Communities and Justice

Program Specifications

Family Preservation Program

Version 1, March 2025   www.dcj.nsw.gov.au

NSW GOVERNMENT

Contents

Acknowledgement

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live.

We acknowledge the Stolen Generations, including Aboriginal children, young people and families currently affected by the child protection system. The forced removal of children from their families by government agencies has created a legacy of mistrust of government agencies. Aboriginal children continue to be overrepresented in the child protection system with lasting impacts on families, communities, and culture. We acknowledge that this trauma continues to affect Aboriginal people today.

Aboriginal families and communities are calling for a different approach, one that is underpinned by self-determination and 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.

The Family Preservation Program seeks to contribute to addressing the overrepresentation of Aboriginal children and families in the child protection system. In designing the Family Preservation Program, we have relied on the generous expertise and knowledge of Aboriginal families, communities and Elders.

All Family Preservation service providers funded by the Department of Communities and Justice must have policies and procedures in place to ensure that their services are as culturally safe as possible for Aboriginal children, young people and families.

Note on Terminology

The term "Aboriginal" in the Program Specifications refers to both Aboriginal and Torres Strait Islander peoples. It is used to refer to the numerous nations, language groups and clans in NSW. The Family Preservation Program supports children, young people and families from diverse Aboriginal and Torres Strait Islander communities and backgrounds across NSW.

We acknowledge that family compositions are unique and encompass many cultural factors such as Aboriginal kinship structures. The term "family" acknowledges the variety of relationships and structures that can make up family units and kinship networks.

1. Purpose of this document

The Family Preservation Program Specifications (Program Specifications) set out the objectives, target groups, services to be delivered and program outcomes of the Family Preservation Program. They are a key instrument to create clearer accountability for both DCJ and service providers, with a focus on achieving outcomes for children, families and communities.

The Program Specifications must be read in conjunction with the NSW Department of Communities and Justice (DCJ)'s Funded Contract Management Framework, which covers the objectives, guiding principles, processes and expected outcomes of DCJ's framework for contract management, and applies to Family Preservation contracts.

DCJ will seek to include the Program Specifications in contracts, under the NSW Agreement for Funding of Services (human services agreement), and they will therefore form part of the contractual obligations for service providers. Clause 5 of the Agreement for Funding of Services provides further information about service providers' obligations.

The Program Specifications apply to Family Preservation service providers across all Family Preservation models and frameworks, unless otherwise stated. Requirements and processes that are unique to an individual model or framework will be detailed in the relevant model- or framework-specific Operations Manuals.

DCJ may amend the Program Specifications through the life of the program, with input from service providers and stakeholders when appropriate. Service providers should comply with the current version of the Program Specifications, which will be published on the Family Preservation microsite. Updates to the Program Specifications will be communicated to service providers in a timely manner, and in advance of any changes coming into effect.

2. Legislative framework

Family Preservation service providers are required to provide services in accordance with all applicable laws, standards and policies and accreditation requirements.

The *Children and Young Persons (Care and Protection) Act 1998* (Care Act) impacts on the delivery of the Family Preservation Program. The Care Act aims to ensure that children and young people receive care and protection necessary for their safety and wellbeing. DCJ is the agency responsible for exercising the powers and duties under the Care Act to determine whether a child is at risk of significant harm (ROSH), whether they are in need of care and protection, and to determine any necessary action to safeguard or promote the safety, welfare and well-being of the child or young person. DCJ continues to hold these powers and duties whether a Family Preservation service provider is working with a family or not. Section 2.1 provides further details about relevant sections of the Care Act.

The *Crimes (Domestic and Personal Violence) Act 2007* (CPDV Act) also has relevance for the Family Preservation Program. The CPDV Act 2007 creates the legislative framework for apprehended violence orders in NSW. The CPDV Act recognises the particularly vulnerable position of children who are exposed to domestic violence as victims or witnesses, and the impact that such exposure can have on their current and future well-being. Family Preservation service providers should consider the CPDV Act when providing support to families experiencing domestic violence, including families who have or are applying for an apprehended domestic violence order (ADVO). Under the CPDV Act, the protections in condition 1 of all ADVOs automatically cover anyone the protected person lives with or has a domestic relationship with, including children. Additionally, if a court issues a final or temporary ADVO for an adult, that ADVO must include any child the adult lives with or has a domestic relationship with as a protected person. If the court decides not to include the child, it must have a good reason for this.

Family Preservation service providers should also ensure they are aware of the *Crimes Legislation Amendment (Coercive Control) Act 2022 No 65*, which amends the definition of "domestic abuse" in the *Crimes (Domestic and Personal Violence) Act 2007* to include coercive control. From 1 July 2024, coercive control is a criminal offence in NSW when a person uses abusive behaviours towards a current or former intimate partner with the intention to coerce or control them.

The delivery of human services by all service providers must comply with relevant NSW Legislation including but not limited to:

- *Public Finance & Audit Act 1983*
- *NSW Privacy and Personal Information Protection Act 1998*
- *NSW Health Records and Information Privacy Act 2002*
- *Children's Guardian Amendment (Child Safe Scheme) Bill 2021*
- *Child Protection (Working with Children) Act 2012*
- *NSW Modern Slavery Act 2018*

For further information about the legislation, regulations and policies to be adhered to in the delivery of services refer to the contract management policies and resources on the DCJ website.

DCJ is also required to comply with the *Government Information (Public Access) Act 2019* (GIPA Act) in relation to the disclosure of funding for Family Preservation.

2.1. The Care Act

Section 23 Child or young person at risk of significant harm (ROSH)

Section 23 of the Care Act provides a definition of a child or young person who is at risk of significant harm (ROSH). Service providers must be familiar with this definition and ensure this is applied in the context of the eligibility criteria for the Family Preservation Program.

(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.

(2) Any such circumstances may relate to a single act or omission or to a series of acts or omissions.

Section 27 Mandatory reporting

Section 27 of the Care Act outlines the mandatory reporting obligations that apply to those who deliver services wholly or partly to children, as listed in the Care Act, as part of their professional work or other paid employment. It also includes those in management positions in organisations that deliver these services.

Family Preservation service providers are mandatory reporters under the Care Act and have a duty to report to DCJ when they have reasonable grounds to suspect a child is at ROSH. Family Preservation service providers must comply with mandatory reporting obligations. Further guidance on mandatory reporting requirements can be found on the DCJ website.

Under Section 248 of the Care Act, the Secretary may direct certain bodies, including Family Preservation service providers to provide the Secretary with information concerning the safety, welfare and well-being of a child or young person.

Section 30 Secretary's investigations and assessment

Section 30 of the Care Act identifies DCJ as the agency responsible for the assessment of reports relating to children suspected of being at ROSH. These powers and responsibilities remain solely

with DCJ as the statutory child protection agency and are not delegated to Family Preservation service providers.

Family Preservation service providers 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.

Chapter 16A and information sharing

Chapter 16A of the Care Act provides prescribed government and non-government bodies that have responsibilities relating to the safety, welfare or well-being of children or young persons the authority to share relevant information about them to collaboratively promote their safety, welfare and wellbeing.

As prescribed bodies under Chapter 16A of the Care Act, Family Preservation service providers are able to utilise the provisions of Chapter 16A. Family Preservation service providers are expected to gather comprehensive and relevant information from the referring agency and other professionals involved with the family to make a holistic assessment of family need and to inform case planning. Further guidance on Chapter 16A of the Care Act can be found on the DCJ website.

2.2. NSW Child Safe Standards

The *Children's Guardian Amendment (Child Safe Scheme) Act 2021* established the Child Safe Scheme to make child-related organisations safer for children and young people in NSW. The Child Safe Scheme is overseen by the Office of the Children's Guardian (OCG).

The Child Safe Scheme includes 10 Child Safe Standards (the Standards) to guide child safe practices in NSW. The Standards aim to ensure all child related agencies protect children and young people from harm. The Standards are explained in more detail on the OCG website. This site contains resources to support agencies to understand the Standards and identify ways to improve their child safe practices.

Family Preservation service providers are not required to implement the Standards under the *Children's Guardian Amendment (Child Safe Scheme) Act 2021*. However, all child-related organisations, including Family Preservation service providers, will benefit from implementing the Standards. Applying the Standards makes it easier for children, parents, carers and staff to share their understanding of child safety across different settings, and encourage consistency across all these environments.

There is no requirement for Family Preservation service providers to be accredited with the OCG.

2.3 Working with Children Check

The *Child Protection (Working with Children) Act 2012* requires that all adults who work or volunteer in child-related work in NSW have a Working with Children Check (WWCC). Employers and organisations must verify the WWCC details and keep records of anyone they have in child-related work. The WWCC is administered by the Office of the Children's Guardian.

Clause 6 of the Agreement for Funding of Services – Standard Terms requires Family Preservation service providers to ensure that all personnel engaged in providing services are properly authorised, accredited, trained and experienced to provide the services, and have completed all mandatory pre-employment screening, including a WWCC clearance. A valid WWCC clearance is also required for all users of infoShare, DCJ's data platform for the Family Preservation Program.

3. Policy context

DCJ's purpose is to help create a safe, just, resilient and inclusive NSW in which everyone has the opportunity to realise their potential. The Family Preservation Program contributes to this overarching purpose and the achievement of outcomes outlined in the NSW Human Services Outcomes Framework.

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. The Family Preservation Program forms an essential part of the child protection system and wider community services system. It influences, and is influenced by, wider reforms in the broader sector that seek to improve outcomes for children and families.

The Family Preservation Program contributes to a number of state and national initiatives and reforms that aim to improve outcomes for and respond to the needs of children, young people, families and communities. This includes a strong commitment to improve outcomes for Aboriginal children and families. Some of these initiatives include:

- NSW Human Services Outcomes Framework
- National Plan to End Violence Against Women and Children 2022-2032
- NSW Domestic and Family Violence Plan 2022-2027 and the NSW Sexual Violence Plan 2022-2027
- Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031 and Aboriginal and Torres Strait Islander peoples' First Action Plan 2023-2026
- 2020 National Agreement on Closing the Gap and NSW Closing the Gap Implementation Plan 2022-24
- Family is Culture Independent Review
- Ongoing implementation of the Aboriginal Case Management Policy, including implementation of Aboriginal Community Controlled Mechanisms
- Ongoing implementation of "Active Efforts" under Section 9A of the Care Act
- Safeguarding Decision Making for Aboriginal Children

4. Program overview

4.1. Objectives

The Family Preservation Program forms a key part of the broader child protection system, and wider service system that supports children and families. 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.

Family Preservation is a voluntary program that aims to build on a family's existing capabilities to respond to their children's needs and to create a safe and nurturing home. Family Preservation practitioners deliver casework that promotes parenting skills, family functioning, and child development, as well as a range of practical supports to help create a safe home environment. Some services also deliver therapeutic supports to address the trauma often experienced by parents, carers, children and young people.

Families who receive a service are typically experiencing one or a multitude of challenges, including domestic and family violence, mental health issues, and drug and alcohol misuse[1], as well as entrenched or intergenerational disadvantage. Children and young people (CYP) with disability are overrepresented in out-of-home care (OOHC) [2][3].

The Family Preservation service system has evolved over the past two decades. In this commissioning cycle, DCJ has redesigned the Family Preservation Program to be more responsive to family needs and more effective at supporting families to achieve outcomes. DCJ has designed the Family Preservation Program based on the best available evidence about what works for children and families, in collaboration with the sector and key stakeholders.

The redesigned Family Preservation Program represents a fundamental shift in the way we work with children and families, recognising a family's strengths, capabilities and goals, and positioning practitioners to work alongside families to increase safety for children. It also signals a commitment to more purposeful program management by DCJ and service delivery by providers, with clearer accountability for delivering outcomes for children, families and communities.

Aboriginal children, families, and communities continue to live with the impacts of harmful government policies and ongoing injustices. Aboriginal children are overrepresented in the child protection and OOHC system, with lasting effects on families, communities, and culture. Family Preservation is a key lever to keeping Aboriginal children with their families and addressing this overrepresentation. Aboriginal families have previously experienced significant barriers to receiving culturally responsive and safe Family Preservation services at the right time. In this commissioning cycle, DCJ is investing in Aboriginal-designed, led and delivered services through the *Aboriginal Family Preservation* framework.

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[1] Luu, B., Wright, A. C., Schurer, S., Metcalfe, L., Heward-Belle, S., Collings, S., & Barrett, E. (2024). Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues (Research report, 01/2024). ANROWS.
[2] Australian Bureau of Statistics (2022), Disability, Ageing and Carers
[3] CIW (ChildStory) 2021-22 Annual Snapshot

Guiding principles of Family Preservation

Nine guiding principles for Family Preservation have been developed, based on engagement with stakeholders. These guiding principles will underpin the continual system improvement of Family Preservation system. Self-determination is critical for Aboriginal families and communities, and runs through all of the proposed guiding principles.

The guiding principles are:

1. **Child and family-centred:** The experience, strengths, and needs of children and families must drive services. Families can exercise agency about what they want to achieve and how, and the voices of children and families guide service delivery. The crucial importance of families being supported within their connections to community is recognised.

2. **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 embedding the voices and experience of Aboriginal children, young people, families, and communities in decision making.

3. **Transparent, fair, and accountable:** Families have full, consistent, and accurate information at all points of their journey. Families provide their informed consent. They are fully aware of their rights and feel comfortable and safe to express concerns and seek a fair resolution. For Aboriginal families, DCJ and service providers engage in community accountability mechanisms.

4. **Strengths-based and dignity-driven:** The pervasive and ongoing effects of interpersonal and systemic violence on families and communities are recognised. Upholding dignity and self-determination are prioritised, by understanding families' contexts and building upon their innate strengths, abilities, and resilience.

5. **Evidence-informed:** Understanding and 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 and Indigenous Data Governance in Family Preservation.

6. **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.

7. **Collaborative with all stakeholders:** Harnessing the collective experience and capabilities 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.

8. **Structured, flexible, and supportive:** System design strikes the right balance between structure and flexibility, so families receive a service that is both consistent and tailored. For Aboriginal Community Controlled Organisations (ACCOs), this is driven by the principles of self-determination. Service providers are supported to deliver effective services through an active approach to implementation.

9. **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.

Evidence-informed approach

The following evidence informed the design of the Family Preservation Program (see the Redesigning Family Preservation in NSW Discussion Paper for further detail):

- 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.

Building the evidence

There are gaps in the existing evidence base for Family Preservation. There is also 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.

In recognition of these gaps in the evidence base, one of the central aims of this commissioning cycle is to build the evidence for Family Preservation in collaboration with the sector. This will be achieved through clearly defined program outcomes, improved data collection systems and processes, better data analysis, and reporting of outcomes.

DCJ will continue to build on existing improvements to data collection systems and processes in collaboration with Family Preservation service providers. DCJ will work with the broader DCJ Closing The Gap (CTG) Priority Reform on Data team, AbSec and ACCOs to embed Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) principles across the service system. ID-Sov means recognising the right of Indigenous peoples to exercise ownership over Indigenous Data, including the creation, collection, access, analysis, interpretation, management, dissemination, and use of Indigenous Data. ID-Gov means recognising the right of Indigenous peoples to 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.

Over time, this will enable DCJ and the sector to better understand what works for whom across the Family Preservation service suite. For the *Families Together* and *Aboriginal Family Preservation* frameworks, it will enable further insights into what combination of core components is most effective, which core components are critical, and practitioner and client acceptability of the approach in practice. We will build our understanding around the efficacy of Functional Family Therapy – Child Welfare (FFT-CW) and Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) in a NSW-specific context. For Nabu, we will be able to explore the emerging evidence base regarding program efficacy. This knowledge will help DCJ to invest in the models that are most successful at achieving outcomes for families.
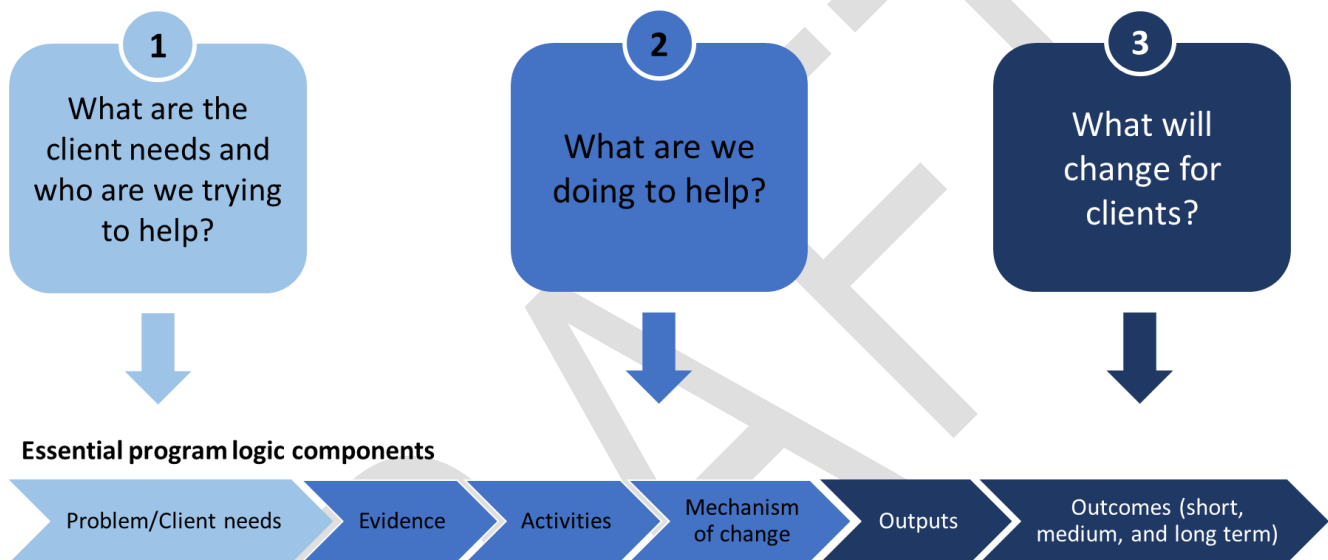
The evidence shows that good quality implementation is crucial to ensuring that children and families experience the benefit of evidence informed program like the Family Preservation Program. In recognition of this, DCJ will take an active approach to supporting program implementation with service providers.

4.2. Program logic

The Family Preservation program logic (included as Appendix A) demonstrates how the Family Preservation Program as a whole is expected to achieve impacts for the children, families and communities it is designed to help. It summarises key information about the program, and explains how specific program components and activities are linked to desired outcomes at client and program levels.

The program logic is a living document that will be reviewed to ensure that it reflects the needs the program aims to address, current evidence, program components, mechanisms of change and outcomes. This review will occur as and when required throughout the contract period to ensure the program logic evolves in line with the program and remains current, and will involve engagement with service providers.

Figure 1: Essential program logic components

1	2	3
What are the client needs and who are we trying to help?	What are we doing to help?	What will change for clients?

Essential program logic components

Problem/Client needs	Evidence	Activities	Mechanism of change	Outputs	Outcomes (short, medium, and long term)

The Family Preservation program logic describes the Need/Problem that the program is seeking to address, and connects the Activities that will be delivered by providers with the resulting Outputs, and ultimately with the desired Outcomes of the program across the short-, medium- and long-term.

The Outcomes are comprehensive, reflecting the aim of the Family Preservation program to both keep children and young people safe at home with their families *and* achieve a range of broader social benefits for families across a variety of domains. They include primary outcomes, which the program is expected to directly address (e.g. child safety, parenting, family-led decision making and support networks), and secondary outcomes, which the program aims to contribute to but is unlikely be able to directly impact (e.g. housing, health). While the program logic specifies program level outcomes that will inform the evaluation of the Family Preservation program as a whole, it does not include program-level performance measures.

A thorough study of the available evidence (as outlined in section 4.1) and consultation with stakeholders has been used to build the program logic for the Family Preservation Program. The program logic (Appendix A) is for the Family Preservation program as a whole, encompassing all models and frameworks. The Operations Manuals for each framework and model will also include framework- and model-specific program logics. The *Aboriginal Family Preservation* program logic will be co-designed with ACCO service providers delivering Family Preservation.

4.3 Roles and responsibilities of key Family Preservation stakeholders

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. It is important to ensure that all partners are clear on the role they play, as well as the role others play, so the sector can work together efficiently and effectively to support children and families. It is also important that children, families, community, oversight bodies, and formal mechanisms can hold stakeholders to account for the role they play in helping children and families achieve outcomes.

DCJ stakeholders

Family Preservation Program Team – System Reform

The Family Preservation program team is responsible for the program budget, resource and volume allocation, design, implementation and evaluation of the 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 Family and Community Services Insights, Analysis and Research (FACSIAR), Partnerships, Legal, Commissioning and Planning, and operations to fulfil these responsibilities. They also work with key stakeholders including service providers and peak organisations.

Community Service Centres – Local Districts

The Community Service Centres (CSCs) are the contact point between potentially eligible DCJ 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, such as Allocation Hubs, that facilitate the identification of families for programs. 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. Further details and relevant processes will be included in the Operations Manuals.

Commissioning and Planning

Commissioning and Planning teams 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. Commissioning and Planning teams support collaboration between CSCs and service providers, including the management of vacancies.

As part of this role, they will ensure infoShare data submissions are accurate and returned within reporting deadlines, 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).

Partner stakeholders

Service Providers

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

Practitioners are guided by evidence-informed practice approaches and work in partnership with families to identify their needs and priorities, and then to understand how the existing strengths of families can enable them to overcome the challenges they face. Practitioners are responsible for ensuring that support is outcomes-focused and places the child's interests at the forefront.

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 in line with their contractual obligations. They will be responsible for the collection of client-level outcome measures (via the administration of outcomes tools) and other administrative and program-specific data.

These reports will form the basis of performance monitoring of the service provider and system-level 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.

Within Family Preservation, these Peak Organisations are Fams, AbSec – NSW Child, Family and Community Peak Aboriginal Corporation, and the Association of Children's Welfare Agencies (ACWA).

Aboriginal Community Controlled Mechanisms

Aboriginal Community Controlled Mechanisms (ACCMs) consist of a formal structure established by local Aboriginal communities 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.

Child Wellbeing Units

As the primary source of mandatory reports, Child Wellbeing Units (CWUs) play a key role in determining whether families who have a child suspected to be at ROSH and may also refer families to Family Preservation services via community referral pathways.

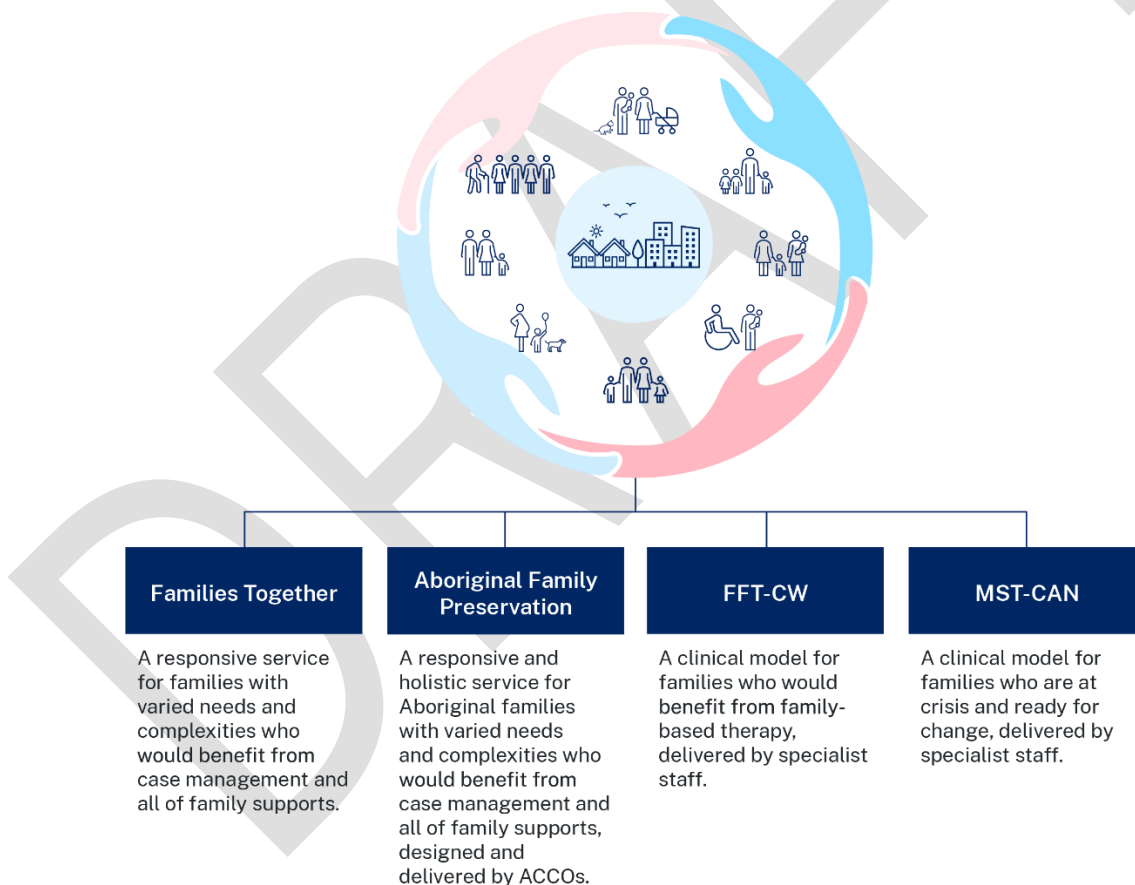## Licensed Model Purveyors (MST-CAN and FFT-CW programs)

Model purveyors have developed and hold the licence for relevant models commissioned within the Family Preservation Program. The model purveyors provide training and clinical supervision support to service providers delivering their models. They monitor the performance of service providers and the delivery of services as intended through model fidelity and adherence requirements.

Changes to the model and the way the models are implemented can only be made through negotiation with, and approval from, the model purveyor.

5. Program Description

The Family Preservation Program comprises of the *Families Together* framework, the *Aboriginal Family Preservation* framework, and three service models FFT-CW, MST-CAN, and Nabu. The design of the Family Preservation service suite has been informed by the available evidence for what works best to deliver positive outcomes for children, young people, and families.

Figure 2: Suite of Family Preservation frameworks and models

Families Together	Aboriginal Family Preservation	FFT-CW	MST-CAN
A responsive service for families with varied needs and complexities who would benefit from case management and all of family supports.	A responsive and holistic service for Aboriginal families with varied needs and complexities who would benefit from case management and all of family supports, designed and delivered by ACCOs.	A clinical model for families who would benefit from family-based therapy, delivered by specialist staff.	A clinical model for families who are at crisis and ready for change, delivered by specialist staff.

*Nabu is a community-led, developed, and delivered model for Aboriginal families based in Illawarra Shoalhaven only. It is not a statewide Family Preservation service.

The three models have been retained from the previous service suite. FFT-CW and MST-CAN are manualised, therapeutic programs with evidence of effectiveness in reducing OOHC entries in international contexts and in NSW. Nabu is an Aboriginal-designed and led program for Aboriginal families based in the Illawarra Shoalhaven only, with an emerging evidence base.
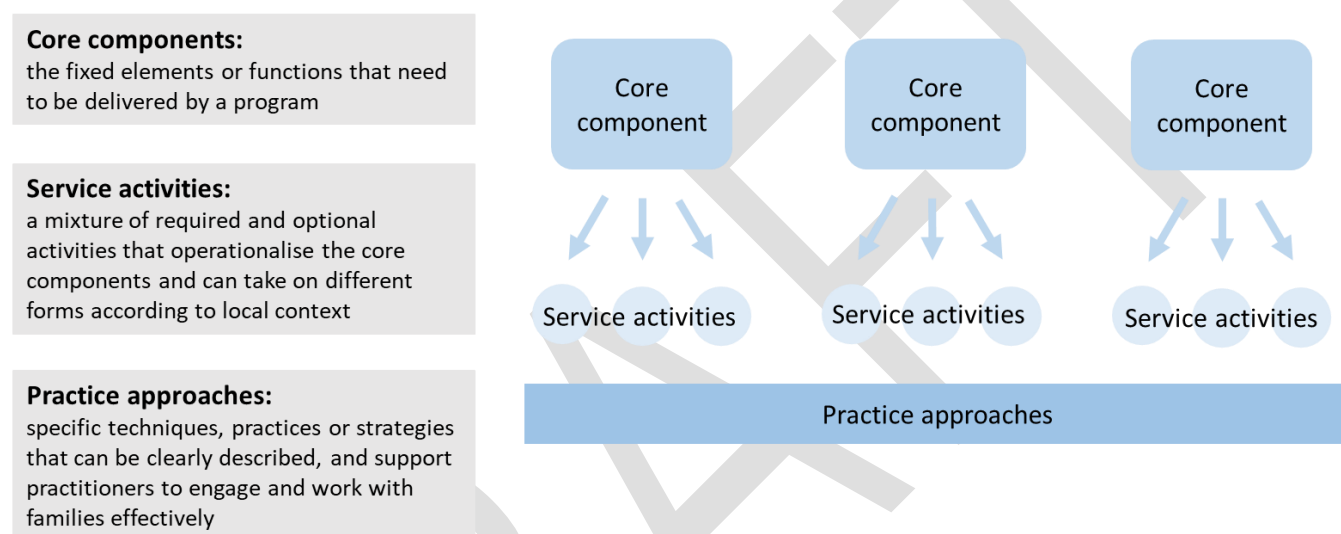
The *Families Together* and *Aboriginal Family Preservation* frameworks are both structured around a set of fixed evidence-informed core components, with a mixture of required and optional service activities sitting under each core component. When developed, practice approaches will accompany the core components and service activities. The core components and service activities define what is delivered in the framework, while practice approaches describe how those components and activities are delivered.

The frameworks provide consistency across service providers due to the inclusion of required core components and service activities, while also enabling service providers to develop their own approaches to support children and families within the parameters of the frameworks.

The core components approach enables the Family Preservation sector to develop an evidence base that can be used to tailor services with families, measure outcomes, and inform future decisions.

Figure 3: Structure of the Family Preservation Program frameworks

Core components:
the fixed elements or functions that need to be delivered by a program

Service activities:
a mixture of required and optional activities that operationalise the core components and can take on different forms according to local context

Practice approaches:
specific techniques, practices or strategies that can be clearly described, and support practitioners to engage and work with families effectively

There are also a number of fixed elements and key program requirements that apply to all frameworks and models in the Family Preservation Program. These fixed elements ensure a level of consistency across the program and enable comparable and measurable outcomes across all models and frameworks. The fixed elements are described in section 5.2 and the key program requirements are described in section 5.3 of this document.

Further detail about each framework and model is included in section 5.1 below. Framework- and model-specific Operations Manuals will also provide further guidance for service providers.

5.1 Family Preservation frameworks and models

Families Together framework

The *Families Together* framework utilises a core components approach, with required and optional service activities sitting under each core component (see Appendix B for a list of the core components and indicative service activities). The core components and service activities have been developed from a review of high-level evidence[4] (including systematic reviews, meta-analyses and

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[4] See Appendices C and D of the "Redesigning Family Preservation in NSW Discussion Paper" for further details of the evidence consulted for the redesign of the Family Preservation Program. Available at this link: https://dcj.nsw.gov.au/documents/service-providers/deliver-services-to-children-and-families/family-preservation/DCJ_-_Redesigning_Family_Preservation_in_NSW_-_Discussion_Paper_-_April_2024.pdf

randomised controlled trials) of interventions shown to contribute to outcomes including a reduction in child maltreatment and OOHC entries, and refined through consultation with the sector.

The core components for *Families Together* are listed below. These are also further described in Appendix B.

- Engagement
- Case Management
- Family and Parent Support
- Therapeutic Support
- Child-focused Support

Figure 4: *Families Together* core components
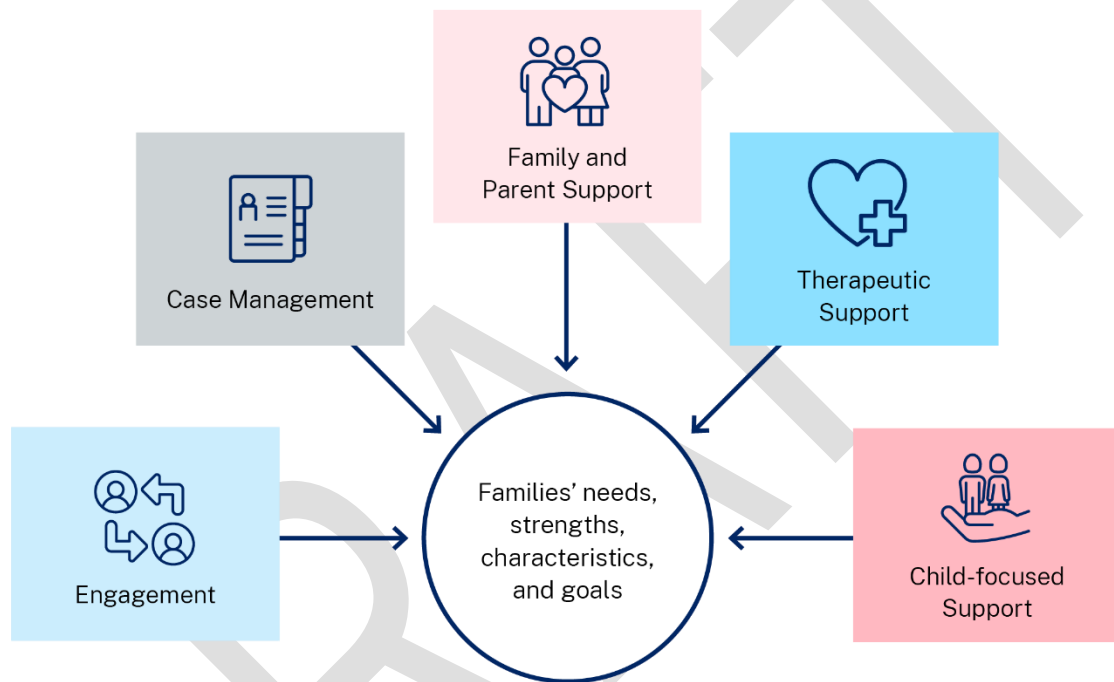
Practice approaches will accompany the core components and service activities. DCJ will develop the practice approaches for *Families Together* in consultation with service providers and key stakeholders.

The core components must be delivered by all service providers as part of the *Families Together* framework. Within each core component, required service activities must be delivered by all providers, with all families, while optional service activities are delivered depending on the strengths, needs, and characteristics of the family and the professional judgment of the service provider. For example, under the *Case Management* core component, a strengths and needs assessment must be delivered with all families, while referrals to other community services is optional and tailored to family circumstance.

The core components approach enables *Families Together* service providers to develop and iterate responsive and effective service approaches based on local circumstances and the strengths of their organisation. This approach aims to strike the right balance between fixed elements, and practitioner and provider discretion, to drive quality service delivery and build the evidence about what works for families. Core components also provide flexibility for continuing service providers to take effective elements from previous Family Preservation service models and build these into the design of their new service approaches under the *Families Together* framework. Service providers are encouraged to design service approaches and deliver services that are tailored to local circumstances and needs, within the parameters of the *Families Together* framework and the core components.

The *Families Together* framework offers the flexibility for families to receive higher and lower intensity services as their needs require. Families are able to access responsive and effective support from a single service provider, without needing to "step up" and "step down" between models and service providers. Within the funding envelope and expected service duration, service providers have the discretion to deliver more intensive services at critical points (e.g. during engagement, when families need additional support or are experiencing crisis), and less intensive services when appropriate.

Further details about the *Families Together* framework, including operational guidance and processes, will be included in the *Families Together* Operations Manual.

Aboriginal Family Preservation framework

The *Aboriginal Family Preservation* framework has been developed with AbSec in partnership with Aboriginal families, community and ACCO service providers. This framework utilises a core components approach that presents the very first statewide opportunity for ACCOs to take the lead in developing models that are community-led, self-determined, and culturally safe.

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 ID-Sov and ID-Gov principles.

The foundations of the *Aboriginal Family Preservation* framework are the core components and service activities. These have been developed through a combination of the best available evidence and the experience, expertise, and cultural knowledge of ACCO practitioners, Aboriginal staff and other key Family Preservation stakeholders in NSW. Co-design with ACCOs and stakeholders on the core components occurred through the 2023-2024 DCJ and AbSec engagements with ACCO service providers on the proposed core components for *Aboriginal Family Preservation* and feedback on the 2024 *Redesigning Family Preservation in NSW* Discussion Paper.

The core components for *Aboriginal Family Preservation* are listed below. These are further described in Appendix C.

- Engagement
- Case Management
- Family and Parent Support
- Therapeutic Support
- Child-focused Support
- Healing
- Advocacy

DCJ sought advice from ACCOs on the *Aboriginal Family Preservation* core components, and consensus was reached on the inclusion of the Healing and Advocacy core components. The Healing core component and Advocacy core component captures the expertise and cultural knowledge that can only be provided by ACCOs, it will be co-designed with ACCOs under the *Aboriginal Family Preservation* framework from 1 April 2026. In addition, DCJ will also work with ACCOs to co-design the program logic and outcome measures.

Practice approaches will accompany the core components and service activities. DCJ will co-design the practice approaches for *Aboriginal Family Preservation* with ACCOs and key stakeholders.

Figure 5: *Aboriginal Family Preservation* core components

The core components must be delivered by all service providers as part of the *Aboriginal Family Preservation* framework. Each core component is made up of a combination of required and optional service activities. Required activities must be delivered by all providers, with all families, while optional activities are delivered depending on the strengths, needs, and characteristics of the family and the professional judgement of the service provider. For example, under the *Case Management* core component, a strengths and needs assessment must be delivered with all families, while referrals to other community services may be optional and tailored to family circumstance.

Core components help to develop an evidence base that, over time, can be used to tailor services with families, measure outcomes, and inform future strategic decisions. This can also help to

strengthen the ACCO sector, by providing the opportunity to develop greater evidence of how Aboriginal-designed and led services can deliver outcomes for Aboriginal families.

The core components and indicative service activities for the *Aboriginal Family Preservation* framework are included as Appendix C. Further co-design work will be undertaken with ACCOs delivering the *Aboriginal Family Preservation* framework from contract commencement, to further refine the service activities (including determining the service activities for the Healing and Advocacy core components, which service activities are required or optional, and whether additional service activities should be included). DCJ will continue to work with ACCOs throughout the contract period to develop additional service activities as our shared understanding of what works best for Aboriginal children, young people, families, and communities improves.

Further details about the *Aboriginal Family Preservation* framework, including operational guidance and processes, will be included in the *Aboriginal Family Preservation* Operations Manual.

Functional Family Therapy – Child Welfare (FFT-CW)

FFT-CW is one of two therapeutic models in the Family Preservation Program service suite. It is a structured, licenced model with model fidelity requirements, and evidence of achieving positive outcomes in NSW and internationally.

FFT-CW is a home-based intensive treatment model for families where there is abuse and/or neglect of a child or young person aged between 0 and 17 years. FFT-CW provides a family therapy-focused model for families with varying levels of risk, for families who would benefit from a whole of family therapy approach.

Sessions are provided with the whole family unit in the home and/or community settings, with qualified practitioners working with families to address the underlying causes of harm in the family. Service providers are expected to deliver a culturally safe and responsive service to Aboriginal families within the FFT-CW model requirements.

Further details about FFT-CW, including operational guidance and processes, will be included in the FFT-CW Operations Manual.

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)

MST-CAN is one of two therapeutic models in the Family Preservation Program service suite. It is a structured, licenced model with model fidelity requirements, and evidence of achieving positive outcomes in NSW and internationally.

MST-CAN typically works with families where there has been substantiated abuse and/or neglect of a child. It is a treatment for serious, high risk, and complex cases. MST-CAN works with families to address the multiple factors known to be related to the abuse and/or neglect across the key settings, or systems, within which the family is embedded.

MST-CAN aims to promote behavioural change in the family's environment, using the strengths of each system (e.g. family, peers, school, neighbourhood, kinship, support networks) to facilitate change. MST-CAN works with everyone in the home.

Families can access MST-CAN 24 hours a day, seven days a week, depending on family need. Sessions are provided in the home and community settings, with qualified practitioners working with families to address the underlying causes of harm in the family. Therapeutic treatment approaches in MST-CAN can include:

- Cognitive Behavioural Therapies (CBT) for trauma for adults
- Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) for children
- Reinforcement Based Treatment (RBT) for adult substance misuse

- Contingency Management for youth substance misuse
- CBT and psychopharmacological therapy for mental health problems
- parenting and life skills training

Further details about MST-CAN, including operational guidance and processes, will be included in the MST-CAN Operations Manual.

Nabu

Nabu is a culturally grounded Family Preservation and restoration program developed for families in the Shoalhaven and Illawarra communities. Nabu is driven, led, and delivered by Waminda and aligns to the cultural values and perspectives of the local community.

Nabu provides holistic, strengths based, wrap around support to women and their Aboriginal families through both DCJ and community referral streams. Guided by Waminda's Model of Care and the Balaang Healing Framework, Nabu centres Aboriginal ways of knowing, being and doing, and holds culture as the foundation. This approach is supported through a team of caseworkers, family support workers, mentors, Elders, counsellors, and managers. The Nabu program aims to support individual, family, and systemic change in Aboriginal Family Preservation and restoration by embedding cultural practice, self-determination, participation in decision making and community empowerment. Through this focus, the Nabu program supports Aboriginal and Torres Strait Islander families and communities to collectively maintain shared responsibility for the care and well-being of their children. Nabu's approach walks alongside families on their healing journeys, supporting spaces that nurture trust, safety, belonging and connection, that strengthen relationships, identity, and communication, and privilege the voices and stories of children and families.

Nabu promotes local and broader systemic changes through advocacy, collaboration, and accountability. This change is supported through relationships, truth telling, push back and by working with both families and DCJ through a decolonising lens.

5.2 Fixed program elements

There are a number of fixed elements that apply across the Family Preservation Program. These fixed elements ensure a level of consistency of service delivery. These fixed elements will apply to all models and frameworks, unless otherwise stated. In addition, there will be mandatory data collection including measuring client outcomes to enable comparison across program. Further operational and practice guidance on these elements will be included, where relevant, in the framework- and model-specific Operations Manuals.

Service availability times

It is important to ensure that Family Preservation services are available during hours that meet the needs of families. All service providers will be required to provide services between the hours of 6am and 8pm, Monday to Friday. These hours of operation are consistent with the ordinary hours of work for a day worker as defined under the Social, Community, Home Care and Disability Services Industry Award 2010 (SCHADS award).

This requirement does not mean that all staff must work during these hours, but service providers are expected to ensure that services are available between 6am and 8pm where this is appropriate or required to support a family. Within this requirement, the hours of operation for Family Preservation service providers are at the discretion of the provider, based on the service approach that they develop to support their community and families within the funding envelope. Service

providers may choose to provide services outside of the hours of 6am to 8pm, such as providing weekend or on-call services, if they determine this is an appropriate use of funding within the funding envelope.

Providers are required to consider how their services are accessible and tailored to the needs and preferences of families. This may look different for each provider and family, and may include having the flexibility to provide services outside of school or work hours where this is important for a family's engagement with the service. For *Families Together* and *Aboriginal Family Preservation*, this forms one of the service activities under the core component *Engagement*. Metrics of family engagement with services will be collected as part of ongoing data collection, and will be considered with regards to service provider performance and outcomes.

Note: MST-CAN has a requirement to provide services 24 hours a day, 7 days per week, depending on family need. This is further detailed in the MST-CAN Operations Manual.

Brokerage policy

The brokerage policy across all Family Preservation frameworks and models is currently being considered. DCJ will consult with service providers and communicate the brokerage policy prior to the commencement of contracts.

DCJ will standardise brokerage across the Family Preservation Program. The brokerage policy will provide clear guidance on the purpose of brokerage funding in the Family Preservation Program, what brokerage funding can be used for, brokerage processes and reporting requirements. Service providers will be funded through brokerage to cover small expenses to support family engagement, the use of interpreters, and other support needs consistent with the brokerage policy. Service providers will be required to ensure they have explored the use of government or other funded services before using program brokerage funding.

The *Families Together* and *Aboriginal Family Preservation* frameworks and three Family Preservation service models (FFT-CW, MST-CAN and Nabu) will include allocated brokerage funding within their unit costs.

There is limited current data on brokerage use in Family Preservation. During the contract period DCJ will collect data from service providers about how brokerage is being used. We will use this data and consultation with service providers to review brokerage policy and make adjustments as required. DCJ will engage with service providers regarding any changes to brokerage policy, and changes will be communicated to service providers prior to coming into effect.

Expected service duration

The service duration for the Family Preservation Program varies across the frameworks and models, in recognition of the different practice approaches and cohorts. A balance has been sought between the duration for each family and the number of families who can be serviced, given the need to prioritise finite resources. DCJ expects services providers to utilise their capacity at all times.

DCJ recognises that some families may complete services earlier, while others may require a slightly longer service duration. Service providers have the ability to be responsive to each family's particular needs and circumstances, within the boundaries of each model and framework.

DCJ will closely monitor service duration of families, and session information for families receiving *Families Together* and *Aboriginal Family Preservation*, to better understand and ensure families are receiving the services they need, and the right number of families are receiving those services. This will be monitored and managed through the performance approach outlined in Section 6.

Specific processes for extending the service duration when required to meet the needs of families will be included in the Operations Manuals for each model and framework.

Figure 6: Expected service duration for Family Preservation frameworks and models

Frameworks/models	Service duration
Families Together	12 months. *DCJ recognises that some families may complete services earlier, while others may require slightly longer.*
Aboriginal Family Preservation	No specified service duration. *ACCOs are funded for a specified number of places that they can use to support families each year. Within this, ACCOs can determine the service duration that is appropriate for each family. DCJ will support ACCOs to capture data that will inform future co-design with communities to refine service duration. Contract review points will be used to adjust the service duration or the number of supported families based on culturally sound evidence gathered throughout the life of the contract.*
FFT-CW	6-9 months. *The service duration may be different based on each family's circumstances and needs, but the model strives to remain within these timeframes. A limited number of booster sessions are available to families after completing the program.*
MST-CAN	6-9 months. *The service duration may be different based on each family's circumstances and needs, but the model strives to remain within these timeframes.*
Nabu	Up to 18 months. *Flexibility is an essential part of the service and from time to time the length of engagement for an individual family may be reviewed.*

5.3 Key program requirements

These are program-wide requirements that apply to all models and frameworks, and must be met by all service providers when delivering the Family Preservation Program. Processes and operational guidance will be included in the framework- and model-specific Operations Manuals.

Reporting risk to DCJ

The type or level of risk to a child may change, or new information may become available, while the Family Preservation service provider is working with a family. In these circumstances, Family Preservation service providers are required to report suspected risk of significant harm to DCJ, as mandatory reporters under the Care Act.

This applies whether a family was referred through any one of the three referral pathways (including DCJ referral from an allocated case, DCJ referral from triage (unallocated case), or community referral). The processes for reporting suspected risk of significant harm to DCJ will differ based on whether DCJ has an open case or not.

If the referral to the Family Preservation service was originally made by DCJ, the reasons why the child was suspected to be at ROSH will have been communicated to the provider at the time of referral. However, if the service provider identifies any other types of risk to the child or increases to the level of risk, the provider must inform DCJ.

Expectations and processes about how a Family Preservation service provider will inform DCJ of any

ongoing or emerging risks to the child will be outlined in the framework- and model-specific Operations Manuals. The Operations Manuals will also include information about how DCJ will manage reported risk.

Information sharing and collaboration

Family Preservation service providers are required to share information and collaborate, where this will support the safety, welfare and wellbeing of the child. This may include information-sharing and collaboration with DCJ, other government agencies, other Family Preservation service providers or services providing support to the family.

Sharing personal information about children and their families must be lawful, which means either gaining consent, or working within relevant legislation. Information sharing by consent is best practice, and is important to meaningful work with families to facilitate change. Consent may be obtained verbally or in writing; however, consent should not be sought if doing so might compromise the safety of a child or any other person. If consent cannot be obtained, Chapter 16A of the Care Act enables the sharing of information without consent that relates to the safety, welfare or wellbeing of children in NSW.

Information-sharing is a key part of collaboration as it allows organisations to work together and make informed decisions, including how services can best meet a family's needs. Further guidance on information-sharing for service coordination and collaboration is available under the NSW Interagency Guidelines for Practitioners. This includes guidance on how to ensure that information sharing is ethical and effective for reducing risk.

Mechanisms for sharing information with DCJ will vary depending on the situation, such as if the DCJ case is open or closed, and whether the referral was made by a DCJ caseworker (allocated case) or triage caseworker (unallocated case). The protection of personal and health information of clients collected, managed and held by DCJ and service providers is paramount. DCJ and service providers are required to ensure personal and sensitive information is collected, stored, managed and transferred using secure mechanisms.

Information sharing processes will also be outlined in the framework- and model-specific Operations Manuals.

Practice approaches and tools

The practice approaches for the Family Preservation Program will be developed in consultation with service providers and key stakeholders during the commissioning cycle. We will ensure that practice approaches and tools are inclusive for all families, including Aboriginal families, culturally and linguistically diverse (CALD) families, refugees and migrants, LGBTIQA+ families, and people with disability or neurodiversity. DCJ will establish Communities of Practice as a mechanism for driving sector-wide collaboration on practice tools and approaches.

In addition, service providers will need to incorporate the specific practice approaches outlined below into service delivery from the commencement of contracts. For service providers delivering *Families Together* and *Aboriginal Family Preservation*, there will be an establishment period after contract commencement, during which service providers can work to implement the below required practice approaches into their service delivery. Further detail is provided in Section 6 of these Program Specifications.

Trauma-informed practice

Service providers must ensure that Family Preservation services are delivered in a way that is trauma aware and informed. This means understanding the harmful effects of historic, systemic, and ongoing experiences of discrimination, oppression, and stigma on people accessing services. This

may include intergenerational trauma, family violence, racism, and trauma experienced by people from refugee backgrounds. When working with Aboriginal families, service providers should promote connection to culture and facilitate healing by valuing and embedding cultural knowledge and strengths in their service delivery.

Culturally aware and informed practice

Service providers must ensure that Family Preservation services are delivered in a way that is culturally safe for families. Service providers must ensure that practitioners are culturally aware and informed, and should provide required training or other professional support for their staff. Cultural safety will look different for the broad diversity across CALD families, and for Aboriginal families, and service providers must be able to provide services that meet the needs of all families and communities accessing their service.

DCJ will commission a specialist CALD service to support practitioners delivering *Families Together* to access cultural expertise and advice for working with CALD families. This specialist service will also scope the development of a CALD Cultural Safety Framework. This approach will be developed later in the year.

DCJ have also engaged AbSec to scope an Aboriginal Cultural Safety Framework for ACCO and non-ACCO service providers.

Common Approach to Risk Assessment and Safety (CARAS) Framework for domestic and family violence

DCJ has engaged the University of NSW to develop the CARAS. The CARAS 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 involves wide consultation, including with Aboriginal stakeholders.

During the contract period, DCJ will work collaboratively with service providers to support the implementation of the CARAS within their organisation.

Program implementation

Strong implementation and continuous service improvement are key drivers to ensuring Family Preservation services deliver outcomes for children, families and communities. The Family Preservation sector have advocated for dedicated and proportionate funding for appropriate implementation support.

DCJ will support the sector to provide effective and responsive Family Preservation support through a phased approach over the contract period. This will include:

- the development of operational material and supporting resources;
- the development of practice approaches in consultation with the sector;
- the establishment of Communities of Practice and Working Groups to foster collaboration and drive information sharing, joint troubleshooting, and shared decision-making; and
- workforce development, including training, to support implementation of the new approach and effective service delivery for families.

Service providers will be expected to participate in the implementation of the Family Preservation Program. This may include requirements that service providers participate in sector-wide training and learning initiatives, collaborative sector-wide continuous improvement activities, and interagency working groups or Communities of Practice. This expectation will be included in the pricing structure for the Family Preservation Program.

Program implementation activities will be communicated to service providers prior to contract commencement. DCJ will engage with service providers to develop continuous improvement

activities throughout the contract period.

5.4 Target group

It is expected that families who are referred to the Family Preservation Program will be experiencing common risks or needs such as mental health issues, problematic drug and alcohol use, or domestic and family violence. Family Preservation providers will be expected, as a standard rule, to support families with these needs. This is not an exhaustive list, and DCJ acknowledges that there is a wide range of risks or needs that a family may be experiencing.

We anticipate that a family who is eligible for Family Preservation will only be unsuitable 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.

Eligibility

The Family Preservation Program has a universal and streamlined eligibility criteria that applies across all frameworks and models.

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. As such, the primary cohort for Family Preservation is children who are at Risk of Significant Harm (ROSH).

This targeted eligibility is important because it prioritises children identified at greater risk at a point in time, and is an appropriate prioritisation of resources.

> **Families who will be eligible for Family Preservation are:**
>
> *Families with a child or young person in the home who is 0-17 who is suspected to be at, or determined to be at, risk of significant harm (ROSH) using the same definition of that provided by s 23 of the Children and Young Persons (Care and Protection) Act 1998 (the Care Act).*

Suitability

While families may be eligible for Family Preservation, not all may be suitable. While families, or family members, may receive concurrent *Families Together* and specialist services (e.g. *Families Together* and specialist mental health services), other families may not be suitable for Family Preservation at all and may be better supported exclusively by other specialist services such as domestic and family violence, alcohol and other drug, mental health, youth, and disability.

Within the Family Preservation suite, some families will be better suited to some frameworks over others. A family who needs support to improve whole of family functioning and embed long-term positive behaviour change may be more suitable for a clinical therapeutic service such as FFT-CW. A family who needs immediate practical supports, case coordination, and/or referrals to specialist services may be more suitable for a responsive case management service, such as *Families Together*. An Aboriginal family will likely be most suitable for a local *Aboriginal Family Preservation* service or another ACCO-delivered model which is offered in their locality. DCJ recognises that client voice is critical, and some Aboriginal families may prefer to work with non-ACCO providers. *Aboriginal Family Preservation* is not suitable for non-Aboriginal families.

It is important to note that a family should only receive support from one Family Preservation service

at a point in time (e.g. FFT High Track or *Families Together*).

Further guidance regarding suitability and service matching will be described in the framework- and model-specific Operations Manuals.

Referral pathways and prioritisation

Family Preservation is a highly rationed service, with more families who would benefit from this service than there are places available. Given this, DCJ has set the prioritisation for referrals across the three referral pathways. This is based on typically available information about the level of risk to the child.

We expect that DCJ referrals will represent 90 per cent of total referrals and community referrals will represent 10 per cent of total referrals. We know that the flow of referrals may not always happen in these proportions, week-to-week or month-to-month, but we expect this to be the average distribution of referrals over time.

Priority 1: DCJ referral from an allocated case
There is 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)
There is 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
There may be least certainty of the risk to the child, based on available information.

Note: MST-CAN accepts referrals from Priority 1: DCJ referral from an allocated case and Priority 2: DCJ referral from triage (unallocated case) only.

DCJ Case Closure

The Family Preservation Program does not include a requirement that a case must remain open with DCJ for either referral or ongoing service delivery.

DCJ as the statutory child protection agency holds the responsibility for determining whether a case remains open or is closed following a referral to a Family Preservation service, or at any time while a family is working with a Family Preservation service. Where a referral has been made by DCJ from triage (unallocated case), DCJ will determine how the report is managed in line with prioritisation, triage and allocation processes. Where a referral has been made by DCJ from an allocated case, DCJ will determine whether the case remains open or is closed, based on an ongoing assessment of the risk to the child and actions DCJ considers necessary. The Operations Manuals will contain further information about case closure processes.

Prenatal considerations

Where there is an unborn child only with no other children in the family or household, or where there are other children in the home who do not meet the eligibility criteria, the family is eligible for Family Preservation.

The preferred support service options for prenatal referrals are Pregnancy Family Conferencing, other DCJ prenatal casework support, and/or referrals to other health services. Where these services are not available or appropriate, a referral to the Family Preservation Program can be considered where suitable. Suitability will need to be considered on a case-by-case basis, and service providers should apply discretion as to the suitability of this referral. Prenatal referrals are

voluntary, like all Family Preservation referrals.

Families should only be engaged in the Family Preservation Program shortly before the birth of the child. This is in recognition of the fact that the program has a limited service duration. Service providers should use professional judgment to determine when the most appropriate time is to commence service delivery with the family.

The processes for prenatal referrals will be described in the framework- and model-specific Operations Manuals.

6. Program performance and outcome measures

One of the central aims of this commissioning cycle is to build the evidence base for Family Preservation, and use this evidence to continuously improve services and systems so that families receiving Family Preservation services can achieve better outcomes. It is also important that data and systems will be used to understand system performance and hold stakeholders to account for their role in supporting children and families to achieve desired outcomes.

To achieve this, the Family Preservation Program includes clearly defined service activity, performance and outcomes measures that it is expected to deliver. These activities (listed in Appendices B and C), performance and outcome measures will be regularly monitored, reported, analysed and evaluated to determine program success.

Performance of the program will be managed at three levels:

- Program level: How well the program is achieving its objectives and client outcomes.
1. Service model/framework level: How well each of the service models or frameworks are being delivered to families to achieve the intended benefits and outcomes, and the efficacy of different service models or frameworks.
- Service provider level: How well a service provider is delivering the services and outcomes (including the quality of the data captured) as agreed in the contract. This includes a service provider's ongoing capacity and capability to deliver stable and uninterrupted services.

The list of program level performance measures is included as Appendix D. DCJ will analyse these performance measures and use this to understand performance of the program at the service model level, district level, and service provider levels. The data will be included in program performance dashboards that will be developed and shared with the sector to inform continuous service improvement. DCJ will review program performance during the contract period and establish performance benchmarks.

6.1 Measuring client outcomes

Service providers should refer to the overarching Family Preservation program logic (see Appendix A), which identifies the specific outputs and outcomes for the Family Preservation Program. Program logics for each Family Preservation framework and model will be developed and included in the framework- and model-specific Operations Manuals.

Service providers will be contracted to achieve the outcomes of the program. Data collection will enable the measurement of outcomes achieved by the Family Preservation Program. This includes outcomes for:

- Children and young people

- Parents, families, and communities
- System and implementation

Service providers will primarily use infoShare to report and submit Family Preservation Program data. This includes collecting client level data that includes demographic, program activity data (including service duration and session data), and client outcome data.

6.2 Establishment period

Families Together and *Aboriginal Family Preservation* contracts will include an establishment period (also known as an initial implementation period) of up to 12 months, with existing providers of Family Preservation expected to require fewer months than new providers. During the period, service providers will be expected to establish their service approaches and commence service delivery with families as soon as possible under the new framework.

During the establishment period, DCJ will support service providers with onboarding onto data collection and referral systems. Mandatory data collection will be phased in, so that following this period all Family Preservation providers will be meeting infoShare data submission requirements for program data. Service providers will be required to collect the minimum data set for any families referred from the commencement of contracts, and record this data once they have implemented infoShare in their organisation.

Families Together and *Aboriginal Family Preservation* contracts will also include that performance benchmarks will be tested, validated, and co-designed within 15 months of contract commencement. Once benchmarks have been set, performance across multiple levels will be monitored and managed through quarterly contract management meetings, infoShare reports, and quarterly performance dashboards.

6.3 Alignment to the NSW Human Services Outcomes Framework

The NSW Human Services Outcomes Framework (the Outcomes Framework) is a cross-agency framework that specifies seven wellbeing outcomes for the NSW population. DCJ is applying the Outcomes Framework across our work, including the Family Preservation Program. The Outcomes Framework provides a way to understand and measure the extent to which DCJ makes a long-term positive difference to people's lives, and enables us to build evidence of what works in improving outcomes.

The Outcomes Framework contains the following elements:

- Clearly defined desired outcomes for DCJ clients and populations
- Evidence of what services and supports are needed to achieve the desired outcomes
- Data collection and analysis to report the extent to which those outcomes are being achieved

The outcomes under the Family Preservation Program align to the Outcomes Framework. This is reflected in the Family Preservation program logic (Appendix A).

6.4 Program evaluation

The NSW Government requires all agencies to periodically evaluate their ongoing and new initiatives. There is a strong focus on objective and robust evaluation, utilising internal and external expertise (such as internal data and evaluation staff, and independent evaluators with strong governance arrangements).

The evaluation will be designed and conducted in line with the NSW Government Program Evaluation Guidelines and the NSW Government Guide to Cost-Benefit Analysis. There will also be consideration of recent guidance for evaluations with First Nations peoples including Valuing First Nations Cultures in Cost Benefit Analysis and the Shaping evaluation of policies and programs impacting First Nations people.

DCJ will utilise internal expertise and will commission and collaborate with independent evaluators (including Aboriginal evaluators). The evaluation will include process, outcomes, and economic evaluation:

- Process evaluation: to examine the implementation and delivery of the program. This aims to see if the program is being implemented as intended, if it is reaching its intended target population, and focuses on the inputs, activities, and outputs of the program. The process evaluation should include how well the program was implemented according to the core components of the model.

- Outcomes evaluation: to examine if and how the program is leading to intended improvements in outcomes, to measure the extent of change and the degree to which the initiative has contributed to these outcomes.

- Economic evaluation: to identify and measure the benefits of the program relative to its costs, provide an assessment of value for money or net social benefit and contribute to the question around sustainability and future investment/ disinvestment.

Service providers will be required to participate in evaluation activities. The findings of these evaluations will inform continuous service improvement activities and future commissioning decisions.

7. Contract and Performance Framework

Managing and monitoring performance is critical to achieving better outcomes for children and families in the Family Preservation Program. The DCJ framework for human services contract management aims to support organisations to deliver high performing services throughout the duration of the contract lifecycle. Providers have an obligation to comply with the requirements of DCJ's contract and performance management framework.

7.1. Program data collection and reporting

The data collection and reporting mechanisms for the Family Preservation Program have been developed based on the program performance and outcome measures that will be collected through the contract period. These are outlined in Figure 7 below.

The data collected will be used to measure performance at the program, service model/framework, and service provider levels.

Data will also be used to build the evidence base for the Family Preservation Program, and support continuous service improvement throughout the contract period.

Figure 7: Reporting mechanisms for the Family Preservation Program

Reporting requirement	Data to be reported
All frameworks and models	
Quarterly data entry into infoShare *Due one month after the end of the quarter. Best practice is to collect and enter data on an ongoing basis as services are delivered.*	Client-level, family demographics, outcomes and service delivery (including core components, client-level service activities, brokerage, travel).
Vacancy reporting *Format and frequency as required by DCJ (district-based weekly/fortnightly).*	Current vacancies and capacity, reasons for vacancies or reduced capacity against contracted volume.
Regular (minimum quarterly) contract meetings	• Core components, practice and system-level service activities • Implementation activities • Staffing, referrals, vacancies, utilisation, practice
Annual accountability	Declaration of achieving program and contractual obligations including governance and performance. Acquittals of program funding, managing any unspent funds.
MST-CAN and FFT-CW	
MST-CAN and FFT-CW model requirements *Data to support model fidelity, model outcomes, and supervision activities.*	Client-level, service delivery and outcomes, clinical supervision.

Additional data collection may also occur through the evaluation process. Reporting requirements

and performance measures may change throughout the life of the contract, and service providers will be required to meet the data collection and reporting requirements at that time.

Quarterly infoShare data reporting

infoShare is a streamlined data collection and reporting platform that all Family Preservation service providers are required to use. infoShare enables the Family Preservation program to capture data quickly, increase the consistency of data collected, and gives service providers a visualisation of data in the form of reports.

Service providers will be required to enter data into infoShare on a quarterly basis, with data submissions due by the end of the month following the quarter. Service providers should collect data as services are delivered.

Figure 8: infoShare data submission deadlines

Quarter	Data submission deadline
Quarter One: 1 July to 30 September	31 October
Quarter Two: 1 October to 31 December	31 January
Quarter Three: 1 January to 31 March	30 April
Quarter Four: 1 April to 30 June	31 July

There will be an establishment period during which service providers will be required to work towards implementing infoShare data reporting processes in their organisation. Implementation support will be provided by DCJ as needed. Service providers will be required to collect the minimum data set (MDS) for any families referred from the commencement of contracts.

Data collection in infoShare is based on the MDS for Family Preservation (current MDS included as Appendix E). The MDS is the minimum set of mandatory data items or information that must be shared by Family Preservation providers with DCJ about families and services delivered by providers. These data items capture both identifying and demographic information of families accessing the program. Enhancements are being made to the infoShare platform, including the MDS, that will enable DCJ to continue to build and strengthen the evidence around what works for Family Preservation and drive continuous service improvement.

Service providers will be required to abide by the infoShare Family Preservation Business Rules for External Providers. This document outlines the business rules, processes, and roles and responsibilities for Family Preservation service providers who provide data to DCJ through the infoShare platform, and will be updated as enhancements are made.

Regular contract meetings

Service providers will be required to meet minimum quarterly with their DCJ contract manager for the purposes of data collection and performance monitoring. During this structured contract meeting, service providers will be required to report on implementation and service delivery. For service providers delivering *Families Together* and *Aboriginal Family* Preservation this will also include reporting on service activities that sit at the practice and system levels. Further detail about how the contract meetings will be used to monitor performance is outlined in section 7.2 of this document.

## Indigenous Data Sovereignty and Indigenous Data Governance

DCJ is committed to embedding ID-Sov and ID-Gov principles across the Family Preservation service

system. We are working to understand its application at multiple levels, and at the various stages of recommissioning and implementation.

7.2. Contract and performance reporting

The contracting instrument for the Family Preservation Program will be the Agreement for Funding of Services (Human Services Agreement). The Agreement for Funding of Services is a legally binding contract. It is made up of two documents that together form the Agreement. These include the Agreement for Funding of Services - Standard Terms, and the Agreement for Funding of Services – Schedule. The Agreement will also reference the Program Specifications and the framework- and model-specific Operations Manuals which service providers must comply with (and which may change from time to time).

Figure 9: Family Preservation Program contracting instrument
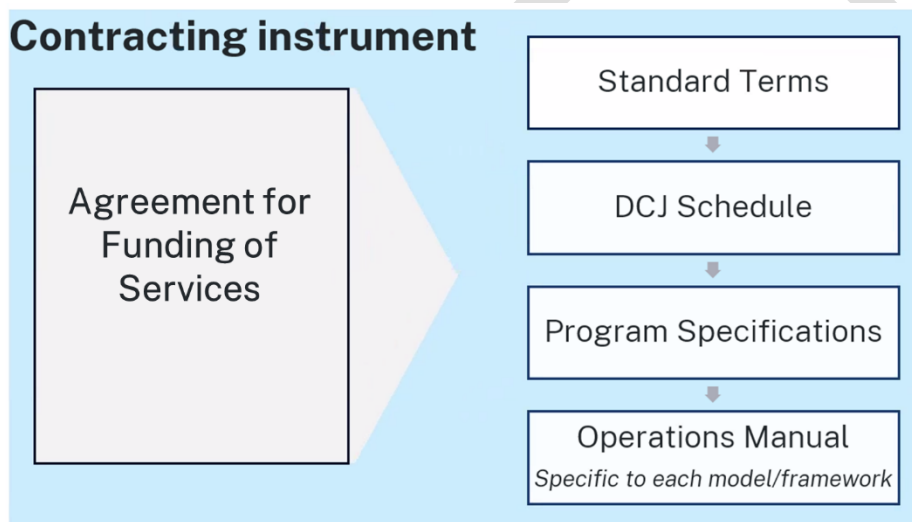
The Family Preservation Program includes specific contract performance measures that service provider performance will be measured against. These will be provided in the DCJ Schedule.

Contract performance against these measures will be monitored through data collection mechanisms and reports that include quarterly infoShare data collection, quarterly contract meetings, and performance dashboards. The quarterly contract meetings will be used to monitor and discuss service provider performance against the specified contract performance measures, including service utilisation, family engagement, and service responsiveness.

For service providers delivering *Families Together* and *Aboriginal Family Preservation,* contracts will also include a 12-month establishment period during which service providers will need to establish their service approaches and commence service delivery with families as soon as practical under the new framework. Following completion of the establishment period, and within 15 months of contract commencement, DCJ will test, validate, co-design and commence performance benchmarks. Where required, underperformance will be managed through the quarterly contract meetings and DCJ performance management approaches. Service provider contracts will also include the option to adjust contract volumes in response to performance, evidence, and evaluation.

Contracted service providers will be required to be familiar and comply with DCJ's framework for contract management including the contract management policies, procedures and resources. For more information to help service providers understand and comply with their contractual obligations, refer to the contract management policies and resources on the DCJ website.

7.3. Compliance reporting

Service providers must report on performance and compliance. This will occur through reporting mechanisms including:

- Quarterly contract meetings
- DCJ annual accountability requirements for reporting financial management, governance and service delivery performance
- Other notification obligations as stated in the contract.

Information to be reported includes:

- Insurance requirements but not limited to workers compensation, professional indemnity, and public liability insurances
- Valid checks for staff members, including valid WWCC and National Police Check
- Compliance with model requirements for FFT-CW and MST-CAN

8. Notified policies and standards

All Family Preservation service providers are required to be familiar and comply with the following policies and standards. Policies may change during the contract period, in accordance with contract obligations for notified policies.

Service providers will be notified by DCJ of any relevant policy changes and information about current applicable policies is found on the Family Preservation microsite.

Aboriginal Case Management Policy

Anti-Discrimination Act 1977 No 48

Child Safe Standards

DCJ Framework for Human Services Contract Management

DCJ NSW Practice Framework

Mandatory reporters guide

NSW Government Redress Scheme Sanctions Policy (for all contracts and grants)

NSW Interagency Guidelines for Practitioners

NSW Therapeutic Care Framework

9. Glossary

Word	Definition
Aboriginal Community-Controlled Organisation (ACCO)	An organisation that meets the definition described in Clause 44 of 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 to 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
Capacity	The maximum number of families a service provider can support at any given time based on its resources such as staff, funding, and facilities.
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.'[5]
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 Partner Community that allows service providers to receive, accept/decline referrals, view and share information, and interact with DCJ in real-time about the children and families they are working with.
Child	Unless otherwise specified, a person under the age of 18 years.
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. Cohort examples: Children in Out-Of-Home Care, children and young people, people with a disability, etc.
Contracted volume	The agreed number of families the service provider is contracted to deliver over a 12-month period (financial year).
Contracted volume fulfillment	The number of places that were filled within a 12-month period (financial year) relative to the contracted volume.
Core components	Under a core components approach, program design is built from elements that are common to interventions shown to be effective in achieving specific outcomes. Under this approach, the core components are the fixed elements or functions that need to be delivered by a program.

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[5] 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.

Word	Definition
CSC	Community Services Centre
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.
Data	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. 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.
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	Domestic and family violence 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. Domestic and family violence is about power and control and there are many ways perpetrators can exercise control. This includes fear, isolation, reproductive coercion and physical, sexual, financial, emotional, psychological, spiritual or cultural abuse. Experiencing domestic and family violence can have a profound negative effect on children and young people.
Evaluation	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. 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 an intervention's economic costs and benefits.
Evidence	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.
Evidence-based	'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.
Evidence-informed	'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.
Family	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. It should be noted that the Care Act refers primarily to parents, defined as a person having parental responsibility for the child or young person.
Fixed program elements	In the Family Preservation Program, the fixed program elements are aspects of service delivery that apply across the entire program. They

Word	Definition
	include the service availability times, brokerage policy, and expected service duration.
Framework	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.
Indigenous Data Sovereignty (ID-Sov)	Indigenous Data Sovereignty (ID-Sov) is the principle of Indigenous people exercising ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination, and reuse of Indigenous data.
Indigenous Data Governance (ID-Gov)	Indigenous Data Governance (ID-Gov) is the right of Indigenous peoples to 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.
infoShare	A new streamlined data collection platform that will be used by all Family Preservation service providers.
Licensed models	Licensed manualised programs are evidence-based models. These programs have model fidelity and robust evaluation that has built evidence based on their effectiveness.
Minimum data set (MDS)	The minimum set of information (mandatory data items) that must be shared by providers with DCJ about clients and services delivered by providers. These data items capture both identifying and demographic information of clients accessing program activities
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.
Practice approaches	In the Family Preservation Program, practice approaches are practices or strategies that can be clearly described, and support practitioners to engage and work with families effectively
Practitioner	A practitioner provides casework to children, young people and families (in or not in OOHC) who are receiving a Family Preservation service. Unless otherwise specified, a practitioner can include a caseworker, case manager, casework manager, team leader or casework specialist.
Restoration	The return of a child to the care of their parents after they have been in OOHC.
Outcomes	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. Further context: Outcomes are what a commissioner and service provider are attempting to achieve through the contracted services. E.g. A desired outcome for unemployed people with disability is to gain meaningful employment. E.g. A desired outcome for children who are victims of domestic and family violence is to live in a safe environment.

Word	Definition
Safeguarding Decision Making for Aboriginal Children	The Safeguarding Decision Making for Aboriginal Children (SDMAC) panel is a meeting with senior practice leaders when a child or children may no longer be considered safe to stay at home. The role of SDMAC panel meeting is to ensure that decisions about safety, removal, and placement of all children are informed by diverse perspectives, sensitivity, and independent consultation with senior practice leaders, before Director Community Services (DCS) approval is given for a child to enter care. It provides an opportunity for internal Aboriginal staff and specialist consultation to ensure that decisions about Aboriginal children are culturally informed and meet statutory requirements.
Service activities	In the Family Preservation Program, service activities are the elements that operationalise the core components and can take on different forms according to local context. Service activities are categorised as either required or optional activities. Required activities must be delivered by all providers, with all families, while optional activities are delivered depending on the strengths, needs, and characteristics of the family and the professional judgement of the service provider.
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."[6]
Trauma	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

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[6] Fernandez, E & Delfabbro, PH 2021, *Child protection and the care continuum: Theoretical, empirical and practice insights*. Milton Park, Abingdon, Oxon: Routledge.

Word	Definition
	exposure to previous traumatic events, access to support and mental health status.
	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.
Utilisation	The number of places that were filled relative to the capacity at any point in time.
Vacancy	The number of unfilled places relative to the capacity at any point in time.

10. Appendices

Appendix A: Family Preservation program logic

NSW Family Preservation Program Logic

The Family Preservation program aims to address the risk factors for child maltreatment and enhance protective factors in order to strengthen families, keep children and young people safe at home, and reduce contacts with the child protection system. The program consists of a suite of evidence-based and locally designed models that work intensively with families to increase safety in the home, improve family functioning, and enhance family members' wellbeing, skills and social supports. The models vary in intensity and are delivered over period of up to 18 months. Pathways into the Family Preservation program include DCJ referral (allocated and triage) and community referral. The Family Preservation program is funded by DCJ and delivered by non-government organisations and Aboriginal community-controlled organisations.

NEED / PROBLEM	EVIDENCE	INPUTS	ACTIVITIES Program components and activities	MECHANISMS OF CHANGE	OUTPUTS	SHORT TERM OUTCOMES[1] Changes during program and at program completion	MEDIUM-TERM OUTCOMES Changes sustained 6-24 months after program completion	LONG-TERM OUTCOMES Changes in the future that are impacted by the program
Target population The Family Preservation program targets families with a child or young person aged 0-17 years[2] in the home whom DCJ, or a mandatory reporter, suspects are at risk of significant harm (ROSH). The primary objectives are to keep children and young people safe at home with their families, and prevent entries into out-of-home care (OOHC) and future contact with the child protection system. The program also aims to support children and families to achieve wider social benefits, including improved educational, health and wellbeing outcomes. Family Preservation is a highly rationed service with places for around 4,500 families a year. Suitable services across the suite need to be targeted to families where they will have the most impact. The types and range of services provided are flexible and tailored to the specific needs and resources of local families and communities, integrated with local service systems, effective and culturally safe. Collectively, services across the program work with families who are experiencing complex needs and risk factors over time, often associated with or compounded by complex disadvantage and intergenerational trauma. **Problem** Child maltreatment is endemic in Australia, with 32.0% of the population experiencing physical abuse, 30.9% emotional abuse and 8.9% neglect during childhood.[3] In 2022-23, 112,592 children and young people were reported at ROSH, and 2,175 entered OOHC.[4] Child maltreatment is associated with a range of significant, adverse short- and long-term impacts on a child, such as: reduced social skills, poor school performance, Impaired language ability, higher likelihood of criminal offending, physical health problems and health risk behaviours, and mental health issues[5,6,7,8,9,10] These can be compounded by entry into OOHC, which can be a costly, avoidable and poor outcome for children, families and the system. Of the over 4,000 families who received Family Preservation services in 2023-24 around 41% were Aboriginal. 34% of children and young people who received a service were under the age of 5 years, 11% had limited English or did not speak English at all. 16% had a disability, and 54% were in a single/sole parent household. For children and young people with a concern report in the prior 12 months, some of the main issues reported were neglect (75%), emotional abuse (65%), physical abuse (62%), domestic violence (49%), carer drug and alcohol issue (38%), and carer mental health (29%).[11] The Family Preservation program provides intensive and tailored therapeutic and in-home support to address risk factors, enhance protective factors	The Family Preservation program design has been informed by: - high level research evidence - systematic reviews and meta-analyses, demonstrating the effectiveness of interventions in reducing child abuse and maltreatment, and preventing OOHC entries[26,27,28,29,30,31,32,33,34,35] - evaluations of NSW Family Preservation programs, showing what is currently working[36,37,38,39,40,41] - current Family Preservation program and administrative data, providing insights into service demand and delivery - studies exploring what works for First Nations families from Australia and other jurisdictions[42,43,44] - knowledge sharing of subject experts and stakeholders, including Aboriginal communities, peaks, service providers, researchers and Districts, identifying challenges and opportunities.[45,46] This evidence suggests that a multi-pronged approach is likely to be most effective, by offering a variety of methods to address the complex needs of different families. The Family Preservation program therefore includes a mix of: - licensed programs demonstrating effectiveness internationally and in NSW. This includes Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), shown to contribute to a reduction in OOHC entries, neglect, and parenting behaviours associated with maltreatment,[47,48,49] and Functional Family Therapy-Child Welfare (FFT-CW), shown to contribute to a reduction in OOHC entries.[50,51,52,53] - Aboriginal-designed and led programs which provide wholistic and culturally safe supports for Aboriginal families and have an emerging evidence base.[54,55,56,57] - Models consisting of evidence-informed core components including case management, family and parent support, therapeutic support and healing, and child-focused support. These components are delivered via a range of essential and flexible activities identified in research evidence[58,59,60,61,62,63,64,65] ,	1. **Funding - DCJ** 2. **Resources** **a) Family Preservation service providers** - NGOs and ACCOs to deliver a spread of models across districts. **b) DCJ** - Program managers, contract managers and local District teams to deliver program support, assessment, referrals and vacancy management. **c) Families -** Families who enter the program to contribute their time and commitment. **d) Other support services** – Government and non-government services to provide families with timely and culturally safe services in response to referrals.	**Program delivery components** include a common referral and intake process to a suite of evidence-based models and locally designed frameworks that can be tailored to meet the needs of families. **Program-wide components** that support delivery include Aboriginal and CALD cultural frameworks, expanded Aboriginal-led service models, implementation support, workforce development, and data collection and reporting. **Program delivery components** **Common eligibility, referral and intake** Universal, streamlined eligibility criteria is applied across Family Preservation models and frameworks. Referral into the program is through DCJ referral (allocated and triage) and community referral. **Licenced, evidence-based family therapy programs** MST-CAN and FFT-CW provide intensive supports to family members. The main goal is to stabilise family functioning by addressing the drivers of child maltreatment and working with the whole family ecosystem. Teams of specialised staff work intensively with families for 6-9 months (MST-CAN) and ~6 months (FFT-CW). **Aboriginal-led, developed and delivered models** Nabu is currently the only program of this kind, providing culturally safe, wholistic supports to Aboriginal families in Illawarra Shoalhaven. Nabu is community-led and delivered over a timespan suitable to a family's needs, up to a maximum of 18 months. ***Families Together* and *Aboriginal Family Preservation*** Two Family Preservation Frameworks provide a consistent approach for service providers to deliver models based on five evidence-informed core components, with required and optional service activities. ***Families Together*** is delivered to all eligible families by NGOs across all Districts, over a period of up to 12 months. ***Aboriginal Family Preservation*** is delivered exclusively to eligible Aboriginal families by ACCOs across all Districts, for up to 12 months.	**Program delivery components** **Common eligibility, referral and intake** processes will ensure that finite Family Preservation resources are directed to families who need them most and cannot be supported by other programs. **Community referrals** will increase engagement with the most vulnerable families. By providing intensive therapeutic supports, **licenced, evidence-based family therapy programs** will help parents and caregivers to recover from complex issues they are experiencing, such as trauma, mental health issues and substance misuse. By working with the family ecosystem and broader support networks, **licenced, evidence-based family therapy programs** will develop family members' skills, improve relationships and family functioning, and help to sustain change. By providing services that are cultural, relationship-based, collaborative, and accountable to community, **Aboriginal-led, developed and delivered models** will build trust, respect and engagement with families. By building on the strengths, skills and knowledge of families and communities, and challenging systems of oppression, **Aboriginal-led, developed and delivered models** will empower families to be the drivers of change. By removing barriers and tailoring services to families' diverse practical, emotional, social and cultural needs, ***Families Together*** will build trust and engagement with families across all stages of service delivery. By providing services that are culturally embedded, accountable to community and tailored to families' needs, ***Aboriginal Family Preservation*** models will build trust and engagement with families across all stages of service delivery.	The **minimum dataset** will be collected, and includes: - Client data (individual family) - Demographic data (families across the District) - Program/intervention data - Outcomes data **Unit record client and program/intervention data** collected to understand who got how much of what and to what effect: - Referral dates and type of intervention the family was referred for; - Risk factors referred for/case goals; - Total number of activities / sessions the family participated in; - Date and type / number of activities / sessions the family participated in; - Activities under each core component the family participated in; - Level of intensity and dosage provided for each intervention; - Quality of the intervention including timeliness, fidelity where appropriate; - The service/s the family was referred to (linkages to local supports); - Family experience of the service including communication and support provided; - Change in family knowledge and attitude that occurred as a result of the intervention that will enable a family to meet the needs of their children and young people; - Whether risk factors were addressed/the case plan goal was achieved at program exit. Specific data fields to be unpacked and refined: **Clients' engagement with services** - Access to Family Preservation services - Engagement with Family Preservation services	**Children and young people** **Children and young people experience increased safety at home.** **The risks of harm to children and young people are reduced as mitigations are in place.** **Children and young people do not enter OOHC.** **Children and young people feel safer and more secure.** Children, young people and other family members have decreased exposure to DFV. Children and young people have their health needs met, including through health assessments. Children and young people have improved attendance and participation in education and/or training. Children and young people are connected to their family and community networks. **Parents and Families** **Parents and caregivers have improved parenting knowledge, skills and capacity.** **Parents, caregivers and children experience improvements in family functioning and relationships within households.** **Family members have an increased network of support and care.** **Parents and caregivers are actively engaged in setting goals, making decisions and leading the process of change to keep children and young people safe at home.** Parents' and caregivers' mental and physical health needs are addressed. Families are linked to local support services. Family members feel a sense of control and belief in self. Parents and caregivers feel better able to meet the basic needs of their	**Children and young people** Children and young people experience a sustained increase in safety within the home. Children and young people do not enter or re-enter OOHC. Children, young people and other family members do not experience DFV. Children and young people experience improved mental and physical health, and social and emotional wellbeing. Children and young people have sustained attendance and participation in education and/or training. Children and young people are connected to their family and community networks. **Parents and Families** Parents and caregivers experience sustained improvements in family functioning, relationships and parental capacity. Families are connected to extended family, community and social supports, and draw upon them as required. Families can access services and supports as required before crisis develops. Family members have increased participation in decision making and planning in all aspects of their life. Parents and caregivers experience improved mental and physical health, and social and emotional wellbeing. Parents and caregivers feel able to meet the basic needs of their family. Families live in a safe, stable and suitable home. Parents and caregivers achieve their educational aspirations through engagement in education and/or training. **System and implementation outcomes**	**Children and young people** Children and young people who have experienced or are at risk of experiencing child maltreatment: - Grow up in safe and nurturing homes, supported by strong families and communities. - If entering OOHC, stay for shorter periods of time. - If in OOHC, are restored to their family or kin. - Have reduced contact with the justice system. - Achieve their educational aspirations and reach their learning potential. - Have improved health, mental health, economic and housing outcomes. - Feel connectedness and belonging to their communities, cultures and identities. - Are able to contribute to decision making that affects them and live fulfilling lives. **Parents and Families** Parents and caregivers experience Improved health, mental health, economic, education, justice, housing and empowerment outcomes. **Aboriginal outcomes** Aboriginal children and young people are able to live on Country or in a community of belonging. Aboriginal communities experience greater confidence and safety in child protection and family support systems. Aboriginal family members feel connectedness and belonging to their communities, cultures and identities. Aboriginal communities experience self-determination.

NEED / PROBLEM	EVIDENCE	INPUTS	ACTIVITIES Program components and activities	MECHANISMS OF CHANGE	OUTPUTS	SHORT TERM OUTCOMES[1] Changes during program and at program completion	MEDIUM-TERM OUTCOMES Changes sustained 6-24 months after program completion	LONG-TERM OUTCOMES Changes in the future that are impacted by the program

(listed below) and achieve positive outcomes for families who participate.
 	
Evaluation evidence suggests some Family Preservation models delivered in NSW have helped to reduce entries into OOHC, improve parental capacity, and enhance safety and wellbeing of children and young people.[12,13,14,15,16,17] Others have not performed as expected over time. There has been large variation in what is delivered across Districts and not enough support for Aboriginal-led models delivered by Aboriginal Community-Controlled Organisations (ACCOs), despite the significant overrepresentation of Aboriginal children and young people in OOHC.
 	
A redesigned service system aims to address these issues by delivering a suite of models within a common framework that are more responsive to family needs and more effective at supporting families to achieve outcomes. A key priority is to support development of the Aboriginal Community Controlled Sector so that Aboriginal communities can lead the design and delivery of culturally responsive models. The system aims to apply an intersectional lens to recognise and address the greater risks and/or barriers faced by Aboriginal people, people form a CALD background, people with disabilities, and LGBTQIA+ people.
 	
System functioning support and improvement is required to help service providers deliver the best possible service. Improved program-wide data collection, reporting and evaluation is necessary to build evidence about what works to achieve positive change for children and families.[18] Improved evidence about Aboriginal-led services has the potential to strengthen the position of ACCOs and help secure further investment. Improved capture and understanding of the lived and diverse experiences of families will help to create a more child- and family-centred, responsive, dignity-driven and fair program.
 	
Risk and protective factors
 	
The Family Preservation program addresses a number of risk and protective factors.
 	
Risk factors for child maltreatment:
 	
• domestic and family violence
• history of child abuse and neglect
• child disability
• socioeconomic disadvantage
• social isolation
• housing stress
• parental unemployment
• low level of parental education
• parental substance abuse
• mental health problems[19]
 	
Systemic risks to family structures that Aboriginal families in particular face due to the ongoing impacts of colonisation:
 	
• racism and over-surveillance
• cultural bias within the child protection system
• intergenerational trauma
• lack of culturally safe early support services
• lack of self-determination[20,21]
 	
CALD families also face specific risk factors relating to:
 	
• English proficiency/access to translation and interpreting services
• awareness of the Australian system and local services, rights and entitlements
• limited presence of extended family and/or community networks
• differences in family structures, gender roles, parenting and other practices between the family's primary culture and mainstream Australian culture
• perceived or experienced racism and discrimination, systemic barriers (e.g. immigration status)
	guidance[66], and through stakeholder engagement.[67,68]
	
	Strong implementation support ensures that flexible activities are matched to client groups based on the best available evidence. Fidelity monitoring and evaluation allow for testing, adaptation, refinement and replication of the components.[69]
			The core components for the Frameworks include:
			
			1. Engagement
			Ensuring that families can access, participate in and continue with a service until they have achieved their goals. This includes forming community partnerships; targeting, educating and engaging families; and meeting the needs and interests of families in ways that will benefit them, their children and the community.
			
			2. Case management
			Casework undertaken by the service provider to understand and meet families' needs and achieve positive outcomes. This includes identifying strengths and needs; strengthening family participation in goal setting and decision making; providing material, practical and emotional support; linking families with appropriate services and supports; and enhancing parents' self-advocacy.
			
			3. Family and parent support
			Working alongside the family to care for the child or young person and strengthen the family, by providing in-home practical support, advice, mentoring coaching or training, and opportunities to strengthen social and cultural connections and supports.
			
			4. Therapeutic support
			Direct delivery or referral to services that provide therapy, counselling, and treatment to help address issues that parents and caregivers are experiencing, such as trauma, substance misuse, mental health issues, etc.
			
			5. Child-focused support
			Direct delivery or referral to services that provide the child or young person with strengths-focused and evidence-based wraparound supports to enhance their safety, welfare, and wellbeing.
			
			6. *Aboriginal Family Preservation* core components –Healing and Advocacy
			Cultural healing is a deeply embedded cultural approach to restoring social and emotional wellbeing for Aboriginal people, particularly in the context of the intergenerational trauma inflicted by colonisation. Cultural healing must be delivered by an ACCO.
			
			Advocacy captures the multilayered work performed by ACCOs to address systemic racism across government agencies, that impacts the success of a family. Practitioners use a unique skillset to help families develop their advocacy skills and resources, and to influence system-level change.
			
			Program-wide components
			
			Cultural Safety Frameworks
			An Aboriginal Cultural Safety Framework and a CALD Cultural Safety Framework will sit across the Family Preservation program with action and supports to guide services to provide culturally informed and responsive services that meet the needs of the broad diversity of families and communities. The Frameworks will be developed in collaboration with appropriate partners.
			
			Expanded Aboriginal-led services
			ACCOs will be supported to co-design wholistic models with their communities, and there will be an increase in Aboriginal service delivery, through the *Aboriginal Family Preservation* Framework.
			
			Implementation support and workforce development
			- Implementation support will be provided to NGOs, ACCOs, Districts and child protection teams to ensure the models are delivered as intended, in accordance with best practice/model fidelity where appropriate, by a qualified and competent workforce.
			- The roles and responsibilities of DCJ and key partners will be clarified.
				By focusing on families' strengths and needs, working collaboratively to create plans, coordinating supports, and assisting with self-advocacy and service navigation, *Families Together* and *Aboriginal Family Preservation* will empower families to provide a safe and stable home, achieve their goals and access supports if needed in the future.
				
				By supporting families to build key skills and strategies with respect to parenting, strengthening social and cultural connections, and addressing immediate needs and challenges, *Families Together* and *Aboriginal Family Preservation* will increase families' safety and situational stability, and enhance their protective networks of support and belonging.
				
				By providing access to therapeutic supports targeted to identified needs, *Families Together* and *Aboriginal Family Preservation* will help parents and families to heal and to experience improved health and social and emotional wellbeing.
				
				By coordinating access to targeted wraparound supports, *Families Together* and *Aboriginal Family Preservation* will help children and young people to experience improved health, wellbeing, safety, and educational participation.
				
				By providing cultural healing, *Aboriginal Family Preservation* models will help families to heal, strengthen connectedness, culture and identity, and experience greater social and emotional wellbeing.
				
				By undertaking multilayered advocacy, *Aboriginal Family Preservation* models will empower family members to advocate for themselves and enable families and communities to experience systems that treat Aboriginal people with respect and dignity, uphold their rights, and support self-determination and culture.
				
				Program-wide components
				
				Cultural Safety Frameworks across all models will ensure that CALD families and Aboriginal families who wish to access a non-AFP model receive a respectful, meaningful, accessible and culturally safe service.
				
				Expanded Aboriginal-led services will address systemic risk factors for Aboriginal families by ensuring they receive a culturally safe, wholistic service designed by and accountable to Aboriginal communities.
				
				Implementation support and workforce development will drive quality service delivery and continuous improvement by building skills, confidence and capacity in the sector.
				
				Data collection, reporting and evaluation will:
				• inform program delivery, program development and future
					- Completion of Family Preservation services
					
					Clients' experience of services
					- Respect
					- Dignity
					- Cultural safety
					- Communication
					- Trust
					- Privacy
					- Needs met
					- Empowerment/participation in decision making
					
					System and implementation
					   Cultural Safety Framework/# of culturally safe services
					   # of cultural safety actions delivered i.e. cultural capability training
					   # of ACCOs and # of Aboriginal-led FP services
					   # of Aboriginal staff/workforce
					
					Implementation and workforce strategies
					   Community of Practice
					   Minimum Dataset collected
					   Standard program reporting
					   Evaluation
						family (e.g. adequate food, clothing, school needs, health care, etc.).
						
						Families' housing needs are identified and addressed where possible, such as through referrals to housing supports.
						
						System and implementation outcomes
						
						All services are culturally safe and staff have cultural awareness and capability.
						
						Aboriginal communities are enabled to design their own services.
						
						Data collection is robust, complete and useful for service improvement and reporting purposes.
							The family preservation system has a qualified and capable workforce.
							
							Aboriginal communities experience self-determination by leading service design and workforce development.
							
							Services are demonstrated to be effective and targeted to where they have the most impact.
								System and implementation outcomes
								
								Early investment reduces need for later stage interventions and lowers cost over time.
								
								Intergenerational cycles of child removal and child maltreatment are broken as parents are supported to recover from trauma and its impacts.

NEED / PROBLEM	EVIDENCE	INPUTS	ACTIVITIES Program components and activities	MECHANISMS OF CHANGE	OUTPUTS	SHORT TERM OUTCOMES[1] Changes during program and at program completion	MEDIUM-TERM OUTCOMES Changes sustained 6-24 months after program completion	LONG-TERM OUTCOMES Changes in the future that are impacted by the program
• experiences of trauma and cumulative stress in the migration journey • intergenerational conflict.[22,23] **Protective factors** for child maltreatment: • strong parent/child relationship • practical support for parents • positive social connection and support • knowledge of parenting and child development • parental self-efficacy • parental employment • parental education • adequate housing • access to health care and social services • child social and emotional competence[24] • Aboriginal culture: collective focus on child rearing, wisdom of Elders, spirituality[25]			- Implementation strategies will be defined and tailored to context to embed the models as business as usual - Communities of practice will provide a mechanism for sharing knowledge and expertise to drive continuous improvement. - Measures will be introduced to improve the work environment and staff retention. - A Practice Framework will be developed to capture skills and priorities required by the system (workforce education, skills, modes of delivery, etc.) **Data collection, reporting and evaluation** A NSW minimum data set will be developed for service providers to collect standardised data for families receiving a Family Preservation service. Comprehensive program, client and outcomes data will be captured in infoShare. This will ensure data is high quality, and data capture processes and systems are proportionate, easy to use, and offer value to service providers and DCJ. Data will be used to assess the comparative effectiveness of models and support continuous quality improvement. Reporting products and an evaluation framework will guide measurement of the effectiveness of the Family Preservation program.	• commissioning by building evidence of what works for whom. • strengthen the position of ACCOs and help secure further investment by improving the evidence about Aboriginal-led services.				

[1] Outcomes in bold are primary outcomes which the program is expected to directly address.

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[68] Engagement with the sector has included eliciting feedback on the Redesigning Family Preservation in NSW Discussion Paper, and holding workshops on the core components with ACCOs, facilitated by AbSec and DCJ in 2023 and 2024.

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*MST-CAN is currently delivered to families with a child or young person ages 6-17 years, but there may be an opportunity in the future to also deliver the model to families with children aged 0-6 years.

Appendix B: *Families Together* framework core components and indicative service activities

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.

Required activities

- Developing an understanding of family dynamics, and assessing and addressing barriers to engagement.

- Visiting the family at home.

- Undertaking ecological mapping to identify family members and support networks.

- Developing trust-based, dignity-driven and respectful relationships between the service provider and the family.

- Ensuring the family is supported by practitioners who are culturally competent.

- Supporting and facilitating family-led decision making with the family.

- Developing/adapting/identifying and delivering learning resources for the family that are culturally safe, engaging and tailored to their needs.

Optional activities

- Undertaking family finding with and for the family – identifying who the family is, who the safe people are, the network around the child.

- Undertaking cultural mapping with and for the family – detailed planning around how to connect the child & family with culture, ensuring the family finding is culturally safe, true and correct.

- Providing transport to access services.

- Providing out of hours support/24-hour access for crisis support.

- Providing mentors and/or cultural mentors.

- Meeting the family in locations and at times that meet their needs and facilitate their engagement.

- Offering the family a choice of practitioner, where possible (e.g. preference of gender, cultural background or language.

- Delivering culturally appropriate activities.

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

Required activities

- Understanding the family's strengths and needs, using strengths-based, child-centred and trauma-informed approaches, and culturally safe tools and techniques.

- Developing a case plan with the family tailored to their needs and characteristics.

- Ongoing monitoring and discussion with family members, including children, about their safety, wellbeing, and progress.

- Advocating with the family (with housing, education and health services, and within the family) and helping them to understand and action their rights.

- Working with the family to set goals and build skills to foster sustainable long-term change.

- Supporting family-led, collaborative goal-setting and decision making and actively involving the family and community members in the process of change.

- Supporting staff through individual and group supervision to debrief, assess, and share knowledge and expertise.

- Supporting staff through continuous professional development.

Optional activities

- Consulting, collaborating with and providing referrals to other agencies and services, e.g. NDIS, Centrelink, AOD, DFV, mental health, housing, financial counselling, emergency relief, skills development for employment, legal services.

- Developing a safety plan with the family.

- Developing a 'moving on' plan for after program completion (family network with skills and action plans to navigate challenges).

- Providing onward referrals to complementary and/or interdependent supports such as restoration or Targeted Earlier Intervention (TEI).

- Developing collaborative, intentional, sequenced and coordinated strategies.

- Providing responsive supports, with more or less intensity, through each phase of service delivery.

- Decreasing or increasing service intensity or staffing as required by the family.

- Cultural support and, or mentor roles to support non-Aboriginal staff working with Aboriginal families.

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.

Required activities

- Supporting health and safety in the home.

- Harnessing natural protections and providing modelling, coaching, training and feedback to strengthen parental capacity, communication and problem-solving skills.

Optional activities

- Providing specific supports if the family is experiencing domestic and family violence.

- Empowering parents to be involved in children's education and enhancing connection with school.

- Building and/or strengthening supportive relationships and interactions between parents/carers/extended family members and children.

- Using brokerage to reduce stress, enhance situational stability and meet immediate basic needs of the family, e.g. purchasing essential household items, covering respite and childcare-related costs.

- Helping the family put learnings into practice, e.g. through tasks and exercises for families to complete in their own time.

- Building and/or strengthening social networks, community engagement and enduring social support, e.g. by linking the family to men's groups, women's groups, cultural groups, peer support groups.

- Enhancing Aboriginal families' connection to kin, culture, community and Country

- Providing help in the home and in developing household routines with the family.

- Delivering or referring the family to evidence-based parenting programs.

- Responding to environmental disaster.

- Staff training for implementing "Safe and Together" (domestic and family violence response) model in service delivery.

Therapeutic Support
Therapeutic Support includes various forms of supports such as counselling and structured treatment programs 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.

Required activities

Note: While there are no specific required activities for this core component, the delivery of at least one activity under this core component is required.

Optional activities

- Referring or delivering family members to individual or whole-of-family therapeutic supports, e.g. mental health, trauma treatment, counselling, alcohol and other drug treatment, etc.

- Engaging family members in emotional and physical activities to support their healing and social and community participation.

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.

Required activities

- Sharing information with children and young people in a way that is age-appropriate.

- Ensuring children and young people have a voice and can participate in decision-making.

- Considering the needs of the individual child or young person and sibling group.

- Implementing child safe standards / a child-centred approach across the service.

Optional activities

- Providing or referring children and young people to wraparound and early intervention supports as required, e.g. health, mental health, young substance abuse, mentoring, youth/child behaviour change, child disability, etc.

- Working with the school and family to improve children's and young people's school attendance and positive engagement with the school.

- Providing referrals for parents to pre-natal supports.

- Supporting the family to secure early childhood education and care, out-of-school hours care and Additional Child Care Subsidy.

- Identifying opportunities for children and young people to participate in social and community activities.

- Providing children and young people with learning and development supports.

- Developing children's and young people's mental resilience through physical exercise.

- Building and strengthening children's and young people's aspirations.

- Employing child specialist workers to assist children affected by trauma.

Appendix C: *Aboriginal Family Preservation* framework core components and indicative service activities

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.

- Developing an understanding of family dynamics, and assessing and addressing barriers to engagement.
- Visiting the family at home.
- Undertaking ecological mapping to identify family members and support networks.
- Holding a yarning session with the family at service commencement and regular intervals to review the family's plan.
- Developing trust-based, dignity-driven and respectful relationships between the service provider and the family.
- Ensuring the family is supported by practitioners who are culturally competent.
- Creating safe environments for the family and children.
- Supporting and facilitating family-led decision making with the family.
- Developing/adapting/identifying and delivering learning resources for the family that are culturally safe, engaging and tailored to their needs.
- Undertaking family finding with and for the family – identifying who the family is, who the safe people are, the network around the child.
- Undertaking cultural mapping with and for the family – detailed planning around how to connect the child & family with culture, ensuring the family finding is culturally safe, true and correct.
- Providing transport to access services.
- Providing out of hours support/24-hour access for crisis support.
- Providing mentors and/or cultural mentors.
- Meeting the family in locations and at times that meet their needs and facilitate their engagement.
- Offering the family a choice of practitioner, where possible (e.g. preference of gender, cultural background or language.
- Delivering culturally appropriate activities.
- Having staff with diverse perspectives and local community knowledge (including tapping into Elders' knowledge about the family)

Case Management

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

- Understanding the family's strengths and needs, using strengths-based, child-centred and trauma-informed approaches, and culturally safe tools and techniques.

- Developing a case plan with the family tailored to their needs and characteristics.

- Ongoing monitoring and discussion with family members, including children, about their safety, wellbeing, and progress.

- Advocating with the family (with housing, education and health services, and within the family) and helping them to understand and action their rights.

- Working with the family to set goals and build skills to foster sustainable long-term change.

- Supporting family-led, collaborative goal-setting and decision making and actively involving the family and community members in the process of change.

- Supporting staff through individual and group supervision to debrief, assess, and share knowledge and expertise.

- Providing opportunities for staff to upskill so they can provide culturally safe specialist care

- Consulting, collaborating with and providing referrals to other agencies and services, e.g. NDIS, Centrelink, AOD, DFV, mental health, housing, financial counselling, emergency relief, skills development for employment, legal services.

- Developing a safety plan with the family.

- Developing a 'moving on' plan for after program completion (family network with skills and action plans to navigate challenges).

- Providing onward referrals to complementary and/or interdependent supports such as restoration or TEI.

- Developing collaborative, intentional, sequenced and coordinated strategies.

- Providing responsive supports, with more or less intensity, through each phase of service delivery.

- Decreasing or increasing service intensity or staffing as required by the family.

- Cultural support and, or mentor roles to support non-Aboriginal staff working with Aboriginal families.

- Having staff with lived experience as an Aboriginal person and knowing and being accepted in the local community.

- Different members of staff providing complementary supports according to a family's needs.

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.

- Supporting health and safety in the home.

- Harnessing natural protections and providing modelling, coaching, training and feedback to strengthen parental capacity, communication and problem-solving skills.

- Providing specific supports if the family is experiencing domestic and family violence.

- Empowering parents to be involved in children's education and enhancing connection with school.

- Building and/or strengthening supportive relationships and interactions between parents/carers/extended family members and children.

- Using brokerage to reduce stress, enhance situational stability and meet immediate basic needs of the family, e.g. purchasing essential household items, covering respite and childcare-related costs.

- Helping the family put learnings into practice, e.g. through tasks and exercises for families to complete in their own time.

- Building and/or strengthening social networks, community engagement and enduring social support, e.g. by linking the family to men's groups, women's groups, cultural groups, peer support groups.

- Enhancing Aboriginal families' connection to kin, culture, community and Country.

- Providing help in the home and in developing household routines with the family.

- Delivering or referring the family to evidence-based parenting programs.

- Responding to environmental disaster.

- Supporting community development by linking the family to community, including men's groups, women's groups, and cultural groups.

Therapeutic Support

Therapeutic Support includes various forms of supports such as counselling and structured treatment programs 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.

Note: While there are no specific required activities for this core component, the delivery of at least one activity under this core component is required.

- Referring or delivering family members to individual or whole-of-family therapeutic supports, e.g. mental health, trauma treatment, counselling, alcohol and other drug treatment, etc.

- Engaging family members in emotional and physical activities to support their healing and social and community participation.

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.

- Sharing information with children and young people in a way that is age-appropriate.

- Ensuring children and young people have a voice and can participate in decision-making.

- Considering the needs of the individual child or young person and sibling group.

- Implementing child safe standards / a child-centred approach across the service.

- Yarning with children and young people.

- Providing or referring children and young people to wraparound and early intervention supports as required, e.g. health, mental health, young substance abuse, mentoring, youth/child behaviour change, child disability, etc.

- Working with the school and family to improve children's and young people's school attendance and positive engagement with the school.

- Providing referrals for parents to pre-natal supports.

- Supporting the family to secure early childhood education and care, out-of-school hours care and Additional Child Care Subsidy.

- Identifying opportunities for children and young people to participate in social and community activities.

- Providing children and young people with learning and development supports.

- Developing children's and young people's mental resilience through physical exercise.

- Building and strengthening children's and young people's aspirations.

- Employing child specialist workers to assist children affected by trauma.

Healing and Advocacy core components
Required and optional service activities for the Healing and Advocacy core components will be co-designed with ACCOs.

Appendix D: Proposed Family Preservation Program performance measures

Performance measure	Indicator	Metric/benchmark Note: Benchmarks to be tested, validated, and co-designed within 12 months of the start of the contract	Data source(s)	Timing of reporting and calculation	Where does it sit within service delivery?	Are they system, program, or model/ framework-specific measures?
Service delivery						
# and % of funded places filled/occupancy rate is in line with contracted occupancy level	Service provider performance against annual contracted volumes	Benchmark to be established	InfoShare	Annually (Also tracked quarterly to monitor whether annual target will be met)	Entry	Program
# and % of referrals declined by service providers due to not meeting program criteria is kept to a minimum	Number of declined referrals across referral pathways and reason for decline	Benchmark to be established	InfoShare	Quarterly	Entry	Program
# of CYP/families receiving a service is in line with contracted places	Number of accepted families across each referral pathway	Benchmark to be established	InfoShare	Quarterly	In FP service	Program
# and % of CYP/families who commenced service who had a "positive service exit" (completed the program) is maximised	Number of families completed	Benchmark to be established	InfoShare	Quarterly	Exit	Program

Performance measure	Indicator	Metric/benchmark Note: Benchmarks to be tested, validated, and co-designed within 12 months of the start of the contract	Data source(s)	Timing of reporting and calculation	Where does it sit within service delivery?	Are they system, program, or model/ framework-specific measures?
The number of days between key referral/intake/initial engagement and service commencement is minimised	Number of days between key dates: • Date family consented to referral → date referral sent • Date referral sent → date accepted/declined • Date referral accepted → date first contact with family • Date first contact with family → date first home visit • Date first home visit → date informed consent/non-consent • Date accepted → date client started receiving services • For DCJ referrals: ROSH report → date referral made • For DCJ referrals: ROSH report → date client started receiving services	Benchmark to be established	DCJ admin data InfoShare	Quarterly	Entry	Program System
# and % of CYP/families exiting with "positive outcomes" *(pending outcomes tool being chosen)*	Number of families completed with positive change over time as recorded by outcomes tools	Benchmark to be established	infoShare	Quarterly Report milestones	Exit	Program

Performance measure	Indicator	Metric/benchmark Note: Benchmarks to be tested, validated, and co-designed within 12 months of the start of the contract	Data source(s)	Timing of reporting and calculation	Where does it sit within service delivery?	Are they system, program, or model/ framework-specific measures?
# and % of ROSH post-program exit (including types of ROSH) is minimised	Number of ROSH reports received after family has exited within defined periods: • *Within 6 months* • *Within 12 months*	Benchmark to be established	DCJ admin data	Quarterly	Exit	Program System
# and % of OOHC entry post program exit is to be minimised	Number of CYP who entered OOHC after family has exited: • *Within 6 months* • *Within 12 months*	Benchmark to be established	DCJ admin data	Quarterly	Exit	Program System

Appendix E: Current Family Preservation Program minimum data set

Outlets

Data item	Definition	Values / Examples
Name	The (Branded or Operating) name of the physical location from where a service is primarily being delivered. An outlet identifies the location where a service took place, or where staff travelled from to deliver a service.	
State	The state the service provider outlet is located in.	
Postcode	The postcode the service provider outlet is located in.	
Suburb	The suburb the service provider outlet is located in.	The name of the suburb (e.g.
Address	The address of the service provider outlet.	The street address (e.g. *35 Scott St*)

Families

Data item	Definition	Values / Examples
Family ID	A unique identifier representing a group of people considered to be a family in terms of program delivery. Organisation's Family Id must be unique for all the families registered with the Organisation. A client's name, (or other identifiable information) should not be used as a Family Id, but something in plain English should be used to link families to clients (e.g. Contracted Surname/suburb).	Alphanumeric string (replaceable auto-generated default *FAMID-XXXXXXXX*)

Clients

Data item	Definition	Values / Examples
ClientID	A unique identifier for a client record. Organisation's Client Id must be unique for all the families registered with the Organisation. A client's name, part of a client's name, or other identifiable information must not be used as a Client Id under any circumstances. An organization can replace ClientID with an ID used in their internal system (provided it does not contain identifiable information).	Alphanumeric string (replaceable auto-generated default CLNID-NNNNNNNNN)
ChildStoryID	A person's identification number extracted from a DCJ referral.	e.g. C- NNNNNNNN if DCJ referral, blank otherwise
	Providers can use an own-generated ID for unborn children. Must be updated when a ChildStoryID is available. Follow the proposed format to assist future filtering of the unborn child ID.	e.g. U-NNNNNNNN
First Name	(Given name) The first name of a person within the family group, or by which the person is socially identified.	
Family Name	(Surname) The text that represents a name by which a person's family group may be identified. The part of a name a person usually shares with some other members of their family, as distinguished from their given names.	
Household Composition	The household composition for an individual. A household is defined as one or more persons, at least one of whom is at least 15 years of age, usually resident in the same private dwelling.	
Family1	The FamilyID that corresponds to a person's identified primary family.	Populated by a FamilyID from the Families tab in this template. (e.g. *FAM!D-XXXXXXXX*)
Family2	(Optional) A FamilyID that corresponds to another identified family unit this client is a member of.	Populated by a FamilyID from the Families tab in this template. (e.g. *FAM!D-XXXXXXXX*)

Gender	A label representing a personal representation of an individual's identity which may represent their masculine or feminine characteristics. An individual's gender is not always exclusively male or female, and doesn't always correspond to their sex assigned at birth.	
Date of Birth	The date of birth of the person, expressed as a date stamp.	DD/MM/
Is Homeless	The Homeless status identified by a person.	
State	State from residential address of a client or location if homeless.	
Postcode	Postcode from residential address of a client or location if homeless.	
Suburb	Suburb from residential address of a client or location if homeless.	The name of the suburb (e.g.
Address	Street address from residential address of a client. If client is identified as Homeless, this	The street address (e.g. *35 Scott St*)
Country Of Birth	The country in which the person was born, as represented by a label.	
Language Spoken At Home	The primary language spoken at home by the person/their family, as represented by a label.	
Proficiency In Spoken English	A label indicating a person's ability to speak/understand English. Rather than a definitive measure of their ability and should be interpreted with care.	
Aboriginal Or Torres Strait Islander Origin	A label that represents the Aboriginal and/or Torres Strait Islander origin identified by a person.	
Caregiver Status	A label that indicates whether a person is a Caregiver (receiving the service to support the them in caring for a person under 18, including where the caregiver is also under 18) OR a Child or Young Person (they are receiving a service because they are under 18 AND are identified as currently or potentially at risk of harm).	
Has Disabilities	An indicator of whether a person has a disability, as represented by a label.	Yes / No / Not Stated
INTELLECTUAL / LEARNING	A label that indicates whether a person's disability is intellectual / learning in nature.	These fields reflect the national standard disability type, and contain the same permissible values (YES/NO). IF the response to *"Has Disabilities"* was **Yes**, then at least one of these should be **YES** as well.
SENSORY / SPEECH	A label that indicates whether a person's disability is sensory / speech related in nature.	
PHYSICAL / DIVERSE	A label that indicates whether a person's disability is physical / diverse in nature.	
PSYCHIATRIC	A label that indicates whether a person's disability is psychiatric in nature.	

Referrals

Data item	Definition	Values / Examples
ReferralID	A sequence of characters which uniquely identifies a referral for an individual. Used to refer to all persons (children and caregivers) included in an initial referral (or added in the course of program delivery).	The auto-generated ID should be replaced with a DCJ ReferralID in any DCJ referral received. (e.g. AAA-NNNNNNNN)
Outlet	The physical location from where a service is primarily being delivered. An outlet identifies the location where a service took place, or where staff travelled from to deliver a service.	Populated by an OutletID from the Outlet tab in this template.
FamilyID	The FamilyID that corresponds to a person's identified family.	Populated by a FamilyID from the Families tab in this template. (e.g. *FAMID-XXXXXXXX*)
Referral Pathway	The source of the referral of a child/young person to the Family Preservation program.	
Consent of referral from family	Whether the family has *agreed* to be referred to the NGO (the URF field will refer to the family providing *consent* to the referral being made – insert the yes/no answer into the 'consent of referral from family' field in the Referrals tab).	
Date of referral to provider	Date on which the provider receives the referral.	DD/MM/YYYY
Outcome of referral to provider	The result of the referral once assessed by the service provider.	
Outcome of referral Declined - Other	The result of the referral once assessed by the service provider.	Free text to specify the referral outcome if **Declined - Other** was selected under "Outcome of referral to provider".

Services

Data item	Definition	Values / Examples
ServiceID	A system-generated identifier for a unique service record.	
Outlet	The physical location from where a service is primarily being delivered. An outlet identifies the location where a service took place, or where staff travelled from to deliver a service.	Populated by an OutletID from the Outlet tab in this template.
Client	A displayable client label auto-generated by the system as a concatenation of the client's FirstName LastName (ClientID)	Populated using information from the Clients tab in this template.
Activity	The program or service type in which this placement is delivered.	
Date of Consent to participate in service	Date at which client provides consent (either verbally or in writing) to begin/continue service delivery	DD/MM/YYYY
Date Client started receiving services	Date that the first session of service was delivered to a client.	DD/MM/YYYY
Step Down Start Date	Date at which client stepped down from receiving intensive service delivery or Intensive Family Based Services.	Optional, for IFP and IFBS only DD/MM/YYYY
Date Client Exited Service	Date at which client receives the last service instance.	DD/MM/YYYY

Exit Reason	The reason a client exited a program.	
	Program completed –case plan goal achieved This is defined as the program or therapy are completed with all case plan goals achieved.	
	Program completed – at least one case plan goal achieved This is defined as the program or therapy are completed with at least one case plan goal achieved, but not all.	
	Program completed – case plan goal not achieved or unknown This is defined as the program or therapy are completed but no case plan goal was achieved, or it is not known whether any case plan goal was achieved	
	Withdrawn – Families moved out of the area This is defined as the family moved out of the area and withdrew from the program before completing the program. This includes family/client relocated, accepted by another jurisdiction	
	Withdrawn - Families declined to participate This is defined as the family declined to participate in the program. This includes families/clients who declined to participate in the program even though they gave consent for referral and consent to participate in service.	
	Withdrawn – Family stops working with service during service delivery This is defined as the family stops working with service during service delivery. This includes family/client refuses to participate, could not be located or not engaging.	
	Withdrawn – Escalated risk-unsuited to program This is defined as the family/client was withdrawn/removed from the program due to the level of risk to children being unsuitable to the program.	
	Withdrawn – high risk for staff This is defined as the family/client was withdrawn/removed from the program due to the level of uncertainty regarding safety of staff.	
	Withdrawn – Withdrawn by program (NGO) This includes family/client withdrawn from the program by NGO due to no capacity or transferred to another service or service provider	
	Withdrawn – Family no longer eligible or unsuitable This includes family/client withdrawn from the program due to initial intervention indicating family does not meet referral criteria, or service deemed unsuitable for the family. This also includes where all children in household entered into statutory care or youth were placed in a restrictive setting (detention centre, residential placement), or foster care due to an event or offence that occurred prior to the beginning treatment.	
	Withdrawn - **other** This includes other exit reason not mentioned in the above list.	

Data item	Definition	Values / Examples
Exit Reason – Other	The reason a client exited a program.	Free text to specify the exit reason if **withdrawn - other** was selected under "Exit Reason"

Sessions

Data item	Definition	Values / Examples
SessionID	A system-generated identifier for a unique session record.	
ReferralID	A sequence of characters which uniquely identifies a referral for an individual. Used to refer to all persons (children and caregivers) included in an initial referral (or added in the course of program delivery).	Populated by a ReferralID from the Referrals tab in this template.
Client	A displayable client label auto-generated by the system as a concatenation of the client's FirstName LastName (ClientID)	Populated using information from the Clients tab in this template.
Session Date	Date that the first session of service was delivered to a client.	DD/MM/YYYY
Service Type	Type of service being delivered to the client.	
Service Duration	The duration of the session in closest hour during session/quarter.	A digit from 1 to 2880 (e.g. *03*)

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