
Service Provision Guidelines

YOUTH HOPE

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Background

Purpose of these guidelines

The Youth Hope Service Provision Guidelines is a companion document to be used in conjunction with the Youth Hope Program Guidelines and individual service provider policies and procedures.

The Service Provision Guidelines outline the core policy and operational requirements for Youth Hope services.

The Service Provision Guidelines may be updated, as required, by Family and Community Services (FACS) in consultation with funded service providers.

The current version of the Service Provision Guidelines is available on the FACS website

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http://www.community.nsw.gov.au/docs_menu/for_agencies_that_work_with_us/our_funding_programs.html

Chapter 1 – Overview of the Youth Hope Program

Youth Hope overview

As outlined in the *Youth Hope Program Guidelines* the Department of Family and Community Services (FACS) has responsibility for Goal 13 of the state plan *NSW 2021* to ‘Better protect the most vulnerable members of our community and break the cycle of disadvantage.’

There is a large body of evidence from reviews including: *Children and Young People Aged 9-14: The Missing Middle*¹ and *Better Outcomes For Vulnerable Teens*² that many older aged children and young people in our society are not being well served by our existing service system.

Youth Hope is an initiative funded by the NSW Government which seeks to provide an innovative response designed to build the evidence base for what might work to address the particular challenges faced by highly vulnerable older children and young people aged 9-15 years.

Youth Hope funding totalling up to \$11 million per annum until 30 June 2020 will be provided to non government service providers in six areas to deliver innovative services which address the needs of and improve the outcomes for vulnerable children/young people and their families.

The overall results will be evaluated and measured by a reduction in re-reporting to Family and Community Services that meet the ROSH threshold and reduced rates of entry of participating children and young people, including siblings under 16, into the out-of-home (OOHC) care system.

Youth Hope service models

The Youth Hope program has been designed to focus on better outcomes for vulnerable children and young people. Given the innovative nature of the program, individual service providers have designed their own service models. To provide a degree of consistency these models have been outlined by service providers in accordance with the *Youth Hope Service Model Template*. It is expected that service providers will be guided by and reflect the overall directions of the *Youth Hope Service Provision Guidelines* in development of their individual service models.

As outlined in the tender requirements, service models include elements that are innovative; are developed from an existing evidence base; adhere to FACS service

¹ Parliament of New South Wales, 2009, Committee on Children and Young People, *Children and Young People Aged 9-14 years in NSW: The Missing Middle*.

² Department of Family and Community Services, 2012, *Better Outcomes for Vulnerable Teens*.

delivery principles and are flexible to meet the needs of the child/young person and their family.

Innovation

There is no prescribed service model for the Youth Hope program, instead each service provider will develop an innovative service model to reflect the nuances and needs of children and young people in each Youth Hope trial location.

Innovation in this context is a focus on the creation and implementation of new or improved services, processes and paradigms. Successful innovation will result in improvements in effectiveness and quality of services delivered and in the social outcomes/impacts for vulnerable children and young people.

Youth Hope service models have been developed by critically analysing current service delivery limitations as they relate to youth support and developing innovative and creative solutions.

Service Models have drawn upon existing evidence-based interventions which have proven indicators for improved outcomes. Service providers will outline all innovative features of the service model as part of the *Service Model Template* prior to commencement of services.

FACS Service Delivery Principles

In addition to innovation, Youth Hope service providers are expected to incorporate service delivery principles central to FACS (and other human service agencies) into their service models.

At a minimum, Youth Hope service delivery models will:

- Adopt a person-centric service delivery approach – where the young person and their family participate in and direct decision making about the types of services and service providers.
- Recognise the importance of personal and social development of young people.
- Focus on relationships with family, peers, community and service providers.
- Take a place-based approach that focuses on the social and physical environments and prioritising access and integration of services.
- Share responsibility for the support and well being of young people.
- Respect diversity and cultural factors.
- Build on strengths as well as identifying needs of the child/young persons and their family.

Standards of Practice

In addition to aligning good service delivery practice using the principles above, Youth Hope service providers will adhere to Standards of Practice which set appropriate timeframes for engaging with the child/young person and the family.

Due to the flexible nature of the Youth Hope program, FACS will not be applying strict Standards of Practice. Instead, each Youth Hope service provider will establish and adhere to their own Standards of Practice consistent with their individual service model. The Standards of Practice should align with the FACS [Community Services Care and Protection Practice Framework](#). The Standards of Practice developed will be provided to FACS prior to commencement of services and will be monitored through the quarterly reporting mechanism.

Youth Hope expected outcomes (results)

As outlined in the *Youth Hope Results Logic Diagram*, Youth Hope is designed to enable vulnerable children and young people to be safe, experience optimal development and live in a stable and supportive home environment.

To do this, Youth Hope service providers will work collaboratively with the child/young person, the family and services to ensure:

- Children and young people are healthy and well
- Children and young people are connected to family, culture and community
- Children and young people are living in a safe and supportive home
- Children and young people will have age appropriate social and emotional skills
- Children and young people are positively engaged with education.

To enable this, Youth Hope service providers will identify parental needs and support parents to:

- Be more confident in their parenting
- Be more connected to community and services
- Demonstrate protective abilities towards their children
- Support their children's development.

Youth Hope Objectives

The Youth Hope objectives listed below, measure improvements for children and young people as a result of their engagement in the Youth Hope program. The Youth Hope objectives are explicitly linked to the Youth Hope 'expected outcomes' listed above.

As a result of Youth Hope, it is expected that there will be an;

1. Increase in the number of parents with skills in positive parenting and improved family functioning.
2. Increase in the number of parents who are connected to family, culture and community.
3. Increase in the number of parents who can assess and recognise family needs and seek appropriate support and access resources.
4. Increase in the number of children/young people who are engaged in education.
5. Increase in the number of children/young people living in a safe and protective home environment
6. Increase in the number of children/young people connected to family, culture and community.
7. Increase in the number of children/young people who access appropriate support and resources.

Youth Hope service providers may have additional objectives related to their individual innovative service model. However it is the above objectives that will be measured across all Youth Hope trial sites by FACS.

Chapter 2 –Referral Pathways, Unit Measures and Vacancy Management

Client Group

Primary Referral

Referral Group A & B

Children and young people 9-15 years reported to FACS and screened in as at Risk of Significant Harm (ROSH) (at least 90% of cohort).

Referral Group C

Children and young people 9-15 years not currently subject of a Risk of Significant Harm report, but who are at risk of escalation into the child protection system (up to 10% of cohort).

Other family members supported

Parents/carers and siblings (under 16 years) of eligible children and young people.

Referral pathway for FACS

FACS Referral pathway

FACS will be responsible for the Primary Referral Groups A and B: children and young people aged 9-15 years who have been reported to FACS and screened in as Risk of Significant Harm (ROSH).

FACS will have two streams of clients for referral to Youth Hope service providers. These are:

FACS Referral Group A

- Children/young people that have been reported to the Child Protection Helpline and screened in as Risk of Significant Harm.
- FACS has completed a child protection assessment³ which has established the child/young person is safe or there are sufficient safety interventions in place for the child/young person to remain at home.

³ The child protection assessment used for cases eligible for Youth Hope is the Structured Decision Making Safety and Risk Assessment (SDM SARA) used by FACS Caseworkers.

- The SDM® Safety Assessment informs the safety decisions of whether the child/young person is 'Safe', 'Safe with Plan' or 'Unsafe'. NB: Children with a safety decision of 'Unsafe' are not eligible for the Youth Hope program.
- The SDM® Risk Assessment identifies families who have low, moderate, high or very high probabilities of abusing or neglecting their child/ren in the future. A family with a risk level of 'High' to 'Very High' should be allocated for ongoing case management to address the issues and reduce the risk. Youth Hope service providers can take referrals if FACS is unable to allocate for ongoing case management once eligibility is established.
- FACS will apply the *Youth Hope Referral Form* to determine whether the matter meets the eligibility criteria. Once eligibility is established, the child/young person can be referred to a Youth Hope service provider if there is a vacancy.

FACS Referral Group B

- Children/young people have been reported to the Child Protection Helpline and screened in as Risk of Significant Harm.
- FACS is unable to allocate the RoSH report for a child protection assessment due to competing priorities⁴.
- FACS will then apply the Youth Hope Referral Tool to determine whether the matter meets the Youth Hope eligibility criteria. Once eligibility is established, the child/young person can be referred to a Youth Hope Service provider if there is a vacancy.

Decisions about local referral pathways for Target Group A and B will be determined at a local level between service providers and FACS District staff.

Screening in by FACS

Prior to referral, all cases will be screened for eligibility into the Youth Hope program.

Cases that can be referred to Youth Hope include:

- Child/young person is aged between 9-15 years
- Child/young person has a current Risk of Significant Harm report which is no older than 1 month.

Cases that will not be referred to Youth Hope include:

- The primary child at Risk of Significant Harm is under 9 years old at the time of referral⁵

⁴ Decisions about what local referral pathways are used will be made by the Districts and service providers.

- The young person at Risk of Significant Harm is older than 15 years 11 months at the time of referral
- The child/young person is currently in Out Of Home Care
- Child/young person is in the Parental Responsibility of another agency or is being case managed by another government agency, if this other agency is providing a more intensive service.
- The child/young person lives out of the agreed program area.

Referral pathway for service providers

Service provider referral pathway

The funded Youth Hope service providers will be responsible for developing internal allocation pathways for Referral Group C: children and young people 9-15 years not assessed at Risk of Significant Harm but who are at risk of escalation into the child protection system.

Youth Hope service providers will provide FACS with a referral pathway strategy for this cohort (up to 10% of total participants) as part of their Service Model development. This referral pathway varies across the Youth Hope locations and will have been developed to complement the local service system.

Child protection concerns identified by service providers

Youth Hope service providers, as mandatory reporters under section 27 of the *Children and Young Persons (Care and Protection) Act 1998*, are legally required to make a report to the Child Protection Helpline any time that they have reasonable grounds to suspect that a child/young person they are providing a service to is at risk of significant harm.

Section 23 of the *Act* defines a child or young person as *at risk of significant harm* if current concerns exist for their safety, welfare or well-being because of the presence, to a significant extent, of any one or more of the following circumstances:

- a. their basic physical or psychological needs are not being met or are at risk of not being met,
- b. their parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person to receive necessary medical care,
- c. their parents or other caregivers have not arranged and are unable or unwilling to arrange for the child or young person (who is required to attend school) to receive an education in accordance with the *Education Act 1990*,
- d. the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated,

- e. the child or young person is living in a household where there have been incidents of domestic violence and, as a consequence is at risk of serious physical or psychological harm,
- f. their parent or other caregiver has behaved in such a way towards the child or young person that the child or young person has suffered or is at risk of suffering serious psychological harm,
- g. the child was the subject of a pre-natal report under section 25 of the Act and the mother did not engage successfully with support services to eliminate, or minimise the risk factors that gave rise to the report.

'Reasonable grounds' refers to the need to have an objective basis to deduce that a child/young person may be at risk of significant harm, and includes:

- any new incident or evidence that is consistent with section 23 of the *Act*
- factors that triggered previous risk of significant harm report/s about the child that re-emerge or reoccur through a new incident or evidence

In the event that the Youth Hope service provider believes that safety issues exist in respect to a child or young person in this referral group, the service provider worker will be guided by the [Mandatory Reporter Guide \(MRG\)](#).

If the outcome of the Mandatory Reporter Guide is to make a report to FACS, and the Child Protection Helpline screens in the report as ROSH, the report is sent to the local FACS Community Services Centre. If the ROSH report is allocated for a child protection assessment, the Youth Hope worker will work alongside FACS. The Youth Hope worker will be available for information sharing and home visiting, with the option of performing the function of a secondary worker. This will be negotiated on a case by case basis. The outcome of the assessment will inform discussion about ongoing case management responsibilities.

If the Child Protection Helpline screens out the report as non-ROSH, or screens in the report as ROSH but the local FACS Community Service Centre does not result in the report being allocated for a child protection assessment, the service provider will continue to work with the family and maintain case management responsibilities.

ROSH reports from other sources

There will be an agreed Youth Hope contact person in each of the trial Youth Hope FACS Community Services Centres. These contacts will be responsible for informing local service providers through locally developed mechanisms in the event that FACS receives additional ROSH reports from sources other than the Youth Hope service provider under the principles of Chapter 16a.

If the FACS Community Service Centre decides to allocate the report for a child protection assessment, the Youth Hope worker may work alongside FACS to undertake joint home visits as negotiated on a case by case basis. The FACS Community Service Centre and service providers will make joint decisions about the best course of action for the family.

Units and vacancy management

Unit measures for Youth Hope

In accordance with the Youth Hope Tender (***section 1 Statement of Requirements***), Youth Hope service providers will work with the family, including siblings of the child/young person who has been referred to Youth Hope.

This is consistent with the family strengths based approach of Youth Hope and the results sought to be achieved by the program (***refer to the Results Logic Diagram***).

Therefore, a Youth Hope 'unit' is defined to include;

- children/young people aged 9-15 years who has been reported to FACS Child Protection Helpline and screened in as Risk of Significant Harm and
- their siblings under 16 years, and
- their parent/carer/s

For children/young people that are referred to Youth Hope and are not subject to a current RoSH report, the unit is defined as;

- children/young people aged 9-15 years
- their siblings under 16 years
- the parent/carer/s

Measuring vacancy rates

Service providers will be expected to maintain <15% vacancy rates at any given time, once full capacity is reached. If a service provider agrees they can see 20 families at any given time then this is the ongoing placement rate throughout the year.

Service providers have determined the maximum number of families based on service model type, funding and intensity of service as part of the service model development.

Management of Youth Hope vacancies

Decisions about vacancy management will be determined at a local level between FACS Districts and Youth Hope service providers. Service providers are expected to notify designated FACS Community Service Centre contacts within their Districts of upcoming vacancies within the program. When cases are closed suddenly, including when the child/young person or family decide to exit a program, service providers will notify the agreed contact/s within FACS Districts within 5 working days.

Local Advisory Groups have determined a local strategy for communication between FACS and Youth Hope service providers to manage vacancies and referrals.

Chapter 3 – Administrative framework

Governance structure

Project Leadership Group

The Youth Hope Project Leadership Group has been convened to perform four core functions:

- Establish internal referral pathways from FACS to Youth Hope service providers
- Assist in the development of program guidelines, including roles and responsibilities of FACS and Youth Hope service providers
- Consider possible risks to program delivery and determine risk management strategies to support effective implementation of Youth Hope across the six Districts.
- Respond to local issues that have been escalated by the Local Advisory Groups in each of the trial sites.

The Youth Hope Project Leadership Group consists of representatives from FACS across key work areas and the five trial Districts.

Local Advisory Groups

In each trial location a Local Advisory Group will be established to support the local implementation of Youth Hope. Membership will include representatives from the Youth Hope service provider; FACS District Funding and Contracting; FACS Community Services Operations including CSC representation, the central Program Manager - FACS Communities, Prevention and Early Intervention and representatives from other agencies, agreed at the local level.

The Local Advisory Group is responsible for finding solutions to any local operational issues in the management of the Youth Hope program in their district. The Local Advisory Group can escalate issues to the central program manager - FACS Communities, Prevention and Early Intervention if issues are unable to be resolved at a local level.

The local Advisory Group will be responsible for determining a local strategy for communication between FACS and Youth Hope providers to manage vacancies and referrals.

A dispute resolution process between FACS Districts and service providers will be agreed at a local level.

Youth Hope Forums

There will be key points during the Youth Hope pilot where FACS Communities Prevention and Early Intervention staff, service providers and FACS district staff from around the state will come together to enable an exchange of issues, ideas and solutions.

It is envisaged that there will be a number of Youth Hope Forums organised over the life of the trial that will be informed by issues arising at a program level and from local implementation issues.

Communications

Regular contact about Youth Hope at a local level will be established and maintained between service providers and FACS district staff.

FACS Communities Prevention and Early Intervention will liaise with FACS, district staff regarding requests such as providing advice to the Minister, and senior departmental executives.

Information sharing

Information from FACS to Youth Hope providers

FACS will provide baseline information to the Youth Hope service providers on all cases that are referred from FACS Target Groups A and B. This exchange of information will comply with 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

Baseline information will include the following:

- Family profile including name/s, birth date, family details (including known siblings), address, known phone contacts, known cultural background.
- Reported issue/s as identified in the ROSH report for the child/young person being referred to Youth Hope.

- NSW child protection history for child/young person
- Risk issues for Referral Group A and a copy of the safety plan developed with the parent/carer/s (if developed)

Consent requirements

Participation in Youth Hope

Youth Hope is a voluntary program and therefore participation in the program can only occur with the consent of the Youth Hope client and their parent/carer⁶.

Service providers may incorporate the Youth Hope consent form into their own forms, as long as the information remains consistent. To ensure consistency for legal reasons, FACS will need to approve and sign off on any consent form that is altered by the service provider.

Why service providers collect the information

As outlined in the *FACS Youth Hope consent form*, service providers will inform families what information is to be collected and why. These reasons include, but are not limited to:

- Information is collected and shared to enable the service provider to work effectively with the clients and their family and continually improve the services provided based on knowledge of that family.
- Information is provided to FACS for ongoing performance monitoring and data linkages will be used to assess longer term outcomes.
- The Youth Hope program will be evaluated and families will be invited to participate in this process at a later date.

How we ask participants for that information

For consent to be valid, it must be requested specifically and consent clearly given. Consent to participate in Youth Hope will include the use of a consent form which will be signed by the parent/carer and the child/young person where appropriate.

⁶ If the circumstances of the young person are such that there is no primary carer to provide consent to participate, service providers will ensure that the young person can form his/her own views about safety and wellbeing. The service provider is expected to continue to find ways to establish long term primary carer support to the young person.

Youth Hope service providers will be expected to incorporate a consent process into the engagement phase with families.

When we ask for consent and why

Clients and their families will be invited to participate in the Youth Hope program prior to commencement of any service delivery. Service providers consent policies are required to align with the *FACS Youth Hope Consent Policy*.

Where information which relates to the safety, welfare or wellbeing of a particular child or young person needs to be exchanged without parental consent or knowledge, service providers will do so under the provisions of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

Who can give consent?

In accordance with the principles of the *Children and Young Persons (Care and Protection) Act 1998*, wherever a child or young person is able to form his or her own views on a matter concerning his or her safety, welfare and well-being, he or she must be given an opportunity to express those views freely and those views are to be given due weight in accordance with the developmental capacity of the child or young person and the circumstances. Therefore a child or young person's capacity to provide consent should be considered on an individual basis.

In facilitating discussions with children and their parent/carer/s, Youth Hope service providers are required to:

- Provide accredited interpreters for children/young people and their parents who cannot read or speak English.
- Ensure that parents with an intellectual disability, learning difficulties or mental illness can participate in providing or refusing consent.
- Ensure children/young people and their parent/s are aware of their right to withdraw consent and develop appropriate exit strategies where possible for families that do withdraw.

Further information on consent and legal capacity can be sought by referring to the:

- Child Wellbeing & Child Protection – NSW Interagency Guidelines
- *Children and Young Persons (Care and Protection) Act 1998*

Privacy and personal information

Information Protection Principles

The principles under the [NSW Privacy and Personal Information Protection Act 1998](#) are the legal obligations that cover the collection, storage, access, accuracy, use and disclosure of personal and health information.

The principles also address the need for appropriately addressing complaints regarding the perceived mishandling of personal information.

More information about privacy can be accessed on the FACS website.

Exemptions to the information protection principles

Youth Hope service providers should have the consent of family members before they share information unless the information:

- is necessary to prevent a serious and imminent threat to any person's health or safety.
- is required by law (e.g. subpoena, warrant or where mandated reporters make a risk of significant harm report to the Child Protection Helpline)
- is provided or exchanged under Chapter 16A or section 248 of the *Children and Young Persons (Care and Protection) Act 1998*

Family declining Youth Hope services

Youth Hope service providers are expected to make use of a range of approaches that encourage the family to engage in the Youth Hope program.

If, after a reasonable period of time the primary child/young person and/or primary carer refuse to engage, then all attempts to engage will be documented and provided to the referring FACS, Community Services Centre and within the performance monitoring mechanism.

Service Providers will record details of the attempted engagement prior to closing the matter.

Family moving out of area

In the instance where a family moves away from the area serviced by Youth Hope, service providers are expected to set up referrals with and on behalf of the family in the new location.

Setting standards for culturally appropriate service delivery

Youth Hope service providers will identify and appropriately support families within the Youth Hope program that require specific support. It is expected that all Youth Hope service providers will be respectful and culturally appropriate with all Youth Hope families.

Service providers will be expected to deliver services in a culturally respectful way, working with Aboriginal and Torres Strait Islander young people and their families; and young people and their families from culturally and linguistic diverse (CALD) backgrounds.

In developing case plans, service providers will need to give consideration to the cultural and linguistic background of their clients. FACS will be gathering this information as part of the case plan data sets.

Aboriginal and Torres Strait Islander families

Aboriginal and Torres Strait Islander culture and communities are diverse and there are many different nations, tribes and groups living in NSW. In view of this a broad approach will not work and we need to tailor our service provision to meet the needs of the individuals and communities concerned.

Service providers will gain and maintain local knowledge of the Aboriginal language groups and nations where the Youth Hope services are delivered and have clearly communicated standards regarding engagement with Aboriginal families for all Youth Hope staff.

It is very important that the Youth Hope services are delivered in a culturally appropriate and respectful way to deliver better outcomes for Aboriginal and Torres Strait Islander young people and their families. Gaining cultural respect is important because the cultural wellbeing of Aboriginal and Torres Strait Islander young people starts with respect.

Cultural competence is central to working effectively with Aboriginal and Torres Strait Islander people. Being culturally appropriate is about having the skills to engage respectfully with people from other cultures. The Youth Hope service providers will continuously improve the cultural competency of staff and services for Aboriginal and Torres Strait Islander people in respect to:

- 1) Knowledge and awareness
- 2) Skilled practice and behaviour
- 3) Strong relationships
- 4) Equity of outcomes

The Youth Hope service provider will demonstrate cultural competence through:

- Providing ongoing learning for all staff in Aboriginal and Torres Strait Islander cultural protocols and history

- Establishing and maintaining positive relationships with young people, their families and community, including strong links with Aboriginal and Torres Strait Islander service providers
- Reducing the incidence of cultural misunderstandings with young people; and
- Increasing client satisfaction with greater participation in services and programs by Aboriginal and Torres Strait Islander young people and their families.

Culturally and linguistically diverse families (CALD)

Where necessary and appropriate the Youth Hope service provider is required to train staff to ensure that specific CALD factors impacting on service delivery are identified and responded to effectively and sensitively.

These factors will include;

- establishing and maintaining positive relationships with young people and their families
- reducing the incidence of cultural misunderstandings with young people; and increasing client satisfaction with services and programs.

The service provider may also need to utilise interpreters to communicate effectively with their clients.

Families with settlement or immigration backgrounds

The individual and collective effects of refugee experiences and associated trauma can have profound impacts on parental and general family functioning. When conducting assessments with refugee families, be aware of the possibility that family members may be living with the ongoing effects of their refugee experiences and associated trauma.

Appropriate services to those with mental health issues and / or disabilities

Service providers will need to employ staff who are appropriately trained to engage and support young people and their families who have a disability or a mental health condition. Particular unidentified or misidentified disabilities or mental health issues may be having a large impact on health, wellbeing and behaviour.

Without appropriate identification and engagement with these issues a young person may not be able to communicate effectively or engage positively with their family or broader community. These issues may also impact on the effectiveness of the Youth Hope service.

Youth Hope Common Assessment Measure

A common assessment measure will be implemented across all Youth Hope sites. The measure will be implemented at three monthly intervals and require input from the child/young person and parent/carer.

The assessment will be linked to the Youth Hope objectives with a focus on;

- Family functioning
- Social networks
- Accessing services and resources
- Education
- Safe home environment

Consent to participate is voluntary and Youth Hope service providers are expected to promote the benefits of participation to families.

Data collection

The Youth Hope service provider will be evaluated against the performance measures and the program outcomes evaluated. The Youth Hope performance measures have been developed using the Mark Friedman Performance Accountability Framework. The Youth Hope performance measures are;

How much did we do?

1. Number of children and young people participating in the program by
 - Service type intervention as identified by the needs assessment
 - Intensity of service type intervention
2. Number of parents/carers and siblings supported through the program by intervention and intensity
3. Average length of time child/young person remains with the program
4. Number of case plans developed
5. Number and type of partner agencies participating in case plan development and case plan agreements

How well did we do it?

6. Number of children and young people participating in the program by target groups and source of referral
7. Number of children and young people who didn't engage with the service by reason
8. Number of children and young people who exit the service by reason

9. Average length of time (days) taken by Youth Hope service providers to make initial contact with the child/young person or their parent/carers
10. Average length of time (days) taken by Youth Hope service providers to finalise case plans in collaboration with the child/young person and their parent/carers
11. Average length of time (days) between regular case plan reviews
12. Number of children and young people reporting satisfaction with the service
13. Number of parents/carers reporting satisfaction with the service

Is anyone better off?

14. Number of children and young people who report:
 - Feeling safe/r and protected in the family home
 - Improved connections with family
 - Improved connections to culture
 - Improved connections to community
 - More connected to appropriate support and services
15. Number of parents who report:
 - Improved protective abilities towards children
 - Improved positive parenting practices
 - Improved family functioning
 - Improved connections with family
 - Improved connection to culture
 - Improved connections to community
 - Improved ability to identify needs of family and access appropriate resources
16. Number of children/young people where case workers observe improvements in the following areas:
 - Safe/r and protected in the family home
 - Connected to family
 - Connected to culture
 - Connected to community
 - Connected to appropriate support and services
 - Child/young person- educational engagement
17. Number of parents where case workers observe improvements in the following areas:
 - Protective abilities towards children
 - Positive parenting practices
 - Family functioning
 - Connection with family

- Connection to culture
- Connections within community
- Ability to identify needs of family and access appropriate resources

18. Number of children/young people with ROSH re-reports 12 and 24 months after program exit.

19. Number of children/young people who enter Out of Home Care.

The Performance Measures will be measured across all Youth Hope sites by FACS.

Youth Hope Service providers may have additional performance measures related to their individual innovative service model. These additional performance measures may be agreed upon between the FACS District representatives and the Youth Hope service provider for each service model.

In addition to monitoring performance measures, FACS requires certain information about individual children and young people for evaluation purposes, funding and performance management, reporting to government and other counting purposes.

A comprehensive data collection strategy is available.

Further details about Youth Hope are contained in the Results Logic Diagram, the Referral process for Target Group A & B, the Consent form and the Consent policy/caseworker guide.