



Australian Government
Department of Education,
Skills and Employment

Guide to Additional Child Care Subsidy

Child Wellbeing



ISBN

978-1-76114-101-0 [PDF]

978-1-76114-127-0 [DOCX]



With the exception of the Commonwealth Coat of Arms, the Department's logo, any material protected by a trade mark and where otherwise noted all material presented in this document is provided under a [Creative Commons Attribution 4.0 Australia](#) licence.

The details of the relevant licence conditions are available on the Creative Commons website (accessible using the links provided) as is the full legal code for the [CC BY 4.0 AU licence](#).

The document must be attributed as the Guide to Additional Child Care Subsidy (child wellbeing).

Contents

About this guide.....	6
1. Purpose.....	6
2. Family Assistance Law	6
3. State and territory laws and procedures.....	7
4. Important notice and disclaimer	7
5. Protection of privacy and personal information	7
6. Information to help understand this guide	7
How Additional Child Care Subsidy (child wellbeing) works	9
7. Additional Child Care Subsidy (ACCS).....	9
8. ACCS (child wellbeing)	9
9. What happens when the child care fee charged is higher than the ACCS (child wellbeing) subsidy? ..	10
10. CCS and ACCS hourly rate caps by care type.....	12
11. ACCS (child wellbeing) application process – where parent/carer eligible.....	12
Identifying a child ‘at risk’ for whom ACCS (child wellbeing) should be paid	14
12. Who can receive ACCS (child wellbeing)?	14
13. The provider’s role and discretion	14
14. Mandatory reporting.....	15
15. Circumstances in which a child is taken to be ‘at risk’	15
16. How to assess if a child is ‘at risk’ of suffering harm.....	16
17. Emerging risk	17
18. Indicators of abuse or neglect.....	17
19. Circumstances where a child is not necessarily ‘at risk’	17
20. What to do if the provider is not sure if the child is ‘at risk’	19
21. Where the child is not, or is no longer, ‘at risk’ while a certificate or determination is in effect	20
Family involvement.....	21
22. Why have a conversation with families?.....	21
23. When to have the conversation	21
24. How to have the conversation	22
25. What if families disagree?	23
26. Working with Aboriginal and Torres Strait Islander families	24
Making an ACCS (child wellbeing) referral.....	26
27. Providers’ statutory obligations under state/territory law mandatory reporting laws	26
28. What is ‘making an ACCS (child wellbeing) referral’?	26

29. When to make an ACCS (child wellbeing) referral	27
30. Appropriate support agency.....	28
Certificate or determination? How to access ACCS (child wellbeing)	31
31. When to give a certificate	31
32. When to apply for a determination.....	31
33. Where the child attends more than one service operated by the provider	31
34. When there is a change of provider	32
35. Limits on ACCS (child wellbeing) certificates.....	32
36. Backdating ACCS (child wellbeing) certificates and determinations in exceptional circumstances ..	33
Giving an ACCS (child wellbeing) certificate.....	34
37. ACCS (child wellbeing) certificate.....	34
38. Enrolment of the child 'at risk'	34
39. Giving the certificate	36
Applying for an ACCS (child wellbeing) determination	40
40. Applying for a determination	40
41. Evidence to support an application for a determination	42
Children 'at risk' with no eligible individual.....	47
42. Where there is no eligible individual - Provider Eligible Arrangement ACCS (Child Wellbeing)	47
Children in need of care under state or territory law	50
43. Eligibility for ACCS (child wellbeing) of children in need of care under state or territory law.....	50
Exceptional circumstances to increase CCS and ACCS percentage and subsidised hours.....	54
44. What are exceptional circumstances?	54
45. How to apply for additional assistance	55
Reviews and appeals.....	58
46. Department of Education, Skills and Employment.....	58
47. Services Australia/Centrelink	58
Debt	60
48. No entitlement	60
49. Overpayment.....	60
50. Person at fault responsible for debt.....	60
51. Debt recovery	60
Appendix A - Glossary of terms.....	61
Appendix B - Legislative references.....	66
1. A New Tax System (Family Assistance) Act 1999.....	66

2. Child Care Subsidy Minister’s Rules 2017.....	68
Appendix C - State and territory referral processes for ACCS (child wellbeing)	70
1. Australian Capital Territory	70
2. New South Wales	73
3. Northern Territory.....	74
4. Queensland.....	75
5. South Australia	77
6. Tasmania.....	78
7. Victoria	79
8. Western Australia.....	80
Appendix D – relevant resources	82
1. Child Care Provider Handbook	82
2. Forms.....	82
3. Contacts.....	82

About this guide

1. Purpose

This Guide to the Additional Child Care Subsidy (child wellbeing) contains information for providers and services, approved for the purposes of the Family Assistance Law, that are involved in the administration of Additional Child Care Subsidy (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
- aids in ensuring that ACCS (child wellbeing) is managed in accordance with legislative obligations and relevant policies and processes.
- In particular, this guide outlines:
 - how and in what circumstances providers can assist families access ACCS (child wellbeing)
 - what information is required to assess applications for ACCS (child wellbeing).

The online version of this guide is available at dese.gov.au/child-care-subsidy/resources/guide-accs-child-wellbeing. This document should be used in conjunction with the [Child Care Provider Handbook](#) and relevant resources (see [Appendix D](#)).

2. Family Assistance Law

ACCS (child wellbeing) is provided under the Family Assistance Law. The key legislation that comprises the Family Assistance Law includes:

- [A New Tax System \(Family Assistance\) Act 1999](#)
- [A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#)
- [Child Care Subsidy Minister's Rules 2017 \(Minister's Rules\)](#)
- [Child Care Subsidy Secretary's Rules 2017 \(Secretary's Rules\)](#)

Any other instruments (including regulations) made under the [A New Tax System \(Family Assistance\) Act 1999](#) and the [A New Tax System \(Family Assistance\) \(Administration\) Act 1999](#)

[Schedules 5 and 6 to the A New Tax System \(Family Assistance and Related Measures\) Act 2000](#).

[Appendix B](#) provides a list of the relevant legislative references for ACCS (child wellbeing), including related instruments and determinations.

3. State and territory laws and procedures

Each state and territory has its own laws and procedures related to early childhood education and care and child protection. These include requirements for mandatory reporting, and the process to refer a family to an appropriate support agency.

This Guide provides information and links to the laws and procedures for states and territories for ease of reference at [Appendix C](#), noting that child care providers and services have a responsibility to be familiar with, and comply with, the requirements of the states and territories in which they deliver child care.

Applying for ACCS (child wellbeing) in respect of a child whether through giving a [certificate](#) or applying for a [determination](#), does not replace a provider's mandatory reporting responsibilities.

4. Important notice and disclaimer

The Guide is intended to provide high-level guidance and is not intended to be a substitute for reading and understanding Family Assistance Law. Providers accept any risk involved in relying on the Guide without having regard to Family Assistance Law and relevant state and territory laws, including the [Education and Care Services National Law 2010](#) (National Law) and the [Education and Care Services National Regulations 2011](#) (National Regulations).

If there is a conflict or discrepancy between the material in this Guide and the law, the law will prevail. Providers and others who use this Guide should refer to Family Assistance Law for the laws that apply to child care payments and the approval and obligations of child care providers and services.

Providers must also know and comply with the conditions of their approval and any relevant terms and conditions in any contractual funding agreements they have entered with the Australian Government. If there is conflict between material contained in this Guide and conditions of approval in terms of funding agreements, then the conditions and terms 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 privacy provisions of the [Privacy Act 1988](#). In summary, these provisions limit the use and disclosure of protected information and personal information.

The Department of Education, Skills and Employment, Services Australia and providers are restricted to using and disclosing protected information and personal information only where they are authorised to do so under law (for example, where the disclosure is to fulfil the purposes of the Family Assistance Law or consistent with any *Privacy Act 1988* obligations).

Approved providers are also required to comply with the provisions of the *Privacy Act 1988* that limit the use and disclosure of protected and personal information.

6. Information to help understand this guide

The appendices to this guide provide background or additional information:

- Appendix A - [Glossary of terms](#)
- Appendix B - [Legislative references](#)

- Appendix C - [State and territory referral processes for ACCS \(child wellbeing\)](#)
- Appendix D - [Relevant resources](#).

Note

Where the Guide refers to interactions between families and Services Australia, it refers to Centrelink – the service delivery function of Services Australia. Where the Guide refers to interactions between Services Australia and providers, it refers to Services Australia.

How Additional Child Care Subsidy (child wellbeing) works

7. Additional Child Care Subsidy (ACCS)

The ACCS is part of the Child Care Safety Net. The Safety Net aims 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 childhood education and care.

The ACCS includes four elements:

- ACCS (child wellbeing) - for families who require practical help to support their children's safety and wellbeing (the focus of this guide)
- ACCS (grandparent) - for grandparents who are the 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.

The ACCS is a separate payment to Child Care Subsidy (CCS). ACCS has more generous rate caps than CCS with the exception of the ACCS (transition to work), and will cover all of a child's child care fees in most cases.

Information about ACCS (child wellbeing) eligibility criteria, including CCS eligibility, is discussed in this Guide (see paragraph 12). It is also available in the [Child Care Provider Handbook](#).

8. ACCS (child wellbeing)

The needs of vulnerable children and their families are central to ACCS (child wellbeing). It can help families deal with short-term difficulties, and families facing long-term challenges can receive the subsidy over a longer term.

When a provider identifies a child at risk of serious abuse or neglect ('**at risk**'), as defined in the [Child Care Subsidy Minister's Rules 2017](#) ('**Minister's Rules**'), and where the ACCS (child wellbeing) eligibility requirements are met, the child's family/carer can generally access ACCS (child wellbeing) in respect of that child, providing:

- a higher rate of subsidy
- more hours of subsidised child care.

The provider can also support families/carers by:

- undertaking the application process for ACCS (child wellbeing) (giving a [certificate](#) or applying for a [determination](#)), which allows the family/carer to focus on their circumstances
- making referrals and encouraging families/carers to take advantage of other support services that can help them.

8.1 Higher rate of subsidy

Eligible families will receive a subsidy equal to the actual fee charged by the provider or 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. (See [Table 1](#) for rate caps)

This higher rate of assistance reduces the possibility that, for children considered to be 'at risk', the cost of child care will be a barrier to either entering or remaining engaged with child care.

ACCS (child wellbeing) is paid directly to providers to reduce the cost of child care for eligible families.

SCENARIO

The Blue Cat child care service charges \$11 per hour. Jon's child is considered to be 'at risk' and the provider has given a certificate to that effect. As \$11 is below the ACCS (child wellbeing) hourly rate cap of \$14.77 (which is 120 per cent of the hourly rate cap for Centre Based Day Care (CBDC) services of \$12.31) (2021-2022 rate), Jon's service will be paid a total subsidy of \$11 per hour for up to 100 hours per fortnight.

8.2 More hours of subsidised child care

ACCS (child wellbeing) provides up to 100 hours per fortnight of subsidised care, with an exemption for the child's parent/carer from activity test requirements.

This allows families to focus on dealing with difficult circumstances, and children to spend more time in quality early childhood education and care, assisting their safety, wellbeing, resilience and development.

SCENARIO

Malia is eligible for ACCS (child wellbeing) in respect of her daughter Madeleine. Madeleine is attending child care 10 hours each day, four days a week (80 hours per fortnight). Because Malia is eligible for 100 hours per fortnight, her service would be paid ACCS (child wellbeing) for the 80 hours Madeleine attends. Malia could increase Madeleine's attendance by up to 20 hours, to fully use her available 100 hours per fortnight of ACCS (child wellbeing), and these increased hours might further help the child or family.

Where a child has been assessed as eligible for ACCS (child wellbeing), and the parent/carer has been assessed as eligible for CCS and they use more than 100 hours of care per fortnight, they will only receive subsidised care for 100 hours. The family will not receive any further subsidised assistance for the fortnight once they have used 100 hours.

SCENARIO

Natalie is eligible for ACCS (child wellbeing) in respect of her daughter Alenna. Alenna is attending child care 12 hours each day, five days a week (120 hours per fortnight). Natalie is only eligible for 100 hours per fortnight for Alenna, and her service would be paid ACCS (child wellbeing) for only 100 hours Alenna attends. Natalie will not receive assistance for the additional 20 hours and would be required to pay the service the full fees for these hours.

Despite the additional support available through the ACCS (child wellbeing), there are circumstances where a family may require additional hours and/or additional subsidy. Refer to [section 44 Exceptional Circumstances in ACCS \(child wellbeing\)](#).

9. What happens when the child care fee charged is higher than the ACCS (child wellbeing) subsidy?

Where a family is eligible for ACCS (child wellbeing) and the fee charged is less than or equal to the amount of ACCS (child wellbeing) hourly rate cap (that is, 120 per cent of the applicable CCS *hourly rate cap*), there will be no co-contribution (gap) for the parent/carer to pay. That is, the payment will cover all of the actual fee charged.

Where a provider charges more for a session than the amount of ACCS (child wellbeing) payable, there will be a gap which the eligible individual needs to pay.

SCENARIO

Flo's child is considered 'at risk' and the provider has given a certificate to that effect. The Green Caterpillar child care service charges \$15 per hour. As \$15 is above the ACCS (child wellbeing) hourly rate cap of \$14.77 (which is 120 per cent of the hourly rate cap for CBDC services of \$12.31) (2021-22 rate), Flo will need to pay \$0.23 per hour for the hours her child attends child care.

9.1 Third Party Contributions

A third party can assist eligible individuals with child care fees, however the third party's contribution (unless it prescribed in the Minister's Rules) will be taken into consideration prior to calculating the hourly rate of ACCS and cannot be used to pay only the gap fee amount. This is because a third party's contribution is taken into consideration to reduce the amount of the hourly session fee for the individual.

A third party payment might include a payment from an employer, a charity, or a State or Territory Government.

Third party payments, prescribed by the Minister, made to providers to reduce the child care fee liabilities of disadvantaged and vulnerable families are not required to be deducted from the total fee reported to calculate the CCS and ACCS and so do not reduce CCS or ACCS entitlements. For example, the Minister has previously prescribed certain payments to volunteer firefighters and individuals living in bushfire-affected areas.

More information about this exemption is available on the [Child Care Subsidy – Third Party Payment of gap fees webpage](#).

SCENARIO

Binh lives in Perth with his foster parents who are eligible for ACCS (child wellbeing). The Red Bear child care service he attends charges \$160 for a 10-hour session of care (\$16 per hour). The ACCS hourly rate cap is \$14.64, which translates into an ACCS cap of \$146.40 per 10 hour session. Binh's foster parents also receive a contribution from their employer of \$40 per 10-hour session (\$4 per hour). When a third-party contribution is involved, the provider must report the third-party contribution and reduce the session fee by the amount of the third-party contribution. As such, the Red Bear child care correctly indicates 'yes' to the question 'is other subsidy applied' and enters \$40 as the 'other subsidy amount' in the session report. Session fee reported is therefore \$120 (i.e. \$160 Red Bear fee less \$40 third party payment) from which the ACCS is calculated. Because the session fee (\$120) is lower than the ACCS cap (\$146.40), the family will have no gap fee.

The Family Assistance Law prohibits providers from charging a higher rate to a family simply that receives:

- ACCS; or
- a prescribed third party payment,
- than they would ordinarily charge an individual who is eligible for CCS.

10. CCS and ACCS hourly rate caps by care type

10.1 Table 1: CCS and ACCS hourly rate caps by care type

	Children below school age	Children below school age	School age children	School age children
Care type	CCS hourly rate cap ¹	ACCS hourly rate cap	CCS hourly rate cap	ACCS hourly rate cap
Centre Based Day Care	\$12.31	\$14.77	\$10.77	\$12.92
Outside School Hours	\$12.31	\$14.77	\$10.77	\$12.92
Family Day Care	\$11.40	\$13.68	\$11.40	\$13.68
In Home Care - family hourly rate cap	\$33.47	\$40.16	\$33.47	\$40.16

These are 2021–22 figures and will be indexed by the Consumer Price Index annually.

11. ACCS (child wellbeing) application process – where parent/carer eligible

For a parent/carer to be eligible for ACCS (child wellbeing), they must first apply for and be found eligible for CCS. Where possible, providers should encourage parents/carers to lodge their claim as soon as possible. A CCS claim can stay active for a year without any sessions of care being reported for the child.

CCS claims can only be backdated to a maximum of 28 days before the claim was made. If a child is enrolled and starts attending care before a claim is made and the lodgement of the claim is delayed, the individual may not be eligible for CCS and ACCS (child wellbeing) for some sessions of care provided to the child.

11.1 Identify child ‘at risk’

A provider must be satisfied that the child whom they consider ‘at risk’, meets the legislative definition of ‘at risk’ for the purpose of ACCS (child wellbeing), based on their assessment of the available evidence regarding neglect and abuse. See [Identifying a child ‘at risk’ for whom ACCS \(child wellbeing\) should be paid](#).

11.2 Family involvement

Providers are expected to have conversations with families/carers about their circumstances, their eligibility for ACCS (child wellbeing) and the requirement for a provider to refer the family/carer to [an appropriate support agency](#) if an ACCS (child wellbeing) certificate or determination is made in respect of the child. Both the provider and the family/carer receive written advice of their eligibility for ACCS (child wellbeing), so it is important to have a conversation with the family prior to giving a certificate or applying for a determination. See [Family involvement](#).

11.3 Certificate or determination?

The provider decides whether to apply for a certificate or a determination – see [Certificate or determination? How to access ACCS \(child wellbeing\)](#).

¹ Child Care Provider Handbook, v2, June 2019

11.4 Giving a certificate

If a provider considers the child is 'at risk', and they decide to give a certificate, they can do this immediately, approving up to six weeks of ACCS (child wellbeing) in a 12-month period for a child using their care. This can be done through either their third-party software or the Provider Entry Point ([see task card on submitting ACCS \(child wellbeing certificates\)](#)). This allows the ACCS (child wellbeing) to be paid without delay (subject to all the other ACCS (child wellbeing) eligibility criteria being met). 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. See [Giving an ACCS \(child wellbeing\) certificate](#).

11.5 ACCS (child wellbeing) referral to an appropriate support agency

A provider who gives the Secretary a child 'at risk' certificate is required under Family Assistance Law to give notice (that is, [make an ACCS \(child wellbeing\) referral](#)) to an appropriate support agency that the provider considers the child to whom the certificate relates is or was at risk of serious abuse or neglect. This:

- offers the family/carer support in addition to access to early childhood education and care
- helps the family/carer to make contact with the state and territory support agencies that are best placed to help the family/carer in their particular circumstances
- allows the support agency to determine if it can assist the family/carer.

See 'Making an ACCS (child wellbeing) referral' for information about the process, and [Appendix C](#) - state and territory referral processes for ACCS (child wellbeing) for specific guidance for each state and territory.

11.6 Apply for a determination

When a provider has given a certificate in respect of a child 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 through their third-party software or the Provider Entry Point.

Determinations for ACCS (child wellbeing) can be made for periods of up to 13 weeks at a time ([unless eligible for extending the determination period up to 52 weeks](#)). Where a child continues to be 'at risk', the service should apply for additional periods of ACCS (child wellbeing). Generally, [certificate\(s\) must be given for a total of six weeks](#) before the provider can apply for a determination. 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 they can apply for a determination.

Providers can apply for a determination while the certificate is in place (this can be any time within the six-week timeframe in which the certificate is in place). To avoid payment delay, providers are advised not to wait until the certificate or determination ends.

When a determination is made, it will apply to all providers and services that the child uses even if the provider has not applied for a determination. Each service that the child attends will receive notification via the Provider Entry Point or their third-party software.

See [Applying for an ACCS \(child wellbeing\) determination](#).

Identifying a child ‘at risk’ for whom ACCS (child wellbeing) should be paid

12. Who can receive ACCS (child wellbeing)?

For an individual to be eligible for ACCS (child wellbeing):

- they must have been determined to be eligible for CCS for the session of care, and
- either a [certificate](#) or a [determination](#) for ACCS (child wellbeing) must be in effect for the child in their care for the week in which the session is provided, and
- they must not be prevented from being eligible for ACCS (child wellbeing) for a reason such as:
 - the child is under the care of a person (other than a foster parent) under a state/territory child welfare law, or
 - the person is absent from Australia for longer than six weeks (unless extended by Services Australia) of the relevant period that ACCS (child wellbeing) is sought for.

The relevant individual who may be eligible for ACCS (child wellbeing) in respect of a child, is a person who is eligible for CCS in respect of that child, and who is responsible for the care of a child, including paying the costs of their child care fees. This includes foster parents.

States/territories can become involved in the care of a child in various circumstances and with varying degrees of engagement. Depending on these circumstances, the child may or may not be eligible to receive CCS or ACCS. Some common scenarios are described in [Children in need of care under state or territory law](#).

13. The provider’s role and discretion

If a provider considers that a child is ‘[at risk](#)’ they may give a certificate or, if they are unable to give a certificate, apply for a determination to continue to access ACCS (child wellbeing) for that child. Providers should take time to build trust and rapport with a family and, wherever possible, obtain consent. The following sections outline the definition of ‘at risk’, criteria to assess whether a child is ‘at risk’, and other circumstances to consider.

Family Assistance Law allows providers to exercise their judgement regarding the giving of a certificate or applying for a determination within the scope of their legislative discretion.

A provider will only be able to see a part of a family’s circumstances. Therefore, it is important that the provider explore their observations as part of a [conversation with the family](#), and try to understand the family’s perspective where possible.

For the purpose of receiving ACCS (child wellbeing), a provider may choose to delay the conversation with the family in circumstances where:

- discussions with the family regarding the child's circumstances need to be managed sensitively
- the provider wishes to monitor the circumstances to inform their decision about whether the child meets the definition of 'at risk'
- as appropriate, the provider may wish to discuss their observations or information with a third party. Any discussions should take into account privacy considerations.

There is no obligation on the provider to give a certificate or apply for a determination. On the other hand, if the child is under a relevant court order or family violence order that establishes that the child is 'at risk', there is no reason to delay access to ACCS (child wellbeing).

14. Mandatory reporting

The requirement under Family Assistance Law for a provider to notify an appropriate support agency after giving a certificate or applying for a determination for ACCS (child wellbeing) that the provider considers the child to whom the certificate relates is or was at risk of serious abuse or neglect is a separate and different requirement to the formal reporting obligations under state or territory child safety/protection law. A provider has not met their [mandatory reporting obligations](#) simply by assessing the child to be 'at risk' for the purpose of ACCS (child wellbeing).

'Mandatory reporting' is a term used to describe the legislative requirement for selected groups of people to report to government authorities suspected cases of child abuse and neglect. Parliaments in all Australian states and territories have enacted mandatory reporting laws of some description. However, the laws are not the same across all jurisdictions. The main differences concern who has to report and what types of abuse and neglect have to be reported. There are also other differences, such as the 'state of mind' that activates the reporting duty (that is, having a concern, suspicion, or belief on reasonable grounds) and the destination of the report.

If the child's circumstances require formal notification to state or territory child protection agencies, providers must follow their [state or territory guidance](#) on whether to raise the issue with the family or not.

15. Circumstances in which a child is taken to be 'at risk'

15.1 Child 'at risk' of suffering harm

Under Family Assistance Law, a child is taken to be 'at risk' of serious abuse or neglect for the purpose of ACCS (child wellbeing) if the child is 'at risk' (see below paragraph) of suffering harm (that is, any detriment to the child's wellbeing) as a result of being subject to, or exposed to, one or more of the following events:

- serious physical, emotional or psychological abuse
- sexual abuse
- domestic or family violence
- neglect – that is, a failure to be provided with the basic needs that are essential for the child's physical and emotional wellbeing.

A child is 'at risk' of the above, if the child is currently experiencing, or there is a real and apparent risk that the child will experience, one or more of those events in the future.

To determine whether there is a ‘real and apparent risk’ of future harm, the provider and/or Services Australia/the Department of Education, Skills and Employment need to make a reasonable assessment based on appropriately documented observation or evidence that supports such a finding. Providers are required to keep file notes about their observations, and these can be used to support giving a certificate.

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

It is important to understand that determining that a child is ‘at risk’ does not require the provider to assess whether abuse or neglect was intentional or not. Sometimes a child can be ‘at risk’ because of factors outside an individual’s control - for example, where an individual is subject to domestic violence or where an individual becomes seriously ill and they cannot provide the same level of care to their child and they are unable to meet their child’s basic physical and emotional needs.

15.2 Child in need of care etc. under state or territory law

In addition, a child is also taken to be ‘at risk of serious abuse or neglect’ if, under the relevant state or territory child protection law² that applies in the state or territory in which the child lives, the child is in need of care and/or protection or ‘at risk’ under that law. See paragraph 43 of this guide.

16. How to assess if a child is ‘at risk’ of suffering harm

To assess if a child meets the ACCS (child wellbeing) definition of ‘at risk’, the key question is: Is the child currently experiencing any of these events, or is there a real and apparent risk that the child will experience any of these events in the future?

The events are:

- 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’ is not defined in the Family Assistance Law, but its plain English meaning is: significant or worrying because of possible danger or risk; not slight or negligible.³

Providers are expected to have evidence to support their decision.

² Children and Young People Act 2008 (ACT); Young Persons (Care and Protection) Act 1998 (NSW); Care and Protection of Children Act (NT); Child Protection Act 1999 (Qld); Children and Young People (Safety) Act 2017 (SA); Children, Young Persons and Their Families Act 1997 (Tas); Children, Youth and Families Act 2005 (Vic); Children and Community Services Act 2004 (WA).

³ Definition from Lexico, Oxford English Dictionary, online resource.

SCENARIO

Balendra's child care educators have become aware that his parents have separated recently and are currently sorting out their future living arrangements. The educators notice that Balendra's attendance has become very random lately, he wears the same clothes several days in a row and does not bring any food to child care, despite parents being expected to supply food for their children. Balendra also states his parents are always fighting about money.

Following a conversation with the parents, the provider determines that Balendra is 'at risk' of neglect and gives a certificate so that Balendra 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).

In the above scenario, although Balendra does not meet the definition of 'at risk' or 'in need of protection' under the law in the state or territory in which he lives, his circumstances make his parents eligible for ACCS (child wellbeing).

17. Emerging risk

A provider may give a certificate on the basis that a child is likely to experience harm in the future, where appropriate depending on the circumstances.

SCENARIO

Tim lost his temporary accommodation and he has let his child care service know that he and his daughter Brianna are living with friends until 'something better comes up'. While Brianna seems fine and Tim is searching for stable accommodation, this circumstance suggests that Brianna's circumstances 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, as part of [making its determination](#), Services Australia/ the Department of Education, Skills and Employment will require [supporting evidence](#), including independent third-party evidence, to confirm that the risk continues to remain real and apparent.

Evidence about emerging risk could include significantly different or unusual behaviour that does not necessarily require a provider to make a formal report to a state or territory safety/protection agency (although the provider will still be required to notify the relevant support agency).

18. 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 Family Studies website: <https://aifs.gov.au/cfca/publications/what-child-abuse-and-neglect>

19. Circumstances where a child is not necessarily '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). These circumstances are:

- the income of the child’s parent/carer
- the ethnic, cultural, religious or racial background of the child or the child’s immediate family
- the geographical location in which the child and the child’s immediate family resides
- the child’s place of residence is, statistically, an area of socio-economic disadvantage
- the child is likely to benefit from early childhood education and care programs
- the child has a disability, severe illness or mental illness.
- the child has a medical condition
- the child is in a foster care or kinship care arrangement.

Being in one or more of these circumstances does not mean that the child is ‘at risk’ for the purpose of ACCS (child wellbeing). Where one of the above circumstances exist for a child, it cannot be considered in isolation. It can only be considered to the extent that it is relevant in determining whether the child meets the ACCS (child wellbeing) definition of ‘at risk’.

If there are no indicators of being ‘at risk,’ the child will not be eligible for ACCS (child wellbeing), even where one of the above circumstances apply to the child.

The following scenarios illustrate in more detail the circumstances that, in and of themselves, do not mean that a child is ‘at risk’.

19.1 Low income

Scenario

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 John regularly 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, that John is being neglected. In this case, John’s circumstances, when considered in full, would meet the definition of being ‘at risk’.

19.2 Ethnic, cultural, religious or racial background

Scenario

Ali’s family are newly arrived migrants with a non-English-speaking background. They are living in a regional area where there are no families with similar backgrounds. Ali’s ethnicity and residing in a rural geographical location do not, of themselves, mean that he is considered ‘at risk’.

However, Ali’s parents are subject to persecution because of their ethnicity and as a result suffer from serious post-traumatic stress disorder impacting on their ability to meet Ali’s basic needs. In this circumstance, ethnicity may have formed part of the reason why Ali is currently ‘at risk’ of neglect.

19.3 Location

Scenario

Kirra is aged seven and lives in a remote location in the Northern Territory. Based on her location only, Kirra is not 'at risk' for the purpose of ACCS (child wellbeing).

Kirra's location may be taken as a contributing factor when determining if she is 'at risk'. As Kirra is regularly left unattended for many hours with inadequate amounts of food and mental stimulation, there is evidence of neglect which means she may meet the definition of 'at risk'.

19.4 Disability, severe illness or mental illness

Disability, severe illness or mental illness of a parent/carer and/or of a child does not necessarily mean that the child is 'at risk'.

In some instances, such circumstances may result in the parent(s)/carer not being available to care for their children when they normally would do so; and, although there is no intent, this could ultimately lead to a child being 'at risk' of neglect or harm.

Any third-party [evidence](#) provided to support an application for ACCS (child wellbeing) where disability, severe illness or mental illness is part of the consideration should address each of the following:

- type and extent of disability, severe illness or mental illness
- the way the disability, severe illness or mental illness impacts the child and how this results in the child being 'at risk'
- availability of another support person (including partner and extended family).

SCENARIO (Not At Risk)

Anita is Emma's mother. Anita has a deformity of one of her feet, which makes her limp heavily. This has been formally recognised as a disability. She is otherwise fine, is 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'.

SCENARIO (At Risk)

Thanh's mother has a psychiatric disability that can be controlled with medication. When Thanh's mum stops taking her medication, she becomes delusional and begins to neglect Thanh by forgetting to purchase food and prepare meals for Thanh. In this scenario, Thanh's mum's disability can have an impact on whether Thanh is 'at risk'.

20. What to do if the provider is not sure if the child is 'at risk'

It is the [provider's assessment](#) of whether the child's circumstances meet the ACCS (child wellbeing) definition of being 'at risk' that will prompt a provider to give a [certificate](#) or apply for a [determination](#). If the child's circumstances are unclear (and do not require notification under state or territory child safety/protection law), providers can choose to do any of the following (as appropriate):

- refer the family with their agreement to an [appropriate support agency](#), 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 an appropriate support agency

- with the family's agreement, the provider can have a follow-up conversation with the appropriate support agency that has provided assistance and potentially obtain more information to help the provider's assessment
- at any point a provider can give a certificate if the information they have supports the giving of the certificate
- give a certificate for a [shorter period than six weeks](#) where the provider believes that the circumstances exist and may be easily resolved
- at any point a provider can [cancel a certificate](#) (or [request for the certificate to be cancelled](#)), with the result that the certificate is taken never to have been in effect e.g. when a child leaves the service.

21. Where the child is not, or is no longer, 'at risk' while a certificate or determination is in effect

A provider has an obligation to notify Services Australia 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. If the child was not 'at risk' during that period then, even where a certificate or a determination has ceased, the provider must notify Services Australia. This includes any times when the [provider was eligible for ACCS \(child wellbeing\) because the provider could not identify a liable individual](#).

See [Changes to certificates](#) for information about what to do when a child is no longer considered 'at risk' and a certificate needs to be cancelled. Also, refer [Variation or revocation of a determination](#).

Family involvement

22. Why have a conversation with families?

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. For example:

- ACCS (child wellbeing) supports early intervention. Engaging positively with vulnerable families - including offering help through ACCS (child wellbeing) – may help to 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 agency](#) if the provider gives a [certificate](#) or intends to apply for a [determination](#) for ACCS (child wellbeing)'. This is to help families connect with the support services they may need and ensure the provider meets its legislative obligations. This organisation may contact the family to discuss ways to help them resolve the matters that led to the child being '[at risk](#)'. Families that know that they might be contacted by an appropriate support agency may be more likely to respond positively
- families will be notified 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 to the provider their agreement so they can receive information about contact with available support services in order to obtain supporting information for an application for a determination.

23. When to have the conversation

A family should be approached about the ACCS 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? Will it help or exacerbate the situation?
- should we strengthen the relationship with the parent/carer a little more before having a conversation?
- is there a sense of urgency that needs to be taken into account?

In most cases, the conversation with families about [making an ACCS \(child wellbeing\) referral](#) should take place before an ACCS (child wellbeing) certificate is given. This will help families to 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 after 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.

Under Family Assistance Law, there is no obligation to give a certificate or apply for a determination immediately, as the certificate and determination can be backdated up to 28 days and up to 13 weeks in [exceptional circumstances](#). This means that the provider can wait until a more appropriate time to give the

certificate or apply for a determination. 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).

A conversation with the family could be difficult for many reasons. Specific preparation may help to deal with difficult conversations, such as:

- where a difficult conversation is expected, it could be advisable to have a third party or support person attend
- where families have culturally and linguistically diverse backgrounds, providers can ask for guidance prior to having the conversation – for example, from a recognised Aboriginal and Torres Strait Islander organisation or relevant community group
- interpreters might be needed
- where a support person is already working with the family, it may be appropriate for them to be involved.

If the child's circumstances require formal notification to the state or territory child protection agency, providers must follow their [state or territory guidance](#) on whether to raise the issues with the family.

24. How to have the conversation

Providers should have an open and transparent conversation with the family. Exactly what to say and how they best frame the conversation depends very much on their relationship with the family and the severity of risk, abuse or neglect 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 that the family is 'OK' with how the conversation is going and, in a way that is respectful, check they have understood
- privacy must be paramount – providers must ensure that the family's privacy and confidentiality is respected at all times
- consider the need for support people – whether an interpreter or other support is needed
- focus on 'shared' goals and working together:
 - if the provider is getting the family some additional support from a community service during a tough time – given the provider is 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
 - obtain agreement from the family to contact the service
 - 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
 - let the family know that, in addition to other support discussed, additional financial support towards the cost of child care might be organised by the provider

- reinforce the importance of the family and their role in assisting the provider to support the child
- providers should keep notes about their 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 following example.

Example - Starting the Conversation

'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 support agency](#). If the provider has already made a referral to the support agency less than six weeks ago, or the support agency notified the provider of 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 provide fully subsidised 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
- ACCS (child wellbeing) is an opportunity for families to [receive financial support towards the cost of child care](#) 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](#).

25. What if families disagree?

Regardless of the family's view, providers must make notifications when they are required to do so under state or territory child safety/protection law.

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 on whether the child is 'at risk'.

Providers should make every effort to ensure families understand the support available through the ACCS (child wellbeing) process so they can see the potential benefit.

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 agency](#). However, where, following the discussion with the family, the family does not agree with the assessment of their child being 'at risk' for the purpose

of ACCS (child wellbeing) or is not comfortable with accessing ACCS (child wellbeing) or the provider making a referral to the support agency, the provider should not access ACCS (child wellbeing) for the family. 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.

26. Working with Aboriginal and Torres Strait Islander families

26.1 Understanding the environment

The majority of young Aboriginal and Torres Strait Islander children in Australia experience a full life supported by family, culture and community. However, many First Nations communities and children continue to experience significant levels of adversity and trauma.

Intergenerational trauma, including poverty, systemic removal, dislocation from family and culture, psychological distress and family and community dysfunction, pose ongoing challenges and there may be risks of abuse and neglect for young children across the country.

When addressing the factors that put Aboriginal and Torres Strait Islander children 'at risk' of abuse and neglect, it is critical to understand and address the disadvantages faced by some Aboriginal and Torres Strait Islander peoples and communities.

It is critical that approaches to addressing the underlying causes of abuse and neglect are holistic and culturally sensitive and empower families and communities to develop and take responsibility for community-identified solutions.

26.2 Engaging with Aboriginal and Torres Strait Islander families

Providers can follow the basic principle that talking to the family about ACCS (child wellbeing) with the family being part of the decision-making about which support agency to approach is part of 'empowering families'.

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, senior staff member or trusted staff member lead the discussion with the family about how ACCS (child wellbeing) might assist the family in a positive way.

Providers should consider the following:

- take time to build trust and rapport; and, wherever possible, obtain consent for ACCS (child wellbeing)

- when talking to the family about a service that might help, ask the family for their 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 and in their community
- fundamentally, it is about the children being able to keep attending child care, or possibly increasing the time they can come to care, while the family deals with their issues
- 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 the Secretariat of National Aboriginal and Islander Child Care (SNAICC), for services that provide intensive and targeted support for Aboriginal and Torres Strait Islander families. Other resources can be found on the following websites: [Indigenous.gov.au](#) and [Department of Social Services](#).

26.3 Building relationships with Aboriginal and Torres Strait Islander support services

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

Making an ACCS (child wellbeing) referral

27. Providers' statutory obligations under state/territory law mandatory reporting laws

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

A provider has not met their [mandatory reporting obligations](#) under child protection laws simply by assessing the child to be '[at risk](#)' for the purpose of ACCS (child wellbeing), giving a [certificate](#) or applying for a [determination](#), and making an ACCS (child wellbeing) referral to an [appropriate support agency](#).

The requirements outlined below do not affect, override or remove the obligation of providers to formally notify their relevant child safety/protection agency where they are statutorily required to do so. When considering how to support a child 'at risk', providers need to consider whether they:

- need to contact their state or territory child safety/protection agency
- may access ACCS (child wellbeing), including making a referral.

If a child, at any stage, meets the child protection reporting threshold in their jurisdiction, providers must follow relevant child protection notification processes in their jurisdiction. Providers should be familiar with the mandatory reporting requirements in their state or territory.

28. What is 'making an ACCS (child wellbeing) referral'?

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 agency](#) is not required to contact the provider to say whether they will get in touch with the family. Note, that failure to make the referral is a strict liability offence and can attract a civil penalty
- 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 whether 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 judgement between the provider and the [support service](#) they contact
- any ongoing contact between the family and the appropriate support agency does not need to be monitored by the child care provider. That is, any future contact between the family, the support agency and the child care provider is something to be decided between all involved, but it is not required under Family Assistance Law. For example, an appropriate support agency may agree to provide evidence to support an application for a determination
- the provider makes and keeps records about the contact with the appropriate support agency and records that an ACCS (Child wellbeing) referral has been made in their third-party software or the Provider Entry Point.

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

There are two main rules about the timing of 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 six weeks after the day the certificate takes effect, make an ACCS (child wellbeing) referral to an appropriate support agency 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 agency 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 agency need to be captured in their third-party software or the Provider Entry Point.

Providers should note that a failure to make the referral within the required timeframe is a breach of the Family Assistance Law. It is also a strict liability offence and can attract a civil penalty.

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

- the child is known to a State / Territory Child protection agency and under a formal foster or kinship care order
- the provider has already made an ACCS (child wellbeing) referral to the appropriate support agency less than six weeks before.

[Table 2](#) below summarises when a provider needs to make an ACCS (child wellbeing) referral.

Note

Making a referral is not mandatory reporting. Please refer to your state or territory processes for guidance when meeting your formal reporting obligations under state or territory child protection law. See [section 14](#) for more information about Mandatory Reporting.

29.1 Table 2: When does a provider need to make an ACCS (child wellbeing) referral?

If	Then
A child is identified by the provider as 'at risk' for the purpose of ACCS (child wellbeing)	<p>The provider needs to notify an appropriate support agency unless an exemption applies. Timeframes for referral:</p> <ul style="list-style-type: none"> • Within six weeks of the certificate taking effect (including where the certificate is backdated by up to 28 days). • Determinations - before applying
A child was referred by another organisation (i.e. not an appropriate support agency)	Once the provider has established that the child is 'at risk' for the purpose of ACCS (child wellbeing), they need to notify an appropriate support agency within six weeks of the certificate taking effect, and before applying for a determination.
A child who is 'at risk' was referred to the provider by an appropriate support agency	<p>As the appropriate support agency is already aware of the child at risk and the legislation does not require the provider to notify the appropriate support agency.</p> <p>Whether the provider needs to make a report according to its 'mandatory reporting' obligations depends on the relevant state and territory laws.</p>
The provider notified the appropriate support agency less than six weeks ago about the child who is 'at risk' and this is recorded in their third-party software or the Provider Entry Point	As the appropriate support agency is already aware of the child at risk and the legislation does not require the provider to notify the appropriate support agency again.

30. Appropriate support agency

30.1 What is an 'appropriate support agency'?

Any of the following is an appropriate support agency for the [state or territory where care is provided](#) to the child to whom a [certificate or a determination](#) for ACCS (child wellbeing) 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 that an organisation is an appropriate support agency if the organisation is responsible for dealing with matters relating to the welfare of children in the state or territory and:

- 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 Aboriginal and Torres Strait Islander support services that may be fully funded by the Australian Government and are recognised by a state or territory department or agency as being part of their ‘wrap around’ services).

In practice, the following types of organisations, that meet the above requirements, are considered appropriate, (depending on the circumstances of the family that result in the child being ‘at risk’):

- 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 general practitioner (GP) might be a good idea, it will not meet the ‘making an ACCS (child wellbeing) referral’ requirement unless the GP operates out of, for example, a community health centre or an Aboriginal and Torres Strait Islander health service.

30.2 How to find an appropriate agency

Where a provider is unsure about which agency it should share information with, there are several avenues they can pursue:

- use the online search tools that many states and territories provide to identify local services
- search the internet - for example, ‘alcohol counselling vic.gov.au’ or ‘domestic violence counselling wa.gov.au’. The search results usually have at least one, and in many cases, several appropriate services in the jurisdiction. Including the search term, [state/territory].gov.au helps ensure the search results displayed are likely to meet the requirements in Family Assistance Law
- some providers may already have established relationships with appropriate agencies, they can enquire with their preferred agency if there is a link with the state/territory that meets the criteria outlined above. These agencies may be able to help the provider to find an appropriate family support service in their area.

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

SCENARIO

Hippo Child Care makes an ACCS (child wellbeing) referral to the central referral point in their state and enters relevant information into the Provider Entry Point. This satisfies the requirement to make an ACCS (child wellbeing) referral. As the provider is aware of a local family support service that has been in touch with the family before, with the family's agreement, they re-establish the contact so the family can re-engage with the service.

30.3 State and territory arrangements for referrals

For more information about referral processes in all states and territories, see [Appendix C](#) - state and territory referral processes for ACCS (child wellbeing).

Certificate or determination? How to access ACCS (child wellbeing)

31. When to give a certificate

A provider can give a [certificate](#) providing immediate access to ACCS (child wellbeing) if:

- they consider the child is or was 'at risk' (in accordance with the ACCS (child wellbeing) definition) at the time care was provided
- certificate(s) for the same child have 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](#))
- the service is below its percentage limit if one has been applied.

This also applies when the provider is eligible to receive ACCS (child wellbeing) because an eligible individual cannot be identified. A provider may [enrol a child under a provider eligible arrangement](#) for up to 13 weeks if the child is in formal foster/ kinship care arrangements (under state and territory child protection legislation).

Note that services will be required to issue a certificate or certificates (totalling six weeks) every 12 months for a child where the above conditions are met, and the child remains 'at risk'.

31.1 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 six weeks in any 12-month period.

SCENARIO

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 considered as continuing to be 'at risk'. Cary's service cannot give 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 Services Australia for Cary.

32. When to apply for a determination

A provider can apply for a [determination](#) only if they consider the child is or was 'at risk' (in accordance with the ACCS (child wellbeing) definition) at the time care was provided and:

- the child has been given a certificate previously for the same service and the same provider for 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 if one has been applied.

This also applies [when the provider is eligible to receive ACCS \(child wellbeing\)](#) because an eligible individual cannot be identified.

33. 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, a certificate will need to be given for each service for the ACCS (child wellbeing) to be accessible for care provided to the child at each service.

If a certificate cannot be given at one of the services, because the service has reached their ACCS (child wellbeing) percentage limit (where one has been applied), the provider should apply for a determination.

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 in place in respect of the child, it will automatically cover all providers and services that the child attends and ACCS (child wellbeing) is payable for all sessions of care that the child attends (up to 100 hours).

SCENARIO

Ang has been attending Teddy Bears Kambah full time for a year and is now also attending Teddy Bears Erindale from Wednesday to Friday. The service issued a certificate for Ang for six weeks for the service in Kambah four months ago. The provider believes that Ang 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 Ang will receive ACCS (child wellbeing) at all services he attends.

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.

34. When there is a change of provider

A certificate is only in effect at the particular service for which it was given. 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 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.

35. Limits on ACCS (child wellbeing) certificates

There is no limit to the number of children in receipt of ACCS (child wellbeing) at a service. However, the Secretary may, in relation to a particular provider, impose a limit to the percentage of children in a service for whom the service can self-certify an ACCS (child wellbeing) certificate. If such a limit is imposed on a service, they will be notified as such in writing.

Where a limit has been imposed on a service, and the service reaches or exceeds their ACCS (child wellbeing) percentage limit, no further certificates can be given by the service. The provider must [apply to Services Australia](#) to make a determination for any additional children.

A service can monitor their ACCS (child wellbeing) percentage limit via the Provider Entry Point or their third-party software, which provides a weekly calculation of the children on ACCS (child wellbeing).

36. Backdating ACCS (child wellbeing) certificates and determinations in exceptional circumstances

Where a child is identified being 'at risk' or harm, abuse or neglect and there are exceptional circumstances that prevented the provider from issuing a certificate or lodging a determination application the service can apply for a backdated certificate/ determination. If approved under exceptional circumstances, certificates/ determinations can be backdated up to 13 weeks.

Exceptional circumstances are circumstances which are outside the provider's control and made it impractical for the provider to provide the certificate or apply for a determination within the required timeframes.

Exceptional circumstances to backdate an ACCS (child wellbeing) certificate or determination are:

- the eligible individual, their partner, or the child is affected by domestic or family violence
- the eligible individual, their partner or a child of the family is experiencing serious illness, a medical condition, or hospitalisation, and the illness, condition or hospitalisation prevents the individual partner from working or caring for their child
- the eligible individual, their partner or a child of the family is experiencing serious mental health issues that prevent the individual from working or caring for their child
- a long term protection order is in place in respect of the child.

As part of the application for backdating the certificate / determination, providers will be required to provide evidence to support their exceptional circumstances application. Evidence could include, but is not limited to:

- court documentation,
- medical or death certificates,
- signed statement from social worker, counsellor, doctor, or other party,
- receipts and invoices of medical expenses,
- any other evidence that the individual has that could explain their circumstances.

If documentation cannot be provided (e.g. due to an emergency situation), a statutory declaration supporting the individual's submission should be submitted.

The Department of Education, Skills and Employment will assess each backdating application and make a decision on the appropriate length of time (up to 13 weeks) that a certificate or determination can be backdated. The Department of Education, Skills and Employment is the decision making authority for certificates / determinations where exceptional circumstance are identified and as such any enquiries from either providers or individuals regarding these decisions or applications should be directed to the Department of Education, Skills and Employment.

Giving an ACCS (child wellbeing) certificate

37. ACCS (child wellbeing) certificate

A certificate (or certificates) can be given for a total of up to six weeks in any 12 month period. This allows providers to respond to emerging situations by giving practical support to ensure that, for children who are [‘at risk’](#), the cost of child care is not a barrier to either entering or remaining engaged with child care. The provider is required to make and/or keep a record of any evidence that supports their consideration that a child is ‘at risk’ (for example, file notes). However, this evidence does not need to be provided to Services Australia for the purpose of giving a certificate. Both the Department of Education, Skills and Employment and Services Australia can request to see or receive this evidence at any time.

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 to their enrolment at other services or providers.

SCENARIO

Baako is enrolled at Pink Donkey Child Care Centre and Yellow Zebra Child Care Centre. The Pink Donkey service has issued an ACCS (child wellbeing) certificate for Baako at the Pink Donkey service. The ACCS (child wellbeing) subsidy rate is paid only for his enrolment and attendance at Pink Donkey. If Baako also attends the Yellow Zebra centre, only the applicable CCS rate is paid, not ACCS (child wellbeing), as an ACCS (child wellbeing) certificate has not been given at this centre. Yellow Zebra Child Care Centre can also give a certificate if the service believes that Baako’s circumstances require it.

For In Home Care, a family rate cap applies (that is, CCS is paid against one nominated child out of up to five children, being cared for in an In Home Care session). When a certificate or a [determination](#) is given for the nominated child, the ACCS rate applies to the nominated child, and all other children (up to four others) reported in that session of care. If the nominated child changes, that child will also need to have an ACCS (child wellbeing) certificate or determination in effect for the family to continue to receive the ACCS (child wellbeing) rate.

37.1 Giving certificates where child is not ‘at risk’

If a certificate is given in circumstances where the child is not ‘at risk’ (as defined for the purpose of ACCS (child wellbeing)) and therefore there is no entitlement to ACCS (child wellbeing), the money paid will be a debt to the Australian Government. If the debt amount was paid to the provider or arises due to the fault of the provider, the Australian Government will recover the amount from the provider.

In addition, Services Australia can vary or cancel a certificate if it considers that the child was not ‘at risk’ during a particular week. The variation or cancellation can have retrospective effect, with the result that any amounts of ACCS (child wellbeing) paid where there was no entitlement can be recovered as a debt.

38. Enrolment of the child ‘at risk’

For a parent/carer to be eligible for ACCS (child wellbeing), they must first apply and be found eligible for CCS. Where possible, providers should encourage parents/carers to lodge their claim before enrolling their child. CCS eligibility can stay active for a year without any sessions of care being reported for the child. However, if a child does not attend for 14 consecutive weeks, any enrolments will cease and have to be

reconfirmed. Additionally, CCS claims can only be backdated to a maximum of 28 days before the claim was made. Please be aware that, if a child is enrolled and starts attending care *before* a claim is made, the individual may not be eligible for CCS for some sessions of care depending on the date to which the CCS claim can be backdated. Refer to the [Child Care Provider Handbook](#) for further information about enrolments.

Where there is an [eligible individual](#), the child must be enrolled under a [Complying Written Arrangement](#) (CWA) enrolment type. This includes enrolments under formal [foster care](#) or formal kinship care arrangements. Note, where a child is in formal foster/kinship care arrangements (under state and territory child protection legislation), a provider may enrol a child under a Provider Eligible Arrangement for up to 13 weeks.

38.1 Enrolling Children under a Provider Eligible Arrangement

There are limited circumstances that a provider may enrol a child under a Provider Eligible Arrangement enrolment (PEA) for the purpose of accessing ACCS Child wellbeing for a child identified as being at risk of harm, abuse or neglect.

PEAs are permitted where:

1. the service is not able to identify a CCS eligible carer – this allows the service to receive ACCS (child wellbeing) directly for children who are considered to be ‘at risk’ and who are under the care of an individual who does not meet the eligibility criteria for CCS (e.g. the individual does not meet the residency requirements). In this rare circumstance, as a last resort, the approved provider may enrol ([1.1.E.25](#)) the child under a PEA.
2. the child is in a formal foster care arrangement – this allows a service to create a PEA for a child in a formal foster care arrangement for a maximum period of 13 weeks. The intention of a PEA enrolment in this circumstance is to provide immediate access to ACCS (child wellbeing) payments to the service while the carers of the child claim and establish their eligibility for CCS. Throughout the 13 week PEA period the service should actively encourage the carer(s) to lodge a claim for CCS and transition the child to a CWA enrolment.

Note: if the service applies for a PEA for up to 13 weeks, they must apply for a determination following the initial six week certificate period.

There are some circumstances where a PEA must not be used:

- There is an eligible individual caring for the child, and the child is not in formal foster/kinship care (i.e. the child is being cared for under an informal arrangement)
- A child who is under the care of a person (other than a foster parent) under a state or territory child welfare law (e.g. a child who resides in residential care or group home).

Where a family/carer loses eligibility for CCS due to failing to confirm their income for CCS. See [Balancing Child Care Subsidy webpage](#) for further information.

For the approved provider to be eligible for ACCS (child wellbeing) PEA for sessions of care provided to a child an ACCS (child wellbeing) certificate OR an ACCS (child wellbeing) determination must be in effect for the child and child care service for the week in which care is provided.

This type of enrolment should cease when

- the circumstances no longer exist (i.e. either the child is no longer at risk of serious abuse or neglect, or
- the approved provider has identified an individual who is eligible for CCS, or
- 13 weeks has expired (for child(ren) in formal foster care arrangement).

When creating the PEA, the service will be required to specify the circumstances of the child (i.e. carer not CCS eligible or Child under formal foster/kinship care) which will determine the allowable length of the PEA.

If a provider cannot identify an eligible individual then, before the provider creates an enrolment in their third-party software or in the Provider Entry Point, they should contact the Department of Education, Skills and Employment, CCSHelpdesk@dese.gov.au, to discuss making a 'provider eligible ACCS (child wellbeing) enrolment'.

39. Giving the certificate

39.1 Required information when giving a certificate

The certificate is given by the provider through their third-party software or the Provider Entry Point and must include the following information:

- the name of child the certificate is given for
- the child care service the certificate is valid at
- the period of certification
- the [type of neglect or abuse](#) that results in the child being 'at risk' (this information is 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](#) to an appropriate support agency or details of the support agency that the service has made the referral to.
- where the [provider is unable to identify an eligible individual](#), a declaration by the provider that reasonable endeavours have been made to identify an eligible individual and one cannot be identified. The declaration must include how the family circumstances meets the requirements for using a provider eligible arrangement.

39.2 Duration, start and end dates

A certificate can be given in whole weeks, and total certificates cannot exceed six weeks in any 12 month period, as considered appropriate by the provider. The day the certificate takes effect must be a Monday, even if a child commences care on a different day. A certificate can be backdated up to 28 days, or up to 13 weeks in [exceptional circumstances](#). Each week for which the certificate has effect must include at least one day when the child is 'at risk'.

SCENARIO

It is Tuesday, 26 October 2021. 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 (unless [exceptional circumstances](#) apply) is Monday, 4 October 2021.

SCENARIO

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. If the enrolment commences part way through a week, the certificate can be issued from the Monday of that week.

Providers may issue certificates covering up to six weeks in any 12 month period. Once the six-week limit is reached, the provider cannot give another certificate and must apply to Services Australia for a [determination](#).

A provider cannot apply for a determination unless it has already issued certificates for six weeks for a particular service in any 12 month period. The provider should continue to issue certificates for a child at risk, until the full six weeks is used up and then apply to Services Australia for a determination.

Where a certificate has been [given previously for six weeks](#) (even if the six week period comprises multiple shorter periods), the provider cannot give another certificate and must apply to Services Australia for a [determination](#). Services will be required to issue a certificate every 12 months for children who continue to remain 'at risk'.

Providers must ensure they have selected the correct dates before submitting the certificate. In most circumstances, [certificates can be cancelled](#) and [replacement certificates given](#) where incorrect dates were submitted.

If the incorrect date is entered, the provider should follow the steps below to enter the correct date:

1. Cancel the certificate that was given incorrectly.
2. Give a new certificate from the intended start date until the day before the start date of the initial certificate that was cancelled.
3. Give a replacement certificate for the remaining weeks (from the start date entered for the certificate that was cancelled), noting that certificates can only be given for six weeks in total.

These two separate certificates should then add up to six weeks and cover the desired period.

Further information can be found in the [How to Create a New Certificate and Edit an Existing Certificate in the Provider Entry Point \(PEP\)](#) task card.

39.3 Changes to certificates

Cancellation of a certificate by the provider 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, or did not, warrant an 'at risk' certification.

The cancellation is made by the provider in the provider's third party software or the Provider Entry Point up until 28 days after the start of the week to which the session report relates and no intervention from Services Australia is required.

Where the cancellation is backdated and entitlements have been paid, payments already made will be recalculated.

39.4 Cancellation of a certificate by the provider 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 Services Australia 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 notes on [conversations with the family](#). Services Australia can ask for this evidence to be provided if necessary for making a decision to vary or cancel the certificate.

The provider must notify Services Australia using their third-party software or the Provider Entry Point. Services Australia can consider any information it holds to determine if the certificate should be cancelled. Services Australia can consider other certificates or determinations in effect and/or pending applications for determinations. In order to inform their decision, Services Australia can request additional information from any of the providers that have certificates in effect or determinations made for the child.

39.5 Giving a replacement certificate

A replacement certificate can only be given when the [provider has cancelled a certificate](#) (for example, 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.

If the provider cancelled a certificate because the start date should have been earlier than the original start date:

1. Cancel the certificate that was given incorrectly.
2. Give a new certificate from the intended start date (which may be up to 28 days before the new certificate is issued) until the day before the start date of the initial certificate that was cancelled.
3. Give a replacement certificate for the remaining weeks (from the start date entered for the certificate they cancelled), noting that certificates can only be given for six weeks in total.

These two separate certificates should then cover the desired period (up to 6 weeks in total).

SCENARIO

Today is 16 July 2018. A six-week certificate was accidentally given with start date 16 July 2018 instead of 2 July 2018:

1. the provider cancels the certificate
2. the provider gives a new certificate from 2 July to 15 July (two weeks)
3. the provider gives a replacement certificate from 16 July for four weeks.

39.6 Variation or cancellation of a certificate by Services Australia

Services Australia 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 Services Australia, regardless of whether it is in effect or has ceased to have effect. If Services Australia 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 for reviewing and cancelling certificates when a child was not 'at risk'. As the ACCS (child wellbeing) payment was made to the provider based on a certificate given by the provider.

The provider is notified through their third-party software or the Provider Entry Point of any variation or cancellation of certificates. This will include any review rights.

39.7 Ineffective certificates

Where a provider gives a certificate and that certificate is later determined to have resulted in the provider exceeding their ACCS (child wellbeing) percentage limit (where one has been applied) during the first week of the certificate period, the certificate will be deemed ineffective and will be made ineffective in the CCSS. Payments made in relation to ineffective certificates will be recovered as debts.

Applying for an ACCS (child wellbeing) determination

40. Applying for a determination

Once a provider has given a [certificate](#) or certificates in relation to the child at a service [for six weeks in any 12-month period](#), or if they are over the ACCS cap percentage for their service (where one has been applied), the provider can make an application to Services Australia for a determination in relation to additional periods. The application must be accompanied by [evidence](#) that supports the provider's view that the child continues to be [‘at risk’](#). A statutory declaration from the approved provider is acceptable to support only the initial determination and only where third-party evidence is not available. Where the provider anticipates that a child will continue to be [‘at risk’](#), it is recommended that they apply for a determination at the earliest occasion to ensure continuity of payment.

If the child continues to be [‘at risk’](#) after the initial determination then, to avoid delays in payment, the provider needs to lodge another determination application to Services Australia before the previous one has ceased. Please note that evidence needs to be dated less than six months old from the commencement date of a determination.

40.1 Determinations made where child was not [‘at risk’](#)

If a determination is made in circumstances where the child is not [‘at risk’](#) (as defined for the purpose of ACCS (child wellbeing)) and therefore there is no entitlement to ACCS (child wellbeing), the money paid will be a debt owed by the individual to the Australian Government. If the debt amount was paid to the provider (where the provider was unable to identify an eligible individual) or arises due to the fault of the provider, the Australian Government will recover the amount from the provider.

In addition, Services Australia can vary or revoke a determination if it considers that the child was not [‘at risk’](#) during a particular week. The variation or revocation can have retrospective effect with the result that any amounts of ACCS (child wellbeing) paid where there was no entitlement can be recovered as a debt.

40.2 Required information when applying for a determination

An application for a determination must include the following information:

- the first and last name of the child the determination is applied for
- the dates the provider is asking the determination to be made for
- the period the child is likely to be [‘at risk’](#)
- the [type of neglect or abuse](#) that results in the child being [‘at risk’](#) (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 or a statutory declaration for the application for the first determination

40.3 Duration, start and end dates

A service is able to lodge a determination application for up to 52 weeks in length in the event that the child is under a long term protection order. All other determination applications are for periods between 1-13 weeks.

A determination must be made for full weeks and each week for which the determination has effect must include at least one day when the child is 'at risk'. The day the determination takes effect must be a Monday. A provider may request that the determination be backdated up to 28 days prior to the date of application or up to 13 weeks in [exceptional circumstances](#).

Providers must ensure they have selected the correct dates before submitting the [application](#). Where the determination follows a certificate for a child, the commencement date of the determination should be in line with the end date of the certificate to avoid any gaps in ACCS (child wellbeing). Where incorrect dates have been entered for a determination, providers can only alter the end date to shorten the duration of the determination. Providers can submit a new determination to cover the gap period if it is still within the 28 day period (or 13 weeks in [exceptional circumstances](#)). Providers who are using third-party software will need to contact their software provider if they have questions.

40.4 Assessment of Determination applications

Each application for a determination is assessed and approved if the evidence supports the claims that the child is 'at risk' for the purpose of ACCS (child wellbeing).

If a determination application is approved, the determination will specify the date it takes effect, which must be a Monday not more than 28 days (or up to 13 weeks in [exceptional circumstances](#)) before the date the application was made. The determination will also specify the weeks for which it is in effect. Each determination can be in effect for up to 13 weeks. However, this may be [extended up to 52 weeks](#) where a child is on a long term protection order. If the child continues to be 'at risk' then further certificates may be issued. To avoid delays in payment, the provider will need to apply via their third-party software or the Provider Entry Point and upload new or existing evidence to a determination application before the previous determination has ended.

For children enrolled under a CWA, while a determination is in effect, the child's parent/carer is CCS eligible and none of the circumstances that make the child's parent/carer ineligible for ACCS (child wellbeing) apply⁴, 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.

If a determination application is not approved, the provider and the parent/carer will receive notice of the decision. A decision (whether favourable or unfavourable) is a [reviewable decision](#).

Notice of the determination is given to those affected by the determination. A provider is notified of a decision through third-party software or the Provider Entry Point. The parent/carer also receives notification of the decision.

Any enquiries relating to adverse determination decisions should be directed to the relevant Department / Agency that made the decision (Department of Education, Skills and Employment for determination decisions that involve a backdated certificate or determination where [exceptional circumstances](#) are involved, and Services Australia for any determination application that does not involve an exceptional circumstance backdating request)

⁴ For example, if the child is under the care of a person (other than a foster parent) under state/territory child welfare law.

40.5 Extending the determination period

Where a child is on a long term protection order, including those in formal foster or formal kinship care, an ACCS (child wellbeing) determination can be in place from 1-52 weeks.

Any supporting evidence should not be more than six months old. This is to ensure any information and statements made in the evidence are current and up-to-date; consequently, a new letter of support will be sought every six months.

Six months also applies to currency of evidence for children in need of care and protection under state or territory law and subject to a long term care placement. If original court documentation is older than six months the evidence should include an accompanying letter from a state based child protection agency (or the organisation case managing the care placement) (no more than six months old) advising that the care arrangements are still in place. Either of these documents need to show: the child's name (or children's names), name/s of the carer/s that the child has been placed with and indicate the period the child is likely to be 'at risk'.

40.6 Variation or revocation of a determination

Where a provider considers a child no longer 'at risk', they must advise Services Australia using their third-party software or the Provider Entry Point. Providers need to indicate the date from which the child is or was no longer 'at risk'. This includes where an enrolment ends.

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 notes of conversations with the family. Services Australia can ask for that evidence to be provided if necessary for making a decision to vary or revoke the determination.

Services Australia 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, Services Australia can also consider other information that it holds. In addition, Services Australia can request additional evidence from any of the providers who have certificates in effect or determinations made for the child.

41. Evidence to support an application for a determination

A provider must provide evidence to substantiate their application for a determination and application for each determination.

A form and [factsheet to assist third-party organisations to provide supporting evidence for an ACCS \(child wellbeing\) application](#) is available to assist third-party organisations when asked by a child care provider or family to provide evidence in support of an ACCS (child wellbeing) claim.

This form can also be used as a guide for providers to assist in collecting documentation held by a service to support ACCS (child wellbeing) certificates or determinations.

All of the conditions outlined below must be 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](#) - that is, it must be less than six months old from the commencement date of a determination
- the evidence must support a finding that the child is 'at risk' (in accordance with the definition for the purpose of ACCS (child wellbeing)).

Evidence must be obtained lawfully, preferably by the family or with their [consent](#). Providers should consider the sensitivity of any details they propose to provide and avoid disclosing more than is required for the purposes of evidence to support an application.

Where a child is in formal [foster care](#) or where the relevant state/territory [child protection agency](#) is actively involved with a family, providers must submit relevant documentation (for example, a copy of the court order or a letter from child protection or other approved support agency confirming their involvement) as evidence to support an application for a determination. Where a court order is in place, evidence will need to confirm, every six months that it remains in place. This can be a letter from the relevant child protection agency (or another agency/organisation providing case management of the care placement) stating that the care orders remain active. No additional evidence needs to be provided about the [type of harm](#) the child is experiencing.

41.1 Acceptable types of evidence

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

- letters, statements
- referrals
- case plans
- a statutory declaration where the provider has been unable to obtain third-party evidence for their [initial application](#) for a determination. The statutory declaration needs to indicate the steps they have taken and why they have not been able to obtain [third-party evidence](#). A [statutory declaration template](#) is available on the [Department of Education, Skills and Employment website](#).
- 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 the organisation during the six-week period or other evidence from a relevant professional regarding the child's situation.

41.2 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
- state and territory or private schools
- 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 Aboriginal and Torres Strait Islander services

- state and territory government child safety/protection agencies.

Professionals considered suitable, depending on the circumstances of each case, to provide third-party evidence in support of an ACCS (child wellbeing) claim could include:

- medical practitioners and registered nurses
- hospital admission/emergency unit professionals
- welfare agency personnel and social workers
- psychologists and counsellors
- physiotherapists, occupational therapists and 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.

Supporting evidence for an ACCS (child wellbeing) determination must be provided from a third party who is independent to the child care service. Any professional providing evidence to support an ACCS (child wellbeing) claim must be sufficiently removed from the child care service and cannot be receiving a financial benefit from the organisation.

41.3 Minimum basic information

Generally, the evidence must support a determination that the child meets the definition of 'at risk'. Third-party evidence must focus on the child and contain the third party's own independent assessment rather than a summary of the parent's/carer's own observations.

Providers may provide parents/carers and third parties with a copy of the form and fact sheet, Evidence requirements to support an ACCS (child wellbeing) application, to assist them provide evidence to support their view that a child is eligible for ACCS (child wellbeing).

Any evidence provided must:

- clearly identify the child it relates to
- state the name and contact details of the organisation responsible for the document
- state the date the evidence was given.

Where the evidence is a letter, a statement, an 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 (for example, a letter), it must be signed by the author. An electronic signature is acceptable.

Where the evidence is a case plan or similar, only relevant parts need to be provided 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 with identifying the appropriate duration for a determination.

SCENARIO

The family's case plan from an early intervention service states that major issues need to be resolved, and this may take years. A determination is approved for 13 weeks.

SCENARIO

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. Services Australia makes a determination for eight weeks. If progress is slower than expected, a subsequent determination can be made for Isabelle.

41.4 Minimum details

As a minimum, the evidence provided must give a high-level description of the circumstance that resulted in the child being 'at risk'.

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'.

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 of an appropriate support agency
- outline an overarching support package that responds to the child continuing to experience any ongoing trauma resulting from past abuse or neglect.

41.5 Currency of evidence

Any evidence provided must not be more than six months old from the commencement date of a determination. If the child is in the care and protection of the state, every six months the provider must obtain a letter from the state and territory child safety/protection agency stating the court order is still current. Where the person providing evidence has a working knowledge of the foster case, including supporting agencies, the evidence should be accepted as meeting the evidence requirements if it can confirm that the child is still in foster care.

SCENARIO

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 checks that the court order continues to be in place. The provider confirms with Services Australia that the court order is still in place.

41.6 Additional information

A decision will be made on the determination based on the evidence available. The provider may be asked to provide updated and/or additional evidence. However, where additional information has been requested, it is important that the provider submit the necessary information within the timeframe given to support the decision-making.

Children 'at risk' with no eligible individual

42. Where there is no eligible individual - Provider Eligible Arrangement ACCS (Child Wellbeing)

There are limited circumstances that a provider may enrol a child under a PEA enrolment for the purpose of accessing ACCS (child wellbeing) for a child identified as being at risk of serious abuse or neglect.

PEA Enrolments are permitted where:

1. **a service is not able to identify a CCS eligible carer** – this will allow the service to receive ACCS (child wellbeing) directly for children who are considered to be at risk and who are under the care of an individual who does not meet the eligibility criteria for CCS (e.g. the individual does not meet the residency requirements). In this rare circumstance, as a last resort, the approved provider may enrol ([1.1.E.25](#)) the child under a PEA. Only after an individual lodges a claim with Centrelink and is deemed not eligible should a service create an ACCS (child wellbeing) - PEA.

If a provider believes that there is no eligible individual and they intend to enrol the child under a PEA enrolment, the provider must [contact the Department of Education, Skills and Employment](#) prior to creating the enrolment to confirm that there is no eligible individual. In most cases, there will be an eligible individual who must make a CCS claim through Centrelink.

Once the department has confirmed the provider's eligibility, the provider can create a PEA enrolment for the child.

2. **a child is in formal foster / kinship care** – this will allow a service to create a PEA enrolment(s) for a child in formal care for a maximum period of 13 weeks. The intention of a PEA enrolment in this circumstance is to provide immediate access to ACCS (child wellbeing) payments to a service while the carers of the child claim and establish their eligibility for CCS. Throughout the PEA enrolment period the service should actively encourage the carer(s) to lodge a claim for CCS and transition the child to a CWA enrolment.

Before creating a PEA enrolment the provider will also need to satisfy themselves that the child meets, or is exempt from, the [immunisation](#) and [age/school](#) CCS eligibility requirements. Before ACCS payments can be made, the provider needs to ensure that the child CRN is recorded within the PEA enrolment and the provider needs to either issue a certificate or have a determination application approved for the relevant period. The provider must also satisfy themselves that the child is 'at risk'.

Note

If the service applies for a PEA for up to 13 weeks, they must apply for a determination following the initial six week certificate period. For an approved child care service to be eligible for ACCS (child wellbeing) for a child 'at risk', the child has to meet the immunisation requirements in section 6 of the A New Tax System (Family Assistance) Act 1999.

If the child is not immunised or the immunisation status of the child is unknown, the provider must complete the [Request for the Secretary to determine a child meets the Immunisation Requirements for Additional Child Care Subsidy \(child wellbeing\)](#).

There are some circumstances where a PEA enrolment must not be used:

- there is an eligible individual caring for the child, and the child is not in formal foster/kinship care (i.e. the child is being cared for under an informal arrangement)
- a child who is under the care of a person ([1.1.P.80](#)) (other than a foster parent) under a state or territory child welfare law (e.g. a child who resides in residential care or group home).

42.1 Age/school requirement - ACCS provider eligible arrangement

For an approved child care service to be eligible for ACCS (child wellbeing) for a child 'at risk', the provider must certify that the child is 13 years or younger and not attending secondary school, or one of the prescribed circumstances in Division 1A, Part 2 of the Minister's Rules must apply to the child. (Refer to the [Child Care Provider Handbook](#)).

If the school status of the child is known, Centrelink will update the child's enrolment accordingly. If the school status is unknown, Centrelink will apply the age ranges as follows:

- a child under six years will be deemed non-school-age
- a child between six and 12 years will be deemed primary school age
- a child 13 and over will be deemed secondary school age.

If the child is 13 years or under and is attending secondary school and does not have a medical condition or disability that meet the requirements in Minister's Rule 8C(2), the provider will be required to complete a statutory declaration to certify that the child cannot be left alone and there is no adult able to provide suitable care to the child. In the statutory declaration the provider will need to provide a reasonable explanation as to why the child cannot be left alone and there is no adult able to provide care to the child (noting that in most cases the expectation is that children attending secondary school *can* be left alone). The statutory declaration does not need to be submitted when the provider issues a certificate; however, it will need to be signed and dated the day of certification and attached as evidence at the [determination](#) stage.

If the child is 14 years or older or is 13 years or under and attending secondary school, and has a medical condition or disability that meet the requirements in Minister's Rules 8C(2), the provider is required to obtain evidence of the child's disability.

The disability has to meet the medical or disability requirements specified in the Minister's Rules.

Evidence of the disability does not need to be submitted when the provider issues a certificate; however, it will need to be attached as evidence at the determination stage.

The provider will also be required to complete a statutory declaration to certify that child cannot be left alone and there is no adult able to provide suitable care to the child.

In the statutory declaration the provider will need to provide a reasonable explanation as to why the child cannot be left alone and there is no adult able to provide care to the child (noting that in most cases the expectation is that children 13 years or older or in secondary school *can* be left alone).

The statutory declaration does not need to be submitted when the provider issues a certificate; however, it will need to be signed and dated the day of certification and attached as evidence at the determination stage.

Note that where the child is between 16 – 18 years old, Centrelink will also need to be satisfied that there are exceptional circumstances that justify CCS or ACCS eligibility.

42.2 Customer Reference Number (CRN)

Where a child is considered to be 'at risk' and the provider has been unable to identify an eligible individual, the provider can enrol the child and submit session reports even if the child does not have a CRN or if the CRN is not known to the provider. However, ACCS (child wellbeing) payments can only be made once the child has been linked with a child CRN.

In this case, the provider should direct the child's carer to contact Services Australia in order to obtain the child's CRN and update the enrolment as appropriate.

42.3 When an eligible individual is identified at a later date

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

- end the ACCS (child wellbeing) - provider eligible arrangement for the child
- enter into a Complying Written Arrangement (CWA) with the individual and start a new enrolment

if the child continues to be 'at risk', give a certificate or apply for a determination (as appropriate).

Providers should also use this process if they become aware that they inadvertently used an ACCS (child wellbeing) - provider eligible arrangement instead of a CWA enrolment.

Children in need of care under state or territory law

43. Eligibility for ACCS (child wellbeing) of children in need of care under state or territory law

States/territories can become involved in the care of a child in various circumstances and with varying degrees of engagement. Depending on these circumstances, the child may or may not be eligible to receive CCS or ACCS. Some common scenarios are described below.

A child is still generally eligible for CCS or ACCS if they still live with a parent and the parent is responsible for paying child care fees, even though the state/territory is involved in their care in some way.

Foster carers who are responsible for the child care fees for a child in their care are also generally eligible.

A child is not generally eligible if they are in the care of a [person other than a foster carer under state/territory welfare law](#) (for example, living in residential care). In these circumstances, the child must be enrolled under an [arrangement with an organisation \(third party\)](#) enrolment type ('Other Arrangement'). The child cannot receive CCS or ACCS, as the state/territory is responsible for paying child care fees.

If a provider is unsure if a child under the care of the state/territory is eligible for ACCS (child wellbeing), they should contact the Department of Education, Skills and Employment for advice.

43.1 Foster care

For the purposes of this section, foster care means any formal arrangement about where a child resides that is recognised by a state or territory court or tribunal. In the order, the court has placed the child with a foster carer, a guardian or a kinship carer or made a similar arrangement where the individual undertakes the day-to-day responsibilities of the parent. Day-to-day responsibilities include being responsible for the payment of the child care fees.

Where a child is in a foster care arrangement because the child was found to be in need of protection, or ['at risk'](#) under the relevant state/territory child protection law, the child will be taken to be 'at risk' for the purpose of ACCS (child wellbeing). States and territories child protection laws have different ways of describing a child being in need of protection or 'at risk' (see [Table 3](#) below). If a court order or [determination](#) makes it clear that the child was found to be in need of protection or 'at risk' under the child protection legislation of the state/territory that the child resides in, then the child will be considered to be 'at risk' for the purpose of ACCS (child wellbeing). As long as the child's foster care arrangements remain in place in the state/territory in which they reside, the child will be considered 'at risk' for the purpose of ACCS (child wellbeing).

The foster carer looking after the child will still need to find out if they are eligible by making a claim (an application) for CCS in myGov.

Providers must submit relevant documentation (for example, a copy of the court order and/or a letter from the relevant authority confirming that the order or agreement is still [current](#)) as [evidence](#) to support an application for a determination. No additional evidence needs to be provided about the type of harm the child is experiencing, although confirmation of currency of the court order and care arrangements will be required every six months. This can be in the form of a letter of support from the child protection agency

(or an organisation acting on behalf of the child protection agency) indicating that the care orders are still in operation.

SCENARIO

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). Sara's foster carer will need to apply for CCS and be assessed as eligible before ACCS (child wellbeing) payments will be made to the service.

43.2 Table 3: State and territory child protection or child safety laws

State/territory	Circumstance	Relevant law
ACT	<i>In need of care and protection</i>	Children and Young People Act 2008 (ACT)
NSW	<i>At risk of significant harm</i>	Children and Young Persons (Care and Protection) Act 1998 (NSW)
NT	<i>In need of care and protection</i>	Care and Protection of Children Act 2007 (NT)
Qld	<i>In need of protection</i>	Child Protection Act 1999 (Qld)
SA	<i>At risk</i>	Section 18 of Children and Young People (Safety) Act 2017 (SA)
Tas	<i>At risk</i>	Children, Young Persons and Their Families Act 1997 (Tas)
Vic	<i>In need of protection</i>	Children, Youth and Families Act 2005 (Vic)
WA	<i>In need of protection</i>	Children and Community Services Act 2004 (WA)

Note

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

43.3 Emergency care

Where a child is placed in emergency care as part of the state/territory emergency response, the child is placed with an individual who may, or may not, continue to be the carer under a court order as a [foster carer](#).

Before the provider can access ACCS (child wellbeing), the emergency carer's CCS eligibility needs to be assessed and proof of the care arrangement assessed. The foster carer should lodge a CCS claim for the child with Centrelink as soon as possible. While this is being assessed, the service can issue a [certificate](#) for the child so that, when CCS eligibility for the individual has been assessed, payment of ACCS for the service will be made. In this instance, the CCS payment will be made to the individual and ACCS payment will be made to the service.

An assessment of an individual's eligibility for CCS and ACCS can take some time, and eligibility may not be confirmed during the period that the service is caring for the child. In these situations, providers should discuss responsibility for the costs of child care with the state/territory child protection/safety agency. If the child protection agency assumes responsibility for payment of any fees, the more appropriate enrolment is 'Other Arrangement'. This arrangement type does not rely on a CCS-eligible individual, as there is no individual liable for payment of the child care fees. In this case, the child must *not* be enrolled under an [ACCS \(child wellbeing\) - provider eligible arrangement](#).

43.4 Residential care and other care types

Neither an individual nor a provider can receive CCS or ACCS if a child is under the care of a person other than a foster parent or court-ordered kinship care arrangement under state or territory welfare law. Examples include living in residential care, a group home or 24 hours / seven days a week family day care, where the family day educator is assuming parental responsibility. This is set out in section 85ED of the [New Tax System \(Family Assistance\) Act 1999](#). The purpose of this is to ensure that the Australian Government does not financially support care that is financed by another level of government.

Unlike a foster carer, a 'responsible person' who looks after the needs of the child while they are on duty in the group home does not assume the role of a parent (including the costs associated for caring for the child, such as paying for child care for the child themselves). Instead, the state/territory pays a third party, such as a not-for-profit organisation, to provide care for the child, including child care.

As a child in these circumstances is ineligible for ACCS (child wellbeing), the child must *not* be enrolled under an ACCS (child wellbeing) - provider eligible arrangement.

The more appropriate enrolment is 'Other Arrangement'.

43.5 Other types of state/territory child protection/safety agency involvement

As long as the child who is 'at risk' continues to live with their parents, the state/territory involvement does not affect the family's eligibility for CCS and ACCS.

Where the relevant state/territory child protection agency is actively involved with a family (for example, intervention with parental agreement), the child will be taken to be 'at risk' for the purpose of ACCS (child wellbeing).

SCENARIO

Ziggy remains with his parents and the state child safety/protection agency is monitoring the circumstances as part of a parental agreement. The agency refers Ziggy to child care. In this case, Ziggy's family would be eligible for ACCS (child wellbeing).

Providers must submit relevant documentation (for example, a letter from the relevant authority) as evidence to support an application for a determination. Any evidence provided needs to be no more than six months old. Evidence of a family's current participation in an approved early intervention program is sufficient evidence for the purposes of ACCS (child wellbeing).

No additional evidence needs to be provided about the type of harm the child is experiencing.

Where a family is *voluntarily* participating in an early intervention program that is supported/funded by the state/territory (for example, Family Referral Services in New South Wales or Orange Door in Victoria), the child *may* be taken to be 'at risk' for the purpose of ACCS (child wellbeing) depending on the circumstances. The provider will need to make their assessment of the circumstances when giving a certificate and provide evidence to support an application for a determination. Providers will need to submit relevant documentation (for example, a letter from the early intervention service) that allows Services Australia to determine if the child meets the definition of 'at risk'.

Exceptional circumstances to increase CCS and ACCS percentage and subsidised hours

44. What are exceptional circumstances?

Despite the additional support available through the ACCS (child wellbeing), there are circumstances where a family may require [additional hours and/or additional subsidy](#). Families must apply for additional hours through Centrelink. A provider must apply for additional subsidy through the Department of Education, Skills and Employment.

In such circumstances, where the Department of Education, Skills and Employment is satisfied that there are 'exceptional circumstances' in relation to additional subsidy, it may make a written [determination](#) specifying:

- a higher percentage than 120 percent of the CCS hourly rate cap, as the ACCS hourly rate cap.

If the provider has applied for a higher rate of subsidy, the notification will go to the provider and the family

If Centrelink is satisfied that there are 'exceptional circumstances' in relation to additional hours, it may make a written determination specifying:

- a higher number of hours of subsidised care per fortnight than 100.

If the family has applied for additional hours, the notification will only go to the family.

Exceptional circumstances are usually unforeseen and unexpected or well outside of the regular or ordinary routine or arrangements for the family. This is because an exceptional circumstance is generally unusual or 'out of the ordinary' in terms of its impact on the particular family using child care.

By its nature, exceptional circumstances are often temporary or time limited:

- an exceptional circumstance is not expected to be a permanent arrangement and its impact is expected to be temporary
- if an exceptional circumstance is likely to be long term, additional assistance may be provided on a time-limited basis
- additional assistance will not be granted for an indefinite period
- if the individual or service believes that their circumstances may require further period(s) of assistance, then they may apply for further periods.

Exceptional circumstances do not include situations where:

- respite care is required
- the circumstance regularly applies to many or all families attending the service or more generally
- there is a general practice to charge fees higher than 120 percent of the CCS hourly rate cap amongst child care services within the area or because of their location
- individuals use more sessions of care than their subsidised hours because of child care services' charging practices or the individual's routinely irregular or longer working hours
- a provider is seeking an increased subsidy simply because the family is in receipt of ACCS

Family Assistance Law does not permit providers to charge a higher rate because a family is eligible for ACCS.

44.1 Circumstances that may warrant additional hours

Exceptional circumstances that may warrant additional hours (more than 100 and up to 336 hours in a CCS fortnight) may include, but are not limited to, situations where an individual, their partner or the child is:

- affected by domestic violence
- experiencing serious illness or a medical condition or hospitalisation preventing an individual from working or caring for their child
- experiencing serious mental health issues that prevent the individual from working or caring for the child
- participating in a treatment or rehabilitation program to address substance abuse issues that prevents the individual working or caring for the child
- impacted by significant trauma preventing the individual caring for the child
- experiencing short-term incapacity
- attending a funeral or bereavement service or the resolution of an estate where long distance travel is required
- responding to an emergency in their capacity as an employee (for example, State Emergency Service (SES) during fires)
- complying with a compulsory obligation imposed by the court (for example, undertaking community service, being on jury duty or being a witness).

Where the above circumstances exist, it does not automatically mean that there are exceptional circumstances, as whether or not there are will depend on the specific circumstances of each individual's situation.

Exceptional circumstances *do not* include where individuals use more sessions of care than their subsidised hours because of child care services' charging practices or individuals routinely working longer hours.

44.2 Circumstances that may warrant an increase to the ACCS hourly rate cap

Exceptional circumstances that may warrant additional subsidy (more than 120 per cent of the relevant hourly CCS rate cap) may include, but are not limited to, situations where:

the family is paying a gap fee above the ACCS hourly rate cap and their circumstances are outside of the regular or ordinary routine or arrangements for the family and they cannot pay the fee.

45. How to apply for additional assistance

45.1 How to request additional hours of subsidised child care

Families can apply for more hours of subsidised child care by [contacting Centrelink](#) either by phone or by visiting a Centrelink office in person. Centrelink makes decisions in relation to family applications for additional hours. In most cases, providers cannot apply directly for additional hours.

Only where the child is enrolled as [ACCS \(child wellbeing\) - provider eligible](#) and the approved provider is receiving ACCS (child wellbeing), can the provider apply for additional hours of subsidised care in cases of particular need or vulnerability. In this case, the provider can [write to the Department of Education, Skills and Employment](#), addressing the [evidence requirements](#). The Department of Education, Skills and Employment makes decisions in relation to provider applications for additional hours where there is no eligible individual.

45.2 How to request an increase to the ACCS hourly rate cap

Where a family is in receipt of ACCS (child wellbeing) or where the child is enrolled as Provider Eligible Arrangement (PEA) and the approved provider is receiving ACCS (child wellbeing), the provider can request an increase to the ACCS hourly rate cap. Families cannot apply directly for additional subsidy above the hourly rate cap.

Where a provider believes that [exceptional circumstances](#) exist, the provider can write to the Department of Education, Skills and Employment. The Department of Education, Skills and Employment will provide an application form to assist providers with their request. The Department of Education, Skills and Employment makes decisions about increases to the ACCS hourly rate cap.

45.3 Evidence requirements

Where additional hours of care are requested, families will be required to provide evidence to support their exceptional circumstances claim. Evidence may include, but is not limited to:

- court documentation
- medical or death certificates
- a declaration of natural disaster
- a signed statement from social worker, counsellor, doctor or other party
- receipts and invoices of medical and funeral expenses
- a fire report, police report or insurance report
- any other evidence that the individual has that could explain their circumstances
- if the family is using In Home Care, a 'Family Management Plan (FMP)' which supports the request for additional hours.

If documentation cannot be provided (for example, due to an emergency), a statutory declaration supporting the individual's submission must be submitted.

Where an increased ACCS hourly rate cap is requested, providers must include all of the following information (with supporting evidence):

- why the current ACCS hourly rate cap is too low in this case
- the desired ACCS hourly rate cap
- the period for which the increased ACCS hourly rate cap is being sought
- the child/children's Customer Reference Number (CRN), 'Approved' [certificate](#)/determination reference number, and start and end date of the certificate/determination
- steps being taken to ensure that the exceptional circumstance is being managed to resolution, as any increased hourly rate cap will be time limited
- whether the request is based on the family's hardship and/or on the provider's need to increase the hourly rate

- the business case on which the provider is relying on to increase the hourly rate. This should include a breakdown of the costs associated with providing care, such as the hourly rate paid to the individual(s) providing the care, other costs and administrative matters
- where the family cannot afford to pay the gap between the maximum ACCS rate and the fee charged, the financial circumstances of the family, including any loss of income or increased 'out of pocket' expenses. The Department of Education, Skills and Employment may contact families to confirm this information.

45.4 Assessment

- Where a child care provider applies to have exceptional circumstances recognised, the Department of Education, Skills and Employment assesses the evidence provided and determines on a case-by-case basis:
 - whether exceptional circumstances exist
 - whether these circumstances have a severe impact on the family/child in terms of being able to
 - access child care
 - pay for child care
 - access the hours of care needed
 - whether additional hours and/or an increase to the ACCS hourly rate cap should be granted
 - how many additional hours should be granted and/or what increased ACCS hourly rate cap would be appropriate
 - how long the additional hours and/or additional subsidy should be paid for.

Reviews and appeals

Depending on what the decision is that the provider wants to have reviewed and/or appealed will determine whether the Department of Education, Skills and Employment or Services Australia should be contacted. More generally, if the decision is about a family's eligibility and entitlement, then Centrelink is the first point of contact. Any enquiries or review requests relating to an exceptional circumstance backdated certificate / determination request should be directed to DESE. Providers, in the first instance, should contact the Department of Education, Skills and Employment through the CCS Helpdesk if they have an issue.

46. Department of Education, Skills and Employment

46.1 The Department of Education, Skills and Employment review process

For decisions made by the Department of Education, Skills and Employment, the provider can apply to the department to have the decision reviewed: childcareinternalreviews@dese.gov.au. If the provider is not satisfied with the outcome of the initial review, they can appeal to the Administrative Appeals Tribunal. When the Department of Education, Skills and Employment makes a decision, information about review rights is included in the advice given to affected providers.

47. Services Australia/Centrelink

47.1 ACCS (child wellbeing) certificate

The decisions to give or not give an ACCS (child wellbeing) [certificate](#) rests with a provider (within the scope of their statutory discretion). Under Family Assistance Law, Services Australia has the right to [vary or cancel](#) a certificate given by a provider when Services Australia considers the child was not ['at risk'](#). If the department varies or cancels a certificate, both the provider and the family have a right of appeal.

47.2 ACCS (child wellbeing) determination

Services Australia is responsible for making ACCS (child wellbeing) [determinations](#). The decision to apply to Services Australia for a determination rests with the provider only. Family Assistance Law does not oblige the provider to make an application.

If Services Australia 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 by more than one provider, all providers will be notified of the decision.

If a provider has a query about reviews and appeals of determination decisions, they can contact Services Australia at the following email address: ACCS.CWB.Review@servicesaustralia.gov.au. This email address is solely for child care services to submit enquiries relating to ACCS (child wellbeing) determination rejections. All other provider/service enquires that are not related to this should be directed to the CCS Helpdesk. Families with enquiries should be directed to contact Centrelink.

47.3 Services Australia review process

For decisions made by Services Australia/Centrelink, 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 Services Australia/Centrelink. If they believe the ARO decision is incorrect, they can appeal to the Administrative Appeals Tribunal.

When Services Australia/Centrelink makes a decision, information about review rights is included in the advice given to affected individuals (including providers).

When the Department of Education, Skills and Employment makes a decision, information about review rights is included in the advice given to affected individuals (including providers).

Debt

48. No entitlement

If an amount of CCS or ACCS is paid to a provider or an individual for a session of care, but that provider or individual is not entitled to that amount, that amount is a debt due to the Australian Government. The amount is a debt of the recipient of the payment, subject to the 'person at fault' provisions (discussed in part [50](#). Person at fault responsible for debt below).

A person will not be entitled to be paid ACCS (child wellbeing) for a session of care, where the child is not ['at risk'](#) for the purpose of ACCS (child wellbeing).

49. Overpayment

If an amount of ACCS (child wellbeing) is paid to a provider or an individual for a session of care, which is greater than the amount that was entitled to be paid, then the amount of the overpayment is a debt due to the Australian Government.

50. Person at fault responsible for debt

If a provider incurs an ACCS (child wellbeing) debt because of the fault of the *individual*, then the debt will be taken to be owed by the *individual* and not the provider. The individual will be at fault where they made a false or misleading statement to the provider, and because of that statement the provider was paid an amount of ACCS (child wellbeing), which they owe as a debt to the Australian Government.

If an *individual* incurs an ACCS (child wellbeing) debt because the provider is at fault, then the debt will be taken to be owed by the *provider* and not the individual. The provider will be at fault where it makes a false or misleading statement or fails to comply with the Family Assistance Law and because of that statement or non-compliance, the individual is paid an amount of ACCS (child wellbeing), which they owe as a debt to the Australian Government.

51. Debt recovery

Refer to the [Child Care Provider Handbook](#) for more information about provider debt recovery.

Parents/carers need to raise questions about debt recovery, including repayment plans, directly with Centrelink.

Appendix A - Glossary of terms

Key Term	Definition
<i>Additional Child Care Subsidy (ACCS)</i>	A payment that provides targeted fee assistance to families and children facing barriers in accessing affordable child care in certain circumstances.
<i>ACCS (child wellbeing)</i>	A payment to assist parents/carers with children <u>'at risk'</u> of serious abuse or neglect.
<i>Provider Eligible Arrangement</i>	<p>Enrolment type used by child care providers to assist children 'at risk' of serious abuse or neglect when</p> <ol style="list-style-type: none"> 1. no CCS eligible individual can be identified or 2. For a maximum of 13 weeks where the child is in formal foster/kinship care.
<i>ACCS (child wellbeing) referral</i>	Notifying an 'appropriate support agency' in the meaning of Family Assistance Law – see section 204K of the A New Tax System (Family Assistance) (Administration) Act 1999 .
<i>Activity Test</i>	An assessment of the combined hours of work, training, study, recognised voluntary work or other recognised activity undertaken by a family. The Activity Test is used to determine the number of hours of subsidised care to which a family will be entitled.
<i>Approved provider</i>	A provider of child care that has been approved under Family Assistance Law to receive and pass on Child Care Subsidy on behalf of the Australian Government.
<i>Appropriate support agency</i>	'Appropriate state/territory body' has the meaning given by section 205K of the A New Tax System (Family Assistance) (Administration) Act 1999 .
<i>At risk</i>	'at risk' has the meaning given by section 15 (Circumstances in which a child is taken to be at risk).

Key Term	Definition
<i>Child</i>	<i>The child who receives early childhood education and child care.</i>
<i>Child Care Provider Handbook</i>	<i>A publication produced by the Department of Education, Skills and Employment for CCS-approved service providers. The handbook is available on the Department of Education, Skills and Employment website.</i>
<i>Child Care Subsidy (CCS)</i>	<i>A payment that helps families with the cost of child care.</i>
<i>Child Care Subsidy System (CCSS)</i>	<i>The technical platform through which providers and families interact with the Australian Government in relation to child care subsidies.</i>
<i>Complying Written Arrangement (CWA)</i>	<i>An arrangement (an agreement between a child care provider and an individual to provide child care in return for fees) that includes required information.</i>
<i>Debt</i>	<i>If an individual or approved child care provider has been paid more than they were entitled to receive, the amount more than their entitlement is a debt to the Australian Government.</i>
<i>Department of Education, Skills and Employment (the department)</i>	<i>Australian Government department that has responsibility for early childhood and child care policy.</i>
<i>Services Australia/Centrelink</i>	<i>Where the Guide refers to interactions between families and Services Australia, it refers to Centrelink – the service delivery function of Services Australia. Where the Guide refers to interactions between Services Australia and providers, it refers to Services Australia.</i>
<i>Enrolment</i>	<i>An enrolment occurs when the provider has entered into an arrangement with an individual or organisation to provide care to a child and the provider submits an ‘enrolment notice’ in the Child Care Subsidy system. It is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for</i>

Key Term	Definition
	<i>care) to have an enrolment notice regardless of their Child Care Subsidy eligibility status.</i>
<i>Family Assistance Law</i>	<i>Has the same meaning as in section 3 of the A New Tax System (Family Assistance) (Administration) Act 1999 and includes A New Tax System (Family Assistance) Act 1999; the A New Tax System (Family Assistance) (Administration) Act 1999; and legislative instruments made under those Acts, including the Child Care Subsidy Minister’s Rules 2017 and the Child Care Subsidy Secretary’s Rules 2017.</i>
<i>Formal Foster Care Arrangement</i>	<i>A child will be “in a formal foster care arrangement” if the child is being cared for on a temporary basis, by a person other than the child’s parents, on a residential basis in premises other than the child’s home, where the child has been placed in that care by an authority with parental responsibility for the child, under a Court or Tribunal order for temporary care arrangements, or under an agreement recognised by state or territory legislation for the purpose of placing the child in care. However, it does not include care provided at premises that are managed by professional staff whose duties are to care for the child and other children – commonly known as “residential care”.</i>
<i>Kinship Care</i>	<p><i>Refers to the placement of children with relatives (kin), with persons without a blood relation but who have a relationship with the child or family, or with persons from the child's or family's community</i></p> <p><i>Kinship care encompasses most kinds of temporary care arrangements that occur when a child is under the care of the state. Kinship care is similar to foster care but relates to a situation where the child is placed with a relative or family friend. However, adoption or orders for a child to be permanently cared for by a particular individual are not covered.</i></p>

Key Term	Definition
<i>Harm</i>	<i>Detriment to a child’s wellbeing.</i>
<i>Hourly rate cap</i>	<i>The maximum amount the Australian Government will subsidise for each hour of care. Hourly rate caps are different for different care types. They provide a guide to providers and families about what a ‘high fee’ might be.</i>
<i>In Home Care</i>	<i>A flexible form of early childhood education and care where an educator provides care in the child’s home. It is restricted to families who are unable to access other forms of early childhood education.</i>
<i>Individual</i>	<i>The person who is liable to pay the child care service fees. The individual is often the child’s parent (or the parent’s partner) but may be another adult with legal responsibility for the child.</i>
<i>Minister’s Rules</i>	<i>The Child Care Subsidy Minister’s Rules 2017, which is legislative instrument that provides certain details about how Family Assistance Law is implemented.</i>
<i>Neglect</i>	<i>A failure to be provided with the basic needs that are essential for the child’s physical and emotional wellbeing.</i>
<i>Nominated child</i>	<i>For In Home Care only – to apply the Child Care Subsidy In Home Care family entitlement, one child in each session of care must be nominated and have the fee reported against them. Refer to the In Home Care Handbook for further guidance.</i>
<i>Provider</i>	<i>A person or business entity that is responsible for operating a child care service (or services).</i>
<i>Provider Entry Point (PEP)</i>	<i>Part of the secure Child Care Subsidy System through which providers can apply for provider and service approval and which subsequently enables them to access information, add or remove a service, make notice of a change in their circumstances, and given enrolment notices</i>

Key Term	Definition
	<i>and session reports in relation to Child Care Subsidy.</i>
<i>Secretary's Rules</i>	<i>The Child Care Subsidy Secretary's Rules 2017, which form part of the Family Assistance Law</i>
<i>Service</i>	<i>The child care that is delivered by a provider in a 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.</i>
<i>Session of care</i>	<i>The period that a provider is charging a fee for providing care to an enrolled child.</i>

Appendix B - Legislative references

1. A New Tax System (Family Assistance) Act 1999

Family Assistance Law section	Content
85CA	<i>Eligibility for ACCS</i>
85CA(1)	<i>Eligibility of an individual</i>
85CA(2) and (3)	<i>Eligibility of an approved provider</i>
85CB	<i>Certificates for ACCS</i>
85CB(1)	<i>When a certificate can be given</i>
85CB(2)	<i>Requirements</i>
85CB(3)	<i>12-month rule</i>
85CB(2A)	<i>Extending the backdating period</i>
85CC	<i>Cancellation of ACCS certificate by the approved provider</i>
85CC(1)	<i>When an approved provider can cancel a certificate</i>
85CC(2)	<i>Effect of a cancellation</i>
85CC(3)	<i>Cancelling a certificate no longer in effect</i>
85CC(4)	<i>Replacement certificate</i>
85CD	<i>Variation and cancellation of ACCS certificate by the department</i>
85CD(1)	<i>When the department can vary or cancel a certificate</i>
85CD(2)	<i>When a certificate is cancelled</i>
85CD(3)	<i>When a certificate is varied</i>
85CD(4)	<i>Cancelling or varying a certificate no longer in effect</i>
85CE	<i>Determinations for ACCS</i>
85CE(1)	<i>When an ACCS determination can be made</i>
85CE(2)	<i>Requirements</i>
85CE(3)	<i>Making a determination</i>

Family Assistance Law section	Content
85CE(4)	<i>Deemed refusal</i>
85CE(5)	<i>Requirements</i>
85CE(5A)	<i>Maximum unbroken period for determinations and certificates</i>
85CE(5B)	<i>Extending the backdating period</i>
85CE(5C)	<i>Extending the 13 week limit</i>
85CE(6)	<i>Subsequent determinations</i>
85CF	<i>Variation and revocation of ACCS determinations</i>
85CF(1)	<i>When a determination can be varied or revoked</i>
85CF(2)	<i>Notifying affected parties</i>
85CF(3)	<i>When a determination is revoked</i>
85CF(4)	<i>When a determination is varied</i>
85CF(5)	<i>Varying or revoking a determination no longer in effect</i>
85EB	<i>Only eligible for one kind of ACCS as at time</i>
85EC	<i>Only one individual eligible in substitution for individual who has died</i>
85ED	<i>No eligibility for child who is in care of State or Territory or in a prescribed class</i>
85EE	<i>Maximum period of eligibility for individual who is absent from Australia</i>
85FB	<i>Amount of ACCS (child wellbeing)</i>
Part 1, 2, 4 & 5 of Schedule 2	<i>Amount of ACCS (child wellbeing)</i>
67CB	<i>Entitlement to be paid CCS or ACCS</i>
67CD	<i>Determination of entitlement to be paid ACCS (child wellbeing)</i>
67CF	<i>Determination of individual's entitlement to be paid CCS or ACCS in substitution for individual who has died</i>
67CH	<i>Determination of provider's entitlement to be paid ACCS (child wellbeing)</i>
67EC, 67ED, 67EE	<i>Payment of ACCS</i>

Family Assistance Law section	Content
67FC	Notice if child no longer ‘at risk’
67FC(1)	Where a certificate is in effect
67FC(2)	Where a determination is or was in effect
67FI	Request for information in relation to eligibility or entitlement for CCS or ACCS
71B	Debts – no entitlement
71C	Debts – overpayment
71E	Debts in respect of ACCS (child wellbeing) for provider – individual at fault
71F	Debts in respect of ACCS (child wellbeing) for individual – provider at fault
Division 3 of Part 4	Debt recovery
Division 1 of Part 5	Internal review
Division 2 of Part 5	AAT review
204B(6)	Varying or updating session reports - 67FC(1)
204K	Giving notice to an appropriate support agency
204K(1)	The ‘giving notice’ to appropriate support agency 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’

2. Child Care Subsidy Minister’s Rules 2017

Rules Section	Content
8(1)	Prescribed circumstances where no eligibility for a session of care

Rules Section	Content
8A, 8B, 8C, 8D	<i>Prescribed classes of children for eligibility for CCS or ACCS (despite being over 13 or attending secondary school)</i>
9, 10 & 11	<i>When children are 'at risk' of serious abuse or neglect for ACCS (child wellbeing)</i>
15A	<i>Certain children in respect of who no one is eligible for CCS or ACCS</i>
43	<i>Additional rules for provider eligibility</i>
48A	<i>Additional conditions for continued approval for approved providers of in home care services</i>
49	<i>Additional conditions for continued approval for child care services to which section 50 of the Minister's Rules (certain providers not required to meet State/Territory requirements) applies</i>
77	<i>Working with children card details required in relation to certain individuals</i>
6	<i>Information to be contained in an application for approval</i>
11	<i>Requirement for provider to make a written record of information or an event not otherwise recorded in writing</i>

Appendix C - State and territory referral processes for ACCS (child wellbeing)

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](#) should be followed. Some states and territories support child care providers 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 agency (see below).

1. Australian Capital Territory

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

a. Table 4: ACT ACCS (child wellbeing) referral process

Child's circumstances	How to make an ACCS (child wellbeing) referral
<i>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) BUT do NOT require mandatory notification</i>	<p><i>Where a provider believes that a child or family may require additional support but they do 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.</i></p> <p><i>This means that provider believes that the serious abuse was not sexual abuse or non-accidental physical injury, or was in the past and has already been reported to Child and Youth Protection Services (CYPS). See below for a non-exhaustive list of services.</i></p>
OneLink	<p>OneLink provides easy access to support services in the ACT. OneLink staff will talk with providers about what support they think may be helpful for the child or family and help to link providers with the best services that will meet their needs and how to access them.</p> <p>OneLink can connect providers with services including:</p> <p><i>child, youth and family services</i></p> <p><i>tenancy support</i></p>

Child's circumstances	How to make an ACCS (child wellbeing) referral
------------------------------	---

Child's circumstances

support for people who are homeless

legal services

financial counselling

mental health services

other support services.

OneLink operates Monday to Friday from 8am to 6pm and Saturday and Sundays from 12.15pm to 3.30pm.

Phone: 1800 176 468

Email: info@onelink.org.au

Fax: (02) 6285 1322 (please attention documents to OneLink)

Drop in Monday to Friday, 9am to 5pm

Housing ACT Central Access Point
Nature Conservation House,
(Corner of Emu Bank & Benjamin Way)
Belconnen 2617 ACT

Drop in Saturday and Sunday, 12.15pm to 3.30pm

Woden Community Service
26 Corinna Street
(behind Chemist Warehouse/opposite Westfield Woden)
Woden ACT 2606

Agency referrals: Click [here](#) for agency referrals.

Child and Family Centres

The early years of a child's life set the foundation for their future health, development and learning. The [Child and Family Centres](#) are a 'one-stop-shop' supporting families during this important time.

The Child and Family Centres primarily provide services for children and families in the Gungahlin, Tuggeranong and West Belconnen communities. The services and support provided through the Centres focus on children pre-birth to 8 years; however selected services can be offered to children up to 12 years of age.

The Child and Family Centres are an excellent place for families to start if they need parenting advice and

Child's circumstances	How to make an ACCS (child wellbeing) referral
	<p>guidance. The Centres are staffed by a multidisciplinary team and are designed to provide a range of support programs to assist parents, carers and children.</p> <p>Staff are available to speak with parents, carers and service providers about a range of issues including:</p> <p>general parenting</p> <p>adjusting to being a parent</p> <p>family relationship issues</p> <p>child behaviour and development.</p>
<p>ACT Community Directory</p>	<p>The ACT Community Directory, managed by Volunteering ACT, has over 2200 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 ACT can also be contacted on (02) 6248 7988.</p>
<p>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) AND the child requires a mandatory report.</p> <p>A mandatory report is required if the child care provider believes on reasonable grounds that a child has experienced, or is experiencing -</p> <p>a) Sexual abuse; or</p> <p>Non-accidental physical injury; and</p> <p>b) The person's reasons for the belief arise from information obtained by the person during the course of, or because of, the person's work (paid or unpaid)</p>	<p>The ongoing wellbeing of children in the ACT is a shared responsibility. The Children and Young People Act 2008 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> <p>physical abuse</p> <p>sexual abuse</p> <p>emotional abuse (including exposure to family violence)</p> <p>neglect.</p> <p>Please refer to the publication <i>Keeping Children and Young People Safe</i> for details:</p> <p>https://www.communityservices.act.gov.au/ocyfs/keeping-children-and-young-people-safe</p>

Step 1: Have a conversation with the family.

Step 2: Decide whether you are mandated to make a Child Concern Report about sexual abuse or non-accidental physical injury. If a mandated child concern report is required, follow the procedures for making a Child Concern Report outlined at <https://www.communityservices.act.gov.au/ocyfs/keeping-children-and-young-people-safe>

Step 3: Where a mandatory report is not required, make an ACCS (child wellbeing) referral using one of the organisations outlined in [Table 4](#).

Step 4: Record ‘making an ACCS (child wellbeing) referral’ in the Provider Entry Point or via your third-party software.

2. New South Wales

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

a. Table 5: New South Wales ACCS (child wellbeing) referral process

<i>Child’s circumstances</i>	<i>How to make an ACCS (child wellbeing) referral</i>
<i>Where the Mandatory Reporter Guide does NOT require reporting to the Child Protection Helpline BUT the child’s circumstances meet the definition of ‘at risk’ for ACCS (child wellbeing)</i>	<p>The following are examples of how a provider might identify a service that can help.</p> <p>Look at the links below to identify services that can help:</p> <p>NSW Department of Communities and Justice</p> <p>make a community referral through a non-government organisation involved in the Brighter Futures program</p> <p>find an appropriate service through the Family Referral Service</p> <p>NSW Child and Family Health Nursing Services</p> <p>Contacting any of these will meet the requirement to make an ACCS (child wellbeing) referral.</p> <p>Providers should ensure that any service they 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>
<i>Where the Mandatory Reporter Guide requires reporting to the Child Protection Helpline AND the</i>	<i>Make a mandatory report online using Child Story (eReport) or call the Child Protection Helpline on 13 21 11.</i>

<i>Child's circumstances</i>	<i>How to make an ACCS (child wellbeing) referral</i>
<i>child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing).</i>	

Step 1: Complete the Mandatory Reporter Guide to decide whether mandatory notification is required. If it is, follow procedures for making a mandatory notification as outlined above.

Step 2: Have a conversation with the family if it is safe and appropriate to do so. The provider should not proceed to give a certificate for ACCS (child wellbeing) if they are not able to have the relevant conversation with the family.

Step 3: Where mandatory notification is not required, make a referral to an appropriate service identified by using any of the links given above. This will satisfy the ACCS (child wellbeing) requirement.

Step 4: Apply for the ACCS (child wellbeing) certificate and record the referral that has been made in the Provider Entry Point or via your third-party 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 the provider to receive information for this purpose.

3. Northern Territory

In the Northern Territory, approved providers can give notice as outlined below.

a. Table 6: Northern Territory ACCS (child wellbeing) referral process

<i>Child's circumstances</i>	<i>How to make an ACCS (child wellbeing) referral</i>
<i>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) BUT do NOT require mandatory notification under the Care and Protection of Children Act 2007</i>	<p><i>The Family and Children's Enquiry and Support (FACES) hotline has been established by the Northern Territory Government. The hotline number is 1800 999 900.</i></p> <p><i>The line is available to any Territory family experiencing difficulties, whether these are parenting problems, family relationships, managing money, housing or other issues.</i></p> <p><i>This comprehensive support referral service is staffed by a team of specialists who are 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.</i></p> <p><i>Additional information on services for child care providers can be accessed on the Northern</i></p>

Child's circumstances	How to make an ACCS (child wellbeing) referral
	<p>Territory Council of Social Service (NTCOSS website).</p> <p>This is an online service hosted by NTCOSS that is a Directory of Social Service Community Organisations in the Northern Territory. Services can use this to update their organisation's listing, find other organisations or refer clients.</p> <p>Contacting any of these will meet the 'giving notice' requirements.</p>
<p>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) AND <u>require mandatory notification</u> under section 26 of the Care and Protection of Children Act 2007</p>	<p>Call the 24-hour Child Protection Hotline (1800 700 250).</p> <p>A person must make a report if they believe on reasonable grounds that a child or young person has been suffering, or is likely to suffer, harm or exploitation or may be a victim of a sexual offence. Information about mandatory reporting can be found on the Northern Territory Government's website.</p>

Step 1: Have a conversation with the family.

Step 2: Decide whether mandatory notification is required. If it is, follow procedures for making a mandatory notification outlined above.

Step 3: Where mandatory notification is not required, give notice using any of the steps identified above.

Step 4: Record 'giving notice' in the Provider Entry Point or via your third-party software.

Registered child care providers are considered to be authorised information sharers under Part 5.1A of the *Care and Protection of Children Act 2007* and can share information with other authorised persons about a child or family to help them work together for the safety and wellbeing of a child. Further details on sharing information to protect children can be found on the Northern Territory Government's website.

4. Queensland

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

a. Table 7: Queensland ACCS (child wellbeing) referral process

Child's circumstances	How to make an ACCS (child wellbeing) referral
<p>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) BUT do NOT</p>	<p>Queensland provides one entry point through Family and Child Connect.</p>

Child's circumstances	How to make an ACCS (child wellbeing) referral
require mandatory notification under the Child Protection Act 1999	Contact Family and Child Connect: www.familychildconnect.org.au/
Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) AND require mandatory notification under the Child Protection Act 1999	Contact Queensland Government, Department of Child Safety, Youth and Women, reporting child abuse

Step 1: Have a conversation with the family.

Step 2: Decide whether [mandatory notification is required](#). If it is, follow procedures for making a mandatory notification outlined in the link above.

Step 3: Where mandatory notification under the *Child Protection Act 1999* 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 4: Record the referral in the Provider Entry Point or via your third-party software. If the provider has made an ACCS (child wellbeing) referral to Family and Child Connect, they should select 'other early intervention services'.

The *Child Protection Act 1999* requires certain professionals, referred to as 'mandatory reporters', to make a report to Department of Child Safety, Youth and Women's Child Safety Services 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 Services a reasonable suspicion that a child is in need of protection because of 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 of Child Safety, Youth and Women 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 particular 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.

a. Table 8: South Australia ACCS (child wellbeing) referral process

<i>Child's circumstances</i>	<i>How to make an ACCS (child wellbeing) referral</i>
<i>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) BUT do NOT require mandatory notification under Children and Young People (Safety) Act 2017</i>	<p><i>Find a local service that can assist the family, remembering that families may already have connections with services. Providers 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.</i></p> <p><i>In addition, providers can find information about a range of government services by going to Child and Youth Health website or calling the Parent Helpline on 1300 364 100.</i></p> <p><i>In order to meet the ACCS (child wellbeing) referral requirements, providers will need to contact a service that they identified by visiting one of sites. The services will need to be one of those listed under What is an 'appropriate support agency?'</i></p>
<i>Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) AND require mandatory notification under the Children and Young People (Safety) Act 2017</i>	<i>South Australia Department for Child Protection.</i>

Step 1: Decide whether [mandatory notification is required](#). If it is, follow procedures for making a mandatory notification outlined in the link below.

Step 2: Have a conversation with the family if it is safe and appropriate to do so. In the case of mandatory notification, this is not required.

Step 3: Where mandatory notification is not required, make an ACCS (child wellbeing) referral using the link below or referring to an appropriate support agency.

Step 4: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via your third-party software.

Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) and require mandatory notification under the Children and Young People (Safety) Act 2017, follow the [procedures](#) outlined on the South Australian Department for Child Protection website.

Where the child’s circumstances meet the definition of ‘at risk’ for ACCS (child wellbeing) but do not require mandatory notification under 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. Providers can identify potential services by visiting the [Personal and Family Support section of the General Community Information Directory](#), which provides government, non-government and community services in South Australia. In addition, providers can find information about a range of government services by going to [Child and Family Youth Health Centres](#) website or calling the Parent Helpline on 1300 364 100.

6. Tasmania

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

the definition of ‘at risk’ in the Commonwealth legislation meets the threshold for a mandatory report in Tasmania; all circumstances require mandatory reporting

when you make a mandatory report 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 software or the Provider Entry Point.

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, consider what possible support services could help the family. The Child Safety Service Strong Families, Safe Kids Advice and Referral Line will be able to make referrals to other support services.

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

Note: 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.

a. Table 9: Tasmania ACCS (child wellbeing) referral process

Child’s circumstances	How to make an ACCS (child wellbeing) referral
<i>If there is an immediate risk of abuse or neglect to the child:</i>	<i>Please call the Child Safety Service Strong Families Safe Kids Advice and Referral Line as soon as practicable on 1800 000 123. Please call at any time – an after-hours on-call service is available.</i>
<i>Where the circumstances do not suggest immediate risk of abuse or neglect.</i>	<i>Please call the Child Safety Service Strong Families Safe Kids Advice and Referral Line on 1800 000 123. Usual business hours are Monday-Friday 8:30am to 5:00pm.</i>

Step 1: Have a conversation with the family, including letting them know they may be eligible for an ACCS to support the wellbeing of their child.

Step 2: Decide whether the child is at immediate risk. If the child is at immediate risk, follow procedures outlined above by calling the Advice and Referral Line at any time. If the child is not at immediate risk, contact the Advice and Referral Line during usual business hours.

Make sure you let Advice and Referral know whether you consent to being identified as the notifier to the family. This will assist Advice and Referral to assess the child's circumstances.

Step 3: You can also talk to Advice and Referral about support services that can help the family now. If the family is receiving support services, Advice and Referral can take this into account in their assessment.

Step 4: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via your third party software. If you made an ACCS (child wellbeing) referral in circumstances with no suggestion of immediate risk of abuse or neglect, please select 'other early intervention services'. In the free text, include any information about any additional contact with a support service. If you made an ACCS (child wellbeing) referral where there was immediate risk of abuse or neglect, then please select 'child protection agency'.

Step 5: The family can, if it wishes, give consent for you to receive information about your contact with Advice and Referral in order to obtain supporting information for ongoing eligibility for the subsidy (in 13-week blocks).

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. Further information on early childhood education and quality assessment in Victoria is available at www.education.vic.gov.au/childhood/providers/regulation/

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

a. Table 10: Victoria ACCS (child wellbeing) referral process

Child's circumstances	How to make an ACCS (child wellbeing) referral
Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) BUT do 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. Providers can identify potential services by visiting the Department of Health and Human Services (DHHS website). If providers have concerns about the child and family that relate to family violence, they can visit the Orange Door . If providers have concerns about the child's wellbeing, they can contact Child FIRST to talk about their concerns and get assistance in locating a local service to support the family.
Where the child's circumstances meet the definition of 'at risk' for ACCS (child wellbeing) AND require a report to child protection	If the provider has concerns about 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 1: If a report to child protection is required, follow procedures for making a report to child protection outlined in the link above.

The provider should have a conversation with the family about ACCS (child wellbeing). They should outline the benefits of the subsidy and, if they feel comfortable, outline what steps they 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 2: 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
- visiting Child FIRST or the Orange Door (in areas where the Orange Door has become operational).

Step 3: Record 'making an ACCS (child wellbeing) referral' in the Provider Entry Point or via your third-party software. If the provider has used Child FIRST then select 'other early intervention services'.

8. Western Australia

In Western Australia, mandatory reporting only applies to concerns of sexual abuse. Mandatory reporters do not include child care workers unless they are registered teachers. Information on mandatory reporting can be found on the [Government of Western Australia's Child Protection page](#).

If a child care provider has a child wellbeing concern or if they are unsure if there is a child wellbeing concern, they can follow the process set out in the [Flowchart for Child Care Providers](#) and also refer to [If you are concerned about a child](#). A Child Protection Referral Form can be completed where applicable.

Providers can make an ACCS (child wellbeing) referral by contacting one of the organisations in the [Examples of appropriate support organisation](#) document, as these are case studies of ‘appropriate support organisation’ in Western Australia as at July 2020. This is not an exhaustive list and providers can identify additional services through their own networks.



Appendix D – relevant resources

This guide is supported and complemented by the following material.

1. Child Care Provider Handbook

[Child Care Provider Handbook](#)

2. Forms

[Statutory declaration form to support an application for an ACCS \(child wellbeing\) determination where the provider has been unable to source third-party evidence](#)

[Request for the Secretary to determine a child meets the Immunisation Requirements for Additional Child Care Subsidy \(child wellbeing\) - provider eligible](#)

[Family Assistance Guide](#)

3. Contacts

Depending on the nature of the query, please choose the appropriate contact point as follows.

In relevant cases, please include the organisation's Customer Reference Number (starting with 1900), enrolment ID, document ID, and a detailed description of the query. Where appropriate, please also include screenshots and an indication of which software the provider is using.

Table 11: Contact details

If your query relates to:	Please contact:
<i>IT issues with third-party software</i>	<i>Your software provider</i>
<i>IT issues not related to third-party software</i> <i>Payments</i> <i>The Provider Entry Point (PEP)</i>	<i>Department of Education, Skills and Employment,</i> <i>Child Care Subsidy Helpdesk</i> <i>1300 667 276</i> CCSHelpdesk@dese.gov.au
<i>ACCS (child wellbeing) policy</i> <i>This guide to ACCS (child wellbeing)</i> <i>Applications for a higher ACCS (child wellbeing) percentage</i> <i>Applications to obtain a CRN for a child where the provider has not been able to find an eligible individual and the child may be eligible for ACCS (child wellbeing)</i> <i>Requests for the Secretary to determine a child meets the Immunisation Requirements for Additional Child Care Subsidy (child wellbeing) when a provider is eligible</i> <i>Exceptional circumstance backdated applications for certificate / determination</i>	<i>Department of Education, Skills and Employment,</i> <i>Child Care Subsidy Helpdesk</i> <i>1300 667 276</i> CCSHelpdesk@dese.gov.au
<i>Rejected applications for a determination for ACCS (child wellbeing)</i> <i>Reviews and appeals of determination decisions</i>	<i>Services Australia,</i> ACCS.CWB.REVIEW@services.australia.gov.au <i>In order to protect personal information, please do not send personal information, including evidence, child names and CRNs to this email address.</i>