

# Redesigning Family Preservation in NSW

Discussion Paper

April 2024



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# Acknowledgement

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this.

We advise this resource may contain images or names of deceased persons in photographs or historical content.

We acknowledge that this resource may not comply with the principles of Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov).

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Service sector acknowledgements

DCJ would like to acknowledge the contributions of child and family service organisations in the non-government and Aboriginal community-controlled sectors.

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# Minister's foreword

I'm pleased to present the Redesigning Family Preservation Services in NSW Discussion Paper and extend a warm invitation to you to help shape better outcomes for children, young people, and families in our state.

At the heart of this paper is an approach to developing a Family Preservation system that is evidence-based and responsive to the diverse needs of families while capitalising on their inherent strengths. For Aboriginal children, young people, and families, this commitment is underscored by a dedication to creating a culturally safe and responsive system.

This aligns with the NSW Government's commitments under Closing the Gap and Family is Culture.

In my role as the Minister for Families and Communities and Minister for Disability Inclusion, I acknowledge the shortcomings of the current child protection system, particularly its adverse impact on Aboriginal children, young people, and families. I am committed to addressing the overrepresentation by investing in Aboriginal Community Controlled Organisations (ACCOs), focusing on early intervention and prevention services.

The evolution of Family Preservation, shaped by the dedication of a skilled and passionate workforce, has been a journey marked by many twists and turns. The proposed design is the culmination of a collaborative process involving the Department of Communities and Justice (DCJ) and essential Family Preservation stakeholders, including ACCO and non-ACCO service providers, DCJ districts, peak bodies, and communities.

As part of the broader commitment to rebuild essential services, the NSW Government is developing long-term plans for the child protection system, including a roadmap to reduce the number of Aboriginal children in care. The proposed changes to Family Preservation are designed to be responsive to these overarching system reforms as they unfold.

I eagerly anticipate a constructive exchange of ideas as we collaboratively forge a more responsive and effective Family Preservation system in New South Wales.

Sincerely,

The Hon. Kate Washington, MP  
Minister for Families and Communities and Minister for Disability Inclusion

# Purpose of the Discussion Paper

The Department of Communities and Justice (DCJ) is redesigning the Family Preservation service system in NSW to improve the outcomes, experience, suitability, and accessibility for families who want to access and would benefit from working with a Family Preservation service. This Discussion Paper outlines the proposed Family Preservation design, which has been informed by research, data, community voice, and contextual and experiential evidence.

The paper sets out the vision for the Family Preservation system and seeks feedback on key elements of the proposed design. It builds on previous consultations and Family Preservation stakeholder engagement workshops held over the past 18 months and invites the views of DCJ operations teams, Family Preservation service providers, peak bodies, and interested stakeholders. Submissions to this consultation will inform upcoming decisions about the Family Preservation recommissioning process.

The paper identifies a number of proposed changes - some of these proposals will need to be settled in advance of procurement activity in the second half of 2024, some will need to be settled to include as provisions in contracts with service providers (that will commence from 1 July 2025), and others will be developed and iterated through the life of the new contract period and beyond. Throughout the paper, we have asked specific discussion questions on the elements that need to be settled first, and indicated when further consultation will be conducted on elements that can be settled later. We have also indicated where some questions are for Aboriginal Community Controlled Organisations (ACCOs) only, and where all stakeholders will want or need to respond to all questions.

After analysing the responses to this consultation, DCJ will set out which elements of the new system design are settled and which remain open for further development, consultation, and codesign. DCJ will also set out the timescales and collaboration mechanisms for progressing the development of the outstanding elements, respecting probity requirements. The Government's position on funding and distribution of resources will be addressed at a later date.

Stakeholders are invited to provide submissions and respond to any or all the proposed design and discussion questions outlined in this paper. Submissions will be open for six weeks from Thursday 4 April until Friday 17 May.

# Feedback process

We welcome submissions from service providers currently delivering Family Preservation, service providers interested in delivering Family Preservation, DCJ colleagues, peak bodies, and other interested parties. There are three ways you can make your submissions:

- Online: via the online submission form [here](#)
- Email: [FamilyPreservationSubmissions@dcj.nsw.gov.au](mailto:FamilyPreservationSubmissions@dcj.nsw.gov.au)
- Mail: Child and Family Directorate, Strategy, Policy and Commissioning Division, Department of Communities and Justice, Locked Bag 5000, Parramatta, NSW 2124

We are expecting a large volume of submissions and encourage stakeholders to make submissions via the online submission form to help manage the analysis of the feedback, however we understand that some stakeholders may want to do this via email. If you are unable to make a written submission, please contact the email address above to make alternative arrangements.

Family Preservation peak bodies are also available to support their members to make submissions. Please contact your relevant peak body to find out more information.

- AbSec: Jade Lane - [jade.lane@absec.org.au](mailto:jade.lane@absec.org.au)
- Fams: Lauren Stracey - [lauren@fams.asn.au](mailto:lauren@fams.asn.au)
- ACWA: Carolyn Thompson - [carolyn@acwa.asn.au](mailto:carolyn@acwa.asn.au)

Feedback must be received by close of business on Friday 17 May 2024.



# Part one: Doing better for children and families

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# Overview of current Family Preservation system

## Background

Family Preservation aims to strengthen a family's ability to respond to their children's needs and to create a safe and nurturing home. Family Preservation service providers deliver a range of supports to promote parenting skills, family functioning, and child development. Some services also offer therapeutic supports to address the trauma often experienced by parents, carers, children, and young people. Some also offer restoration support to families.

Families who receive a service are typically experiencing one or a multitude of complexities, including domestic and family violence (DVF), mental health, and drug and alcohol challenges. They also have a range of strengths and supports within their communities.

Families have varying levels of access to support services depending on their location. Family Preservation is currently made up of nine different service models (see [Appendix B](#)). There are varied eligibility criteria and multiple referral pathways into Family Preservation services. Families can access supports through a community referral or via a referral from DCJ.

The NSW Government invests more than \$160 million to provide 4,500 Family Preservation places each year. Currently, there are 67 Family Preservation service providers in NSW, including Aboriginal Community Controlled Organisations (ACCOs) and non-ACCOs service providers. The size and geographical footprint of service providers varies across the state. For example, in the 2022-23 financial year, a large service provider delivered 694 places with a budget of \$22 million per year, while a small service provider delivered four places with a budget of \$182,000 per year. Many service providers are also commissioned by DCJ to deliver other services, including Targeted Earlier Intervention (TEI) and out-of-home care (OOHC) services.

## Evolution of the Family Preservation system

The Family Preservation service system has evolved over the past two decades. Initially, some services were developed and delivered by government as a complement to statutory activities. Between 2002 and 2007, the services were incrementally transitioned as a case management function to non-government service providers before entering a phase of expansion and innovation in 2008.

In 2017, the NSW Government moved to an outcomes-focused commissioning approach, which resulted in the procurement and introduction of US evidence-based models.

The 2021 recommissioning process brought the disparate services together into a more integrated, flexible, and responsive system that included three streams (Family Preservation, Intensive Family Preservation, and Aboriginal Family Preservation).

As part of the recommissioning of the Permanency Support Program (PSP), the NSW Government committed to diverting all funding for PSP Family Preservation (PSP-FP), up to \$11 million per annum or 140 packages, from the non-ACCO sector to the ACCO sector.

## A key lever to keeping Aboriginal children with their families

Family Preservation is intended to prevent children from entering OOHC and support families to stay safe at home together. However, Aboriginal families have experienced specific barriers to receiving culturally responsive and safe Family Preservation services at the right time. In 2021-22, Aboriginal and Torres Strait Islander children represented 45 per cent of all children admitted to OOHC and 37 per cent of all children commencing intensive family supports.<sup>1</sup>

The Family is Culture review made 126 recommendations, including for DCJ to:

- invest in early intervention and prevention, with a preference for ACCO service delivery<sup>2</sup>
- take action on data sovereignty and the design, collection and interpretation of administrative data relevant to Aboriginal children and young people, in partnership with Aboriginal stakeholders.<sup>3,4</sup>

The NSW Government has committed to the National Agreement on Closing the Gap and the NSW Partnership Agreement on Closing the Gap. This approach to shared governance and partnership with Aboriginal people recognises that we need to work differently to overcome entrenched inequality and improve long-term outcomes.

### Changes in the wider child and family system

Placed at the heart of the child and family service system, Family Preservation influences, and is influenced by, wider reforms at both the NSW and Commonwealth levels that also seek to keep children safe. Family Preservation needs to be responsive to longer term system reforms as they unfold, including to the child protection and OOHC systems, as well as wider health and social services.

Of most relevance to Family Preservation are the changes DCJ is taking forward to assessing risk to children in accordance with the *Children and Young Persons (Care and Protection) Act 1998* (the Care Act). DCJ will be adopting an interim approach to assessing risk in the first half of 2024, in order to be more culturally responsive and create better partnerships with children, their families, communities, and other important people in their lives.

In parallel, DCJ will formally partner with AbSec and the Aboriginal Legal Service (NSW/ACT) Ltd (ALS) to co-design the new approach to assessment and decision making in statutory child protection, by working closely with all our sector colleagues, including Aboriginal community, peaks, experts, and practitioners to inform this work. These changes will have consequential impacts for Family Preservation, including understanding how changes to assessment practices within DCJ impacts efficiently and effectively matching the right families to the right Family Preservation services.

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<sup>1</sup> ROGS Tables 16A.4& 16A.34.

<sup>2</sup> Recommendation 22: The NSW Government should ensure that financial investment in early intervention support is commensurate with the proportion of Aboriginal children in OOHC, with a preference for delivery of early intervention and prevention services by ACCOs.

<sup>3</sup> Recommendation 1: Discuss the meaning of data sovereignty and the designing, collecting and interpreting of the department's administrative data relevant to Aboriginal children and young people in partnership with Aboriginal stakeholders and community.

<sup>4</sup> Recommendation 2: Develop a policy which will result in improved partnership being effected in the department's design, collection and interpretation of data relevant to Aboriginal children and families.

Family Preservation will also need to align with other child protection and OOHC reforms, including:

- implementation of *Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031*
- recommissioning of TEI services.
- Aboriginal-led Commissioning, under Closing the Gap
- ongoing implementation of “Active Efforts” under Section 9A of the Care Act
- ongoing implementation of the Aboriginal Case Management Policy (ACMP), including implementation of Aboriginal Community Controlled Mechanisms (ACCMs)
- other policy reviews impacting how DCJ caseworkers undertake task including the Prioritisation, Triage and Allocation Policy Review
- initiatives taken forward by the Restoration Taskforce
- policy development on Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov).

Beyond this, Family Preservation should align to other initiatives across government to improve responses and supports for children and families. Given that most families who receive a Family Preservation service are experiencing DFV, Family Preservation should leverage opportunities under the *NSW Sexual Violence Plan 2022-2027* and the *NSW Domestic and Family Violence Plan 2022-2027*, which also align with the *National Plan to End Violence against Women and Children 2022-2032*.

## **Developing evidence to inform investment in earlier supports**

While Family Preservation in NSW has always been closely tied to DCJ's delivery of child protection services under the Care Act, Family Preservation is a service in its own right. Family Preservation does not conduct statutory assessments and casework, and is a finite service commissioned for the purpose of supporting families to achieve outcomes – namely, to reduce risk to children and prevent their contact with the child protection and OOHC systems.

Given this different premise, DCJ takes an investment approach when commissioning Family Preservation. This means clarifying the outcomes it is seeking to achieve for families, understanding the potential avoided costs for other human services (e.g. OOHC) if families can be supported to stay together at home, and where possible, directing funding towards the services that are most successful at achieving those outcomes and avoiding those costs. It is therefore essential to build the evidence base on which Family Preservation services work for which families and the extent to which they can be expected to contribute to reducing demand on other Government-funded services. Over time, we seek to then redirect avoided costs from the crisis end of the system to early intervention and prevention.

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# Understanding the challenges and opportunities

## Purpose of the redesign

The purpose of the redesign is to improve the outcomes, experience, suitability, and accessibility for families who want to access and would benefit from working with a Family Preservation service. For Aboriginal children, young people, and families this also means increasing culturally safe and responsive, and community-led services that centre family-led decision making.

At its heart, this redesign is seeking to make Family Preservation services more *responsive* to family needs, and more *effective* at supporting families to achieve outcomes.

## Using evidence to understand the challenges and opportunities

DCJ has examined and critically appraised the best available evidence for what works, what is suitable, and what is feasible to achieve positive outcomes for children, young people, and families who are working with Family Preservation services. Evidence and knowledge about what works for Aboriginal children, young people, and families and communities was considered by the Aboriginal Family Preservation Steering Committee.

The following evidence has informed DCJ's understanding of the challenges and opportunities:

- review of high-level research evidence, including systematic reviews and meta-analyses that identify effective interventions to reduce child abuse and maltreatment, prevent OOHC placement, and improve family functioning
- review of evaluations of Family Preservation programs delivered in NSW
- analysis of current Family Preservation program and administrative data
- review of studies exploring what works for Aboriginal and Torres Strait Islander families from Australia and First Nations families from other jurisdictions
- knowledge-sharing of stakeholders, including Aboriginal communities, peaks, service providers (ACCOs and non-ACCOs), and districts
- review of Family Preservation services in other Australian jurisdictions.

Further detail on the types of evidence can be found in [Appendix C](#).

There are gaps in the existing evidence base. In particular, there is little evidence published of what works for Aboriginal families and communities, due to limited investment in the development, delivery, and evaluation of Aboriginal designed and led programs.

The knowledge-sharing of Aboriginal stakeholders in the redesign process has been particularly important to improve our understanding of what culturally safe, Aboriginal-led Family Preservation should look like.

## Collaborating with the sector to understand the challenges and opportunities

We have worked with our passionate and knowledgeable Family Preservation sector to learn about their experiences and build a joint understanding of the challenges and opportunities of the current system.

We held stakeholder workshops with a range of practice and operational representatives from DCJ districts and ACCO and non-ACCO Family Preservation service providers across NSW.

The workshops generated discussion among stakeholders and elicited their reflections on the challenges and common problems with the current service system, examples of good practice, and ideas about how the system could be improved.

The extensive feedback was analysed by the Family and Community Services Insights, Analysis and Research (FACSIAR) team within DCJ, and published in a Family Preservation *What We Heard* paper.

We also partnered with AbSec, the peak body for Aboriginal children and families in NSW, to hold 'Listen and Learn' workshops, held in person and on Country, with a range of Aboriginal stakeholders, non-Aboriginal ACCO staff, and Aboriginal and non-Aboriginal DCJ staff to better understand their experiences of Family Preservation in NSW. This feedback was analysed by AbSec with DCJ and published in the Aboriginal Family Preservation *What We Heard* paper.

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## Creating a more responsive and effective service for families

### Objectives of Family Preservation

Family Preservation is a key element of the broader child protection system and also serves as a key component of the wider community services system.

The primary objective of Family Preservation is to keep children safe at home with their families, and prevent removal, placement in OOHC, and future contact with the child protection system. Family Preservation also aims to support children and families to achieve wider social benefits, including better educational attainment and improved health and wellbeing indicators.

### Understanding challenges and opportunities of the current approach

Based on extensive consultations and critical appraisal of the best available evidence, we identified a number of challenges and opportunities to improve the experience and outcomes for families who want to access and who would benefit from Family Preservation in NSW. Broadly speaking, we need to:

- build the evidence on what works, for whom, and why
- focus more on person-centred service delivery
- ensure that service delivery is culturally safe and responsive
- provide families with the right service at the right time

- improve the experience of Aboriginal children, young people and families who face systemic barriers and racism within the child protection system
- increase transparency between families, DCJ, and service providers
- enhance collaboration between families, DCJ, and service providers
- clarify roles and responsibilities between DCJ and service providers
- improve operational procedures
- increase the number of services delivered by ACCOs
- achieve better value for money.

## Principles of a responsive and effective Family Preservation system

Based on extensive engagement with DCJ staff and service providers, we have developed seven guiding principles for Family Preservation. These principles will underpin the new design and continual system improvement of Family Preservation, over time.

The principles are:

1. **Evidence-based:** Building the evidence of Family Preservation to understand what works for different families, and using this evidence to deliver more targeted, effective services. For Aboriginal communities, this also means embedding the principles of Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) in Family Preservation.
2. **Person-centred:** The experience, strengths, and needs of families must drive the system response. Families can exercise agency about what they want to achieve and how they want to achieve it.
3. **Transparent, fair, and accountable:** Families have full, consistent, and accurate information at all points of their journey. They are fully aware of their rights and are comfortable and feel safe to express concerns and seek a fair resolution. For Aboriginal families, DCJ and service providers engage in community accountability mechanisms.
4. **Culturally safe and responsive:** Recognising and responding to the diverse cultural backgrounds of families, ensuring services are safe, respectful, inclusive, and responsive to individual differences. For Aboriginal families, this means prioritising the voice and experience of Aboriginal children, young people, families, and communities in decision making.
5. **Simple and easy to understand:** Simplifying the service system for families, and enabling DCJ and service providers to spend more time supporting children, young people, and families, and less time navigating complex processes.
6. **Collaborative with all stakeholders:** Harnessing the collective experience of families and the expertise, dedication, and shared passion of DCJ staff and service providers to ensure a coordinated and cohesive approach to service delivery for children, young people, and families.

7. **Directive, supportive, and innovative:** Striking the right balance between strict rules and freedom to use discretion, so families receive a service that is both consistent and tailored. For ACCOs, this is driven by self-determination.
8. **Value for money:** Striking the right balance between efficient and effective services that use public money prudently to achieve outcomes for children, young people, families, and communities.

## **Designing an effective and responsive Family Preservation system**

Grounded in the objectives, the challenges and opportunities, and design principles above, the remainder of this Discussion Paper sets out the proposed design of the Family Preservation system. These proposals seek to show a clear line of sight between the aspects of design and better outcomes for children, young people, and families, in order to demonstrate that we are not seeking to introduce change for change's sake.

The remainder of the paper is divided into sections which discuss different aspects of the design and contain a number of related proposals. In each section, we briefly summarise the key issues and limitations with the current system based on the evidence we have analysed and outline what the new design should seek to achieve. Following this, we introduce proposals to address the identified problems and achieve the vision. This is then followed by a number of discussion questions.

We are confident we will progress some aspects of this design, while we are in earlier stages of exploration of a number of other aspects. For all aspects, we are seeking stakeholder feedback on either the premise on which we are building, the design of the proposal, the implementation of the proposal, or aspects of all three. We recognise that to successfully design and steward a system, we must consider the various perspectives of all participants who play a role in it, and most importantly, we must put the families who should benefit from it in its centre.

### **Discussion question:**

1. Are there any additional primary objectives and/or principles that should be considered for Family Preservation?



# Part two: Services that are responsive to families' needs

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# Making the right services available for families

## Family Preservation supports currently available to families

Families who want to access and who would benefit from a Family Preservation service currently have the potential to be supported by a number of different models. Those models include Brighter Futures (including SafeCare in selected sites), Youth Hope, Resilient Families, Intensive Family Preservation (IFP), Intensive Family Based Supports (IFBS), Permanency Support Program – Family Preservation (PSP-FP), Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), (Functional Family Therapy – Child Welfare) FFT-CW and Nabu.

Each of these models has different types of service delivery (clinical and non-clinical case work), levels of prescription (manualised and non-manualised), eligibility and suitability requirements, service duration and intensity (time spent with the family), evidence of effectiveness, and availability across NSW. The majority of the models have been developed or imported with no input from Aboriginal communities. We do not have a clear system-wide definition of what constitutes therapy (or therapeutic interventions) as opposed to non-therapeutic interventions.

## Developing a new service offering for families

Recommissioning presents an opportunity to more purposefully select a suite of models that are responsive to the dynamic needs, strengths, and characteristics of families, and that are more likely to help keep children safe and with their families. So far as possible, recommissioning should attempt to offer families the same service models regardless of where they live.

We propose keeping some models from the current suite of Family Preservation. These models include:

1. **Nabu**

While the evidence is still emerging,<sup>5</sup> as the only Aboriginal-developed model, Nabu is showing promising signs of delivering outcomes for Aboriginal families and community.

2. **MST-CAN**

3. **FFT-CW.**

MST-CAN and FFT-CW have demonstrated some evidence of effectiveness internationally and in NSW.<sup>6,7,8,9,10</sup> Both models offer clinical supports that many families require. We propose retaining

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<sup>5</sup> A formative evaluation of Nabu was carried out by IPS Consultants in 2021 and preliminary work on an outcomes and economic evaluation of Nabu is underway.

<sup>6</sup> Shakeshaft A; Economidis G; D'Este C; Oldmeadow C; Dam Anh T; Nalukwago S; Jopson W; Farnbach S, 2020, The application of Functional Family Therapy-Child Welfare (FFT-CW<sup>®</sup>) and Multisystemic Therapy for Child Abuse and Neglect (MST-CAN<sup>®</sup>) to NSW: an early evaluation of processes, outcomes and economics., NDARC, Sydney.

<sup>7</sup> Swenson, et al. 2010, Multisystemic Therapy for Child Abuse and Neglect: A Randomized Effectiveness Trial, *Journal of Family Psychology*, vol. 24, no. 4, pp. 497-507

<sup>8</sup> Turner, et al. 2017, Summary of comparison between FFT-CW and Usual Care sample from Administration for Children's Services, *Child Abuse & Neglect*, vol. 69, pp. 85-95.

<sup>9</sup> Economidis G; Farnbach S; Eades AM; Falster K; Shakeshaft A, 2023, 'Enablers and barriers to the implementation of Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) into the routine delivery of child protection services in New South Wales, Australia', *Children and Youth Services Review*, 155, <http://dx.doi.org/10.1016/j.chidyouth.2023.107297>.

<sup>10</sup> Economidis G; Farnbach S; Falster K; Eades AM; Shakeshaft A, 2023, 'Identifying enablers and barriers to the implementation of Functional family Therapy – Child Welfare (FFT-CW<sup>®</sup>) into the routine delivery of child protection services in New South Wales, Australia', *Children and Youth Services Review*, 149, <http://dx.doi.org/10.1016/j.chidyouth.2023.106927>.



While DCJ is yet to allocate resources or conduct market sounding across geographies, the below represents an indicative service offering across districts:

District	Families Together	Aboriginal Family Preservation	MST-CAN	FFT-CW
Murrumbidgee Far West Western NSW	✓	✓	✓	✓
Mid North Coast New England Northern NSW	✓	✓	✓	
Illawarra Shoalhaven Southern NSW	✓	✓		✓
Western Sydney Nepean Blue Mountains	✓	✓	✓	✓
South Western Sydney	✓	✓	✓	✓
Sydney South Eastern Sydney Northern Sydney	✓	✓		✓
Hunter Central Coast	✓	✓	✓	✓

Unlike previous rules for some Family Preservation models, there will be no requirement for DCJ to keep a case open for the entire service duration.

### The difference between a model and a framework

The *Aboriginal Family Preservation* and *Families Together* frameworks are not models, but rather provide a consistent approach for service providers to develop their own models. The frameworks will have a number of fixed elements:

- eligibility and suitability
- intended outcomes that the service aims to achieve
- evidence-informed core components and a limited number of service activities (including assessment and measurement of outcomes using standardised assessment tools)
- service duration
- intensity (number of service hours allocated to a family)
- performance framework

- data collection around clients, services delivered, and client outcomes
- unit costs
- brokerage.

We want to introduce a fixed set of evidence-informed core components to enable service providers to develop and iterate responsive and effective models based on:

- the strengths, needs, and characteristics of families in their local communities
- available evidence of effectiveness, including what works in their community
- the strengths of their practitioners and their organisation
- the strengths of the wider community and service system.

A core components approach helps to develop an evidence base that, over time, can be used to tailor services to families, measure outcomes, and inform future strategic decisions. It is increasingly being adopted across the human services sector, both nationally and internationally, as a way of building a standardised but flexible service model based on the best available evidence of what works.

Both *Aboriginal Family Preservation* and *Families Together* present service providers with greater freedom and flexibility to design, codesign, and deliver supports for families.

For ACCOs, *Aboriginal Family Preservation* presents the very first statewide opportunity to take the lead in developing models that are community-led, self-determined, and culturally safe. It recognises the vital role of identity, culture, and connections in strengthening family foundations and enhancing the safety and wellbeing of Aboriginal children and young people.

It also provides the opportunity and means to develop a greater evidence base of how Aboriginal-designed and led services can deliver outcomes for Aboriginal families. This has the potential to strengthen their position in community and help secure further investment in future.

For non-ACCO service providers delivering *Families Together*, it will provide the opportunity to develop more flexible models which respond to the multifaceted and dynamic needs of families throughout their service journey. While we will no longer commission Brighter Futures (including SafeCare), Youth Hope, Resilient Families, IFBS, IFP, and PSP-FP, the framework approach encourages service providers to analyse and integrate the strengths of these models to create more innovative, responsive, and effective services.

Service providers that deliver *Aboriginal Family Preservation* and *Families Together* will be expected to deliver responsive and evidence-informed supports that are tailored to the needs, characteristics, motivations, goals, and complexities of families.

More information about *Aboriginal Family Preservation* and *Families Together*, including how we intend to support service providers through this transition can be found in Parts Four and Five of this paper.

## Discussion questions:

2. Does the proposed suite of Family Preservation provide the right mix of responsive and culturally safe supports to children, young people, and families?
3. How do we ensure that Aboriginal children, young people, and families are provided with culturally safe and responsive supports when working with a Family Preservation service?
4. How do we that ensure children, young people, and families from culturally and linguistically diverse (CALD) backgrounds are provided with culturally safe and responsive supports when working with a Family Preservation service?

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## Matching families with the right service

### Limitations of our current approach and opportunities for change

Family Preservation currently delivers services to families with a broad range of needs, characteristics, strengths, goals, and with varied levels of risk.

The levels of risk range from families with a child who is approaching the ROSH threshold as defined by Section 23 of the Care Act, families with a child who is at ROSH but is not likely to meet the threshold for considering removal which is “risk of serious harm” under Sections 43 and 44, and families with a child who is at ROSH and is very close to or above the “serious harm” threshold.

Families who are working with Family Preservation services are usually experiencing one or more factors that might adversely impact the child or young person’s safety, wellbeing, and development. These factors include DFV, emotional abuse, physical abuse, sexual abuse, and neglect. Families also have a range of strengths that can be drawn upon to achieve their goals; however, there is currently no standardised tool or mechanism that captures these strengths.

Although we know the breadth of risks and issues that these families face, we have a poor understanding of the nuance and characteristics of these families. We know:

- Families can be split into community referrals and DCJ referrals, which, although not a strict proxy for risk level, could be loosely understood for it.
- Data identifying which families are Aboriginal can be inaccurate.
- Data identifying the cultural and linguistic background of families can be inaccurate.
- Data identifying the needs and appropriate supports for families who have members living with disability(ies) can be difficult to obtain.
- The SDM Risk Assessment tool, used to assess a family’s total risk and individual risk factors has limitations.<sup>12</sup>
- Most families present with multiple risk factors, according to DCJ client data.

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<sup>12</sup> To note: DCJ will be introducing an interim approach to assessing risk in the first half of 2024. DCJ will begin to create a new approach to assessing risk in formal partnership with AbSec and the Aboriginal Legal Service.

- Families' needs and risk factors change throughout service delivery and there is no systematic and proportionate way of capturing this.

We also have a poor understanding of which Family Preservation models work for whom and why.

There is some international evidence which supports the effectiveness of models such as MST-CAN and FFT-CW. We do not know enough about what works for Aboriginal families, but there is a need for services to be developed with and for local communities and evaluated for effectiveness.

We want to understand more about a family's "readiness for change." There is evidence to suggest that understanding a family's readiness for change may help practitioners understand future risk, understand families' circumstances, and better match and allocate services and supports.<sup>13,14</sup> It is a key factor to determine whether a family is suitable for a Family Preservation service. We currently have no common way of assessing readiness for change or capturing this type of data across the system.

Consequently, we rely on blunt tools and rigid eligibility criteria to match families to Family Preservation services. More often than not, suitability may not be considered, and referral is based on whether a provider has a vacancy for a family, rather than what may be the best fit for the family to reduce risk to the child.

Currently, several practices are used to determine whether a family is eligible for a Family Preservation service. For families who have been allocated for a face-to-face assessment by DCJ caseworkers, eligibility is predominately based on the outcome of a risk assessment. The current tool was not designed for this purpose and therefore does not necessarily gather and analyse the most helpful information about a family to match them to an appropriate service. Families who are referred at triage or through a community referral do not receive a face-to-face assessment and we have, in most instances, significantly less information and understanding of their characteristics and needs. In some cases, referrals are made without a full picture of the family, and in other cases a family has not been involved appropriately in the process and a decision to refer is made without them.

Over time, a number of different eligibility and ineligibility criteria across Family Preservation have emerged, creating a lack of clarity about the underlying rationale for some families being eligible or ineligible for Family Preservation in general, as well as eligible or ineligible for certain models of Family Preservation. This can create unnecessary confusion at the point of referral and may lead to some families receiving inappropriate services, and others missing out.

We want to open eligibility to make Family Preservation less restrictive, and instead focus on whether a model and/or service is suitable, responsive, and effective for a family. We want to explore validated tools to assess family readiness for change and use these to improve our understanding of service suitability and our allocation of services.

We want to develop a Family Preservation service system that has greater capacity to match families to the right service at the right time. We want to give families greater voice and agency in decision-making, have a better understanding of children's and families' needs and characteristics, make it easier for referrers to determine service and model suitability, improve access to and quality

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<sup>13</sup> Littell, JH & Girvin, H 2004, Ready or Not: Uses of the Stages of Change Model in Child Welfare. *Child welfare* vol. 83, no. 4, pp: 341-366. Print.

<sup>14</sup> Platt, D & Riches, K 2016, Assessing parental capacity to change: The missing jigsaw piece in the assessment of a child's welfare? *Children and Youth Services Review*, vol. 61, pp: 141-148 doi: 10.1016/j.childyouth.2015.12.009.

of information, enhance dispute resolution mechanisms between DCJ and service providers, and make the best use of finite resources available for Family Preservation.

## Streamlining eligibility for all models and frameworks

We propose adopting a universal and streamlined eligibility criteria for Family Preservation, rather than multiple eligibility criteria across multiple models and frameworks. We also propose slightly narrowing the types of families who can receive a Family Preservation service in order to target finite resources to those families who need it most and are not able to be supported by other programs.

A family is eligible for Family Preservation if they have a child or young person in the home who is 0-17 and DCJ or a mandatory reporter suspects they are at risk of significant harm (ROSH), using the same definition of that provided by Section 23 of the Care Act.

For the purposes of eligibility for Family Preservation, a child may be at ROSH in the home they are currently living in or a home to which they are being restored. For children in OOHC placements and who have restoration as a case plan goal, other supports and funding available (e.g. restoration activity funded through OOHC) will need to be exhausted before being eligible for Family Preservation.

### Children and Young Persons (Care and Protection) Act 1998

#### Section 23: Child or young person at risk of significant harm

- (1) ... a child or young person is **at risk of significant harm** if current concerns exist for the safety, welfare or well-being of the child or young person because of the presence, to a significant extent, of any one or more of the following circumstances –
- (a) the child's or young person's **basic physical or psychological needs** are not being met or are at risk of not being met,
  - (b) the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive **necessary medical care**,
  - (b1) in the case of a child or young person who is required to attend school in accordance with the [Education Act 1990](#) – the parents or other caregivers have not arranged and are unable or unwilling to arrange for the **child or young person to receive an education** in accordance with that Act,
  - (c) the child or young person has been, or is at risk of being, **physically or sexually abused** or ill-treated,
  - (d) the child or young person is living in a household where there have been incidents of **domestic violence** and, as a consequence, the child or young person is at risk of **serious physical or psychological harm**,
  - (e) a parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering **serious psychological harm**,
  - (f) the child was the subject of a **pre-natal report** under section 25 and the birth mother of the child **did not engage successfully with support services** to eliminate, or minimise to the lowest level reasonably practical, the risk factors that gave rise to the report.



## Improving our understanding of suitability

Not all families who are strictly eligible for Family Preservation will be suitable for a service or for all models and frameworks. We want to move to a system driven by suitability and not purely availability, where families are referred to services that match their needs, strengths, characteristics, and circumstances so they can be supported accordingly. We recognise that the voice of families is essential for understanding what services will meet their needs.

We know from discussions with practitioners that the needs of families are dynamic. For example, some families may be best suited to a service initially focused on practical supports, while others will be suited for a clinical and therapeutic service. Over time, we want to move to referral practices and processes which provide more sophisticated guidance about which type of support helps which type of family at what point in time, but this requires more nuanced data and evidence about how to drive suitability matching at a system level.

We are exploring the possibility of developing guidance for referrers. This guidance will need to be tailored to the referrer (mandatory reporter, triage caseworker, allocated caseworker), the level of information that the referrer is likely to hold about the family, and our evolving understanding about which families are best suited to Family Preservation, and the different Family Preservation models and frameworks. We will work with DCJ staff, service providers, peaks, mandatory reporters, model developers, and community to define and develop this process using expertise, best available evidence, and cultural considerations.

The intention is for this guidance to be used during the referral process. There are a number of things that need to be considered about a family when developing guidance to help inform their suitability for a Family Preservation service. They are:

- a family's characteristics and needs, including DFV, emotional abuse, physical abuse, sexual abuse, neglect, mental health, and drug and alcohol misuse
- a family's strengths
- a family's motivations for wanting to access a Family Preservation service
- a family's previous attempts at Family Preservation
- a family's readiness for change
- a family's cultural needs
- a family's preference of model and service provider
- type of model and the supports it provides
- service provider
- availability and wait times
- other services the family is currently receiving (i.e. TEI).

## **Families who are not likely to be eligible or suitable**

Current operational materials such as Service Provision Guidelines (SPGs) across Family Preservation models outline a variety of ineligibility criteria. We are seeking to remove ineligibility criteria for all Family Preservation models and frameworks, and instead focus on the circumstances where a family who is eligible for Family Preservation may be unsuitable for a Family Preservation service.

We know that families who fall into our proposed eligibility criteria - those with children who are suspected or determined at ROSH - are highly likely to have a combination of mental health, drug and alcohol misuse, and DFV in the home. Family Preservation must, as a standard rule, support families with these needs. We foresee that a family who is eligible for Family Preservation would only be unsuitable for Family Preservation in extremely limited circumstances. This may be where the efficacy of Family Preservation is likely to be undermined, or there are wider legal proceedings that take precedence and would be undermined by service delivery.

Through the development of the suitability guidance, we will explore what information about the family may be available to referrers, and what factors could indicate that a family is unsuitable for Family Preservation at the point of referral. For example, a referrer may be aware of related criminal proceedings (e.g. protective orders, domestic abuse, abuse and neglect) for one or more of the family members who would be given the Family Preservation service, and the police or prosecution consider that it would interfere with the proceedings.

For the families that are considered unsuitable for Family Preservation, DCJ will need to consider what other support services and pathways will be more appropriate for the family. We will work with other agencies to map clear pathways for referrers and service providers to ensure these families receive the supports they need.

## **Prioritising those who we are confident are suitable**

Family Preservation is a highly rationed service. We know there are more families who want, need, and would benefit from this service than there are currently places available.

Families who are eligible for Family Preservation can be referred to a service by mandatory reporters, DCJ triage caseworkers, or allocated DCJ caseworkers. These referrers have different levels of information about the family available to them at different points in times.

The better we understand a family's situation and the more confident we are that a child is at ROSH, the more effectively we can determine whether they are suitable for Family Preservation, and which Family Preservation model and/or service they are most suitable for. For instance, a nurse who is a mandatory reporter and suspects a child could be at ROSH, may have limited information about a family and would not be as equipped to connect them with suitable services compared to a DCJ caseworker who has more information about a family's characteristics and needs from ChildStory information and by conducting various assessments.

We are proposing to prioritise families with children who DCJ has determined are at ROSH because we have more detailed information about their characteristics and needs and hold greater confidence that the family can be matched to the right service. While risk is a key consideration for suitability for Family Preservation, we do not intend to prioritise families based solely on their risk

level, as determined by Safety and Risk Assessment (SARA) or other tools.<sup>15</sup> Finite Family Preservation resources need to be directed to the families for whom we believe, based on the best available information, they will have the most impact.

Applying this principle, our prioritisation for referrals is as follows:

#### **Priority 1: DCJ referral from allocated case**

High certainty of the risk to the child (i.e. following a ROSH report a caseworker has been allocated and through a face-to-face assessment process, DCJ has determined that a child is in need of care and protection).

#### **Priority 2: DCJ referral from triage (unallocated case)**

Medium certainty of the risk to the child (i.e. a child who is the subject of a ROSH report and has been screened in at the Child Protection Helpline as they suspect the child is at ROSH; but has not been allocated to a DCJ caseworker for a face-to-face assessment).

#### **Priority 3: Community referral**

Least certainty of the risk to the child (i.e. a mandatory reporter who suspects a child is at ROSH and want to make a community referral in parallel to a report).

Our expectation is that Family Preservation will provide supports for three priority cohorts in approximately the following proportions:

- **Priority 1:** 60 per cent
- **Priority 2:** 30 per cent
- **Priority 3:** 10 per cent

We know that the flow of referrals may not always happen in these proportions, week-to-week or month-to-month, but we do expect this to be the average distribution over time.

## **Best practice referral process**

### **Community referral**

We propose only allowing mandatory reporters to make community referrals. This is because they are familiar with and have access to resources to support their understanding of the ROSH definition under Section 23 of the Care Act which underpins the proposed eligibility criteria. We recognise that most community referrals are likely to come from Child Wellbeing Units (CWUs) or other DCJ-commissioned services (e.g. TEI).

Community referrals from mandatory reporters are designed to respond to a family's needs, facilitating quicker access to Family Preservation supports compared to waiting to be allocated a DCJ caseworker or securing a triage referral to Family Preservation or other relevant support services. We also recognise that should a family begin a Family Preservation service at the time of the report and before DCJ undertakes relevant assessment, that the family's engagement in Family Preservation may demonstrate parental protectiveness to DCJ triage or caseworkers who are assessing a child's risk and the required response.

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<sup>15</sup> To note: DCJ will be introducing an interim approach to assessing risk in the first half of 2024. DCJ will begin to create a new approach to assessing risk in formal partnership with AbSec and the Aboriginal Legal Service.

Mandatory reporters who want to refer an eligible family to a Family Preservation service should only do so if the family agrees. A mandatory reporter should talk openly to the family about their concerns, let them know they suspect their child is at ROSH, and that they could benefit from working with a Family Preservation service. A mandatory reporter should listen to the family's needs and goals to determine their suitability before making a referral.

DCJ is currently revising the Mandatory Reporter Guide. The guide will include a best practice referral process for mandatory reporters.

We will also work with service providers to ensure infoShare<sup>16</sup> continues to capture all appropriate information relating to community referrals.

Mandatory reporters must make a ROSH report in parallel with a Family Preservation referral (via a CWU, where appropriate). We will explore whether and how to make community referral information available at the Helpline and triage to inform consequential assessment and allocation decisions.

### **Triage referral**

DCJ triage caseworkers can make referrals to Family Preservation service providers without needing to allocate a DCJ caseworker for face-to-face assessment. DCJ triage caseworkers will need to consider their obligations under Active Efforts.<sup>17</sup>

If a DCJ triage caseworker considers that a Family Preservation service may benefit a family, they must contact the family to let them know that a ROSH report has been made, openly and clearly discuss the concerns, let them know their rights and options available to them, discuss their suitability for a Family Preservation service and/or model of Family Preservation, and obtain agreement before making a referral.

Referrals must be made using the Universal Referral Form (URF) and include all relevant information. We note that the URF will likely need revision.

We will develop a best practice referral guide for DCJ triage caseworkers that will be included in the revised Triage Mandate.

### **Allocated referral**

DCJ caseworkers who are allocated to undertake a face-to-face assessment of the family are to make referrals to Family Preservation service providers after a SARA, and after engaging the family to develop a Family Action Plan for Change (FAPFC). DCJ caseworkers will need to consider their obligations under Active Efforts.

On identifying the goals in the FAPFC which would reduce the child's risk below the "significant harm" threshold, the caseworker should discuss with the family how Family Preservation, and different models of Family Preservation, may help to support the attainment of those goals. If the family agree, this should be included in the FAPFC.

With the agreement of the family to the FAPFC, the caseworker may then make the referral to the Family Preservation service.

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<sup>16</sup> <https://dcj.nsw.gov.au/service-providers/deliver-services-to-children-and-families/family-preservation/data-and-reporting.html#infoShare0>

<sup>17</sup> <https://dcj.nsw.gov.au/news-and-media/media-releases/2023/landmark-law-reforms-to-keep-families-safe-.html#:~:text=Active%20efforts%20mean%20proactively%20working,is%20safe%20to%20do%20so.>

Referrals must be made using the URF and include all relevant information.

DCJ will seek to reinforce this practice through updates to other policy and practice instruments, including guidance on developing a FAPFC.

We recognise that DCJ CSCs face considerable operational pressures to see high volumes of children reported at ROSH for a face-to-face assessment, and that responding to these children can reduce the amount of time and resource available to undertake FAPFC and make meaningful referrals to Family Preservation. We recognise that in extreme operational circumstances, it may be necessary for DCJ caseworkers to refer families to Family Preservation after a face-to-face assessment that determines the child/ren to be “in need of care and protection”, but prior to a FAPFC. Where this occurs, the DCJ caseworker is required to complete the URF, noting the specific concerns they hold, and how specifically they expect Family Preservation to work with the family to address these needs. A copy of the URF should also be provided to the family.

We will work across DCJ to determine what constitutes extremes circumstances.

## **Accepting and declining referrals**

Currently, there is lack of clarity around the circumstance in which a service provider can decline a referral and the reason captured for that. To support the objectives of a responsive and effective system, we want to introduce two new reasons for referral decline:

### **1. Insufficient information**

The service provider should contact the referring officer if they receive a referral with limited information or if the URF is incomplete. If information is not provided within an agreed period of time, then the service provider may decline the referral and note the reasons for the decline so it can be discussed at regular contract management meetings.

### **2. Unsuitable for the service**

The information provided by the referrer indicates that the family is not suitable for the service as described in the suitability considerations outlined above in “Improving our understanding of suitability”.

As a matter of principle, service providers and referrers should make every effort to resolve issues that arise in the referral process with the aim of providing families with a suitable service. However, in instances where service providers decline a referral, the service provider will capture the reason in infoShare. DCJ will analyse the overall decline and acceptance rates and discuss with service providers during regular contract management meetings.

As part of the performance framework for service providers, we would like to set an expectation that a certain percentage of DCJ (triage and an allocated caseworker) referrals will be accepted (and therefore set a percentage of referrals that may be declined). We recognise, however, that there are circumstances beyond the service provider’s control that would lead to declined referrals. DCJ contract managers will need to examine the prevalence of different referral decline reasons using infoShare data before determining the best course of action. For example, if there are high rates of declined referrals for “insufficient information”, the contract manager may make enquiries with the referring CSC and bring parties together to improve referral practice. It is important that

when decline rates are rising above the expected percentage rate that data-led conversations are had between service providers, contract managers, and CSCs.

The Family Preservation program team in DCJ will work with contract managers to analyse trends in referral decline rates and reasons to inform whether any system-level amendments or improvements are required.

Reasons for community referral declines should be noted, but the number of community referrals that are declined will not be included in performance management.

### **Discussion questions:**

5. Does the eligibility, suitability and prioritisation approach strike the right balance between providing access to families who could benefit from Family Preservation and targeting a finite resource? If not, what do you think needs to shift so it is striking the right balance?
6. Do the proportions of 60 per cent, 30 per cent, 10 per cent between DCJ allocated, triage, and community referrals strike the right balance? If not, why not?
7. What is your view on which families are more or less suitable for the various Family Preservation models? What factors contribute to this?
8. What practices, tools or processes do you currently use, or have you seen used in other services, to determine suitability?
9. Do you foresee any unintended consequences in linking DCJ allocated referrals to the Family Action Plan for Change? If so, how can these be mitigated?
10. Should service providers be involved in the Family Action Plan for Change? If so, what level of information do service providers need about the family to best support the process?
11. Will the new referral decline reasons support better referral practices and collaboration between DCJ and service providers? If not, why not?
12. If referral practices are effective, what would be a reasonable decline rate for DCJ referrals?

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## **Engaging families from the outset**

### **Limitations of our current approach and opportunities for change**

We have limited understanding on the effectiveness of engagement once a family has been referred to a Family Preservation service. However, anecdotal evidence suggests that initial engagement in Family Preservation is often poor.

Poor engagement can be driven by several contributing factors:

- "cold" referrals, whereby service providers contact a family without DCJ informing them of concerns, discussing their options and rights, or obtaining their agreement
- insufficient information being shared with service providers, requiring families to repeat their story to new people

- lack of transparency with families regarding concerns and referral reasons
- ineffective engagement practices, such as lack of persistence or failure to accommodate families' schedules
- not understanding a family's motivation or readiness for change.

Poor engagement has negative consequences for a family and limits their opportunity to access suitable and effective supports. It can also mean we are not using limited Family Preservation services effectively. Improved engagement strategies have the potential to reduce negative family experiences and increases the likelihood of successful service completion.

Once a family is engaged and working with a service provider, there can be confusion between DCJ, the service provider and the family about which agency is “managing the risk” and what effective collaboration looks like. This lack of role clarity can lead to frustration between practitioners, and ultimately may undermine the necessary response if the risk to a child increases.

### **Understanding motivation and supporting initial engagement**

Family engagement in a service and the contextual factors impacting their capacity and readiness for change are critical to improving outcomes and ensuring children remain safely at home with their families.

The initial step of the first phase of Family Preservation should focus on working with families to understand their motivations, strengths, needs, characteristics and goals, and how they can best be supported to engage with a service.

Where a service provider is working with the family to understand how they can best be supported, there is merit in DCJ holding the case open for a defined period of time within the engagement phase. Keeping a case open with DCJ may allow Family Preservation practitioners a reasonable amount of time to build trust and rapport with a family. During this period, we would not expect DCJ to undertake active case management, but rather only expect DCJ to:

- share necessary information with the service provider to support engagement
- receive and respond to any mandatory reports made by the service provider that indicate that the risk to the child/ren has materially escalated beyond that which was assessed at the point of referral.

We need to find a length of time to keep a case open in DCJ that will strike the best balance with operational pressures. Based on conversations with practitioners, we propose keeping allocated cases open for up to three months. During this time, we expect service providers to be able to:

- identify any additional indicators of risk that DCJ may have not originally identified
- understand the goals in the Family Action Plan for Change (FAPC) and assess whether and how Family Preservation can support the family to achieve those goals
- assess the family's suitability for the model and or service
- determine the family's readiness for change

- develop a plan for the Family Preservation response
- share information with the DCJ caseworker about any ongoing or emerging risks to the child and the likelihood of the family's success in the program
- apply other assessment tools, including for example the DFV Common Risk Assessment Framework (CRAF) once developed<sup>18</sup>.

If a family's initial engagement with a service is successful, service providers can notify DCJ, and the case can be closed by DCJ sooner. If at the three-month mark, a family have not engaged with the service, service providers are required to notify DCJ caseworkers and detail the attempts made to engage with the family. DCJ will work with service providers to discuss the best course of action, which may include DCJ visiting the family, DCJ and the service provider visiting the family (joint visit) or closing the case with the service provider and DCJ taking further case management steps, including conducting a risk reassessment where necessary.

If, within the period when DCJ has the case open, the service provider has identified factors that indicate that despite being engaged, the family is unsuitable for Family Preservation (or the particular model) in line with the suitability guidance, the service provider must contact DCJ outlining the reasons why the family is not suitable and discuss other service pathways. The service provider may then close the case early, citing unsuitability as the reason, and DCJ will consider further case management steps.

We recognise that DCJ CSCs and caseworkers face considerable operational pressures to see high volumes of children reported at ROSH for face-to-face assessment and to take subsequent action. We recognise that requiring DCJ to hold cases open for up to three months while a Family Preservation service provider engages the family may affect DCJ's ability to respond to other reports and/or affect caseworker caseloads. However, we also recognise that this approach is likely to reduce the rate at which families are re-reported to the Helpline, creating potential operational efficiencies.

We will work closely with operational colleagues and service providers to design pragmatic solutions given these challenges. We will also develop necessary metrics and controls to monitor the intended and unintended consequences of this proposed change and adjust the approach as needed.

Systemic performance will be managed and analysed in regular contract management meetings. Contract managers and commissioning and planning teams are encouraged to include relevant operational staff from CSCs to discuss these matters and support joint problem solving.

### **Managing risk when the family is engaged and working with the service provider**

DCJ is the agency responsible for exercising the powers and duties under the Care Act to determine whether a child is at ROSH, whether they are in need of care and protection, and to determine any necessary action. These powers have never been delegated or contracted out to non-government

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<sup>18</sup> DCJ has commissioned academics at the University of NSW to develop a Common Risk Assessment Framework (CRAF) for domestic and family violence. The CRAF will help ensure that services across NSW have a common understanding of DFV and provide victim-survivors with a consistent, appropriate, and safe response. The project is consulting widely, including with Aboriginal stakeholders.



service providers.<sup>19</sup> DCJ continues to hold these powers and duties whether a Family Preservation service provider is working with a family or not.

Family Preservation service providers, as mandatory reporters under the Care Act, have a duty to report to DCJ when they suspect a child is at ROSH. They have no powers or responsibilities to determine whether the child is or continues to be at ROSH or in need of care and protection for the purposes of the Care Act, nor to determine the necessary action.

Unlike OOHC service providers, Family Preservation service providers do not legally have “primary” or “secondary” case management of children and families for the purposes of the Care Act. Legally, DCJ will always hold the powers and duties to assess and respond to a child who is suspected or determined to be at ROSH under the Care Act, and DCJ is responsible for the decisions made about that child even when that decision is to close a case. While Family Preservation service providers will undertake case management activities with the families they are working with (e.g. goal setting and planning), it is important to note that this is purely in the pursuit of effective provision of the services they are contracted to provide, and they are not responsible for making decisions about risk as it is understood in the Care Act.

Despite this, we recognise that often Family Preservation service providers work with families when DCJ has determined the child is at ROSH, and that service providers will have unique insights into the ongoing risk to the child. It is therefore vital that there are clear expectations and processes as to how a Family Preservation service provider can inform DCJ of any ongoing or emerging risks to the child regardless of whether the case is open or closed.

When a family has been referred to a Family Preservation service provider by an allocated caseworker and the allocated caseworker keeps the case open, the Family Preservation service provider will be informed by DCJ of the reasons the child is considered to be at ROSH. However, if the service provider identifies any other types of risk to the child or changes to risk, the provider must inform the DCJ caseworker. By doing this, the service provider will have discharged their mandatory reporter duty under the Care Act, and not be required to report the child to the Helpline. On receiving the report, the DCJ caseworker will then need to consider whether the concerns identified are materially different from those previously understood, and therefore requires them to reassess the child’s risk.

When a family has been referred to a Family Preservation service provider from triage or by an allocated caseworker and the case is closed, or if the service provider is working with the family following a community referral, they will be required to report any ongoing or emerging suspicion that the child is at ROSH to the Helpline. This may include if a family has disengaged in service provision after the initial engagement period, and the Family Preservation service provider suspects that the child/ren is at ROSH. The report will then need to be considered by the Helpline, and if screened in, will progress to the relevant triage team. The triage team may contact the Family Preservation service provider directly to inform their decision on whether to allocate or to close the report. If allocated, the caseworker will be expected to engage the Family Preservation service provider to support their investigation.

Beyond reporting and managing risk, we recognise that sometimes information sharing powers and mechanisms are not always clear and well understood between DCJ and service providers, and sometimes practitioners are working without critical information. We will develop guidance about

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<sup>19</sup> Often stakeholders will refer to “secondary case management” in the context of Family Preservation. This incorrectly comes from the concept of “secondary case management” in OOHC, where providers are delegated certain powers under the Care Act. Given there is no capacity to delegate powers, the concept of “secondary case management” cannot apply in Family Preservation when referring to decisions and actions taken under the Care Act.

what powers and mechanisms are available to practitioners to share information throughout service delivery.

### **Next steps once a family has completed the service**

Throughout the service, the service provider should be empowering the family to build a network of wider family, friends, and professionals who can support the family to protect the child from future risk of harm after the service ends. This may include professionals in other health and community services that the family is accessing. As a family is approaching the end of the service, it is important the service provider ensures these supports are in place.

We want to track when families are completing a service in order to improve the timeliness of vacancy and utilisation information across the service system. We will explore whether infoShare has the capability to support a live vacancy management system.

### **Discussion questions:**

13. Will keeping cases open for up to three months help service providers improve engagement with families? If not, why not?
14. Will keeping cases open for up to three months improve collaboration, information sharing, and transparency between families, DCJ, and service providers? If not, why not?
15. Will keeping cases open for up to three months result in unintended consequences? If so, what are they?
16. Do the respective roles and responsibilities of DCJ and service providers regarding managing ongoing and escalating risk provide clarity? Are there any other gaps in understanding?

# Part three: A system that continuously improves outcomes for families

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# Empowering partners, fostering collaboration and being accountable to families and community

## Limitations of our current approach and opportunities for change

We need to improve the way we work together to deliver a responsive and effective Family Preservation service system for children and families. Stakeholders have said there is a need to improve collaboration, trust, and ways of working between DCJ and service providers.

Currently, the relative roles and responsibilities of DCJ and service providers at different levels of the system are not expressly articulated. There are inconsistent procedures or mechanisms for raising and resolving issues at a client, practice, operational, or program level which can cause confusion and frustration between partners.

At times, it is difficult to know if challenges that arise are service provider, model, or geographically specific, or if the same challenges are felt across the system. This means some broader systemic issues are overlooked, and other issues, which could be an anomaly, are given unnecessary time and resources in attempts to resolve them.

We are conscious that there is a lot of change occurring across the system, some of which is beyond the scope of Family Preservation recommissioning. We need to improve our ways of working and establish clear processes and procedures, so we are best placed to implement the new Family Preservation design and can adapt to broader changes as they arise.

## Clarifying roles and responsibilities

There are multiple partners and teams who work together in the Family Preservation system who all have an influence on whether a service can successfully support a family to achieve outcomes. We want to ensure that all of these partners are clear on the role they play, as well as the role others play, so we can work together efficiently and effectively to support clients.

Over time, we will seek to further refine the roles and responsibilities of key partners and reflect this in key Family Preservation documentation. The below provides a summary of the roles of different partners.

## DCJ

### Family Preservation Program Team – Child and Family Directorate

The Family Preservation program team is responsible for the program budget, resource and volume allocation, design, implementation and evaluation of a program and the development and management of the program specifications. They collate and analyse program performance data, using it to report on the success of the program and its outcomes, and to inform any changes required.

The Family Preservation program team work closely with other DCJ directorates, such as FACSIAR, Partnerships, Legal, Policy and ChildStory to fulfil these responsibilities.

### Commissioning and Planning – Local Districts

Commissioning and Planning teams are located in local districts and have a principal role in managing DCJ's contractual relationship with service providers to ensure client outcomes are

achieved. This includes monitoring that service providers are delivering quality services, engaging with and supporting service providers and ensuring that both parties are meeting their responsibilities and obligations agreed in the contract. This includes ensuring data submission via infoShare as well as analysing infoShare data to identify and understand wider trends and practices in CSCs and service providers that may be affecting performance (e.g. referral volumes and decline rates).

### **Community Service Centres – Local Districts**

The Community Service Centres (CSCs) are the contact point between potentially eligible families and service providers.

CSCs have staff with specific responsibilities: The Director, Community Services supports and facilitates the program within the local district by providing advice and direction to Manager Client Services and Managers Casework regarding issues that may arise. They will also facilitate the provision of information to the Director, Commissioning and Planning on the implementation and functioning of the program within their district.

The Manager Client Services supports Managers Casework and Caseworkers with managing referrals to service providers. They provide advice and direction regarding any issues that may arise and work collaboratively with service providers to build and strengthen relationships that support local service delivery.

The Manager Casework primarily leads and supervises caseworkers, but also has a role in promoting the services provided by the program. They work collaboratively with service providers to achieve high quality service delivery for families.

A key function of the Caseworker is to understand the strengths and needs of a family, and this will enable them to determine eligibility and suitability of families to enter the Family Preservation Program. Some districts will also have localised structures that facilitate the identification of families for programs such as allocation hubs.

If the case is still open with a DCJ caseworker, responsibilities will continue to be shared between DCJ caseworker and service provider. It is expected that the statutory responsibilities of the DCJ caseworker and expectations of the service provider are explicitly clear when jointly working with a family.

### **Partner stakeholders**

#### **Aboriginal Community Controlled Mechanisms (ACCMs)**

Aboriginal Community Controlled Mechanisms consist of a formal structure established by local Aboriginal communities through their own processes to represent the interests of their community. They are directly accountable to Aboriginal communities. ACCMs are not responsible for making statutory decisions about individual children. They ensure local casework practice processes and the care a child receives are culturally appropriate and meets the best interests of child and their family.<sup>20</sup>

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<sup>20</sup> <https://dcj.nsw.gov.au/documents/service-providers/out-of-home-care-and-permanency-support-program/aboriginal-case-management-policy/ACMP-Rules-and-Practice-Guidance.pdf>

## **Child Wellbeing Units**

As the primary source of mandatory reports, Child Wellbeing Units (CWU) will play a key role in determining whether families who have a child suspected to be at ROSH are suitable for a Family Preservation service and referring them accordingly.

## **Licensed Model Purveyor (MST-CAN and FFT-CW programs)**

Model purveyors have developed and hold the licence for relevant models commissioned within the Family Preservation program. Changes to the model and the way it is implemented can only be made through negotiation with, and approval from, the model purveyor.

## **Service Providers**

ACCO and non-ACCO service providers fulfil the crucial role of ensuring the effective delivery of services to clients.

Practitioners are responsible for working with families and their representatives using the best available evidence to guide their practice to ensure family needs are met. This includes coordinating services that are responsive to clients' changing needs, ensuring that support is outcomes focussed and places the child's interests at the forefront. They are also responsible for the collection of individual outcome measures and other program specific data.

Service providers are also responsible for ensuring effective governance and financial management arrangements are in place so that the organisation can function effectively and remain viable.

Service providers are required to report their activities to DCJ. These reports form the basis of performance monitoring of the service provider and program monitoring of the program being delivered.

## **Peak Organisations**

Peak organisations also play an important role in the delivery of Family Preservation services. They represent the collective interests of their members and advocate on their behalf. They also support DCJ by providing advice on planning and implementation of programs, while also undertaking sector development.

## **Communities of practice**

We want to introduce communities of practice across the Family Preservation service system, involving practitioners and staff from ACCO and non-ACCO service providers, DCJ, peak bodies, and other experts.

We recognise the potential for communities of practice to provide an informal and collaborative mechanism for practitioners and staff to share knowledge, experiences, and expertise to drive a culture of continuous improvement, rather than relying exclusively on contracts or performance frameworks.

We propose establishing various communities of practice where interested members can address current and emerging issues, share best practices, innovate, problem-solve, and influence future directions.

The establishment of each community of practice must be intentional to support the overall vision of Family Preservation, and purposeful to ensure members can contribute and lead in a meaningful

way. We anticipate each community of practice to evolve organically, however, we see value in initially focusing on the following five areas:

1. ***Families Together* development**

This community of practice would support the development, implementation, delivery, and continuous improvement of the *Families Together* framework. Members would likely include practitioners and staff from DCJ and non-ACCO service providers who have been commissioned under *Families Together*.

2. ***Aboriginal Family Preservation* development**

This community of practice would support the development, implementation, delivery, and continuous improvement of the *Aboriginal Family Preservation* framework. Members would likely include practitioners and staff from DCJ and ACCO service providers who have been commissioned under *Aboriginal Family Preservation* and who are co-designing models with their communities. It is likely that AbSec would play a key role in supporting this community of practice.

3. **Data and evidence**

This community of practice would support improved application and analysis of Family Preservation data across all models and frameworks to drive continuous system improvement and improve outcomes for children, young people, and families. Members would likely include practitioners and staff from DCJ, and ACCO and non-ACCO service providers.

4. **Professional practice**

This community of practice would focus on developing practitioners' capabilities and driving evidence-based practice across a variety of capability areas. The community could also include sub-groups, each focusing on a specialised area (e.g. working with families experiencing DFV or working with families from CALD backgrounds). Members would likely include practitioners from all ACCO and non-ACCO service providers, regardless of the model or framework they are delivering.

5. **System influencing**

This community of practice would focus on influencing and responding to wider system changes, including child protection and OOH. Members would likely include practitioners and staff from DCJ and ACCO and non-ACCO service providers, regardless of the model or framework they are delivering.

We recognise that service providers and practitioners deliver MST-CAN and FFT-CW will also have their own mechanisms for driving model development.

## **Further consultation**

We will conduct further consultation on these issues from June 2024.

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## Developing the profession and supporting the workforce

We want all staff working in the Family Preservation system to feel empowered to contribute to and drive better outcomes for children, young people, and families and continuous improvement in the system. To do this, staff must have clarity about who makes decisions about different aspects of the system, who those people collaborate with to inform those decisions and how that collaboration takes place.

Beyond clarifying roles and responsibilities, we will seek to provide greater clarity about what forums, governance, and meetings are used to support effective collaboration on different issues to develop the profession and support the workforce. This needs to span practitioner collaboration on an individual family level and on a strategic and system level across NSW.

### Limitations of our current approach and opportunities for change

Family Preservation has numerous workforce challenges that impact the quality and effectiveness of services for children and families. Service providers and DCJ staff have identified several key issues: challenges in recruiting and retaining skilled practitioners; inconsistency in required skills, qualifications, and training; limited opportunities for peer-to-peer learning; and a lack of a coordinated approach across the sector to tackle these issues.

There are a number of factors driving sector-wide workforce shortages, including labour market dynamics specific to each district and location, difficulties finding and retaining suitable staff, insecure or fixed-term employment contracts attached to recommissioning cycles, and competitive remuneration and reward arrangements.

Additionally, stakeholders from service providers and DCJ said the lack of minimum standards and limited access to appropriate or ongoing education and training are contributing to a sector-wide skills shortage, leading to high staff turnover and a less effective service for families.

We acknowledge that there is no coordinated strategic approach to addressing these challenges. While service providers are responsible for recruiting and training their staff, there are questions about who should own wider stewardship of this area. Additionally, the role that peak bodies should and can play in addressing these challenges requires further examination.

### Enabling greater attraction and retention

While recruitment and retention are a matter for service providers, we are conscious of the role DCJ plays as the commissioner and as the body responsible for broader system settings that have considerable influence on attracting a skilled and dedicated workforce.

We know there are inherent aspects that make Family Preservation a rewarding and meaningful career choice, like working with children, young people, and families, but we also want to help service providers attract and retain the people they need by improving job security, career development opportunities, and workplace environment and culture.

We want to provide the sector and practitioners with security and a clear vision for the future. In line with the NSW Government commitment, we will start by introducing five-year contracts to improve funding certainty. We will also compute unit costs that are transparent and consider Award rates, appropriate loadings, and out-of-hours work.



We recognise that a key element in workforce retention is investing in staff, and we want to enable staff to focus on supervision, continuous improvement, and reflective practice, and building more formal collaboration and networking across service providers.

We want to help improve the workplace environment and culture of the sector by landing the right system settings, including:

- sustainable caseloads
- providing greater space for innovation and application of professional knowledge and insight
- focusing on evidence and continuous improvement
- clear roles and responsibilities, particularly around “risk” ownership
- identifying and improving opportunity for collaboration between DCJ and service providers
- mechanisms that ensure the cultural safety of Aboriginal staff.

### **Skills needs and priorities**

Family Preservation is comprised of different staff groups, service providers, and models, which means service providers across the state determine the required level of skills, and the ongoing education and training to be provided. It also means that the skill gaps are different from one service provider to another, and the capability to drive uplift is varied.

Family Preservation is a diffused system, and a one-size fits all approach to skills and training will not work, however, we acknowledge the need to agree on a strategic approach for what skills we do want our workforce to hold and how we can work together to achieve this.

We want to work with the sector to form a collective view on:

- education and skills required to deliver supports across all commissioned models and frameworks
- the current opportunities available to practitioners
- resource development
- modes of delivery
- evaluation and continuous improvement.

We also want to work with the sector on how the strategic approach is delivered and who is responsible for what. We will work with the sector to determine who is responsible for:

- designing a learning/skills framework
- overseeing learning
- quality control
- delivery

- evaluations and improvement
- budget.

Together, we will determine whether and how we segment our workforce and skills required across models, frameworks, and service providers, how we come together to identify those needs, who is responsible for commissioning training, and the extent to which those costs are born centrally by DCJ or included in contracted funding to service providers.

We are conscious that that there are workforce development initiatives being driven beyond the Family Preservation sector that are relevant and could complement Family Preservation capability uplift. For example, in the DFV service system, DCJ is in the process of leading the development of a Workforce Development Strategy, developing Quality Standards and a Capability Framework. Given the prevalence of DVF amongst families receiving family preservation services, we would look to leverage these initiatives and explore opportunities to drive consistent practice for families across multiple services.

### **Further consultation**

We will conduct further consultation on these issues from June 2024.

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## **Driving data and evidence-led services**

### **Limitations of our current approach and opportunities for change**

We have limited evidence on what works in Family Preservation in NSW and for whom. Lack of evidence is due, in part, to not having enough data on the families we work with (their strengths, needs, and characteristics), on service delivery (how families are supported, the “intensity” of supports, how brokerage is used, or the cultural needs of families), or the outcomes achieved (immediate, sustained and those that go beyond a re-report or OOHC entry).

For Aboriginal families and ACCOs, our data is even more limited because there are not enough Aboriginal-developed Family Preservation models, there is limited data collected, and we have little understanding of self-determined outcomes. We are committed to embedding Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) principles across the system but need to work with partners to determine how to implement this in practice. There is more work to be done to understand the data collected and evidence that is captured by and used for ACCOs, Aboriginal service providers and their communities.

Currently, DCJ requires service providers to capture data to support program, contract, and evaluation activities, as well as to support the calculation of official statistics on service delivery at both NSW and Commonwealth levels. We know service providers see the value in capturing and providing data but that it can be a burden, especially when the value to the service provider or clients is not immediately obvious. Until recently, service providers were capturing and returning data in manual spreadsheets, which led to poor quality data with little analytical utility.

We also know that service providers and practitioners are not always equipped to deal with data and evidence. As a result, the continuous improvement activities for Family Preservation at a practice level, model development level, and recommissioning level often rely on anecdotal evidence or intuition, rather than comprehensive data capture and analysis.

The recent creation of the Minimum Data Set<sup>21</sup> has been a positive step to more purposefully collecting key data points, including demographic information on families accessing services. The introduction of infoShare, a streamlined data collection system, also forms the basis for improving the quality and consistency of collected data, as well as supporting the identification of emerging trends.

DCJ is committed to building the evidence base to better understand what approaches support families, to assess comparative effectiveness of funded interventions, and to invest in continuous quality improvement. We want to move to a system which can more easily and robustly demonstrate how Family Preservation improves outcomes for families, drives broader social impacts on communities, and provides a “return on investment” by helping prevent significant costs that are not in the child’s interest such as further contact with the child protection system and entering OOHC.

## **Improving program data capture and quality**

Building on the progress made by introducing the Minimum Data Set and infoShare, we will look to further improve Family Preservation data quality, and ensure data capture processes and systems are proportionate, easy to use, and offer value to service providers as well as to DCJ.

Directing these efforts will be an overarching program logic for the Family Preservation system, with supporting program logics for each model (MST-CAN, FFT-CW and Nabu) and the two frameworks (*Families Together* and *Aboriginal Family Preservation*). The overarching program logic will include a data collection and management plan.

Beyond developing the program logics, we will need to progress a number of activities ahead of and through recommissioning to improve our data capture and quality, including:

- Developing an outcomes framework which captures the short, medium, and long-term outcomes the services will aim to achieve at a family, program, and system level. This will inform the types of metrics and data points we need to capture.
- Developing a performance framework for service providers which captures key performance indicators to be included in contracts and more generally supports understanding of continued performance. This will inform the types of metrics and data points we need to capture.
- Mapping current assessment and outcome measurement tools used and exploring the potential to introduce standardised tools across models to understand families’ strengths, needs, suitability and progress made. We understand that currently service providers may be using the Safety and Risk Assessment (SARA), Strength and Difficulties Questionnaire (SDQ), Personal Wellbeing Index (PWI), Kessler 10 Psychological Distress Scale (K10), Strengths and Stressors Tracking Device (SSTD), North Carolina Family Assessment tool (NCFAS), Growth and Empowerment Measure (GEM) and others. This would provide essential data points about clients to support service improvement, analysis and evaluation.
- Developing an anonymously captured client experience metric, which may measure whether family members feel they have been involved in decision making, treated with respect, had cultural needs met, or that services have been easy to understand and access. This would

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<sup>21</sup> The Minimum Data Set is the minimum set of information (mandatory data items) that must be shared by service providers with DCJ about clients and services delivered. These data items capture both identifying and demographic information of clients accessing service activities.

provide essential feedback and data from clients to support service improvement, analysis and evaluation.

- Developing measures and metrics that could inform analysis and evaluation of the new service design implementation process, which could in turn support the application of the Consolidated Framework for Implementation Research. This will inform the types of metrics and data points we need to capture.
- Updating the Minimum Data Set and infoShare in line with the new Family Preservation service design and outcomes and performance frameworks. This will ensure systematic data capture across service providers.
- Mapping the breadth of other data capture systems used in Family Preservation to support change management. This would include ChildStory Partner Community, Client Management Systems, and various others. This will inform the most efficient and robust data capture approach possible.
- Ensuring all data collection processes address Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov), outline consent and include the who, what, when, and why of data collection.

DCJ will progress this work in partnership with service providers.

## **Building analytical capability and confidence to support continuous improvement**

At the heart of the new service design is an ambition to use data and evidence to continuously improve services and systems so that families receiving Family Preservation supports can achieve better outcomes. We are conscious that ambition alone is insufficient, and staff at all levels in all service providers in the Family Preservation system need to be comfortable and confident when engaging with evidence and data to improve service delivery and understand and apply principles of ID-Sov and ID-Gov.

We will explore developing a number of tools and products that can support staff to work in more data- and evidence-led ways. This may include developing performance dashboards for different users and purposes, including:

- service providers and contract managers to monitor and discuss performance in the context of wider system indicators
- districts to monitor and respond to issues emerging across multiple CSCs and service providers
- Aboriginal Community-Controlled Mechanisms (ACCMs) to monitor and respond to issues emerging for Aboriginal families and communities across multiple CSCs and service providers
- program team for understanding issues and trends across NSW and utilising program levers to drive change in this recommissioning cycle and in future.

We will also explore what tools and products may support practitioners to engage with the evolving literature and evidence base on what works for different clients across multiple disciplines, encouraging reflective, adaptive, and holistic practice. This may include learning lessons from Serious Case Reviews and coronial inquiries as well as success stories, where relevant.

We propose the Communities of Practice will play a significant role in driving a more data and evidence-led culture across the system.

## **Analysing and evaluating what does and doesn't work**

With a limited but emerging evidence base, it is vital that the Family Preservation system and the various models that support it are constantly analysed and evaluated for the outcomes they achieve for families. With better data quality, we will be able to better understand:

- which families are best suited to Family Preservation, and which models they are best suited to, and iterating our eligibility criteria, suitability assessments, and prioritisation accordingly. This will include defining what DCJ considers therapeutic and non-therapeutic intervention and understanding which of these works for which families and when.
- referral behaviours (both referrers and service providers), and iterating our mechanisms and practices to ensure the most effective and efficient matching of families to services
- factors affecting a family's early engagement in services and their readiness for change, and refining DCJ-service provider collaboration accordingly
- the progress a family makes during their service in Family Preservation, and the extent to which that correlates to medium- and longer-term outcomes
- the extent to which different service activities may be associated with better outcomes for families
- the extent to which system factors may affect a service provider's ability to support families to achieve outcomes.

We will explore a range of analytical methods which can support analysis of these questions for different purposes.

At the relevant point in the recommissioning cycle and to meet government obligations, DCJ will commission and/or collaborate with independent evaluators (including Aboriginal evaluators, where appropriate) to complete process, outcomes, and economic evaluations before the end of the contract period. This will be crucial to determine if changes were implemented as planned, and if they delivered the intended social, economic, and cultural outcomes and benefits to the families receiving the service. The findings of these evaluations will inform future commissioning decisions.

## **Improving our application of Indigenous Data Sovereignty principles**

We recognise the importance of incorporating the principles of Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) to work in a more culturally relevant way, and to provide a chance for Aboriginal people to reclaim their voice, strengthen their identity, empower each other and drive positive change in their own communities.

For ID-Sov, this means recognising the right of Indigenous peoples to exercise ownership over Indigenous Data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and use of Indigenous Data.

For ID-Gov, this means recognising the right of Indigenous peoples to autonomously decide what, how and why Indigenous Data are collected, accessed, and used. It ensures that data on or about Indigenous peoples reflects Indigenous priorities, values, cultures, worldviews, and diversity.

Implementing ID-Sov and ID-Gov principles is a journey for Government. Family Preservation recommissioning, in particular the aspirations outlined in this section, will be informed by the broader DCJ Aboriginal Knowledge Program (Ngaramanala).<sup>22</sup>

## Further consultation

We will conduct further consultation on these issues from June 2024.

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# Change management

## Adopting methodical and continuous approach to change management

The Family Preservation recommissioning process and the next commissioning cycle require a structured approach to change management and transition support. Without a clear plan in place, there is a risk of confusion, inefficiency, and potential disruption to services for children and families. We propose an approach that covers four key areas:

### 1. Establishing the right governance structure

We will develop a governance structure that oversees the delivery of the changes through this commissioning cycle with oversight of system-level changes and specific Family Preservation models. There is likely to be separate governance for the Family Preservation service system (which covers the suite of models and its immediate interactions with DCJ), the *Aboriginal Family Preservation* framework and the *Families Together* framework. We will work with AbSec and ACCOs to agree on a governance mechanism for *Aboriginal Family Preservation* that supports shared decision-making and, where possible, links to broader governance on Closing the Gap.

### 2. Developing an accurate delivery plan

We will create a comprehensive delivery plan with key milestones, deliverables, supporting activities, and resource assumptions. We will ensure the plan addresses interdependencies between different activities and is ambitious but realistic and can be iterated in light of emerging issues.

### 3. Active and meaningful risk management

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<sup>22</sup> The Ngaramanala program of work aims to: Investigate how the principles of ID-Sov can be applied to how evidence and data is collected, used, and governed in DCJ; Recognise the historical and current misuse of data about Aboriginal Peoples; Work with Aboriginal Peoples to understand the historical, political, social, and cultural context of historical and contemporary data; and, Develop frameworks, tools, and new knowledge to help DCJ to see the strengths, challenges, and resilience of Aboriginal people.

We will implement a proactive approach to risk management, identifying and addressing risks and issues in an ongoing manner. This will include defining clear roles and responsibilities for managing and mitigating risks effectively.

#### **4. Developing a change management plan**

We will conduct an initial change impact assessment to understand the implications of proposed changes, including for people, systems, and processes. Following this, we will establish readiness for change, and track progress and determine appropriate levels of support for stakeholders. As the work progresses, we will adjust change activities based on assessment outcomes and in partnership with key stakeholders.

By implementing this approach, we aim to transition Family Preservation into a more responsive and effective service system for children and families. Collaboration between the DCJ program team and the sector is crucial for achieving successful change.

#### **Further consultation**

We will conduct further consultation on these issues from June 2024.

# Part four: *Families Together* framework



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## Responsive and effective supports for families

The current mix of Family Preservation models offer varied service duration and intensity (length of time working with a family and frequency of visits), and it has resulted in a rigid system that cannot easily respond to a family's changing needs. Stakeholders have consistently called for the ability to support families to "step up" and "step down" between different levels of intensity – which in the current system would require moving a family between different models of Family Preservation, and most likely different service providers.

"Stepping up" and "stepping down" between models and service providers presents unnecessary operational challenges and would likely have a detrimental effect on the family's experience as well as undermine their success in the service. Families could be subject to clunky handover points, and it is likely that engagement and case management activities would be repeated. This would be an inefficient and ineffective use of finite Family Preservation resources.

Given this, we have developed Families Together, based on the premise that families can receive higher and lower intensity services as their needs require, throughout their service provision. Under Families Together, families will have responsive and effective support from a single service provider, rather than "stepping up" and "stepping down" between models and service providers. Within a total number of hours over a given period of time, service providers will have discretion to deliver more intensive services at critical points (e.g. engagement, when families hit unexpected crisis), and less intensive services as families stabilise and become less dependent on supports.

Over time, we will build the evidence base on how this discretion is being used, and the extent to which it supports clients to achieve better outcomes. As the evidence of what works emerges, we may look to commission with greater specificity in future commissioning cycles. This could include specifying certain activities, and/or prescribe certain levels of intensity over different phases of service delivery.

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## What does the Families Together framework include?

The *Families Together* framework aims to assist service providers to develop evidence-based Family Preservation models that effectively support children and families with a range of needs and characteristics.

*Families Together* attempts to strike the right balance between fixed elements and practitioner and provider discretion, to drive innovation and build the evidence base on what works for families. As a guiding principle, where we propose to fix certain elements, this has been to clarify what service and intended outcomes a family should be receiving through *Families Together*. Where we propose provider and practitioner discretion, this has been in pursuit of how service providers and practitioners will deliver the service and support families to achieve these outcomes.

The core components and service activities are the foundation of the Families Together framework. Core components help to develop an evidence-base that, over time, can be used to tailor services to families, measure outcomes, and inform future strategic decisions. It is increasingly being adopted across the human services sector, both nationally and internationally, as a way of building a standardised but flexible service model based on the best available evidence of what works.

While we encourage innovation and iteration in model development, it is crucial to strike a balance between providing direction and allowing flexibility. Therefore, we will establish certain fixed elements within the framework to ensure consistency and measurable outcomes. These elements include:

- evidence-informed core components and a limited number of service activities (including assessing using standardised tools)
- eligibility and suitability
- intended outcomes that the service aims to achieve
- service duration
- intensity (number of service hours allocated to a family)
- split of hours across tools
- performance framework
- data collection around clients, services delivered, and client outcomes
- unit cost
- brokerage.

When commissioning *Families Together*, DCJ expects service providers to use the Families Together brand to describe the service they are delivering. This is the branding that will be reflected in all official documentation, including at the local level.

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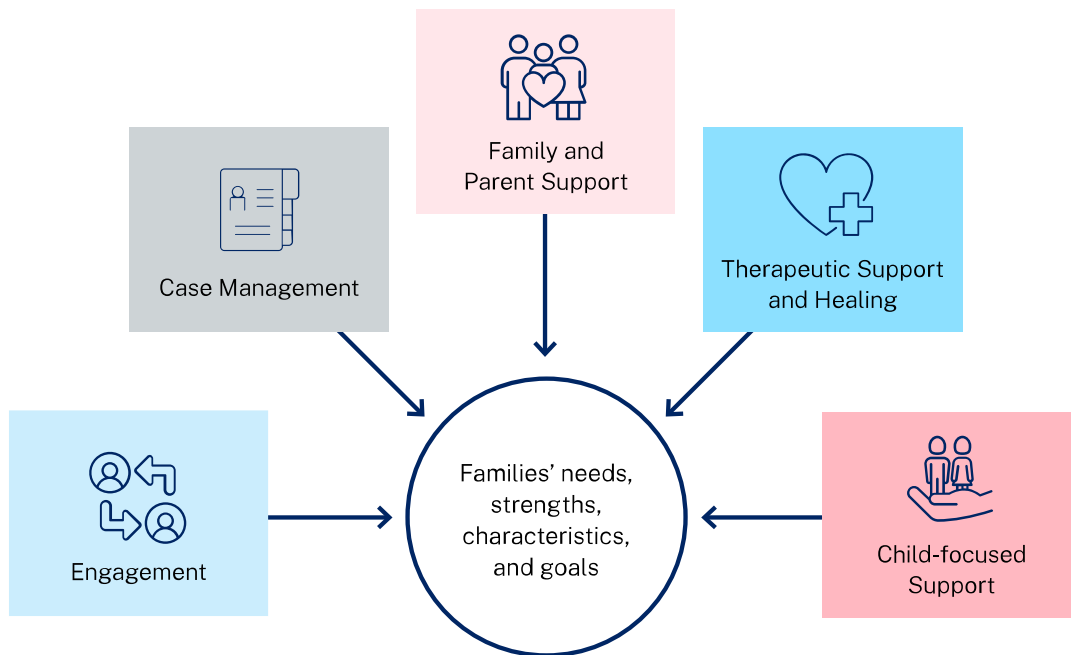
## What are the core components of *Families Together*?

The *Families Together* core components and proposed service activities have been developed using a combination of best available evidence and the experience, expertise, and cultural knowledge of ACCO practitioners and Aboriginal staff working in Family Preservation in NSW.

The core components will be mandatory for all service providers delivering *Families Together*. Some activities will be mandatory for all families and for all service providers, while other activities will be optional depending on the need and characteristics of the family and the judgement of the service provider. For example, under the case management core component, a strengths and needs assessment may be mandatory, while referrals to other community services may be flexible.

The final menu of mandatory and service activities will be informed by evidence and stakeholder feedback.

The proposed *Families Together* core components are:



The proposed *Families Together* service activities are:

## Engagement

Engagement is crucial to ensuring families can access, participate in and continue with a service until they have achieved their goals. Engagement is a service provider's ability to form community partnerships; target, educate and engage families who can benefit from their services; and meet the needs and interests of families in ways that will benefit them, their children, and the community.

## Possible Engagement activities

- Visiting families at home.
- Out of hours support/24-hour access for crisis support.
- Meeting families in locations and times convenient to them.
- Assessing and addressing families' barriers to engagement.
- Developing and/or adapting learning resources for families that are culturally safe and appropriate.
- Delivering culturally safe and appropriate learning resources for families in ways that are engaging and tailored to their needs.
- Providing mentors and/or cultural mentors for families.
- Offering families an option of practitioner, where possible (e.g. preference of gender, cultural background or language).
- Developing trust-based relationships between the caseworker/service and family.
- Ensuring families are supported by practitioners who are culturally competent.

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- Creating safe environments for children and families.
  - Undertaking family finding with and for Aboriginal families.
  - Undertaking cultural mapping with and for Aboriginal families.
  - Undertaking ecology mapping with and for Aboriginal families.

## Case Management

Case management is undertaken by a service provider to understand and meet families' needs to achieve positive outcomes. It involves assessing and identifying the strengths and needs of a family; strengthening family participation in goal setting, decision making and the process of change; providing material, emotional and practical support; removing barriers; linking families with appropriate services and supports; and enhancing parents' rights to education and self-advocacy.

## Possible Case Management activities

- Assessing families' strengths and needs, using strengths based and trauma-informed approaches, and using culturally safe tools and techniques, that always keep the child at the centre.
- Developing a safety plan with families.
- Monitoring safety, wellbeing, and progress.
- Supporting family-led, collaborative, goal-setting and decision making and actively involving families and community members in the process of change.
- Developing and delivering tailored case plans with families that considers their needs and characteristics.
- Providing responsive supports, with more or less intensity, through each phase of service delivery.
- Referring families to complementary and/or interdependent supports such as restoration or TEI.
- Consulting, collaborating, and liaising with other agencies and services such as the National Disability Insurance Scheme (NDIS), Centrelink, and alcohol and other drugs, DFV, mental health, and housing.
- Advocating with and for families to help them understand and action their rights.
- Supporting practitioners through group supervision to debrief, assess, and share knowledge and expertise.
- Developing collaborative and intentional strategies.

## Family and Parent Support

Family and Parent Support is where a service provider works alongside the family to care for the child or young person, by providing in-home practical support; advice, mentoring, coaching, or training in areas such as child development or parenting; and opportunities to strengthen social and cultural connections. These activities aim to strengthen parents' capacity to care for children, improve family relationships and functioning, and enhance emotional, social, and cultural supports so that families experience long term wellbeing and stability.

### Possible Family and Parent Support activities

- Building and/or strengthening supportive relationships and interactions between parents/carers/extended family members and children.
- Building and/or strengthening social networks and enduring social support.
- Enhancing connection to kin, culture, community and Country.
- Harnessing natural protection and providing modelling, coaching, training and feedback to strengthen parental capacity and problem-solving skills.
- Helping families put learnings into practice e.g. through tasks and exercises for families to complete in their own time.
- Referring families to evidence-based parenting programs.
- Supporting health and safety in the home.
- Setting household routines with families.
- Using brokerage to reduce stress by enhancing situational stability and meeting immediate basic needs of families. For example, purchasing essential household items or covering costs relating childcare and respite.
- Supporting community development by linking families to community, including men's groups, women's groups, and cultural groups.
- Undertaking family finding with and for Aboriginal families.
- Undertaking cultural mapping with and for Aboriginal families.
- Undertaking ecology mapping with and for Aboriginal families.
- Strengthening parental capacity and natural protections through focusing on skills, kinship and community networks and modelling behaviours.
- Providing the right supports for families who are experiencing DVF.

## Therapeutic Support and Healing

Therapeutic Support and Healing includes various forms of supports such as counselling, structured treatment programs and cultural healing to help address issues and/or trauma children, parents, and families are experiencing.

This core component recognises different forms of therapeutic support, including Western psychological approaches which target the individual/family, as well as Aboriginal holistic approaches which recognise the trauma inflicted by colonisation at a collective level, and seeks to improve individual and community social and emotional wellbeing.

### Possible Therapeutic Support and Healing activities

- Providing or referring families to all of family therapeutic supports.
- Providing or referring individual family members to therapeutic supports for:
  - trauma treatment
  - cultural healing
  - counselling
  - alcohol and other drug (AOD) treatment.
- Providing or referring families to healing through cultural supports (culturally responsive therapeutic options).
- Providing healing through culture (culturally therapeutic options such as yarning, spirit guides, being on Country).

## Child-Focused Support

Child-Focused Support means providing the child or young person with strengths-focused and evidence-based wrap around supports to enhance their safety, welfare, and wellbeing. It also means actively listening to children's perspectives and wishes and involving children in decision making where appropriate. This core component aims to ensure that children's emotional, developmental, educational and health needs are recognised and addressed.

### Possible Child-Focused Support activities

- Providing or referring children and young people to wraparound supports in the home including:
  - health
  - mental health/counselling
  - academic or education skills, including early childhood learning and development and youth job skills
  - youth substance abuse or abstinence
  - youth offending, violent or criminal behaviour
  - positive social activities for youth

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- mentoring, including cultural mentoring
  - youth/child behaviour change.
  - Providing children with information, ensuring children have a voice and can participate in decision-making.
  - Providing counselling and supports to address social and emotional wellbeing.
  - Building and strengthening children and young people's aspirations.
  - Providing learning and developmental supports.

The final menu of mandatory and flexible activities will be informed by stakeholder feedback.

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## Discussion questions

17. Can you envisage developing a Family Preservation model using the *Families Together* core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?
18. Are there any key service activities that have not been captured in the *Families Together* core components?

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## What are the other fixed elements of *Families Together*?

This Discussion Paper does not address all the fixed elements of *Families Together*. As outlined above, eligibility and intended outcomes will be fixed for Family Preservation and we invite service providers to respond to the relevant discussion questions with their views.

The performance framework, data requirements, and unit costs will be developed based on the feedback provided on this paper and will be discussed with prospective future service providers in due course.

We do, however, want to elicit feedback from service providers on the proposed service duration and intensity (number of hours allocated to a family).

## Service duration

There is limited evidence to suggest the most effective service duration for Family Preservation for different clients, however stakeholders have said families require more than six months to build trust, address concerns, and achieve their goals in a meaningful and sustainable way. Service providers have also reflected a need to instigate behaviour change while ensuring the family do not develop a dependence on long term service provision.

On comparing the different models, we propose *Families Together* has a service duration of 12 months. We recognise some families will complete a service before 12 months and others may require slightly longer – however, on average families who are working with a *Families Together* service provider should receive a 12-month service.

We are conscious that the duration of activity needs to be long enough to support a family to change, but not so long as to prevent the service provider from supporting another family. We welcome feedback on how to strike this balance.

### **Allocated hours per family**

There is limited evidence on the most effective intensity of service delivery (number of hours in a given service period) to different types of clients. Stakeholders said families need to be supported with an increase or decrease in intensity in response to their changing circumstances.

On comparing the different Family Preservation models and stakeholder feedback, we propose that families should receive 200 hours of service over a 12-month duration. These hours can be delivered with different levels of intensity throughout the year. For example, a higher number of hours may be required at the start of a service and a lower number of hours may be required towards the end of a service. Assuming that families receive no less than 150 hours in total and no more than 250 hours in total over the 12-month service duration, service providers can apportion those hours as suits the needs, characteristics, and circumstances of the family. We will expect that a service provider will average 200 hours of support across all families per year.

We are conscious that the hours dedicated to a family needs to be sufficient to support them to achieve change, but not too much to prevent the service provider from supporting another family of a service. We welcome views on how to strike this balance.

### **Split of hours across functions and additional requirements**

While we propose that all families will be apportioned 200 hours of service, this does not necessarily equate to 200 hours face-to-face time with clients. The 200 hours will need to be portioned across a number of functions, including:

- face-to-face service delivery
- travel to and from client meetings
- calls with families where face-to-face service delivery is unnecessary or not practical
- preparation and case planning
- professional supervision on the case.

We are interested in views as to how service providers would, on average, portion the 200 hours across these activities. We recognise that the primary use of a practitioner's time should be directly providing services to clients, but understand that good preparation, planning, and supervision are critical in supporting families to achieve success.

We are considering setting a minimum number of hours for face-to-face service delivery within the 200 hour envelop, recognising that practitioners will need to apportion their time across these functions differently depending on the needs of the family and operational considerations (e.g. location). In doing so we are keen to strike the right balance of working directly with the family and doing so with purpose and rigour. We are also keen to better understand the extent that travel time



detracts from face-to-face service delivery time, and the extent to which remote service delivery (e.g. teleconferencing, phone calls) can alleviate this pressure.

Above the 200 hours outlined above, we also recognise that practitioners and service providers also require time to do administration (including data entry), and to deliver professional development beyond case-by-case professional supervision. We have also assumed that each practitioner will require time to engage in professional development (e.g. formal training, e-learning, and participation in other learning experiences).

## **Using brokerage to respond to families' needs**

Currently there is lack of clarity and consistency about the amount of brokerage available across all Family Preservation models and how it can and should be used by service providers to support children and families. We will need to outline how much brokerage will be available in *Families Together* and the rules and guidelines for how it can be used.

So far as appropriate, we will look to standardise brokerage amounts and rules and provide clearer direction on its potential usage. We will refer to DCJ policy on brokerage when clarifying the rules for Family Preservation service providers. We will also look to capture more specific information from service providers about how brokerage is being used.

## **Service providers can innovate within these parameters**

At the heart of *Families Together* contracts, DCJ will be commissioning service providers to deliver services to a given number of families in line with the fixed elements above for a certain price. Elements of service delivery which are not specified will be at the discretion of the provider, assuming those elements are deliverable within the unit cost. This discretion will allow service providers and practitioners to deliver services which are tailored to local circumstances.

A key element where service providers will have discretion is how they organise their teams and resources to support service delivery, including multidisciplinary service delivery, to families. This is in recognition of a number of factors:

- Family needs and characteristics will vary across NSW, requiring service providers to emphasise different staff skills and capabilities across their staff complement.
- Service providers will enter *Families Together* contracts with different staffing complements and capabilities (including across other program areas) and will need to build their model from that starting point.
- Labour market conditions vary considerably across NSW, with service providers having different ability to bring in certain skills and capabilities depending on their location.
- Wider service systems will vary across NSW, meaning service providers having different ability to sub-contract or partner with other services on different aspects of service delivery.

While DCJ will need to assume a generic team structure to develop a unit cost for *Families Together*, this team structure will only be indicative for unit costing purposes. We are interested in understanding the different ways in which prospective service providers could and would organise

their teams and delivery networks under Families Together, recognising that this needs to achieve both an effective and efficient service for families.

## Discussion questions

19. Do you agree with the proposed service duration and service hours per family for *Families Together*? If not, why not? What would you propose as an alternative?
20. Does the proposed service duration and service hours per family for *Families Together* provide enough discretion for practitioners and service providers to be responsive to the changing needs of families through service duration?
21. How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?
22. Does *Families Together* allow you to apply and utilise your current best practice approaches?
23. How would you use the flexibility under the *Families Together* framework to drive innovative approaches?
24. How could you leverage skills and capabilities across your organisation or the wider service system to deliver an innovative approach to *Families Together*?
25. What rules and discretion would you like to be reflected in a new brokerage policy?
26. What implementation support would new and existing non-ACCO service providers need to deliver *Families Together*?

# Part five: *Aboriginal Family Preservation* framework

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# Culturally safe, community-led, responsive, and effective supports for Aboriginal families

Aboriginal children, families, and communities continue to live with the impacts of harmful government policies and ongoing injustices. The forced removal of children from their families has created a legacy of mistrust of government agencies. Aboriginal children continue to be over-represented in the child protection system with lasting impacts on families, communities, and cultural continuity.

Aboriginal families and communities are calling for a different approach, one that recognises that Aboriginal people are best placed to understand, design, and deliver services that respond to the needs and achieve the aspirations of their communities. They seek an approach that recognises the vital role of identity, culture, and connections in strengthening family foundations and enhancing the safety, welfare and wellbeing of Aboriginal children and young people. In practice, this means that Family Preservation models should be community-led, culturally safe and responsive, and have sustainable and practical implementation support.

Aboriginal families, Aboriginal communities, and ACCO service providers said there are a number of system challenges and barriers in Family Preservation for their communities. Feedback published in the *Aboriginal Family Preservation What We Heard* paper called for:

- changes to DCJ practice, tools and risk and safety assessment to end systemic racism, remove barriers and improve transparency
- Aboriginal-led, holistic, and culturally embedded service delivery
- flexible service duration, intensity, and referral pathways
- Aboriginal self-determination and governance
- increased investment in the ACCO sector
- Aboriginal-led data, evidence, and evaluation
- whole-of-government approach to system design.

The key objectives of the *Aboriginal Family Preservation* framework are to:

1. Keep Aboriginal children safely at home with their families, connected to culture, community, and Country.
2. Create a shift in the system toward Family Preservation as best practice intervention and family support.
3. Ensure the new *Aboriginal Family Preservation* framework is culturally informed to achieve better quality service delivery and improved outcomes, and to drive Closing the Gap (CTG) priorities.
4. Achieve the principles of self-determination by ensuring Aboriginal peoples and communities are empowered to design, develop, and deliver their own *Aboriginal Family Preservation* models.

5. Ensure that collective and varied Aboriginal voices are driving and determining the systems of creation, collection, ownership and application of their data in line with Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) principles.

## Evolution of the *Aboriginal Family Preservation* framework

The *Aboriginal Framework Preservation* framework has been guided by a Steering Committee comprising Aboriginal and non-Aboriginal staff members from DCJ and a number of ACCOs, and co-chaired by executives from DCJ and AbSec.

The direction of the *Aboriginal Family Preservation* framework has evolved over time in response to stakeholder feedback. Key recommendations and project activities include:



### May 2022

- The Aboriginal Family Preservation Steering Committee is established (comprised of Aboriginal and non-Aboriginal DCJ staff and external stakeholders and co-chaired by DCJ and AbSec representatives).



### December 2022

- The Aboriginal Family Preservation Steering Committee recommends that the Aboriginal Framework Preservation framework is exclusive to ACCO service providers.



### September 2023

- There is a change of governance structure from the Aboriginal Family Preservation Steering Committee to the AbSec Closing the Gap Expert Advisory Panel.



### August - October 2022

- The Aboriginal Family Preservation Project team hold 'Listen and Learn' workshops.



### April 2023

- The Aboriginal Family Preservation Steering Committee recommends that the Aboriginal Framework Preservation framework exclusively constitutes core components and a possible Aboriginal Framework Preservation-specific core component to be co-designed with Aboriginal communities.
- The Aboriginal Family Preservation Steering Committee recommends that the Aboriginal Framework Preservation framework is developed in line with DCJ's recommissioning timeline.



### October 2023 - March 2024

- The Aboriginal Family Preservation Project team hold engagement sessions with ACCOs and Aboriginal staff in non-ACCOs on the proposed core components.

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## What does the *Aboriginal Family Preservation* framework include?

The intention of the *Aboriginal Family Preservation* framework is to enable ACCOs to co-design flexible, holistic, and Aboriginal-led Family Preservation models with their communities and support the development of the ACCO sector.

The foundations of the *Aboriginal Family Preservation* framework are the core components and service activities. Core components help to develop an evidence base that, over time, can be used to tailor services to families, measure outcomes, and inform future strategic decisions. The core components approach is increasingly being adopted across the human services sector, both nationally and internationally, as a way of building a standardised but flexible service model based on high quality evidence about effective interventions.

It also provides the opportunity and means to develop greater evidence of how Aboriginal-designed and led services can deliver outcomes for Aboriginal families. This has the potential to strengthen their position in community and help secure further investment in the future.

While we encourage innovation and iteration in model development, it is crucial to strike a balance between providing direction and allowing flexibility. Therefore, in addition to the core components, we will establish certain fixed elements within the framework to ensure consistency and measurable outcomes.

We will work with ACCOs, to develop and finalise the following:

- evidence-informed core components and a limited number of service activities (including assessing using standardised tools)
- eligibility and suitability
- intended outcomes that the service aims to achieve
- service duration
- intensity (number of service hours allocated to a family)
- split of hours across functions
- performance framework
- data collection around clients, services delivered, and client outcomes
- unit costs
- brokerage.

We will also work with AbSec to explore ACCOs' perspectives on the proposed name "*Aboriginal Family Preservation*" or a possible alternative, and jointly decide on a final name.

When delivering *Aboriginal Family Preservation*, DCJ will not require ACCOs to use the branding of "*Aboriginal Family Preservation*" or its alternative, to describe the services they offer.

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## What are the core components of *Aboriginal Family Preservation*?

The *Aboriginal Family Preservation* core components and proposed service activities have been developed using a combination of best available evidence and the experience, expertise, and cultural knowledge of ACCO practitioners and Aboriginal staff working in Family Preservation in NSW.

DCJ and AbSec held sessions with ACCOs and Aboriginal staff from non-ACCO Family Preservation service providers to capture ways of doing and knowing that are important in Aboriginal service delivery. Stakeholders reflected on their current service delivery and cultural ways of working alongside families to build on their strengths. They also highlighted some of the persistent systemic challenges that impact families and service providers.

The sessions found that stakeholders are broadly supportive of a core components approach because it gives ACCOs the flexibility to co-design and deliver holistic services that are responsive to the needs of their communities. Feedback included:

- The five proposed core components are right for *Aboriginal Family Preservation* and reflect the support that ACCOs are currently delivering or would seek to deliver in future.
- Most of the proposed service activities within the core components make sense.
- Some of the language (from the international research literature) should be changed to reflect strengths-based ways of working and to recognise natural protective factors.
- ACCOs deliver many of the proposed service activities in specific ways, for example “creating safe spaces for families”.
- There are some service activities that are essential for the *Aboriginal Family Preservation* framework that need to be included.
- The supports ACCOs deliver are only part of the picture. There are also challenges arising from the current DCJ practices, service system, and resourcing, which affect how ACCOs operate and what they are able to do with families.
- There was neither strong support for nor opposition to an *Aboriginal Family Preservation*-specific core component to be co-designed with and delivered by ACCOs only. However, stakeholders broadly agreed that a key aspect which sets ACCOs apart from non-ACCOs is the level and type of advocacy involved, and this could potentially constitute an *Aboriginal Family Preservation*-specific core component. It was widely acknowledged that further consideration and discussion among ACCOs is required before a decision is made.

The core components will be mandatory for all ACCOs delivering *Aboriginal Family Preservation*. Some activities will be mandatory for all families and all service providers and other activities will be optional depending on the need and characteristics of the family and at the discretion of the ACCO. For example, under the case management core component, a strengths and needs assessment may be mandatory, while referrals to other community services may be flexible.

The proposed *Aboriginal Family Preservation* core components and service activities are:



Importantly, the proposed service activities are not a set and forget. We will work with ACCOs to develop additional service activities as our shared understanding of what works best for Aboriginal children, young people, families, and communities improves.

The proposed *Aboriginal Family Preservation* core component service activities are:

## Engagement

Engagement is crucial to ensuring families can access, participate in and continue with a service until they have achieved their goals. Engagement is a service provider's ability to form community partnerships; target, educate and engage families who can benefit from their services; and meet the needs and interests of families in ways that will benefit them, their children, and the community.

## Possible Engagement activities

- Visiting families at home.
- Out of hours support/24-hour access for crisis support.
- Meeting families in locations and times convenient to them.



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- Assessing and addressing families' barriers to engagement.
  - Developing and/or adapting learning resources for families that are culturally safe and appropriate.
  - Delivering culturally safe and appropriate learning resources for families in ways that are engaging and tailored to their needs.
  - Providing mentors and/or cultural mentors for families.
  - Offering families an option of practitioner, where possible (e.g. preference of gender, cultural background or language).
  - Developing trust-based relationships between the caseworker/service and family.
  - Ensuring families are supported by practitioners who are culturally competent.
  - Creating safe environments for children and families.
  - Undertaking family finding with and for Aboriginal families.
  - Undertaking cultural mapping with and for Aboriginal families.
  - Undertaking ecology mapping with and for Aboriginal families.

## Aboriginal stakeholder feedback

### General feedback:

- Engagement is a core part of Aboriginal Family Preservation and spans the whole service duration.
- Most of the proposed activities reflect what ACCOs currently deliver or would want to deliver.

### Feedback about engagement activities:

- Developing trust-based relationships is a crucial part of engagement and requires openness, honesty, transparency, commitment and time.
- Service providers overcome barriers to engagement by listening to the family, understanding what has been happening in the immediate past and the longer term across generations, and hearing what family members need to feel safe in the service.
- Cultural mentoring is a formal and informal feature of many services. There is a need to protect this activity across Family Preservation, so it is not used in a tokenistic way.
- ACCOs use culturally appropriate content and methods to engage families, e.g. women's groups, men's groups, cooking classes, music therapy, narrative therapy, etc.

### Feedback about activities that are essential or missing:

- Cultural mapping.
- Team members with diverse perspectives and local community knowledge (including tapping into Elders' knowledge about the family).
- The reputation of the organisation in the community.
- DCJ to support engagement by attending a yarning session at the outset to establish what engagement looks like, and ensuring they attend monthly FAPC and risk re-assessments (and/or letting ACCOs lead these).

## Case Management

Case management is undertaken by a service provider to understand and meet families' needs to achieve positive outcomes. It involves assessing and identifying the strengths and needs of a family; strengthening family participation in goal setting, decision making and the process of change; providing material, emotional and practical support; removing barriers; linking families with appropriate services and supports; and enhancing parents' rights to education and self-advocacy.

### Possible Case Management activities

- Assessing families' strengths and needs, using strengths based and trauma-informed approaches, and using culturally safe tools and techniques, that always keep the child at the centre.
- Developing a safety plan with families.
- Monitoring safety, wellbeing, and progress.
- Supporting family-led, collaborative, goal-setting and decision making and actively involving families and community members in the process of change.
- Developing and delivering tailored case plans with families that considers their needs and characteristics.
- Providing responsive supports, with more or less intensity, through each phase of service delivery.
- Referring families to complementary and/or interdependent supports such as restoration or TEI.
- Consulting, collaborating, and liaising with other agencies and services such as the National Disability Insurance Scheme (NDIS), Centrelink, and alcohol and other drugs, DFV, mental health, and housing.
- Advocating with and for families to help them understand and action their rights.
- Supporting practitioners through group supervision to debrief, assess, and share knowledge and expertise.
- Developing collaborative and intentional strategies.

### Aboriginal stakeholder feedback

#### General feedback:

- Case management is a core part of Aboriginal Family Preservation.
- Most of the proposed activities reflect what ACCOs currently deliver or would want to deliver.

#### Feedback about case management activities:

- Advocacy is a crucial part of case management. This includes advocating government/services, helping families understand their rights, challenging systemic racism and decolonising practices.
- Community referrals are very important to services who have them.

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- Service duration needs to be flexible, particularly given lengthy waiting times for specialist referrals.
  - Case planning and goal setting are core activities. They involve understanding the family's priorities and needs as well as DCJ's expectations and advocating to negotiate goals with DCJ.
  - Joined up services/service integration with other services and wraparound supports are important, but service gaps pose a challenge.

**Feedback about activities that are essential or missing:**

- There should be flexible service duration, particularly given the waiting times for specialist services in many areas.
- There should be concrete services, e.g. housing support, to enhance situational stability.
- Value should be placed on staff having lived experience as an Aboriginal person and knowing and being accepted in the local community. This is more important than formal qualifications.
- There should be different members of staff to provide complementary supports according to a family's needs.
- There should be opportunities for staff to upskill so they can provide culturally safe specialist care.

## Family and Parent Support

Family and Parent Support is where a service provider works alongside the family to care for the child or young person, by providing in-home practical support; advice, mentoring, coaching, or training in areas such as child development or parenting; and opportunities to strengthen social and cultural connections. These activities aim to strengthen parents' capacity to care for children, improve family relationships and functioning, and enhance emotional, social and cultural supports so that families experience long term wellbeing and stability.

## Possible Family and Parent Support activities

- Building and/or strengthening supportive relationships and interactions between parents/carers/extended family members and children.
- Building and/or strengthening social networks and enduring social support.
- Enhancing connection to kin, culture, community and Country.
- Harnessing natural protection and providing modelling, coaching, training and feedback to strengthen parental capacity and problem-solving skills.
- Helping families put learnings into practice, e.g. through tasks and exercises for families to complete in their own time.
- Referring families to evidence-based parenting programs.
- Supporting health and safety in the home.
- Setting household routines with families.

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- Using brokerage to reduce stress by enhancing situational stability and meeting immediate basic needs of families, e.g. purchasing essential household items or covering costs relating childcare and respite.
  - Supporting community development by linking families to community, including men's groups, women's groups, and cultural groups.
  - Undertaking family finding with and for Aboriginal families.
  - Undertaking cultural mapping with and for Aboriginal families.
  - Undertaking ecology mapping with and for Aboriginal families.
  - Strengthening parental capacity and natural protections through focusing on skills, kinship and community networks and modelling behaviours.
  - Providing the right supports for families who are experiencing DFV.

## Aboriginal stakeholder feedback

### General feedback:

- Family and Parent Support is a core part of *Aboriginal Family Preservation*.
- Most of the proposed activities reflect what ACCOs currently deliver or would want to deliver.

### Feedback about family and parent support activities:

- Helping parents to develop skills in parenting, problem-solving and everyday practical matters is important. Some services take relevant elements of evidence-based parenting programs and adapt and deliver them in ways to suit families.
- Brokerage is an extremely important part of services and used to meet a wide range of needs.
- Strengthening connections within families and with community is extremely important. This activity overlaps with community development.
- Enhancing connection to kin, culture, community, and Country is an important part of *Aboriginal Family Preservation*

### Feedback about activities that are essential or missing:

- Confirmation of Aboriginality and family finding – it can be hard for people to get confirmation if living off Country, and delays in getting confirmation can be a barrier to accessing some services.
- For some services, DFV support practices are integrated into Family and Parent Support.

## Therapeutic Support and Healing

Therapeutic Support and Healing includes various forms of supports such as counselling, structured treatment programs and cultural healing to help address issues and/or trauma children, parents and families are experiencing.

This core component recognises different forms of therapeutic support – including Western psychological approaches which target the individual/family, as well as Aboriginal holistic approaches which recognise the trauma inflicted by colonisation at a collective level – and seeks to improve individual and community social and emotional wellbeing.

## Possible Therapeutic Support and Healing activities

- Providing or referring families to all of family therapeutic supports.
- Providing or referring individual family members to therapeutic supports for:
  - trauma treatment
  - cultural healing
  - counselling
  - alcohol and other drug (AOD) treatment.
- Providing or referring families to healing through cultural supports (culturally responsive therapeutic options).
- Providing healing through culture (culturally therapeutic options such as yarning, spirit guides, being on Country).

## Aboriginal stakeholder feedback

### General feedback:

- Therapeutic Support and Healing is a core part of *Aboriginal Family Preservation*.
- Most of the proposed activities reflect what ACCOs currently deliver or would want to deliver.

### Feedback about therapeutic support and healing activities:

- Individual and family therapy are both important, as family is interconnected and all members are impacted (e.g. clinical approaches, such as psychotherapy, narrative therapy, trauma treatment, AOD treatment, etc.).
- Waiting lists for referrals to specialist individual and family therapy present a significant challenge for ACCOs.
- It is vital to provide cultural healing/healing through culture for Aboriginal families (e.g. holistic counselling, sitting with Elders, yarning circles, spirit guides, etc.).
- Therapeutic support and healing are distinct but complementary approaches.

### Feedback about activities that are essential or missing:

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- Supports to specifically address intergenerational and transgenerational trauma must be included.

## Child-Focused Support

Child-Focused Support means providing the child or young person with strengths-focused and evidence-based wrap around supports to enhance their safety, welfare, and wellbeing. It also means actively listening to children’s perspectives and wishes and involving children in decision making where appropriate. This core component aims to ensure that children’s emotional, developmental, educational and health needs are recognised and addressed.

## Possible Child-Focused Support activities

- Providing or referring children and young people to wraparound supports in the home including:
  - health
  - mental health/counselling
  - academic or education skills, including early childhood learning and development and youth job skills
  - youth substance abuse or abstinence
  - youth offending, violent or criminal behaviour
  - positive social activities for youth
  - mentoring, including cultural mentoring
  - youth/child behaviour change.
- Providing children with information, ensuring children have a voice and can participate in decision-making.
- Providing counselling and supports to address social and emotional wellbeing.
- Building and strengthening children and young people’s aspirations.
- Providing learning and developmental supports.

## Aboriginal stakeholder feedback

### General feedback:

- Child-focused Support is a core part of *Aboriginal Family Preservation*.
- Most of the proposed activities reflect what ACCOs currently deliver or would want to deliver.

### Feedback about child-focused support activities:

- Wraparound child-focused supports are delivered either in-house or through referrals (e.g. counselling, sand therapy, youth job skills, advocacy at meetings with school and health, etc).

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- Children and young people’s participation is important – services build rapport with children and young people through play, including them in planning and decision making (age appropriate), having a yarn, and listening to what they want.
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## Possible additional core component for *Aboriginal Family Preservation* framework only

There were extensive discussions at the core components workshops about the advocacy undertaken when delivering Family Preservation supports to children and families. ACCOs have the experience and expertise to identify where structural biases and racism influence policy and practice, as well as the commitments government and others have made to addressing the biases through Closing the Gap, Family is Culture, and other initiatives. Being formally accountable to community, ACCOs are required and expected to use this expertise to advocate on behalf of individual children and families and the wider community against systemic system barriers.

Additionally, many participants reflected on the level of general community engagement required to develop and maintain the required reputation and standing in community for families to trust that the service has their best interests at heart and is not a proxy for statutory child protection. This is fundamentally important given Aboriginal peoples’ experiences of intergenerational removal and trauma.

Some participants considered whether it was appropriate to combine healing and therapeutic supports together and whether healing in an Aboriginal context was more appropriately considered as an additional core component or part of an *Aboriginal Family Preservation*-only core component.

Participants at the workshops contemplated whether this family level and system level advocacy was sufficient and appropriate to constitute a sixth core component in the *Aboriginal Family Preservation* framework. Participants reflected that ACCOs are already performing this sort of activity at their discretion and expense, and that Nabu has these activities formally recognised in its service delivery model.

### Discussion questions

27. For ACCOs only: Can you envisage developing an *Aboriginal Family Preservation* model with community using these core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?
28. For ACCOs only: Are there any ACCO service activities that have not been captured in the core components?
29. For ACCOs only: Do you think there should be a sixth core component for *Aboriginal Family Preservation*? If so, what activities would be involved in delivering a sixth core component?

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## What are the other fixed elements of *Aboriginal Family Preservation* framework?

This Discussion Paper does not address all the fixed elements of the *Aboriginal Family Preservation* framework.

As outlined above, eligibility and intended outcomes will be fixed for Family Preservation and we invited ACCOs to respond to the relevant discussion questions with their views.

The performance framework, data requirements, and unit costs will be developed based on the feedback provided of this paper and will be discussed with ACCOs in due course.

We do, however, want to elicit feedback from ACCOs on the proposed service duration and intensity (number of hours allocated to a family).

### Service duration

We have proposed a 12-month service duration for *Families Together* but seek ACCOs views on the right service duration for Aboriginal families being supported under *Aboriginal Family Preservation*.

Given that there is likely to be greater demand for ACCO services than can be supplied, we are conscious that families, communities, and ACCOs will want to strike the balance having long enough with a family to achieve change, with wanting to complete a service quickly so more families can be supported.

### Allocated hours per family

We have proposed a total of 200 hours over a 12-month service duration for *Families Together* but seek ACCO views on the right number of hours to support families over their service duration.

We recognise that families, communities and ACCOs will need to strike the right balance between giving families the hours they need to achieve change, while being able to service more clients. It is a difficult trade off to make – for every hour spent on a family that is receiving a service, means an hour that is not spent on another family who may also want and need a service.

### Split of hours across functions

We recognise that time per family will need to be portioned across a number of functions, including:

- face-to-face service delivery
- travel to and from client meetings
- calls with families where face-to-face service delivery is unnecessary or disproportionate
- preparation and case planning
- professional supervision on the case.



We are interested in views as to how ACCOs would, on average, portion time across these activities. We recognise that the primary use of a practitioner's time should be directly providing services to clients, but understand that good preparation, planning, and supervision are critical in supporting families to achieve success.

We are also interested if ACCOs consider there is a minimum number of hours for face-to-face service delivery within hours allocated to a family.

We are also keen to better understand the extent that travel time detracts from face-to-face service delivery time, and the extent to which remote service delivery (e.g. teleconferencing, phone calls) can alleviate this pressure.

We also recognise that practitioners and service providers also require time to do administration (including data entry), and to deliver professional development beyond case-by-case professional supervision. We have also assumed that each practitioner will require time to undertake professional development (e.g. for formal training, e-learning, participation in other learning experiences).

We are interested whether *Aboriginal Family Preservation* should have the same assumptions, or if the requirements are different. We recognise that for the more hours spent on administration and professional development, the fewer hours can be spent on casework for families and are interested in ACCO views on how to strike this balance.

## **Brokerage**

Currently there is lack of clarity and consistency about the amount of brokerage available across all Family Preservation models and how it can and should be used by ACCO and non-ACCO service providers to support children and families.

So far as appropriate, we will look to standardise brokerage amounts and rules and provide clearer direction on its potential usage. We will refer to DCJ policy on brokerage when clarifying the rules for Family Preservation ACCO and non-ACCO service providers. We will also look to capture more specific information from service providers about how brokerage is being used.

## **Service providers can innovate within these parameters**

At the heart of *Aboriginal Family Preservation* contracts, DCJ will be commissioning ACCOs to deliver services to a given number of families in line with the fixed elements above (as they are determined through ACCO sector engagement following this paper) for a certain price. Elements of service delivery which are not specified will be at the discretion of the ACCO, assuming those elements are deliverable within the unit cost. This discretion will allow ACCOs and practitioners to deliver services which are tailored to local circumstances.

A key element where ACCOs will have discretion is how they organise their teams and resources to support service delivery, including multidisciplinary service delivery, to families. This is in recognition that:

- Family needs and characteristics will vary across different communities, requiring ACCOs to emphasise different staff skills and capabilities across their staff complement.

- ACCOs will enter *Aboriginal Family Preservation* contracts with different staffing complements and capabilities (including across other program areas) and will need to build their model from that starting point.
- Labour market conditions vary considerably across communities, with service providers having different ability to bring in certain skills and capabilities depending on their location.
- Wider service systems will vary across communities, meaning service providers having different ability to sub-contract or partner with other services on different aspects of service delivery.

While DCJ will need to assume a generic team structure to develop a unit cost for *Aboriginal Family Preservation*, this team structure will only be indicative for unit costing purposes. We are interested in understanding the different ways in which prospective ACCOs could and would organise their teams and delivery networks under *Aboriginal Family Preservation*, recognising that this needs to achieve both an effective and efficient service for families.

## Discussion questions

30. For ACCOs only: Do you agree with the primary objectives of the *Aboriginal Family Preservation* framework? If not, what other objectives should be considered?
31. For ACCOs only: Will the *Aboriginal Family Preservation* framework deliver broader outcomes for Aboriginal communities and not just Aboriginal families?
32. For ACCOs only: What do you think the service duration and service hours per family should be for *Aboriginal Family Preservation*?
33. For ACCOs only: What do you think the service duration and service hours per family for *Aboriginal Family Preservation* should be? Could the proposed service duration and allocated hours per family for Families Together provide enough discretion for practitioners and ACCOs to be responsive to the changing needs of Aboriginal families through service duration?
34. For ACCOs only: How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?
35. For ACCOs only: Does the *Aboriginal Family Preservation* framework allow you to apply and utilise your current best practice approaches?
36. For ACCOs only: How would you use the flexibility under *Aboriginal Family Preservation* to drive innovative approaches?
37. For ACCOs only: How could you leverage skills and capabilities across your organisation or the wider service system to deliver an innovative approach to *Aboriginal Family Preservation*?
38. For ACCOs only: What rules and discretion would you like to be reflected in a new brokerage policy?
39. For ACCOs only: What implementation support would new and existing ACCOs need to deliver *Aboriginal Family Preservation*?

40. For ACCOs only: What support do you need to co-design *Aboriginal Family Preservation* models with your community?

# Appendices

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## Appendix A – Discussion Paper questions

### Part One: Doing better for children and families

1. Are there any additional primary objectives and/or principles that should be considered for Family Preservation?

### Part Two: Services that are responsive to families' needs

2. Does the proposed suite of Family Preservation provide the right mix of responsive and culturally safe supports to children, young people, and families?
3. How do we ensure that Aboriginal children, young people, and families are provided with culturally safe and responsive supports when working with a Family Preservation service?
4. How do we ensure that children, young people, and families from Culturally and Linguistically Diverse (CALD) backgrounds are provided with culturally safe and responsive supports when working with a Family Preservation service?
5. Does the eligibility, suitability, and prioritisation approach strike the right balance between providing access to families who could benefit from Family Preservation and targeting a finite resource? If not, what do you think needs to shift so it is striking the right balance?
6. Do the proportions of 60 per cent, 30 per cent, 10 per cent between DCJ allocated, triage, and community referrals strike the right balance? If not, why not?
7. What is your view on which families are more or less suitable for the various Family Preservation models? What factors contribute to this?
8. What practices tools or processes do you currently use, or have you seen used in other services, to determine suitability?
9. Do you foresee any unintended consequences in linking DCJ allocated referrals to the Family Action Plan for Change? If so, how can these be mitigated?
10. Should service providers be involved in the Family Action Plan for Change? If so, what level of information do service providers need about the family to best support the process?
11. Will the new referral decline reasons support better referral practices and collaboration between DCJ and service providers? If not, why not?
12. If referral practices are effective, what would be a reasonable decline rate for DCJ referrals?
13. Will keeping cases open for up to three months help service providers improve engagement with families? If not, why not?
14. Will keeping cases open for up to three months improve collaboration, information sharing, and transparency between families, DCJ, and service providers? If not, why not?
15. Will keeping cases open for up to three months result in unintended consequences?
16. Do the respective roles and responsibilities of DCJ and service providers regarding managing ongoing and escalating risk provide clarity? Are there any other gaps in understanding?

#### **Part four: *Families Together* framework**

17. Can you envisage developing a Family Preservation model using the *Families Together* core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?
18. Are there any key service activities that have not been captured in the *Families Together* core components?
19. Do you agree with the proposed service duration and service hours per family for *Families Together*? If not, why not? What would you propose as an alternative?
20. Does the proposed service duration and service hours per family for *Families Together* provide enough discretion for practitioners and service providers to be responsive to the changing needs of families through service duration?
21. How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?
22. Does *Families Together* allow you to apply and utilise your current best practice approaches?
23. How would use the flexibility under the *Families Together* framework to drive innovative approaches?
24. How could you leverage skills and capabilities across your organisation or the wider service system to deliver an innovative approach to *Families Together*?
25. What rules and discretion would you like to be reflected in a new brokerage policy?
26. What implementation support would new and existing non-ACCO service providers need to deliver *Families Together*?

#### **Part five: *Aboriginal Family Preservation* framework**

27. For ACCOs only: Can you envisage developing an *Aboriginal Family Preservation* model with community using these core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?
28. For ACCOs only: Are there any ACCO service activities that have not been captured in the core components?
29. For ACCOs only: Do you think there should be a sixth core component for *Aboriginal Family Preservation*? If so, what activities would be involved in delivering a sixth core component?
30. For ACCOs only: Do you agree with the primary objectives of *Aboriginal Family Preservation* framework? If not, what other objectives should be considered?
31. For ACCOs only: Will the *Aboriginal Family Preservation* framework deliver broader outcomes for Aboriginal communities and not just Aboriginal families?
32. For ACCOs only: What do you think the service duration and service hours per family should be for *Aboriginal Family Preservation*?

33. For ACCOs only: What do you think the service duration and service hours per family for *Aboriginal Family Preservation* should be? Could the proposed service duration and allocated hours per family for *Families Together* provide enough discretion for practitioners and ACCOs to be responsive to the changing needs of Aboriginal families through service duration?
34. For ACCOs only: How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?
35. For ACCOs only: Does *the Aboriginal Family Preservation* allow you to apply and utilise your current best practice approaches?
36. For ACCOs only: How would you use the flexibility under *Aboriginal Family Preservation* to drive innovative approaches?
37. For ACCOs only: How could you leverage skills and capabilities across your organisation or the wider service system to deliver and innovative approach to *Aboriginal Family Preservation*?
38. For ACCOs only: What rules and discretion would you like to be reflected in a new brokerage policy?
39. For ACCOs only: What implementation support would new and existing ACCOs need deliver *Aboriginal Family Preservation*?
40. For ACCOs only: What support do you need to co-design *Aboriginal Family Preservation* models with your community?

## Appendix B - Current Family Preservation service models

Service Model	Age Group	Service Period	Referral Pathways	Eligibility and Priority Cohort	Service Intensity
Brighter Futures and Youth Hope (also known as Family Preservation)	Birth-17 years or unborn children	18 months (up to 24 months in exceptional circumstances)	DCJ, Community and self-referral	<p>At least one child (0 to 17 years) who is the subject of a current ROSH report.</p> <p>SARA: not mandatory. If applied safety assessment outcome of 'safe' risk assessment outcome of low, moderate or high</p> <p><i>Brighter Futures</i></p> <ul style="list-style-type: none"> <li>• ROSH threshold but with history of reported child neglect and/or physical abuse.</li> <li>• May be experiencing DFV, AOD misuse and/or other mental health issues, significant learning difficulties or intellectual disability.</li> </ul> <p><i>Youth Hope</i></p> <ul style="list-style-type: none"> <li>• ROSH threshold but at imminent risk of escalation to statutory child protection intervention</li> <li>• At risk of ROSH reporting</li> </ul>	Medium
SafeCare	Birth-5 years	Up to 5 months (15-20 weeks)	DCJ and Community	<ul style="list-style-type: none"> <li>• Per Brighter Futures program eligibility</li> <li>• ROSH threshold but at imminent risk of escalation to statutory child protection intervention</li> </ul>	Medium
Intensive Family Preservation (IFP)	Birth – 18 years	6 months (Up to 12 months in exceptional circumstances)	DCJ	<ul style="list-style-type: none"> <li>• At least one child (0 to 17 years)</li> <li>• At ROSH and at imminent risk of removal to OOHC</li> <li>• OOHC candidates for restoration</li> <li>• Living independently, e.g. in youth accommodation service or emergency OOHC placement with court order for restoration and/or supervision.</li> </ul>	High



Intensive Family Based Services (IFBS)	Birth-18 years for Aboriginal families only	Up to 4 months (16-20 weeks) with ability to be extended in exceptional circumstances	DCJ and Community	<ul style="list-style-type: none"> <li>• Aboriginal or Torres Strait Islander child and/or family</li> <li>• At ROSH and at imminent risk of removal to OOHC</li> <li>• Children and/or young people living in OOHC with a case plan permanency goal of restoration.</li> <li>• In OOHC placement at imminent risk of breaking down</li> </ul>	Medium-high
Resilient Families (RF)	Birth-6 years	Up to 12 months	DCJ	<ul style="list-style-type: none"> <li>• At least one child under 6 years of age including unborn children</li> <li>• ROSH reported, assessed as safe or safe with plan and risk outcome of high or very high</li> </ul>	High
Multisystemic Therapy for Child Abuse and Neglect (MST- CAN®)	6-17 years	6-9 months	DCJ	<ul style="list-style-type: none"> <li>• Child between the ages of (6-17 years of age)</li> <li>• ROSH was assessed in the last 180 days of a notification, ROSH assessed as safe or safe with a plan, and ROSH assessed as high risk or very high risk.</li> <li>• Exclusionary criteria include: DFV (only in the absence of child abuse/neglect; coercion/control; safety of family and/or therapist is jeopardised); active suicidal/homicidal ideation/psychosis; sexual abuse; target child has moderate to severe difficulties with social communication, social interaction, and repetitive behaviours</li> </ul>	High
Functional Family Therapy – Child Welfare (FFT-CW ®)	Birth-17 years	6-9 months	DCJ, Community and self-referral	<ul style="list-style-type: none"> <li>• At least one child and young person aged (0 to 17 years) in the home</li> <li>• ROSH or assessed as safe or safe with a plan (using SARA) at risk of child abuse or neglect, or,</li> <li>• OOHC placement with court order for restoration or long-term OOHC placement (12+ months)</li> <li>• May be experiencing DFV (victim and/or witness), AOD misuse, and/or other mental health issues at home</li> <li>• Exclusionary criteria includes: where all caregivers have a cognitive delay/intellectual disability and no additional supports; active sexual abuse only risk factor; active suicidal/homicidal ideation/psychosis; short-term OOHC placements</li> </ul>	High
Permanency Support Program – Family Preservation (PSP-FP)	Birth – 18 years	Up to 24 months	DCJ	<ul style="list-style-type: none"> <li>• At least one child in the family assessed as safe or safe with a plan, and assessed as high risk or very high risk.</li> <li>• Exclusionary criteria includes: not receiving services funded through another Case Plan Goal Package or another funded family preservation program; has not</li> </ul>	High

previously received services funded under a PSP Family Preservation Case Plan Goal Package unless it has been reviewed and approved.

Nabu	Birth-18 years	Up to 18 months	DCJ and Community	<ul style="list-style-type: none"> <li>• Aboriginal or Torres Strait Islander child and/or family in Illawarra / Shoalhaven area with at least one child and young person aged (0-17 years)</li> <li>• At ROSH, or</li> <li>• Below ROSH threshold but at imminent risk of escalation to statutory child protection intervention (Aboriginal families only), or</li> <li>• OOHC candidate for restoration.</li> </ul>	Medium-high
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## Appendix C - Table of evidence consulted for the redesign

Elements	Research evidence				Contextual evidence				Experiential evidence																							
	Rigorous studies that are relevant to research questions											Information about the community/service context to understand if an approach is relevant, acceptable and feasible											Expertise and insights of practitioners and those with lived experience									
	Program evaluations (published and unpublished)	Evidence reviews incl. systematic reviews and meta-analyses (published and unpublished)	Rapid evidence scans (unpublished)	Grey literature searches (published and unpublished)	Program and administrative data analysis (unpublished)	Market analysis and research (unpublished)	Review of government strategy, commitments, commissioning processes (published and unpublished)	Review of DCJ policies and practice (published and unpublished)	Cultural expertise (unpublished)	Stakeholder engagement and consultations (published)	Personal experience/knowledge (unpublished)																					
<b>Program design</b>																																
Effective supports and interventions to reduce maltreatment and improve safety for children and young people	✓	✓	✓	✓	✓		✓	✓																								
Core components and flexible service activities	✓	✓	✓	✓			✓		✓	✓	✓																					
Identification of priority cohort/s	✓				✓					✓	✓																					
Evidence-informed practices	✓	✓	✓	✓			✓		✓	✓	✓																					
<b>Operational and practice features, including implementation support</b>																																
Eligibility/exclusionary criteria and suitability	✓			✓	✓		✓	✓		✓	✓																					

Referral pathways	✓	✓		✓	✓		✓	✓	✓	✓	✓
Cultural considerations	✓	✓	✓	✓			✓	✓	✓	✓	✓
Engagement and readiness for change			✓							✓	
Service duration	✓			✓						✓	
Team structures and case loads	✓	✓	✓								
Workforce characteristics	✓			✓	✓	✓				✓	✓
Market characteristics						✓	✓			✓	✓

## Appendix D - Published research evidence used to inform the redesign

### Systematic reviews, meta-analyses and evidence reviews of family preservation programs and core components analyses of child welfare interventions

Barth, RP, Kolivoski, KM, Lindsey, MA, Lee, BR & Collins, KS 2014, 'Translating the Common Elements Approach: Social Work's Experiences in Education, Practice, and Research', *Journal of Clinical Child & Adolescent Psychology*, vol. 43, no. 2, pp. 301-311, doi:10.1080/15374416.2013.848771.

Bezczky, Z, El-Banna, A, Kemp, A, Scourfield, J, Forrester, D & Nurmatov, U 2019, *Intensive Family Preservation Services to prevent out-of-home placement of children: a systematic review and meta-analysis*. London: What Works Centre for Children's Social Care.

D'Aunno, LE, Boel-Studt, S & Landsman, MJ 2014, 'Evidence-based elements of child welfare in-home services'. *Journal of Family Strengths*, vol. 14, no. 1.

Kaye, MP, Faber, A, Davenport, KE & Perkins, DF 2018, 'Common components of evidence-informed home visitation programs for the prevention of child maltreatment', *Children and Youth Services Review*, vol. 90, pp: 94-105, doi:10.1016/j.childyouth.2018.05.009.

Lee, BR, Ebesutani, C, Kolivoski, KM, Becker, KD, Lindsey, MA, Brandt, NE, Cammack, N, Strieder, FH, Chorpita, BF & Barth, RP 2014, 'Program and practice elements for placement prevention: a review of interventions and their effectiveness in promoting home-based care'. *Am J Orthopsychiatry*. vol. 84, no. 3, pp. 244-56. doi:10.1037/h0099811. PMID: 24827019.

Macvean, M, Sartore, G, Mildon, R, Shlonsky, A, Majika, C, Albers, B, Falkiner, J, Pourliakas, A & Devine, D 2015, *Effective Intensive Family Services Review*, prepared by the Parenting Research Centre and The University of Melbourne on behalf of NSW Department of Family and Community Services.

Stout, B, Goward, P, Dadich, A, Grace, R, Perry, N, Knight, J, Townley, C, Ng, J & Mugadza, T 2022, *Evidence bank rapid review: A rapid evidence review of early childhood programs to reduce harm and maltreatment and improve school readiness*, Western Sydney University, Penrith, NSW, <https://www.facs.nsw.gov.au/download?file=843405>.

Temcheff, CE, Letarte, MJ, Boutin, S & Marcil, K 2018, 'Common components of evidence-based parenting programs for preventing maltreatment of school-age children', *Child Abuse & Neglect*, Vol. 80, pp. 226-237, doi:10.1016/j.chiabu.2018.02.004.

van der Put, C, Assink, M, Gubbels, J & Boekhout van Solinge NF 2018, 'Identifying effective components of child maltreatment interventions: a meta-analysis', *Clinical Child and Family Psychology Review*, vol. 21, pp. 171-202.

## Scoping reviews, empirical studies and case studies of what works for First Nations families from Australia and other jurisdictions

AbSec 2017, *Aboriginal Parenting Programs: Review of case studies*. Sydney: Aboriginal Child, Family and Community Care State Secretariat (AbSec). Retrieved from <https://evidenceportal.dcj.nsw.gov.au/documents/aboriginal-parenting-programs-review-of-case-studies.pdf>

File, K 2018, *What works for Indigenous families in strengthening family wellbeing including family preservation, family restoration and family support programs in Australia, Canada, New Zealand, Hawaii and the United States? A thematic scoping review*. Australian Health Services Research Institute, University of Wollongong.

Macvean, M, Shlonsky, A, Mildon, R & Devine, B 2017, 'Parenting Interventions for Indigenous Child Psychosocial Functioning: A Scoping Review', *Research on Social Work Practice*. vol. 27, no. 3, pp. 307-334. doi:10.1177/1049731514565668.

McCalman, J, Heyeres, M, Campbell, S, Bainbridge, R, Chamberlain, C, Strobel, N & Ruben, A 2017, 'Family-centred interventions by primary healthcare services for indigenous early childhood wellbeing in Australia, Canada, New Zealand and the United States: a systematic scoping review', *BMC Pregnancy and Childbirth*, vol. 17, no.71, doi:10.1186/s12884-017-1247-2.

Tilbury, C 2015, *Moving to Prevention research report: Intensive family support services for Aboriginal and Torres Strait Islander children*. Canberra: Department of Social Services. Available at <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/moving-to-prevention-research-report>.

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## Appendix E – Glossary

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Aboriginal Community-Controlled Organisation (ACCO)	An organisation that meets the definition described in Clause 44 of the National Agreement on Closing the Gap. Further context: The Department of Communities and Justice (DCJ) is committed to building and strengthening services to Aboriginal people and communities, and having those services delivered by Aboriginal Community-Controlled Organisations.
Aboriginal Case Management Policy (ACMP)	The Aboriginal Case Management Policy provides a framework for Aboriginal-led and culturally embedded case management practice to safeguard the best interests of Aboriginal children and young people.
Aboriginal Community Controlled Mechanisms (ACCM)	Aboriginal Community Controlled Mechanisms are a way Aboriginal communities can oversee case management processes for Aboriginal children and families within their area. ACCMs use local Aboriginal standards, expectations and experiences to ensure these processes are designed to care for and protect Aboriginal children and young people.
Service activities	The actions taken to respond to an identified issue or need or aspiration of a particular cohort. Activities may include the delivery of one or more program or services, or activities delivered as part of a program or service.
Culturally and linguistically diverse (CALD) families/communities	Culturally and linguistically diverse is a broad term used to describe communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions.
Case Management	‘Case Management is interactive and dynamic, with an emphasis on: building relationships with the child or young person and their family to facilitate change; developing partnerships and joint planning with other agencies involved in the care and wellbeing of the child or young person; and ongoing analysis, decision making and record-keeping to ensure that the identified needs of the child or young person are being met.’ <sup>23</sup>
ChildStory	Child protection IT system, developed by DCJ, that places the child at the centre of the story and builds a network of family, carers, caseworkers and service providers around them. ChildStory includes a Partner Community that allows service providers to view information and interact with DCJ in real-time about the children and families they are working with.
Client	Individuals, children, families and communities in NSW who use our services now or may use our services in the future.
Cohort	A group of people with shared traits, needs and characteristics.

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<sup>23</sup> Sartore, G, Harris, J, Macvean, M, Albers, B, & Mildon, R 2015, *Rapid evidence assessment of case management with vulnerable families*. Report prepared by the Parenting Research Centre on behalf of NSW Department of Family and Community Services.

	Cohort examples: Children in out-of-home care, children and young people, people with a disability, etc.
Coercive control	Coercive control is when someone repeatedly hurts, scares or isolates another person to control them. It is domestic abuse, and it can cause serious harm. Coercive control can involve a single behaviour, or repeated behaviours. Some examples include: deliberately harming a person's mental health or emotional wellbeing; shaming, humiliating or belittling someone; using violence to hurt, control or intimidate someone; isolating someone from their friends, family and community; limiting someone's freedom and independence or controlling their day-to-day choices; and controlling or limiting someone's access to money or their ability to make money.
Child	Unless otherwise specified, a person under the age of 18 years.
CSC	Community Services Centre
Data	<p>Qualitative and/or quantitative information gathered for reference or analysis. Data can be used at any step of the commissioning process, from understanding the needs of clients to evaluating outcomes.</p> <p>Further context: Data collected and analysed from client surveys helps develop a greater understanding of the issues they face, while data gathered from the contracted service providers help determine whether client outcomes are being met.</p>
DCJ	The NSW Department of Communities and Justice
District	A district is an operating unit within DCJ's organisational structure that is responsible for services delivered within a defined geographical boundary.
Domestic and family violence (DFV)	Domestic, family violence (DFV) is violence between people who are or were in a domestic relationship, whether a family member, intimate partner or housemate. The violence does not have to occur within the home. DFV 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. Witnessing DFV can have a profound negative effect on children and young people.
Evaluation	<p>A rigorous, systematic and objective process to assess the effectiveness, efficiency, appropriateness and sustainability of interventions. Evaluation is an essential activity for building knowledge to improve the whole commissioning process and achieve better outcomes for clients.</p> <p>There are three types of evaluation used by DCJ:- process evaluation, which assess implementation, outcome evaluation which measures the effect of an intervention, and economic evaluation, which places a value on the economic costs and benefits of an intervention.</p>



Evidence	<p>Information and analysed data that is used as proof to support a claim or belief. This helps to inform decision-making and forms a core part of commissioning practice. Evidence can be made up of the best available research, data, client voice and expert/tacit knowledge.</p> <p>Further context: Evidence of issues faced by clients was gathered through client engagement and was used to inform the statement of outcomes to be achieved.</p>
Evidence-based	<p>‘Evidence-based’ refers to the use of models that have been rigorously evaluated in a controlled setting, which has demonstrated that the expected outcomes have been achieved for a specific population group.</p>
Evidence-informed	<p>‘Evidence-informed’ practice means using evidence to design, implement and improve our programs and interventions. This evidence can be: research evidence, lived experience and client voice, and professional expertise.</p>
Family	<p>The term ‘family’ acknowledges the variety of relationships and structures that can make up family units and kinship networks. Family can include current or former partners, children, siblings, parents, grandparents, cousins, extended family and kinship networks and carers.</p>
Framework	<p>In the context of Family Preservation, a framework is a set of guidelines (including mandatory and flexible guidelines) that enable service providers to develop responsive and innovative Family Preservation models to support children, young people, and families.</p>
Indigenous Data Sovereignty (ID-Sov)	<p>Indigenous Data Sovereignty (ID-Sov) is the right of Indigenous people to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous data.</p>
Indigenous Data Governance (ID-Gov)	<p>Indigenous Data Governance (ID-Gov) is the right of Indigenous peoples to autonomously decide what, how and why Indigenous Data are collected, accessed and used. It ensures that data on or about Indigenous peoples reflects their priorities, values, cultures, worldviews and diversity.</p>
infoShare	<p>A new streamlined data collection platform that will be used by all Family Preservation service providers.</p>
Licensed models	<p>Licensed manualised programs are evidence-based models. These programs have model fidelity and robust evaluation that has built evidence based on their effectiveness.</p>

Minimum data set (MDS)	<p>The minimum set of information (mandatory data items) that must be shared by providers with DCJ about clients and services delivered by providers.</p> <p>These data items capture both identifying and demographic information of clients accessing program activities.</p>
Minister	Minister for Family and Community Services
Model	In the context of Family Preservation, a model is a structured or manualised approach to delivering Family Preservation supports to children, young people, and families.
Out-of-home-care (OOHC)	Unless otherwise specified, statutory out-of-home care.
Parent	Parent refers to a child's birth parent, or a person allocated parental responsibility or guardianship as the result of a court order.
Practitioner	<p>A practitioner provides casework to children, young people and families (in or not in OOHC) who are receiving a Family Preservation service.</p> <p>Unless otherwise specified, a practitioner can include a caseworker, case manager, casework manager, team leader or casework specialist.</p>
Restoration	The return of a child to the care of their parents after they have been in OOHC.
SafeCare	SafeCare is an evidence-based, behavioural skills training program for parents who are at-risk or have been reported for maltreatment.
Outcomes	<p>The changes that occur for individuals, groups, families, organisations, systems, or communities during or after an intervention. Outcomes can be short-, medium- or long-term.</p> <p>Further context: Outcomes are what a commissioner and service provider are attempting to achieve through the contracted services. For example:</p> <p>A desired outcome for unemployed people with disability is to gain meaningful employment.</p> <p>A desired outcome for children who are victims of DFV is to live in a safe environment.</p>
Service provider	An organisation delivering services to clients.
Service system	An arrangement of processes, technology and networks (such as government, non-government and private sector stakeholders) that is designed to deliver services that satisfy the needs, wants and/or aspirations of clients.

	Further context: Improving service systems can lead to greater access and better outcomes for clients.
Staff	All employees, contractors and agency personnel working for an organisation.
Target cohort	The particular group of people that a program or service is intended to reach (see 'cohort' above). Further context: A service proposal may be designed to reach a small but particularly vulnerable target group rather than a wide cohort of people.
Therapeutic	The term 'therapeutic' refers to interventions which try to address the presence of conditions that are harmful for child wellbeing, their families and those who work with them. Such approaches generally try to encourage healthier psychological and social functioning in children, while also helping to foster the development of skills in parents that enhance parental ability to have productive and healthy interactions with their children." <sup>24</sup>
Trauma	<p>Trauma occurs when someone's ability to cope is overwhelmed. Trauma can have a significant effect on someone's physical, emotional, and psychological wellbeing. The impacts of trauma, whether resolved or acknowledged, may surface at any time, particularly when victim-survivors tell or repeat their experiences, or when they encounter similar experiences shared by others. Trauma looks different for people depending on their experience and other factors, such as exposure to previous traumatic events, access to support and mental health status.</p> <p>Historical trauma often referred to as 'intergenerational trauma' is passed down from those who directly experience the incident to subsequent generations, for example, the impact of the Stolen Generations.</p>

<sup>24</sup> Fernandez, E & Delfabbro, PH 2021, *Child protection and the care continuum: Theoretical, empirical and practice insights*. Milton Park, Abingdon, Oxon: Routledge.

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