Forms

- Insert relevant forms

4. Family Assistance Guide

- Insert link to ACCS (child wellbeing) FA Guide page