



Communities  
& Justice

Family Connect and Support

# Program Specifications 2020

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# 1. Purpose

## 1.1 Purpose of Family Connect and Support

Family Connect and Support (FCS) is a whole-of-family service for children, young people and their families experiencing or at risk of experiencing vulnerability in NSW. It is for families who could benefit from support to address and prevent the escalation of current issues. Primarily FCS is for those families with identified concerns that fall below the threshold of statutory child protection intervention.

By providing an earlier assessment of needs and supporting families to remain safe and well in their family, FCS seeks to avert the need for statutory intervention and that will have a positive impact on a person's life outcomes.

FCS is a state-wide program, aligned to current Department of Communities and Justice (DCJ) districts. It includes a range of services, such as comprehensive assessment, active outreach, short term case planning and coordination, and active holding. Families receiving a service through FCS will be better connected to both informal and formal supports.

## 1.2 Purpose of the program specifications

The purpose of the document is to provide an overview of the FCS program and an outline of the expected activities and outcomes.

These program specifications may be amended or replaced from time to time by DCJ. FCS service providers may be asked to support the review of these program specifications, and the practice guidelines included. It is the responsibility of the service provider to ensure that they are referring to, and in compliance with, the current version of the program specifications. Current versions will be maintained on the DCJ website <https://www.dcj.nsw.gov.au/>. Updates will be communicated to service providers.

These specifications are supported by Practice Guidelines (available at **Appendix B**). Note, the current practice guidelines are still under development. They have been attached here as a reference document, but will be further developed with FCS providers in the first 12 months of program implementation.

## 1.3 NSW Human Services Agreement

The NSW Human Services Agreement (HSA) standard terms and the Agreement for Funding of Services Schedule – Family Connect and Support outlines service provider obligations, including the requirement that services be provided in accordance with all applicable laws, standards and policies and accreditation requirements.

Clause 4 of the *Supplementary Conditions* of the *HSA Schedule* makes it the service providers' responsibility to comply with the *Program Specification*.

Clause 6 of the HSA also requires 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 working with children check clearance.

## 1.4 Legislation

The primary legislation that underpins DCJ provision of funding to non-government organisations under the FCS Program is the [\*Community Welfare Act 1987\*](#) which seeks to protect and improve the wellbeing of the people of NSW.

The [\*Children and Young Persons \(Care and Protection\) Act 1998\*](#) (Care Act) also impacts on the delivery of DCJ funded programs. The Care Act broadly aims to ensure that children and young people receive care and protection necessary for their safety and wellbeing, and covers mandatory reporting requirements (Section 27) and information exchange (Chapter 16A).

Under the [\*Community Services \(Complaints, Reviews and Monitoring\) Act 1993\*](#), the NSW Ombudsman may deal with complaints about organisations and individuals who provide community services.

The [\*Children's Guardian Act 2019\*](#) (Children's Guardian Act) empowers the Children's Guardian with functions to promote the quality of organisations and persons providing services to children, and also regulate those organisations and persons in providing these services. This includes administering the reportable conduct scheme (Part 4). The Children's Guardian Act also amends provisions of the [\*Community Services \(Complaints, Reviews and Monitoring\) Act 1993\*](#).

All FCS services must comply with relevant provisions in the [\*Public Finance & Audit Act 1983\*](#) and [\*Privacy and Personal Information Protection Act 1998\*](#) and the [\*Health Records and Information Privacy Act 2002\*](#). All FCS service providers, including their personnel who provide services under the program, must meet legislated obligations in relation to care and protection. They must also meet professional obligations to support child wellbeing and (in accordance with guidelines issued by the Office of the Children's Guardian) will be required to become a child safe organisation, as well as contractual requirements.

## 1.5 Policy context

### 1.5.1 Special Commission of Inquiry into Child Protection Services in NSW

Family Connect and Support draws upon the former NSW Family Referral Service (FRS) model.

In response to the 2008 *Report of the Special Commission of Inquiry into Child Protection Services in NSW* by Justice James Wood, the NSW Government progressed and funded a number of initiatives under the Keep Them Safe reforms. This included establishing the Family Referral Services (FRS).

The FRS (funded and managed by the NSW Ministry of Health) sought to address the drivers of demand for child protection services, by providing appropriate responses for those families who fall below the threshold for statutory intervention and providing a service response aimed at intervening before a statutory intervention became necessary.

FRS have been operational in NSW since 2010. The program was rolled out state-wide in April 2013. There are 11 Family Referral Services in NSW. The contracts for these will end on 1 January 2021, and Family Connect and Support will commence.

### 1.5.2 The Tune Review

Systemic issues in the child and family system, as well as the need for early intervention, were key considerations in the 2015 independent review of the out-of-home care system in NSW by David Tune AO PSM (the Tune Review). The Tune Review made some important observations about the way government as a whole relates to children and families experiencing vulnerabilities.

It found that, while the current system responds to immediate crises, it failed to address the complex needs of children and families experiencing vulnerability or arrest the cycles of intergenerational abuse and neglect. Aboriginal children and young people experience particularly poor outcomes.

Since then, DCJ has undertaken to develop a comprehensive, evidence-based response to the Tune report findings. This evidence and further sector advice has informed the redesign of the FRS and the establishment of this new FCS program.

## 1.6 Department of Communities and Justice

The vision of DCJ is to help create a safe, just, resilient and inclusive NSW in which all people are empowered to live fulfilling lives and achieve their potential in inclusive communities. DCJ is accountable for seven of the NSW State

Outcomes and five of the Premier's Priorities, working across the Stronger Cluster agencies to develop and deliver support, services and programs that contribute to these Outcomes and Priorities, including:

- Active and inclusive communities: provide a range of community support to improve wellbeing, increase community participation, and promote social inclusion and cohesion.
- Children and families thrive: supporting the safety and wellbeing of vulnerable children, young people and families. People have a safe and affordable place to live: providing assistance for people unable to access or maintain appropriate housing, including homelessness services<sup>1</sup>.

### 1.6.1 Stronger Communities Investment & Inclusion Directorate

Family Connect and Support aligns with the broader direction of the NSW government to invest early in services and programs for vulnerable children, young people and families. FCS offers support to families earlier, before issues escalate, and works with families to build on their strengths and improve their safety.

### 1.6.2 Human Services Outcomes Framework

DCJ applies the *NSW Human Services Outcomes Framework* to its funded programs. It aims to ensure that all children, young people, families and communities:

- Have a safe and affordable place to live.
- Live a healthy life.
- Learn, contribute and achieve.
- Contribute to and benefit from our economy.
- Are safe in their homes and communities.
- Participate and feel culturally and socially connected.
- Contribute to decision making that affects them.

FCS contributes to achieving these outcomes by effectively responding to the needs of children, young people, families and communities experiencing vulnerability. It supports families by providing assistance to help prevent the escalation of risk and the need for statutory intervention.

### 1.6.3 Aboriginal Services

Improving long-term outcomes for Aboriginal children, young people and their families is a key priority for DCJ. Aboriginal children and young people are over

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<sup>1</sup> Department of Communities and Justice: Strategic Direction 2020- 2024  
([https://www.dcj.nsw.gov.au/\\_data/assets/pdf\\_file/0011/778133/DCJ-Strategic-Direction.pdf](https://www.dcj.nsw.gov.au/_data/assets/pdf_file/0011/778133/DCJ-Strategic-Direction.pdf))



represented in the child protection (rates are approximately 8 times that of non-indigenous children)<sup>2</sup> and out of home care systems (approximately 9 times more that of non-indigenous children)<sup>3</sup>. Data from the 2017 – 18 reporting period showed Aboriginal children and young people are disproportionately represented in the entry into care population at 37.9% of all children entering care in NSW.<sup>4</sup> These data signal an urgent need for greater investment in culturally responsive prevention and early intervention services.

The [Aboriginal Outcomes Strategy 2017- 2021](#) sets out how DCJ will deliver quality outcomes for Aboriginal people. It sets clear expectations and specifies priorities, goals, targets, timeframes and accountability to provide a transparent and cohesive response to DCJ efforts to deliver better outcomes and client experience for Aboriginal children, families and communities.

DCJ is also focussing on:

- Growing and strengthening the capacity of the Aboriginal NGO sector.
- Assessing and improving the cultural capability of mainstream service providers that work with Aboriginal people and communities.
- Improving outcomes for Aboriginal people who access DCJ funded services.

Non-Aboriginal FCS providers must ensure they have the cultural capability to understand the needs of, and work effectively with, Aboriginal people and communities – including understanding the intergenerational trauma and the experiences of the Stolen Generations. Services should seek to build respectful relationships with Aboriginal specific services and their local Aboriginal communities, and identify opportunities to work together to achieve the best outcomes for Aboriginal clients.

#### 1.6.4 Notified policies and standards

Family Connect and Support providers are required to be familiar with and comply with following DCJ and NSW Government policies and standards:

- DCJ Funded Contract and Management Framework
- NSW Interagency Guidelines
- DCJ Practice Framework
- Care and Protection Standards
- Aboriginal Case Management Policy

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<sup>2</sup> Australian Institute of Health and Welfare 2019. Child protection Australia: 2017–18. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW p 25

<sup>3</sup> Australian Institute of Health and Welfare 2019. Child protection Australia: 2017–18. Child welfare series no. 70. Cat. no. CWS 65. Canberra: AIHW p 48.

<sup>4</sup> Number and proportion of children and young people entering out of home care between 2011 – 12 and 2017- 18 by Aboriginality in NSW Source Kids and Child Story CIW annual data

It is important that services are aware that these may be updated and changed from time to time and that new policies and standards relevant to Family Connect and Support may be developed. DCJ Program Managers and/or contract managers will publish details of applicable changes on the program website. Services should be aware of the potential for changes and are responsible for ensuring they are up to date.

## 2. Program overview

### 2.1 Objectives

FCS is a voluntary family service providing a tiered response based on family needs. Core service elements include (but are not limited to) information and advice, comprehensive assessment, proactive outreach, short term case planning and coordination, and active holding to vulnerable children, young people and families in NSW.

FCS services are state-wide, existing across all 16 DCJ districts<sup>5</sup>. FCS provides service across the whole district. This involves delivering services at specified location/site and using strategies to reach clients in other geographical location, including through appropriate outreach and or mobile services.

### 2.2 Evidence informing Family Connect and Support

There is considerable evidence on the risk factors impacting on child and adolescent development and future life outcomes. This service offers earlier and voluntary support to children, young people and families presenting with these risk factors. In the absence of this service, vulnerable children, young people and families below the ROSH threshold are less likely to receive the support and interventions they need.

#### 2.2.1 Evaluation of NSW Family Referral Services

Family Connect and Support is based on the NSW Family Referral Service (FRS) model. The NSW Ministry of Health commissioned an evaluation of the FRS program in 2013. The evaluation identified a range of service benefits including reports from 7 in 10 clients that FRS supported them to access services they most needed. Positive changes to personal and family situation were also reported– including improved emotional and mental wellbeing,

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<sup>5</sup> Department of Communities and Justice districts current as at 4 February 2020  
<https://www.facs.nsw.gov.au/about/contact/DSS/chapters/overview>

access to housing, and greater capacity to manage their personal circumstances.<sup>6</sup>

### 2.2.2 Evidence on voluntary family services

Voluntary family service model exist in other jurisdictions nationally and internationally. Many models include similar elements, such as strength based family assessment, responsivity to need, diversion to early intervention and prevention service.

Program evaluations and comparative research suggests differential response models are often better received by families and can deliver benefits.<sup>i</sup> Analysis of Victoria's Child FIRST found self-reported improvements in parenting skills and perceived improved child wellbeing and health.<sup>ii</sup> Parental/carer positive perception of workers, contact as needed, feeling welcomed and being able to express their views were linked to perceived improvements. An evaluation of pilot in the US found at 4-5 years follow up families that received a non-statutory family response exhibited statistically significant lower levels of 5 types of child safety problems.<sup>iii</sup>

### 2.2.3 Learnings from consultation with the sector and service users

The opportunity to redesign and build on the work of the Family Referral Services (FRS) program was identified through broad DCJ consultation with a range of child and family sector stakeholders. FRS were often highlighted as a strength of the current system due to the important role they play to identify, engage, assess and refer families on to services before they reach the Risk of Significant Harm (ROSH) threshold.

The redesign also draws on consultations advice from young people, who identified their need to have easy access to trustworthy and age appropriate information about support services. They also expressed their need to be listened to and treated with respect.

### 2.2.4 Building an evidence base

FCS aims to increase and facilitate evidence-informed practice over time. Regular reporting, a program and outcome evaluation and ongoing consultation within the sector will build the evidence base. This will be supported by:

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<sup>6</sup> KPMG (2013) *Evaluation of Family Referral Services: NSW Kids and Families*, Government Advisory Services. Availability: <http://www.health.nsw.gov.au/kidsfamilies/protection/Documents/frs-evaluation-report.pdf>

- Evidence-informed practice tools including a common assessment framework to be jointly developed and implemented with providers and service users.
- Ongoing qualitative and quantitative data collection and contribution to the program wide evaluation.
- Service provider led Community of Practice as a mechanism for identifying and implementing practice enhancements.
- Working with district partners through a local leadership group and other child and family network or forum to enhance referral pathways and address service gaps at a local level.

Key documents that set out the foundational evidence for the FCS, as well as service design and practice, include:

- [Access System Redesign - Evidence Review](#)
- [Stronger Communities Investment Unit – Insights Report 2018](#)
- [TFM Human Services Data Set – District and LGA Insights](#)
- [Application of the Human Services Outcomes Framework to Early Intervention](#)
- Family Connect and Support Program Logic (see **Appendix A**)
- [NSW Health’s First 2000 Days Framework](#)

## 3. Program description

### 3.1 Target groups

Family Connect and Support is for children, young people and their families in NSW experiencing vulnerability who need support and are not currently involved with statutory child protection services. FCS is primarily for families facing current concerns that have not reached ROSH but may include families who have been subject to a low level ROSH report (less than 10 days response) but for whom no other supports are available. These are cases where there is no active child protection case plan and/or active case child protection involvement. The program is not for families with support needs that can be managed with the help of professionals they are already working with.

FCS providers prioritise the following groups in the locations they are funded for:

1. Aboriginal children, young people and their families
2. Vulnerable young children aged 0-5
3. Children and young people affected by mental illness

Vulnerable young children aged 0-5 and children and young people affected by mental illness have been identified for prioritisation by the [Stronger](#)

[Communities Investment Unit 2018 Insights Report](#). FCS providers are expected to apply the insights and indicators in the associated relevant district data packs relevant to those groups and in the area they will be servicing in delivering the FCS program.

In recognition of the continuing work in investment modelling and analytics of the Their Futures Matter Human Services Dataset, it is possible that new insights and new priority groups may be identified. As such, priority groups and summary insights for each DCJ district and local government areas may change over time. This may affect the identified target groups for FCS. Any changes to target groups, will be made in consultation with FCS service providers and reflected in updates to the program specifications.

It is important to note the indicators for each priority group as described in the data set, are not exhaustive and FCS providers should utilise this data in conjunction with other information relevant to these population groups in the planning and delivery of FCS.

More information from the Insights Report about the target groups, associated indicators and the related District level data is available [here](#). In addition, while target groups have been identified for priority inclusion, appropriate service levels should be available for other people who are assessed as suitable. Services should use of professional judgement, assessment of risk and consideration of capacity in prioritising client access to the service.

### 3.1.1 Service Indicators for target groups

The FCS provider must demonstrate that the percentage of their clients from the identified target groups (above) are commensurate with the population in district level data packs (this varies across districts).

FCS providers will capture data on the above indicator, which will form part of regular reports to DCJ.

## 3.2 Innovation and responsiveness to significant events

Recent catastrophic events (for example droughts, bushfires and pandemics) have demonstrated the need for human services to be adaptive to change in response to large scale unprecedented natural disasters and public emergencies. It is recognised that such events may shift both the level of population need and impact on the ways that services can be provided (e.g. telehealth and virtual services versus face to face service provision).

DCJ will work in partnership with funded FCS providers to:

- Support providers to identify and respond to the impacts of significant events at a local level.

- Exercise flexibility in the contract management relationship.
- Share information and learnings to support the continuity and quality of services being delivered.

FCS program management and governance mechanisms, such as the Community of Practice, will be used to identify emerging and unfolding significant issues impacting on clients and service provision. FCS providers will work together, and with DCJ, to develop and share strategies and innovations to respond to emergencies and other events that result in escalated or changed needs.

### 3.3 Service summary

FCS is a service for children, young people and families experiencing vulnerabilities who require support to maintain a safe and positive family environment. FCS services across NSW provide an entry point or connection into the service system for families who may be experiencing vulnerabilities or who are requiring some level of support before issues escalate.

As an early intervention and prevention service, the FCS, helps families to identify and address underlying issues and needs from a holistic perspective.

FCS services will work with families to assess their support needs and provide information, referrals and practical assistance to help them access appropriate support services in their local area (including through the use of brokerage). It is vital that FCS services underpin their service delivery with principles such as innovation, flexibility and responsiveness to ensure service delivery is tailored and meets the needs of individual service user(s).

The FCS may provide active holding, for a period of time, where support services are not immediately available, to keep the family connected and engaged until supports become available.

The role of the FCS is also to identify and build upon strengths and resources, both informal and formal within a family unit. In turn this is aimed at eliminating the need for involvement of the statutory child protection system in the future.

#### 3.3.1 Intersection between Family Connect and Support and the statutory Child Protection System

The underlying purpose of FCS is to provide support to families early and to address and prevent escalation of current issues that, if left unaddressed, may worsen and increase the need for statutory child protection intervention. However, it is recognised that not all vulnerable children, young people and families fit neatly into either the early intervention or child protection system. In

light of this, FCS services can accept referrals from different parts of the sector including from DCJ (child protection services).

To maintain the focus and core purpose of FCS as an early intervention service, FCS are expected to establish mechanisms to ensure the majority of referrals are for families where the concerns fall below the threshold of Risk of Significant Harm (ROSH). Where a family is initially referred to DCJ (via a low level ROSH report ie response time less than 10 days) however it is identified that the family's needs would be better met by an FCS service, DCJ may directly refer to FCS.

FCS providers should establish district level quotas for inbound referrals directly from DCJ, to ensure that the focus remains on families whose reported concerns are non-ROSH. DCJ referrals should not exceed 30 percent of service referrals without approval from the FCS Program Manager. The negotiation of referral quotas with DCJ should involve both child protection services staff (Manager Clients Services, CSC; Director Community Services District level), DCJ District Commissioning and FCS contract managers and should be supported by the establishment of formal protocols to monitor and track these referrals.

### **Service indicators**

The FCS provider must:

- Establish and agree on quotas with district level child protection staff, to be reviewed and revised based on client needs and service demands. Inbound referrals from Child Protection Teams must not exceed 30 percent of the total number of the referrals made in that particular district, except with approval from the FCS Program Manager.
- Establish mechanisms to ensure the majority of referrals (70%) are for families where the concerns fall below the threshold of Risk of Significant Harm (ROSH).

FCS providers are required to report to DCJ on their progress in relation to these indicators, at a minimum on a quarterly basis and more regularly as required by the DCJ contract and/or program manager.

## **4. Service delivery**

### **4.1 Client management**

FCS providers deliver services to families facing various levels of need and complexity. The level of service FCS provides to a child, young person or family will vary and depend on:

- a client's circumstances
- the FCS assessment of client need
- the information and/or assessment provided by and assistance requested by the referrer
- the availability of appropriate services to accept referrals.

These factors will be used to determine the response type provided to clients (see the tiered response at section 4.4).

#### 4.1.1 Case mix

The case service mix will be reflective of local needs and demands, managed through DCJ's districts and adjusted against performance information on a quarterly basis.

#### 4.1.2 Timeframes for service provision

The FCS provides holistic and flexible services for families through comprehensive assessment, engagement and case planning as required with the overarching goal of identifying and referring families to relevant supports in the shortest period of time. It is a time limited service, with the maximum period for service of **16 weeks** from the time the referral is received.

For referrals that are assessed as low complexity (see response type one) the FCS will deliver a service to the family promptly, within 2 weeks of receiving the referral.

This does not in any way prevent a family from be re-referred to the service, and accessing another 16 weeks of service.

#### **Service indicators**

- Families are provided supports to the maximum period of 16 weeks.
- Low complexity cases (response type one) are provided a service within 2 weeks from that date of the referral being received by the FCS.

FCS providers will capture data on the length of time a case is open which will form part of regular reports to DCJ.

## 4.2 Inbound referrals

### 4.2.1 Receiving referrals

Once a referral is received by a service provider, service indicators around timeframes for engagement and service delivery will commence. A referral will be taken to have been received by the service provider in the following instance:

- if a face-to-face referral, on the date of contact;



- if relayed by phone, on the day of the phone contact;
- if transmitted by email, at the time when the email is capable of being retrieved by the service provider at the email address;

If a referral is received on a non-business day or after 5 pm, then it will be deemed to have been received on the next business day.

In case a referral is made by any other means other than those listed above, then a referral is considered to have been received on the day the service provider could reasonably have been capable of accessing the referral.

FCS referrals are received from a range of sources – including Child Wellbeing Units (CWUs), mandatory reporters in universal settings, like schools and hospitals, and through community and self-referrals.

Referrals may also be received from DCJ including directly from the Child Protection Helpline and from DCJ offices (statutory child protection services) and can be accepted if there is no active child protection involvement. In such instances, FCS and DCJ jointly assess and agree that the FCS is the most suitable agency to provide support to the family at that point in time.

Where there is disagreement about the joint assessment agencies should follow established processes for the decision to be reviewed and escalated if this is required.

### **Service Indicators**

- FCS reporting data demonstrates the service accepts inbound referrals from a range of sources including CWUs and Mandatory Reporters, Child Protection teams in CSC's, other family and community sector agencies and health and human service providers.
- The majority of inbound referrals (70% or more) are received are received from non-statutory sources.

FCS providers will capture data on the above indicators, which will form part of regular reports to DCJ.

## **4.3 Client triage and assessment**

FCS providers undertake comprehensive, holistic, strengths based client and family assessments. An appropriate assessment framework will be used by all FCS staff and will incorporate an assessment of risk and accurate identification of need as well as strengths, and inform the case and coordination plan (where one is required).

The assessment framework will incorporate the tiered response to triage referrals and allocate as required for further assessment.

Where the inbound referrer has already undertaken an assessment, the FCS provider will consider this and the need for further assessment, with a view to reducing and/or avoiding duplication in the assessment process wherever possible. In this event, the response type required will still be recorded.

### **Service indicators**

- All families that accept a service through the FCS are triaged and assessed using a framework consistent with the tiered response model.

FCS providers will capture data on the above indicator, which will form part of regular reports to DCJ.

## **4.4 Client engagement**

Children, young people and families referred to FCS are contacted in a timely manner (within 3 working days). FCS aims to engage clients and make an initial assessment of their needs within one week of a referral being received, acknowledging it can take time to build trust and engage families and as such a minimum of 3 contact attempts should be made.

In addition to standard contact methods (e.g. phone or email), FCS uses flexible and innovative outreach channels to build trust and break down barriers, including geographic and social isolation, to reach individuals and families in need of a service. A range of client engagement approaches are used - including active outreach strategies in universal services and community settings and through home visiting and cold calling. FCS are flexible and innovative in their approach to reaching the priority [\(target groups\)](#) for FCS.

Where appropriate, FCS providers make use of digital and ICT mechanisms to facilitate and support family engagement (for example telecare services and moderated chat rooms).

FCS staff are skilled in building rapport, developing trust and breaking down barriers to effectively engage with clients. For more information about staff skills and training see staffing and workforce development (section 5.5).

### **Service indicators**

- The majority of families are successfully contacted within 3 working days from receipt of a referral.
- For all families that could not be reached/contacted by the FCS service, a minimum of 3 attempts at contact are made – using different contact types.

- FCS providers use the most suitable methods to contact and engage families including traditional approaches – phone, text, email and home visits as well as more innovative outreach methods like visiting schools, hospitals, child care centres other community settings (e.g. home visiting is used to reach and service geographically and/or socially isolated families).

FCS providers will capture data on the above indicators, which will form part of regular reports to DCJ.

#### 4.4.1 Home visiting (including cold calling) and engaging with families in community settings

Home visiting can be an effective means of making initial contact and engaging with families, particularly when other methods have been unsuccessful. Home visits enable FCS workers to see families in their own environment and make a more informed assessment of their psychosocial situation, including their strengths and resources and the challenges they may be facing.

Safety procedures must always be followed when making a cold call visit. In cases where domestic and family violence is a presenting issue, FCS must undertake a safety and risk assessment for both the client and the worker, and consider if a cold call could place anyone in increased danger. This issue is discussed in more detail in *Identifying and responding to domestic and family violence*.

Practice Guidance about home visiting can be found in **Appendix B**.

#### **Service Indicators**

- Home visiting, cold calling and meeting families in the community is undertaken in appropriate situations/cases (geographically and/or socially isolated families) to make initial contact, to undertake a comprehensive family assessment and/or to maintain client engagement.

FCS providers are required to capture data on this indicator and report to DCJ at a minimum on a quarterly basis and more regularly as required by the DCJ contract and/or program manager.

#### 4.4.2 Tiered responses to client needs and complexity

All cases will undergo triage and assessment. While a FCS program wide common assessment framework is developed, FCS will align their current evidence-based assessment frameworks/tools with the Tiered responses below. The responses are of increasing intensity and cumulative. A family can access multiple response type as part of their service response, depending on their needs.

### **Response type 1 – initial assessment, information, referral and advice (low complexity)**

Where FCS makes an initial assessment that family needs or concerns raised are relatively low level, they are expected to provide advice to the referrer or the family themselves, with telephone or online support. This might take the form of protective advice, suggestions for staying engaged with and supporting the family, or information about local universal services that can connect the family with their community. This advice can be provided via telephone, e-mail, face to face and/or through providing a brochure to the family that offers details about local support services either by email or through the post.

Services will have established mechanisms to triage referrals so that families who fall under this referral type receive a prompt response.

### **Response type 2 – secondary assessment, case coordination and planning (medium complexity)**

Where the FCS makes an initial assessment that the concern raised about the child/children is more complex and requires a coordinated service response, the FCS is expected to arrange a face to face comprehensive assessment with the family. Where the assessment indicates the need for multiple services, the FCS will consider the most appropriate agency to provide case planning and coordination, including the FCS themselves. The FCS will then work with the family using active engagement techniques to facilitate warm referrals to appropriate services in the area to meet the family's needs.

### **Response type 3 – active holding and/or use of brokerage funding (high complexity– service gaps)**

Where FCS makes an assessment that the concerns raised are of a complex nature and require multiple services, but there is no capacity in the system to provide all of these services, the FCS will provide active holding to the family, including regular checking in and liaison with other services. This function will be used to keep families engaged and continually monitor family circumstances for changes to risk and need, until alternative services become available.

As required, the FCS will take appropriate action in cases where risk escalates, or the situation changes and services as originally identified as needed are no longer required.

### **Response type 4 – active/assertive outreach (hard to reach/engage clients)**

Response type 4 consists of the elements of response type 3, plus assertive outreach to engage hard-to-reach families in their home or other community

based locations. In these cases, sustained efforts over time are required to actively encourage families to engage with available support services. The FCS will contact families by phone, mail, unannounced visits and face to face in community where necessary. Unannounced visits should not occur in the absence of a risk assessment to assess safety and risk for FCS staff or to family members, particularly victims of domestic and family violence.

### **Service Indicators**

- FCS will report on the response types used, at a minimum as part of quarterly reporting to DCJ and more regularly as required by the contract/program manager. This will be used to determine whether providers are using a mix of responses to best meet client demand (in accordance with the service mix to be agreed at the district/provider level.

## **4.5 Case coordination, and planning**

The FCS will use a series of steps from initial contact and engagement, to developing a needs assessment and making referrals. Where a clients' needs are assessed as more complex, and/or a range of service responses are required, a plan will be developed to reflect this, with appropriate timeframes and the identification of resources and supports.

FCS providers will be required to use a strengths based approach to developing plans, utilising family and community strengths and supports in the development of a family case plan. Plans will be developed in partnership with families, whenever this is possible. The case plan and direction for the family should be established within **two weeks** of the initial assessment.

### **Service indicators:**

- Family case plans (if required) are developed within 2 weeks of the initial assessment.
- Service providers facilitate safe and inclusive family case planning with relevant family members, including children and young people. Service providers ensure the unique and individual needs, resources and strengths of family members are identified in the plan, along with relevant supports and services.
- Case plans reflect the active involvement of family members (including children and young people), extended family and kin in decision making. (Note services will record which members of the family unit participate in

the development of their case plan and for those that do not, the reasons why not).

- Case plans provide direction, they are fluid and responsive, and can be adapted to meet changing family need.
- The outcomes achieved through family case plans align with the human service outcomes, e.g. empowerment, safety, home, social and community.
- Families, including children and young people, report that since being connected to the FCS they feel their needs have been met, or have been partially met and their plan aligns with their needs.

FCS providers will capture data on the above indicators and provide regular reports to DCJ on their progress in relation to these indicators including through quarterly reports to the DCJ contract and/or program manager.

## 4.6 Outbound referrals

FCS outbound client referrals are appropriate, timely, facilitated (warm referral) and as far as possible sustainable. Families are included in decision making about their referral needs. Where the FCS prepares a family case plan, outbound referrals will align with the goals identified in this plan. For Practice Guidance on Outbound referrals see **Appendix B**.

### **Service indicators:**

- All referrals align with client and family need identified through initial and/or comprehensive assessment, and in family case plans.
- Aboriginal and culturally and linguistically diverse families, children and young people are supported to access culturally appropriate programs.
- The majority of feedback from outbound referral agencies indicates that referral was suitable and meet the families underlying and immediate needs.
- The majority of children, young people and families take up their referral.
- The FCS demonstrates use of a range of referral approaches, including warm and supported referrals, to support service uptake.

FCS providers are required to collect data and report to DCJ on their progress in relation to these indicators, at a minimum on a quarterly basis and more regularly as required by the DCJ contract and/or program manager.

## 4.7 Case follow up and feedback

### 4.7.1 Referral outcome

FCS providers are expected to provide case follow up by making active outbound contact within the **first two weeks** and again within **six weeks of an outbound referral**. Case follow up may be undertaken with the family or the outbound referral agency (or both) depending on the circumstances of the case. FCS worker should use their professional judgement to determine the most appropriate means to follow up and how best to obtain information about the outcome of a referral.

Case follow up will help ascertain if the referral appropriately met the family's need. A follow up process may determine the need for the family to be re-assessed or a different referral or service to be initiated.

#### **Service indicators:**

- Initial case follow up with the family or the outbound referral agency (or both) occurs in the first 2 weeks after the referral is made.
- Second case follow up with the family or the outbound referral agency (or both) occurs in the first 6 weeks after the referral is made.
- Outcomes of referrals are documented, on the case plan or other client notes and are reported to DCJ through agreed regular reporting.

FCS providers will capture data on the above indicators, which will form part of regular reports to DCJ.

In cases where the referral is deemed as inappropriate or not sustainable, steps are taken to identify an alternative service or support options and these steps are documented on the case plan or other client notes/recording system. These decisions should be made jointly with the outbound referral agency and the family.

### 4.7.2 Feedback to referrers

FCS providers give appropriate and timely feedback to the service and/or professional who made the inbound referral. This feedback keeps the agencies and professionals involved with the family informed of what services are in place, and can help improve the sector's understanding of the FCS and the outcomes it achieves.

Providing feedback to referrers helps to build trust and confidence in the FCS as a service and raises awareness amongst referrers and other professionals of the broader child and family service system. Practice Guidance about case follow up and feedback to referrers can be found at **Appendix B**.

#### **Service indicators**

- All referrers (who are persons or agencies defined as such under Chapter 16a of the *Children and Young Persons Care and Protection Act*) are provided with feedback about the outcome of their inbound referral as soon as an outcome of the FCS work is known (feedback may include the outcome of an outbound referral, details of a case plan, or other information about how the family is addressing the issue for which they were referred etc.). Feedback will be provided no later than 6 weeks after receipt of the inbound referral.

FCS providers will capture data on the above indicator, which will form part of regular reports to DCJ.

## 4.8 Active holding

An active holding response will be used where an FCS provider is unable to refer or arrange services to meet a families' needs due to gaps or lack of availability in the service system. Active holding involves the FCS provider monitoring the family circumstances and providing support, including practical support and home visits, follow-up with service providers, while suitable services are being arranged.

### Service indicators

- Where needed, services will utilise active holding to keep families engaged when there are service gaps or blockages.

FCS providers will capture data on the above indicator, which will form part of regular reports to DCJ.

## 4.9 Use of brokerage funding

Brokerage funding is made available for families where presenting issues can be quickly addressed through practical assistance, where services and support are not otherwise available. Accessing brokerage funds should not disempower families and should not act as a disincentive to families developing sustainable ways to meet their ongoing needs.

FCS workers will use brokerage funds to ensure:

- the timely and effective engagement of families
- the management of presenting issues through the purchase of services or goods that address the immediate needs of a child or young person at risk of entering the statutory child protection system, where these services or goods are not otherwise available.

For Practice Guidance about the use of brokerage funding see **Appendix B**.



**Service indicators:**

- Policies and procedures for the use of brokerage funding are in place and are consistent with these program specifications.
- Annual financial acquittals and reporting will include detailed information on the use of brokerage funding and application of service brokerage procedures.

FCS providers are required to report to DCJ about their use of brokerage, including information on services and supports purchased. These will be submitted at a minimum on a quarterly basis and more regularly as required by the DCJ contract and/or program manager.

#### 4.10 Family group conferencing (FGC)

Family group conferencing (FGC) is a family-focused, strengths based form of alternative dispute resolution that aims to strengthen partnerships between family members and encourages greater family decision making and responsibility. FGC will help inform case planning and provides the opportunity for families to develop their own plan to keep their family safe. FGC will be considered and offered to families where it is identified that family resources exist within the broader family and kinship network that with some assistance, could be strengthened to address and resolve family need.

Services will need to establish mechanisms to deliver or source professionally accredited FGC to families who are assessed as suitable and where it is assessed that family resources exist and can be strengthened through the use of FGC. FGC can be considered in conjunction with other referral pathways.

**Service indicators:**

- FCS have established mechanisms to provide families with access to accredited family group conferencing services.
- FGC is utilised for suitable families and includes a comprehensive review/identification of a broad network of family and kinship networks.
- FCS providers are required to report to DCJ on their progress in relation to these indicators, at a minimum on a quarterly basis, and more regularly as required by the DCJ contract and/or program manager.

FCS providers will capture data on the use of FGC, which will form part of regular reports to DCJ.

#### 4.11 Case transition and closure

FCS are expected to work closely with families to ensure cases are closed and/or clients and families are transitioned to other services at the appropriate

times and in appropriate circumstances, with the active participation of the family. Factors that will require consideration at transition stage will include the achievement of case plan goals and the extent to which the family will benefit from a case being transferred or closed. A transfer to a different service will occur where there are mutually understood benefits to doing so.

Families can exit the service at any stage (regardless of which tier their case is being delivered through). Cases remain open and active until such time as the case is transferred to an appropriate service provider and follow-up is completed.

If the FCS considers there is risk to a child or young person in closing a case, but the family wishes to proceed with exiting the program, the FCS should consider re-assessing risk through the [Mandatory Reporters Guide](#). For Practice Guidance about case transition and closure see **Appendix B**.

#### **Service indicators:**

- Cases are transferred or closed with appropriate case goals completed or case plan in place and where possible with the agreement of family members and professionals.

FCS providers will capture data on the above indicators and provide regular reports to DCJ at the point of case closure including information about length of service, case type, case outcomes and reasons for closure.

## **5. Other service requirements**

### **5.1 Information sharing and exchange**

FCS services will use the principles and parameters of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*, to assess and respond to families that access the service. Information provided by families will be captured and recorded in a single case plan, this will help avoid families needing to provide information to multiple services and professionals.

FCS workers should utilise the provisions of Chapter 16A to gather comprehensive and relevant information from the referring agency and other professionals involved with the family in order to make a holistic assessment of family need and to inform case planning.

As per Chapter 16A, FCS providers should also ‘take reasonable steps to coordinate the provision of those services with other such agencies’<sup>7</sup>.

**Service indicators:**

- The principles of Chapter 16A are used to inform family assessment and case planning.
- Mechanisms for exchanging information and resolving blocks in exchanging information are in place.

FCS providers will capture data on the above indicators and provide regular reports to DCJ on their progress in relation to these indicators including through quarterly reports to the DCJ contract and/or program manager.

## 5.2 Family consent

Family Connect and Support service providers will seek informed consent directly from the family (as soon as possible and practical) to undertake initial assessment and case coordination services with the family (see full list of what is covered by consent below). The consent form should include the following information (section 10 of the PIPP Act):

- (a) the fact that the information is being collected,
- (b) the purposes for which the information is being collected,
- (c) the intended recipients of the information,
- (d) whether the supply of the information by the individual is required by law or is voluntary, and any consequences for the individual if the information (or any part of it) is not provided,
- (e) the existence of any right of access to, and correction of, the information,
- (f) the name and address of the agency that is collecting the information and the agency that is to hold the information.

What is included in the consent? Consent from the family to:

- Work with the FCS provider.
- Gather information from other parties about the family.
- Undertake an assessment of family need.
- Work collaboratively with others (persons or services).
- Refer a family to another service.

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<sup>7</sup> Children and Young Persons (Care and Protection) Act 1998 No 157.  
<https://www.legislation.nsw.gov.au/#/view/act/1998/157> See also  
<https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/exchanging-information/chapters/chapter-16a>

- Capture and link their (de-identified) data for program improvement and evaluation purposes.

Consent forms should clearly identify the services being provided to the family, to ensure consent is expressed and informed. It should also ensure individual family members (who have the capacity to provide consent) are individually identified and able to provide/not provide their individual consent. Consent forms should also provide the option of withdrawing consent and provide details about how consent can be withdrawn.

Initial contact with the family, by the FCS, can be made without consent to allow the service to engage with the family based on the referral. Ongoing engagement with the service by the family, will be on a voluntary basis.

It is important to note the requirements on FCS providers, in cases where the provider suspects a children or young person may be at risk of significant harm (ROSH) a report is made to the Child Protection Helpline. Failure to do so is an offence under section 316A of the Crimes Act<sup>8</sup>.

#### **Service indicators:**

- The FCS obtains and documents family consent to provide FCS service (and to activities listed above).
- FCS providers work with DCJ and other FCS providers to establish, and update as required, standardised consent text and form.

FCS providers will capture data on the above indicators and provide regular reports to DCJ on their progress in relation to these indicators.

### **5.3 Hours of operation**

Family Connect and Support operates during core business hours and is available to provide a service to families outside core business hours when required. This can involve the flexible use of workers afterhours when required in response to family needs and circumstances. This may involve providing a service outside business hours and in line with agency afterhours processes.

Mechanisms to receive referrals outside opening hours should also be made available to facilitate timely information sharing and referrals. For Practice Guidance see **Appendix B**.

#### **Service indicators:**

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<sup>8</sup> The Crimes Act 1900 No 40 <https://www.legislation.nsw.gov.au/#/view/act/1900/40>

- FCS provide a service commensurate with client need during core business hours Monday to Friday.
- The FCS provides a flexible service in response to need outside normal business hours including mechanisms for referrals such as online referral portals, within their allocated funding.
- FCS can demonstrate they make available an after- hours, weekend and holiday period service in recognition of high stress periods for families through the use of reduced staffing and/or on call services (within their allocated funding).

FCS providers will capture data the provision of a service during core hours and after-hours/ flexible services which will form part of regular reports to DCJ.

## 5.4 Geographical and service coverage

FCS services are aligned to DCJ Districts and must ensure coverage across the entire district. Children, young people and families should receive the same standard and quality of service from Family Connect and Support wherever they reside in the district.

FCS providers may consider co- location arrangements including with universal services to reach leverage from existing community infrastructure and improve service reach, particularly to isolated families.

### **Service Indicators:**

- The FCS provider can demonstrate providing a timely and comprehensive service to vulnerable children, young people and families (and a priority service to those in the identified target groups) wherever they reside in the district.
- The spread of FCS inbound referrals across the district is commensurate with the location of priority groups reside (as per demand modelling data).

FCS providers will capture data on the above indicators, including client postcode as a measure of client reach/service coverage, which will form part of regular reports to DCJ.

## 5.5 Staffing and Workforce Development

FCS staff have the necessary skills, experience and qualifications to work with vulnerable families including those that are isolated, have experienced trauma and/or have complex and changing needs. For Practice Guidance on Staffing and Workforce Development see **Appendix B**.

### **Service Indicators**

FCS Providers will provide annual reporting on:

- **Staff recruitment** - FCS providers recruit staff that reflect the communities in the area in which they are delivering the service e.g. employing bi-lingual staff.
- **Staff qualifications** - FCS providers require staff to hold relevant qualifications in social welfare, or related discipline and/or relevant experience.
- **Practice framework** - FCS providers support staff to meet the requirements of their role through the use of a practice framework that supports regular supervision (including group supervision) practice reviews, workforce development and a culture of continuous learning via internal and external training.
- **Performance management** - FCS has established performance management systems in place including regular and structured supervision.
- **Cultural supervision** - Culturally appropriate supervision is available to staff from Aboriginal and culturally and linguistically diverse communities.
- **Professional development** - Professional development opportunities are made available to staff in line with emerging evidence based practice in areas aligned with the goals of the program including trauma informed practice, having difficult conversations, breaking down barriers to engagement, family finding, motivational interviewing and understanding the needs of and working with the priority groups for the FCS service etc.

FCS providers are required to report annually to DCJ (or more regularly as required by DCJ) about their progress in staffing and workforce development, covering the above indicators.

## 5.6 Identifying and Responding to Domestic and Family Violence

FCS workers are skilled in identifying and responding to domestic and family violence (DFV) and addressing the immediate needs of victim-survivors. This includes understanding the nature and cycle of domestic and family violence and making safety plans with victim-survivors if they do not already have one.

FCS workers will have sound working knowledge of specialised DFV services and referral pathways within their local area and capability to escalate high-risk cases through appropriate means, i.e. Police, Safety Action Meeting and ROSH reports.

FCS workers will have the capability to make appropriate referrals for perpetrators of violence to accredited behaviour change and specialist programs.

**Service Indicators:**

- FCS workers are competent in identifying and responding to domestic violence and training is provided to staff to develop and maintain DFV awareness and skills. This may include engaging with the perpetrator where it's safe and appropriate to do so and making referrals to specialist services and supports.

FCS providers will also report annually to DCJ (or more regularly as required by DCJ) about staff qualifications, training and other relevant measures to highlight their competency in DFV.

## 5.7 Accessible and inclusive service delivery

Accessible and inclusive FCS services are available to clients living with disability, their families and carers. FCS providers will ensure children, young people and families living with disability and their families and carers can access the service. Services will develop and maintain strong referral pathways to appropriate local services for clients living with disability, including to state-wide services such providers. FCS maintain referral knowledge and relationships with relevant local services to ensure the timely assessment and preparation of NDIS plans.

**Service Indicators:**

- Appropriate policies and procedures are in place to support the employment of people living with disability in the FCS and clients living with disability to access FCS services. FCS providers will report on their progress in relation to this indicator on an annual basis.
- Clients living with disability are supported to access the National Disability Insurance Scheme and Ability Links services.

FCS providers will capture data on the above indicators, including client information and service uptake by people with disability their families and carers, which will form part of regular reports to DCJ. Progress on the first indicator will also form part of annual reporting to DCJ (or more regularly as required by DCJ).

## 5.8 Culturally competent service provision

FCS providers will establish and foster a culturally competent service and workforce to effectively respond to the needs of vulnerable children, young

people, families and communities from different cultures. For Practice Guidance see **Appendix B**.

**Service Indicators:**

- FCS will demonstrate cultural competence of the service through the following :
  - Staffing that reflects the cultural and linguistic backgrounds of clients.
  - Information is provided in different languages (reflective of local population groups).
  - Staff have access to interpreters as needed.
  - Cultural support and cultural supervision provided to staff as appropriate.
  - Staff completion of cultural competency training.
  - Respectful partnerships are in place with community leaders/elders and community organisations.
  - Cultural advisors are engaged by the FCS and culturally sensitive assessment tools are utilised.

FCS providers will capture data on client diversity which will form part of regular reporting to DCJ.

## 5.9 Working with Aboriginal children, young people, families and communities

Aboriginal children, young people and families are a priority group for Family Connect and Support. FCS providers will ensure that priority is given for Aboriginal children, young people and their families being delivered by Aboriginal staff. Aboriginal children, young people and families will always have the right to choose who they wish to work with.

Services will support increased access, engagement, and positive and sustainable outcomes for Aboriginal children, young people, families and communities. FCS providers will develop respectful relationships with local Aboriginal communities and Aboriginal specific services. For Practice Guidance see **Appendix B**.

**Service Indicators:**

- FCS have mechanisms to identify and prioritise Aboriginal children, young people and families in the geographical areas they service, both at the point of their referral into the service and in making referrals for families.



- FCS contribute to achieving positive outcomes for Aboriginal children, young people and families who access FCS services, as seen through outcome reporting
- FCS services are culturally safe. Client exit surveys and interviews with key stakeholders may be used to measure cultural safety.
- Services can demonstrate relationships with key stakeholders within Aboriginal communities and recruit and sustain an Aboriginal workforce. Information on recruitment and retention of Aboriginal workers will be reported on regularly.
- FCS can demonstrate their role in the region in growing and strengthening the capacity of the Aboriginal NGO sector.

FCS providers will capture data on service provision to Aboriginal clients which will form part of regular reporting to DCJ. FCS providers will also provide a quarterly report to DCJ on their progress in relation to the above indicators.

## 5.10 Family Connect and Support in universal settings

The FCS identifies various soft entry points within universal and community settings and provides outreach in partnership with other services e.g. early childhood nurse or home school liaison officer, where deemed to be beneficial.

Working within universal settings, FCS play an important role in building capacity within these services, helping staff to identify and respond to need earlier.

Providing outreach services, by locating a FCS worker within universal settings is an effective model of delivering the FCS – in particular for reaching, ‘hard to reach’ families. Providing service this way helps with the early identification of children and young people who require support and can decrease the stigma families may feel in accessing support directly. Schools and other universal settings provide soft entry points to the FCS. The partnerships formed with universal services also help to build knowledge and understanding across the service system, which strengthens referral pathways and enhances outcomes for families.

Evaluations of similar models (Family Referral Service in schools) indicate that providing services in this way increase the capacity of the schools to handle challenging issues with students who were at risk. The service was also found to reduce the workload of principals and teaching staff, who were tasked with following up families who had complex needs requiring high levels of coordination across multiple services and systems. Parents and students indicated that they appreciated having a worker who could take time to provide

a responsive and individualised service that complemented the roles of teachers and school leaders.<sup>9</sup>

**Service indicators:**

- FCS provide outreach services in universal settings based on local area planning and identified need including the priority groups and their location as identified by the demand modelling data.

FCS providers are required to report to DCJ on their progress in relation to this indicator, at a minimum on a quarterly basis and more regularly as required by the DCJ contract and/or program manager.

### 5.11 Designing services that are welcoming and safe for children and young people

FCS provide a safe environment which respects, welcomes and values children and young people and their families and keeps them safe from harm. FCS providers will consider the specific needs of the [target groups](#) for FCS when designing the service and its features including the physical environment and communication materials.

Providers must maintain organisational commitment to meeting the Child Safe standards as published by the Office of the Children’s Guardian. A commitment to continue to develop organisational policies and processes toward becoming a child safe organisation and a commitment to comply with future regulations as prescribed by the [Office of the Children’s Guardian](#).

For Practice Guidance see **Appendix B**.

**Service indicators:**

- All FCS staff have a working with children check and relevant probity checks.
- Organisations can demonstrate they have a plan to and are working towards becoming Child Safe Organisations within 12 months (in accordance with guidance published by the Office of the Children’s Guardian).
- Procedures are in place to ensure the safety of children and young people accessing the service and to handle and management

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<sup>9</sup> Hall, M. T., & Wurf, G. (2016). An evaluation of the Family Referral Service in schools. Wagga Wagga, NSW: Research Institute for Professional Practice, Learning and Education, Charles Sturt University.p4

complaints (including those received directly from children and young people).

FCS are required to report annually (or more regularly as required by DCJ) on their progress in relation to these indicators.

## 5.12 Documentation and record keeping

Comprehensive, accurate and timely records are kept of FCS contact and engagement with clients and records are kept secure in compliance with privacy legislation and State records requirements.

### **Service indicators:**

- Policies and procedures that are in place for the appropriate, accurate and timely recording of FCS client information, including FCS contact and engagement with the client.
- The FCS has systems for ensuring compliance with NSW privacy and State records requirements.
- FCS have policies and procedures in place for the creation and maintenance of client files and records, setting out the type and level of information to be included and ensuring that all relevant information is documented in an accurate and timely fashion to ensure the effective storage and security of client files and records to enable the sharing of documented information in accordance with information sharing provisions under in Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and *Section 13A of the Crimes (Domestic and Personal Violence) Act 2007*.

FCS providers are required to report annually to DCJ on their progress in relation to these indicators or more regularly as required by DCJ.

## 5.13 Service linkages

Vulnerable children, young people and families are better supported in their local service system as a result of the strong working relationships between the FCS and other local service providers. In particular, FCS providers will work closely with other child and family, prevention and early intervention services, the Child Wellbeing Units and more intensive, multidisciplinary services to ensure families are getting the right services at the right time. For Practice Guidance see **Appendix B**.

### **Service indicators:**

- The FCS can demonstrate they initiate and or participate in a range of activities that improve partnerships and coordination in local service

delivery, including by maintaining up to date service information on the HS Net platform.

- The FCS can demonstrate service linkages are current, relevant to the needs of their local population and adaptive to the changing service landscape.
- FCS leverage from their internal organisational process to review and respond to local population needs and use local mapping processes to understand need and adjust service relationships as things change.
- Outbound referral data reflects the FCS' established linkages and referral pathways in the district in which they operate.
- FCS have formal mechanisms in place to establish and maintain a continuum of available services in their local community.

FCS providers will capture data on outbound referrals and provide regular reports to DCJ on their progress in relation to these indicators.

## 5.14 Systemic advocacy

Vulnerable children, young people and families are better supported in their local service system as a result of FCS advocacy to redress any systemic issues and barriers experienced by their clients. For Practice Guidance see **Appendix B**.

### **Service indicators:**

- The FCS have processes in place to maintain an up to date understanding of client need and service availability in their region.
- The FCS participates in a local leadership forum to help address system gaps at the local service level.
- The FCS brings to the attention of relevant inter-agencies, governance groups and government bodies issues and barriers to effective service delivery including gaps, duplication and disjointed service delivery.

FCS providers are required to report to DCJ on their progress in relation to these indicators on an annual basis or more regularly as required by DCJ.

## 5.15 Use of funding received

FCS funds received are utilised for the benefit of clients in accordance with the Human Service Agreement (HSA) and schedule. For Practice Guidance see **Appendix B**.

### **Service Indicators:**

- Annual financial acquittals demonstrate that Funds are used in accordance with HSA, these program guidelines and practice guidance materials.

## 6. Family Connect and Support program management

DCJ provides management to support the governance and administration of FCS from a whole of program lens. DCJ, working together with FCS providers, provides the following program supports:

- FCS program website development and ongoing administration.
- Coordination and support of the FCS Governance Group and broader staff forums inclusive of all FCS staff.
- Strategic pathways and relationships.
- Development of Memorandum of Understanding (MoU) across the sector.
- Coordinating and monitoring an evaluation of the program.
- Implementation activities, including development of a Communities of Practice.
- Service and program improvement and innovation activities, including online referral portals.
- Program wide branding and awareness campaign.
- Leading the co-design of the Common Assessment Framework and other practice tools including the single case plan and program wide referral form.
- Facilitating FCS providers' transition to the DEX system.

### 6.1 Family Connect and Support – program governance

#### 6.1.1 Service governance

FCS providers will have sound governance structures in place with policies, systems and procedures that demonstrate accountability and good governance

It is important that service providers have strong governance in place to support their activities and ensure their viability as an organisation.

#### **Service indicators:**

- Governance arrangements that align with these guidelines and other relevant DCJ funding requirements are in place.

DCJ contract managers will review and discuss service providers' governance arrangements at regular contracting meetings. This includes checking that

policies and procedures have been developed and implemented to deal with matters such as complaints, fraud and corruption, and risk.

FCS providers will be required to report to DCJ about their service governance on an annual basis (or more regularly as required by DCJ) and annual performance and risk assessments include criteria to assess the governance arrangements known to be in place, and whether there are any issues to be resolved.

### 6.1.2 Family Connect and Support Governance Group

Implementation of the Family Connect and Support program will be overseen by a group of senior officers representing:

- Family Connect and Support providers
- The Department of Education, including Network Specialist Facilitators
- NSW Health – including Local Health Districts
- The Department of Communities and Justice, including DCJ district and SPC
- Stronger Communities Investment and Inclusion
- Targeted Early Intervention – peak body and provider representatives
- Child Wellbeing Unit's

This group will meet on a quarterly basis, or as required, to discuss program wide issues and opportunities, including but not limited to:

- The connection of FCS to other programs and services
- Broader reforms that impacts on FCS
- Program wide outcomes and evaluation
- Matters raised in other FCS forums including Communities of Practice and the local leadership forums

## 6.2 Community of Practice

Family Connect and Support operates within each DCJ district/region – as a network that shares common tools, practices and learnings. The network of services will be supported through a formalised Community of Practice, which all providers are required to participate and contribute to.

The Community of Practice will meet on a quarterly basis, or as needed, to develop consistent practice, support ongoing service improvements and contribute to key program wide work including:

- Co-designing and developing the FCS common assessment framework, and standardised single case plan and referral form

- The FCS program evaluation
- The identification of and development of key FCS workforce skills.

**Service Indicators:**

- FCS providers actively participate in and contribute to the quarterly Community of Practice meetings.
- Resourcing and administration of the Community of Practice is shared amongst providers.

FCS providers will report quarterly to DCJ on their participation in the Family Connect and Support Governance Group and the Community of Practice.

**6.2.1 Co-design of a Common Assessment Framework and single case plan**

FCS providers will develop and adopt a Common Assessment Framework in the first 12 months of service commencement. This will include a standardised single case plan that can be used across services that deliver Family Connect and Support.

Before the Common Assessment Framework is operational, services will use their agency’s assessment tools – which must be appropriate and where possible evidence based. Assessment tools will incorporate the tiered response approach when undertaking client assessments and managing demand.

Successful providers will also be expected to contribute to the co -design and implementation of a single case plan which will support a reduction in service duplication and increase continuity of service for the family.

**Service Indicators:**

- All FCS providers contribute to the development of a common assessment framework and practice tools including the single case plan, and once developed, these will be adopted it into practice. This may involve attending co-design workshops or providing comments on templates, policies and other documents.

**6.3 Local leadership forum**

FCS providers are expected to play an active role in a local leadership forum in the area in which they operate the FCS. This is not intended to duplicate existing service system networks, but rather to work in partnership with DCJ district Commissioning teams and other key bodies to:

- Identify community needs and how these can be met through support services and sector relationships with key agencies and bodies including with local government.
- Improve information sharing between service providers to enable more coordinated and effective responses for families.
- Improve referral pathways for families to access appropriate service.
- Ensure a continuum of available services for communities.
- Address system gaps at the local service level.
- Develop resources and tools that strengthen service integration.
- Contribute to place based planning for the development of integrated local services that provide families with responsive, accessible and effective supports.
- Identify opportunities for, and participates in, joint training and case work with relevant bodies such as Local Health Districts and Child Wellbeing Units.
- Provide a forum for FCS and other professionals and agencies involved with a family to manage complex cases.

**Service indicators:**

- FCS can demonstrate regular and active participation in a relevant local level network or forum whose purpose aligns with the above stated objectives.

## 6.4 Family Connect and Support – innovation in service delivery

The FCS program also allows for service enhancements and innovations in recognition of the diversity of local populations and their unique and changing needs. Innovations may involve (but are not limited to) the following:

- Providing lead professional or key worker services in universal settings.
- Participating in program pilots (decisions about pilots will be based on demand modelling data and related research and evaluations).
- Finding new and flexible ways to service families during periods of widespread disaster and emergency for example floods, bushfires and pandemics.
- Building capacity for universal services and community supports to identify and respond to need earlier.
- Innovative ways to break down barriers and address disengagement and isolation (including geographical areas) to create personal engagement and build trust.



- Exploration of digital and ICT mechanisms (for example telecare services and peer support delivered by moderated chat rooms) as tools to engage and support families.
- Opportunities to co-locate with other local services to maximise the benefits of multidisciplinary and multiagency service provision.

## 7. Performance and outcome measures

### 7.1 NSW Human Services Outcomes Framework

DCJ funded programs are required to align to [the NSW Human Services Outcomes Framework \(HSOF\)](#). Focusing on outcomes across seven domains (safety, home, economic, health, education and skills, social and community, and empowerment), the 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 wellbeing.

The Human Services Outcomes Framework contains the following elements:

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

Priority human outcomes for FCS have been developed, based on sector consultation undertaken inform the design of FCS. These outcomes have been used to shape the FCS program logic and evaluation framework. Services should refer to the FCS program logic and HSOF.

For more information also see the [NSW Human Services Outcomes Framework](#).

### 7.2 Family Connect and Support evaluation framework

FCS providers will be required to provide data (based on pre-determined data sets) and to contribute and participate in the evaluation of the Family Connect and Support program. This may include DCJ led workshops with relevant stakeholders and the joint development of an evaluation framework and methodology that reflects their input.

The FCS evaluation framework will set out the outcome domains and the indicators to measure progress and achievement in the program. The timeframe for the evaluation has not yet been determined.

Where individual organisations implement their own evaluation mechanisms as part of their organisation's quality assurance processes, results are shared in governance forums to support reporting on local implementation issues and share learning for broader systems improvements.

Evaluations will align with the NSW Government Human Service Outcomes. Agreed outcomes and indicators will be used to shape the proposed monitoring and evaluation framework. These outcomes will be reflected in individual contracts.

### 7.3 Program logic

As part of the program evaluation, a Family Connect and Support program logic will be developed. The logic diagram will be a key foundational document which will provide overarching guidance for program planning and implementation of FCS. The development of the FCS program logic will assist in creating a shared dialogue and understanding among the FCS service providers and other key stakeholders.

A draft FCS program logic is available at Appendix A, which starts to articulate an overview of the program activities and their relationship to the intended outcomes of the program. It details the core and flexible components of the service model, the mechanisms for change and the short-term, medium term and long term outcomes associated with the program.

## 8. Reporting and data collection

FCS will contribute to program wide program and outcomes based reporting aligned with the [Human Service Outcomes Framework](#). Reporting will be embedded in individual contracts.

Reporting requirements including data items for collection and the regularity of reporting, are set out in the Family Connects and Support program logic and associated data collection documents. Providers may be required to work with DCJ to develop the data collection requirements and tools.

DCJ will work with providers to develop and maintain shared program reporting tools such as a program dashboard to facilitate and support access to shared FCS program performance data.

FCS providers require:

- Secure data collection systems with reporting based on outcomes/ results in line with DCJ requests and or predefined reporting and data collection requirements.

- Data extracts that meet DCJ requirements to enable interface with DCJ data collection and reporting systems.

Providers will be required to work with DCJ to an agreed timeline to full participation in a DEX “partnership” (or another reporting platform) approach, which includes reporting on an extended data set and recording of client and community outcomes achieved for FCS services.

Performance information (e.g. client characteristics and service delivery information) will be required to be collected by each service at the client/community level and entered directly into the Agency’s performance reporting solution, the Data Exchange or in another other agreed reporting platform or format.

Providers will be required to collect and provide data and other performance reporting as specified in the HSA including through quarterly and annual progress reports (see below). Client information will be anonymised/de-identified and will be used by the Department for the purposes of reporting on and evaluating the Family Connect and Support program.

- **On a quarterly basis** progress on service indicators as specified in this document, performance information (e.g. client characteristics and service delivery information) and client outcomes data.
- **On an annual basis** progress on service indicators as specified in this document, acquittal of expenditure for that year; summary of overall progress; status of service risks and risks are being mitigated.
- **In the first 12 months of implementation** FCS services will be required to report on service indicators on a more regular basis as agreed with the program and contract manager.

Services should also be aware of the reporting requirements stipulated in DCJ *HSA Schedule* referenced in clause 19.4(a) (i) and the supplementary conditions in clauses 12, 13 and 14. Practice Guidance is available at **Appendix B**.

**Service indicators:**

- Required data is collected and reports submitted in a timely manner in line with the FCS reporting agreement with DCJ.
- FCS providers comply with future data reporting requirements including through the DEX (as developed by DCJ).
- Participation in review and enhancement of data collection requirements, tools and reporting mechanisms.

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- <sup>i</sup> Katz I and Smyth C (2014), '*Keep Them Safe Outcomes Evaluation: Literature Review Final Report, Annex J*', Sydney: NSW Department of Premier and Cabinet
- <sup>ii</sup> Lonne, Bob; Brown, Gerry; Wagner, Ingrid, & Gillespie, Kerri (2015) Victoria's Child FIRST and IFS differential response system: progress and issues. *Child Abuse & Neglect*, 39, pp. 41-49
- <sup>iii</sup> Loman, L. A., & Siegel, G., L. (2013). *Ohio alternative response evaluation extension: Final report to the Ohio Supreme Court*. St. Louis, Missouri: Institute of Applied Research