

9th March 2026

Submission to the Commission of Inquiry into Child Safety

Wee Care: A Long-Standing Early Intervention and Family Preservation Model

Dear Commissioner,

I am writing to share the Wee Care model of care delivered by Althea Projects in Townsville, Queensland. Wee Care is a prevention-focused, early intervention service that has operated continuously since April 1974, supporting children and families during periods of crisis to prevent unnecessary entry into the statutory child protection system.

Wee Care was established in response to community need, with the explicit aim of keeping children safe while strengthening families' capacity to care for their children. For many years, the service operated without formal government funding. Over the past three decades, it has been fully or partially funded by the Department of Families, Seniors, Disability Services and Child Safety (Child Safety), reflecting its enduring role within Queensland's child and family support system.

A unique early intervention service

Wee Care is a one-of-a-kind service in Queensland. Despite its long history and demonstrated outcomes, the service does not align neatly with existing service specifications. As a result, it has historically been funded through the Families Investment Specifications rather than through a purpose-designed funding framework aligned to its function as an early intervention and prevention service, combining residential care to children 0-11 and family supports.

At its core, the Wee Care model is credited with keeping children safely within their families and communities. By responding early, either at the point of greatest family stress, or on a regular respite basis, the service supports parents and caregivers to stabilise, access essential supports, and resume safe care of their children without the need for statutory intervention.

Service overview

The Wee Care service provides short-term residential and emergency respite care for children aged 0–11 years (up to a child's 12th birthday). Support is delivered through a flexible six- to eight-bed residential facility that responds to both planned respite and unplanned emergency needs.

Capacity is actively managed based on the mix and complexity of children's needs at any given time.

In addition to overnight care, Wee Care provides day-stay support, enabling families to attend critical appointments and interventions such as domestic and family violence counselling, therapeutic services, parenting programs, and training. Families also receive wrap-around supports including modelling of healthy routines, positive parenting practices, case management, and referral to community services. The service also delivers a registered Playgroup.

Operating realities and system pressures

Wee Care operates 24 hours a day, seven days a week, reflecting the reality that family crises and child safety concerns do not occur only during business hours. Referrals are received from families and a wide range of community partners, including Queensland Police Service and Townsville University Hospital.

While Althea Projects currently holds recurrent funding for a five-day-per-week service, Wee Care has, in practice, delivered a seven-day-per-week model for many years to meet community need and ensure children's safety. Since December 2024, this has been partially formalised through Individual Placement and Support (IPS) funding, including support for a small number of children subject to child protection orders. Prior to this, seven-day delivery was supported through fee-for-service arrangements.

The ongoing provision of unfunded or partially funded seven-day care has placed significant financial strain on the organisation. Althea Projects has repeatedly relied on fundraising and corporate support to bridge funding gaps and ensure families could access care when needed. While this reflects strong community commitment, these approaches are not sustainable and cannot underpin a core child safety service in the long term.

Why a seven-day early intervention model matters

A seven-day residential respite and emergency care model provides clear benefits:

- **Prevention of escalation into statutory intervention**, by supporting families at the point of greatest stress
- **Greater flexibility for planned respite**, enabling early engagement rather than delayed crisis responses
- **Alignment with family-centred and early intervention principles**, supporting family preservation
- **Removal of artificial service gaps**, particularly over weekends and public holidays
- **Improved workforce sustainability**, enabling predictable staffing and consistent care

System implications

Wee Care's experience highlights a broader system issue: early intervention services are often required to operate beyond their funded scope to meet child safety needs. Where funding frameworks do not align with the realities of family crisis and prevention-focused practice, pressure is shifted onto organisations, workforces, and communities, increasing long-term risk to service sustainability and system effectiveness.

Wee Care demonstrates how flexible, trauma-informed, and family-centred early intervention can strengthen families, reduce statutory involvement, and improve outcomes for children—when the system is structured to support such models in a sustainable way.

Theory of Change

The Wee Care Program is guided by a clearly articulated Theory of Change, which outlines how early, flexible, and family-centred interventions contribute to improved safety, stability, and

long-term outcomes for children and families. This Theory of Change is attached as an appendix to this submission.

I have also included a short video that has a good overview of our unique program.

Real Life Scenarios

See attached

Stats for January to December 2025

See attached

In closing, Wee Care demonstrates what is possible when early intervention, family-centred practice and community-based responses are supported to operate as intended. For more than five decades, the service has worked alongside families at times of acute vulnerability to keep children safe and prevent unnecessary entry into the statutory child protection system.

This submission is offered to assist the Commission of Inquiry in considering how prevention-focused, flexible models such as Wee Care can be recognised, structured and sustainably funded within Queensland’s child safety system.

Thank you for the opportunity to contribute to this important Inquiry. I would welcome the opportunity to provide further information or clarification if required.

Yours sincerely,

Paula La Rosa

Chief Executive Officer

Althea Projects Incorporated



REAL SCENARIOS FROM 2024 / 2025

1. Wee Care supported a mother who has moved to Townsville due to fleeing domestic violence with her two small daughters. The mother is staying in a local women's shelter and has had to attend several meetings with the police. The mother has expressed how she is fearful for her safety and the safety of her young children. Wee Care was able to provide care for the two young children while their mother attended these meetings, knowing that her children were in safe hands. The mother was both surprised and grateful that our service exists and that because of Wee Care her children did not have to bear witness to their mother's distress during her meetings with the police.
2. During the month of June, Wee Care was able to support a family of five children who came into our care in an emergency when their mother was hospitalised due to mental health concerns. It quickly became clear that the five children were in a neglected state, and we were able to care for the children's physical and emotional needs while liaising with Child Safety and the children's maternal grandmother to reach the best possible outcome for the children.
3. Wee Care provided support to a young single mother who is trying to break the cycle by removing her infant from the unsafe family environment on [REDACTED]. This mother has been supported by her neighbour for several months, but the neighbour recognised the mother's plight was too much for her alone, so she contacted Wee Care on the mother's behalf. The neighbour supported the mother by arranging a visit to Wee Care to meet with the coordinator and see firsthand how Wee Care could provide support to the family. Subsequently we have been able to engage with mother and child, support them financially through ERF, invite them to playgroup and the offer of respite dates. In accepting our offers of support, the mother said that she was so surprised and grateful that we could offer so much support to her and her child.
4. Wee Care was able to provide extra support for a family already with us on a Family Support Plan while the family was going through a crisis with their runaway pre-teen. Wee Care was contacted by Queensland Police Service and was able to offer a safe place for the child to stay while the case was further investigated and the child could be reunited with family. This placement enabled both the child and the parent to reflect on the situation, take a breath and move forward.
5. Wee Care provided critical short-term support to two single mothers experiencing acute family and health crises. In one instance, care was provided for a younger sibling while a mother supported a child newly diagnosed with a life-altering condition, enabling attendance at medical appointments and adjustment to new care requirements. In a second case, Wee Care supported a mother requiring emergency surgery by providing care for her two youngest children, allowing her to proceed with hospital admission. Care was provided for five days until the mother was discharged and able to resume care at home.
6. Wee Care accepted a service request for a family following a referral that indicated the child may be at risk of harm or may have already experienced harm. An immediate online child safety notification was submitted in response.

The case involved many layers of complexity around family court orders that were not being followed, allegations of significant harm resulting in previous child safety involvement and social issues around homelessness, and drug use. As both parents separately presented wanting to discharge the child, staff worked cooperatively with many authority systems including Education system, Qld Police and Child Safety.

The child was initially placed under a Court Assessment Order and transitioned from a community referral to a Child Safety placement. This ensured continuity of care in an environment where the child felt safe and supported. Wee Care facilitated contact transitions leading up to the Court's final decision, which resulted in the child being returned to the father's care, with continued involvement from Child Safety.

7. The Wee Care team had the privilege of supporting a young Mum who came to us seeking ERF and inquired about respite for her young son while she was attending appointments for her mental health and to gain housing. During these respite visits we learned that she was experiencing homelessness and sleeping in her car with her youngest son.
8. Recognising the urgency of her situation we were able to offer her emergency respite for her son for a week to give her the space and support she needed on finding suitable accommodation. Together, with collaboration with FEAT, she successfully secured a new home for herself and her two sons. Wee Care's intervention played a part in helping this young Mum and her family secure a safer, more stable future.



STATISTICS FOR JANUARY TO DECEMBER 2025

January to December 2025								
Category	No of Bed Nights	No of Children	No of Families	Aboriginal and Torres Strait Islander Children	Aboriginal and Torres Strait Islander Families	CALD Children	CALD Families	Average Length of Stay
Child Safety	519	51	35	31	20	1	1	11.9
Community	1053	311	153	179	80	3	2	3.25

Throughout the year we had some operational disruptions, which impacted on bed stays.

In the January to March quarter, we closed for the Christmas period for community bookings only, which was consistent with organisational practice to support staff leave. Additionally, a significant weather event resulted in a short-term service shutdown due to safety concerns and subsequent property damage requiring repairs. These events temporarily reduced available bed nights rather than reflecting a decrease in demand for placements.

In the October to December quarter operations were impacted for almost 2 weeks for essential roof repairs.

Day Stays throughout the year

We supported a number of additional families and children for **day stays** throughout the year, which is separate to overnights stays. This is to support parents to attend health appointment, address legal matters and attend parenting education sessions.

No. of Families	No of Children	No of Days
54	95	161

Playgroup Statistics

Month	# of Playgroup Sessions Held	# of Children attended	# of Adults attended
January 2025	1	0	0
February 2025	3	16	16
March 2025	4	13	14
April 2025	2	3	4
May 2025	5	19	18
June 2025	4	12	13
July 2025	3	27	25
August 2025	4	14	7
September 2025	3	8	7
October 2025	3	10	6
November 2025	4	28	22
December 2025	2	12	6



Althea
PROJECTS

WEE CARE

Program Design



ACKNOWLEDGEMENT OF COUNTRY

Althea Projects Incorporated (Althea Projects) recognise and acknowledge Aboriginal and Torres Strait Islander peoples of Australia as the First Nations Peoples of this Country. Althea Projects acknowledges the Traditional Custodians of the lands on which we walk, work and live, the Bindal and Juru peoples of the Burdekin, the Gudjal peoples of Charters Towers, the Bindal and Wulgurukaba peoples of the Townsville region and the Yirandhali peoples of Hughendon, and we pay our respects to their Elders past, present and emerging. We also acknowledge the Australian South Sea Islander peoples for their contribution to our communities.

We pay tribute to their enduring stewardship of this Country, and honour their ongoing contribution to the spiritual, environmental, social, cultural, political, and economic fabric of our society. This acknowledgement is integral to the process of healing, recovery and development of relationships and our shared future with The First Nations Peoples of Australia.



"Together We Will Make It Right"

(Refreshed RAP Artwork)

By Michelle Tyhuis

2020

The RAP artwork is about the power of humanity and the deeply important work of Althea Projects in the Townsville region for 50 years. The artwork acknowledges the organisation's beginnings, emerging from turbulent times, and signifies the "around the clock" nature of the services Althea Projects provides.

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MESSAGE FROM CEO – Paula La Rosa



It is with great pride that I introduce the Wee Care Program Model delivered by Althea Projects, which is a unique and essential service providing short-term, residential care and family support to children aged 0–11 years during times of family crisis.

This showcase has been developed to highlight the strengths, impact, and importance of Wee Care within the broader landscape of child and family services in Queensland. As a model of care, it demonstrates how responsive, therapeutic, and culturally safe support can create a lasting difference for children and families in moments of acute need.

Funded out of *Families Investment Specifications, Targeted Family Support, Vulnerable Families with Children*, Wee Care is not your traditional family support service. However, this innovative service model meets the criteria, as at its heart, the Wee Care Program is a prevention and early intervention service that sustains and supports families, many of which, may enter the statutory child protection system, without these supports.

Through this program, we have witnessed the power of early intervention, the value of stability in a child's life, and the positive ripple effects that come from wrapping care around both children and their families. We hope this document serves as a valuable resource and inspiration for others across the state who are working to strengthen safety, connection, and wellbeing for Queensland's youngest.

I would like to extend my sincere thanks to Thomas Allsop, CEO of PeakCare, for his partnership and funding support in making this work possible. His commitment to innovation and sector development has played a key role in bringing this showcase to life. I am equally grateful to the dedicated Social Vantage Advisory Partners, Andrea Lauchs and Sammy Bruderer who contributed their time, expertise, and care to the development of this document.

I also want to acknowledge and thank the extraordinary staff, both past and present, who have shaped and sustained this program. Many have dedicated years of service, bringing consistency, compassion, and deep expertise to their work. Their unwavering commitment to the wellbeing of children and families is the heartbeat of this model, and their contribution cannot be overstated.

I also recognise and thank the Department of Child Safety, our key service partner, whose collaboration and shared commitment to the best outcomes for children and families have been essential to the success of this work. Our strong partnership reflects a collective belief in early intervention, family preservation, and the power of working together to support Queensland's most vulnerable children.

Above all, I express Althea Projects deep respect and compassion for the children and families who engage with this service. It is their strength, courage, and resilience that inspire us to do better every day. This program exists for them, and it is their voices, experiences, and futures that continue to guide its purpose and direction.


Paula La Rosa
Chief Executive Officer

ALTHEA PROJECTS: WHO WE ARE

Althea Projects is a not-for-profit organisation based in Townsville who have been devoted to assisting vulnerable individuals, families and young people since the establishment of our inaugural service Wee Care in 1974. We are proudly 100% local and are dedicated to supporting people in our community.

Althea Projects is a leader in child protection, family support, foster and kinship care and homelessness services in North Queensland with fully equipped and interconnected programs. These programs have demonstrated our reputation for excellence, delivering compassionate, evidence-informed services, driven by best practice frameworks.

Operating for over 50 years, our service has expanded from our inaugural Wee Care Service, to include Foster and Kinship Care Services, homelessness services, Playgroup, Emergency Relief and additional child protection services for children aged 0 -11 years.

THE HISTORY AND EVOLUTION OF WEE CARE

On Christmas eve in 1971, Townsville was struck by Cyclone Althea. Many homes were destroyed, and people were admitted to the Townsville General Hospital. In the aftermath, it was identified that many families were unable to care for their children during the crisis and recovery period, with the state-run orphanage the only alternative care option available at the time. In response to this, the hospital social worker Joan Innes-Reid organised for a group of women to care for children whose parents had been injured to avoid them unnecessarily entering state care.

“Children should not become state wards simply because their parents are in hospital or there is a family crisis and there is no one to look after them”

Joan Innes-Reid

By 1973, the network of women caring for children had grown substantially. This ongoing demand for care when a family experienced an emergency resulted in a need for a permanent residence. Subsequently, the inaugural Wee Care service was officially established in 1974, providing accommodation, care and support to children through a ‘house parent’ model in an effort to prevent children entering the statutory child protection system and keep families together.

Since this time, the Wee Care service has continued to support Townsville families. It plays an important ongoing role in keeping children safe and families together, with services supporting approximately 300 families and over 500 children in any given financial year.



1971 *Cyclone Althea*

In the aftermath of the destruction of Cyclone Althea on 24 December 1971, hospital social worker Joan Innes-Reid organised a group of women to care for children whose parents had been injured and admitted to the Townsville General Hospital. This initiative identified a need in Townsville for ongoing care of children during periods of family emergency.



1973 *Increasing Demand*

A group of 12 women are caring for children with an ongoing demand for care when a family experienced an emergency resulting in a need for a permanent residence.

1974 *Wee Care - Coolock Cottage*



In June 1974 Wee Care was established at Coolock Cottage

1980 *Kings Rd, Pimlico*

In January 1980, Wee Care, now a more established initiative with an ongoing need in the Townsville community, moves to a new residence at 197 Kings Road.

1984 *Railway Estate*

Wee care moves to Railway Estate and is established in their own purpose-built premises, with funding assistance from the Federal Community Employment Program Grant, community organisations, private estate donations and community fundraising.

1995 *Shared Family Care (SFC)*

Wee Care is expanded to include Shared Family Care, which is funded by the Department of child Safety.

2009 *SFC Move to Aitkenvale*

By 2009 Shared Family Care had outgrown the space at Wee Care and moved to their own premises in Aitkenvale.

2010 *Playgroup & ERF*

Wee Care services continue to expand to better support families, providing a registered play group and delivery federally funded emergency relief funding (ERF) for families in need.

2014 *Althea Projects*

The organisation continues to expand and is strategically rebranded and restructured into Althea Projects Incorporated, with Wee Care and SFC offered as individual programs.

2016 *Launch of RAP*

Althea Projects launches the first Reconciliation Action Plan (RAP), with the accompanying artwork titled 'Together We Will Make It Right'. It specifically acknowledges Althea Projects beginnings, emerging from turbulent times, and signifies the 'around-the-clock' nature of their services, most notably Wee Care.



2017 *Take over Townsville Drop In Centre*

2020 *Family Contact Service*

Althea Projects begins supporting Child Safety with family contracts and is co-ordinated from Wee Care.

2020 *Morehead Meals*

2021 *Re-Branding & Move*

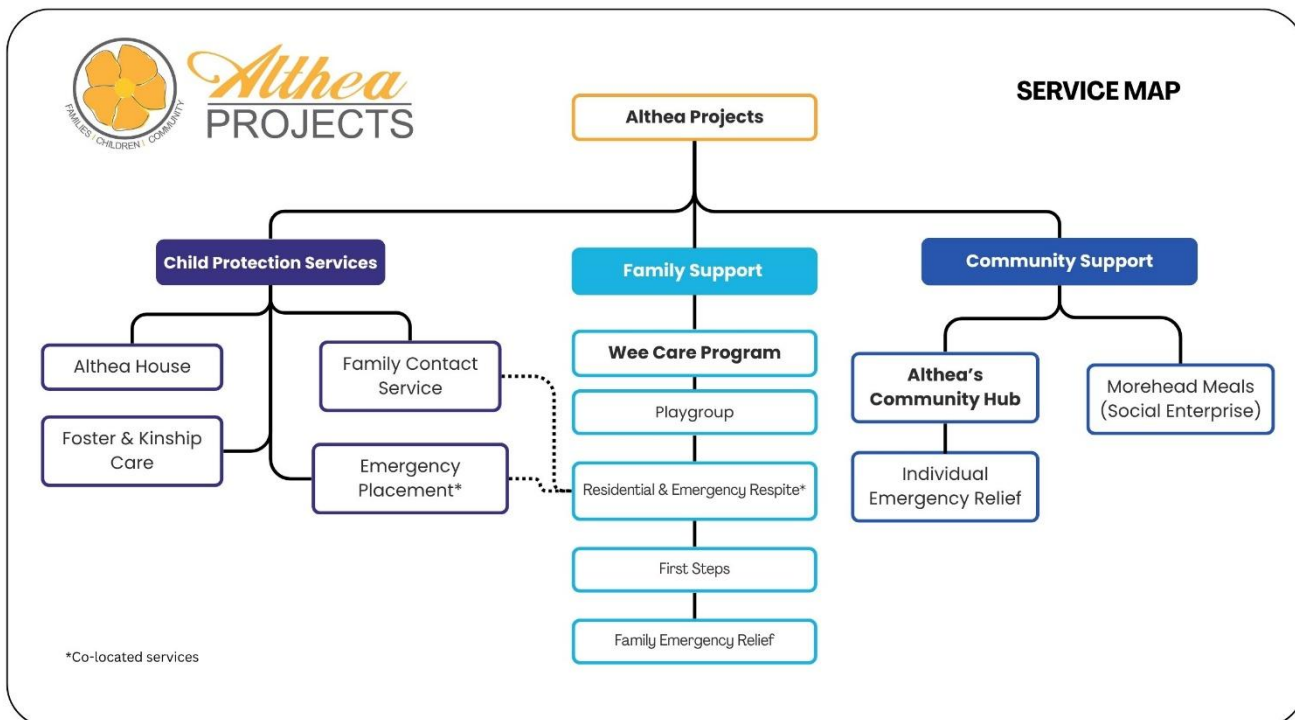
Shared Family Care was renamed Althea Foster & Kinship Program, the Townsville Drop In Centre was renamed Althea's Community Hub. The corporate office and AFKP moved to current location.

2023 *Althea House*

2024 *50th Anniversary*

WEE CARE PROGRAM OVERVIEW

The Wee Care Program is a core component of Althea Projects' Family Support offerings. A Theory of Change guides the delivery of the Wee Care Program and was developed to support in the operationalisation of our service framework and clearly articulate the Wee Care Program's goals and impacts (see Appendix 1 for details). At its heart the Wee Care Program is a prevention and early intervention model, however, the residential and emergency respite service does work alongside Althea Projects' Child Protection offerings through its co-location of emergency placements and family contact services.

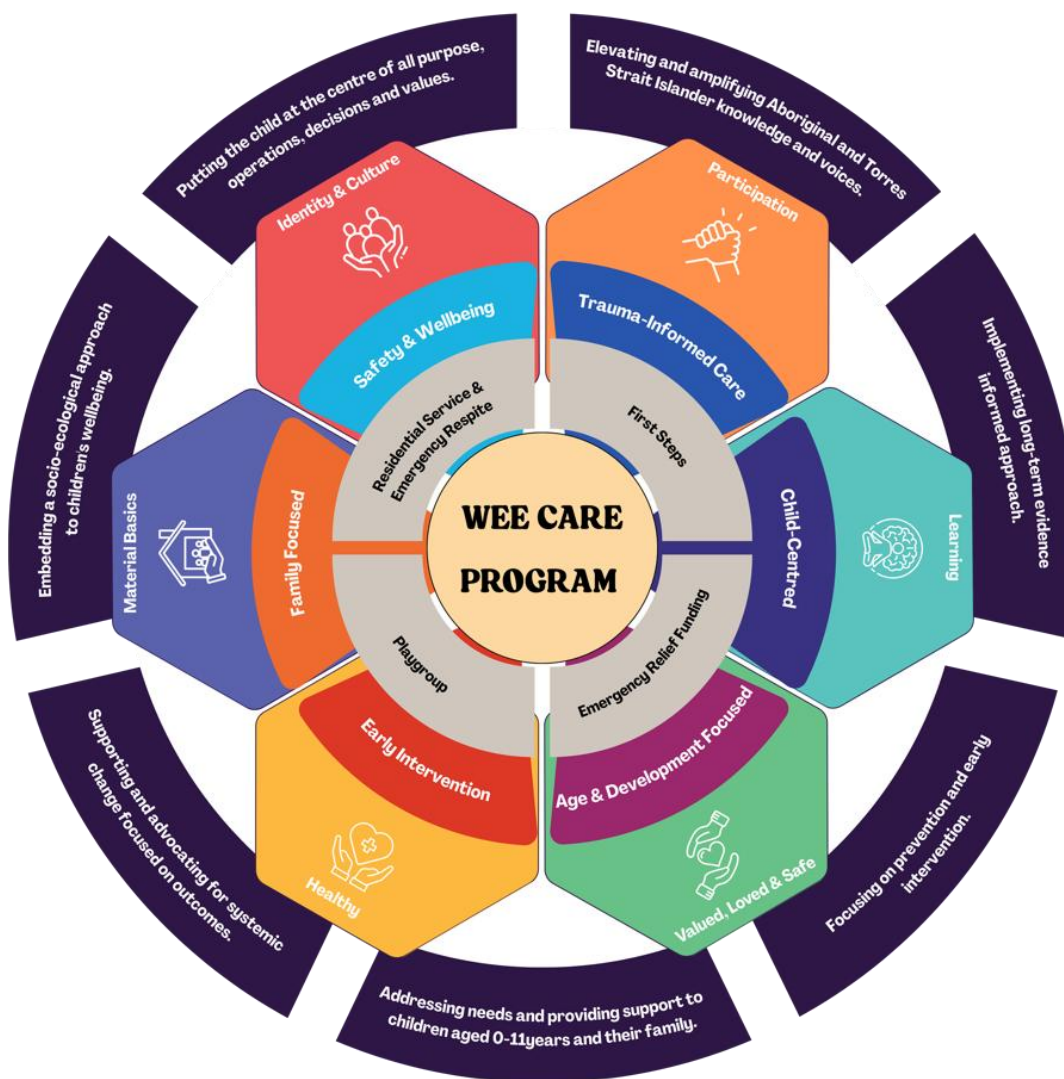


The Wee Care Program and its services are underpinned by our service framework that has been adapted from [ARACY's The Nest](#) initiative. It focuses on six interconnected domains, seven key commitments and six core principles.

Our services

The Wee Care Program delivers four services, including:

1. Wee Care residential service and emergency respite
2. First Steps
3. Playgroup
4. Emergency Relief funding



Wee Care Residential and Emergency Respite

Wee Care Residential (our foundational service) provides 24/7, short-term crisis, emergency and respite accommodation for children aged 0–11, including overnight and daytime stays. The service is government-funded by the Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) and free to families in need due to emergencies such as homelessness, hospitalisation, or other emergency situations.

The service is staffed with a minimum of two Direct Care Workers and aims to provide a ‘home away from home’ experience. It offers a nurturing, safe, and supportive environment where children’s emotional and physical needs are met through structured care, meals, activities, schooling support, and transport.

Access and referral to the Wee Care Residential Service is available to all families who are faced with an emergency and have been unable to arrange alternative care for their children. Referrals to the service predominantly come from self-referrals and community agencies, including Sera’s, the Townsville Hospital, Queensland Police Service (QPS), Relationships Australia, Churches of Christ, Red Cross, Act for Kids, Kirwan Health, TAIHS, the Women’s Centre, Family & Child Connect, Domestic Violence North Queensland (DVNQ), and Family Emergency Accommodation Townsville (FEAT). Due to the diversity of children’s experiences, the service is flexible and committed to meeting the individual needs of children and their families. The service also collaborates with community agencies and conducts family assessments to determine the most appropriate care arrangements.

First Steps

Through a strong commitment to collaboration and innovation, Althea Projects have co-designed (with the Department of Child Safety) the first mother and newborn baby assessment and support service in the North Queensland region.

First Steps is a coordinated 24/7 4-week service that provides a safe, secure and supportive post birth experience to mothers who require assistance to safely protect and parent their newborn baby. The model of care works in partnership with key stakeholders, including the Department of Child Safety, Queensland Health and a local Family Support Service. It is anticipated that First Steps will have a significant positive impact on the safety, welfare and wellbeing of children accessing the program.

This service is only available to those referred by the DFSDSCS and:

- Aims to aid in the prevention of newborn infants being removed from their mother, by the DFSDSCS, at The Townsville University Hospital (TUH).
- Has a strong focus on meaningful engagement with expectant mothers and their families to increase resilience.
- Provides opportunities for mothers to be able to develop safe parenting skills so that they can take their baby home with them.

There are numerous benefits to the safety and wellbeing of children and new mothers:

It is anticipated once a mother has satisfactorily completed the program, she will:

- Have improved parenting behaviours and emotional responses such as empathy and warmth.
- Be capable of providing a stimulating and safe environment for her child.
- Have access to people who can support her.
- Know how to access community resources and services to meet her family's needs.

It is anticipated that the baby will:

- Get the best possible start in life through the critical bonding phase after birth
- Be safe enough not to require statutory intervention.
- Have a nurturing relationship and attachment to their parent/s
- Be afforded an encouraging start to life, maximising on the potential to reach their full development
- Maintain their connection to family, their community, and their culture

It is anticipated that the program will also assist Aboriginal & Torres Strait Islander children and families through:

- Improving outcomes for Aboriginal & Torres Strait Islander families at risk of entering the statutory system.
- Reducing the intergenerational effects of child removal on parenting thus minimising multiple generations of families becoming involved in the child protection system.
- Preventing children and families being forced to relocate from their communities, cultural ties, and extended family due to child protection involvement.
- Supporting and maintaining family, community and cultural strengths that serve to protect children.
- Assisting families to develop child rearing approaches that are holistic, empowering and culturally inclusive.

Currently First Steps is not being delivered due to limitations in our infrastructure. We are actively working on ways we can expand our building to enable us to recommence this service that has proven outcomes in supporting young mothers and babies to build a meaning bond and in most instances continue to safely parent their children.

Playgroup

Our playgroup is affiliated with Play Matters Australia. The primary objective is to provide an educational, recreational and social playgroup in a discrimination free environment. We focus on meeting the needs of families, caregivers and children within our community whilst being responsive to their changing needs.

The playgroup provides caregivers and their children with a safe, friendly and stimulating environment. It has been designed to provide a balance between structured and unstructured, child initiated and adult supported experiences.

Playgroup is on every Thursday from 9.30am to 11.30am excluding school holidays and is open to parents/caregivers with children aged from birth to school age.

Emergency Relief Funding

Financial assistance is available through Emergency Relief Funding (ERF) to support and reduce personal financial hardship for individuals and families. ERF assists eligible people to deal with their immediate financial crisis in a way that maintains their dignity and encourages self-reliance. This may be following an emergency or loss of employment.

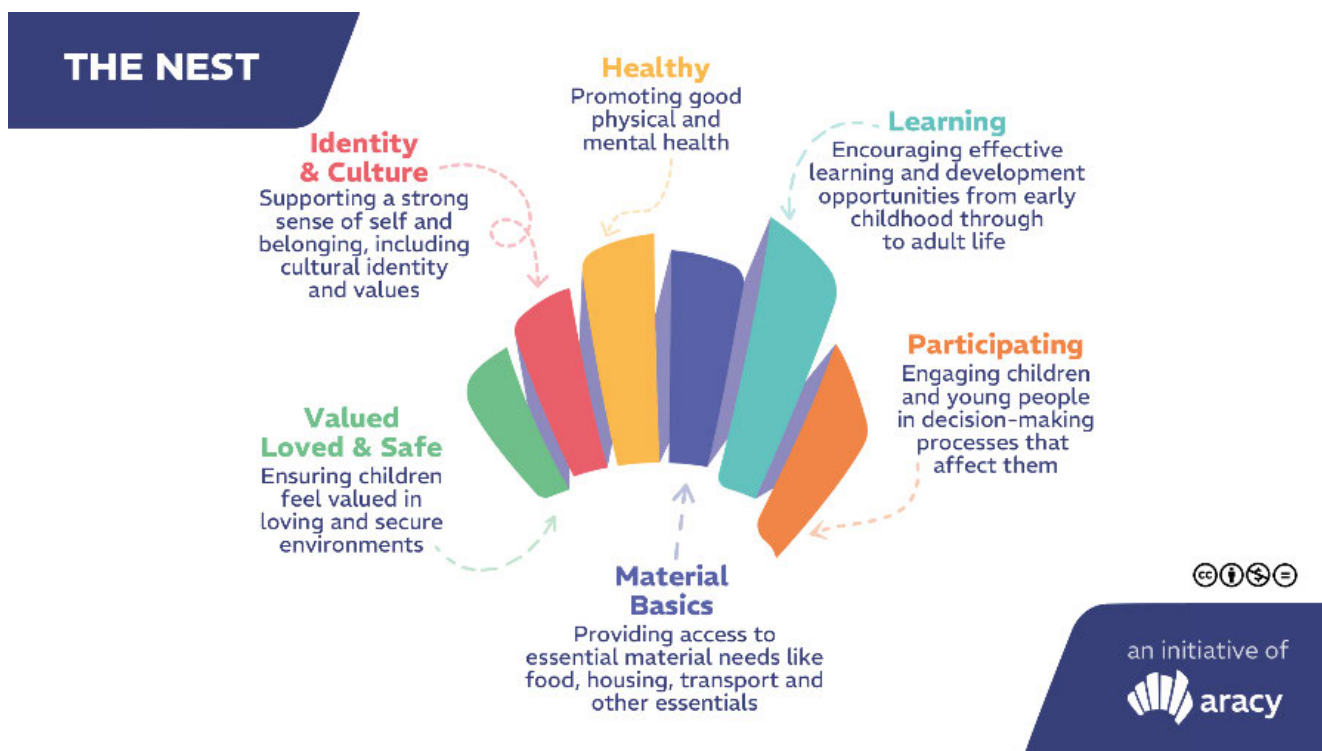
ERF is available to families who have a health care or concession card and are experiencing financial hardship. Assistance can include:

- Vouchers - food, fuel, transport etc.
- Assistance with rental arrears, accommodation, and utilities
- Material assistance - household goods, food parcels or clothing
- Budgeting, advocacy and referrals



Our Service Framework

Our service framework is adapted from The Nest, an ARACY initiative that provides an evidence-informed framework designed to enhance the wellbeing of all children.



Our focus is on six interconnected domains – **Identity and Culture, Healthy, Learning, Participating, Material Basics, and Valued, Loved and Safe** – that support families and children to enhance their capabilities, strengthen resilience, improve their social connectedness and have strong community engagement and support. These areas are critical in building social and emotional wellbeing.

Our service framework is founded on seven key commitments, including:

1. Putting the child at the centre of all purpose, operations, decisions and values.
2. Elevating and amplifying Aboriginal and Torres Strait Islander knowledge and voices.
3. Implementing long-term evidence informed approach.
4. Focusing on prevention and early intervention.
5. Addressing needs and providing support to children aged 0-11years and their family.
6. Supporting and advocating for systemic change focused on outcomes.
7. Embedding a socio-ecological approach to children's wellbeing.

Complementing these commitments and underpinning our service framework are the principles of:

- **Safety and wellbeing first** – the physical, emotional and psychological safety and wellbeing of children is our top priority and is at the centre of all our operations, services and practices.
- **Trauma-informed care** – we recognise the impact of trauma and embed understanding, empathy, and responsiveness throughout all our services and practices to avoid re-traumatisation and promote healing.

- **Child-centred approach** – the needs, rights and voices of children are at the heart of all decisions and practices. Our services are tailored to support their best interests and individual needs and development.
- **Family focused** – we engage and empower families as partners in care and recognise their central role in a child’s life and the importance of strengthening family capacity to nurture and protect children.
- **Prevention and early intervention** – we act early to identify and address the needs of children and families, reducing the escalation of issues, and promoting long-term positive outcomes through proactive and timely support.
- **Age and development focused** – we deliver services relevant, effective and aligned to a child’s age, developmental stage and evolving capacity.

Our Care Philosophy

Children thrive when our policies, programs, and systems support all families and communities according to their needs. We must make support available to children and families universally so that all children can thrive today and, in the future, emphasising and investing in prevention and intensive family and parent support services to strengthen parental capacity to provide a safe home environment.

Social, emotional and physical health and wellbeing are fundamental to children and their family’s current and future quality of life. Children that experience high levels of positive social and emotional wellbeing, are loved, safe and have positive family relationships, connections and support networks, are more likely to have a strong sense of identity and self-esteem, and demonstrate greater resilience to setbacks¹. Research confirms that building families’ capabilities, resilience and self-regulation, being socially connected, and having strong community engagement and support are all critical to building social and emotional wellbeing in both them and their children.

Programs structured to build individual self-regulation, resilience and capability have been shown to allow children to build social and emotional wellbeing to overcome adverse circumstances, leading to positive life outcomes. This is significant, as research concurs that poor outcomes are not a direct result of a single pathway, but rather an accumulation of risk factors, adversities and/or traumas that disrupt developmental pathways for children and families². As a result, preventive and early intervention strategies are needed to build resilience in children, recognising the important role that is played by families and communities. These strategies should include increased investment in

Our Vision:

A thriving, connected community where every child and family feels safe, supported and empowered.

Our Mission:

We are dedicated to strengthening families and keeping them together by providing child-centred, flexible services tailored to children and families’ needs. Through a strong focus on prevention and early intervention, we work collaboratively to enhance safety, promote wellbeing, celebrate the family unit and create a future where every child has the best possible start in life.

¹ Pg 97 - Australian Research Alliance for Children and Youth [ARACY]. (2014). *The Nest Action Agenda – Technical Document*. <https://www.aracy.org.au/wp-content/uploads/2024/10/The-Nest-technical-document-3.pdf>.

² Pg 98- Australian Research Alliance for Children and Youth [ARACY]. (2014). *The Nest Action Agenda – Technical Document*. <https://www.aracy.org.au/wp-content/uploads/2024/10/The-Nest-technical-document-3.pdf>.

parental support and development of parenting skills tailored to key life stages and transition points, targeted to families under stress.

Why children under 12 years?

Healthy child development is fundamentally shaped by the quality and stability of a child's relationships with caring and consistent adults. These early attachments, both within and beyond the family, form the foundation for brain development and a wide range of lifelong skills and outcomes. Secure and nurturing relationships foster emotional security, social competence, a strong sense of self and moral understanding. Research highlights that children experience their world through relationships, which influence all areas of development including intellectual, emotional, social, physical, behavioural and moral development. Positive early relationships are critical for later success in learning, mental health, social interaction, conflict resolution, and future parenting. In essence, relationships are the key drivers of healthy human development and provide a foundation for the skills and capabilities that children will use for a lifetime.

Working with children aged 0 to 11 years is crucial as this is the period when brain architecture - the foundation for all future learning, behaviour, and health - is being built. During these early years, the brain develops more rapidly than at any other time in life, forming the neural connections that support emotional regulation, cognitive skills, social development, and problem-solving abilities. We know that early experiences, both positive and negative, shape the structure of the brain.

Just like a house needs a strong foundation, children need stable, responsive relationships and rich learning environments to build strong, flexible brain architecture. If this foundation is weak or underdeveloped, it becomes much harder to support complex skills later in life. By working with children from birth through age 11, caregivers, educators, and communities can provide the nurturing interactions, safe environments, and stimulating experiences that strengthen brain development. This investment lays the groundwork for lifelong success and helps prevent future challenges in learning, behaviour, and health.



Working with children and families is about creating a comprehensive, supportive environment that prioritises the child's safety and wellbeing while also empowering and strengthening the family as a whole. In doing this, we support children to grow up in environments that foster health, happiness, and positive development. Our focus is on:

Holistic approaches to support: We recognise that a child's wellbeing is deeply influenced by their home environment and community. By working alongside families and the community we can address not only a child's immediate needs but also the broader family dynamics and issues that might be contributing to stress. Supporting the family as a whole helps create a more sustainable, positive environment for the child.

Prevention and early intervention: Families play a critical role in shaping a child's future. By supporting families, we can help promote greater wellbeing and inclusivity/connectedness in the community, prevent harm, educate parents about healthy parenting practices, and offer resources to address needs.

Strengthening family bonds: We aim to keep children and families together. By working with families, we help strengthen bonds and improve communication, ensuring children are supported and nurtured in their environment and community, rather than removed from it. This is the most beneficial scenario for a child's emotional and psychological well-being.

Empowerment and education: Many families might not fully understand what constitutes abuse or neglect, or they may struggle with parenting skills. We work with parents and caregivers to offer education, resources, and support that help parents build healthier, safer relationships with their children. This empowers families to create stable and nurturing environments.

Cultural sensitivity and relevance: Families have diverse cultural backgrounds, traditions, and values. Understanding the unique context of a family is important for providing effective support. We work alongside families and the community to tailor support in a way that is culturally sensitive and respects family values. This increases the likelihood of success.

Identifying underlying issues: Issues such as poverty, substance abuse, mental health problems, or domestic violence are often underlying causes of family stress and child neglect or abuse. Working directly with children and families allows us to identify these problems and connect the family to necessary services or interventions that can address concerns.

Promoting family resilience: Families can often overcome difficult circumstances with the right support. By focusing on family strengths, and offering access to community resources, we help families become more resilient, ultimately providing a stronger foundation for their children.

Collaborative caregiving: Effectively working with children and families involves collaborating with other support systems, such as schools, healthcare providers, and community organisations. We emphasise shared decision-making and a focus on child and family goals and values. We work together with the family's support system to enable a coordinated approach and create multiple points of support for the family, leading to better outcomes for children.

Appendix 1 – Wee Care Program’s Theory of Change

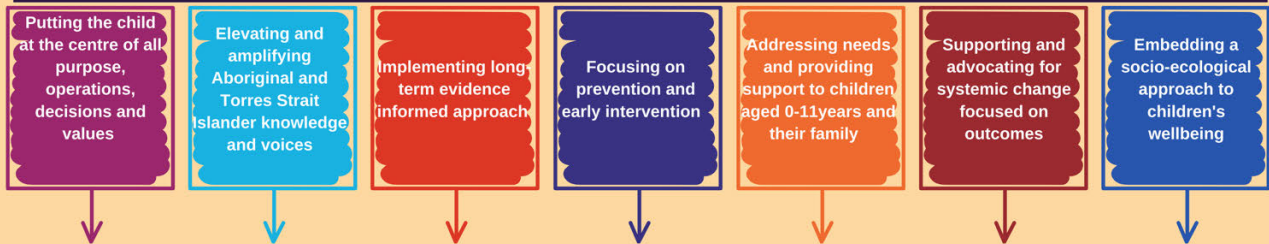


THEORY OF CHANGE

VISION: A thriving, connected community where every child and family feels safe, supported, and empowered.

MISSION: We are dedicated to strengthening families and keeping them together by providing child-centred, flexible services tailored to children and families’ needs. Through a strong focus on prevention and early intervention we work collaboratively to enhance safety, promote wellbeing, celebrate the family unit and create a future where every child has the best possible start in life.

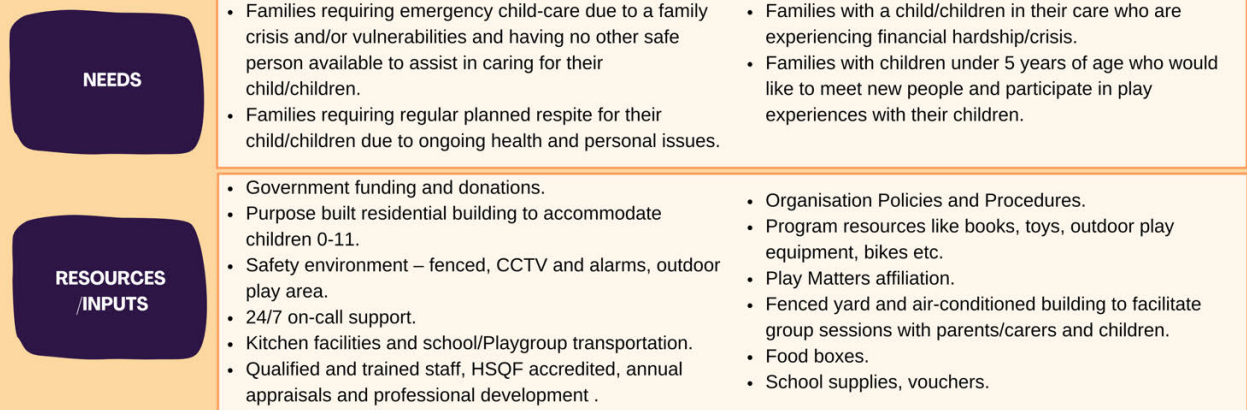
KEY COMMITMENTS



UNDERPINNING PRINCIPLES



CAUSES, NEEDS, RESOURCES



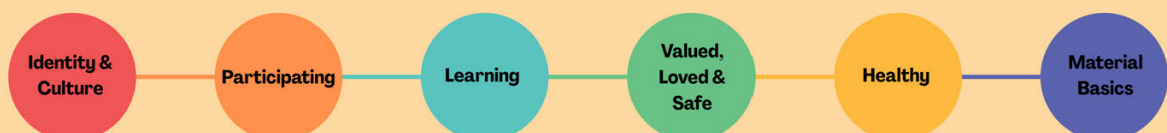
SERVICES




OUTPUTS

- Ongoing staff training to strengthen knowledge and skills to utilise informed child-centred and focused care practices.
- Care is age-appropriate to meet individual development that is tailored to needs; provides opportunities for creative, unstructured learning through play in a relaxed environment and ensures the environment is relaxed, safe, and neutral for both children and parents.
- Role modelling and information provided to families to improve knowledge about the needs of children; parents/carers are encouraged to support each other; referrals for further family support and planning are provided.
- Practical support resources and services to meet immediate basic needs of children and families.

DOMAINS



OUTCOMES

Key: Short Term Medium Term Long Term	Child	Family	Community
Identity & Culture 	<ul style="list-style-type: none"> • Sustained relationships with parents/family/siblings/kin. • Identity strengthening. • Positive cultural and spiritual identity. • Strong sense of self and belonging. 	<ul style="list-style-type: none"> • Sustained family cultural, religious or linguistic belonging and pride. • Safety in identity expression, regardless of gender, sexuality, culture or language. 	<ul style="list-style-type: none"> • Enhanced community and agency connections and networks. • Valued connection to community and culture.
Participating 	<ul style="list-style-type: none"> • Attachment building between adults and children through play and shared experiences. • Experiences provide greater adaptability to change for their future. • Development of new friendships/relationships. • Empowered to have a say and feels heard. • Engaged in decisions that affect them. 	<ul style="list-style-type: none"> • Greater connection to community and improved knowledge of available support networks and services. • Engagement in family traditions, activities and games. • Expression of views and decisions are valued and respected within the family. 	<ul style="list-style-type: none"> • Maintained/enhanced connection with community support networks and services. • Improved family connections and relationships, reducing impact to the community. • Engagement with friends and neighbours, engages in social gathering. • Involvement with peers and groups through various activities is encouraged.
Learning 	<ul style="list-style-type: none"> • Improved early childhood development and school readiness. • Goes to school or early education and enjoys learning. 	<ul style="list-style-type: none"> • Family values learning and quality time. 	<ul style="list-style-type: none"> • Individual learning needs and activities outside of school.
Valued, Loved & Safe 	<ul style="list-style-type: none"> • Diversion from statutory child protective services. • Healthy foundational building for relationships between child and parents. • Maintained/enhanced relationship and attachment with parent/carer. • Capability to build trusting and honest relationships with others. • Feels loved, secure, valued and protected. • Individual needs are addressed. 	<ul style="list-style-type: none"> • Supported to attend to own needs that affect parenting capacity. • Improved parental capacity to provide a safe home environment. • Improved child-parent relationship and attachment. • Positive family interactions and environmentally aware habits. • Feels secure and valued in their family and community relationships. • Learning needs are engaged and supported. 	<ul style="list-style-type: none"> • Improved home stability to keep families together. • Safe environment, neighbourhood and relationships. • Engaged in learning through various experiences within the classroom, home, and community.
Healthy 	<ul style="list-style-type: none"> • Immediate basic, safety and wellbeing needs are met. • Maintained/enhanced whole-of-family attachments. • Improved mental health and wellbeing. • Enhanced continuity of care through community and supporting agencies. • Emotionally and mentally well-supported, healthy eating and sleeping. 	<ul style="list-style-type: none"> • Reduced stress and improved whole-of-family attachment. • Developing understanding of developmental milestones. • Improved family wellbeing and supported in physical, social, emotional and cognitive development. • Sustained family mental and emotional health and healing from harmful experiences. 	<ul style="list-style-type: none"> • Key service gap filled through intermediary hosting service. • Enhanced continuity of care through community and supporting agencies. • Health and community services accessible and available to be used when needed. • Proactive management and prevention of potential or emerging physical, emotional, and mental health concerns.
Material Basics 	<ul style="list-style-type: none"> • Has suitable and secure access to housing, clothing and nutrients. • Has access to supplies for learning and engagement in school and outside activities. • Feels provided for and aware environment is protected. 	<ul style="list-style-type: none"> • Greater financial support and access to essential items and services. • Reduced financial pressure through immediate access to essential items/referral to services to maintain long-term budgeting and financial management supports. • Sustained self-sufficient access to essential items to meet family needs, including appropriate access to food and clothes. 	<ul style="list-style-type: none"> • Reduced impacts to the community through greater family financial stability. • Stable and suitable housing and access to transport and local services. • Access to supplies for appropriate engagement in community sports and activities.