



Communities
& Justice

Family Preservation

DCJ Program Interim Program Service Specifications 2021

1 June 2021



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This document supplements:

- Brighter Futures Service Provision Guidelines, Version 12.1 July 2017 Final
- IFP Service Provision Guidelines, September 2016
- FACS IFBS Service Provision Guidelines (For CSCs) October 2013
- NGO IFBS Service Provision Guidelines (Part-1), 2013
- NGO IFBS Service Provision Guidelines (Part 2) 2013
- Youth Hope Service Provision Guidelines

This document supplements

- Program requirements:
- Functional Family Therapy – Child Welfare (FFT-CW) – low track
 - Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®)
 - Functional Family Therapy – Child Welfare (FFT-CW) high track
 - Resilient Families
 - Nabu Demonstration Project

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1. Purpose

1.1 Family preservation and restoration

Family preservation is the work that's done to keep families together. This involves providing interventions and activities that strengthen families.

Family restoration is reuniting children or young people with their parents or kin when it is safe for them to return home.

DCJ and service providers work with parents and children and young people with the aim to keep families together. Family preservation is an early intervention. The family preservation service system is funded to deliver supports to help keep children and young people safely at home with their families.

Family preservation programs are voluntary. The only exception to this is where family preservation services are linked to the statutory system and the case plan goal for the family is restoration.

1.2 Family preservation system

The family preservation system has been recommissioned to bring all services together into a single, integrated system with three program streams. These Program Specifications provide an overview of the three streams and the future state of the family preservation program:

1. Family Preservation
2. Intensive Family Preservation
3. Aboriginal Intensive Family Preservation

Note: Aboriginal families may receive services from all three service streams.

This is the first phase of a three-year improvement program.

1.3 Programs prior to 1 July 2021

Family preservation was delivered by the following programs:

- Brighter Futures (BF) (including SafeCare and Voices & Choices)
- Youth Hope (YH)
- Intensive Family Preservation (IFP)
- Intensive Family Based Services (IFBS)
- Non-Placement Services (NPS)
- Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)
- Functional Family Therapy through Child Welfare (FFT-CW) (high track)
- Functional Family Therapy through Child Welfare (FFT-CW) (low track)
- Resilient Families

- Nabu Demonstration Project

1.4 Purpose of the Specifications

The purpose of these specifications is to outline the required activities and expected outcomes of the new family preservation system.

This is a living document and will continue to be updated as we work together to recommission the family preservation service system. They guide service delivery by:

- Providing consistent and clear guidance of key operational and policy requirements involved in delivering family preservation programs by the DCJ contracted service providers, DCJ practitioners, and DCJ contract managers.
- Defining the roles, responsibilities and the working relationship between DCJ and contracted service providers, DCJ practitioners and DCJ contract managers and service providers.
- Clarifying the differences between current and future roles and responsibilities.
- Aligning contract management and individual decisions for children and young people and their families.

1.5 Human Services Agreements (HSA)

Contracts will be provided to service providers under the Human Service Agreement (HSA). Service providers should refer to Clause 4 of the Supplementary Conditions of the HSA Schedule for further information about service providers' responsibility to comply with the Program Specification.

1.6 Service Provision Guidelines (SPG)

Service Provision Guidelines (SPG) will be developed for each program stream during 2021-22. These will outline more information to support the delivery of services to children and families and supplement this document.

SPGs outline the key policy and operational requirements for a non-government service provider to deliver the program and contain more granular details.

2. Recommissioning process

The recommissioning process for family preservation will phase in service improvements and align and integrate multiple programs across the service system. Stage one, where services are recontracted under the new program streams, sets the foundation for system improvements. Phase 2 occurs over the next three years and will enable DCJ and service providers to work together to build the new system. Milestones have been built into new contracts to enable service providers the opportunity to plan for and implement service improvement.

2.1 Phase 1: to 30 June 2021

This stage involves setting up the foundation of a redesigned service system, consultation, bringing together multiple programs into a single system structure, changes to program age eligibility and recontracting.

The contract for July 2021-June 2024 enables each stream and organisation to be funded for the same service intensity, and number of places that it has always provided. DCJ is seeking to maintain current overall service levels across NSW through this recommissioning process. Should any service volume changes be required prior to then, these will be negotiated between Districts and providers and phased in over time.

2.2 Phase 2: 1 July 2021 to 30 June 2024

This stage involves more of the longer-term and systemic changes to family preservation programs that will be developed in partnership with DCJ and the sector. This includes development of referral, data collection and reporting infrastructure, Service Change Plans and negotiations to uplift Aboriginal service delivery. A review of the resource allocation model (RAM) for family preservation resources will also be undertaken during this contract period, including analysis of demand and current service provision levels across NSW. The review will identify inequity that has developed overtime and put forward options to address these in contracts from 1 July 2024. Services will be contracted from 1 July 2024 via a recommissioning process, enabling the revised RAM to be implemented.

DCJ does not require services to implement changes to current service delivery from 1 July 2021. The negotiation process establishes a staged schedule of changes over the contracted period allowing outcomes to be delivered to clients while growing the service in a sustainable and manageable way. This is a three-year process of gradual system improvements.

It is also critical that further consultation is undertaken to support service change. It is particularly important that consultation is undertaken to develop the Aboriginal family preservation program stream, noting that this will include providers currently delivering Intensive Family Based Services, Brighter Futures and Intensive Family Support Services, and we are seeking to develop a more flexible approach. This program stream will be co-designed with the Aboriginal sector, peaks and stakeholders.

2.3 Systems improvement

Service improvements revolve around a redeveloped single service model which has the flexibility to support clients through a continuum of care. This would involve but not limited to the:

- Harmonisation of all family preservation programs, bought together into the three streams.
 - Family preservation – medium intensity services
 - Intensive family preservation - high intensity services
 - Aboriginal family preservation – medium to high intensity services
- The steamed system will offer a simplified continuum of care ranging from medium to high intensity with tapering supports to meet families' complex and changing needs.
- Introduction of simplified eligibility criterion, including broadening of age cohorts

- Development of a system that is outcomes focused and linked to an identified core program components approach, proven to address risk of abuse and neglect.
- Introduction of therapeutic program components across services in order to treat traumas commonly found in children at Risk of Significant Harm (ROSH).
- Development of a more robust service demand and cost model to be used for improved service planning, equitable allocation of resources, value for money and budget management.
- Design and implementation of a system wide data collection and reporting improvement initiative, feeding back results on outcome achievement for further system refinement

These changes aim to re-develop the service model to focus on outcomes sought through evidence informed program components known to mitigate risks of abuse and neglect and improve child safety, welfare and wellbeing. It builds on current practices and efforts already demonstrated by the sector.

2.4 Expanding services to all age cohorts

There are already some service providers that deliver services to all age cohorts for example; IFP Providers. Other providers deliver services across all cohorts through the delivery of multiple programs such as Brighter Futures and Youth Hope. DCJ acknowledges that for those who have historically provided services to a more specific age range, time may be required to expand internal skills and capacity to permit effective service to a different age cohort. Transition arrangements and milestones will form part of the District provider negotiation process and HSA milestone agreements

3. Vision for the future state

The table below contains the framework of the future state of the family preservation service. Over the next three years, services will transition to the future state and all streams will revise and align their Service Program Guidelines (SPG) to this vision.

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Principles	Outcomes-focused:	Responsive:	Integrated:	Evidence -based:	Inclusive:
	Services deliver clear wellbeing, restoration and permanency outcomes	Tiered levels of intensive supports can be staged across a continuum of care to meet changing needs	Supports can be selected and prioritised to meet families' specific needs	Core program components are based on growing evidence of what works for who	Services are culturally safe and appropriate for families' needs
Vision	a responsive service system that enables parents to create a safe, nurturing home for their children				
Objectives	<ul style="list-style-type: none"> • More children and young people remain safely at home and in their communities • More children and young people are healthy, thriving and have improved long-term outcomes • Vulnerable families can access the right supports at the right time • The system can respond to a variety of complex needs across all areas of safety and wellbeing 				
We will know the system is working when	Root causes of risk to children are addressed early enough to prevent escalation of harm	Fewer children and young people are reported at ROSH, and fewer are entering OOHC	Families can access ongoing supports that foster recovery and transform behaviour	Parents make significant progress in changing circumstances and addressing risk factors	Family relationships are strengthened, and behavioural patterns are improved
	Therapeutic and specialist supports are available to address complex needs	The right intensity of supports is available at the right time as circumstances change	Families have a strong engagement with workers and services	We know what works best for different families and different needs	Families are supported via a strengths-based and empowering approach
	Resources prioritised for families with the greatest need. Total costs are managed within budget	Vulnerable families can access culturally appropriate services within their community	Core program components delivered in a standardised way across providers and communities	Providers are incentivised towards clear client outcomes	Services are cost effective and offer value for money
Outcomes	Children and young people can remain safely at home and in their communities	Fewer risk of significant harm reports and fewer entries into OOHC	Family relationships are strengthened, and behavioural patterns are improved	People feel a sense of connection and belonging to their families, cultures and communities	There is a strong evidence base and we know what service components are required to respond to differing needs
Enablers	Centralised intake, needs assessment, core program components, connected practice	Equitable resource allocation, service demand and costing analysis	Localised commissioning	Evaluation and outcomes monitoring, contract management	Quality and performance management

4.1 Background

The Family Preservation service is a mixed array of programs that has evolved over time through a succession of government initiatives. A diverse and experienced market has emerged, however the system is fragmented and not leveraged to maximise outcomes.

Evidence and results to date indicate that family support services have a positive impact on outcomes for children and families, and may reduce child protection reports, entries to out-of-home care (OOHC), OOHC placement breakdowns and the use of high cost temporary emergency OOHC placements. This approach to recommissioning focuses on the need to collect comparative outcomes data, build the evidence base for what works, and scale up successful programs.

5. Legislative framework

Services are delivered in accordance with the Children and Young Persons (Care and Protection) Act 1998¹ and the Community Welfare Act 1987 and associated regulations². This requires DCJ and service providers to work with families and the wider community to minimise the risk of significant harm (ROSH) to children and young people.

Provided it can be achieved safely, DCJ's priority is to:

- Keep families together – family preservation
- Support family reunification – restoration
- Maintain placement stability and relational permanency – placement preservation

Providers must also comply with other relevant legislation such as the *Public Finance & Audit Act 1983*³, *Privacy, and Personal Information Protection Act 1998*⁴.

6. Policy context

Family preservation aligns with and aims to support achievement of DCJ mission:

- All children deserve a safe and stable home for life.
- We are committed to the safety and wellbeing of children and young people and protecting them from risk of harm, abuse and neglect.

Family preservation aligns with DCJ goals to enable:

- Aboriginal children, families and communities to thrive
- People to be in charge of their own lives and feel a real sense of choice and control

¹ <https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-157>

² <https://legislation.nsw.gov.au/view/whole/html/inforce/current/act-1987-052>

³ <https://legislation.nsw.gov.au/view/html/inforce/current/act-1983-152>

⁴ <https://legislation.nsw.gov.au/view/html/inforce/current/act-1998-133>

- More children to live safely at home with their families
- More people have safe, stable places to live
- Staff both DCJ and contracted service providers are supported to do well in their roles to empower parents and families to change their own lives

Research highlights the importance of early intervention, including social, economic, health, and developmental support services for both children and families who become known to the child protection system, from the antenatal period through early childhood.

6.2 Human Services Outcomes Framework

The Human Services Outcomes Framework⁵ provides a way to understand and measure the extent to which DCJ makes a long-term positive difference to people’s lives and enables us to build evidence of what works in improving wellbeing.

The framework sets out the population outcomes the NSW Government seeks to achieve in the delivery of human services.

The Framework is a cross-agency framework, which specifies seven wellbeing outcomes for the NSW population:

- Safety – people are able to be safe
- Home – have a safe and affordable place to live
- Economy - people are able to contribute to, and benefit from, our economy
- Health – people are able to live a healthy life
- Education and skills – people are able to learn, contribute and achieve
- Social and community – people are able to participate and feel culturally and socially connected
- Empowerment - people and communities are able to contribute to decision-making that affects them and live fulfilling lives.

7. Program overview

7.1 Objectives

The objectives of family preservation programs are:

- More children and young people remain safely at home with their families and in their communities
- More children and young people are healthy, thriving and have improved long-term outcomes
- Vulnerable families can access the right supports at the right time

⁵ <https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework>

- The system can respond to a variety of complex needs across all areas of safety and wellbeing.

7.2 Vision

A responsive service system that enables and supports parents to create a safe, nurturing home for children and young people.

7.3 Aim

The primary aim of family preservation programs is to enable children and young people to remain living safely at home wherever possible and prevent unnecessary out of home care (OOHC) placement. In order to do so, the programs focus on improving child and family functioning and enabling families to access appropriate social and practical support.

Some programs; IFBS, MST-CAN⁶ and FFT-CW⁷ provide family preservation and restoration programs to assist children to return home

7.4 Risk factors

Research findings indicate that families with children and young people who are at risk of entering care often experience multiple risk factors that increase the likelihood of child abuse/neglect, these can include:

- parent/carer alcohol and other drug (AOD) misuse
- parent/carer mental health needs
- issues relating to the disability of the parent/carer
- domestic and family violence (DFV)
- child and young person behaviour and/or mental health issues
- child and young person disability related issues
- impacts of intergenerational and cultural trauma.

7.5 Mechanisms of change

DCJ and contracted service providers will make every effort to ensure families receive the right mix of supports at the right time. Providing effective interventions and activities based on need reduces vulnerability, de-escalate risk, and improves all areas of child safety welfare and wellbeing.

For children and young people to develop healthily they need stability. There are circumstances like poverty, health problems and stress that can make it harder for parents to navigate family life and provide stability for their children. We can help parents by providing child and young person behaviour and/or mental health issues⁸, services and supports s like counselling, childcare, and assistance with housing and food. These provisions not only offer safety and protection during difficult times, but also makes life easier and helps children and young people to thrive⁹. Families

⁶<https://www.theirfuturesmatter.nsw.gov.au/our-initiatives/mst-can>

⁷ <https://theirfuturesmatter.nsw.gov.au/our-initiatives/fft-cw>

⁸Australian Institute of Health and Wellbeing (AIHW) - Risk and protective factors for child abuse and neglect

⁹ <https://www.parentingrc.org.au/wp-content/uploads/Talking-about-the-Science-of-Parenting.pdf>

receive wrap around supports that provide the necessary services required for the family for example through advocacy and interagency referral to mother craft nurses to support their children.

The mechanisms of change to support families to raise healthy and thriving children and young people include:

- Supporting family members to address traumatic experiences
- Supporting family to mitigate environmental stress factors
- Providing wrap around supports to family so children and young people have healthy development¹⁰
- Assisting parents to support their children¹¹
- Giving voice and choice to families
- Providing the family with interventions that builds self-regulation, capacity, and capability
- Building a support system around the family
- Resolving trauma including inter-generational trauma experienced by families, particularly Aboriginal families
- Supporting families to rebuild connection to extended family, culture¹² and community
- Supporting families to problem solve and respond to issues as they arise.

7.6 Specific outcomes

The primary outcome of the family preservation service system is to keep children and young people within their safe and stable family by improving family functioning, reducing risk, and safety concerns so they can have a healthy development.

To raise healthy and thriving children, parents need better support to achieve healthy developmental outcomes to make sure that all children grow up in conditions that enable them to do well¹³.

The voluntary programs focus on preventing vulnerable children from entering the child protection system.

This outcome is in alignment with the Premier's Priorities to decrease the proportion of children and young people re-reported at risk of significant harm by 20 per cent by 2023 and improved safety, welfare and wellbeing of children and young people¹⁴.

The following activities support healthy development, stability and improved family functioning for children and young people:

- strengthened family bonds
- increased family safety

¹⁰ <https://aifs.gov.au/cfca/2019/04/02/talking-about-parenting-why-radical-communications-shift-needed-drive-better-outcomes>

¹¹ <https://aifs.gov.au/cfca/2019/04/02/talking-about-parenting-why-radical-communications-shift-needed-drive-better-outcomes>

¹² <https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

¹³ <https://www.parentingrc.org.au/w-p-content/uploads/Talking-about-the-Science-of-Parenting.pdf>

¹⁴ <https://www.nsw.gov.au/premiers-priorities/protecting-our-most-vulnerable-children>

- reduced family conflict
- increased parenting skills
- safer household living conditions
- development of appropriate and sustainable household routines
- expanded and enduring social, familial and community connection, networks and support for families
- increased parental problem solving
- increased parental budgeting skills
- increased self-regulation capacity and capability (parents and children)
- parents supporting children to meet developmental milestones

7.7 Principles

The principles of the family preservation service system include the following:

Outcomes focused - services deliver wellbeing, restoration and permanency outcomes.

Responsive - Tiered levels of intensive supports can be staged across a continuum of care to meet changing needs and provide seamless and flexible service provision.

The family preservation system is child and family centred. Services are delivered with a focus on the following principles:

Seamless – a coordinated and consistent approach that provides a seamless experience for the child, young person and their family as they progress through the system from entry and to exit.

Flexible – a system of practice that recognises flexibility is required to support individual and cultural needs of the child, young person and family, and to meet the needs of families who need different timing, intensity and frequency of services as their circumstances change. Supports can be selected and prioritised to meet family’s specific needs.

Evidence-based - Core program components are based on growing evidence of what works for who.

Inclusive - Services are culturally safe and appropriate for families need. Under the Anti-Discrimination Act 1977¹⁵, DCJ and contracted service providers does not discriminate against any family, child and young person based on disability, race, gender or sexuality.

8. Mechanisms of change

8.1 NSW Practice Framework

The NSW Practice Framework¹⁶ and associated standards shapes the way DCJ staff work with children and young people and their families who are in contact with the child protection system. The framework provides principles that can be applied more broadly to inform practice. DCJ will

¹⁵ <https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1977-048>

¹⁶ <https://www.facs.nsw.gov.au/providers/children-families/child-protection-services/practice-framework>

work in partnership with service providers to consider how the Practice Framework can be incorporated to support the delivery of family preservation services.

The NSW Practice Principles¹⁷ include:

- Culture is ever-present: We respect all cultures. We are deeply sorry about the impact of the Stolen Generations. Being sorry means, we are committed to making sure we do not repeat past injustices.
- Language impacts on practice: We will speak to families with respect, and about them as if they were in the room.
- Relationships create change and restore dignity: It is our job to build relationships that connect families and children. We persist and take responsibility for the quality of the relationships we form.
- Critique leads to improved practice: We are open to the possibility that we may not always get it right and we will be courageous in giving feedback to, and accepting alternative views from families, carers, agency partners and colleagues.
- Ethics and values are integral to good practice: We work to put ourselves in the shoes of those we are here to help; our skill base and integrity is as useful to children and young people as our statutory power

8.2 Trauma informed practice

The family preservation service is guided by the provision of therapeutic and trauma-informed care as set out in the NSW Therapeutic Care Framework¹⁸.

9. Aboriginal children and families in child protection and OOHC systems in NSW

Aboriginal children and young people are over-represented in the child protection and OOHC systems in New South Wales (NSW)¹⁹. The reasons behind the over-representation are varied and complex. Among these, and of significance, are the impact of colonisation on Aboriginal people and the systemic dispossession of Aboriginal people of their land, children, identity and culture by past government policies.

The over representation can only be understood in this historical context, with full acknowledgement of the intergenerational trauma and associated cycle of abuse and neglect that continues to impact many Aboriginal people today.

The impact of trauma and racism can result in Aboriginal people under-utilising services due to past negative experiences. As a result, help seeking may be delayed until situations become

¹⁷ <https://www.facs.nsw.gov.au/download?file=650015>

¹⁸ <https://www.facs.nsw.gov.au/about/reforms/NSWPF/nsw-therapeutic-care>

¹⁹ https://www.familyisculture.nsw.gov.au/__data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf

severe, exacerbating past traumas, and maintaining Aboriginal families in a 'perpetual state of crisis'²⁰.

All services must be welcoming of, and equipped to support, Aboriginal children and families to prevent the entry of Aboriginal children and young people into care. This includes supporting families to address the underlying causes of risk (including generational trauma, marginalisation and disadvantage associated with colonisation)²¹.

9.1 Principles for the delivery of culturally appropriate programs for Aboriginal people

Service providers must engage proactive efforts to strengthen families, minimise the incidence of harm and foster resilience for Aboriginal children and their families, taking proactive steps to minimise disruption and disconnection experienced by Aboriginal children because of statutory intervention.

Culture is critical to the lifelong wellbeing of Aboriginal children and young people, strengthening identity, belonging and sense of purpose, and all systems, processes and practices underpinned by this, including through meaningful care and cultural support planning²².

Aboriginal families access all family preservation services and providers must ensure the following guiding principles (developed by SNAICC for the delivery of culturally appropriate interventions) are implemented in practice²³:

Recognition of the ongoing impact on Aboriginal families of policy and practices in previous generations that separated children from their families, and families from their lands and country.

- Acceptance that trust and honest dialogue between governments and communities and a shared commitment to finding solutions is an essential starting point to building an effective and integrated child and family wellbeing system.
- Respect for Aboriginal child rearing practices, cultures, diversity and the importance of family in culture as a central tenet of service provision.
- Recognition of the need to build family capacity and responsibility as the most important life-long support system for Aboriginal children.

Recognition that family is the foundation of the social, cultural and emotional infrastructure of Aboriginal development.

- Recognition of the value of family and community-based decision-making regarding the children.
- Commitment to re-building the capability and available resource base of Aboriginal communities and families across generations to raise strong, healthy, happy children.

²⁰ Herring, Spangaro, Lauw & McNamara, 2013, The Intersection of Trauma, Racism and Cultural Competence in Effective Work with Aboriginal People: Waiting for Trust. Pp. 109-110

<https://www.tandfonline.com/doi/abs/10.1080/0312407X.2012.697566>

²¹ <https://www.facs.nsw.gov.au/families/permanency-support-program/aboriginal-case-management-policy>

²² <https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

²³ <https://www.supportingcarers.snaicc.org.au/rights-of-the-child/child-placement-principle/#:~:text=In%20each%20state%20or%20territory%20the%20Aboriginal%20and,decisions%20about%20placement%20of%20a%20child%20are%20fundamental.>

- Support for Aboriginal approaches to child rearing and family centred strengths-based practice.
- Recognition that Aboriginal communities are each unique with their own histories, cultures, circumstances, needs and capabilities, meaning that program design and delivery needs to be flexible so that resources are used most effectively at the community level.

10. Culturally and Linguistically Diverse children and families

Where the family, child, or young person is from a culturally and linguistically diverse background, service providers are required to build and sustain effective service delivery by understanding and respecting culture, identity and heritage, religion, language, parenting practices, beliefs and values of the family.

The families and communities, who have migrated or come to Australia as refugee and asylum seekers, have unique experiences and needs²⁴. Family Preservation service providers work with children and families with a wide range of cultural identities, languages, religions and parenting practices.

Refugee and recently arrived migrant families and children and young people may experience additional barriers to accessing services, including settlement related issues, refugee trauma and displacement and loss of community supports. These barriers could increase their risk of meeting the child protection system²⁵. Families pre-migration experiences of and exposure to extreme poverty, persecution, torture and trauma can influence how they parent in Australia.

The NSW Multicultural Act 2000 actioned through the NSW Government Multicultural Policies and Services Program (MPSP) Framework; all organisational processes include effective consideration of culturally diverse communities.

Working with CALD families in an inclusive and safe way, requires services to develop cultural understanding, skills, insights and knowledge. Where the child, young person and family is of a culturally or linguistically diverse background service providers must consider the following:

- a family's cultural identity and ancestry
- the language they speak
- the role of religion and/or spirituality and the influence of this
- along with traditional values and beliefs about family and parenting practices.

Creating cultural safety in your practice with migrant and refugee families is vital. This enables meaningful discussions with families about their culture. Culture is thought about as family strength with supports, partnership and working together with families, communities and migrant agencies.

²⁴ <https://aifs.gov.au/cfca/topics/culturally-and-linguistically-diverse-families-0>

²⁵ <https://www.facs.nsw.gov.au/families/support-programs/diverse-cultural-backgrounds>

10.1 Language barriers

Language barriers have a significant impact on a family's ability to access basic services, information and supports. This can lead to isolation, discrimination and disadvantage.

Brokerage funds may be utilised to purchase language services to facilitate access for families who do not speak English or have hearing or sight impairments. Families and carers have the right to be given the same opportunity as all others to understand, communicate and participate in Family Preservation services. Noting funding contracts include statements about reasonable access. "you acknowledge and agree that provision of reasonable access may require the use of interpreters and translators for clients from diverse linguistic backgrounds".

To build a respectful partnership with a family, services must be able to communicate well with all family members. Using interpreters or bilingual workers to address language barriers will build rapport and family engagement and give them the best chance of improving child development, safety and family wellbeing. Services should explore partnerships with the relevant community and other service to support family participation.

10.2 Interpreter Services

Interpreter services for families and children with no or limited English should be provided. With over 275 different languages spoken in NSW, there is a clear challenge in delivering services capable of overcoming language and cultural barriers for children and families connected with Family Preservation. Providers should use qualified interpreters and report data regarding their usage to DCJ.

Children, young people, family members, friends of the family should not act as interpreters.

10.3 Accessing interpreter services

To access the interpreter services contact Telephone Interpreter Service on 131 450

Remember to talk through the fees, interpreter protocols, roles and responsibilities.

10.4 Further information

For information and resources on when to use and how to access an interpreter including completing written translations, visit the interpreters and language services website:

<https://multicultural.nsw.gov.au/services/>

11. Working with people who have hearing or sight impairments

11.1 Hearing impairment

If the parent, child or young person you are working with has a hearing impairment, it is their right to have access to the information they need to understand our involvement in their lives. If the person you are working with has a hearing impairment and they understand Auslan, book an Auslan interpreter to enable clear, unbiased communication.

To book an Auslan interpreter, contact the Deaf Society or Multicultural NSW.

11.2 Sight impairment

If the child, young person or family you are working with has a sight impairment, it is their right to have access to the information they need to understand our involvement in their lives.

Ask the person what the most helpful format is for them to access information. Organise for written information to be available in an accessible format. This may include using audio recordings, braille translations, large print or electronic text-reader software, depending on the person's level of vision loss.

To organise translations and for more information, contact Vision Australia.

12. Working with children, young people and parents with disability

Parents and children and young people with disability the right to be provided with ability-appropriate assistance so that they can participate fully in decision-making. Providing information can often be overlooked because it is assumed that they will not understand or should have others make decisions for them.

11.1 Discrimination and barriers to support

Disability discrimination limits the child, young person and parents from participating in life and accessing the supports and services they need. Parents of children with disability express concern about the lack of information and overly complicated pathways to access services.

11.2 Where to go for more information

- Multicultural Disability Advocacy Association²⁶
- First Peoples Disability Network Australia²⁷
- Australian Indigenous Health InfoNet²⁸
- National Disability Insurance Scheme²⁹
- United Nations Convention on the Rights of people with disabilities³⁰
- Guide to disabilities³¹

13. Program logic

Placeholder – the program logic is under development and consultation with the sector will occur prior to it being finalised. Services should use the information in Section 15 as a guide until the program logic is developed.

²⁶ <https://mdaa.org.au/>

²⁷ <https://fpdn.org.au/>

²⁸ <https://healthinfonet.ecu.edu.au/>

²⁹ <https://www.ndis.gov.au/>

³⁰ <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-7-children-with-disabilities.htm>

³¹ <https://raisingchildren.net.au/disability/guide-to-disabilities>

The primary aim of family preservation is to improve safety outcomes for children

More detail about performance and outcome measures are outlined in Section 15.

14. Program description

14.1 Continuum of care

A single continuum of care enables families to access the right supports at the right time, so the system responds to complex needs across all safety, welfare and wellbeing domains. The program structure will better meet the needs of vulnerable families who need different timing, intensity and frequency of services as their circumstances change³².

Services in scope of these specifications include Family Preservation, Intensive Family Preservation, and Intensive Family Based (see Figure 1 below). Programs out of scope included Targeted Early Intervention³³ (TEI) and PSP Family Preservation Packages and Restoration Services³⁴, however, these services are included on the care continuum depicted below, families can step across between programs depending upon their level of need with support from the case manager. TEI and PSP do not sit under the three family preservation streams however they are on the continuum and are not included in this recommissioning process.

Note: that PSP Family Preservation and Restoration Services may be offering similar treatment addressing similar needs.

14.2 Restoration

Some family preservation programs also provide restoration support however most do not. There is not a plan to change this immediately. Any change to restoration needs will be consider in the context of both specialist and general casework restoration supports available in a range of other programs.

13.3 Frequency of visits

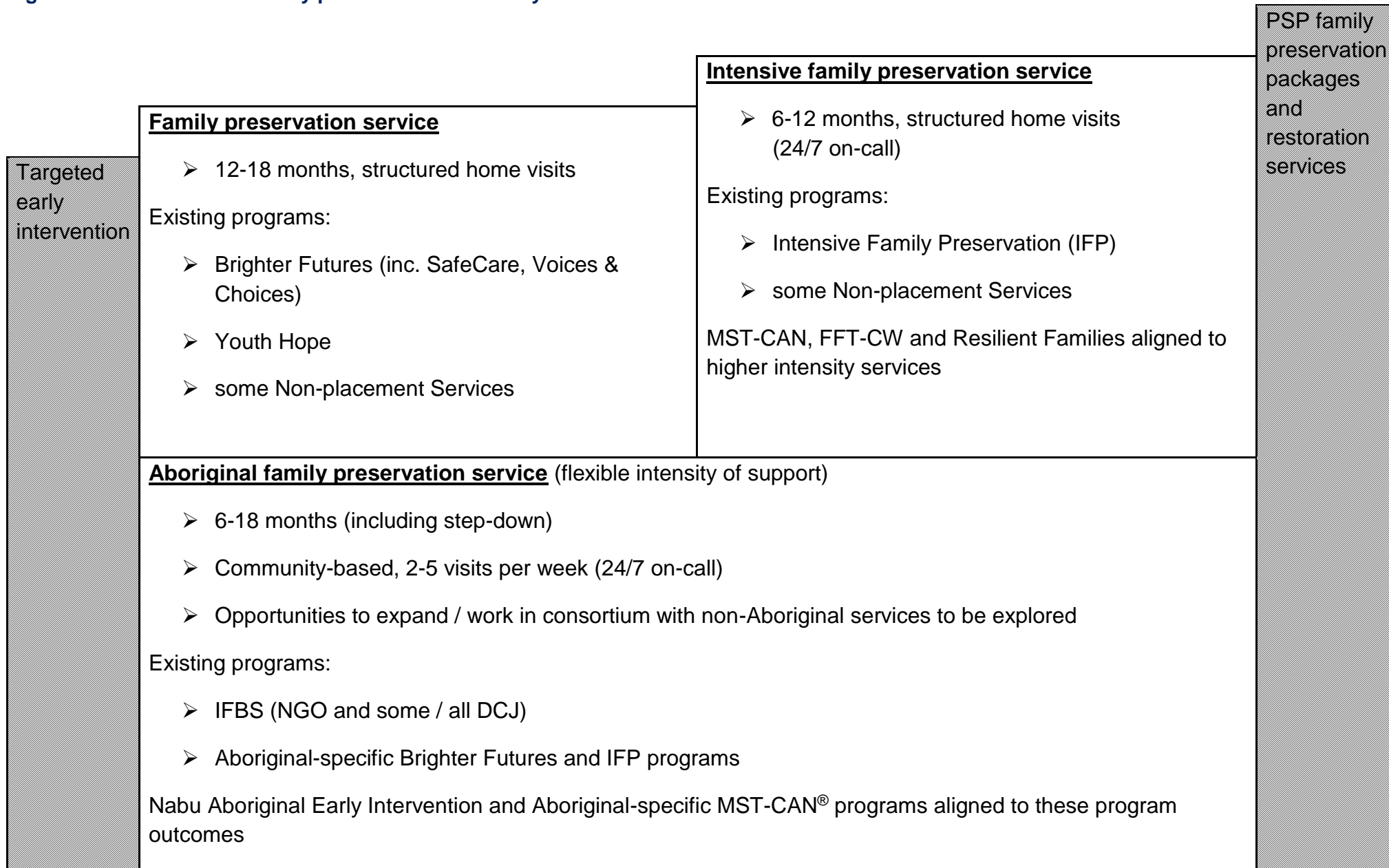
The number of home visits should be driven by family need. Over the next three years, in collaboration with our partners and reflecting current research, we will confirm minimum family preservation program service levels. Until this work is completed the current home visit numbers are indicative only.

³²<https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/BehavioralChangeTheories6.html>

³³ <https://www.facs.nsw.gov.au/providers/children-families/early-intervention/TEI-program>

³⁴ <https://www.facs.nsw.gov.au/families/permanency-support-program/paths/chapters/family-preservation>

Figure 1: Overview of the family preservation service system



14.3 Core program components

The single program structure will focus on core program components known to mitigate risk of abuse and neglect. Overtime, all contracted service providers will offer the same core program components to families that are seeking family preservation support tailored to their unique needs and family context. Some of these program components maybe offered in partnership with other services and across multiple providers. The benefits to families include greater access to case management and supports known to mitigate abuse and neglect.

The core program components and associated activities is outlined below:

Core program Components	Activities
1. Engagement	<p>Research indicates the success of a program or service is dependent upon a providers' ability to form community partnerships; target, educate, and engage families who can benefit from their services; and meet the needs and interests of these families in ways that will prove beneficial to them, their children, and the community³⁵.</p> <p>Parent engagement in family preservation programs has significant benefits for children's well-being. Parents must engage and stay engaged. Parents are more likely to participate in prevention programs when they can clearly identify the benefits to themselves, their children, and their families³⁶. Prior consent for participation is fundamental for those parents to perceive programs positively and offer a great investment return on high cost placements. Parents must believe that engaging in these activities will protect their children from risks³⁷. and improve the family circumstance.</p> <p>Some activities of engagement include:</p> <ul style="list-style-type: none"> • Provide practical support • Identifying barriers to engagement • Establishing need • Structured home visiting focusing on the reduction of child abuse and neglect • Building and maintaining a meaningful relationship with the family to foster ongoing engagement
2. Case management	<p>Case management is central to providing integrated and coordinated services tailored to address parental vulnerabilities and keep children and young people safe in their home³⁸. Ensure the ongoing monitoring and review of impact of service support and assistance to</p>

³⁵<https://www.childwelfare.gov/topics/supporting/resources/engaging/>

³⁶ Hahn et, al., 1996; McCurdy et al; 2006 <https://www.tandfonline.com/doi/pdf/10.1080/10522150802654278>
: Karen A. Randolph , Frank Fincham & Melissa Radey (2009) A Framework for Engaging Parents in Prevention, Journal of Family Social Work, 12:1, 56-72, DOI: 10.1080/10522150802654278³⁷<https://www.tandfonline.com/doi/full/10.1080/10522150802654278>

³⁸ Mitchell, P (2014) Common practice elements for child and family services: a discussion paper, Berry Street Victoria

	<p>decrease potential risk³⁹. Some activities of case management include:</p> <ul style="list-style-type: none"> • Needs assessment • Family action / case planning⁴⁰, regular review and monitoring • Referral, history and planning • Advocacy • Interagency consultation, collaboration and liaison • Safety and well-being monitoring • Risk mitigation
3. Family and parent support	<p>Working alongside the family to care for the child and young person and providing services and supporting parenting /child interaction and in-home practical support⁴¹: Some activities of family and parent support include:</p> <ul style="list-style-type: none"> • Building relationship skills • Fostering enduring family, community and social connections and networks • Parenting support and skills • Development of household routines • Supporting parent / child interaction • Child development • Health and safety • Coaching, teaching, problem solving • Brokerage such as childcare, respite, provision of referral to purchase essential household items
4. Therapeutic support	<p>Providing parents with support required to address any drug, alcohol or mental health issues, which they may be experiencing from, and/or trauma treatment and counselling⁴². Providing families with support to address the issues contributing to risk issues, including:</p> <ul style="list-style-type: none"> • parent/carer alcohol and other drug (AOD) misuse • parent/carer mental health issues • parent/carer/child disability • domestic and family violence (DFV) issues • behaviour and/or mental health issues • trauma treatment and counselling • Counselling • AOD treatment
5. Child-focused support	<p>Ensuring that the child and young person is provided with appropriate strengths focused and evidence-based wrap around supports to enhance their safety, welfare and wellbeing⁴³ and may include:</p> <ul style="list-style-type: none"> • Educational supports • Mental health services • General and Allied Health • Mentoring • Counselling

³⁹ Population Based Approach to Service Planning Design

University of South Australia & Australian Centre for Child Protection 2020

⁴⁰ <https://caseworkpractice.intranet.facs.nsw.gov.au/mandates/case-planning/case-planning-for-family-preservation>

⁴¹ D'Aunno et, al; 'Evidence-based elements in child welfare in-home services', Journal of Family Strengths, vol. 14, no.

⁴² Macvean et, al; Effective Intensive Family Services Review. Report prepared by the Parenting Research Centre and the University of Melbourne on behalf of FACS, 2015

- | | |
|--|---|
| | <ul style="list-style-type: none"> • Trauma treatment • Behavioural therapies • Child development assessment and intervention • Referral to specialist services (e.g. clinical psychology, paediatrician) • Childcare, respite |
|--|---|

14.4 Case management

Case management is a core program component an important to provide integrated and coordinated services tailored to address parental vulnerabilities and keep children and young person safe in their home.

Case management is undertaken in an ethical, collaborative, transparent, respectful and culturally responsive manner and always prioritises the child and young person's safety, welfare and well-being needs⁴⁴. Case work practices embodies the NSW Practice First Principles and the Principles of Aboriginal case management⁴⁵. While each service provider's case management practice is informed by the agency's case management policy and guidelines, family preservation practitioners must:

- apply a child-focused and strengths-based approach to practice
- build relationships and work collaboratively with families, children and young people, other services and professionals
- facilitates family-led decision-making
- values community involvement, including self-determination and advocacy
- provide case management that is culturally embedded
- ensure case management is oriented to prevent harm and preserve families
- ensure services and supports provided to families are tailored and do not duplicate other universal and/or specialist services the family may access
- have the appropriate tertiary qualifications, experience, skills and current evidence- based practice knowledge to perform their role
- hold a Working With Children Check⁴⁶ (WWCC) clearance or have a current application
- hold a current National Police Criminal Record Check⁴⁷ clearance
- respect the privacy of children, young people and their families
- access / consult with a dedicated Aboriginal identified position
- build their cultural capacity and capability
- participate in professional supervision.

⁴⁴ https://caseworkpractice.intranet.facs.nsw.gov.au/__data/assets/pdf_file/0008/334295/Case-planning-framework.pdf

⁴⁵ <https://www.facs.nsw.gov.au/families/permanency-support-program/aboriginal-case-management-policy>

⁴⁶ <https://www.service.nsw.gov.au/transaction/apply-working-children-check>

⁴⁷ <https://www.service.nsw.gov.au/transaction/apply-national-police-certificate>

14.5 Continuum of care

Research has shown that change will rarely progress through the stages of change in a straightforward, linear way. Relapse and recycling are common. The continuum of care approach is implemented to support family's safety, welfare and wellbeing to support behaviour change, sustain gains, and identify new needs. Movement along the continuum can be multi-directional stepping up, across or down. Movement occurs as the family finishes a program and supported by the caseworker providing warm referrals to ensure the family's transition is as seamless as possible.

At times, a mix of services may be in the child's best interest, for example providing case management while the father is also involved in a men's behaviour change program. Service providers will monitor family needs and provide support to transition to other services to address and meet their case plan goals.

14.6 Exit planning

Family Preservation service providers should undertake exit planning for all children and young people and families exiting a program and or service when:

- a family builds resilience and family safety, welfare and well-being improve, or
- the end of the planned service provision approaches.

Exit planning should begin long before a family exits the program and include where required, warm referrals and handovers to 'step-down' service options within the community. Thoughtful and consensual exit planning is critical to a family's successful transition from the program.

In circumstances where extension engagement will benefit the family's children and young people, a service provider may only extend families participation by six months with the families consent and agreement. Prior consultation and consent are required from the referring CSC to grant the extension to ensure it is justified in line with demonstrated Case Plan Goal progress to ensure extra time is required to achieve the plan.

Exit planning should also occur in the case where despite reasonable efforts to engage, the family does not participate and there is no progress the case plan.

15. Program streams

A summary of the program streams is outlined below.

Family Preservation Program streams	Eligibility (see below for detail)	Referral	Target group	Time frame
Family preservation	ROSH	DCJ Referral Community Referral	Children and young people aged unborn to 17 years	12 – 18 months

Intensive family preservation	ROSH Safety and Risk Assessment (SARA)	DCJ Referral	Children and young people aged unborn to 17 years	6-12 months
Aboriginal intensive family preservation	ROSH SARA if IFP or IFBS service	DCJ Referral Community Referral	Children and young people aged unborn to 17 years	6 – 18 months

Note:

- Each service provider will assess risk and safety as part of their intake procedures and or at commencement of service to understand the family’s needs
- A Service Provision Guideline (SPG) for each stream will be contained at Appendix A.

15.1 Aboriginal family preservation – future state

Aboriginal family preservation stream will have the ability to change levels of intensity and length of service that provides more flexibly meet the needs of the family over time.

Aboriginal families may receive services from all three services streams.

DCJs priority is to increase Aboriginal service delivery and opportunities to shift funding to the Aboriginal service delivery stream.

All Aboriginal families and children will have the opportunity to develop and implement a Cultural Care plan and have family finding to establish a system of support around the family.

DCJ continues to prioritise strengthening Aboriginal-targeted service provision across NSW and this will be a focus of our work over the 2021-24 period. Over this time DCJ aims to:

- Establish an Aboriginal specific program stream in consultation with the sector.
- Establish per – District benchmarks for the quantity of target service provision available to Aboriginal families⁴⁸, to shift resources to Aboriginal providers over time.
- Explore options to quarantine or shift a proportion of funds for targeted service provision.
- Ensure no net loss of service through recommissioning.
- Continue Aboriginal sector development, including through work with peak bodies.

Note that this service stream will be developed in partnership with the Aboriginal sector, peaks and stakeholders.

⁴⁸ <https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

15.2 Eligibility

Each stream has differing eligibility criteria according to the parent/primary carer's capacity to parent and/or one or more issues might adversely impact the child's or young persons' safety, wellbeing and development:

- domestic and family violence
- drug or alcohol misuse
- parental mental health issues
- parent / child or young person with significant learning difficulty or intellectual disability
- lack of parenting skills or inadequate child supervision
- unaccompanied children and young people whose parents are not exercising parental responsibility and who are homeless
- support families where restoration is occurring i.e. court orders are in place.

The table below provides a summary of eligibility criteria for each program stream, manualised or trial program. Not all services will be using these criteria at this time and may need to phase in any changes. For further details refer to the Service Program Guidelines for each stream or the program manual.

Table 1 Summary of eligibility criterion for each program stream

Program	Referral pathways	Eligibility
Family Preservation	DCJ referral Community referral Self-referral (under consideration)	<ul style="list-style-type: none"> • At least one child (unborn to 17 years) who is the subject of a current Risk of Significant Harm (ROSH) report • SARA is not mandatory, and if the SARA is applied, the safety outcome of 'safe' and a risk outcome of low, moderate or high
Intensive Family Preservation	DCJ referral	<ul style="list-style-type: none"> • At least one child (unborn to 17 years) who is the subject of a current ROSH report (noting currently unborn to 17 years) • the SARA (for the same child/ren) has resulted in a safety outcome of 'safe' or 'safe with plan' and a risk outcome of high or very high

<p>Aboriginal Family Preservation</p>	<p>DCJ referral</p> <p>Community referral</p>	<p>Aboriginal specific services are primarily delivered through the Intensive Family Based Services model.</p> <p>Further work will be undertaken to develop the future state of Aboriginal family preservation services in partnership with Aboriginal Community Controlled Organisations (ACCOs) funded to deliver family preservation services and other relevant stakeholders⁴⁹. Aboriginal service providers currently delivering Brighter Futures, IFP, Nabu and MST-CAN will eventually provide services or be aligned to this stream.</p> <p>Initially these services will continue to provide Family Preservation or Intensive Family Preservation services.</p> <p>Eligibility criteria for this stream will initially align with IFBS:</p> <ul style="list-style-type: none"> • Aboriginal and/or Torres Strait Islander families subject to safety and risk concerns who are experiencing some form of crisis • at least one child/young person (unborn – 17 years of age) subject to the referral must be Aboriginal a completed Safety Assessment where the child or young person has been assessed as being 'safe' or 'safe with plan'
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⁴⁹ <https://www.absec.org.au/~abab2882/images/downloads/Aboriginal-Family-Preservation-and-Restoration-Model-Guidelines-June-2020.pdf#:~:text=The%20Aboriginal%20Family%20Preservation%20and%20Restoration%20model%20is,and%20su stained%20restoration%20of%20children%20to%20their%20family>

		<ul style="list-style-type: none"> the SARA (for the same child/ren) has resulted in a safety outcome of 'safe' or 'safe with plan' and a risk outcome of high or very high <p>In some instances, IFBS will also work with children and families to support restoration. Eligibility for restoration is for families where children and/or young people are living in OOHC and have a case plan permanency goal of restoration.</p> <p>IFBS may also work with an Aboriginal child or young person in OOHC where the placement has become unstable due to adjustment of behavioural issues of the child. IFBS provides</p>
<p>Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) Eligibility</p>	<p>DCJ referral</p>	<ul style="list-style-type: none"> Families with the primary child between the ages of (6 – 17 years of age) who is the subject of a current ROSH report (within the last 180 days). The SARA outcome (for the same child/ren) has resulted in a safety outcome of 'safe' or 'safe with plan' and a risk outcome of high or very high or Alternate Assessment with level of future risk identified as high or very high.
<p>Functional Family Therapy -Child Welfare (FFT-CW) Eligibility – High and low track</p>	<p>DCJ referral</p> <p>Community referrals</p> <p>Self-referral</p>	<ul style="list-style-type: none"> At least one child and young person aged (unborn to 17 years) in the home who is the subject of a current ROSH report SARA/Alternate Assessment (AA) (for the same child/ren) has resulted in a safety outcome of 'safe' or 'safe with plan'. Referral can be made from Safety Assessment so Risk outcome can be of low, moderate, high or very high (JHV should be

		<p>undertaken prior to case being closed at DCJ)</p> <p>FFT-CW may also provide restoration services where:</p> <ul style="list-style-type: none"> the child or young person is currently in OOHC and will be restored with the family within eight weeks the case plan has the permanency goal of restoration. This includes Temporary Care Arrangements.
Nabu Demonstration Project	<p>DCJ referral</p> <p>Community referrals</p>	<p>Any Aboriginal or Torres Strait Islander family resident in the Illawarra / Shoalhaven area with at least one child and young person aged (unborn to 17 years):</p> <ul style="list-style-type: none"> at risk of significant harm (ROSH); where there is a likely or imminent risk of harm; or who is in OOHC and restoration is the goal. <p>All decisions relating to acceptance of referrals will be made by the Nabu Managers and will be based on team capacity and a range of other considerations.</p>
Resilient Families	DCJ Referral	<ul style="list-style-type: none"> At least one child under 6 years of age including unborn children Field assessment commenced in 35 days prior to vacancy request from the service provider (The Benevolent Society) with a SARA outcome of safe with plan or safe plus a risk assessment level outcome of high or very high.

14.3 Families ineligible for service

DCJ and contracted service providers are transparent in their decision and formerly advise (in writing) families as to why they are not eligible for a particular service.

15.4 Priority access

The priority of access for new families, entering the program is:

- Children at risk of significant harm (ROSH) (this is only applicable for services that accept community referrals)
- Families with children under five years of age
- Aboriginal families
- Young pregnant people in OOHC, young parents in OOHC or leaving OOHC
- Newly arrived refugee families
- Unaccompanied children in specialist housing services
- Existing clients from the DCJ referral pathway transferring to a new area

DCJ will work with service providers to determine how restoration support should be reflected in the priority of access. Please note priority is relative and not intended to exclude families, decisions should always be based on need.

15.5 Target group

The target group includes children and young people aged unborn to 17 years and includes parents who are pregnant.

Note: some services may currently target a sub-set of this age cohort. DCJ will work with providers to consider local priorities and determine if referrals should be accepted from an expanded age criterion over time.

15.6 Referrals

A referral pathway is required for families to enter a program stream. A common referral form will be trialled from 1 July 2020 to streamline the referral process. Specific pathways for each program stream will be outlined in the SPGs (under development).

The referral pathways available include:

DCJ referral: a CSC may refer to a family preservation provider following receipt of a Helpline report.

Community referral: an agency or individual may refer a family directly to a family preservation or Aboriginal family preservation Service Provider or a family may self-refer. Community referrals must meet eligibility criteria, noting ROSH is not mandatory.

Referral process changes

The streamlining and improvements to the referral process is intended to optimise program capacity and ensure that families access the right services as quickly as possible and that service providers receive the information; they need to support families in a timely way. DCJ will work with providers on improvements to the referral process from July 2021 onwards.

15.7 Utilisation rates

Service providers are required to operate at or above 90% capacity at any one point in time. Service Providers will report to Manager Client Services and relevant CSC Manager Casework.

A benchmark of greater than 90% utilisation rate has been set. However, the integration of a richer data collection process opens the potential for better utilisation rate tracking mechanism. This is something DCJ is committed to developing as part of phase 2 of the recommissioning process. Service vacancies for both current and upcoming vacancies, either on a fortnightly basis, or at agreed times.

Where a plan to extend a service for a family beyond the agreed timeframe requires consent from the family and negotiated between the service provider and CSC case manager.

16. Performance and outcome measures

DCJ is committed to building the evidence base for family preservation programs.

Comprehensive outcomes data will better enable comparative analysis and evaluation of the effectiveness of non-trial family preservation programs and provide a basis for further systems improvements. The family preservation system is adopting an evidence and outcomes focused approach to service design and delivery.

Services providers will be required to:

- develop program logics to demonstrate, measure and report outcomes
- report client information and outcomes
- measure outcomes of the program

16.1 Core program components

Research was conducted to discover specific core program components that make the family preservation programs effective in preventing or reducing child abuse and neglect in NSW. These core program components will be utilised in the family preservation service system. Further research will be conducted to test their effectiveness and how they work in combination with each other in preventing or reducing child abuse and neglect in NSW.

15.2 Outcomes and indicators

Each outcome will have corresponding indicators. These indicators are used to inform and monitor service usage. Indicators will be tracked and where required overtime.

Indicators and outcomes tracked include:

- Safety
- Achievement of Case Plan Goals (linked to program components and outcome domains)
- Stability at home

- Connection to culture and identity⁵⁰
- Family environment
- Social support
- Parental capabilities
- Family interactions
- Child or young persons' well-being
- Family' strengths are increased (utilising a strengths-based approach) Self-reporting by parents on the following two parameters:
 - if I learnt new things to help me with parenting
 - if I learnt new things about services or other things in my community for children and young person and families.
- Self-reporting by children and young people where age appropriate.

Instruments and tools will be decided in consultation with the FACSIAR and the sector during phase 2 of the recommissioning process.

16.2 Markers for progress for children and families

To provide markers for progress for children and families over time, outcomes measured in the initial engagement period, intermediate and long term.

Proposed timeframes for each assessment period are as follows:

- initial engagement: 0 to 3 months
- intermediate term: every 3 months
- 90 days after completion of the intervention
- DCJ will collect data via ROSH re-report and population data.

When a service starts working with a family the initial engagement period, the service will gather baseline data using validated tools. This will allow service providers to monitor outcomes being achieved and make family case plan changes where required. To support program evaluation, child and family outcomes will be assessed following completion of the program by the service provider. DCJ will collect data 12 months after completion of an intervention utilising ROSH re-report and population data.

17. Reporting and data collection

Service providers are already collecting data and DCJ is developing a shared minimum data set across all services.

⁵⁰ <https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

Comprehensive program and client data are required across the family preservation service to assess their comparative effectiveness and support integrating new trial programs into the single program structure.

In the first stage of recommissioning DCJ will develop a minimum data set and work with contracted service providers to begin collecting the same data from families for example parental risk factors, demographic data, family size, ROSH reports and so on.

The second stage of the recommissioning process will include opportunities to develop and implement a standardised mechanism to collect client outcomes data across all family preservation programs. This will help assess the effectiveness of services and will support the integration of lessons learned from new trial programs into the new single program structure.

DCJ will work closely with the sector around data collection and finding an alternative to cumbersome manual processes. Where you are working with a family consult as needed with your Community Service Centre.

Sector consultation will be undertaken regarding the minimum data set prior to implementation.

18. Notified policies and standards

Reference any policies or standards, which contracted service providers, need to follow in the delivery of services. These might include, for example, the Working with Children Check, accreditation, requirements of the Funded Contract Management Framework.

Family Preservation and Restoration: Keeping Aboriginal families together

<https://www.facs.nsw.gov.au/download?file=536219>

Aboriginal Family Preservation and Restoration Model Guidelines, June 2020

<https://www.absec.org.au/~abab2882/images/downloads/Aboriginal-Family-Preservation-and-Restoration-Model-Guidelines-June-2020.pdf#:~:text=The%20Aboriginal%20Family%20Preservation%20and%20Restoration%20model%20is,and%20sustained%20restoration%20of%20children%20to%20their%20family.>

Aboriginal Case Management Policy

<https://www.facs.nsw.gov.au/families/permanency-support-program/aboriginal-case-management-policy>

Cultural planning

<https://www.facs.nsw.gov.au/about/reforms/children-families/care-and-cultural-planning>

Case planning for family preservation

<https://caseworkpractice.intranet.facs.nsw.gov.au/mandates/case-planning/case-planning-for-family-preservation>

Care Plan template

<https://www.facs.nsw.gov.au/download?file=388786>

Family Group Conferencing (FGC)

<https://www.facs.nsw.gov.au/families/out-of-home-care/parents-with-kids-in-oohc/caseworker/chapters/family-group-conferencing>

SNAICC Aboriginal and Torres Strait Islander Child Placement Principle

<https://www.supportingcarers.snaicc.org.au/rights-of-the-child/child-placement-principle/#:~:text=In%20each%20state%20or%20territory%20the%20Aboriginal%20and,decisions%20about%20placement%20of%20a%20child%20are%20fundamental.>

NSW Practice Framework

<https://www.facs.nsw.gov.au/providers/children-families/child-protection-services/practice-framework>

The Human Services Outcomes Framework

<https://www.facs.nsw.gov.au/resources/human-services-outcomes-framework>

NSW Therapeutic Care Framework

<https://www.facs.nsw.gov.au/about/reforms/NSWPF/nsw-therapeutic-care>

Protecting our kids

<https://www.facs.nsw.gov.au/families/Protecting-kids>

Mandatory Reporters Guide

<https://reporter.childstory.nsw.gov.au/s/mrg>

Anti-Discrimination Act 1977 No 48

<https://www.legislation.nsw.gov.au/view/html/inforce/current/act-1977-048>

Working with Children Check

<https://www.service.nsw.gov.au/transaction/apply-working-children-check>

NSW Criminal Check

<https://www.service.nsw.gov.au/transaction/apply-national-police-certificate>

Child Safe Standards

<https://www.kidsguardian.nsw.gov.au/ArticleDocuments/838/ChildSafeStandardsGuide.pdf.aspx?Embed=Y>

19. Definitions and abbreviations

19.1 Definitions

The table below is a list of terms, keywords and/or abbreviations used throughout this document.

Term	Definition
<p>Licensed manualised programs also known as licenced programs</p>	<p>Licensed manualised programs are evidence-based models. These programs have model fidelity and robust evaluation that has built evidence based on their effectiveness. The following programs are licenced programs:</p> <ul style="list-style-type: none"> • Multi systemic Therapy for Child Abuse and Neglect (MST-CAN) • Functional Family Therapy for Child Welfare (FFT- CW) • Home Builders
<p>Case plan</p>	<p>Case plans are an accurate and up-to-date record of goals and actions for the child or young person and their family or carers receiving a child protection response.</p>
<p>Disability</p>	<p>Disability is a broad term which refers to people with all kinds of impairment, whether from birth or acquired through illness, accident or the ageing process. It includes cognitive and intellectual impairment as well as physical, sensory and psychiatric disability (or a combination).</p> <p>Under the <i>NSW Disability Inclusion Act 2014</i>, DCJ can provide or fund services, supports and/or individualised funding to a person who has a permanent – or likely to be permanent – disability requiring support with communication, learning, mobility, decision making and/ or self-care. Services are also available for families and carers of people with disability.</p>
<p>Domestic and family violence (DFV)</p>	<p>Domestic and family violence is violence between people who are or were in a domestic relationship, whether a family member, intimate partner or housemate.</p> <p>The violence does not have to occur within the home. Domestic violence is about power and control and there are many ways perpetrators can exercise control. This includes fear, isolation, reproductive coercion and physical, sexual, financial, emotional, psychological, spiritual or cultural abuse.</p> <p>Witnessing domestic and family violence can have a profound negative effect on children and young people.</p>

<p>Mandatory Reporter</p>	<p>Mandatory reporters⁵¹ are legally required to make a report to DCJ if they suspect that a child is at risk of significant harm.</p> <p>A person is a mandatory reporter if they deliver health care, welfare, education, children’s services, residential services or law enforcement to children, as part of their professional work.</p> <p>Both who is a mandatory reporter and the conditions under which they must report is defined in <i>section 27</i> of the <i>Children and Young Persons (Care and Protection) Act 1998</i>. Risk of significant harm is defined under <i>section 23</i> of the Act.</p>
<p>National Disability Insurance Scheme (NDIS)</p>	<p>The NDIS aims to support choice, decision-making and control for people with disability. Under the NDIS, people with disability receive funding to choose and purchase the supports and services that are right for them.</p> <p>The NDIS can provide all people with disability with information and connections to services in their communities such as doctors, sporting clubs, support groups, libraries and schools, as well as information about what support is provided by the NSW government.</p> <p>When working with a person, child or young person with a disability that does not have support from the NDIS a referral is required to ensure they have the necessary supports in place.</p> <p>For people from 7 to 64 years of age, contact the Local Area Coordinator partner in your local government area. The LAC will be your main contact point for the NDIS.</p> <p>For children under 7 years of age with a developmental delay or disability, call the Early Childhood partner in your local government area.</p>
<p>Risk of Significant Harm</p>	<p>A child or young person is assessed as at ROSH if the circumstances that are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority, irrespective of a family’s consent. From 24 January 2010, reports to the Child Protection Helpline must meet the threshold of ‘risk of significant harm’. Where concerns of harm do not meet the significant harm</p>

⁵¹ <https://reporter.childstory.nsw.gov.au/s/mrg>

	threshold, the reporter should offer and coordinate assistance or make a referral to other services, using normal referral networks.
Restoration	<p>Restoration occurs when a child or young person returns to live in the care of their parents permanently.</p> <p>Care plans are prepared to support the restoration process and must include a permanency plan. The plan should include a description of the: minimum outcomes that must be achieved before it would be safe for the child to return, services that FACS or other agencies will provide to facilitate safe restoration and the time in which restoration should be pursued.</p>
Safety Assessment, Risk Assessment and Risk Reassessment (SARA)	<p>SARA are three distinct tools used at DCJ Community Services Centres by caseworkers:</p> <ul style="list-style-type: none"> • The safety assessment tool is used to determine whether there are any immediate dangers of significant harm to a child and what interventions should be put in place to provide immediate protection. • The risk assessment tool is used to classify families into low, moderate, high and very high-risk groups to determine the likelihood of future abuse or neglect of a child. This information is used to guide decisions about whether cases should be opened for ongoing services or not. • The risk reassessment is used periodically to assess any changes to the family's risk level in order to guide decisions about whether the case can be closed or if services should continue. Protection. • The risk assessment tool is used to classify families into low, moderate, high and very high-risk groups to determine the likelihood of future abuse or neglect of a child. This information is used to guide decisions about whether cases should be opened for ongoing services or not. • The risk reassessment is used periodically to assess any changes to the family's risk level in order to guide decisions about whether the case can be closed or if services should continue.

19.2 Abbreviations

Abbreviation	Full term
ACCO	Aboriginal Community Controlled Organisation
DCJ	Department of Communities and Justice
Service Providers	Also known as Non-Government Organisation (NGO) contracted service providers
ROSH	Risk of Significant Harm
SARA	Safety and Risk Assessment
AA	Alternative Assessment

OOHC	Out of Home Care
CSC	Community Service Centre
Manager CS	Manager Client Services
HSA	Human Services Agreement

Appendix A

Here is where we may add program service provision guidelines specifics for each program stream and advice re how MST/FFT/Resilient Families and Nabu Demonstration Project aligned

A.1 <Appendix Heading 2>

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