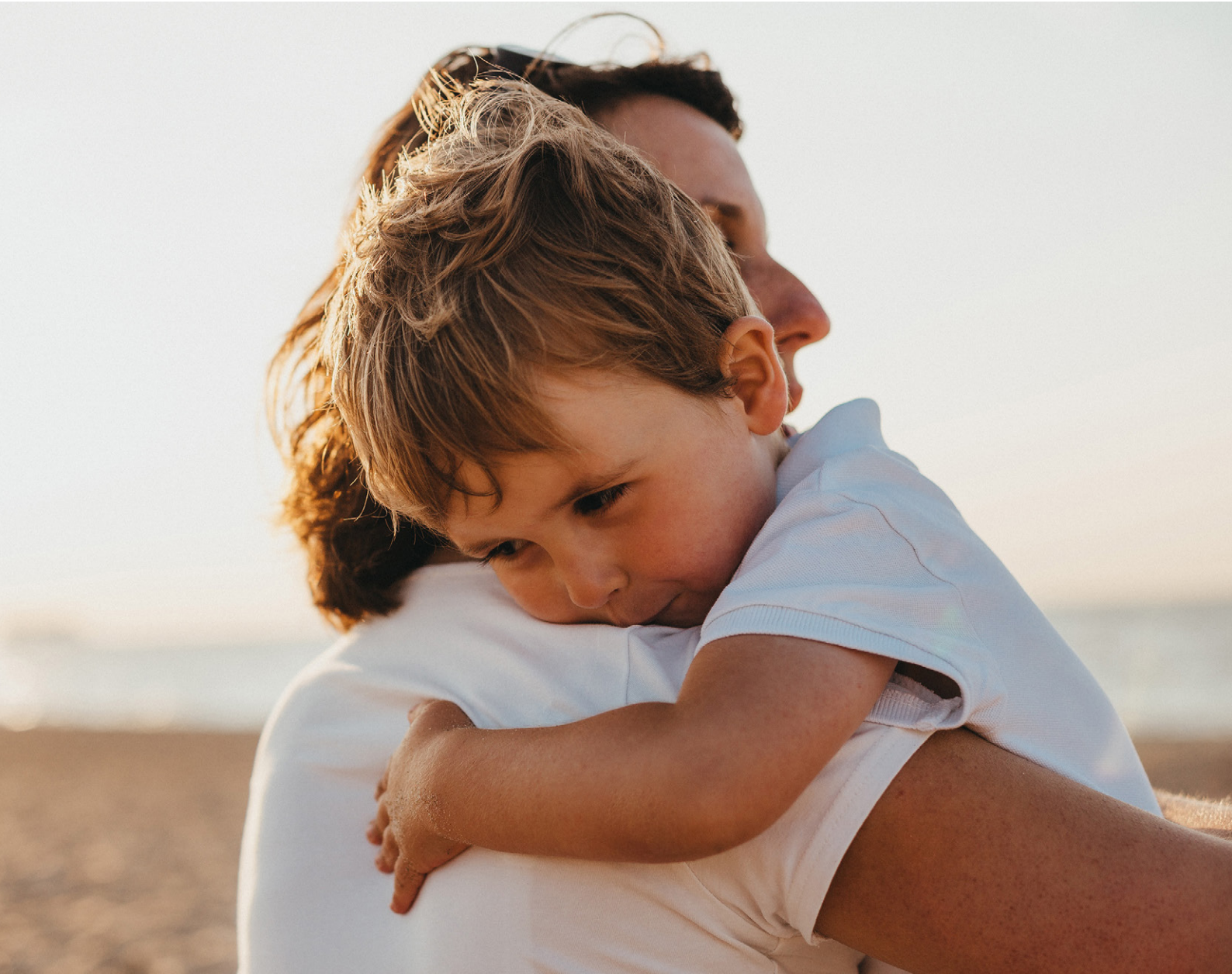
Communities and Justice

NSW GOVERNMENT

What we heard

Key themes from the Family Preservation Recommissioning Stakeholder Workshops

September 2023



Acknowledgement of Country

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

What we heard - Key themes from the Family Preservation Recommissioning Stakeholder Workshops

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

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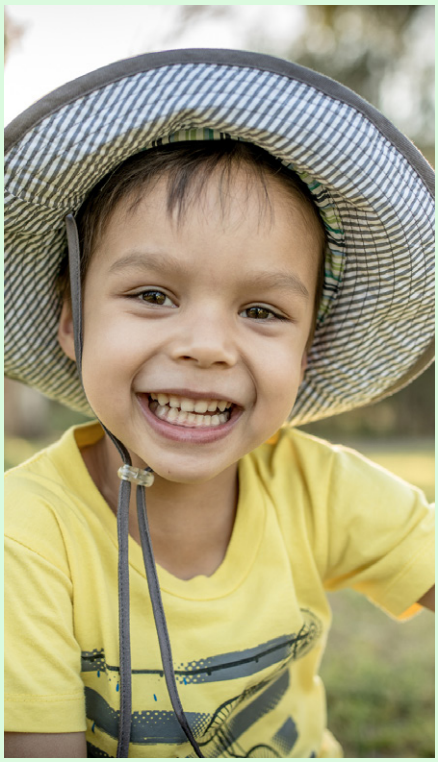
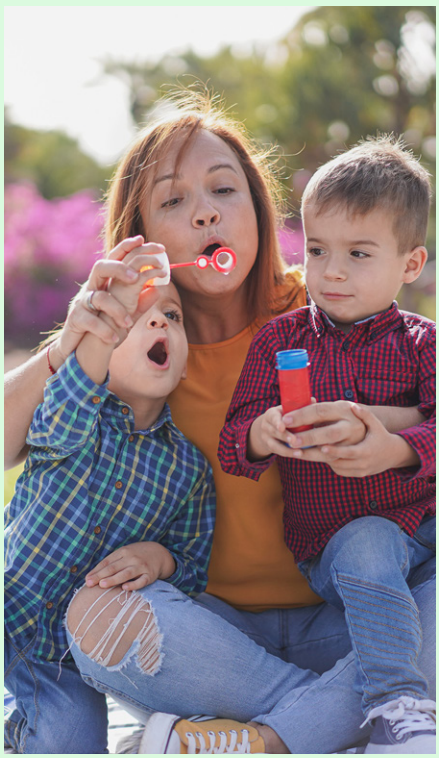




Contents

Acronyms

AOD	Alcohol and Other Drugs
ACCO	Aboriginal Community Controlled Organisation
BFAU	Brighter Futures Assessment Unit
CSC	Community Services Centre
CALD	Culturally and Linguistically Diverse
DCJ	Department of Communities and Justice
DFV	Domestic and Family Violence
DVSAT	Domestic Violence Safety Assessment Tool
FACSIAR	Family and Community Services Insights, Analysis and Research
FAP	Family Action Plan
FGC	Family Group Conferencing
FFT-CW	Functional Family Therapy-Child Welfare
IFP	Intensive Family Preservation
IFBS	Intensive Family-Based Services
LGA	Local Government Area
MST-CAN	Multisystemic Therapy for Child Abuse and Neglect
MFWWNSW	Murrumbidgee, Far West, Western NSW
NDIS	National Disability Insurance Scheme
NGO	Non-government organisation
NNSWMNCNE	Northern NSW, Mid North Coast, New England
OOHC	Out-of-home care
PSP	Permanency Support Program
PSP-FP	Permanency Support Program-Family Preservation
PWI	Personal Wellbeing Index
ROSH	Risk of significant harm
SARA	Safety and Risk Assessment
SPG	Service Provision Guidelines
SWS	South West Sydney
SSESNS	Sydney, South East Sydney, North Sydney
TEI	Targeted Earlier Intervention
URF	Universal Referral Form

Executive summary

The Department of Communities and Justice (DCJ) Family Preservation system is undergoing a redesign and recommissioning to consolidate disparate services into a single integrated service model which has the flexibility to support clients through a continuum of care. A series of workshops with stakeholders, including staff from DCJ Districts and non-government organisations (NGOs), were held in November 2022 as part of this process. The workshops aimed to elicit stakeholders' feedback about challenges in the current system, examples of good practice, and ways the system could be improved.

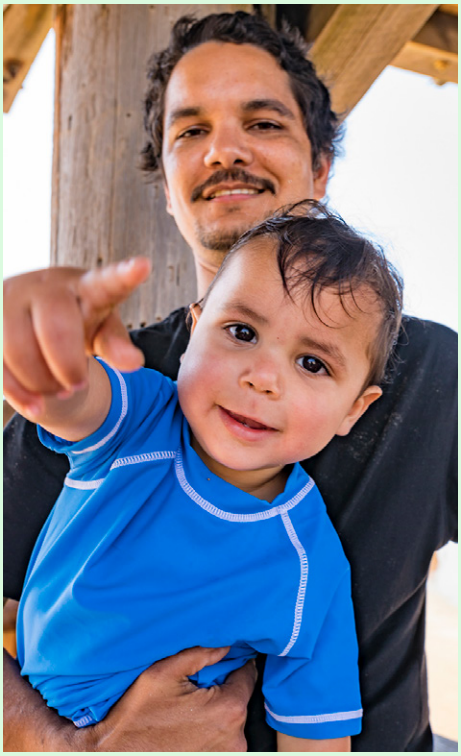
Family and Community Services Insights, Analysis and Research (FACSIAR) conducts and supports analysis, research and evaluation across DCJ. It also works with government and non-government agencies on projects, data linkage, and research and evaluation activities. FACSIAR carried out a thematic analysis on the transcripts from the two sets of workshops using computer assisted qualitative data analysis software. This report synthesises the key themes to emerge from the analysis.

District and NGO stakeholders reflected on the challenges of the current family preservation system and shared examples of successful practice across the state. They also suggested ways to build a system that is open to all in need, allows people to enter once and easily navigate through, and has improved collaboration between services.

A key theme in both sets of workshops was the role of DCJ in the system. There is an apparent tension between DCJ's objective to close cases, and NGOs' offer to keep them open to manage risk and maintain the family's motivation to stay engaged. Stakeholders called for greater clarity about who holds the risk, and some shared concerns about current risk assessment practices.

District and NGO stakeholders made a variety of suggestions for how to deliver person-centred care, such as:

- increased transparency around DCJ's concerns and reports
- greater respect for the family's preferences
- reassessment of service suitability as family needs change
- flexible service duration, frequency and referral times according to family needs
- the importance of wraparound services.



Discussions identified elements of best practice in service delivery, including case management, flexible engagement timeframes, a mixture of therapeutic and practical supports, and a comprehensive, whole-of-family approach to risk and needs assessment.

Stakeholders from both groups discussed a number of human services workforce challenges, such as:

- recruiting and retaining staff with appropriate skills
- the effects of staff skills shortages on program fidelity and therefore effectiveness
- difficulties supplying staff outside of business hours.

Some believed that the family preservation recommissioning must include provisions for staff skills development and training.

Stakeholders recognised the role of Aboriginal Community Controlled Organisations (ACCOs) and believed that support for them needs to increase. Some also thought that policy and service design should take into account the fact that some Aboriginal communities and culturally and linguistically diverse (CALD) communities may not wish to work with Aboriginal services or CALD workers, respectively, particularly in small communities where there is lack of anonymity.

Some stakeholders noted that there are cultural barriers to effective service delivery for CALD clients. Some also raised concerns about interpreting and translation, including the burden on service providers to source and fund interpreting and translation services, and problems securing appropriate interpreters for some languages.

Some of the themes discussed relate specifically to regional areas, such as staff skill levels and access to training, and calls for DCJ to invest in capacity building. Further analysis would be required to understand how the findings vary by region.

Introduction

In November 2022, the Family Preservation team within DCJ held 14 stakeholder engagement workshops with a range of staff, including practice and operational representatives, from DCJ Districts (seven workshops) and NGOs (seven workshops) providing family preservation services across NSW. The workshops were part of a co-design process for the Family Preservation recommissioning. They aimed to generate discussion among stakeholders' and elicit their reflections on the challenges and common problems with the current system, examples of good practice, and ideas about how the system could be improved. The questions which provided a structure to the discussions are included in Appendix A. The workshop discussions were transcribed and the resulting data were analysed by DCJ/FACSIAR staff. This report presents the findings of the analysis.

Method

The project team, including FACSIAR and Family Preservation staff, conducted qualitative thematic analysis of all workshop data in three stages.

In the first stage, FACSIAR generated 90 codes based on a sample of the District workshop data. The FACSIAR team consulted the Family Preservation team to ensure that the codes were meaningful and appropriate in the family preservation context. The codebook is contained in Appendix B. Qualitative data analysis software was used to code all District transcripts. The project team tagged data, exported it for analysis and aggregated the codes into 19 broader themes (see Appendix B).

In the second stage, a sample of NGO workshop data was consulted and the codebook was refined to align with the content, leading to a total of 89 codes. Again, qualitative data analysis software was used to code all transcripts. The project team tagged data and exported it for analysis. Thirteen major themes emerged, and these were used to structure this report.

In the third stage, the findings from the analysis of both sets of workshop data were collated into this report, and the thematic structure was further refined.

Limitations

The workshops conducted with District and NGO staff consisted of facilitated discussion based around prompting questions. Responses were transcribed by a number of staff from the Family Preservation team. Due to some inconsistency in transcription methodology and limitations of online collaborative software, a small number of responses were separated from the original questions. In the absence of the context of these responses, a small proportion of data could not be coded or analysed.

In the first stage of analysis with District workshop content, weightings of particular codes and themes through frequency data were requested. This method was not used in the analysis of NGO workshop content or the collated analysis for two reasons. First, the quality limitations of the data described above precluded an accurate quantification of discrete responses. Second, it is unlikely that the frequency of responses in a workshop format provides valuable insight – for example, response frequency is likely to reflect factors such as the prompts about particular topics rather than the weight that participants placed on particular topics.

Overview of findings by theme

The following rapid analysis presents key themes and specific categories of issues arising from both the District and NGO workshops. Insights are illustrated with some transcribed quotations (in boxes).

The role of DCJ

In both the District and NGO workshops, a significant number of stakeholders raised issues about aspects of DCJ's role in Family Preservation, including in information stewardship, keeping cases open, developing partnerships with NGOs, carrying risk, creating transparency with families, and being defined as voluntary or mandatory.

Information stewardship

District workshop feedback suggests that DCJ is a **steward of information** about the family that NGOs often do not have access to, and this information can hold the key to whether a service will work.

NGO providers made a number of comments regarding the importance of DCJ providing complete information about the family being referred, including previous service involvement and outcomes, and any ongoing risk of significant harm (ROSH) reports and escalating risk. Some NGOs noted that DCJ staff may need training in completing the Universal Referral Form (URF). For Brighter Futures service providers, this used to happen with Brighter Futures Assessment Unit (BFAU) but Brighter Futures providers noted that information has been lacking since BFAU closure. Providers stated that when DCJ withholds this information, NGO staff cannot provide an effective service to families. NGO staff also pointed out that they are exposed to a higher risk as they do not have current information about the family's circumstances, e.g. active domestic and family violence (DFV) in the home, or a perpetrator being in the house during a home visit.

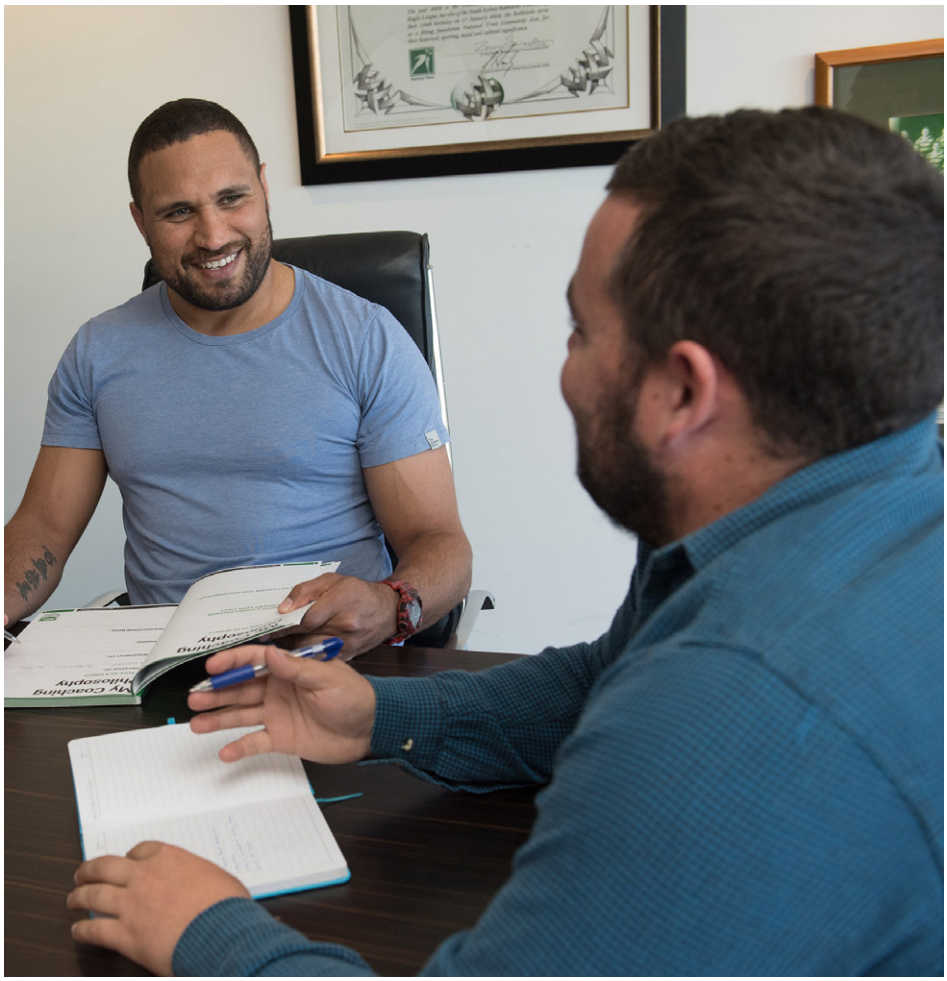
> ***Often it is information that DCJ holds that makes a difference to why a service is or isn't working – it's often not seen as CP work, but it is.***
>
> District workshop participant

> ***We don't get enough information from DCJ. We get the latest ROSH report but not the whole picture. In the service guidelines, there is a bit in there about accumulative harm but there's too much wriggle room and we rely on DCJ to provide that information.***
>
> NGO workshop participant

Keeping cases open

District staff commented that service providers want DCJ to keep cases open because they do not have staff with the skills and confidence to manage risk. There was strong sentiment that NGOs do not build safety networks around the family and expect DCJ to be the expert on risk. Some District staff suggested that Intensive Family Preservation (IFP) and Permanency Support Program (PSP) cases should be closed, so the NGOs should hold risk and the case should be reopened if risk increases. However, it was noted that some Districts (e.g. Western NSW) keep cases open, and want to keep them open for six months due to high client need complexity.

In contrast, many NGO providers had concerns regarding DCJ closing cases too quickly after a referral is made. When cases are closed by DCJ prematurely, NGOs carry unacceptably high risk and feel unsupported. Many providers stated that keeping the case open with DCJ allows service providers sufficient time for engagement, provides motivation for families to engage and participate, helps manage escalated risk more efficiently than for providers to make a re-report to DCJ, and makes it easier and quicker to ask DCJ to procure practical support for the family such as housing and mental health support through NSW Health. A number of suggestions put between one and three months as a suitable timeframe to keep cases open. However, some providers stated that keeping a case open can also be confusing for families.



If we are going to keep cases open, there needs to be purpose behind it. Do we need criteria for keeping cases open (e.g. maximum six months)? Most families in the area have complex needs and their cases would need to be kept open for six months.

District workshop participant

There should always be flexibility to keep cases open or closed because there are some complex families where, regardless of the service involved, you're still going to be worried. However, there should be a preference to close once we refer, and the family is involved.

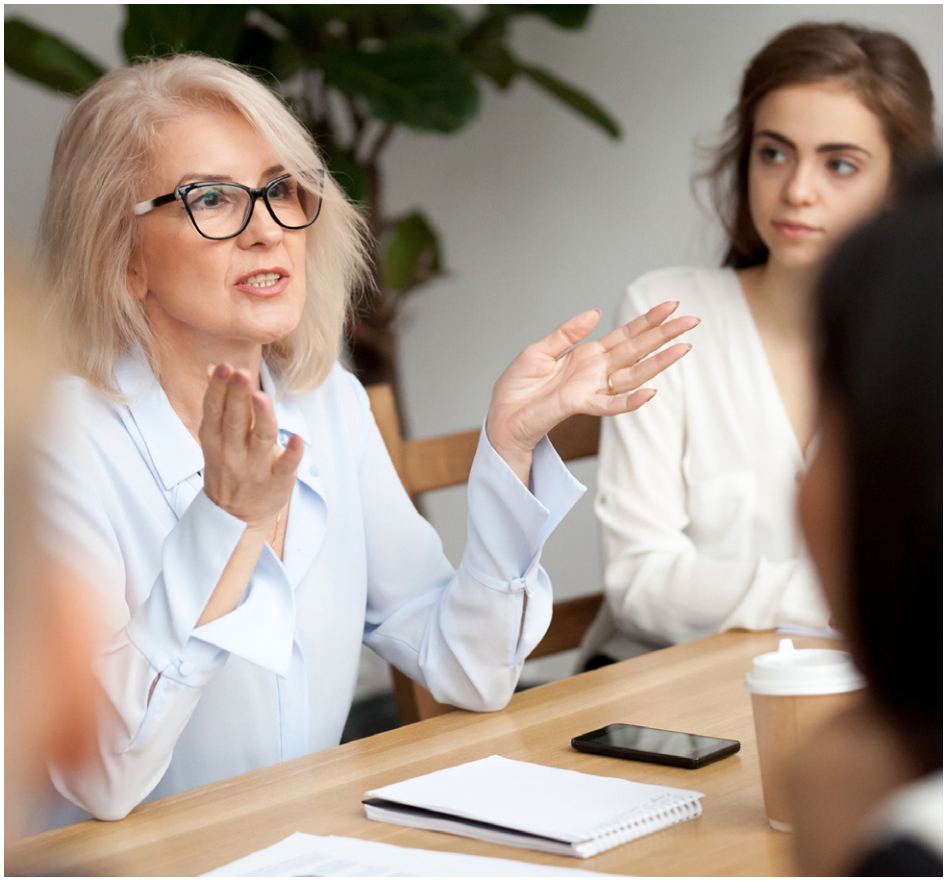
District workshop participant

Our experience is not that positive. DCJ is closing the day after we have an admission meeting. We see disengagement drop when DCJ aren't engaged. The contract should define the period DCJ needs to stay involved, perhaps six weeks.

NGO workshop participant

It's really hard to get a joint visit with DCJ because they're closed. It means the service provider is now carrying the risk - and new risks come up because they're spending more time in the home. We had one example with a family where substance misuse was not identified by DCJ. The support wasn't there.

NGO workshop participant



Partnerships between DCJ and NGO services

District staff commented that successful partnerships with NGOs involve joint Family Action Plan (FAP) goal planning, effective communication, joint home visits, effective handovers and a safe space to raise concerns about families and what is and is not working. Local Community Services Centre (CSC) relationships are important.

NGO providers suggested that good collaboration between providers and DCJ involves good communication, feeling like a partnership, and following through on commitments made. Some also said that caseworkers being receptive to insights from different tools used by providers also helps with effective service delivery. Some said that greater collaboration between DCJ and NGOs, (especially early on during engagement and motivation) brings better results with families.

NGO providers emphasised the importance of DCJ trusting and respecting their knowledge, skills and practice. There is a perception that DCJ undervalues provider skills, and does not take their risk assessment or concerns seriously. There is a perceived power imbalance where DCJ sees itself as the expert. Providers suggested that regular meetings and better communication between DCJ and service providers creates more collaborative partnerships. Collaboration and relationships with CSCs are important. Providers really value their connection with CSCs, and the ability to work collegially with the families both agencies are supporting. Stakeholders noted that co-location of DCJ and service providers enables better communication and collaboration. Providers feel that DCJ is involved in PSP cases more than Intensive Family-Based Services (IFBS) cases. They said that some roles used to work well in the past in communication with NGOs, such as DCJ's Permanency Coordinators which have since been phased out.

It is important to identify a lead agency when this arrangement occurs - families don't always need to know that level of detail, so it's seamless for families but behind the scenes partnership approach is established.

District workshop participant

There can be an attitude in CSCs of providers having lesser skills and abilities than DCJ workers. This was addressed in one region through increasing collaboration between workers (e.g. working alongside, such as doing assessments together, joint training). This helped workers to understand that workers at DCJ and providers have similar qualifications and levels of experience. This created more respect between workers and more collegial relationships.

NGO workshop participant

Roles

District staff called for role clarity, especially around who holds the risk.

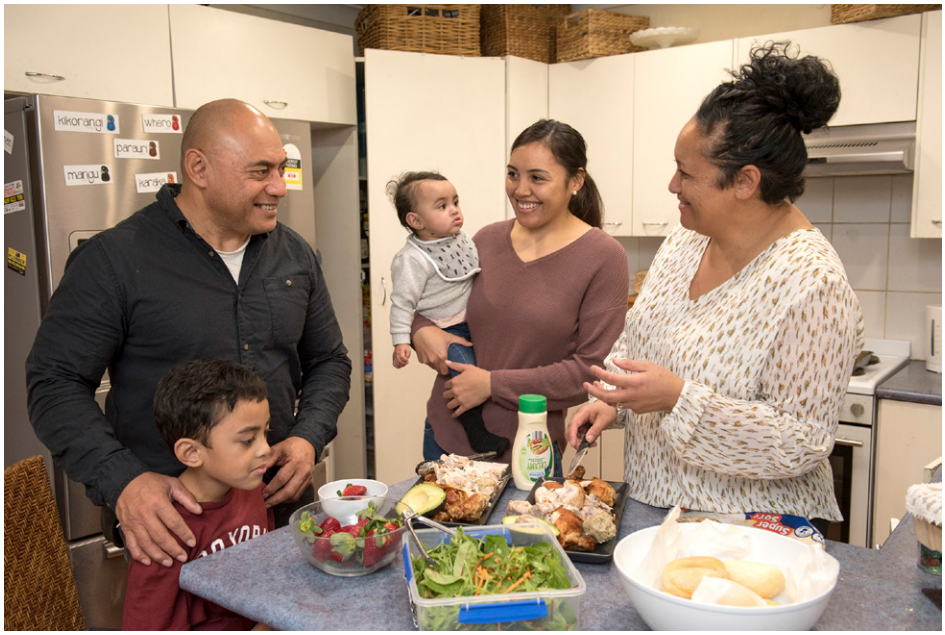
NGO providers stated that it is important for DCJ and service providers to define their roles clearly to families, particularly the statutory role of DCJ and how it differs to the role of the NGO. Clarity and transparency with families about DCJ's referral reason(s), concerns and expectations, as well as the intensity of the service (e.g. PSP – 3 days of the week) were regarded as particularly important.

NGO providers are wary of DCJ's expectations for providers to play an investigative role. NGO providers feel that while joint case planning and home visits is best practice, high risk families should be managed by DCJ, and it is the service provider's role to advocate for the client to DCJ. NGO stakeholders also stated that DCJ needs to better understand the role of Family Preservation providers, and have a better view of joint working.

Transparency with families

District staff expressed concern that providers are not clear with families about the reasons for their referral.

NGO providers also repeatedly stated the need for DCJ to be transparent with families about their concerns and reasons for referral. In situations where this is not made clear to families, the NGOs are less successful in getting engagement and buy-in as families do not agree to the FAP goals. NGO providers also stated the need to use simple language without jargon with families. They emphasised the importance of DCJ following up on brokerage they promised to the family. NGO providers stated that realistic and consistent goals are important for families. They also noted that it was unhelpful when DCJ would "change the goal posts" for the family while they were engaged with a service and working towards originally set FAP goals.



[The need for] clarity around the roles and responsibility of DCJ and the service provider. Making it clear what it is the service provider can do to support the family.

District workshop participant

It's important for DCJ staff to understand the role, responsibilities, and purpose of family preservation services. There are examples of DCJ caseworkers asking providers what joint visits should look like, how information sharing can occur. Or DCJ caseworkers may feel that now the case is with a provider, there is nothing they need to do.

NGO workshop participant

Having a clear conversation about what DCJs concerns are for the family. Often families don't know why the service providers has come to their home.

Transparency at the beginning about what the issues are – not shying away about concerns of DCJ.

District workshop participant

[There is a] need for transparency and collaboration between DCJ and providers regarding where DCJ is at with the family and possible case closure.

NGO workshop participant

Voluntary vs. mandatory definition of Family Preservation

District staff suggested that although in theory Family Preservation services are voluntary, in practice some service providers are coercing families by threatening to return them to DCJ if they do not agree to engage in services. There was also a suggestion that cases are closed more quickly in Youth Hope or Brighter Futures, but more extensive engagement strategies are employed by programs such as Functional Family Therapy-Child Welfare (FFT-CW).

NGO providers also suggested that the definition of Family Preservation as "voluntary" by DCJ needs to be reviewed, as families who do not engage are referred back to DCJ and may have children removed. This makes it harder to gain the trust of families. To counter the fear of removal and get families on board, providers position DCJ's concerns as "shared worries". Some NGO providers said that they struggle to get families to engage when DCJ is not involved, and the family has been told that participation in Family Preservation is voluntary. Some providers stated that Family Preservation should be a mandatory service.

Enhancing the service model

This theme contains feedback around a number of service elements, including:

- referrals
- eligibility and suitability criteria
- engagement
- comprehensive assessment
- flexible service timeframes
- continuity of care, client exit and case closure
- holistic support
- timely service provision
- case management and coordination
- the need for both practical and therapeutic support
- program fidelity
- restoration focus
- trauma-informed practice

Referrals

District stakeholders spoke about the need for a flexible referral timeframe combined with better engagement from service providers. DCJ stakeholders stated that DCJ needs to have flexible engagement timeframes to allow collection of comprehensive information about families to make the right referral and support decision. They stated that often the cut-off date lapses before the family has engaged, so DCJ needs to make a new referral.

NGO providers suggested that earlier referrals, including community referrals (after a few ROSH reports rather than five or more), enables services to step in earlier when families are more able to change, and enables families to complete longer programs. Stakeholders noted that when referrals are made after too many ROSH reports (more than five) it is more difficult for the family to make required changes, and the risk is too high. NGO providers also noted that eligibility for earlier referral for pregnant women (to enable engagement to begin prior to birth) would enable setting up structures and supports for the family in a more effective way than when services try to engage post-partum when the family has other appointments and less availability.

Language around the voluntary nature of the service needs to be looked at in the contracts. Service providers say: "it's voluntary but if you don't work with us, we will send you back [to] DCJ.

District workshop participant

How do you explain to families that their children will be removed if they don't engage in the service, but it's considered voluntary?

NGO workshop participant

Engagement timeframes should be flexible to allow time to build trust with families, particularly for families from Aboriginal and cultural and linguistically diverse (CALD) communities

District workshop participant

Referral type (cold vs warm referrals) impacts on engagement with families. Generally warm referrals with consent work best. Cold referrals can feel like a box ticking exercise. The provider ends up spending a lot of time and resources responding to referral, and this can be de-motivating for staff if there are challenges in engaging the family.

NGO workshop participant

Eligibility and suitability

District stakeholders discussed the need for more flexible eligibility criteria. Current criteria are seen to be tight as they exclude families deemed to be "high risk" due to DFV or sexual abuse. There was a contention that NGOs should bring in additional services to manage DFV, however many stakeholders, especially those in regional areas, noted that they do not have such specialist services or the skilled staff necessary to deliver them.

NGO stakeholders stated that it is important for DCJ to understand and respect that once they assess the client and build engagement, more information may surface that may mean that the client does not meet provider eligibility criteria (e.g. there is active DV in the family). It is difficult for NGO providers to assess the suitability of a referral with incomplete or outdated information from DCJ. NGO providers also emphasised that referral suitability includes responsivity (readiness for change); some families are involved with many services and may not be in the right circumstances to engage with Family Preservation. NGOs also noted that sometimes due to a lack of other support services available and a high risk for the family, some providers accept referrals that do not meet their eligibility criteria in order to provide a holding space for the family until DCJ can place the children into care or explore other options (e.g. Temporary Care Arrangement or Parenting Order).

Engagement

District staff suggested that engaging families takes a high level of skill, including empathy, emotional intelligence, building rapport and getting buy-in from clients. District staff felt NGO providers often lack these skills, possibly due to a lack of training or professional qualifications. Some suggested that some NGOs may not take enough time to try to reach and engage families, and "give up" quickly. There was some feedback that NGOs are too "passive" and put the onus on families to engage whereas it should be the other way around.

NGO providers stated that warm referral with consent works best for engagement. Effective assessment and engagement rely on a holistic view of family structures, extended networks and mobility.

This is especially important for Aboriginal families who may have extended kinship structures that extend beyond the western definition of the immediate family, which necessitates consent to also be sought from extended family members. NGO stakeholders thought that good engagement with families starts with building a relationship of trust in the initial phase. When practitioners provide families with a visit schedule, it removes anxiety and gives families a sense of predictability and control. NGO providers also said that flexibility in the time required for engagement and service duration is important especially for families with entrenched trauma and cumulative harm. Family Group Conferencing (FGC) was thought to improve engagement and regarded as a holistic approach to working with a family including their support networks.

Services should have the least number of exclusionary criteria as possible as we can't find a place for families who don't qualify. Domestic violence and sexual abuse are the biggest issues when it comes to exclusionary criteria – we need to be able to support families with these complexities. Brighter Futures excludes sexual abuse, however it could still be in the home, e.g. based on prior reports but there isn't an ability address that.

District workshop participant

Families are often referred to services that are not appropriate. They are referred to services with vacancies, rather than best fit.

NGO workshop participant

We have an obligation as a sector to be better at engagement - we must be more effective with how we engage with families. FFT-CW has good engagement strategies. Caseworkers need to take responsibility for engagement, rather than families. The language suggests it's up to the family to work with DCJ not the other way around.

District workshop participant

What works - patience, predictability, it doesn't matter what cultural background. It is just about being patient, flexible, kind, friendly, gentle. So important. In the first few minutes, it makes a difference - they make the decision very quickly. But there is a handful who say yes and mean no.

NGO workshop participant

Assessment

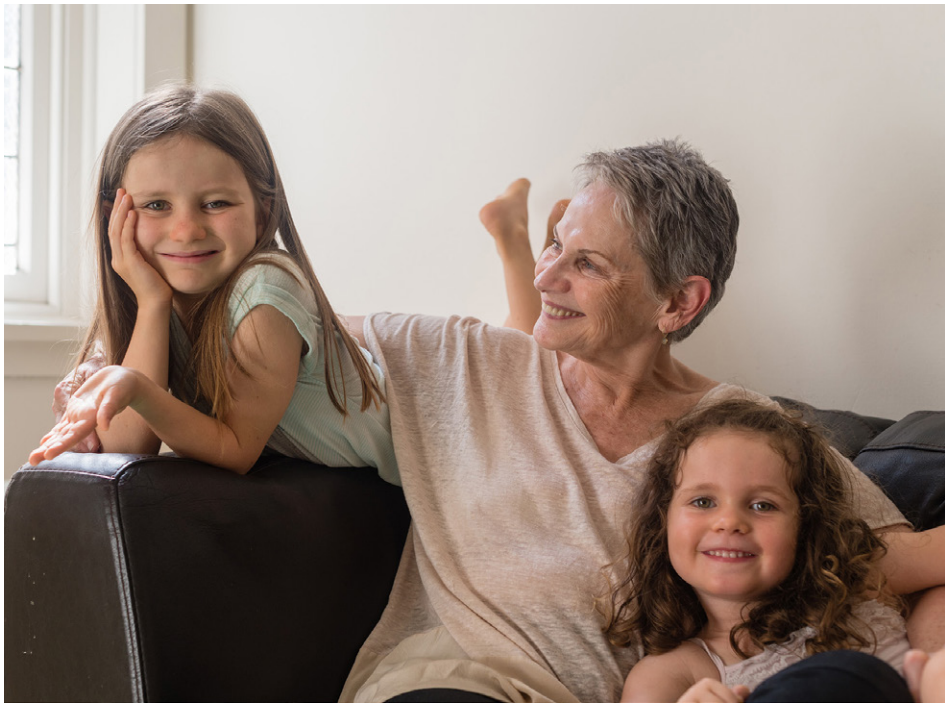
Feedback from the District workshops suggested it is important to gather information and assess risk across the whole family, to make sure caseworkers have a full picture and issues are managed comprehensively, and to involve all family members in building a support framework around the family. There is a need for standardised assessment tools and training on how to use them.

NGO stakeholders stated that family finding, including genogram and ecomaps (mobility mapping), are important in assessment to ensure the extended family is part of the safety planning. A holistic view of family kinship structures and social networks is important to make families feel safe and proud of their culture. Culture can facilitate therapeutic engagement. NGOs stated that there needs to be more flexibility around consent and assessment completion processes (i.e. families self-completing over time).

Flexible service provision timeframe

District staff stated that when families are traumatised by their experiences of contact with the child protection system across generations or of persecution/war, engaging and working with them requires time (more than six months), and a trauma-informed practice skillset.

NGO staff emphasised the need for flexibility in service provision timeframes, particularly for Aboriginal families (up to 24 months). Providers commented that they often find creative ways to extend services with families beyond program guidelines. Flexibility is harder with some programs like SafeCare.



We struggle with criteria or length of time that services can remain involved - it creates some issues around service delivery and really its purpose in terms of meeting the needs of a family. If a family requires a longer period of time, then that's what we should be offering them. Flexibility around length of time [duration] and ability to extend or step down. If families have been in contact with the system across multiple generations, their needs would be more complex and need more time.

District workshop participant

What's not effective - service timeframes in FFT-CW (six or nine months) are too short. When working towards short timeframes, provider can't get into the nuts and bolts of therapeutic intervention. Time is spent instead on building trust and rapport with family. The tight timeframes can be very prescriptive and not allow sufficient time for the provider to build rapport with the family. Flexibility is needed to have different timeframes based on family needs, rather than needing to push family at a certain pace for the sake of program completion.

NGO workshop participant

Continuity of care and stepped care models

District staff said that having the same caseworker for the service duration made a difference. District feedback suggested that families often disengage when transitioning between workers or services. Having DCJ involved maintains their motivation to engage but takes away the voluntary aspect of the service. District staff stated that services need to meet families where they are at and match their needs with the right service type, intensity and dosage. For example, it is not appropriate for families in crisis to be referred to an intensive therapeutic program such as Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), but this may be appropriate later. When services can successfully step a family down once their needs decrease, this vacates the space for other families.

NGO providers also said that it is important for families to have service continuity, and to be able to remain with the same service with decreased or increased intensity, including addditional workers. NGOs would like to refer to other services without going back to DCJ.

Holistic support for families

A number of District responses recognised that families need both therapeutic and practical support (e.g. getting to appointments, getting kids to school). However, there was also feedback that staff should foster client autonomy by helping set up routines and stepping back, allowing families to learn to function with other supports, e.g. extended family.

NGO stakeholders stated that many families need wraparound support for AOD, DFV, disability mental health and housing. It can be harder to respond to these needs in small organisations and in regional areas. Liaising with schools and being involved in school meetings was also regarded as important.

We need a model that has a crisis component – many families need help now and not in six weeks' time. It could have a "right now" requirement and then move into therapeutic response later. If services are there at the point of crisis, when change can occur, the relationship can be built to engage in the short, medium, long-term work

District workshop participant

The ability to deliver flexible services to support the family where they are - increase and decrease in intensity. A family should be able to remain with the service to have continuity. It would be highly effective for organisations to be able to provide a continuum of care, i.e. providers who deliver TEI also providing family preservation services. This would enable providers to work with families on building skill, capacity and support networks before the risk becomes high.

NGO workshop participant

It's important to offer therapeutic support in conjunction with the practical support, however many smaller services don't have the capacity to do this work.

District workshop participant

Complex issues such as alcohol and drug use - needs more specialised skills and it creates more challenges. Does this fall with us or should we refer to more specialised intensive services - this has not been made clear in the Service Provision Guidelines (SPGs).

NGO workshop participant

Person-centred care

Feedback grouped under this theme focused on how services can be more tailored to meet the needs of families, which includes family-led and child-focussed decision making, flexible service duration and intensity, out-of-business-hours service provision, strength-based and trauma-informed approaches to working with families, and warm referrals.

District staff felt that services should listen to and respect families' preferences for who to work with, and their wishes for their information to not be shared with certain agencies or workers. Stakeholders spoke about the need for a minimum frequency of home visits but also flexibility to increase the frequency and/or duration of services when family circumstances change. Some responses highlighted the importance of recognising that as families' needs and/or risks change, sometimes the services do not work or stop working. In these cases, a re-assessment of, and re-referral to, the right type of support or service is required. District staff also recognised that sometimes DCJ is not the right agency to work with some families given their level of trauma from working with DCJ in the past. In those instances, DCJ needs to partner early with other agencies and be clear about their concerns. There was feedback that services need to wrap around families according to their strengths as well as their complex needs.They stated that warm referrals with a full Safety and Risk Assessment (SARA) produce better outcomes, but DCJ cannot always stay involved subsequently due to their internal targets and pressures. District staff recognised that while best practice would involve supporting families outside core business hours (e.g. after school), it is hard for service providers to recruit staff able to work extended hours especially in regional districts.

NGO providers stated that it is important to treat families as the experts in what will work for them. Providers try to use techniques to make families feel in charge of the decision making, such as "winning gate rules" and scaling questions in the FAP. NGO providers thought that it was important to provide a visit schedule so that service delivery is predictable and does not cause anxiety. The schedule should also be flexible enough to respect family routines. They also felt that service duration needs to be flexible, especially when working with Aboriginal and CALD families. PSP-FP was regarded as working well because it has a timeframe of up to two years or two moderate risk re-assessments. NGOs put forward a view that in their experience, IFP has a six month timeframe and almost half of cases needed requests for service extension. NGO providers also pointed out that it can be hard to see families in rural areas due to long travel times, so service duration needs to be flexible.

NGO providers also stated that it is difficult to create change in families with entrenched trauma and cumulative harm within short timeframes. Innovative service delivery models such as telehealth are important to meet the barriers and challenges of accessibility for families. NGO providers suggested that effective service delivery looks like DCJ CSCs doing permanency and cultural consults and service providers being part of these. Large family units, which are common to family preservation services, require more than one caseworker (and referral place) to meet their needs effectively. Wraparound services are needed for families with disabilities and

> ***Any service working with those families actually need to listen to the families. For instance, a family may not want to work with a service, and we need to be led by them. The family may not want information shared with certain providers (perhaps it's where their doctor works and they want to keep that part of their life private) – we need to listen to families about who they want to work with.***
>
> District workshop participant

> ***What works - giving power back to families who have had so much power taken away through statutory child protection involvement. Letting families know providers have a different role than DCJ.***
>
> NGO workshop participant

mental health concerns. When there are specific behavioural needs in the family that require specialist services such as National Disability Insurance Scheme (NDIS), FP only works well when working alongside NDIS support. This is harder in regional areas. Stakeholders also noted that NGOs attempt to deliver on call/out-of-hours services (e.g. to include other family members) and this works well for families but requires a workforce willing to work long hours. They also stated that there needs to be more focus on family strengths in CSC referral information. A coaching approach works well with families, as support and modelling for parents. Finally, NGO providers stated that family preservation works well for families with a history of good engagement with services.

Culturally responsive practice and Aboriginal Family Preservation

District staff stated that while increasing Aboriginal community-led services is the key to working effectively with Aboriginal families, communities often need to recognise ACCOs as a trusted service for this to work. ACCOs need to be supported with the right training, not just funding. District staff understand that some families in Aboriginal and CALD communities may not necessarily want to work with Aboriginal services or CALD workers respectively, due to issues such as shame and lack of confidentiality in small communities. This needs to be remembered in policy and design work.

District staff stated that some communities with specific migrant populations do not have access to the right interpreters (examples that were mentioned included Yazidi in Northern NSW, Mid North Coast, New England (NNSWMNCNE), and Mongolian in Sydney, South East Sydney and Northern Sydney (SSESNS)). District staff often manage requests from NGO services for translation services which are no longer funded. Due to costs, smaller NGOs cannot source and fund interpreters and this compromises the quality of work with families.

District staff noted that there are two key issues in providing culturally responsive services:

- Generalist interpreters from Translation and Interpreting Services are not trained to operate in child protection or a therapeutic setting, and lack the appropriate subject area vocabulary and training in working with complex and potentially traumatic material.
- Therapy is taboo in some cultures and encouraging families to engage is difficult, especially when delivered through untrained interpreters.

District stakeholders suggested that best practice and the most cost-effective approach to culturally responsive service delivery could involve embedding bilingual workers and translators with a human services background in service delivery.

NGO providers echoed District staff comments, that when working with Aboriginal and CALD families, not all families will want to work with a culturally matched worker due to fear of information sharing in the community. They stated that families need a choice of who they engage with, and that it is important to take the time to understand

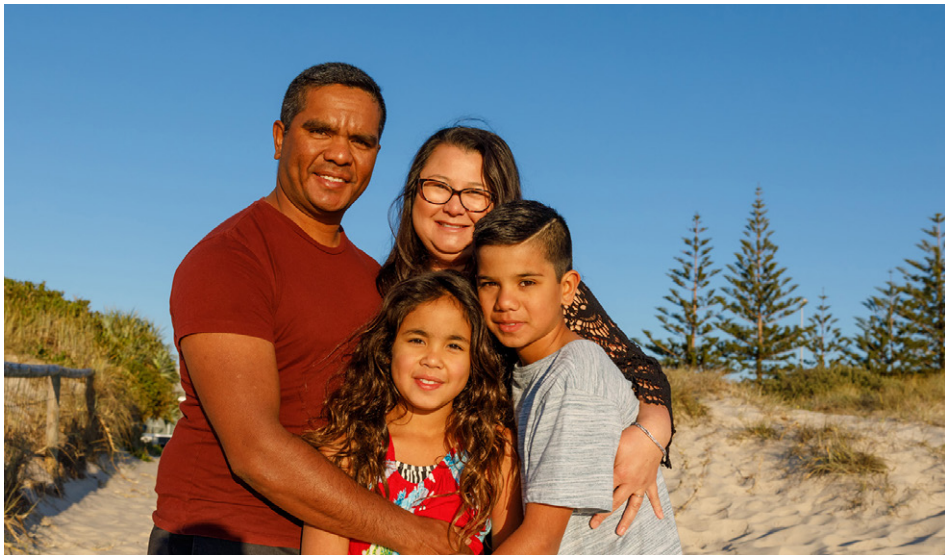
> ***Increasing Aboriginal community-led services is key to doing this better. ACCO providers need to be doing this work to break down barriers and apply a cultural lens when working with these families. One of our ACCO providers in the district is also an Aboriginal Medical Service. They can provide a holistic service and already have links with Health. They can provide therapeutic services for mental health or substance misuse. There are several ACCOs in the district that are going through their own reviews and kids have had to come back to DCJ – a lot of work is required to support them (the ACCOs). In [our district] we [have] two emerging ACCOs – investment at the front end is going to be intensive. Considering the importance of this work, we need to take time to cultivate ACCOs properly. We can't just say: "here's the funding, go and do a really good job". It will take time, investment, training, and a lot of support to get there. Investment and capacity building - it's about longer relationships and commitment.***
>
> District workshop participant

the culture of the family, to not assume that all CALD clients have the same needs, and to build relationships with local CALD organisations. Culturally responsive practice requires bridging the language barrier, but interpreters are not funded, are expensive, and often require training and preparation for the specific language and terminology used in child protection.

In working with Aboriginal families, NGOs noted that culture can facilitate therapy. They stated that employing Aboriginal consultants and staff, and providing cultural training for staff, is paramount - organisations cannot rely on the cultural competence/expertise of individual workers alone but need to develop initiatives at the organisational level and build cultural competence and safety across the organisation.

Stakeholders from ACCOs said that they want DCJ to respect their knowledge and experience, and work collaboratively. Program models need to be adapted for the Australian context and simple community language needs to be used instead of jargon. NGO providers stated that there may be an opportunity for ACCOs to support Family Preservation providers in facilitating more cultural immersion/cultural support and activities for mainstream providers. This has been done in the past by DCJ working in partnership with an ACCO. NGO providers also felt that non-ACCOs should be able to continue to work in the Aboriginal community and have a voice in the greater service sector. They also stated that there needs to be cultural training for workers, to use local knowledge across large geographical areas to better tailor service delivery to the cultural needs of families. Sufficient Aboriginal specialist staff and/or consultants are essential as Aboriginal families are a priority cohort. Having an Aboriginal practice lead/mentor to assist with consultation improves engagement and rapport. Finally, there needs to be flexible services, particularly early on, as at any given time, families go into crisis and it is essential that they can be supported.

Providers would like to be able to access DCJ CALD specialist workers as CALD client groups are growing and families come from many different cultures. Grouping these families into the bucket of “CALD” doesn’t work. Providers in regional areas don’t have much access to multicultural services. Providers have good access to generalised training (e.g. cultural responsiveness), but it would be very useful to have specific training or support around working with families from specific cultures.



There is lots of momentum currently for agencies to collaborate with Aboriginal organisations. We need to also prioritise building partnerships with CALD communities. This comes at an additional effort and cost. Services need to be linked into community consultation and dialogues. Providers need more than just CALD practitioners, they also need to consult with community leaders and organisations such as migrant resource centres.

NGO workshop participant

Information sharing and systems

District stakeholders talked about the challenges in accessing current real-time referral, vacancy, closure and re-reporting data and the lack of centralised information about available services to support referral decisions. Some Districts have created a Dashboard system that has enabled better visibility of closure due to non-engagement which has driven positive changes in practice.

NGO providers noted that other statutory agencies need to communicate better i.e. Justice, Child Protection and Housing. Better information sharing by and with DCJ is essential, as incomplete information puts staff at risk and diminishes the effectiveness of services. There were a number of comments stating that both DCJ and NGO providers need to have a better understanding of the services available in different areas, and what they do. There are systems issues with ChildStory as a single source of information. Providers talked about the importance of timely proactive communication and interaction with local CSCs around vacancies and referrals, for managing vacancies effectively.

There should be a system that shows vacancies, availabilities, and the most suitable program for a family (for instance, substance abuse that could go up to years) in real time – something that will help caseworkers then and there.

District workshop participant

Importance of communication and interaction with local CSCs around vacancies and referrals. In IFP if the referral pathway from DCJ stalls, staff have spare capacity. What has helped is for example a fortnightly email from DCJ flagging that there may be upcoming referrals coming to the provider. This can streamline the referral process, resulting in very few vacancies in the service and families being serviced quickly.

NGO workshop participant

Workforce capacity

District staff suggested that workforce recruitment and retention is challenging in regional areas. DCJ staff called for DCJ to invest in local NGO workforce capacity bulding and skills development. Proposed initiatives included investment in workforce development, joint training and resources, group supervision, peer supervision and learning opportunities and communities of practice. However there was also ambivalence about the role of DCJ propping up the NGO sector.

NGO providers commented that the increased complexity and range of referrals (e.g. DFV; extension of age to 17 under Family Preservation Service Provision Guidelines (SPGs)) requires an expanded skillset and additional training for workers. They noted that training is expensive and workers are not ready to take on unsupervised work for some time. Staff retention is difficult with high-intensity referrals, and recruitment has been difficult and expensive due to COVID. The qualification and training requirements do not match the pay in the NGO sector.

Many providers feel that DCJ staff do not respect their qualifications, skills, and experience. They suggested that this could be addressed by better collaboration on cases and joint group supervision and meetings. NGO providers also pointed out that the travel distances for both workers and families to attend appointments requires extended timeframes for engagement and service delivery. Staff shortages in regional areas combined with families not wanting to work with staff living in small communities where they may know one another adds to service access shortages. Providers said that high DCJ staff turnover compromises consistency and service continuity. Some felt that DCJ can add value through providing more accurate and complete referrals, and indicated that there may be a skill gap in how caseworkers complete URFs.

Service providers in the area don't seem to be skilled enough and the responsibility falls on DCJ to act as a support. We raise this as an issue with the service providers and they say they're the only staff they can get.

District workshop participant

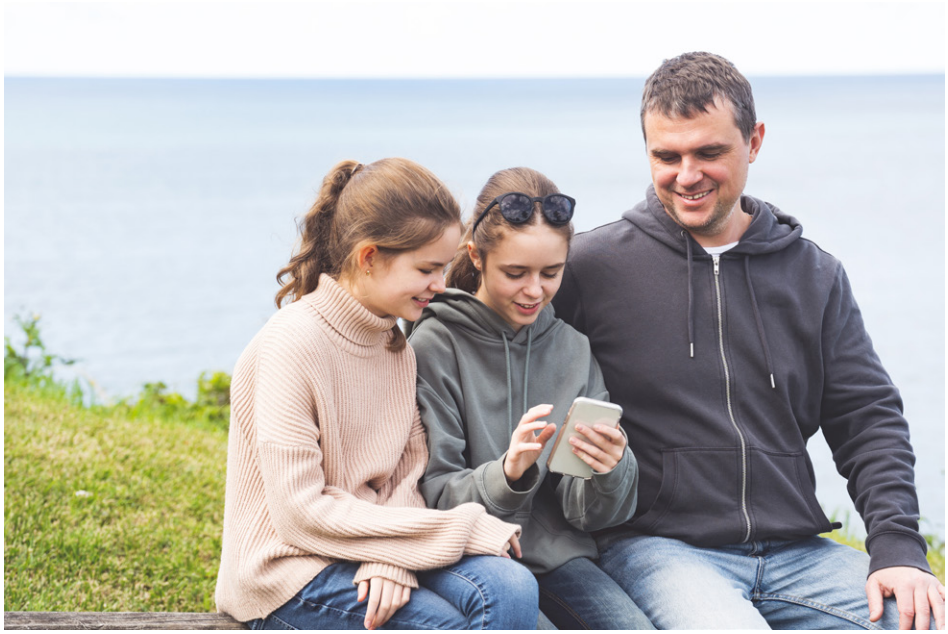
There can be an attitude in CSCs of providers having lesser skills and abilities than DCJ workers. This was addressed in one region through increasing collaboration between workers (e.g. working alongside such as doing assessments together, joint training). This helped workers to understand that workers at DCJ and providers have similar qualifications and levels of experience. This created more respect between workers and more collegial relationships.

NGO workshop participant

Funding

A major thread running through District feedback was the need for location-driven flexibility in how funding can be used in regional and remote areas where there is a scarcity of some service models in some centres and funding needs to be moved across towns. In some areas, fee for service has been used to fill the gaps. This is not sustainable but ensures families receive some form of support. Stakeholders pointed out that effective culturally responsive practice requires funding and is expensive, e.g. funding bilingual workers; embedding translators in service delivery; and cultural training. Effective service delivery includes consideration of funding and service distribution to ensure that small regional areas have sufficient servicing and a variety of service types. Complex needs of families (e.g. DFV, extended age under the new SPGs), require multiple roles, additional training and staffing which are not currently funded. Large families require more than one caseworker and referral spot (where available).

NGO responses suggest that often funding does not cover elements of best practice with families. For example, SPG requirements to meet twice weekly with families can mean extra staffing costs but these are not funded. Regional areas have providers playing multiple roles but there is not sufficient funding for adequate staff resourcing and interpreting services are not funded. NGOs suggested that there needs to be consideration of funding and service distribution to ensure that small regional areas have sufficient servicing and variety of service types. Larger families require more than one spot/package; NGO providers noted that they often advocate for them and try to work creatively to provide a service or extend service beyond the guidelines (e.g. by changing the child in focus). DFV service delivery requires duplication of funding to work with both victim and perpetrator, but this is not funded.



In terms of contracting, there's obvious challenges in terms of flexibility. In [regional NSW], where geography is a driving force, there are low numbers. We would like to be flexible and move those contracts from town to town because the needs move, but it then impacts the ability for NGOs to recruit. We need to think about the viability and practicality in terms of implementation and whether the providers (in regional and rural) can do it. Districts should make decisions regarding family preservation packages and intensity i.e. flexibility around family preservation investment between service areas – why can't we change some of our family preservation package to intensive family preservation (acknowledging it would mean less numbers)?

District workshop participant

When working with a family with five plus children, providers advocate for this to be two packages. This process of advocating for additional resources is cumbersome, and providers rely on Commissioning and Planning Officers to support advocating for this.

NGO workshop participant

Risk

District stakeholders suggested that a large number of families referred to family preservation have a high risk profile, e.g. due to DFV in the home. There is a strong perception that NGOs are not capable or willing to hold risk and push that responsibility back to DCJ. District staff attributed this to factors including risk-averse organisational cultures; lack of staff skills, confidence and experience managing high risk families; and lack of clarity about whether DCJ or the NGO ultimately should hold the risk. A number of District responses expressed the view that NGO providers struggle to recruit and retain staff with sufficient experience and qualifications to manage risk effectively, especially in regional settings.

There is a perception amongst District staff that NGOs tend to close cases and re-report families to DCJ when risk is too high, instead of stepping up the service to higher intensity. While some larger NGOs operate across a broader range of the service continuum (Targeted Earlier Intervention (TEI) to Out-of-Home Care (OOHC) and can provide the additional DFV or other specialised support, most NGOs cannot do that. NGOs may see re-reporting as a way to step into a partnership with DCJ to manage the risk. District feedback suggests that the SARA tools can inflate the risk rating due to factors such as a high number of children in the home and previous child protection history. District staff also expressed the view that NGOs use risk assessment tools incorrectly with the intention of closing the case.

A large number of comments from the NGO workshops suggested that DCJ increasingly expects NGO providers to hold too much risk with complex high-risk families. Some Family Preservation service models cannot accommodate high risk families with issues such as active DFV, and they do not have anywhere to refer the family to so they need to have DCJ involved with the case. NGO stakeholders pointed out that the expected risk management protocols for NGOs are significantly less rigorous than those for DCJ. They stated that there is an expectation from DCJ not to make additional ROSH reports when risk escalates but to go through informal channels such as liaising with the caseworker; this is deemed to be insufficient involvement from DCJ when the risk needs to be actively assessed and managed. NGO stakeholders reported feeling caught between other agencies who may advocate for removal and DCJ, and feeling that DCJ does not respect their assessment of risk.

We need a far more robust and capable NGO system to manage [the] risk DCJ is giving them.

District workshop participant

The level of risk providers are expected to sit with is very high. This includes risk to practitioners/staff and risk to families, e.g. Provider worked with a family where DCJ staff won't do a home visit without police support, however the provider is expected to work with them. In this situation a very violent perpetrator was paroled to the home children were living in. The provider felt there was no avenue to escalate or advocate around this, and the risk to both the family and workers was very high.

NGO workshop participant

Domestic and Family Violence

District stakeholders highlighted that very tight eligibility criteria preclude many services from working with families with active DFV. They understand that DFV support services require a specialised skillset but feel that service providers need to tailor the way they work with the family to respond to DFV. District staff understand there is a need for more perpetrator services e.g. Men's Behaviour Change programs.

NGO stakeholders expressed concern that their staff require very specialised training and skills to work with DFV, including safety assessment and crisis intervention, which many currently do not have. FFT-CW providers stated that many referrals with active DFV are inappropriate as the service model does not have the service elements such as case management to assess, monitor, and manage the level of risk. They stated that DCJ expects them as the service provider to be responsible for addressing DFV with the family, but this is inconsistent with the FFT-CW model. Providers expressed concerns that some fundamental principles of working with DFV, such as the contraindication to working with a couple jointly, are disregarded by DCJ referring the family to FFT-CW. NGO stakeholders stated that there is a misalignment between how SARA and the Domestic Violence Safety Assessment Tool (DVSAT) weigh up and rate DFV risk factors, with SARA underplaying DFV factors in safety.

Evidence-based and outcome-based practice

There was limited feedback from District stakeholders about building the evidence base, including what evidence they currently capture, what they would like to capture, and how. Some stakeholders suggested that Family Preservation does not seem to measure evidence-based outcomes, but this would be helpful. Relating to this, there was a limited number of comments about the need to track families' progress with their FAP, to ensure outcomes are measured and used to adjust service delivery or step up or down the intensity of services. DCJ stakeholders called for more accountability on providers and services, especially when they have been ineffective and have not achieved outcomes with families.

NGO staff commented that as there is little guidance from DCJ about what data to collect and evidence to build. NGO providers use a range of tools, and some do not use any tools at all. There is inconsistency in what is used and this can be confusing for families. Strengths-based and culturally appropriate tools are expensive, and providers do not have a budget for them. Providers want a commitment to use culturally appropriate and safe, evidence-based tools. NGO providers were also concerned that some FAP goals for families set by DCJ are unrealistic and set them up to fail.

Domestic violence and sexual abuse are the biggest issues when it comes to exclusionary criteria – we need to be able to support families with these complexities.

District workshop participant

Challenges of working in FP with families experiencing active violence, increasing referrals with this risk issue which is a different skill area. Staff are trained in programs like FFT, Circle of security etc. Increased focus on safety planning and crisis intervention is a different skillset that is not the focus of current staff training.

NGO workshop participant

Family preservation, in general, does not seem to measure evidence-based outcomes and having it would be helpful.

District workshop participant

FFT-CW currently administer the following measurement tools at set times during intervention: Personal Wellbeing Index (PWI), Strengths and Difficulties Questionnaire (SDQ) P & Y, Family Self Report, Therapist Self Report, COM-C, COM-Y and TOM. These are not necessarily administered across the board and there are others that FFT have recommended but providers haven't been given clear direction as to which ones to use or not.

NGO workshop participant

Service mix

Most comments regarding the mix of services available came from District workshops.

District stakeholders in multiple districts stated that there is a shortage of Intensive Family Preservation Services/Packages. Some reflected on how services have to find alternative ways to provide support to families when there are no packages available, such as a Family Connect & Support option, and fee for service. The Family Preservation redesign was regarded by some as an opportunity to improve the match between service provision and local need.

Some stakeholders suggested that it is important to consider the whole mix of services required in an area, including housing and health, to ensure that services can work collaboratively to provide holistic support to families.

Integrated service system

District staff commented that best practice would have families come into the Family Preservation system once and be able to navigate through without having to be re-assessed at each point, and re-traumatised by having to re-tell their story. Shared information, e.g. about the family's goal attainment and re-reports, would enable better collaboration between services in the network working with the family. Staff in some Districts stated that good communication and collaborative practice between DCJ and service providers, facilitated by regular meetings, helps keep everyone in the loop and improves outcomes for families.

NGO providers also stated that when DCJ and NGOs work together seamlessly, this produces better outcomes for families. Other services are important to provide holistic care to families with complex needs, e.g. housing, AOD, and mental health. Stakeholders felt that it is important and beneficial to have more direct communication and meetings between different services or supports in the family's life, such as the school and other service providers. NGO providers said they feel locked out of shared information between statutory agencies, and that statutory agencies need to communicate better, such as on child protection, justice and housing issues.

We need to make it easy for referrals to come from TEI without having to go through SARA. We are asking families to tell their stories over and over again and it can be traumatic. Families shouldn't have to constantly re-engage with a service. It should be one triage point and the service should be able to find them the right support - a client should only have to come into the system once. Could service provision include the need for service providers to partner with other orgs to facilitate stepping up or down? The referral does not need to come back to DCJ/SARA. When we talk about cold referrals, i.e. no risk assessment to plan, the triage team would still have a conversation with that family to ask if they would accept help from a service.

District workshop participant

It would be helpful to have a point of contact for Housing, Centrelink, NDIS, legal centres/ and the Department of Education and [NSW] Health to support families with complex needs and assist with advocacy and allow consultation. Best collaboration practice includes when there are regular case conferences (with all services involved in the family) to share progress and challenges; the opportunity to share ideas and how to best support the family.

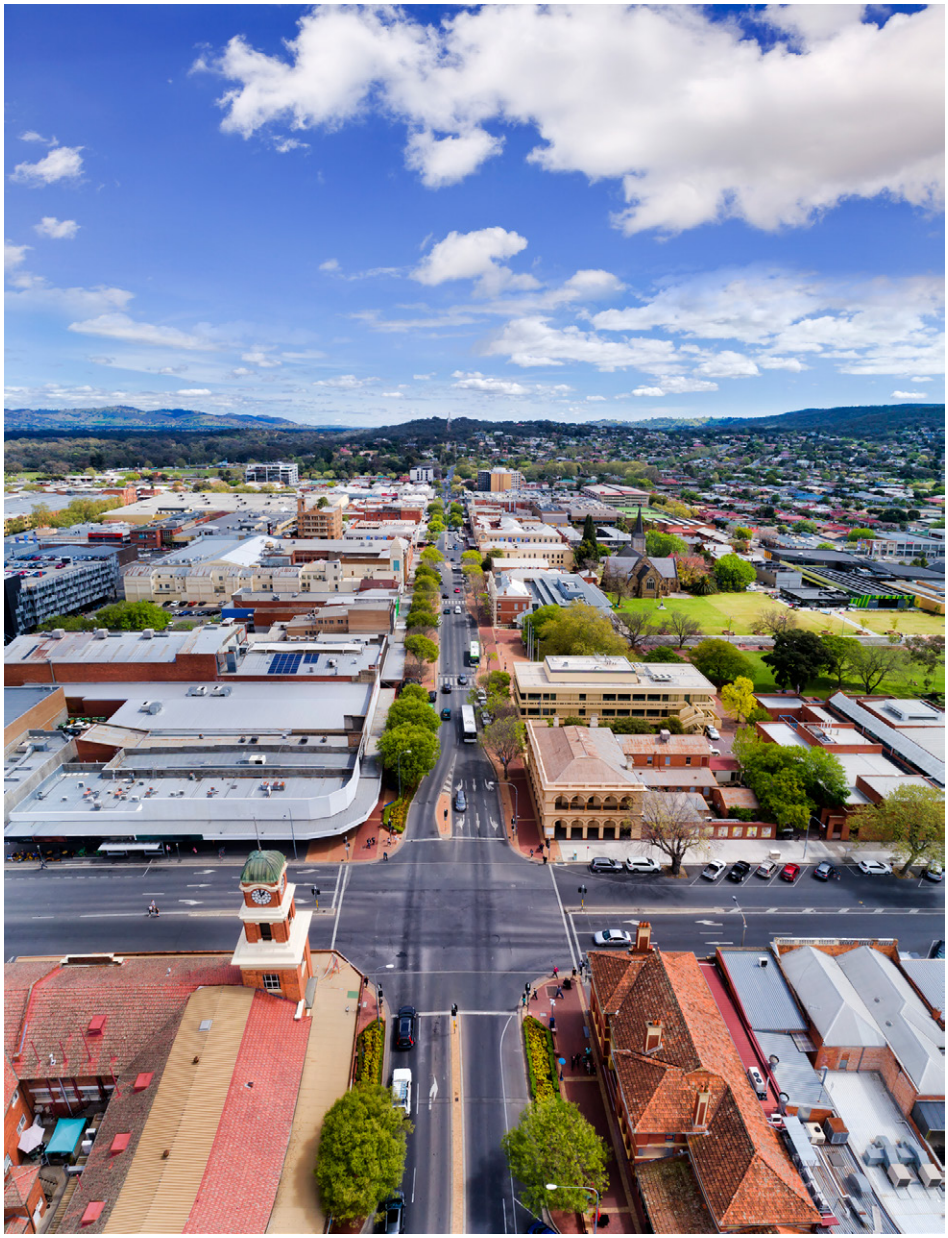
NGO workshop participant

Location-driven needs

A number of comments in this theme have already been captured in the Funding and Workforce Capacity sections.

District stakeholders reported that there are challenges with a lack of flexibility in funding contracts regarding where services are delivered and catchment boundaries. They suggested that it would be beneficial to be able to move packages from one area to another as the needs of communities change, or to move the package with the family, as family circumstances change.

NGO providers suggested that the travel distances for both workers and families require extended timeframes for engagement and service delivery. Staff shortages in regional areas, combined with families not wanting to work with staff living in small communities, adds to service access shortages.



In terms of contracting, there's obvious challenges in terms of flexibility. In [regional districts], where geography is a driving force, there are low numbers. We would like to be flexible and move those contracts from town to town because the needs move, but it then impacts the ability for NGOs to recruit. We need to think about the viability and practically in terms of implementation and whether the providers (in regional and rural) can do it. Districts should make decisions regarding family preservation packages and intensity i.e., flexibility around family preservation investment between service areas – why can't we change some of our family preservation package to intensive family preservation (acknowledging it would mean less numbers)?

District workshop participant

There needs to be two different policies or approaches - one for metro and one for regional.

NGO workshop participant

Conclusion

This preliminary analysis has identified a number of major themes across both the District and NGO workshop responses that present a picture of challenges and successful practice across the state.

Whilst there is a lot of agreement on the elements of best practice and client-centred work in Family Preservation, this analysis reveals divergent positions in a number of areas, such as risk management capacity and roles, and general workforce skills and capacity.

A number of useful initiatives to bridge this divide have also been noted and may provide useful evidence for the recommissioning process. Further analysis would offer insights to support the development of solutions to the problems and challenges identified.

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Appendix A

Workshop discussion questions

Focus area 1: building and using the evidence

- What does effective and flexible service delivery mean/look like to you?
- Who does family preservation work best for? Who do you think are the priority cohorts family preservation should invest in and target?
- How do you want to be part of building the evidence base? What evidence do you currently/want to collect? How do you currently/want to capture the evidence (e.g. systems, infrastructure)?

Focus area 2: building collaborative partnerships and practice

- When a family receives a family preservation service, what value can DCJ case work add to supporting the family through service?
- What client engagement strategies work/don't work?
- What needs to drive decisions to keep the case open? What should then be the role of DCJ alongside family preservation?
- What does best practice collaboration look like? What information sharing mechanisms and practice work/don't work and how is this information being used?

Focus area 3: meeting the cultural needs of families

- What does a good culturally responsive approach look like to meet the cultural needs of Culturally and Linguistically Diverse communities?

Appendix B

Analysis Codebook

Code	Description
AFP - What does a good culturally responsive approach look like to meet the cultural needs of Culturally and Linguistically Diverse (CALD) communities?	Question
Allocation hubs	
CALD What does a good culturally responsive approach look like to meet the cultural needs of Culturally and Linguistically Diverse (CALD) communities?	Question
CALD What does a good culturally responsive approach look like to meet the cultural needs of Culturally and Linguistically Diverse communities? What can improve	Question
CALD What does a good culturally responsive approach look like to meet the cultural needs of Culturally and Linguistically Diverse communities? What works	Question
DFV: Need for MBCPs	
DFV: Service limitations relating to working with DV	Examples include services with eligibility criteria which excludes families where DV is active, or the perpetrator lives in the house; services where staff don't have skills to do safety planning around DV
Enhancing the service model: Continuity of Care	
Enhancing the service model: Effective assessment	Includes feedback re the need for structured assessment tools
Enhancing the service model: Effective client exit and case closure	Service exit is the last stage of the client journey and the common risks associated with this stage not being done well is services not setting up a maintenance plan, or a step down to a less intensive community support service
Enhancing the service model: Family Action Plan (FAP)	

Code	Description
Enhancing the service model: Soft handover	This code relates to the need for continuity of care through a thorough handover process. It relates also to the integrated service model code, about services ensuring information is shared, and clients are held, when transitioning between workers or services, in stepping up/down
Enhancing the service model: Timely service provision	
Enhancing the service model: Case management and coordination	Feedback around what works and what doesn't in case work, components of case work
Enhancing the service model: Client needs complexity	Includes clients with multiple system contact, priority cohorts experiencing barriers to accessing services, and families in crisis who need practical support
Enhancing the service model: Core components	Feedback around how core components have or haven't been used in program design and delivery. May also include feedback around need for either more or less structure, which would also fall under Flexible Activities
Enhancing the service model: Culturally responsive services	
Enhancing the service model: Eligibility criteria	Programs have very prescribed criteria describing who is eligible to receive a service, i.e. ROSH status, age, geographical location, risk factors present, other needs (e.g. AOD, DFV)
Enhancing the service model: Engagement	As this is a considered core component, this sits as a separate code to capture any feedback relating to engagement
Enhancing the service model: Flexible Activities	
Enhancing the service model: Need for both practical and therapeutic support	
Enhancing the service model: Program fidelity	This code would be grouped with Core Components, Flexible Activities and Flexible Service Delivery. Some feedback is clear on the need for consistently delivered program content
Enhancing the service model: Restoration focus	
Enhancing the service model: Suitability criteria	This is an important adjunct to Eligibility criteria, but often this is not articulated sufficiently. It is very important for services to be effective. When clients are eligible for a service (tick the right boxes to get in), but they are not ready to engage (have other more pressing issues such as court appearances, unmanaged mental health/AOD, have low intrinsic motivation/responsivity, or don't see the need for the service), it is harder to engage them and services may fail. It is connected to Clients with Complex needs, and also Right Service Right Time

Code	Description
Enhancing the service model: Trauma informed practice	
Enhancing the service model: Whole family care	Having goals for the whole family in the Family Action Plan (e.g. not just the mum), assessing the needs of the whole family, learning about what other support services may be required
Evidence based practice	
Funding: ACCO funding	
Funding: Limitations of current contracts	
Funding: Limitations of funding contracts with geographical service boundaries	
Funding: Resourcing culturally responsive practice	This includes feedback about lack of available funding for translators and interpreters for services to work effectively with CALD communities, and the workarounds that services have found to manage this issue
Funding: supply and demand	
Funding: Unit costing	Issues around how funding can and cannot be used when certain programs are prescribed and staff need particular qualifications; contractual issues with paying for fee for service programs when these are not available
Funding: Use of fee for service where there are gaps	
How do you want to be part of building the evidence base? What evidence do you currently/want to collect? How do you currently/want to capture the evidence (e.g. systems, infrastructure)?	
Information management and Systems: Information and decision making about appropriate service	This relates to Stepped Care and Right Service Right Time, but this is about the systems that can enable this to happen. Some feedback mentioned decision trees or apps that might help services understand better what other services in the system can and cannot provide
Information management and Systems: Referral, vacancy, closure and re-reporting data	This will capture feedback around the lack of live data for referrals, vacancy lists and re-reporting, to enable more efficient waitlist management, cross-referral and tracking of family needs
Integrated service system	Feedback that goes in this category captures the need for all services including DCJ and NGOs to work together more collaboratively, share information (so that clients don't have to retell their story), enable soft handover and stepping up and down the continuum (crisis to prevention) for better continuity of care

Code	Description
Integrated service system: CP and disability	This code is related to the need for supports around disability
Integrated service system: CP and mental health	There is often confusion around whether some family issues fall in the CP or mental health category, also many regional areas lack mental health services which exacerbates the difficulty in supporting families
Integrated service system: More efficient referral process	This is about the current clunky system when referrals come through from DCJ and suggestions about how to make this process smoother
Integrated service system: Safety networks	This code is about the need for NGOs to build networks of support for families (e.g. schools, GPs, other supports) instead of automatically re-reporting to DCJ when they think there is still a risk. It links with role clarity around managing risk
Integrated service system: Shared information	
Location driven needs	This captures any feedback around the specific need differences across the metro and regional districts
Outcome-based services: FAP, goal setting/ review/ assessment	The need for services to track and review client progress on their Family Action Plan goals, and review and adjust interventions when outcomes are not being achieved. The need for services to be able to evaluate their effectiveness based on client outcome data.
Person-centred care model: Building trust	Includes being transparent with the family about what the issues of concern are for DCJ; giving families insight if re-reports are made and why
Person-centred care model: Empowering families	Part of this code is the need to remove the threat element of referral and encourage families to participate in the service via good engagement
Person-centred care model: Family led decision making	
Person-centred care model: Flexible service delivery, intensity	Service delivery modality/content adaptation to suit the needs of the family, within the specs of the service. For example, simplifying language in handouts, using appropriate aids, and shorter sessions for people with disability/learning needs
Person-centred care model: Flexible service duration	
Person-centred care model: Flexible timeframe for engagement	
Person-centred care model: Flexible timeframe for referral	

Code	Description
Person-centred care model: Matching service to families	This is related to stepped care: right service, right time. Matching service to needs is a broader category: once the right service is found on the stepped care continuum, then that service must also be able to meet the needs of the family by tailoring it. It is also about service dosage/intensity
Person-centred care model: Out of business hours services	
Person-centred care model: Strengths-based	
Person-centred care model: Warm referral	Warm referral refers to the process where with the consent of the family, possibly even when they are present, DCJ makes contact with a service, and shares information about them and transfers the family into the care of this service (as opposed to cold referral where the family has to make contact with the service themselves)
Priority cohorts	
Remainder	Miscellaneous/unclear comments that don't have a place anywhere else but we want to retain just in case
Risk guidelines	This is a broad umbrella code for feedback relating to how NGOs define and assess risk, and how they manage families when their risk profile changes
Risk: Lack of clarity around responsibility for holding risk	This will capture feedback around roles and responsibilities for holding and managing risk between DCJ and other services
Risk: Low service workforce risk management skills	
Risk: Risk averse organisational cultures	
Risk: Safety and Risk Assessment (SARA)	
Role of DCJ: brokerage	
Role of DCJ: Information stewardship	
Role of DCJ: keeping cases open	
Role of DCJ: Length of time involved	Feedback on how long DCJ can keep cases open, even when services are no longer working with families but when risk is still perceived to be high
Role of DCJ: Partnerships with services	
Role of DCJ: Policy	
Role of DCJ: role clarity	
Role of DCJ: specific teams	
Role of DCJ: transparency	

Code	Description
Role of DCJ: Workforce development	
Service mix: Types of services available and needed	
Stepped care: “The right service at the right time”	This expression refers to the need to identify the stage the family is at (e.g. crisis or emerging risks) and match the type of service to their current circumstances (e.g. not offer family therapy when a family is homeless/ experiencing an AOD crisis)
Stepped care: Service continuum	This refers generally to the types of services districts see as essential to be available, and then the lack of some (IFP) in some geographical areas
Voluntary services	
What can improve in DCJ case work?	
What client engagement strategies can improve?	
What client engagement strategies work?	
What does best practice collaboration look like? What information sharing mechanisms and practice work/don’t work and how is this information being used?	
What does effective and flexible service delivery mean/look like to you?	Question
When a family receives a family preservation service, what value can DCJ case work add to supporting the family through the service?	Question
Who does family preservation work best for? Who do you think are the priority cohorts family preservation should invest in and target? What can we improve?	
Who does FP work best for? Who do you think are the priority cohorts FP should invest in and target? What works	
Workforce capacity: Communities of practice	
Workforce capacity: Skills and training	
Workforce capacity: Supervision	
Workforce capacity: Staffing issues, retention	

NSW GOVERNMENT

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