

Program Specifications

Targeted Earlier Intervention (TEI) Program

June 2024 (Version 2)

www.dcj.nsw.gov.au

DRAFT

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Our commitment to Aboriginal people, the traditional owners and custodians of Country

We acknowledge the Stolen Generations, including Aboriginal children, young people and families currently affected by the statutory child protection system.

We acknowledge the needless suffering and trauma inflicted on Aboriginal children, young people and families through colonisation and forced assimilation.

We acknowledge that this trauma continues to affect Aboriginal people today and that Aboriginal children and families continue to be disproportionately affected by the statutory child protection system. We undertake to shape our practices accordingly using the expertise and knowledge of Aboriginal families, communities and Elders.

All Targeted Earlier Intervention service providers funded by the NSW Department of Communities and Justice must be committed to delivering culturally safe services for Aboriginal children, young people and families, driven by the principle of Aboriginal self-determination, and working with families and communities to keep families safely together and strong.

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 TEI program supports children, young people and families from diverse Aboriginal and Torres Strait Islander communities and backgrounds across NSW.

The term family captures all different types of family and kinship groups. We acknowledge that family compositions are unique and encompass many cultural factors such as Aboriginal kinship structures.

1. Purpose

1.1. Purpose of the TEI Program Specifications

Note: The Targeted Earlier Intervention (TEI) Program Specifications refer to the Specifications for the combined TEI and Family Connect and Support (FCS) programs.

The combined TEI and FCS program will be renamed in consultation with the sector.

The Targeted Earlier Intervention (TEI) Program Specifications (the Program Specifications) set out the intended program outcomes and target groups, and the expected services to be delivered under the TEI program, in the context of the NSW Department of Communities and Justice (DCJ)'s contracting system and the NSW Human Services Outcomes Framework.

Clause 5 of the Agreement for Funding of Services, Standard Terms of the Human Services Agreement (has) contains further information about service providers' obligation to comply with the TEI Program Specifications.

These Program Specifications may be amended or replaced from time to time by DCJ. Service providers should comply with the current version of the Program Specifications (*placeholder: DCJ website link*). Updates to the Program Specifications will be communicated to service providers.

The content of these Program Specifications applies to TEI service providers across all program activities, unless otherwise stated. Any requirements that are unique to an individual program activity are detailed in [section 3.3](#) (program activities).

Note: The Program Specifications present the scope of service delivery in the TEI program. Individual service providers are not expected to offer every service type contained within the Program Specifications but should be able to recognise their service within the overall program description.

1.2. Program overview

Evidence shows that early intervention is the most effective strategy to improve outcomes for children, young people, families and communities.¹ The TEI program offers voluntary support to children, young people, families and communities, where the evidence suggests it will have the most impact, early in life and early in need.

The TEI program delivers culturally-safe, responsive and flexible support services to meet the needs of children, young people families and communities experiencing or at risk of vulnerability. TEI services promote community wellbeing, and reduce vulnerability and risk factors (including those that may lead to child abuse, neglect, and family violence), while also building protective factors. The program helps foster and grow personal, family and community level strengths and capacity, and increase individual and community safety.

The TEI service system is designed in collaboration with local service providers, communities and local governance arrangements, which involve a broad range of stakeholders.

TEI services do not operate in isolation but sit within a complex and diverse human service system, encompassing a broad range of early intervention supports delivered by the NSW and Australian Government's, Local Councils, and philanthropy. The willingness of service providers to collaborate, co-

¹ Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention. Canberra: Australian Research Alliance for Children and Youth (ARACY); Early Intervention Foundation. (2018). Realising the potential of early intervention. Available at: <https://www.eif.org.uk/report/realising-the-potential-of-early-intervention>.

design and co-ordinate with other services, both government and non-government, universal and targeted, is vital for the TEI program to achieve outcomes for its target groups.²

1.3. Program structure

New feature

The Program Specifications bring together existing TEI and FCS program activities into one early intervention program, consisting of Community Strengthening, Family Connect and Support, and Wellbeing and Safety. What do you think of this change?

The TEI program is made up of three program activities:

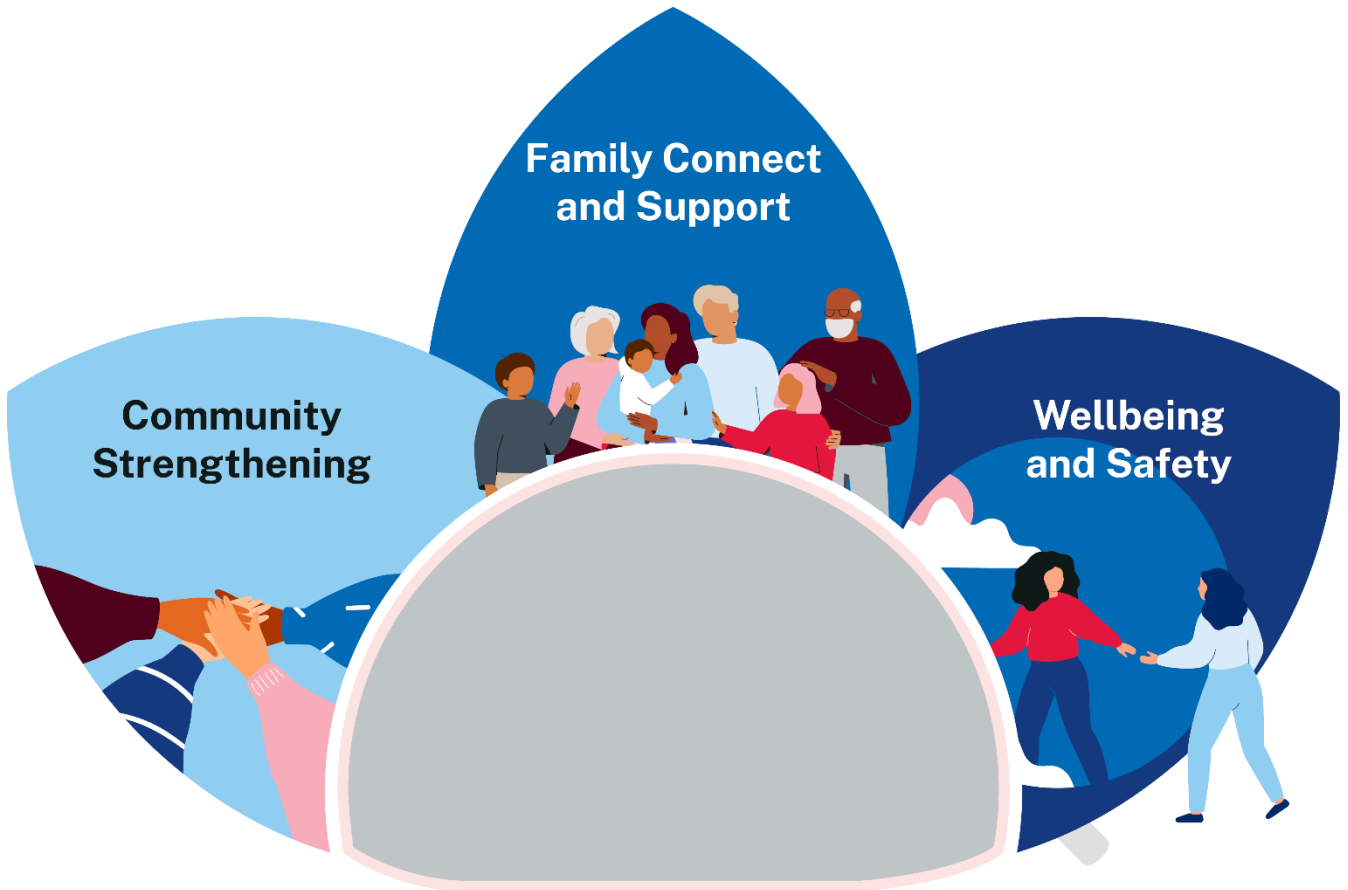
1. **Community Strengthening** focuses on community wellbeing, the collective sense of belonging, participation, trust, and access to resources and services that allow individuals and their communities to flourish and fulfil their potential. This is particularly important for at risk groups within the community. This includes activities that build and facilitate community cohesion, inclusion and wellbeing, and empower Aboriginal communities. For example, delivering community events and workshops, advocacy and support, and education skills and training.
2. **Family Connect and Support (FCS)** provides a soft entry point and connection to the service system for families who may require some level of support before their issues escalate. FCS helps families identify their strengths and address underlying issues and needs by delivering holistic assessment, case coordination, warm referrals, information, advice and practical support.
3. **Wellbeing and Safety** aims to support children, young people and families with targeted and intensive support. This includes activities that strengthen protective factors and respond to known risk factors (that may lead to child abuse, neglect and/or family violence), ensuring parents and caregivers are able to provide their children and young people with a safe and nurturing home. For example, delivering counselling, family capacity building, parenting programs and supported playgroups.

Service providers may deliver services across any or all the program activities. Service providers are contracted to deliver particular service types, depending on the outcome of local commissioning processes which determines local priorities (refer to 3.2 below) for service provision.

A diagram of the TEI program structure is below at Figure 1.

Figure 1: TEI program structure

² Examples of universal and targeted services include health, education and housing supports and services.



Communities are strengthened, and **children, young people and families** can access local support based on their changing needs.

Note: Once selected, the new program name will be inserted into the image at Figure 1.

2. Legislative and policy context

The NSW Human Services Agreement (HSA), which includes the Agreement for Funding of Services - Standard Terms, and the Agreement for Funding of Services - Schedule for Targeted Earlier Intervention, outline service provider obligations, including the requirement that services be provided in accordance with all applicable laws, standards and policies and accreditation requirements.

All TEI service providers must comply with all relevant provisions in the *Public Finance & Audit Act 1983* and *Privacy and Personal Information Protection Act 1998*.

Clause 6 of the Agreement for Funding of Services – Standard Terms, 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 (WWCC) clearance.

The primary legislation that underpins DCJ provision of funding to non-government organisations under the TEI Program is the *Community Welfare Act 1987 (CWA)* and associated regulations, which seek 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).

2.1. Chapter 16A and information sharing

Chapter 16A of the Care Act allows prescribed government and non-government bodies the authority to share relevant information about children and young people to collaboratively promote their safety, welfare and wellbeing. Staff in TEI services should utilise the provisions of Chapter 16A 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 can be found on the [DCJ website](#).

2.2. Child Safe Standards

Organisations and people working with children in NSW share responsibility for keeping children safe. All child-related organisations in NSW should apply the [NSW Child Safe Standards](#) to better prevent and respond to child abuse. Applying the Standards makes it easier for children, parents, carers and staff to share their understanding of child safety across different settings. The Standards encourage consistency across all these environments.

The Child Safe Scheme (the Scheme) was established after the NSW Parliament passed legislation in February 2022 to make child-related organisations safer for children and young people in NSW. The Scheme is overseen by the Office of the Children’s Guardian (OCG).

The 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 10 Child Safe Standards are explained in more detail on the [OCG website](#). This site has [resources](#) (including a [self-assessment tool](#)) to support agencies to understand the Standards and identify ways to improve their child safe practices.

2.3. Policy context

The TEI program contributes to a number of national and state initiatives by investing in services which respond to the needs of children, young people, families and communities in need. This includes a strong commitment to improve outcomes for Aboriginal people. Some of these initiatives include:

- [NSW Human Services Outcomes Framework](#)
- [Brighter Beginnings NSW](#)
- [Family is Culture \(FIC\) Independent Review](#)
- [2020 National Agreement on Closing the Gap](#) and [NSW Closing the Gap Implementation Plan 2022-24](#)
- [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](#).
- [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](#).

2.4. Investment in Aboriginal early support services

To reflect the commitment to Aboriginal children, families and communities, the TEI program has a statewide target to invest 30% of early intervention program funding with Aboriginal Community Controlled Organisations (ACCOs).

This is driven by several state and national priority reforms and initiatives listed above, which call for further investment in early intervention services, and building the ACCO sector in order to address inequities in the system and meet targets to reduce the overrepresentation of Aboriginal children in out-of-home care.

Objectives of the TEI program include:

- Embedding Indigenous Data Sovereignty and Governance principles.
- Investing 30% of TEI program funding with ACCOs.
- Sharing decision-making authority with Aboriginal communities and ACCOs through service system co-design, and Aboriginal-led commissioning.
- Embedding Aboriginal Case Management Policy (ACMP) principles into practice.

3. Program description

3.1. Program objectives

The vision for the TEI program is that children, young people, families and communities receive the support they need, when they need it. In particular:

- Aboriginal children, young people, families and communities have access to Aboriginal designed or co-designed, and Aboriginal delivered, supports and services.
- TEI services are culturally safe, trauma aware and informed, and healing focussed.
- TEI services harness the unique strengths and resources of individuals, families and communities.
- Families can access TEI services early in the lives of their children and young people, to meet

their needs early and prevent escalation.

- Risk factors that lead to child abuse, neglect, and family violence are identified and addressed early.

The TEI program can achieve this through the commissioning of services that:

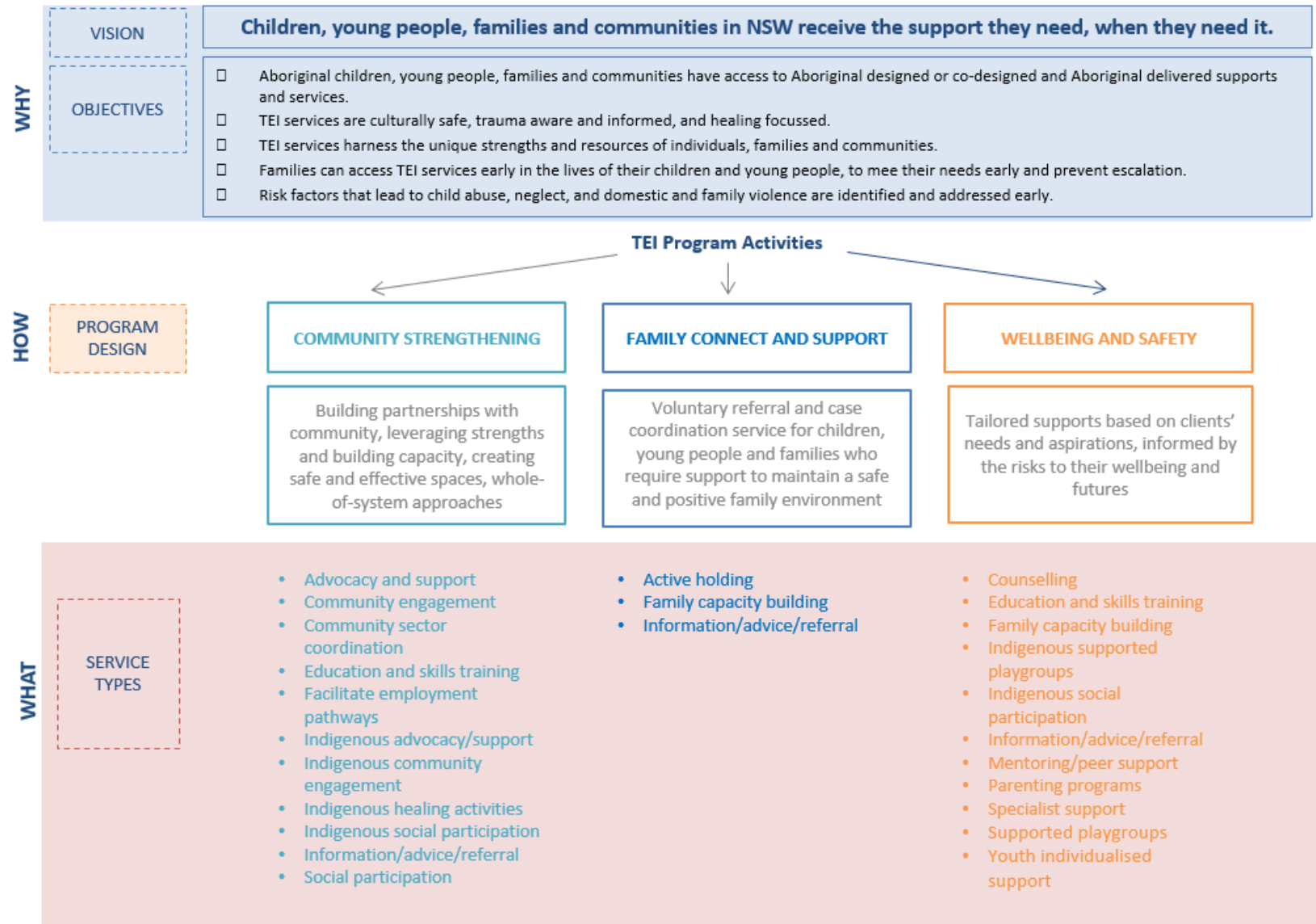
- Empower Aboriginal families to lead assessments and decision making and keep their children safe at home and connected to kin, community, country and culture.
- Actively facilitate shared decision-making authority and choice about services and supports for Aboriginal people and communities.
- Recognise the significant role of culture as a protective factor for children and young people in their family and broader communities.
- Help communities to support and protect their members, through building strong social connections and support networks.
- Support parents and caregivers to meet the physical and material needs of their children.
- Support parents and caregivers to meet the social, emotional and developmental needs of their children, by developing positive parenting skills and addressing causes of negative parenting practices.
- Assist young people to stay connected with their family and make positive life choices as they move into adulthood.
- Actively engage with children, families and communities in need, by breaking down barriers to accessing support and working with them to provide the services they need, including by coordinating services.
- Collaborate and network with other child, family and community early support services and more intense, multi-disciplinary services (e.g. including through interagency forums and community of practice networks).
- Actively partner with other services to provide integrated services and where possible wrap-around and place-based models of service delivery to ensure children, families and communities receive the range of support they need.

A diagram of the TEI program is below at **Figure 2**.

Figure 2: TEI Program

Figure 2

TEI PROGRAM



TEI service delivery principles

- **Culturally safe and respectful.** Recognising the past and present life experiences of individuals, families and communities. Promoting connection to cultural knowledge, values, traditions and strengths.
- **Trauma aware and informed.** Culturally affirming and healing focused. Recognising the impact of trauma (including intergenerational trauma), family violence and the ongoing experiences of racism and stigma on people accessing services. Promoting connection to culture and facilitating healing by valuing and embedding cultural knowledge and strengths.
- **Flexible and responsive.** Using diverse engagement methods to reach different client groups and recognising that client and families' needs are not static, but people move in and out of hardship and disadvantage and therefore will need different levels and types of support over time.
- **Person centred.** With the child, young person and/or family at the centre and leading decision making, and with family-led assessments of strengths and needs.
- **Strengths based.** Using strengths-based and community led approaches to design and implement services. Supporting people to build their capacity for change and communities to leverage from their strengths and resources.
- **Evidence informed.** Using evidence to design, implement and improve programs and services across the life course, using natural development phases and transition points as opportunities to deliver services.
- **Holistic and collaborative.** Working in partnership with other services and/or organisations to build an integrated service system and improve client outcomes.
- **Capability building.** Building cohesion, resources and social capital within communities.
- **Localised.** Designed in collaboration with local services and communities to meet local needs.
- **Connected.** Ensuring clients and communities are supported to build and sustain kinship and informal networks and connections in the local community. Supporting connection to culture, community and country.

These principles have been informed by a range of sources, including the [Aboriginal-led Early Supports Evidence Review](#).

3.2. Target groups and local priorities

The target population for the TEI program is children, young people, families and communities within NSW who are in need. This population may experience challenges and/or barriers to identifying and accessing the services they need to live independent and self-determining lives.

Key target groups

Note: The target groups for the TEI and FCS programs have merged together for the combined program.

A number of key groups are recognised as particularly important in the context of early support planning and are recognised across all three program activities:

- **Aboriginal children, young people, families and communities.** DCJ has a strategic commitment to improve the outcomes of Aboriginal families and communities, and to ensure that all Aboriginal people in NSW have the opportunity to achieve their aspirations.
- **0-5 year olds.** This aligns with the First 2000 Days Framework, reflecting the lifelong impact of

adverse experiences during this period, as well as the opportunities to build resilience, mitigate against risk and influence positive life course outcomes during this period.

- **Children and young people at risk of disengagement from school, family and community.** Family and community connections can be central to the development of positive self-identity. A child or young person's experiences and support during transition periods can have a significant impact on school engagement, school completion and later employment.
- **Young parents with known vulnerabilities or who are experiencing a number of hardships.** Young parents can benefit from parenting, practical, advocacy and other support to help them build a nurturing and stimulating home environment for their child and connect with the services they need to raise their child, secure independence and support themselves and their family.
- **Children and young people affected by a mental health condition/s.** Children and young people affected by mental health conditions are often associated with poor long-term outcomes. Children and young people can benefit from early intervention support with earlier identification, timely and targeted referrals.

These key groups are not mutually exclusive. Some children, young people and their families will fall into more than one group.

These key target groups align with priorities highlighted by the [Stronger Communities Investment Unit – 2018 Insights Report](#).

Local priorities

TEI services will be commissioned in line with local priorities. Local planning processes determine priority groups and issues, taking into consideration the key target groups (above) and other available research, evidence and data.

The key target groups have been identified to guide rather than direct local investment. Local priorities may not align directly with the key groups identified above and may include additional groups, depending on local evidence, need and circumstances. For example, in a community with a high population of culturally and linguistically diverse (CALD) families, local planning may identify CALD families with children 0-5 years as a priority.

3.3. Program activities

Across all TEI programs, there is a focus on improving the safety and wellbeing of children, young people, families and communities.

Within each program activity, there are a diverse range of services offered to meet the needs of individuals and communities. People may access multiple services across program activities at the same time. Levels of need may increase or decrease over time for people and therefore their access to service types may change.

The program does not have time restrictions for service provision (with the exception of Family Connect and Support) to ensure that there is flexibility in service delivery in response to client needs.

Program logics in all program activities

Evidence has been used to build program logics for the TEI program activities, connecting the current situation with the evidence, services and client outcomes that the program aims to achieve.

Service providers are required to develop an individual program logic, using the program-level program logics (**Appendix A**), which will help demonstrate how the outcomes each service provider is achieving, contributes to the overarching client outcomes for the program.

Service providers may be required to complete more than one program logic, depending on what program activity they are funded to deliver, and who they are delivering services to. This is explained in the sections below for each program activity.

Service providers are not required to develop a separate Cultural Safety and Wellbeing Program Logic, but must embed these principles in their service design and delivery.

Resources are available on the DCJ website (under key TEI program resources) to support service providers in developing program logics. This includes individual program logic templates (with examples) and an e-learning module, to support service providers in developing their program logics.

Further information about program logics can be found below in section 3.3.

Program activity 1: Community Strengthening

Strong community wellbeing is critical for helping children, young people and families thrive, especially when they are in need. Community wellbeing is a collective sense of belonging, participation, trust, and access to resources and services that allow individuals and their communities to flourish and fulfil their potential.

The Community Strengthening program activity builds community connection and strengthens community cohesion by connecting members of a community in need with their broader community and strengthening the community as a whole.

The Community Strengthening program activity is not restricted by program eligibility criteria. Rather, it is designed to be delivered flexibly in response to community and client needs.

Community Strengthening services are culturally safe, relevant and support healing for both Aboriginal people and communities. Community Strengthening initiatives are strengths based and developed in authentic partnership with the community.

Community Strengthening includes community centres that provide and sustain social infrastructure. This involves creating safe and accessible spaces for all members of the community, especially members who are marginalised or require assistance.

Services in Community Strengthening often provide a soft entry to other supports and services.

Program activity	Service types
Community Strengthening	<ul style="list-style-type: none"> • advocacy and support • community engagement • community sector coordination • education and skills training • facilitate employment pathways • Indigenous advocacy / support • Indigenous community engagement • Indigenous healing activities • information /advice / referral • social participation

See Appendix D for more information on the TEI service types.

Community Strengthening – evidence and program logics

Service providers delivering services under the Community Strengthening program activity are expected to use the evidence from the Community Strengthening Evidence Review including the five critical elements in building their individual program logics and in their service design and delivery.

This evidence is captured in the Community Strengthening Program Logic. The five critical elements are:

- Inclusive and genuine co-design and partnership: Building authentic partnerships with community that work towards community ownership while also ensuring that the diverse voices of that community are represented.
- Leveraging strengths and building capacity: Initiatives that are both strengths based and actively building community capacity.
- Creating safe and effective spaces: Spaces that are safe and accessible to everyone to allow for the effective engagement of diverse community members.
- Intersectional and safe approaches: Incorporating an understanding of how the different aspects of a person's identity (e.g. gender, ethnicity, disability) can expose them to overlapping and intersecting forms of discrimination and marginalisation to allow for the delivery of a more integrated, safe and holistic suite of services.
- A whole system approach: Interventions that are part of a whole system approach that inter-connects multiple community cohorts and agencies.

Delivering services to	How do I develop my program logic?
Community (Community Strengthening)	Service providers funded under the Community Strengthening program activity and delivering services to the community will: <ul style="list-style-type: none"> • Develop an individual program logic using the Community Strengthening Program Logic.
Young people (Community Strengthening)	Service providers funded under the Community Strengthening program activity, with a specific focus on delivering services to young people, will: <ul style="list-style-type: none"> • Develop an individual program logic using the Community Strengthening Program Logic and findings from the Youth Work - Agency and Empowerment Evidence Review.

Community Strengthening – organisations delivering community sector coordination activities

Note: Organisations delivering community sector coordination activities were previously known as 'sector development organisations'. For more information, see the updated activities and services under the 'community sector coordination' service type at [Appendix D](#).

The Community Strengthening program activity also incorporates community sector coordination activities. Organisations delivering community sector coordination activities will work closely with TEI services to help them build their organisational capability, and support coordination and collaboration within the sector.

These organisations should prioritise and promote the TEI service system outcomes through their work with other TEI service providers and are required to demonstrate how the services they deliver contribute to the achievement of the TEI service system outcomes.

Delivering services to	How do I develop my program logic?
TEI service providers (Community Strengthening)	Organisations funded under Community Strengthening program activity delivering community sector coordination activities will: <ul style="list-style-type: none"> • Develop an individual program logic using the Community Strengthening Program Logic and the TEI Service System Outcomes (section 6).

Program activity 2: Family Connect and Support

Note: The Family Connect and Support (FCS) evaluation interim report provided strong rationale for maintaining the FCS program activity as a specific service model. As such, there is minimal change to FCS.

FCS is a voluntary service working with children, young people and families in NSW to build family capacity and decrease risk. Core service features include information and advice, initial and comprehensive assessment, warm outbound referrals, practical assistance, proactive outreach, short term case planning and coordination, and active holding.

The role of the FCS service provider is also to identify and build upon strengths and resources, both informal and formal within a family unit, and work in partnership with families to address any issues and concerns. This program activity aims to reduce the need for involvement of the statutory child protection system in the future.

It is vital that FCS services underpin their service delivery with principles such as innovation, cultural safety, flexibility and responsiveness to ensure service delivery is tailored and meets the needs of individual service user(s).

Where required, FCS service providers should provide a service outside of business hours and in line with agency afterhours processes. They may also deliver services via outreach, tele-practice and/or mobile services.

Program activity	Service types
Family Connect and Support	<ul style="list-style-type: none">• active holding• family capacity building• information / advice / referral

Note: The TEI program area will be working with FCS service providers to develop new service types. This is in response to the FCS evaluation.

See [Appendix D](#) for more information on the TEI service types.

FCS service features

Service providers contracted to provide the FCS program activity will ensure they deliver the service features outlined below.

Suitability

FCS is for families:

- with a child under 18 years of age residing in the long-term or permanent care of the family or household
- who are not currently case managed by DCJ or another service provider

If the family has a recent DCJ ROSH report, it will have been assessed as requiring a less than 10 day response with no other supports or responses identified as appropriate and available.

FCS service providers are encouraged to have conversations with the referrer and families to determine the overall appropriateness of FCS and may exercise their discretion in individual circumstances.

Where families are not suitable for the FCS program activity, service providers will arrange an appropriate referral and provide information about alternative services.

Timeframes for service delivery³

Once a referral is received by an FCS service provider, timeframes for engagement and service delivery commence. FCS service providers should promptly acknowledge and advise the referrers if a referral has been accepted.

As FCS is time limited, service providers are encouraged to work with families to identify their needs and refer them to the relevant supports in the shortest period of time.

As a guide, FCS should work with families for no longer than 16 weeks, however this will be driven by the needs of the family. The maximum period of FCS service delivery is 6 months from the time the referral is received. A family can be re-referred to FCS when required. There is no limit on the number of re-referrals to an FCS service provider.

Consent

While it is best practice to obtain consent before making a referral, the FCS service provider can make initial contact with the family without consent, to allow the service to engage with the client.

FCS service providers will seek informed consent directly from the family (as soon as practical) to undertake initial assessment and deliver FCS services to the family. Ongoing engagement with the service by the family, will be on a voluntary basis.

Inbound referrals

FCS referrals can be received from a range of sources, including Child Wellbeing Units (CWUs); mandatory reporters in universal settings (e.g. schools and hospitals); and community and self-referrals. Referrals may also be received from DCJ including directly from the Child Protection Helpline and from DCJ statutory child protection services, provided the referral meets the suitability criteria.

DCJ referrals

There is a 30% cap on DCJ referrals to FCS. The purpose of the cap is to ensure that FCS does not become overloaded with DCJ referrals, leaving limited capacity for community or self-referrals. FCS service providers and DCJ should work together to develop formal protocols to monitor and track local referrals, including establishing quotas for inbound referrals. Negotiation of referral quotas with DCJ should involve both child protection services staff (Manager Clients Services, CSC; Director Community Services District level) and DCJ District Commissioning and Planning. Protocols should include dispute resolutions processes.

FCS service providers and DCJ must agree that FCS is the most suitable option to provide support to the family at that point in time. Where there is disagreement, FCS and DCJ should follow established processes for the decision to be reviewed and escalated if required. All DCJ referrals to FCS service providers will be made through the Universal Referral Form (URF) section on ChildStory.

Note: There is a FCS knowledge article titled 'Record a referral to Family Connect and Support (FCS)' within ChildStory which provides a step-by-step guide for DCJ caseworkers on how to make an appropriate referral to the FCS program activity. Once the referral is received and a decision is made about whether it will be accepted or not, the FCS service provider will advise DCJ about the outcome of the referral.

Client triage and assessment

FCS service providers will undertake an initial triage assessment to assist in developing an understanding of who the family is, their presenting issues and situation. FCS aims to make an initial assessment of their needs within one week of a referral being received. Following this, if required,

³ Whilst the FCS program activity has timeframes around how long a provider can work with a client, the Community Strengthening and Wellbeing and Safety program activities have no time restrictions. Unless a timeframe is specifically agreed upon during contract negotiations, service providers can offer services under these two program activities as long as deemed necessary.

service providers will undertake a comprehensive, holistic, strengths-based child and family assessment with families to develop a deeper understanding of the family's strengths and current needs.

The Common Assessment Framework (CAF) should be used to inform an FCS worker's approach to undertaking assessment.

When a comprehensive assessment is required, the Common Assessment Tool (CAT) must be used to assist in determining the child and/or family's strengths and needs, to then inform case coordination, planning, and referrals.

Where the inbound referrer has already undertaken an assessment, the FCS provider will seek permission to access the assessment to minimise duplicative client assessment, unless it is necessary to a client's current situation.

Client engagement

Clients referred to the FCS program activity will be contacted within 3 working days upon receipt of a referral. Acknowledging it can take time to build trust and engage families, a minimum of 3 contact attempts should be made with the family.

FCS service providers will use flexible approaches and outreach channels to reach clients and to build trust and break down barriers. Client engagement is a key feature of the FCS program activity and aligns with the Preventing Child Maltreatment Evidence Review core component of 'engagement'.

Further guidance on client engagement can be found in the FCS CAF and CAT.

Case coordination and planning

Where clients' needs are assessed as more complex, and/or a range of service responses are required, service providers will work with the family to develop a family case plan. Plans will be family led, strengths based and identify appropriate timeframes, resources and supports.

Further guidance on case coordination and family case planning can be found in the FCS CAF.

Warm/outbound referrals

Outbound client referrals will be appropriate, timely and facilitated (warm referral) by the FCS practitioner. A warm referral means families are directly supported by FCS to contact a service or another professional. Where there is a family case plan, outbound referrals will align with the case plan goals.

Aboriginal and CALD children and families will be supported to access culturally-safe and appropriate programs and services.

Further guidance on making referrals can be found in the FCS CAF.

Active holding

An active holding response will be used where an FCS service 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 service provider monitoring the family circumstances and providing short-term case management and support to address immediate needs, including practical support and home visits, and follow-up with service providers, while suitable services are being arranged.

Further guidance on active holding practice can be found in the FCS CAF.

Case follow up and feedback

FCS service providers will follow up on the outcome of an outbound referral by making contact with the outbound referral agency and/or the family (or both). FCS service providers will 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.

Use of brokerage funding

Brokerage is a component of the family capacity building service type. It can be used for families where presenting issues can be quickly addressed through practical assistance and where services and support are not otherwise available.

FCS service providers will use brokerage funds to ensure:

- the timely and effective engagement of families, and
- 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.

Case transition and closure

FCS service providers will work 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. 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 FCS service at any stage. Cases remain open and active until such time as case plan goals are achieved, or the case is transferred to an appropriate service provider and follow-up is completed.

If the FCS service provider 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 service provider should consult the Mandatory Reporter Guide.

Identifying and responding to family violence

FCS workers will be skilled in identifying and responding to family violence and addressing the immediate needs of victim-survivors. This includes understanding the nature and cycle of family violence and making safety plans with victim-survivors.

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

FCS workers can also make referrals for perpetrators of violence to accredited behaviour change and specialist programs.

FCS outreach in universal and community settings

Providing outreach services, by locating an FCS service provider within universal settings is an effective model of delivering FCS and supports the early identification of children and young people who require support. It also builds capacity within other services, helping staff to identify and respond to need earlier.

FCS identifies soft entry points within universal and community settings and provides outreach in partnership with other services (e.g. early childhood education provider, early childhood nurse or home school liaison officer).

The partnerships formed with universal services helps to build knowledge and understanding across the service system, which strengthens referral pathways and enhances outcomes for families.

Family Connect and Support - evidence and program logics

Program activity	How do I develop my program logic?
Family Connect and Support	Service providers funded under the Family Connect and Support program activity are:

- Not required to develop an individual program logic for their service.⁴ A program-wide program logic is available and can be found at [Appendix A](#).

Program activity 3: Wellbeing and Safety

The Wellbeing and Safety program activity comprises services aimed at supporting children, young people and families with tailored support where they are in need. Services are focussed on ensuring that individuals are supported to seek help and improve wellbeing; parents are supported to develop positive parenting skills and address underlying causes of negative parenting practices; and that families are supported to provide an environment for their children and young people that is safe and nurturing (i.e. reducing risk of child abuse, neglect and family violence). Service providers will need to adapt to evolving needs of their clients, and work in partnership with a range of services, including specialist services, possibly across sectors, to be able to provide an effective response and positive outcomes.

Services in this program activity may have a focus on working with specifically children and families, with young people, or both groups. The Wellbeing and Safety program activity is not restricted by program eligibility criteria. Rather, it is designed to be delivered flexibly in response to client needs.

When working in the context of family violence, children and young people exposed to family violence should also be supported by service providers as victim survivors in their own right.

Program activity	Service types
Wellbeing and Safety	<ul style="list-style-type: none"> • counselling • education and skills training • family capacity building • Indigenous supported playgroups • information / advice / referral • mentoring / peer support • parenting programs • specialist support • supported playgroups • youth individualised support

See [Appendix D](#) for more information on the TEI service types.

Wellbeing and Safety – evidence and program logics

The [Wellbeing and Safety Program Logics](#) incorporate evidence from the following evidence reviews:

- Wellbeing and Safety (Children and Families) Program Logic (from the [Preventing Child Maltreatment Evidence Review](#))
- Wellbeing and Safety (Young People) Program Logic (from the [Youth Socioemotional Wellbeing Evidence Review](#) and the [Youth Work – Agency and Empowerment Evidence Review](#)).

⁴ The FCS program activity differs from the other program activities as it is a specific and unique program model implemented uniformly across NSW. As such, FCS service providers are not required to develop an individualised program logic and can instead use the program-wide program logic.

Providing services to	How do I develop my program logic?
Children and families (Wellbeing and Safety)	Service providers funded under the Wellbeing and Safety program activity, providing services to children and families, will: <ul style="list-style-type: none"> • develop an individual program logic using the Wellbeing and Safety (Children and Families) Program Logic, and • identify which Preventing Child Maltreatment core components they are delivering (see detail about core components below) within their program logic.
Young people (Wellbeing and Safety)	Service providers funded under the Wellbeing and Safety program activity, providing services to young people, will: <ul style="list-style-type: none"> • develop an individual program logic using the Wellbeing and Safety (Young People) Program Logic.
Both children and families, and young people (Wellbeing and Safety)	Service providers funded under the Wellbeing and Safety program activity, providing services to both children and families, and young people, will: <ul style="list-style-type: none"> • develop individual program logics using: <ul style="list-style-type: none"> ○ Wellbeing and Safety (Children and Families) Program Logic, and ○ Wellbeing and Safety (Young People) Program Logic.

Wellbeing and Safety (children and families) – Preventing Child Maltreatment core components

New feature

The Program Specifications introduce a new feature for service providers in the Wellbeing and Safety program activity working with children and families, to use the Preventing Child Maltreatment core components evidence in service delivery.

Service providers funded in the Wellbeing and Safety program activity, specifically working with children and families, are expected to use the core components from the [Preventing Child Maltreatment \(PCM\) Evidence Review](#) in their service planning and delivery.

Further information on the core components and core components approach can be found on the [Evidence Portal](#).

The PCM Evidence Review identified the following five core components from evidence-informed programs:

- engagement
- case management
- parental education, coaching and modelling
- parental self-care and personal development
- building supportive relationships and social networks

These are recommended as standard components for effective delivery of child and family services working with families at risk of child abuse or neglect.

Where possible, clients should have access to all five of the PCM core components. This can be achieved by TEI service providers delivering each core component, or working in partnership with other service providers locally, through strong and coordinated referral pathways, to ensure clients can access services that offer the other core components. For example, a supported playgroup would deliver four of the five core components, and therefore need to build a referral pathway to a case management service, ensuring that clients had access to all five core components. Service providers

should look beyond the TEI service system and into the broader early intervention network, when thinking about other agencies that might deliver the core components. Partnerships and referral pathways to deliver the core components should be reflected in individual program logics.

A table of the PCM core components matched to Wellbeing and Safety service types is available at [Appendix E](#). Service providers can use this resource to cross reference their service types against the core components to identify which core components they are delivering.

Wellbeing and Safety (young people) – core components and best practice elements

Service providers in the Wellbeing and Safety program activity working with young people, should consider the core components and best practice elements from the [Youth Socioemotional Wellbeing Evidence Review](#) and the [Youth Work – Agency and Empowerment Evidence Review](#). These are captured in the [Wellbeing and Safety \(Young People\) Program Logic](#).

The core components are:

- Self-concept, self-efficacy and confidence.
- Mindfulness and self-regulation.
- Prosocial skills and relationship building.
- Building motivation and monitoring behavioural change.
- Building knowledge and awareness for socioemotional wellbeing.

The [Four components of best practice in youth work](#) are:

- Connectivity: development of programs and services that are long-term, sustainable and relationship-based, birthed and sourced from within the community.
- Strengths-based approach: embracing notions of independence and autonomy among services for young people.
- Capacity building: ability to build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management.
- Contextual and systemic considerations: consideration of macro-contexts including economic, political and social and cultural factors.

Additional requirements when delivering parenting programs and supported playgroups

New feature

The Program Specifications identify further evidence relevant to parenting programs and supported playgroups for service providers to use in their service design and delivery.

The TEI program is working towards an evidence informed approach. For service providers delivering parenting programs and supported playgroups, the TEI program has identified evidence to support the selection of models and programs for delivery.

Parenting programs

Parenting programs align with one of the Preventing Child Maltreatment core components - parental education, coaching and modelling.

When delivering parenting programs, service providers will select an evidence-informed program where possible. To assist service providers in selecting a suitable parenting program, the TEI program has a list of evidence-informed parenting programs (this will be made available on the DCJ website once ready). This list is not exhaustive and is intended to be a resource for TEI service providers. Service providers will select a program having consideration of their clients and local context, either from the list or another evidence informed program. If choosing a program outside the list, service providers will need to discuss this with their DCJ contract manager.

Providers should also consider the location parenting programs are delivered, noting that social stigma remains a factor influencing some individuals from accessing these programs. Consideration should be

given to hosting the parenting program in a neutral location, rather than at the service provider's office. This should also be considered when delivering supported playgroups.

As with all TEI services, parenting programs should be offered free of charge, with no costs being passed on to the end user.

Supported playgroups

Supported playgroups align with four of the [Preventing Child Maltreatment core components](#).

Supported playgroups involve engaging parents and caregivers to meet and learn new parenting and play skills in a positive environment. The TEI program supports evidence-informed supported playgroup models identified through the DCJ Family and Community Services Insights, Analysis and Research (FACSIAR) Supported Playgroup Rapid Evidence Scan (2024).⁵ This scan provides a summary of the best available evidence on outcomes for children and families attending supported playgroups.

The supported playgroup models with the strongest evidence supports the following models:

- Kids in Transition to School (KITS)
- smalltalk
- PEEP Learning Together Program (PEEP-LTP)
- Learn, Engage and Play (LEaP)
- Parent-Child Mother Goose

Service providers should select one of these models to deliver a supported playgroup in the TEI program. Exceptions can be negotiated with your DCJ contract manager. When selecting a supported playgroup model, consideration should always be given to the available evidence, local context, and client and community need.

The scan also examines elements of effective playgroup formats and identifies best practice principles. These should always be considered when planning the design and implementation of playgroups. The models identified through the Supported Playgroup Rapid Evidence Scan are available in Appendix (*will be added when available*).

Indigenous supported playgroups and parenting programs

Indigenous supported playgroups are a specific supported playgroup service type for Aboriginal parents and caregivers, or parents of Aboriginal children to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities.

Service providers are not required to select from a list of supported playgroup models in delivering this service type. Indigenous supported playgroup models should be locally designed with input from community and practitioner expertise. The [Aboriginal-led Early Support Programs Evidence Review](#) identified eight common themes among the highly-rated evidence about Aboriginal-led early support programs designed for Aboriginal children, young people, families and communities.

While there is no specific service type to reflect Indigenous parenting programs, the same principle applies. Service providers should offer parenting programs that are locally designed with input from community and practitioner expertise, with reference to the [Aboriginal-led Early Support Evidence Review](#).

Supported playgroups and parenting programs for CALD communities

People from CALD background can face a number of barriers to accessing services and may experience social isolation. Supported playgroups and parenting programs may be especially beneficial for this group. When delivering parenting programs or supported playgroups to CALD communities, providers should consider utilising a CALD facilitator from the same community and translated resources, where possible.

⁵ FACSIAR 2024 Supported Playgroup Rapid Evidence Scan (to be finalised)

4. Evidence-informed services

4.1. The evidence base

In 2015, the Australian Research Alliance for Children and Youth (ARACY) in partnership with the NSW Government, released [Better Systems Better Chances – a review of research and practice for prevention and early intervention](#). The report provided a strong evidence base for the TEI program, including that protective and risk factors at the individual, family and community levels are highly predictive of life outcomes, and effective prevention and early intervention can dramatically change life trajectories.⁵

The TEI program has a growing evidence base. As part of continuous service improvement, these Program Specifications outline how the program has evolved and been reshaped to embed insights and evidence. They also provide guidance to TEI service providers about how to use the available evidence in service design and delivery.

4.2. Evidence-informed approach

The TEI program has an evidence-informed approach to design and practice. An evidence-informed approach uses three different types of evidence to inform service design and decision making:

- Research evidence and data.⁶
- Lived experience and client voice.
- Practitioner expertise and local knowledge.

To support the sector to implement and engage with the research evidence, DCJ has:

- Developed and published a number of evidence reviews with research partners.
- Developed a core components approach to preventing child maltreatment for the Wellbeing and Safety program activity.
- Commissioned independent evaluations of both the TEI and FCS programs.

This evidence is available on the [DCJ Evidence Portal](#).

5. Client outcomes frameworks

The NSW Human Services Outcome Framework ([Appendix B](#)) focuses on outcomes across seven domains (safety, home, economic, health, education and skills, social and community, and empowerment), and provides a mechanism for monitoring and reporting progress on the outcomes of clients participating in government and non-government programs across NSW.

The TEI program has developed a TEI Program Client Outcomes Framework ([Appendix C](#)) to align with the NSW Human Services Outcomes Framework. The TEI Program Client Outcomes Framework provides a roadmap for linking the TEI program and any program activities to improved client outcomes.

The framework articulates what the program as a whole aims to achieve for children, young people,

⁶ DCJ notes that there are limitations associated with the accuracy of data and research evidence relevant to Aboriginal peoples. Further work is in progress to address these limitations.

families and communities in NSW.

The overarching TEI program client outcome is achieving **safety at home**. Service providers should aim to work towards one or more of the outcomes in the framework with the understanding that each of the client outcomes in the framework contributes to the program's overall outcome – **safety at home**.

To measure how each service provider is working towards these long-term outcomes, client information is recorded systematically through the Data Exchange (DEX). Specifically, short-term client outcome data will be collected through Standard Client/ Community Outcomes Reporting (SCORE) Framework. To support the standardised collection of outcomes, SCORE domains and related validated outcome measurement tools have been aligned with the overarching TEI Program Client Outcomes.

See Appendix C for the TEI Program Client Outcomes Framework.

Note: As part of the consultation, feedback has highlighted an absence of cultural outcomes in the TEI Client Outcomes Framework.

To respond to this, the TEI program will be working closely with ACCOs and Aboriginal staff from TEI and FCS services to design outcomes for Aboriginal people in TEI.

6. Service system outcomes and key program requirements

New feature

Service providers are expected to embed these new service system outcomes and key program requirements into their service delivery. What do you think of this new feature?

6.1. Service system outcomes

Improving the wellbeing of children, young people, families and communities requires a flexible and responsive service system equipped to respond quickly and effectively to emerging issues and challenges.

Seven service system outcomes have been developed to describe the outcomes the TEI program is aiming to achieve as a sector, to improve client and community outcomes (Appendix C).

Organisations delivering community sector coordination activities play a fundamental role in supporting the TEI sector to deliver the service system outcomes. These organisations will be specifically contracted to deliver services aligned to the TEI service system outcomes and are expected to demonstrate their contribution to achieving them.

The seven service system outcomes are:

1. strengths based
2. flexible and responsive
3. culturally safe
4. capable
5. collaborative
6. person centred
7. evidence informed

Further detail on the TEI Service System Outcomes can be found at Appendix F.

6.2. Key program requirements

Aligned with the TEI service system outcomes, there are six key program requirements that all service providers must embed in their service delivery. By meeting the key program requirements, service providers are contributing to achieving the service system outcomes.

These are:

1. Supporting the cultural safety and wellbeing of Aboriginal people.
2. Supporting the cultural safety and wellbeing of culturally and linguistically diverse communities.
3. Flexible timeframes.
4. Effective engagement and assessment.
5. Referral pathways and sector collaboration.
6. Referrals to early years universal services.
7. Free and accessible services

Each of the seven key program requirements are described below. A table demonstrating the alignment between the service system outcomes and program requirements is also provided.

Program requirement	Corresponding service system outcomes
1. Supporting the cultural safety and wellbeing of Aboriginal people.	<ul style="list-style-type: none"> • culturally safe • capable • evidence informed
2. Supporting the cultural safety and wellbeing of culturally and linguistically diverse communities.	<ul style="list-style-type: none"> • culturally safe • capable
3. Flexible timeframes.	<ul style="list-style-type: none"> • flexible and responsive • person centred
4. Effective engagement and assessment.	<ul style="list-style-type: none"> • strengths based • flexible and responsive • capable • person centred • evidence informed
5. Referral pathways and sector collaboration.	<ul style="list-style-type: none"> • flexible and responsive • collaborative
6. Referrals to early years universal services.	<ul style="list-style-type: none"> • flexible and responsive • collaborative
7. Free and accessible	<ul style="list-style-type: none"> • flexible and responsive

Supporting the cultural safety and wellbeing of Aboriginal people

DCJ acknowledges the suffering and trauma inflicted upon Aboriginal children, young people and families through colonisation and forced assimilation practices. DCJ recognises the effects of this undue trauma which continues to affect Aboriginal people today, and that Aboriginal children and families continue to be disproportionately affected by the statutory system.

Supporting the wellbeing of Aboriginal children, young people, families and communities through the delivery of culturally safe services is critical to achieving positive outcomes for clients. A lack of cultural safety, racism and mistrust are barriers to accessing essential services.

Cultural safety is defined as:

“An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together.”⁷

Culturally safe is a TEI service system outcome of key importance. Given its high priority, a separate program logic has been developed to reflect the requirements and responsibilities of all TEI service providers in relation to embedding cultural safety and wellbeing into service design and delivery.

The Cultural Safety and Wellbeing Program Logic is at [Appendix A](#).

This program logic is based on evidence from the [Cultural Safety and Wellbeing Evidence Review](#). Supporting evidence is available in the [Aboriginal-led Early Support Programs Evidence Review](#).

The [Cultural Safety and Wellbeing Evidence Review](#) identified the following six common critical elements of cultural safety:

- **Recognising the importance of culture:** Culturally safe service delivery begins with understanding the importance of culture in the lives of Aboriginal peoples. Culture is integral to a sense of identity as the First Peoples of Australia, and being connected to culture is a protective factor for Aboriginal children, young people and families.
- **Self-determination:** The right to self-determination for Aboriginal peoples is affirmed in the United Nations Declaration on the Rights of Indigenous Peoples and endorsed by the Australian Government. Services should be co-designed with the local Aboriginal community to ensure that their cultural knowledge, values and beliefs are embedded in service offerings, and that community support needs are addressed. Services should seek feedback from Aboriginal clients on their experience of receiving support and feelings of empowerment. This element is reinforced by the [Aboriginal-led Early Support Programs Evidence Review](#).
- **Workforce development:** Culturally safe service delivery is dependent upon a highly-skilled and capable workforce. This includes recruiting, training and supporting more Aboriginal workers in the sector and providing education and training to non-Aboriginal workers so that they learn the history of Aboriginal people’s experiences, develop high levels of cultural awareness, and know how to deliver culturally safe and effective services.
- **Whole of organisation approach:** Cultural safety should be embedded into the organisation’s way of working and not be an add-on component of practice. This requires consideration of the policies and focus of the service, the physical location and environment, management and governance systems, human resources, and organisational processes such as data collection.
- **Leadership and partnership:** Organisational leaders are responsible for embedding cultural safety within organisational governance, strategic planning, and program implementation, and for building long-term partnerships with Aboriginal communities and representatives. This

⁷ Williams 1999, cited in Bin-Sallik, M. (2003). Cultural Safety: Let’s name it! *The Australian Journal of Indigenous Education*, 32, 21-28.

includes building effective partnerships between the service and Aboriginal clients and communities.

- **Research, monitoring and evaluation:** Research, and ongoing monitoring and evaluation is identified as foundational to culturally safe service delivery.

The Aboriginal-led Early Support Programs Evidence Review identified the following eight features of Aboriginal-led early support programs:

- community designed or co-designed
- community led
- cultural safety
- strengths-based, culture-affirming approaches
- trauma informed and healing focused
- holistic, wraparound components
- collaboration and coordination with mainstream services
- flexible delivery.

This program requirement aligns with the following service system outcomes:

- **culturally safe**
- **capable**
- **evidence informed.**

Aboriginal Case Management Policy

Alignment of TEI service delivery to the Cultural Safety and Wellbeing Program Logic is one of the ways the TEI program is embedding the principles of the Aboriginal Case Management Policy (ACMP) into practice. The ACMP aims to empower Aboriginal families and communities to participate in decision making and keep their children safe at home and connected to kin, community and Country.

What is expected of TEI service providers?

All TEI service providers who are not Aboriginal Community Controlled Organisations (ACCOs) are expected to adopt the principles and practice elements of the Cultural Safety and Wellbeing Program Logic in their service design and delivery. TEI ACCOs should consider the eight features of Aboriginal-led early support programs from the Aboriginal-led Early Support Programs Evidence Review in their service design and delivery.

DCJ contract managers and TEI services will discuss progress during regular contract management meetings (at a minimum quarterly) and DCJ contract managers will be responsible for monitoring provider progress (see also section 7).

Supporting the cultural safety and wellbeing of culturally and linguistically diverse communities

Supporting the wellbeing of culturally and linguistically diverse (CALD) children, young people, families and communities through the delivery of culturally-safe services is also critical to achieving positive outcomes for clients.

Program data reported in Data Exchange highlights the high proportion of children, young people and families from CALD communities in parts of NSW. It is critical that TEI service providers design and deliver culturally-safe services to support these communities.

A culturally-safe service includes:

- Being respectful of children, young people and family's culture, race, nationality, beliefs,

strengths and the different ways they influence how parents or caregivers raise children.

- Asking families about culture and the people, community, places and practices important to them and their children.
- Talking to families and communities to understand how culture is lived, and how they are connected to family, community and culture.
- Developing a good working knowledge of local cultural community and multicultural services and seeking their expertise.
- Recognising and being respectful of the different lived experiences and values of children, young people, families and communities, including the traumatic experiences associated with war, persecution, natural disasters and other reasons for displacement.
- Recognising the challenges associated with resettling in a new country.

This program requirement aligns with the following service system outcomes:

- **culturally safe**
- **capable.**

Flexible timeframes

There is no specific time limit on the duration a TEI service provider in the Community Strengthening and Wellbeing and Safety program activities can work with a client (unless specifically negotiated in the contract). Services and supports are designed to focus on achieving the client's needs and aspirations and are tailored to their needs and unique circumstances rather than requiring them to fit into set timeframes.

Service providers are encouraged to work with clients as long as required to achieve positive outcomes.

There is a timeframe for the FCS program activity. The maximum duration a client can receive FCS services for is 6 months. See [section 3.3](#) (Program activity 2: Family Connect and Support) for further detail.

This program requirement aligns with the following service system outcomes:

- **flexible and responsive**
- **person centred.**

Effective engagement and assessment

Effective engagement is fundamental to ensuring clients stay engaged with a service until they have achieved their goals or their needs have been met.

All service providers should actively engage clients by building trust, breaking down participation barriers and delivering services flexibly to meet client needs. Engagement is one of the five core components from the [Preventing Child Maltreatment Evidence Review](#) (more detail found above in [section 3.3](#) – Program activity 3: Wellbeing and Safety). As engagement is relevant to all TEI program activities, TEI service providers will use the core components evidence to inform their engagement practice. Further information on core components evidence is available on the [Evidence Portal](#).

The [FCS Common Assessment Tool \(CAT\)](#) has been designed for use by practitioners in the TEI program conducting comprehensive assessments with clients and families. The CAT guides practitioners in holistic, strengths-based assessment of family strengths and needs based on all domains of a family's life, and additionally provides assistance about engaging with families in respectful and safe ways, for example when discussing family violence.

Where a comprehensive assessment is required, it is expected that all TEI service providers will adopt and use the Common Assessment Tool, alongside the Common Assessment Framework, in their assessment practice.

New feature

All service providers are expected to adopt and use the Common Assessment Tool and Common Assessment Framework for their comprehensive assessment. What do you think of this new feature?

This requirement aligns with the following service system outcomes:

- **strengths based**
- **flexible and responsive**
- **capable**
- **person centred.**

Referral pathways and sector collaboration

Clients may be referred to a TEI service provider in a number of ways including:

- Self referrals
- DCJ referrals
- Community referrals
- Child Wellbeing Unit referrals
- Referrals from other professionals or service providers.

Children, young people and families are better supported in their local service system as a result of strong collaboration between services. Wherever possible, TEI service providers should work closely with other child and family services (including those funded or provided by other NSW and Australian Government agencies), Child Wellbeing Units and more intensive, multidisciplinary and specialist services (including services working with perpetrators of family violence) to ensure families can access, timely and culturally appropriate services and referrals at the right time to meet their needs.

Education, advocacy and capacity building are also key to the referral process. Service providers will build and maintain strong relationships with other local services, educate them about their service, and upskill each other about local referral pathways.

Where appropriate, service providers are encouraged to attend and participate in various networking and information sharing events and groups (e.g. local interagency groups, community of practice groups, TEI governance committees) to share information, build relationships and collaborate.

These activities will continuously improve supported referral pathways, connections and sector capacity building within the local community and service system.

Note: responsibility for coordination and facilitation of interagency groups will be contracted in the program specifically under the Community Strengthening program activity.

This requirement aligns with the following service system outcomes:

- **flexible and responsive**
- **collaborative**

Referrals to early years universal services

Service providers in the TEI program play an important role in addressing barriers and improving a child's access to universal early years services such as early childhood education (ECE).

Research finds that children who attend ECE are significantly less likely to be developmentally vulnerable when they start school.⁸ Children experiencing high levels of disadvantage face more barriers to accessing early childhood education and care and are therefore less likely to attend, despite being the most likely to benefit.⁹ These children are also less likely to have access to health and development checks, missing the opportunity to identify and address health issues early.

Where appropriate, TEI service providers will consider opportunities in their program design and delivery, to support children and families' access and participation in early years services such as ECE and their access to health and development checks. This includes identifying and removing barriers for children and families and working with local services including ECEs to develop and strengthen referral pathways. This will enable children to benefit from the educational, social and health benefits of early years services.

This requirement aligns with the following service system outcomes:

- **flexible and responsive**
- **collaborative.**

Free and accessible services

Services in the TEI Program will be available at no cost to the client. TEI service providers will ensure services are delivered in accessible locations and actively work to overcome barriers to client access. Potential barriers could include:

- Logistical barriers (e.g. service locations and transport)
- Physical barriers (inaccessible buildings and facilities)
- Language and cultural barriers
- Psychological barriers

It is important to consider the physical location and environment of service delivery, removing any potential stigma, and for Aboriginal families ensuring the service is culturally safe.

Other examples of ways to increase accessibility include:¹⁰

- **Provide services in central locations:** ensures activities are available to a large amount of people and close to public transport.
- **Provide services in spaces clients already access:** e.g. the local GP or hospital. This removes the need for clients to find the service.
- **Provide child care :** enables people with caring responsibilities to participate in activities and receive the services they need.
- **Provide transportation:** includes pick up and drop off for clients or providing a bus or carpool service. It could also include providing clients with vouchers for public transport, taxi etc.
- **Offer services in multiple languages and translate resources:** enables clients who speak and/or

⁸ Molloy C., Quinn, P., Harrop C., Perini N., Goldfeld S. Restacking the Odds – Communication Summary: Early childhood education and care: An evidence-based review of indicators to assess quality, quantity, and participation. Melbourne, Australia, 2019

⁹ Government of South Australia, 2023, Royal Commissioning to Early Childhood Education and Care Report, https://www.royalcommissionecec.sa.gov.au/_data/assets/pdf_file/0009/937332/RCECEC-Final-Report.pdf.

¹⁰ Preventing Child Maltreatment Evidence Review Flexible Activity – Removing Barriers to Participation (DCJ Evidence Portal)

read languages other than English to access to the same resources. Practitioners who speak the same languages as clients can foster positive relationships.

- **Provide services online (where possible and appropriate):** removes any geographical or transport barriers clients may face.

This requirement aligns with the following service system outcome:

- **flexible and responsive.**

7. Performance and outcome measures

DCJ funded programs are required to align to the NSW Human Services Outcomes Framework.

The NSW Human Services Outcomes Framework ([Appendix B](#)) 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 NSW 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.
- Data collection and analysis to report the extent to which those outcomes are being achieved.

Service providers should refer to the TEI Program Client Outcomes Framework ([Appendix C](#)) and TEI Program Logics ([Appendix A](#)), which identify specific client and system outcomes for the TEI Program.

Service providers will be contracted to achieve specific TEI client outcomes for specific target groups. These outcomes will be measured in the Data Exchange.

Organisations that are contracted to deliver the community sector coordination service type will be contracted to achieve TEI service system outcomes, rather than client outcomes. These outcomes will be measured outside of the Data Exchange.

All service providers will be expected to align their service delivery with the TEI service system outcomes and the program requirements. The culturally safe service system outcome and corresponding program requirement supporting the cultural safety and wellbeing of Aboriginal people will be monitored by commissioning and planning teams during regular contract management meetings.

8. Reporting and data collection

8.1. Data Exchange

All TEI service providers are required to collect and report data through the Data Exchange (DEX) in accordance with [The Data Exchange Protocols](#) and [Program Specific Guidance for State Agencies in the Data Exchange](#). All service providers must participate in the Data Exchange "partnership" approach, which includes reporting on an extended data set and recording of client and community outcomes through Standard Client/Community Outcomes Reporting (SCORE).

The main focus of the partnership approach is collecting information about the outcomes achieved by clients as a result of service delivery. The partnership approach also includes some extended data items that provide additional information about client demographics, needs and circumstances.

Service providers must have systems in place to meet data collection and reporting obligations.

Performance information (e.g. client characteristics and service delivery information) must be

collected by each service provider at the client/community level and entered directly into the agency’s performance reporting solution, the Data Exchange.

The performance information reported through the Data Exchange includes:

- Client identity characteristics (given and family names, date of birth, gender and residential address).
- Client demographic characteristics (Indigenous status, cultural and linguistic diversity, and disability status, impairment or condition).
- Service delivery information (outlets, cases, sessions).
- Client or community/group outcomes data.

The Data Exchange has two standardised six-monthly performance reporting periods each year, which run from 1 July to 31 December and 1 January to 30 June, with a 30 day close off period after each of these. Once the close-off period is completed no further changes can be made to the data.

Reporting system	Reporting period	Data entry frequency
Data Exchange	1 July – 31 December each year	Ongoing – all data to be entered or uploaded into system 30 days after each reporting period.
Data Exchange	1 January – 30 June each year	Ongoing – all data to be entered or uploaded into system 30 days after each reporting period.

Information must be provided in accordance with the [Data Exchange Protocols](#).

Service providers can enter data at any time within a reporting period and are encouraged to do so regularly, at least quarterly. Service providers have an extra 30 days at the end of each reporting period, known as ‘closing periods’ to allow time to quality check their data before the reporting period closes (i.e. 30 July and 30 January each year).

Service providers can transfer their data to the Data Exchange in one of three ways: system to system transfer; bulk XML file upload; or direct manual entry into the Data Exchange web-based portal.

Service providers will have access to their own set of reports in Data Exchange which reflect the information they have submitted. Additional reports will be available to TEI service providers as participants in the partnership approach.

Service providers must ensure that adequate financial and operational records are kept and maintained during the term of their contract.

Organisations delivering community sector coordination activities are not required to report on them in the Data Exchange.

Service providers are also required to comply with the data collection and reporting practices outlined in the [TEI Data Collection and Reporting Guide](#).

8.2. Indigenous Data Sovereignty and Governance

The TEI program is committed to the principles of Indigenous Data Sovereignty and Indigenous Data Governance. Indigenous Data Sovereignty refers to the right of Indigenous peoples to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and use of Indigenous Data.

Indigenous Data Governance refers to the right of Indigenous peoples to autonomously decide what, how and why Indigenous data are collected, accessed and used. It ensures that data on or about Indigenous peoples reflects Indigenous priorities, values, cultures, worldviews and diversity.

Indigenous Data Sovereignty Principles

Indigenous peoples have the right to:

- Exercise control of the data ecosystem including creation, development, stewardship, analysis, dissemination and infrastructure.
- Data that is contextual and disaggregated (available and accessible at individual and community levels, and by Aboriginality).
- Data that is relevant and empowers sustainable self-determination and effective self-governance.
- Data structures that are accountable to Indigenous peoples and Aboriginal peoples.
- Data that is protective and respects their individual and collective interests.¹¹

A number of resources are available on the [TEI website](#) to assist service providers to explain to clients where the data will be stored, who will have access to it and what it might be used for.

Aboriginal service providers in the TEI program currently have access to all data collected and reported by their organisation at any point in time and are able to access and share that data with their stakeholders and community. TEI program data at a state and local government area level are also currently publicly available through the [TEI](#) and [FCS dashboards](#).

The aim is for Aboriginal TEI service providers to:

- Be engaged and lead in decision making about data.
- Have the opportunity to give feedback that is valued and recognised by DCJ.
- Lead localised data development activities to enhance data collection that are useful for community.
- Generate genuine opportunity for greater authority to manage, govern and own data routinely collected.
- Build capability and expertise to collect, manage and store data effectively.

TEI will continue to work with service providers to adopt a flexible approach to Indigenous Data Sovereignty and Governance that meets the needs of local communities and to ensure they:

- Have the skills to understand the information in the Data Exchange reports.
- Have the resources to develop their own data collection and storage.
- Generate data sharing protocols that build on the service providers capacity to advocate for the service systems their communities require (e.g. share of associated datasets).
- Build technical capability to collect, analyse, and report data.
- Engage with communities they work with to highlight strengths and capacity building perspectives opposed to risks and gaps.

By empowering Aboriginal service providers to be custodians of their data, data will be a more accurate representation of the outcomes clients and communities achieve.

Further guidance on Indigenous Data Sovereignty and Governance and its practical application to services in the TEI program, is available on the [TEI website](#).

¹¹ Developed by the Maiam nayri Wingara Indigenous Data Sovereignty Collective.

8.3. Qualitative data reporting

Qualitative data collection is optional in the TEI program and may be reported to DCJ contract managers outside the Data Exchange in a format that best suits the service provider, such as annual reports, photos, stories and discussions during meetings.

Qualitative data can be used to tell the story behind the data reported in the Data Exchange by providing important insights into clients' unique experiences and the impact of services. The TEI program recognises the value of qualitative data, gathered through client perspectives and feedback to inform an evidence-informed approach, and for designing and delivering effective services that meet client need.

Qualitative data such as narratives, case studies, storytelling and yarning circles are often the preferred way for Aboriginal people and communities to engage and demonstrate outcomes.

It is recommended that service providers only collect qualitative data if they:

- Have somewhere safe to store the data (qualitative data cannot be stored in DEX).
- Have the capacity to analyse the data.
- Will use the data to better understand client needs and outcomes.
- Will use the data to improve service delivery and design.

In addition, obtaining client consent and informing clients about how and why service providers will use their information is critical.

Work will continue in the TEI program to support qualitative data collection and reporting, particularly to ensure it is culturally safe and meaningful.

8.4. Other reporting

Cultural safety and wellbeing reporting

Supporting the wellbeing of Aboriginal children, young people, families and communities is a critical requirement of the program and as such TEI service providers are required to report on their progress to deliver culturally-safe services.

DCJ contract managers and TEI service providers will discuss examples of how service providers are embedding the principles of the Cultural Safety and Wellbeing Program Logic into practice, during regular contract management meetings, at a minimum quarterly.

See [section 6.2](#) (Supporting the cultural safety and wellbeing of Aboriginal people) for further detail.

New feature

Service providers are expected to report on their progress to deliver culturally safe services.
What do you think of this?

Program logics

TEI service providers are required have a program logic in place and to review it every 12 months with their DCJ contract manager. It is also recommended that service providers periodically review their program logic (e.g. once every 3 months, or when service delivery changes occur to ensure it is an accurate representation of their activities and the needs in their communities).

Community Sector Coordination reporting tool

Organisations that deliver community sector coordination activities (in the Community Strengthening program activity) should report data outside of the Data Exchange. DCJ has developed a Community Sector Coordination reporting tool template (previously known as the optional reporting tool) for these organisations.

For further information about the reporting tool, see the [TEI Data Collection and Reporting Guide](#).

Note: The Community Sector Coordination reporting tool is the new name for the 'optional reporting tool'.

9. Notified policies and standards

All TEI service providers are required to be familiar and comply with following policies and standards:

[Funded Contract and Management](#)

[Framework NSW Interagency Guidelines](#)

[NSW Practice Framework](#)

[Child Safe Standards](#)

[Aboriginal Case Management Policy](#)

Please note that policies may change from time to time. Service providers need to ensure that they are referencing the most up to date version.

10. Appendices

10.1. Appendix A – Program Logics

Cultural Safety and Wellbeing Program Logic¹²

CURRENT SITUATION	EVIDENCE	ACTIVITIES AND SERVICES	OUTPUTS	THEORY OF CHANGE	SERVICE SYSTEM OUTCOMES
<p>Aboriginal and Torres Strait Islander children are overrepresented at multiple points along the child protection continuum.¹³</p> <p>Aboriginal and Torres Strait Islander children are significantly overrepresented in Out-of-Home Care.¹⁴</p> <p>Aboriginal children make up 42% of children in out-of-home care, but represent just 5.9% of the total child population in Australia.¹⁵</p> <p>Under the National Agreement on Closing the Gap, there is a commitment from government to reduce the rate of overrepresentation of Aboriginal and Torres Strait Islander children in Out-of-Home Care by 45% by 2031.¹⁶</p> <p>If current conditions are maintained, it is projected that the number of Aboriginal children reported at risk of significant harm (ROSH) and the rate of Aboriginal children in Out-of-Home Care per 1,000 population will continue to grow.¹⁷</p> <p>Anecdotal evidence suggests that Aboriginal or Torres Strait Islander</p>	<p>Gamarada Universal Indigenous Resources Pty Ltd and the Social Policy Research Centre conducted an evidence review to identify activities, practices or principles that ensure the cultural safety and wellbeing of Aboriginal children, young people, families and communities in early intervention services. This Cultural Safety and Wellbeing: Evidence review, conducted in 2021, identified six critical elements of culturally safe service delivery for the early support sector:</p> <p>1. Recognising the importance of culture</p> <p>Culture is integral to a sense of identity as the First Peoples of Australia, and being connected to culture is a protective factor for Aboriginal children, young people and families. This is why culturally safe service delivery begins with understanding the importance of culture in the lives of Aboriginal peoples.</p> <p>2. Self-determination</p> <p>Self-determination is a founding principle of cultural safety. The right to self-determination for Indigenous peoples is affirmed in the United</p>	<p>The six critical elements described in the Cultural Safety and Wellbeing: Evidence review will help to ensure the delivery of culturally safe services for Aboriginal children, young people, families and communities, and may be implemented in different ways to account for the diversity of service providers, service offerings and clients.</p> <p>These critical elements can be tailored to the local needs of communities; the individual preferences of clients; and availability of service system resources (including referral pathways).</p> <p>Each critical element has flexible activities that describe different ways it can be implemented, as follows:</p> <p>1. Recognising the importance of culture</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> Acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of the lands and waters of Australia. Mark organisational spaces and services as valuing First Nations cultures and welcoming to Aboriginal and Torres Strait Islander clients by displaying for example Aboriginal signage and artwork; incorporating Aboriginal history, language, stories and songs into services where appropriate. <p>2. Self-determination</p> <p>Flexible activities:</p>		<p>Lack of cultural safety, racism and fear are the main barriers to accessing essential services.</p> <p>Supporting the wellbeing of Aboriginal children, young people, families and communities through the delivery of culturally safe services is critically important for achieving positive outcomes for clients.</p> <p>The delivery of all the following critical elements by TEI service providers will help to achieve the delivery of culturally safe TEI services for Aboriginal children, young people, families and communities:</p> <ol style="list-style-type: none"> Recognising the importance of culture Self determination Workforce development Whole of organisation approach Leadership and partnership Research, monitoring and evaluation. 	<p>Cultural Safety and Wellbeing</p> <p>TEI services are culturally safe and inclusive</p>

¹² Australian Government. (2020). National Agreement on Closing the Gap. <https://www.closingthegap.gov.au/national-agreement>

Davis, M. (2019). Family is Culture: Independent review of Aboriginal Children and young people in OOHC in NSW. https://www.familyisculture.nsw.gov.au/_data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf; Department of Communities and Justice (DCJ). (2022). Aboriginal-led Data Sharing, Child protection and Out of home care Dashboard. <https://public.tableau.com/app/profile/dcj.statistics/viz/Aboriginal-ledDataSharingChildprotectionandOutofhomecareDashboard/Aboriginal-ledDataSharingChildprotectionandOutofhomecareDashboard?publish=yes>; Liddle, C., Gray, P., Burton, J., Prideaux, C., Solomon, N., Cackett, J., Jones, M., Bhathal, A., Corrales, T., Parolini, A., Wu Tan, W. and Tilbury, C. (2021). *The Family Matters Report 2021: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*. <https://www.familymatters.org.au/wp-content/uploads/2021/12/FamilyMattersReport2021.pdf>

¹³ Department of Communities and Justice (DCJ). (2022). Aboriginal-led Data Sharing, Child protection and Out of home care Dashboard. <https://public.tableau.com/app/profile/dcj.statistics/viz/Aboriginal-ledDataSharingChildprotectionandOutofhomecareDashboard/Aboriginal-ledDataSharingChildprotectionandOutofhomecareDashboard?publish=yes>

¹⁴ Ibid; Davis, M. (2019). Family is Culture: Independent review of Aboriginal Children and young people in OOHC in NSW. https://www.familyisculture.nsw.gov.au/_data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf

¹⁵ Child protection Australia 2020–21 (AIHW)

¹⁶ Australian Government. (2020). National Agreement on Closing the Gap. <https://www.closingthegap.gov.au/national-agreement>

¹⁷ Liddle, C., Gray, P., Burton, J., Prideaux, C., Solomon, N., Cackett, J., Jones, M., Bhathal, A., Corrales, T., Parolini, A., Wu Tan, W. and Tilbury, C. (2021). *The Family Matters Report 2021: Measuring trends to turn the tide on the over-representation of Aboriginal and Torres Strait Islander children in out-of-home care in Australia*. <https://www.familymatters.org.au/wp-content/uploads/2021/12/FamilyMattersReport2021.pdf>

<p>children entering Out-of-Home Care have often not received earlier interventions to keep them safely at home.¹⁸</p> <p>Longitudinal research conducted by Dr B J Newton on the rate of restoration for Aboriginal children indicated that of the 1018 Aboriginal children in the study, 15.2% were restored, while around 40 % of children entered care following just one (or no) substantiated Risk of Significant Harm reports.¹⁹</p> <p>Barriers for Aboriginal and Torres Strait Islander people accessing support earlier include fear of child removal through seeking support.²⁰ To overcome this, culturally safe services are required to be delivered by early support service providers.</p>	<p>Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and endorsed by the Australian Government.</p> <p>3. Workforce Development Culturally safe service delivery is dependent upon a highly skilled and capable workforce. For practitioners working in child protection and early intervention, this requires both clinical and/or skill-based competence, as well as cultural competence. The literature indicates that this can be achieved through two key strategies:</p> <ul style="list-style-type: none"> Recruiting, training and supporting more Aboriginal workers in the sector; and Providing education and training to non-Aboriginal workers so that they learn the history of Aboriginal people's experiences with the welfare system; develop high levels of cultural awareness and appreciation; and know how to deliver culturally safe and effective services. <p>4. Whole of organisation approach Cultural safety is the responsibility of the whole organisation, not just of practitioners. As asserted in the recently released National Principles for Child Safe Organisations, applying cultural safety across all levels of the organisation is a way of addressing the racism and discrimination that still exists across the health and human service systems today, and that often leads to a reluctance on the part of Aboriginal people to seek help.</p> <p>5. Leadership and Partnership Organisational leaders are responsible for embedding cultural safety within organisational governance, strategic planning, and program implementation, and for building long-term partnerships with Aboriginal communities and representatives. Embedding cultural safety into all aspects of an organisation relies upon building effective partnerships</p>	<ul style="list-style-type: none"> Cultural safety initiatives are directed and guided by Aboriginal and Torres Strait Islander practitioners and others with local cultural expertise and/or authority. Co-design services with the local Aboriginal community to ensure that their cultural knowledge, values and beliefs are embedded in service offerings, and that community support needs are addressed. Seek feedback from Aboriginal clients on their experience of receiving support and feelings of empowerment. <p>3. Workforce Development</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> Recruit Aboriginal staff and volunteers and actively support them through ongoing training, mentoring and career progression strategies. Provide all staff with ongoing cultural safety training and reflection opportunities to provide them with the skills and knowledge required to engage safely and competently with Aboriginal children, families and communities. <p>4. Whole of organisation approach</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> Conduct a cultural safety audit of organisation (governance, mission, management, staff, partnerships, service offerings/programs, information management/data collection) to identify any workplace deficiencies and/or gaps in services. Respond to audit findings by developing and implementing cultural safety action plans to address identified issues. Develop services that are known to be culturally safe and implement new services according to cultural safety guidelines. <p>5. Leadership and Partnership</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> Organisational leaders make a commitment to improving the long-term outcomes of Aboriginal and Torres Strait Islander children, young people, families and communities through prioritising their participation in accessible, high-quality early support that is trauma informed and culturally safe, and targeted to the specific needs of the client. Organisational leaders commit to enhancing the cultural safety of clients and actively model cultural safety expectations and behaviours for all staff. 			
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¹⁸ Davis, M. (2019). Family is Culture: Independent review of Aboriginal Children and young people in OOHC in NSW. https://www.familyisculture.nsw.gov.au/_data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf

¹⁹ Newton BJ, Katz I, Gray P, Frost S, Gelaw Y, Hu N, Lingam R, Stephensen J. Restoration from out-of-home care for Aboriginal children: Evidence from the pathways of care longitudinal study and experiences of parents and children. Child Abuse Negl. 2024 Mar;149:106058. doi: 10.1016/j.chiabu.2023.106058. Epub 2023 Feb 10. PMID: 36775773.

²⁰ Davis, M. (2019). Family is Culture: Independent review of Aboriginal Children and young people in OOHC in NSW. https://www.familyisculture.nsw.gov.au/_data/assets/pdf_file/0011/726329/Family-Is-Culture-Review-Report.pdf

	<p>between the service and Aboriginal clients and communities. Such partnerships ensure that program offerings can meet local community needs, and be informed by Aboriginal worldviews, as well as local expertise and knowledge.</p> <p>6. Research, monitoring and evaluation Research, and ongoing monitoring and evaluation is identified in a number of policy frameworks as foundational to culturally safe service delivery.</p>	<ul style="list-style-type: none"> • Recognise sectoral and organisational leaders of cultural safety and highlight their activities and share best-practice initiatives across the sector and organisation. • Organisational leaders to adequately fund investment and resourcing for cultural safety initiatives and related service improvements including ongoing staff training and reflection, and conduct of a cultural safety audit. • Seek, establish and maintain meaningful partnerships with local Aboriginal and Torres Strait Islander communities to support ongoing communication and the provision of services that address local needs. <p>6. Research, monitoring and evaluation</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> • In consultation with Aboriginal staff and community representatives, codesign indicators of cultural safety for Aboriginal children and families accessing services, as well as mechanisms to collect data to assess if cultural safety outcomes are being achieved. • Undertake assessment activities or evaluations of staff cultural safety training programs to determine their effectiveness in increasing staff knowledge, changing attitudes, and ability to deliver culturally safe programs and care. This should be done on an ongoing basis. Support knowledge transfer and the development of evidence-based sectoral practice by sharing examples of organisational and program success within your organisation. 			
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Community Strengthening Program Logic

CURRENT SITUATION	EVIDENCE	ACTIVITIES AND SERVICES	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
<p>Target group: children, young people, families and communities in particular:</p> <ul style="list-style-type: none"> Aboriginal children, young people, families and communities; 0-5 year olds; Children and young people at risk of disengagement from school, family and community; Young parents with known vulnerabilities or who are experiencing a number of hardships. Children and young people affected by a mental health condition/s. <p>Vulnerable children, young people, families and communities experience a number of challenges, which can be compounded by lack of support service and community infrastructure. Further, over the past few years, communities have been impacted by floods, bushfires, COVID-19 and cost of living increases.</p> <p>In 2021, the national percentage of children developmentally vulnerable in one or more domains increased from 21.7 per cent in 2018 to 22.0 per cent in 2021. The percentage of children who were developmentally vulnerable in two or more domains also increased from 11.0 per cent in 2018 to 11.4 per cent in 2021²¹.</p> <p>Social isolation and loneliness are among many factors that can be detrimental to a person's wellbeing. An increasing number of people aged 15-24, especially females, have reported experiencing loneliness since 2012. Social isolation has been increasing across all age groups for decades.²²</p> <p>Aboriginal and Torres Strait Islander people's strong connection to family, land, language and culture forms the foundation for social, economic and individual wellbeing. This is integral to efforts to close the gap²³.</p> <p>A 2023 report mapping disadvantage in NSW estimates in 2021- 22 there were more than 995,000 people in NSW living with significant economic disadvantage – below the poverty line²⁴.</p>	<p>Strong community wellbeing is critically important for helping children, young people and families thrive, especially when they are experiencing, or at risk of experiencing, vulnerability.</p> <p>Five critical elements are common across the evidence that contribute to increased community wellbeing for vulnerable children, young people and families:</p> <ol style="list-style-type: none"> Inclusive and genuine codesign and partnership: building authentic partnerships with community that work towards community ownership while also ensuring that the diverse voices of that community are represented. Leveraging strengths and building capacity: initiatives that are both strength based and actively building community capacity. Creating safe and effective spaces: spaces that are safe and accessible to everyone to allow for the effective engagement of diverse community members. Intersectional and safe approaches: incorporating an understanding of how the different aspects of a person's identity (e.g. gender, ethnicity, disability) can expose them to overlapping and intersecting forms of discrimination and marginalisation to allow for the delivery of a more integrated, safe and holistic suite of services. A whole system approach: interventions that are part of a whole system approach that interconnects multiple community cohorts and agencies. <p>(DCJ Evidence Portal: Community Strengthening Evidence Review).</p> <p>The 5th critical element also provides evidence supporting community sector coordination activities. A synthesis of elements of best practice in youth work include:</p> <ul style="list-style-type: none"> connectivity: development of programs and services that are long term, sustainable and 	<p>The Community Strengthening program activity encompasses activities aimed at facilitating greater community cohesion, inclusion and wellbeing, and empowerment of Aboriginal communities.</p> <p>Community strengthening activities seek to maximise social engagement, as well as provide social supports to ensure greater opportunities for both individuals and families within the community, as well as the community as a whole, through:</p> <ul style="list-style-type: none"> Advocacy and support Community engagement Community sector coordination Education and skills training Facilitating employment pathways Information, advice and referral Indigenous advocacy/support Indigenous community engagement Indigenous healing activities Social participation 	<p>As per contracted deliverables.</p>	<p>The evidence shows that the following critical elements have a positive impact on community wellbeing outcomes:</p> <ol style="list-style-type: none"> Inclusive and genuine codesign and partnership Leveraging strengths and building capacity Creating safe and effective spaces Intersectional and safe approaches A whole system approach. <p>Community wellbeing is a collective sense of belonging, participation, trust, and access to resources and services that allow individuals and their communities to flourish and fulfil their potential.</p> <p>Community can be critically important for helping children, young people and families thrive, especially when they are experiencing, or at risk of experiencing, vulnerability. To thrive, children and young people need protective factors such as relationships with supportive adults, safe environments and places to play, and high-quality social, emotional and educational learning experiences.</p> <p>The presence of more than one protective factor can reduce risks to a child's development and life outcomes. By focusing on community wellbeing, services can help achieve positive outcomes for children, young people and families by reducing risk factors and increasing protective factors within the community.</p> <p>Community engagement and development approaches occurring as a relational process at a local level are effective at improving outcomes</p>	<p>Social and Community</p> <ul style="list-style-type: none"> increased participation in community events increased sense of belonging to their community increase in formal and informal networks <p>Empowerment</p> <ul style="list-style-type: none"> increased client reported self-determination <p>Education and Skills</p> <ul style="list-style-type: none"> increased school attendance and achievement <p>Economic</p> <ul style="list-style-type: none"> sustained participation in employment <p>Safety</p> <ul style="list-style-type: none"> reduced risk of entry into the child protection system <p>Health</p> <ul style="list-style-type: none"> improved health of children and young people improved parental health <p>Home</p> <ul style="list-style-type: none"> sustained safe and stable housing <p>Service System Outcomes</p> <ul style="list-style-type: none"> strengths-based approach flexible and responsive culturally safe capable collaborative person centred evidence informed.

²¹ Australian Early Development Census (2022), Findings from the AEDC, Available at: <https://www.aedc.gov.au/early-childhood/findings-from-the-aedc>

²² Australian Institute of Health and Welfare (2023) Australia's welfare 2023 data insights, catalogue number AUS 246, AIHW, Australian Government. Available at: <https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2023-data-insights/contents/social-isolation-loneliness-and-wellbeing>

²³ National Indigenous Australians Agency, Culture. Available at: <https://www.niaa.gov.au/indigenous-affairs/culture-and-capability#introduction>

²⁴ NSW Council of Social Services (2023) Mapping Economic Disadvantage in New South Wales, Available at: <https://www.ncoss.org.au/policy-advocacy/policy-research-publications/mapping-economic-disadvantage-in-nsw/>

<p>Other challenges include mental health, family violence, high unemployment rates and LGAs with low socio-economic ranking on the SEIFA index²⁵.</p> <p>If these issues are not addressed, disadvantage in communities is expected to become further entrenched. Children in these families are likely to be negatively impacted which may result in poor developmental, educational and social outcomes.</p> <p>Community development has positive outcomes for children, young people and families. This includes increasing:</p> <ul style="list-style-type: none"> parenting skills; parental confidence; self-awareness and confidence; visits to health professionals and other services; knowledge and understanding of money management; employment; re-engagement with education²⁶. <p>Community development has also been shown to decrease:</p> <ul style="list-style-type: none"> injury and suicide rates; low literacy levels; alcohol related hospitalisation; crime rates²⁷. 	<p>relationship based, birthed and sourced from within the community</p> <ul style="list-style-type: none"> strengths-based approach: embracing notions of independence and autonomy among services for young people capacity building: ability to build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management contextual and systemic considerations: consideration of macro-contexts including economic, political and social and cultural factors. <p>(DCJ Evidence Portal: Agency and Empowerment Evidence Review).</p>			<p>for children, young people, families and communities.</p> <p>Community Sector Coordination</p> <p>System level initiatives that promote comprehensive, protective and preventative support are key to achieving enduring change.</p>	
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²⁵ Australian Bureau of Statistics (2023) Socio-Economic Indexes for Areas (SEIFA), Australia, viewed April 2023. Available at: <https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release>

²⁶ Snijder, M. 2017. 'Maldahnalanga: Integrating rigorous research and community participation in Aboriginal community-based research', PhD thesis, NDARC. University of New South Wales, Sydney NSW

²⁷ Ibid.

Family Connect and Support (FCS) Program Logic

CURRENT SITUATION	ACTIVITIES AND SERVICES	EVIDENCE	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
<p>The number of child protection helpline reports continues to rise and less than one-third of children reported at Risk of Significant Harm (ROSH) receive a face-to-face assessment (Donnelly Inquiry, 2017; Tune Review 2016).</p> <p>Reviews of the NSW child protection system between 2008 and 2019 consistently highlight that there is inadequate investment in early intervention services to support families to address their complex needs and vulnerabilities to prevent contact with statutory child protection and entries into OOHC.²⁸</p> <p>The following cohorts²⁹</p> <ul style="list-style-type: none"> Aboriginal children, young people & their families Children aged 0-5 years Children and young people affected by a mental health condition/s Children and young people at risk of disengagement from school, family and community. Young parents with known vulnerabilities or who are experiencing a number of hardships. <p>Commonwealth and NSW Governments have committed to reduce overrepresentation and increase access to early intervention for Aboriginal families.³⁰ In addition, families with vulnerable young children 0-5 and young people affected by a mental health condition have been identified as priority populations.³¹</p> <p>Families have needs that cross government silos (e.g. economic, health, housing, education, safety) and attempts to coordinate services across agencies have failed to improve their outcomes.³² The current service system is complex and difficult to navigate, with inconsistencies in service provision and entry points across geographic locations. This makes</p>	<p>Proactive outreach</p> <ul style="list-style-type: none"> Outreach into universal settings, home visits and cold calling to better reach families. Anyone who presents to FCS will be provided with support if they are not already engaged with the statutory child protection system. <p>Holistic assessment</p> <ul style="list-style-type: none"> Timely needs and strengths-based assessment. Whole-of-family lens, trauma-informed and culturally safe. Tiered support model tailored to client needs. <p>Timely and warm referrals</p> <ul style="list-style-type: none"> Intake and referral gateway into local services and supports, with support to navigate the system. Culturally appropriate information and referrals. Advocating for client access to services, arranging services and introducing clients to the referral agency. Active outbound contact with families and/or outbound agencies to learn if family's needs have been met/whether further support is required. <p>Active holding & flexible brokerage</p> <ul style="list-style-type: none"> Check ins and support to families, including practical supports and use of brokerage, home visits, follow up with services – until a suitable service can be accessed. Brokerage funding where presenting issues can be quickly addressed through practical assistance. <p>Family-led decision making</p> <ul style="list-style-type: none"> Meetings with families are strengths-based and encourage family decision-making and responsibility about the services with which they engage Informal supports within the family as well as formal supports are identified and engaged in partnership with the family 	<p>Available evidence on effective and targeted early intervention can significantly impact the developmental outcomes, and in turn, life trajectories of children, families and communities.</p> <p>Research shows that enablers of success and specific service features of interventions include: soft entry points; flexible approaches that respond to individual needs; strengths-based approaches; and community-driven and culturally appropriate design.³⁴</p> <p>Consultations with the child and family sector, in the FCS redesign process, highlighted the effectiveness of identifying, engaging and referring families to services before their situation escalates.</p> <p>The FCS model builds upon the strengths of the longstanding NSW Family Referral Services, implemented as part of the Keep Them Safe Reforms. These strengths include:</p> <ul style="list-style-type: none"> Information and advice to help families navigate the service system Warm referrals Brokerage funds Assertive outreach <p>The core component 'Engagement' is critical to preventing child abuse and neglect.³⁵ Engagement activities include building trust and being flexible in delivery to meet the needs of clients.</p> <p>How services engage with families is crucial to ensuring parents/carers participate and remain in a program. In the case of FCS, families' support needs are met and they are effectively engaged and connected with the appropriate services through warm referrals.</p> <p>Evidence shows 'Engagement' is most effective when practitioners also:</p> <ul style="list-style-type: none"> Build a positive relationship with families by fostering a trusting and caring partnership built on empathy respect and open communication, and Actively work with families to overcome barriers to their participation³⁶. 	<p>As per contracted service deliverables</p>	<p>Through early access to service and support, families can build their own capabilities to meet their goals and safely care for their children. This is achieved by increasing a family's knowledge of services and supports that may help their ability to engage in appropriate services, leading to increased empowerment and family functioning.</p>	<p>Families engage with Family Connect and Support.</p> <p>Families identify their needs, through assessment considering the 8 NSW Human Services Outcomes Framework domains (economic, family relationships, education and skills, safety, home, health and empowerment).</p> <p>Families are provided with culturally appropriate service information and referrals.</p> <p>Families have increased knowledge of the services and supports available to them.</p> <p>Families have improved resourcefulness to meet their needs.</p> <p>Families are empowered to engage with services which support their needs.</p> <p>Families feel heard, understood and respected when engaging with the FCS.</p>

²⁸ The Hon James Wood AO QC (2008) Report of the Special Commission of Inquiry into Child Protection Services in NSW; David Tune AO PSM (2016) Independent Review of Out of Home Care in New South Wales; The Hon Greg Donnelly MLC (2017) Inquiry into Child Protection in NSW; Professor Megan Davis (2019) Family is Culture: Independent Review into Aboriginal Out-of-home Care in NSW.

²⁹ Stronger Communities Investment Unit (2018) Forecasting Future Outcomes, available at: <https://www.nsw.gov.au/sites/default/files/2023-01/Forecasting%20Future%20Outcomes%20Report%202018.pdf>.

³⁰ National Indigenous Australians Agency (2020) Closing the Gap Report; Department of Family and Community Services (2018) Aboriginal Outcomes Strategy 2017-2021.

³¹ Stronger Communities Investment Unit (2018) Forecasting Future Outcomes, available at: <https://www.nsw.gov.au/sites/default/files/2023-01/Forecasting%20Future%20Outcomes%20Report%202018.pdf>.

³² David Tune AO PSM (2016) Independent Review of Out of Home Care in New South Wales.

³⁴ Their Futures Matter (2018), *Access Systems Redesign: Evidence Review*, Sydney: State of NSW.

³⁵ Department of Communities and Justice (2022) Preventing Child Maltreatment: Evidence Review, Available at: <https://evidenceportal.dcj.nsw.gov.au/evidence-portal-home/our-evidence-reviews/preventing-child-maltreatment.html>.

³⁶ Ibid.

<p>it difficult for families to access the supports available to them.³³</p>	<ul style="list-style-type: none"> Referral to a formal family group conference or convening a case conference where appropriate. <p>Whole-of-family case coordination and planning</p> <ul style="list-style-type: none"> Dedicated case coordination and a single point of contact for the family. Individualised, single case plan that can move with the family. Case conferencing meetings with the family's service providers to facilitate coordination of service provision. 	<p>Engagement is important in ensuring families receive referral to other support services that provide: case management; parental education, coaching and modelling; parental self-care and personal development; and building supportive relationships and social networks.³⁷</p>			<p>Children are safe within their families with reduced risk of entry into the child protection system.</p> <p>Families, children and young people's mental health and wellbeing are improved.</p>
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³³ Their Futures Matter (2018), *Access Systems Redesign: Evidence Review*, Sydney: State of NSW.

³⁷ *Ibid.*

Wellbeing and Safety (Children and Families) Program Logic

CURRENT SITUATION	EVIDENCE	ACTIVITIES AND SERVICES	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
<p>Target group: children, young people, families and communities in particular:</p> <ul style="list-style-type: none"> Aboriginal children, young people, families and communities; 0-5 year olds; children and young people at risk of disengagement from school, family and community; young parents with known vulnerabilities or who are experiencing a number of hardships. Children and young people affected by a mental health condition/s. <p>Child abuse and neglect is associated with a variety of adverse outcomes in both the short and long term. It can affect all domains of child development – physical, psychological, emotional, behavioural and social. It also has enduring impacts that can lead to poorer outcomes later in life (e.g. in educational attainment, health and employment).</p> <p>Family violence is one of the most common issues presenting in child protection notifications in Australia.³⁸ Children and young people are victim survivors of family violence in their own right via exposure to family violence.³⁹ The presence of family violence makes a child more likely to experience physical and sexual abuse and all forms of neglect.⁴⁰</p>	<p>Children need safe and supportive families to thrive and do best when their parents are supported early to give them the best start in life and promote optimal child development.⁴⁹</p> <p>Five core components are common across evidence-based programs that prevent child abuse and neglect, and improve parenting knowledge, skills and behaviours:</p> <ol style="list-style-type: none"> Engagement How services engage with families is crucial to contributing positive outcomes to ensure parents/carers participate and remain in a program until they have achieved their goals. Case management This includes providing wrap around and coordinated support and conducting referrals and case conferencing when necessary vital to meeting the needs of families. It also includes facilitating family-driven goal setting and planning to ensure families have a say about the support they receive. Parental education, coaching and modelling This ensures parents have the skills and knowledge to meet their children's needs and is crucial to behaviour change that can prevent child abuse and neglect. The focus of this education should be tailored to the family. It may include practical advice about routines or typical infant and child behaviour. It may also include resolving family conflict or practicing positive parenting behaviour. In the context of family 	<p>The following five core components focus on reducing risk factors and enhancing protective factors for children, young people and families at risk of child abuse and neglect (including exposure to family violence).</p> <p>These components can be tailored to the local needs of communities; the individual preferences of clients; and availability of service system resources (including referral pathways and service partnerships/collaborative practice). Each core component has flexible activities that describe different ways it can be implemented.</p> <ol style="list-style-type: none"> Engagement Flexible activities: <ul style="list-style-type: none"> Build a positive relationship Remove barriers to participation (Service Types: All) Case Management Flexible activities: <ul style="list-style-type: none"> Wrap around and coordinated support Service utilisation and referrals Family driven goal setting and planning Case conferencing (Service Types: Family Capacity Building;) Parenting education, coaching and modelling Flexible activities: <ul style="list-style-type: none"> Family problem solving Newborn and infant care Prenatal care Positive parenting practices Child health and safety 	<p>As per contracted service deliverables</p>	<p>Reducing risk factors and enhancing protective factors associated with child abuse and neglect, ensures children and young people are safe and families thrive.</p> <p>Wraparound and coordinated supports support parents to develop positive parenting skills and address underlying causes of negative parenting practices.</p> <p>If more children and young people at risk of family violence are identified and supported early, this will reduce the risk of significant harm and the long-term negative outcomes of family violence and exposure to family violence. Further, fewer children and young people are likely to experience or perpetrate family violence in adulthood, helping to interrupt intergenerational cycles of family violence.</p> <p>Engagement How services engage with families is crucial to ensuring they participate, and remain in a program, until they have achieved their goals. Building safety and trust and being flexible in delivery to meet client needs is critical.</p> <p>Working actively with families to overcome barriers to participation ensures families continue to receive the support they need.</p> <p>Case Management Understanding and addressing the needs of families is crucial to improving outcomes, including providing material, emotional and practical support to parents/carers, particularly those in crisis or chaotic environments. Flexibility (differing levels of intensity and for short or</p>	<p>Safety</p> <ul style="list-style-type: none"> reduced risk of entry into the child protection system <p>Social and Community</p> <ul style="list-style-type: none"> increased participation in community events Increased sense of belonging to their community increased client connection to supportive relationships <p>Empowerment</p> <ul style="list-style-type: none"> increased client reported self-determination improved client personal wellbeing <p>Education and Skills</p> <ul style="list-style-type: none"> increased school attendance and achievement <p>Economic</p> <ul style="list-style-type: none"> sustained participation in employment <p>Health</p> <ul style="list-style-type: none"> improved health of children and young people Improved parental health <p>Home</p> <ul style="list-style-type: none"> sustained safe and stable housing

³⁸ The Australian Research Alliance for Children and Youth (ARACY), 2015, Better systems, better chances: A review of research and practice for prevention and early intervention, https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf.

³⁹ DCJ, NSW Domestic and Family Violence Plan 2022-2027 (December, 2022), available at: <https://www.indigenousjustice.gov.au/wp-content/uploads/mp/files/resources/files/nsw-domestic-and-family-violence-plan-2022-2027.pdf>.

⁴⁰ Australian Institute of Health and Welfare. (2022). Australia's children. Retrieved from: <https://www.aihw.gov.au/reports/children-youth/australias-children>.

⁴⁹ Australian Institute of Family Studies, 2020, Ensuring all children get the best start in life: A population approach to early intervention and prevention, <https://aifs.gov.au/cfca/2020/10/20/ensuring-all-children-get-best-start-life-population-approach-early-intervention-and>

<p>A study found that young people who had witnessed abuse between family members and had been subjected to targeted abuse were more than 9 times likely to use violence in the home than those who had not experienced any child abuse.⁴¹</p> <p>Children and adolescents who experience negative parenting practices, neglect or abuse are more likely to:</p> <ul style="list-style-type: none"> • suffer externalising problems, including aggression and engaging in crime and delinquency⁴² • exhibit low self-esteem, deficits in social competency and have difficulty forming relationships with peers⁴³ • suffer internalising problems such as anxiety, depression, withdrawal, and post-traumatic stress disorder,⁴⁴ • engage in substance abuse, self-harm, and suicidal ideation⁴⁵ • experience cognitive delays and learning difficulties and long-term deficits in educational achievement⁴⁶ <p>There is great need for early intervention strategies that focus on reducing risk factors and enhancing protective factors associated with child abuse and neglect. Parents need wraparound and coordinated supports that not only support them to develop positive parenting skills but address the underlying causes of negative parenting practices.⁴⁷ This requires flexible and local responsive systems that can respond early and effectively to issues and challenges.⁴⁸</p>	<p>violence this may also include activities that support victim survivors to restore their confidence in parenting, within safe, respectful spaces.</p> <p>4. Parental self-care and personal development</p> <p>Ensuring that parents/carers have their mental health, physical and personal needs met is very important. Parents may be unable to meet the needs of their children if they are struggling with their own issues. Identifying issues parents may face and working with them to address those issues can improve their capacity to build a loving and caring home environment and positive relationship with their children.</p> <p>5. Building supportive relationships and social networks</p> <p>Parents need supportive and positive relationships with family and friends. This provides parents with someone they can go to for advice or respite when they need it. It also ensures that children have a number of adults with the best interests at heart.</p> <p>(DCJ Evidence Portal: Preventing Child Maltreatment Evidence Review)</p> <p>Additionally, these five core components also contribute to outcomes of improved: family functioning; use of support services by parents; parent relationships and social support; parental mental health and reductions in parent substance use; family violence; and child medical care and reduced hospitalisations.</p>	<p>(Service Types: Education and Skills Training; Family Capacity Building; Indigenous supported playgroups; Parenting Programs; Supported playgroups)</p> <p>4. Parental self-care and personal development</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> • Building confidence and self-sufficiency • Life skills development and education • Address parental risk factors • Counselling • Support to cope with stress • Anger management <p>(Service Types: Counselling; Family Capacity Building; Supported Playgroups; Specialist Support)</p> <p>5. Building supportive relationships and social networks</p> <p>Flexible activities:</p> <ul style="list-style-type: none"> • Multifamily recreation activities • Involve family and friends • Strengthen parent relationships • Improve parents' informal support <p>(Service Types: Family Capacity Building; Indigenous supported playgroups; Mentoring/Peer Support; Parenting Programs; Supported playgroups)</p>	<p>long periods of time) of support is critical.</p> <p>Family-led decision making and planning ensures their needs and goals are at the centre of service delivery and supports self determination.</p> <p>Developing a holistic plan to support the family can ensure they are provided with multiple and integrated supports for all family members.</p> <p>Parenting education, coaching and modelling</p> <p>Parenting education, coaching and modelling ensures parents/carers have the skills and knowledge to meet their children's needs, including practical advice about routines or typical infant and child behaviour, and resolving family conflict or practicing positive parenting behaviours.</p> <p>Supporting parents to positively interact and engage with their children fosters the social, emotional and cognitive development of the child. It can also ensure parents understand how to appropriately discipline their children, mitigating the risk of child abuse.</p> <p>Parental self-care and personal development</p> <p>Ensuring that parents/carers have their mental health, physical and personal needs met is critical to ensuring they can meet the needs of their children.</p> <p>Addressing parental risk factors can ensure parents are in the best place possible to care for their children and keep them safe. It can also ensure parents have the capacity to develop their parenting skills and meaningful engage with supports that are provided.</p>	
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⁴¹ K Fitz-Gibbon, S Meyer, J Maher, and S Roberts, Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts, Research report 15/2022, ANROWS, 2022. Retrieved from <https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/>

⁴² Leeb, RT, Lewis, T & Zolotor, AJ, 2011, 'A review of the physical and mental health consequences of child abuse and neglect and implications for practice', American Journal of Lifestyle Medicine, vol. 5, no. 5, pp. 454-468; Maas, C, Herrenkohl, TI, & Sousa, C, 2008, 'Review of research on child maltreatment and violence in youth', Trauma Violence Abuse, vol. 9, pp. 56-67; Sternberg, KJ, Lamb, ME, Guterman, E, & Abbott, CB, 2006, 'Effects of early and later family violence on children's behaviour problems and depression: A longitudinal, multi-informant perspective', Child Abuse & Neglect, vol. 30, pp. 283-306; Mersky, JP, Topitzes, J, & Reynolds, AJ, 2011, 'Unsafe at any age: Linking childhood and adolescent maltreatment to delinquency and crime', Journal of Research in Crime and Delinquency, vol. 49, no. 2, pp. 296-318.

⁴³ Sanders, M & Pidgeon, A, 2011, 'The Role of Parenting Programmes in the Prevention of Child Maltreatment, Australian Psychologist, vol. 46, no. 4, pp. 199-209.

⁴⁴ Widom, CS, Dumont, KA, & Czaja, SJ, 2007, 'A prospective investigation of major depressive disorder and comorbidity in abused and neglected children grown up', Archives of General Psychiatry, vol. 64, pp. 49-56.

⁴⁵ Widom, CS, White, HR, Czaja, SJ, & Marmorstein, NR, 2007, 'Long-term effects of child abuse and neglect on alcohol use and excessive drinking in middle adulthood', Journal of Studies on Alcohol and Drugs, vol. 68, pp. 317-326; Yates, TM, Carlson, EA, & Egeland, B, 2008, 'A prospective study of child maltreatment and self-injurious behaviour in a community sample', Developmental Psychopathology, vol. 20, pp. 651-671; Afifi, TO, Enns, MW, Cox, BJ, Asmundson, G, Stein, M, & Sareen, J, 2008, 'Population attributable fractions of psychiatric disorders and suicide ideation and attempts associated with adverse childhood experiences', American Journal of Public Health, vol. 98, pp. 946-952.

⁴⁶ Leeb, RT, Lewis, T & Zolotor, AJ, 2011, 'A review of the physical and mental health consequences of child abuse and neglect and implications for practice', American Journal of Lifestyle Medicine, vol. 5, no. 5, pp. 454-468; Boden, JM, Horwood, LJ, & Fergusson, DM, 2007, 'Exposure to childhood sexual and physical abuse and subsequent educational achievement outcomes', Child Abuse & Neglect, vol. 31, pp. 1101-1114.

⁴⁷ Sanders, M & Pidgeon, A, 2011, 'The Role of Parenting Programmes in the Prevention of Child Maltreatment, Australian Psychologist, vol. 46, no. 4, pp. 199-209.

⁴⁸ Dr Stacey Fox, Angela Southwell, Neil Stafford, Dr Rebecca Goodhue, Dr Dianne Jackson, Dr Charlene Smith, 2015, Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention', Australian Research Alliance for Children and Youth.

				<p>In the context of family violence this may also include activities that support victim survivors to restore their confidence in parenting, within safe and respectful spaces.</p> <p>Building supportive relationships and social networks</p> <p>Supportive relationships between parents/carers and their families ensure that children have a number of adults with their best interest at heart. Supportive relationships also enable parents/carers to seek advice and respite from others when needed.</p> <p>Holistic case management that recognises the impact of Family Violence on the whole family including the extended family and kinship network, and supports this network on the pathway to healing, helps facilitate long-term positive outcomes including safety from family violence.</p>	
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Wellbeing and Safety (Young People) Program Logic

CURRENT SITUATION	EVIDENCE	ACTIVITIES AND SERVICES	OUTPUTS	THEORY OF CHANGE	CLIENT OUTCOMES
<p>Target group:</p> <p>Young people aged 10 – 24 transitioning from childhood to adulthood, particularly those facing disadvantage, including:</p> <ul style="list-style-type: none"> Children and young people at risk of disengagement from school, family and community. Young parents with known vulnerabilities or who are experiencing a number of hardships. Children and young people affected by a mental health condition/s. <p>Particularly vulnerable groups include people living regionally, Aboriginal children, families or communities, LGBTIQ+ people, people with disability and/or people from culturally and linguistically diverse communities, including migrants and refugees.</p> <p>Young people are at the life stage where they experience significant physical, emotional, psychological, cognitive and social changes. They may also face a range of challenges including increased poverty and housing insecurity, homelessness, disengagement from education and an increase in mental health issues, and cost of living increases.</p> <p>Family Violence (FV)</p> <p>Family Violence is one of the most common issues presenting in child protection notifications in Australia.⁵⁰ The presence of Family Violence makes the child more likely to experience physical and sexual abuse and all forms of neglect.⁵¹</p> <p>A study found that young people who had witnessed abuse between family members and been subjected to targeted abuse were more than 9 times more likely to use violence</p>	<p>Socioemotional wellbeing is essential for our overall health and wellbeing. Socioemotional wellbeing is a state of wellbeing that encompasses personality traits and skills that characterise a person's relationships in a social environment.</p> <p>Programs that seek to improve socioemotional wellbeing build behavioural and emotional strengths and the ability to adapt and deal with daily challenges and respond positively to adversity while leading a fulfilling life.⁵⁹ Young people who are socioemotionally well and competent have been found to:</p> <ul style="list-style-type: none"> communicate well have healthy relationships be confident perform better at school take on and persist with challenging tasks; and be resilient against life stressors.⁶⁰ <p>Five core components are common across evidence-based programs that foster socioemotional wellbeing in young people aged 10-24:</p> <ul style="list-style-type: none"> self-concept, self-efficacy and confidence mindfulness and self-regulation prosocial skills and relationship building building motivation and monitoring behavioural change building knowledge and awareness for socioemotional wellbeing <p>(DCJ Evidence Portal: Youth Socioemotional Wellbeing Evidence Review)</p> <p>Authentic relationships built on trust and mutual respect form the foundation of</p>	<p>The following <u>five core components</u> are essential to fostering socioemotional wellbeing outcomes for young people aged 10-24.</p> <p>These components can be tailored to the local needs of communities, the individual preferences of clients, and availability of service system resources (including referral pathways). Each core component has <u>flexible activities</u> that describe different ways it can be implemented. The core components are:</p> <ol style="list-style-type: none"> Self-concept, self-efficacy and confidence <p>Self-concept, self-efficacy⁶¹ and confidence is achieved through positive self-identity, body image, cultural connectedness and identity.</p> <ol style="list-style-type: none"> Mindfulness and self-regulation <p>This provides strategies to enable self-regulation, stress management and emotional regulation.</p> <ol style="list-style-type: none"> Prosocial skills and relationship building <p>Build social skills required to positively interact with peers and community members through fostering communication and engaged learning with others.</p> <ol style="list-style-type: none"> Building motivation and monitoring behavioural change <p>Motivate behavioural change or attitude and monitor and document behavioural changes over time.</p> <ol style="list-style-type: none"> Building knowledge and awareness for socioemotional wellbeing <p>Structured or unstructured learning and development activities that underpin the other core components.</p>	<p>As per contracted service deliverables</p>	<p>Young people who are socioemotionally well and competent have been found to:</p> <ul style="list-style-type: none"> communicate well have healthy relationships be confident perform better at school take on and persist with challenging tasks; and be resilient against life stressors.⁶² <p>Self-concept, self-efficacy and confidence</p> <p>Building self-awareness and skills critical to dealing with difficult situations, embracing connection to self and culture, and fostering autonomy and independence is critical for young peoples' self-concept, self-efficacy and confidence.</p> <p>Mindfulness and self-regulation</p> <p>Honing body awareness and strategies for calming the body, managing emotions and relieving stress is critical for young peoples' mindfulness and self-regulation.</p> <p>Prosocial skills and relationship-building</p> <p>Build social skills required to positively interact with peers and community members through fostering communication and engaged learning with others. Peer learning and support activities where young people learn with their peers. Engagement with community and skill-building critical to establishing and maintaining healthy relationships.</p> <p>Building motivation and monitoring behavioural change</p> <p>Motivate a behavioural change or attitude and/or monitor and document behavioural changes over time. Encourage young people to consider and change otherwise risky behavioural choices, or to plan to make healthy choices that promote their socioemotional wellbeing.</p> <p>Building knowledge and awareness for socioemotional wellbeing</p> <p>Structured or unstructured learning and development activities that underpin the other core components (includes activities to enable critical thinking,</p>	<p>Empowerment</p> <ul style="list-style-type: none"> increased client reported self-determination <p>Social and Community</p> <ul style="list-style-type: none"> increased participation in community events increased sense of belonging to their community <p>Education and Skills</p> <ul style="list-style-type: none"> increased school attendance and achievement <p>Economic</p> <ul style="list-style-type: none"> sustained participation in employment <p>Safety</p> <ul style="list-style-type: none"> reduced risk of entry into the child protection and justice systems increased safety from Family Violence and (longer term) reduced rates of Family Violence <p>Health</p> <ul style="list-style-type: none"> improved health of children and young people improved parental health <p>Home</p>

⁵⁰ The Australian Research Alliance for Children and Youth (ARACY), 2015, Better systems, better chances: A review of research and practice for prevention and early intervention, https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf.

⁵¹ Australian Institute of Health and Welfare. (2022). Australia's children. Retrieved from: <https://www.aihw.gov.au/reports/children-youth/australias-children>

⁵⁹ Australian Institute of Health and Welfare (2012) *Social and emotional wellbeing: development of a Children's Headline Indicator*. Cat. no. PHE 158. Canberra: Australian Institute of Health and Welfare.

⁶⁰ Ibid.

⁶¹ Self-efficacy refers to subjective judgments of one's capabilities to organise and execute courses of action to attain designated goals (Bandura, 1977, 1997). In other words, self-efficacy relates to a person's perception of "how well can I do something?" rather than "what am I like?"

⁶² Australian Institute of Health and Welfare (2012) *Social and emotional wellbeing: development of a Children's Headline Indicator*. Cat. no. PHE 158. Canberra: Australian Institute of Health and Welfare.

<p>in the home than those who had not experienced any child abuse.⁵²</p> <p>Young people are at the life stage where they experience significant physical, emotional, psychological, cognitive and social changes. Exposure to Family Violence as well as a form of harm in itself, significantly impairs limits the ability of young people to navigate and manage these changes. Young people may also face a range of challenges because of Family Violence including increased poverty and housing insecurity, homelessness, disengagement from education and an increase in mental health conditions.</p> <p>Mental health</p> <p>In the period 2020-22, 38.8% of young people aged 16-24 experienced a mental disorder that lasted for 12 months or more⁵³. Young people aged 16-24 are more likely to have a substance use disorder than other age groups⁵⁴.</p> <p>Young people have the highest rates of hospitalisation for intentional self-harm. In 2021-22 the rate for young people aged 15-19 was 389 hospitalisations per 100,000 population, the highest of all age groups.⁵⁵</p> <p>Suicide is the leading cause of death for Australians aged 15-24. In 2022, deaths by suicide represented 30.9% of all deaths in young people aged 15-17 years and 32.4% of all deaths in those aged 18-24 years.⁵⁶</p> <p>School engagement and attendance</p> <p>Disengagement from school can negatively impact young people's educational and employment outcomes in the future.</p> <p>In 2021, approximately one in twelve secondary school students were suspended, with 32,547 short suspensions and 12,505 long suspensions issued.⁵⁷</p> <p>Interactions with the justice system</p>	<p>good youth work practice, together with having an ecological focus, encouraging personal agency, and fostering alternative possibilities.</p> <p>Many youth work interventions directly or indirectly foster empowerment and agency in young people. Rights-based approaches, and recognition of the need to give primacy to youth voice and participation in decision making are critical to empowering young people and safeguarding their rights.</p> <p>A synthesis of elements of best practice in youth work include:</p> <ul style="list-style-type: none"> • connectivity: development of programs and services that are long term, sustainable and relationship based, birthed and sourced from within the community • strengths-based approach: embracing notions of independence and autonomy among services for young people • capacity building: ability to build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management • contextual and systemic considerations: consideration of macro-contexts including economic, political and social and cultural factors. <p>(DCJ Evidence Portal: Youth Work - Agency & Empowerment Evidence Review)</p>	<p>And are delivered through the following service types:</p> <ul style="list-style-type: none"> • Counselling • Education, skills training • Information, advice and referral • Mentoring and peer support • Specialist support • Youth individualised support 	<p>metacognition and self-regulation, addressing risks, promote healthy relationships, consider social norms).</p> <p>Youth work interventions directly or indirectly foster empowerment and agency in young people, through a broad range of supportive practices and activities conducted with young people, across a range of different settings.</p> <p>Critical to youth work practice is:</p> <ul style="list-style-type: none"> • a practice that places young people and their interests first • a relational practice, where the youth worker operates alongside the young person in their context • an empowering practice that advocates for, and facilitates a young person's independence, participation in society, connectedness and realisation of their rights • voluntary, participatory, responsive, and contextual. <p>Authentic relationships built on trust and mutual respect form the foundation of good youth work practice, together with having an ecological focus, encouraging personal agency, and fostering alternative possibilities.</p> <p>Connectivity</p> <p>Develop programs and services that are long-term, sustainable, relationship-based, birthed and sourced from within the community.</p> <p>Strengths based</p> <p>Embrace notions of independence and autonomy among services for young people.</p> <p>Capacity building</p> <p>Build capacity in terms of staff professional development, effective research, evaluation and information gathering and sharing, and leadership in the area of governance and management.</p> <p>Contextual and systemic considerations</p> <p>Consider macro-contexts including economic, political and social and cultural factors.</p> <p>(The four key elements of best practice in youth work (DCJ Evidence Portal: Agency & Empowerment Evidence Review)</p>	<ul style="list-style-type: none"> • sustained safe and stable housing
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⁵² K Fitz-Gibbon, S Meyer, J Maher, and S Roberts, Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts, Research report 15/2022, ANROWS, 2022. Retrieved from <https://www.anrows.org.au/publication/adolescent-family-violence-in-australia-a-national-study-of-prevalence-history-of-childhood-victimisation-and-impacts/>

⁵³ Australian Bureau of Statistics (2023) National Study of Mental Health and Wellbeing, available at: <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release#key-statistics>

⁵⁴ Ibid.

⁵⁵ Australian Institute of Health and Welfare (2023) Suicide & self-harm monitoring: Intentional self-harm hospitalisations among young people, available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/intentional-self-harm-hospitalisations-among-young>

⁵⁶ Australian Institute of Health and Welfare (2023) Suicide & self-harm monitoring: Deaths by suicide among young people, available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>

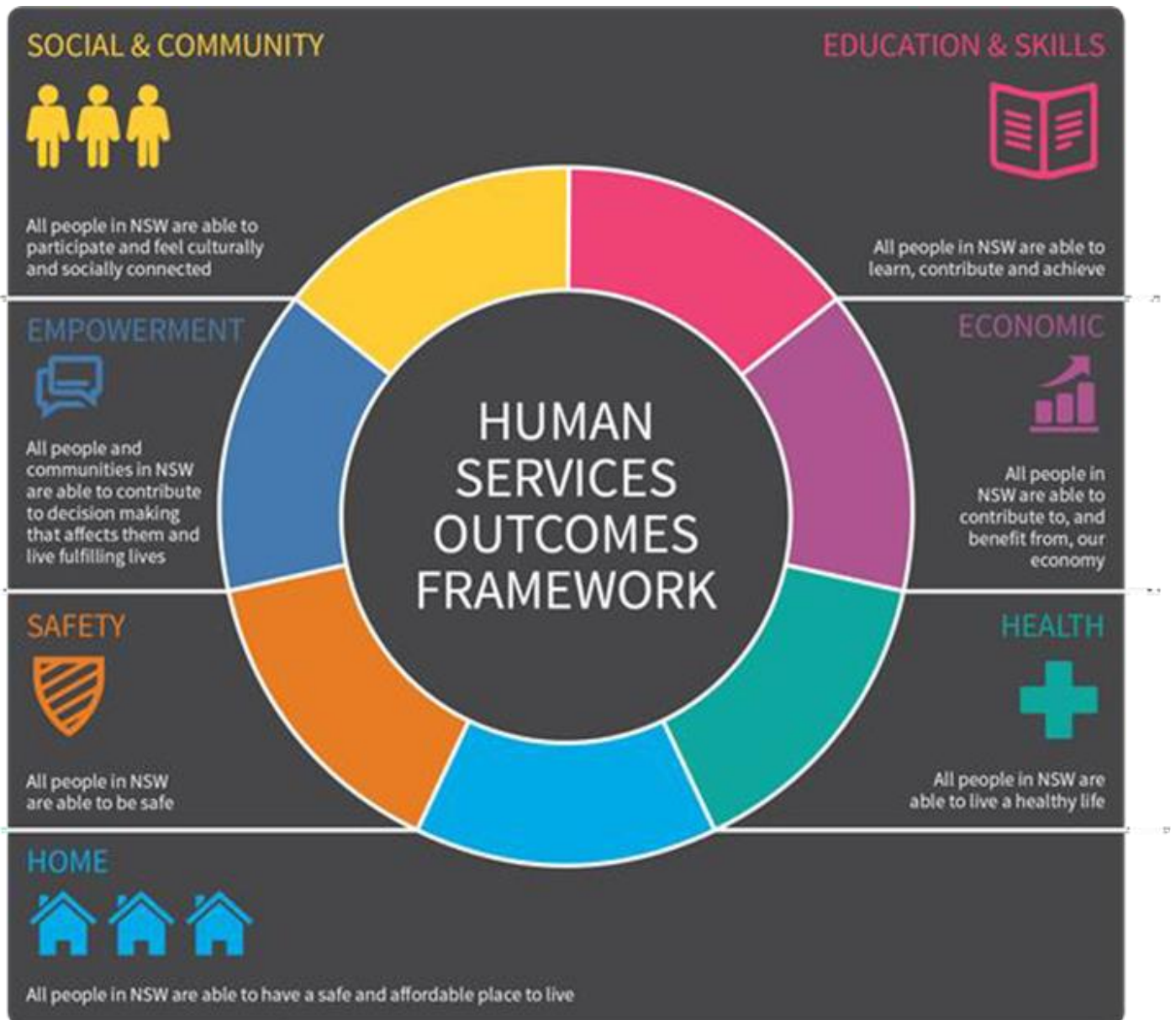
⁵⁷ NSW Department of Education (2017) Suspensions and expulsions in NSW government schools (2005-2022), available at: <https://data.cese.nsw.gov.au/data/dataset/suspensions-and-expulsions-in-nsw-government-schools>

<p>Young people are more likely to have interactions with the criminal justice system than adults.⁵⁸</p> <p>The social, educational, emotional, health and safety risks affecting young people make these years critical for increasing engagement and providing early supports. Strengthening protective factors and responding to known risks and vulnerabilities will enable young people to thrive and reach their full potential.</p> <p>In alignment with the rights-based approach, it is essential that young people are involved in the design of these supports and are encouraged to be active members of their community.</p>					
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⁵⁸ NSW Bureau of Crime Statistics and Research (2024) NSW Local Government Area excel crime tables, available at: https://www.bocsar.nsw.gov.au/Pages/bocsar_crime_stats/bocsar_lgaexceltables.aspx

10.2. Appendix B – NSW Human Services Outcomes Framework



10.3. Appendix C – TEI Program Client Outcomes Framework (current version for consultation)

NSW Human Services Outcomes Framework (People Domains)	Social and Community	Empowerment	Education and Skills	Economic	Safety	Health	Home
TEI program client outcomes	<ul style="list-style-type: none"> Increased participation in community events Increased sense of belonging to their community 	<ul style="list-style-type: none"> Increased client reported self-determination 	<ul style="list-style-type: none"> Increased school attendance and achievement 	<ul style="list-style-type: none"> Sustained participation in employment 	<ul style="list-style-type: none"> Reduced risk of entry into the child protection system 	<ul style="list-style-type: none"> Improved health of children and young people Improved parental health 	<ul style="list-style-type: none"> Sustained safe and stable housing
TEI program client outcome descriptions	<ul style="list-style-type: none"> People are supported to feel a part of the community and that they are making a contribution. For example, by participating in community events, parenting groups, and Aboriginal enterprises. 	<ul style="list-style-type: none"> People are supported to exercise control over decisions that affect their lives. For example, through advocacy, supported referrals to relevant services or personalised training support. 	<ul style="list-style-type: none"> Children and young people are supported to attend and engage in school. People are supported to participate in education and develop skills. For example, through mentoring or advocacy support as well as material aid and specialist support. 	<ul style="list-style-type: none"> People are supported to have their basic needs met. For example, through attending education and training sessions or referral to employment agencies. 	<ul style="list-style-type: none"> Families and communities are supported to keep children safe. For example, through community level educational events or specific targeted supports such as drug and alcohol counselling and parenting programs. 	<ul style="list-style-type: none"> People are supported to access and receive the health services they need. For example, through referral to health services, participation in parenting programs. 	<ul style="list-style-type: none"> People are supported to find or stay in safe and stable housing. People are supported to have close and healthy relationships with immediate family members. For example, through activities such as supported playgroups, parenting programs and family capacity building.

Your contribution to the TEI program client outcomes will be reported across the seven domains of the Human Services Outcomes Framework using the relevant* short term indicators below.

Short term indicators from DSS Data Exchange	SCORE goal domains	SCORE goals sit across all Human Services Outcomes Framework domains						
	SCORE circumstance domains	<ul style="list-style-type: none"> Community participation & networks 		<ul style="list-style-type: none"> Age-appropriate development Education & skills training 	<ul style="list-style-type: none"> Financial resilience Material well-being and basic necessities Employment 	<ul style="list-style-type: none"> Personal and family safety 	<ul style="list-style-type: none"> Physical health Mental health, wellbeing, and self-care 	<ul style="list-style-type: none"> Family functioning Housing
	SCORE community domains	<ul style="list-style-type: none"> Group/community, knowledge, skills attitudes behaviours Organisational, knowledge, skills and practices Community infrastructure and networks Social cohesion 						
	Available validated instruments**	<ul style="list-style-type: none"> Personal wellbeing index Q6 	<ul style="list-style-type: none"> Parental empowerment and efficacy measure 		<ul style="list-style-type: none"> Personal wellbeing Index Q1 	<ul style="list-style-type: none"> Child neglect index Personal wellbeing Index Q5 	<ul style="list-style-type: none"> Carers star Edinburgh postnatal de-pression scale Growth and empowerment measure Kessler Psy-chological Distress Scale (K10) Outcome rating scale Personal Well-being index Q2 Strengths and difficulties questionnaire 	

10.4. Appendix D – TEI Service Types

New feature

To simplify and streamline program reporting, the program activity layer has been removed. Program streams are now referred to as 'program activities' and service types have been consolidated. Service providers should still be able to see the services they deliver in the new service types. What do you think of this change?

Community Strengthening program activity

Service type	Description
Advocacy and support	This could include advocating for, problem solving and being an intermediary for child/ren, young people, families and communities, to help and inspire people to find the support that's right for them.
Community engagement	<p>Organising community events or festivals or planning activities with community members that align with, or would achieve, TEI outcomes.</p> <p>Organising community events or festivals can only be counted if the service is responsible for organising and running the event. For example, contributing resources, time and staff to organise it, not just participating or attending. If an event runs for 3 days, record one session for each day the event occurs, therefore 3 sessions would be recorded for this event.</p> <p>Examples of planning activities could include but are not limited to, a community level child protection, housing, education, health or employment plan, or a plan that addresses a number of these. Note: your service must facilitate the sessions and write the plan to count this as an activity, not just participate in consultations run by other services. Plans should include the change that the community is trying to achieve and how this will be measured, including both short and medium/long term measurement. Each meeting held to discuss a plan would be counted as a session.</p>
Community sector coordination	<p>Activities undertaken to support coordination and collaboration within the sector; strengthen organisational capacity of local TEI organisations, and assist organisations and community networks to plan and support their communities to achieve TEI outcomes.</p> <p>Examples include coordinating inter-agency activities (chairing, secretariat, venue, etc); backbone support to collective impact work; interdisciplinary place-based projects; local consultation processes; coaching/mentoring; education and skills training; and being a conduit between NGOs, government, business and wider community; brokering partnerships; networking; policy advice and professional development.</p> <p>All community sector coordination activities will align with the TEI Service System Outcomes.</p> <p>Please note that community sector coordination activities are not reported in DEX. The community sector coordination reporting tool is available for reporting purposes.</p>

Education and skills training	<p>This involves activities that:</p> <ul style="list-style-type: none"> • Build the community member’s knowledge, skills, experience confidence; wellbeing; social inclusion, participation, or individual capacity. Examples could include literacy, numeracy, life skills, financial management/budgeting, whether delivered to individuals or in a group. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients; or • Build the knowledge and skills of community members to better meet, interact and/or volunteer. These may include individualised, group based, or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Facilitate employment pathways	<p>This involves activities that build the skills of community members, including young people, to facilitate pathways to employment. Examples could include: résumé writing workshops, employment skills development and volunteering, whether delivered to individuals or in a group.</p>
Indigenous advocacy / support	<p>This could include advocating for, problem solving and being an intermediary for Aboriginal child/ren, young people, families and communities, to help and inspire people to find the support that’s right for them.</p>
Indigenous community engagement	<p>Organise Aboriginal community activities, events or festivals that support Aboriginal communities, or community events promoting Aboriginal issues. This could include social, cultural, recreational, youth, art or language activities; workshops; or linking up members of a community around a shared issue, memorial days, reconciliation activities, erecting plaques or monuments.</p> <p>This can only be counted if the service is responsible for organising and running the event. For example, contributing resources, time and staff to organise it, not just participating or attending. If an event runs for 3 days, record one session for each day the event occurs, therefore 3 sessions would be recorded for this event.</p>
Indigenous healing activities	<p>Activities that facilitate healing for Aboriginal communities, families or individuals through a spiritual process that includes therapeutic change and cultural renewal.⁶³ It is recognised that healing is a holistic process, which can include mental, physical and spiritual needs and thus the activities under this service type are varied in nature. Examples include:</p> <ul style="list-style-type: none"> • Reclaiming history – oral history projects that document the experience and history of the stolen generation and commemoration and memorial activities that mark the losses of the stolen generation. • Cultural interventions – activities that engage people in a process of recovering and reconnecting to culture, language, history, spirituality, traditions and ceremonies to reinforce self-esteem and a positive cultural identity. • Therapeutic healing- includes a combination of traditional and Western therapies to help individuals and communities recover from trauma.

⁶³ The description of this service type has been refined through consultation with Ken Zulumovski of Gamarada Indigenous Resources pty Ltd and references concepts taken from the Aboriginal and Torres Straight Social Justice Report 2008

Information /advice / referral

Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. This may be delivered by phone calls, drop-ins, emails, etc.

Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.

Material aid may be offered to clients in this service type to support a soft entry into the service system.

Social participation


Initiate or facilitate community activities that are in line with TEI outcomes. This could include:

- Social, cultural, recreational, youth activities, art or language activities; workshops; or linking up members of a community around a shared issue.
- Activities that encourage connectedness for community members, which would increase social inclusion and participation. For example, mentoring, leadership programs, relationship, social skills, whether delivered one on one or in a group.

Providing clients an opportunity to connect with others, such as a community centre, informal location, or online to achieve the TEI outcomes. Examples could include providing a meeting space or hiring out rooms to functions or forums, parenting groups, youth groups, early childhood education, care or support, maternal and child health services, Aboriginal elders, men's and women's groups, Aboriginal enterprises; and/or providing access to internet and Wi-Fi; and/or equipment, such as toys, books and car seats. Count each occasion of service as a session. Service providers should aim to collect individual client details for each participant/attendee where possible.

Family Connect and Support (FCS) program activity

Service type	Description
Active holding	Where an outbound referral service is at capacity or not yet accessible, FCS service providers will actively maintain contact and provide support to the client family while they are waiting for services to become available.
Family capacity building	<p>Family support activities provided during case planning and coordination which involve undertaking activities to implement the case plans of individual clients (child/ren, young person or family), aimed at enhancing parent/child relationships, increasing family connectedness and reducing child distress.</p> <p>This could include:</p> <ul style="list-style-type: none"> • intake and assessment (initial and comprehensive) • home visiting • support (legal, language or to access TIS) • advocacy • counselling • mediation • referrals • case coordination • brokerage/material aid, and • skills development to help clients achieve outcomes. <p>In FCS, it may also include bringing together family members (including extended family and kin) and/or other members of a family's informal support network to discuss issues, needs and strengths, and jointly developing a family centred and led plan that supports the family to achieve their goals. It may also include case conferencing meetings with the family's service providers to facilitate coordination of service provision.</p> <p>When working with Aboriginal families, case coordination and case management practices should align to the Aboriginal Case Management Policy, in particular the principles of Aboriginal family-led assessment, and Aboriginal family-led decision making.</p> <p>Assessment in a case management setting, involves assessing the strengths and needs of the child, young person and family, including any risks.</p> <p>Refer to the Common Assessment Framework and Common Assessment Tool for further guidance on completing initial and comprehensive assessments.</p>
Information / advice / referral	<p>Accessible, timely and culturally appropriate service information, advice and referrals. Front line staff providing immediate and thorough assistance to clients and addressing their needs prior to any significant assessment being undertaken. This may be delivered by phone calls, drop-ins, emails, etc.</p> <p>Referrals (including warm referrals) should support families by connecting them with the service system/arranging services and conducting follow up with the family and/or service provider referred to. Referrals can be internal or external.</p>



Capture any information, advice or referrals conducted as part of case coordination, under the family capacity building service type.

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Wellbeing and Safety program activity

Service type	Description
Counselling	Counselling provided by a qualified practitioner such as a Psychologist or Psychotherapist to one or more clients or family members. Techniques, orientations and practices used should be broadly accepted, validated and based on client need.
Education and skills training	Targeted, specialist or intensive support that builds the knowledge and skills of people with known vulnerabilities, or high and complex needs, e.g. family violence, mental health needs, drug and/or alcohol needs, and social/economic disadvantage. These may include individualised, group based, or other client-centred approaches. Online activities can be recorded where specific workshops or modules are delivered to a group of individual clients.
Family capacity building	<p>Family support activities or more intensive/specialist support aimed at enhancing parent/child relationships, increasing family connectedness and reducing child distress. This can include the following activities to help clients achieve outcomes:</p> <ul style="list-style-type: none"> • case management, which involves undertaking activities to implement the case plans of individual clients (child/ren, young person or family) • intake and assessment (initial and comprehensive) • home visiting • support (legal, language or to access tis) • advocacy • counselling • mediation • referrals • case coordination • skills development • providing education (e.g. life skills or budgeting) in line with the case plan • a review with the client of what has been achieved and an exit plan • services that may include a therapeutic component, or a specialist framework intended to meet a specific intensive need • material aid <p>Service providers (where appropriate) should be able to demonstrate that they use a system for doing case management (including file notes, templates, policies and case management meetings), monitoring and evaluating the effectiveness of the services being delivered to the child/ren and family.</p> <p>When working with Aboriginal families, case coordination and case management practices should align to the <u>Aboriginal Case Management Policy</u>, in particular the principles of Aboriginal family-led assessment, and Aboriginal family-led decision making.</p>

	<p>Assessment in a case management setting, involves assessing the strengths and needs of the child, young person and family, including any risks.</p> <p>Refer to the Common Assessment Framework and Common Assessment Tool for further guidance on completing initial and comprehensive assessments.</p>
Indigenous supported playgroups	<p>Supported playgroups are an opportunity for Aboriginal parents, caregivers, or parents of Aboriginal children to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. They also provide children with an opportunity to socialise play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Supported playgroups are facilitated by a professional worker with qualifications or experience in early childhood or in working with families with children.</p>
Information / advice / referral	<p>Provision of standard advice/guidance or information for individuals or families in relation to a specific topic. This may be delivered by phone calls, drop-ins, emails, etc.</p> <p>Referrals include to another service provider or within the organisation. This referral is effective and timely, facilitates client engagement, builds and maintains referral pathways and partnerships, and proactively helps individuals and families to easily access services and determine the way their support is provided.</p> <p>Capture any information, advice or referrals conducted as part of case coordination or case management, under the family capacity building service type.</p>
Mentoring / peer support	<p>This includes facilitating self-help/peer support groups for parents, caregivers, or young people experiencing particular issues. An example could include post-natal depression groups.</p>
Parenting programs	<p>Programs that provide support specifically targeted at parent/child relationships and/or practical skill building for parents. Parenting programs are usually structured and delivered in a group or one to one setting.</p> <p>When delivering the parenting programs service type, service providers will select an evidence-informed program where possible. The TEI program has a list of evidence-informed parenting programs (forthcoming) to assist service providers in selecting a suitable parenting program. Service providers will select a program having consideration of their clients and local context. If a service provider selects to deliver a parenting program that is not on the list of identified evidence-informed programs, this will be negotiated with your DCJ contract manager.</p>
Specialist support	<p>Specialist support is delivered by a suitably qualified worker – in some cases this will involve engaging/employing specialist services for a fee to work with the family more intensively, where these services can't be engaged any other way, or in a timely manner. Service providers may include drug and/or alcohol services, intellectual and or physical disability services, family mediation, family violence and sexual assault support services and problem gambling services.</p>
Supported playgroups	<p>Supported playgroups are an opportunity for parents or caregivers to share experiences of parenting and learn new parenting skills while being supported by workers who coordinate the activities. They also provide</p>

children with an opportunity to socialise play and learn in a structured and positive environment as well as participating in age-appropriate learning experiences and activities to help them become school ready. Supported playgroups are facilitated by a professional worker with qualifications or experience in early childhood or in working with families with children.

Service providers delivering supported playgroups should select one of the models in the Supported Playgroup Evidence Scan (forthcoming) to deliver a supported playgroup in the TEI program. Exceptions can be negotiated with your DCJ contract manager. When selecting a supported playgroup model, consideration should always be given to the available evidence, local context and client and community need.

Youth individualised support

Case management or individualised support for a young person. This can include:

- intake and assessment (initial and comprehensive)
- home visiting
- organising activities to promote greater interconnectedness amongst young people
- support - navigating government systems, completing forms for access to services (for an example Centrelink or housing), legal, language or to access translating and interpreter services (tis)
- advocacy
- assistance with employment pathways – such as help with resumes
- counselling
- mediation
- referrals
- material aid may be offered to clients to support their overall case management
- mentoring

* NSW Government typically considers young people in to be people aged 12 - 24 years of age.

10.5. Appendix E – Preventing Child Maltreatment (PCM) core components and service types

Core component	Wellbeing and Safety program activity service types
Engagement	All service types
Case management	Family capacity building
Parental education coaching & modelling	Education and skills training Family capacity building Indigenous supported playgroups Parenting programs Supported playgroups
Parenting self-care & personal development	Counselling Family capacity building Supported playgroups Specialist support
Building supportive relationships & social networks	Family capacity building Indigenous supported playgroups Mentoring/peer support Parenting programs Supported playgroups

10.6. Appendix F – TEI Service System Outcomes

TEI Service System outcome domains ⁶⁴	Strengths based	Flexible and Responsive	Culturally Safe	Capable	Collaborative	Person Centred	Evidence Informed
TEI service system outcomes	TEI services adopt a strengths-based approach to service delivery.	TEI services are flexible, accessible and responsive.	TEI services are culturally safe and inclusive.	TEI services provide meaningful client and community engagement by skilled staff.	TEI services provide coordinated support and clear referral pathways through enduring partnerships across the service system.	TEI services are child, young person and family centred. They support clients and communities to build their capacity for change.	TEI services learn from data, programs, innovative pilots, research evidence and evaluations to improve service delivery and client outcomes.
Description	<ul style="list-style-type: none"> Strengths-based practice focuses on abilities, knowledge and capacities rather than deficits recognising that clients and communities are experts in their own lives, and children, families and communities are resilient and capable of growth, learning and change. Interactions with clients and communities build on protective factors to grow their capability and confidence. Services draw on the unique strengths of the family and engage in family led decision making, goal setting and case planning. 	<ul style="list-style-type: none"> Clients and communities access free services most appropriate to their needs through accessible, timely, responsive and integrated services and referrals to ensure their needs are addressed early. Active efforts are made to engage clients and support them to overcome barriers to accessing supports and services. TEI services are proactive in improving service visibility and accessibility. Services actively connect with clients and communities who need support in settings that meet their needs (e.g. outreach). Services take into account and are responsive to the needs and preferences of diverse clients, particularly those with additional vulnerabilities. 	<ul style="list-style-type: none"> Cultural safety means an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of a person's identity, of who they are and what they need.⁶⁵ The following are critical elements of cultural safety: <ol style="list-style-type: none"> 1. Recognising the importance of culture. 2. Self-determination 3. Workforce 4. Whole-of-organisation approach 5. Leadership and partnership 6. Research, monitoring and evaluation. 	<ul style="list-style-type: none"> Clients and communities access services from service providers and workers who are respectful and have the appropriate skills to work with clients and communities who are marginalised and/or experiencing vulnerability Service providers are committed to the capacity building and professional development of their staff. 	<ul style="list-style-type: none"> Clients and communities receive integrated and coordinated support from services. Clients and communities are supported to navigate a complex service system. Services contribute to capacity building in the local community and are actively involved in shaping the sector in partnership with others. Clients and communities are supported to build informal and formal networks in the local community. TEI practitioners are confident in their ability and the legislative basis to share information for the purposes of supporting families experiencing risk, to increase wellbeing and safety. 	<ul style="list-style-type: none"> Clients and communities are placed at the centre of the service and the service meets their unique needs. Clients and communities actively participate in the design and delivery of services to achieve their determined goals. Clients and communities exercise choice and control in service delivery and life decisions. Client rights to confidentiality and privacy are upheld. 	<ul style="list-style-type: none"> Clients and communities have access to programs that are evidence informed.
Example service provider activities	<ul style="list-style-type: none"> The TEI sector is trained and supported to 	<ul style="list-style-type: none"> Strategies include ensuring 	<ul style="list-style-type: none"> Services should be trauma informed and 	<ul style="list-style-type: none"> TEI sector has good governance, 	<ul style="list-style-type: none"> TEI sector works together and maintains 	<ul style="list-style-type: none"> TEI sector is trained and supported in 	<ul style="list-style-type: none"> TEI sector uses available evidence

⁶⁴ It should be noted that domains overlap, and indicators may measure more than one service system domain.

⁶⁵ Williams 1999, cited in Bin-Sallik, 2003

	<p>identify the strengths of children, young people, families and communities they work with to improve their circumstances and achieve their goals.</p> <ul style="list-style-type: none"> For Aboriginal communities, this includes programs and services that incorporate Aboriginal social structures such as wider kinship networks, elder mentors and role models, and ways of sharing knowledge and wisdoms such as connecting to country, circular learning, yarning, relationships-strengthening activities, dadirri discussion methods, lore, traditional art, food, dance, songlines, music and storytelling, and the use of language. 	<p>engagement with families (particularly when first making contact) by facilitating access through for example home visits/outreach (including in universal settings), provision of transport, using bilingual staff, being flexible in-service delivery (e.g. expanding the window for clinic scheduling; flexible opening hours, using diverse communication strategies, mobile services).</p> <ul style="list-style-type: none"> For Aboriginal communities, the existence of Aboriginal governance and staff, and/or the involvement of respected community leaders or elders can lead to increased program participation. 	<p>healing focused, acknowledging the impacts of intergenerational trauma as well as ongoing experiences of racism and stigma.</p> <ul style="list-style-type: none"> Co-designed and community led services are best for engaging and supporting Aboriginal children, families and communities. See Cultural Safety and Wellbeing Service System Outcome Program Logic for further detail of example activities. 	<p>leadership and core competencies professional development opportunities.</p>	<p>partnerships to meet the complex and changing needs of clients.</p> <ul style="list-style-type: none"> Integrate multiple, wrap-around components to provide more holistic services for Aboriginal participants. Bi-directional warm referrals between services or having partner services co-located for easier access and integration of case management. TEI sector actively participates in local interagency groups, governance committees etc. TEI services are supported by Peak bodies to maintain partnerships with DCJ. 	<p>person centred practice.</p> <ul style="list-style-type: none"> Services and supports are designed to focus on achieving the client's aspirations and be tailored to their needs and unique circumstances rather than requiring them to fit into a standardised service model. Client participation in all aspects of service design, planning, implementation and evaluation. 	<p>and data to design, implement and improve their services and client outcomes.</p>
<p>Example community sector coordination activities</p>	<ul style="list-style-type: none"> Tailored skill and professional development sessions focused on strengths-based practice. 	<ul style="list-style-type: none"> Facilitate collaboration between organisations to integrate and streamline service delivery in order to maximise outcomes for clients. Activities to build and sustain the Aboriginal workforce. 	<ul style="list-style-type: none"> Increasing Cultural Safety and Wellbeing knowledge through training and reflection opportunities. Form and facilitate partnerships with Aboriginal leaders to embed cultural safety within organisational governance and strategic planning and to ensure service offerings are informed by Aboriginal worldviews, local knowledge and expertise. Building the capacity of TEI service providers to incorporate the 	<ul style="list-style-type: none"> Activities to facilitate development of workforce capacity and skills including: training, communities of practice, practice tools, resources and frameworks that support the aims and objectives of the TEI program. Building the skills and capabilities of practitioners in relation to evidence-informed practice. 	<ul style="list-style-type: none"> Form and coordinate interagency groups, partnership projects, and working groups including planning and development activities that support integrated services, identify gaps and strengthen collaborative opportunities and referral pathways. 	<ul style="list-style-type: none"> Identify training needs and gaps and facilitate activities that foster and strengthen the knowledge and skills of practitioners in relation to person-centred practice. Build the skills, capacity and capability of TEI service providers to be informed by local community needs. 	<ul style="list-style-type: none"> Create and maintain resources, training opportunities and general information to support evidence-informed approach. Build the skills and capabilities of practitioners to engage with the DCJ evidence portal and use evidence in decision making, planning, practice and service delivery. Use evidence to identify service gaps.

			<p>Aboriginal Case Management Policy.</p> <ul style="list-style-type: none"> Facilitation of local multicultural interagency groups to build cultural competency and increase and improve working relationships, and knowledge of local communities including existing and emerging CALD communities and available services for children, young people, families and communities. 				
Example short term & medium-term indicators for service providers	Program wide - Client satisfaction SCORES which measure whether clients felt heard and whether services were effective in helping them meet their goal may indicate a programmatic delivery of strengths-based services.	<p>Number of services which are aligned to need.</p> <p>Number of referrals accepted</p> <p>Number of clients coming into contact with child protection system</p>	<p>Number of staff who have attended cultural safety training</p> <p>Number of staff who have attended trauma informed practice training</p> <p>Number of service providers with a plan for implementing changes that support a culturally safe workplace.</p> <p>Number of services designed by Aboriginal/CALD communities</p> <p>Number of services delivered by Aboriginal Community Controlled Organisations or Aboriginal staff</p> <p>Feedback from Aboriginal clients on their experience of receiving support and feelings of empowerment</p>	<p>Number of adequately qualified staff (as per contractual agreements)</p> <p>Number of staff who have attended cultural safety, trauma-informed practice and/or family violence (including coercive control) training</p> <p>Number of staff participating in ongoing professional development including reflective practice and supervision.</p>	<p>Number of organisations who run interagency groups</p> <p>Number of partnership projects</p> <p>Length of time a partnership has existed, or partnership project has been running</p> <p>Number of PEAKS meetings organised and attended</p>	<p>Number of Co-designed projects with end users</p> <p>Number of services designed by Aboriginal communities or CALD communities.</p> <p>Number of services delivered by Aboriginal and CALD managed/majority managed and staffed organisations</p> <p>Number of staff who attended person centred practice training</p>	<p>Number of services with program logics assessed as high quality</p> <p>Number of evidence informed programs delivered, or programs designed using the evidence/core components outlined in the DCJ evidence portal.</p> <p>Number of TEI services staff implemented new evidence that was discussed within peer group discussions</p>
Overall Service System Indicators which measure service system and the capacity of the sector	<p>Strengths Based Number of services which use person/family led tools and decision-making processes when they engage with individuals/families</p> <p>Culturally Safe Number of Co-designed projects by TEI service providers Number of Early Support services designed by Aboriginal communities or CALD communities.</p>						

Proportion of TEI services delivered by Aboriginal Community Controlled organisations or Aboriginal staff.
Proportion of Aboriginal Staff within sector
Proportion of CALD staff within sector
Proportion of TEI services and staff who have attended cultural safety training
Proportion of TEI service providers with a plan for implementing changes that support a culturally safe workplace.

Capable

Proportion of TEI service providers which actively monitor the implementation of plans to implement workplace safety
Proportion of TEI service providers with adequately qualified staff (as per contractual agreements)
Proportion of TEI service providers with staff who have attended trauma informed practice training

Collaborative

Number of partnership projects delivered by TEI service providers

Person Centred

Proportion of Targeted Earlier Intervention Support service providers who have staff trained in person centred practice training
Proportion of Targeted Earlier Intervention Support sector staff who have trained in person centred practice training
Proportion of providers who have a plan for implementing trauma informed practices within their organisation.
Proportion of providers who actively monitor their plan for implementing trauma informed practices within their organisation

Evidence Informed

Proportion of TEI service providers delivering evidence informed programs or programs designed using the core components.
Proportion of TEI service programs that are evidence informed (which have program logics rated as excellent)
Proportion of Family Support Services that have used the PCM Core Components in their design and delivery
Number of TEI service providers using the evidence portal to design and implement services
Number of emerging programs identified from the TEI sector
Number of services with individual program logics that reflect/align to the program wide program logics
Number of Wellbeing and Safety services delivering parenting programs and supported playgroups from the list of evidence informed models/programs

Responsive

Number of organisations delivering services in rural communities
Number of clients living in LGAs with no TEI service providers (DEX data – client LGA and outlet LGA).
Number of organisations conducting outreach