**Social and Emotional Wellbeing Program**

**Funding Guidelines**

**2021-22 to 2022-23**

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# Social and Emotional Wellbeing Program Overview

## Summary

The Department of Seniors, Disability Services and Aboriginal and Torres Strait Islander Partnerships’ (Department) Local Thriving Communities (LTC) Social and Emotional Wellbeing Program (Program) leads the co-design of initiatives to strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander Queenslanders in accordance with the principles and objectives of LTC.

LTC is the Queensland Government’s response to the Queensland Productivity Commission’s inquiry into service delivery in the state’s 19 remote and discrete Aboriginal and Torres Strait Islander Communities.

Through LTC the Queensland Government seeks to build on a community’s strengths; embracing existing leadership structures including Indigenous councils and community leaders to enable Local Decision Making Bodies that will:

* influence the co-design and delivery of services
* ensure investment makes their community stronger
* maximise opportunities from local service and industry partnerships.

## Purpose of document

The ‘Social and Emotional Wellbeing Program Funding Guidelines’ set out the eligibility and assessment criteria that should be considered in determining whether to fund initiatives under the Program.

## Funding Sources

### Memorandum of Understanding

Under a Memorandum of Understanding (MoU) between the Department and the Queensland Mental Health Commission (QMHC), the QMHC is providing the Department with $1.5 million (excluding GST) to co-design initiatives to improve mental health and wellbeing in remote and discrete Aboriginal and Torres Strait Islander communities**.**

### Youth Mental Health Budget

The Queensland Government has allocated $5.37 million over four years for an Aboriginal and Torres Strait Islander youth mental health and suicide prevention program (Youth Mental Health Budget).

## Program Objectives and Indicators

The Program will achieve or contribute to the following objectives:

* The objective of MoU Schedule B to co-design initiatives to strengthen mental health, respond to problematic alcohol and other drug use, and reduce rates of suicide in a minimum of three early adopter remote and discrete communities.
* The objective of the Youth Mental Health Budget to support Aboriginal and Torres Strait Islander youth mental health and suicide prevention programs.
* The objectives and principles of LTC to influence and co-design the delivery of services, ensure investment makes communities stronger, and maximise opportunities from local service and industry partnerships.
* The objectives of the *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023* and Actions 2, 13 and 54 of *Every life: The Queensland Suicide Prevention Plan 2019–2029* which relate to community led, strengths based initiatives which support social and emotional wellbeing in the early years, from conception to primary school.
* The objectives of the *Statement of Commitment* to reframe the relationship between Aboriginal and Torres Strait Islander peoples and the Queensland Government, by doing things with Aboriginal and Torres Strait Islander peoples, and not ‘to them’.
* The objectives of *Our Way: A Generational Strategy for Aboriginal and Torres Strait Islander Children and Families 2017-2037* and Action 1.5 of the *Changing Tracks Action Plan for Aboriginal and Torres Strait Islander Children and Families 2020-2022* to deliver youth resilience and suicide prevention projects.
* Aligning to the Gayaa Dhuwi (Proud Spirit) Declaration, including embedding Aboriginal and Torres Strait Islander leadership and concepts of social and emotional wellbeing in service design, delivery and evaluation.
* The objectives of the National Agreement on Closing the Gap, particularly Outcome 14, that Aboriginal and Torres Strait Islander peoples enjoy high levels of social and emotional wellbeing.
* Our Future State: Advancing Queensland’s Priorities, particularly the ‘Keeping Queenslanders Healthy’ target to halve Queensland’s suicide rate between 2016 and 2026.

## Governance

### Project approval

The Director-General is the Accountable Officer responsible for the financial functions indicated

under the *Financial Accountability Act 2009* (Qld) and *Financial and Performance Management Standard 2019*.

Project commencement approval for initiatives funded from the Youth Mental Health Budget and MoU rests with the Director-General, in accordance with financial delegations.

### Memorandum of Understanding - Specific governance arrangements

The MoU states that the Department will lead initiatives under the governance of LTC in consultation with the Local Decision Making Body (LDMB) in each community and will manage ongoing relationships with participating Aboriginal and Torres Strait Islander communities (section 2.1, Schedule B).

The MoU also states that the Department and the QMHC are equal partners in the oversight of the initiative. The QMHC will provide expertise on the alignment of priorities to Shifting Minds and the Department will provide both the cultural lens and expertise in relation to alignment with the intent of the LTC reform (section 2.2, Schedule B).

### Expert Panel

The Department will establish an Expert Panel to assess EOIs and award grants funding. The Expert Panel will comprise departmental and interagency expertise, community leadership, and perspectives of lived experience and may include regional officers, the QMHC and Queensland Health.

The Expert Panel will provide advice to the Department to guide the development, implementation, and evaluation of initiatives funded from the Youth Mental Health Budget and MoU. This will enable the Department to leverage community and cross-sectoral expertise, data, and perspectives of lived experience to deliver evidence-based, high-impact and replicable projects that are culturally safe and achieve the mental health and wellbeing priorities identified by community.

# Funding Guidelines

The following criteria should be used to guide an assessment of potential initiatives funded from the MoU and Youth Mental Health Budget.

## Eligibility Criteria

To be eligible for MoU or Youth Mental Health Budget funding an entity should comply with the following requirements:

1. Not duplicate existing funding for the same service or period;
2. Be a registered business and have an Australian Business Number;
3. Hold public liability insurance to the value of not less than $10 million, or provide evidence of plans to obtain insurance to the value of not less than $10 million to cover the proposed project;
4. Be capable of delivering services in Queensland within stated timeframes; and
5. Be one of the following entity types:
   1. a company incorporated in Australia;
   2. a company incorporated by guarantee;
   3. an incorporated trustee on behalf of a trust;
   4. an incorporated association;
   5. a partnership;
   6. an entity auspiced by an eligible organisation;
   7. a registered charity or not-for-profit organisation;
   8. local government body; or
   9. a consortium.

## Assessment Criteria

In assessing the appropriateness of funding an initiative under the MoU or Youth Mental Health Budget consideration should be given to the criteria below, noting that to be eligible for funding under Schedule B of the MoUan initiative must comply with the terms set out under the MoU.

Following an EOI process, the Expert Panel would score performance against these criteria.

1. **Budget**

The Social and Emotional Wellbeing Program has sufficient budget to support the initiative.

1. **Location**

***MoU***

* + 1. *Communities with an emerging LDMB (previously known as ‘early adopter’ communities), section 1.1 Schedule B, MoU; and*

The initiative is targeted at Aboriginal and Torres Strait Islander communities with an emerging LDMB, in accordance with section 1.1 of Schedule B.

The Department should consider how far a community has progressed with local decision-making as part of LTC. Communities that are advanced with local decision-making as part of LTC will be prioritised for the purposes of section 1.1.

* + 1. *Community internal capacity and readiness, section 1.2 Schedule B, MoU.*

In addition to being a community with an emerging LDMB, the community must also have sufficient internal capacity and community readiness to deliver the objectives of the MoU, in accordance with section 1.2 of Schedule B.

Advice should be sought from the LDMB, community representative group, community members, Councils, regional officers, or Queensland Government stakeholders to assess community readiness and internal capacity.

***Youth Mental Health Budget***

1. *Community-specific initiatives; or*

Initiatives are targeted at Aboriginal and Torres Strait Islander young people within specific communities across Queensland, including urban, regional, remote and discrete communities.

1. *State-wide initiatives*

Initiatives broadly influence or impact Aboriginal and Torres Strait Islander young people across Queensland.

1. **Alignment with LTC**

The initiative furthers the objectives of LTC, which is evidenced by for example:

* A commitment to work in partnership and co-design initiatives with the LDMB, community representative group, or Aboriginal and Torres Strait Islander community members, community organisations, Council, and state and federal governments.
* Support for community leadership and capacity development.
* Support to identify or uphold community aspirations and priorities.
* A commitment to upholding the principles of LTC, such as mutual respect, high expectation relationships, and self-determination.

1. **Alignment with Program objectives**

The initiative aligns to, will achieve, or will contribute to the Program objectives outlined in section 1.4.

1. **Robust planning, design and governance mechanisms**

The robust planning and design of the initiative is evidenced by, for example:

* A clearly articulated initiative and proposed outcomes.
* Strong evidence of LDMB, community and lived experience engagement in design.
* Strong evidence of LDMB support.
* An evidence-informed approach to identification and selection of the initiative.
* Consideration of the sustainability, adaptability, and scalability of the initiative past the funding period.
* Consideration of partnerships and service integration with other related activity, including across sectors, at the local and regional level.
* Consideration of project leadership by a community-based organisation or implementation by a majority community-based workforce.
* Compliance with Queensland Government and departmental legislation and policies.
* Clear and defined governance arrangements that provide the capacity to monitor and report on the progress and achievement of deliverables; manage and mitigate risks; and be financially accountable.
* Appropriate internal capacity and readiness to deliver the initiative and meet the deliverables under the MoU, evidenced by indicators such as appropriate staffing, governance, financial controls, data capture, previous work and outcomes.

1. **Effective in strengthening social and emotional wellbeing**

The following factors may be considered when assessing whether an initiative is likely to be effective in strengthening social and emotional wellbeing:

* The initiative upholds the principles of the Gayaa Dhuwi (‘Proud Spirit’) Declaration.
* The initiative is culturally safe and promotes culture as a protective factor to support social and emotional wellbeing.
* The initiative is informed by the perspectives of people with a lived experience.
* The initiative adopts evidence-based, best practice approaches such as recommendations of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.
* The initiative helps address intergenerational trauma and/or adverse childhood experiences.
* The initiative demonstrates capacity to enable monitoring, continuous improvement and evaluation.

## Identification of Priority Communities and Locations

The Department should have regard to the following when identifying priority communities or locations for targeted funding:

* Consultation with the LDMB or community representative group
* Progress with local decision-making as part of LTC
* Consultation with community members
* Consultation with Councils
* Consultation with regional officers
* Consultation with the QMHC as the funding body
* Consultation with the Expert Panel
* Communities with high social and emotional wellbeing needs which may be evidenced by data relating to:
  + social and economic determinants
  + health and wellbeing status including alcohol-related mortality, suicide and self-harm rates, hospitalisation rates for mental and behavioural disorders, and hospitalisation rates for psychoactive substance use