



**Family &
Community Services**
Community Services

Targeted Earlier Intervention

Program Guidelines

2017

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1 Background

1.1 Purpose

The purpose of the Guidelines is to assist TEI funded service providers and FACS contracting staff to understand the broad parameters of the Targeted Earlier Intervention (TEI) Program, including program outcomes, the target group, and examples of activities that might be delivered under the program; in the context of the Department of Family and Community Services contracting system and the NSW Human Services Outcomes Framework.

1.2 Legislative framework

Section 3 of the FACS Funding Deed (the Deed) outlines obligations of the service provider, including the condition that services be provided in accordance with all applicable laws and accreditation requirements, including but not limited to the legislation, guidelines, frameworks and policies referred to at the Family and Community Services website.

Section 3 of the Deed also states that service providers must ensure that all personnel engaged in providing services are properly authorised, accredited, trained and experienced to provide the services, and have completed all mandatory pre-employment screening (i.e. working with children check clearance).

Please refer to the Deed for full details of the requirements under this contract.

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

The *Community Welfare Act 1987* aims to protect and improve the wellbeing of the people of NSW, with a focus on promoting the welfare of the family, Aboriginal people, and those who are disadvantaged. The *Community Welfare Act 1987* enables the Minister for Family and Community Services to:

- provide grants
- coordinate the allocation of funds
- review, monitor and evaluate community welfare services and social development programs where the program objectives are consistent with those of the *Act*.

The *Children and Young Persons (Care and Protection) Act 1998* (**Care Act**) also impacts on the delivery of FACS funded programs. The Care Act broadly aims to ensure that:

- children and young people receive care and protection necessary for their safety and wellbeing
- that services responsible for their care provide an environment free of violence and exploitation, and provide services that foster their health, developmental needs, spirituality, self-respect and dignity
- appropriate assistance is provided to parents and carers in the performance of child-rearing responsibilities to promote a safe and nurturing environment.

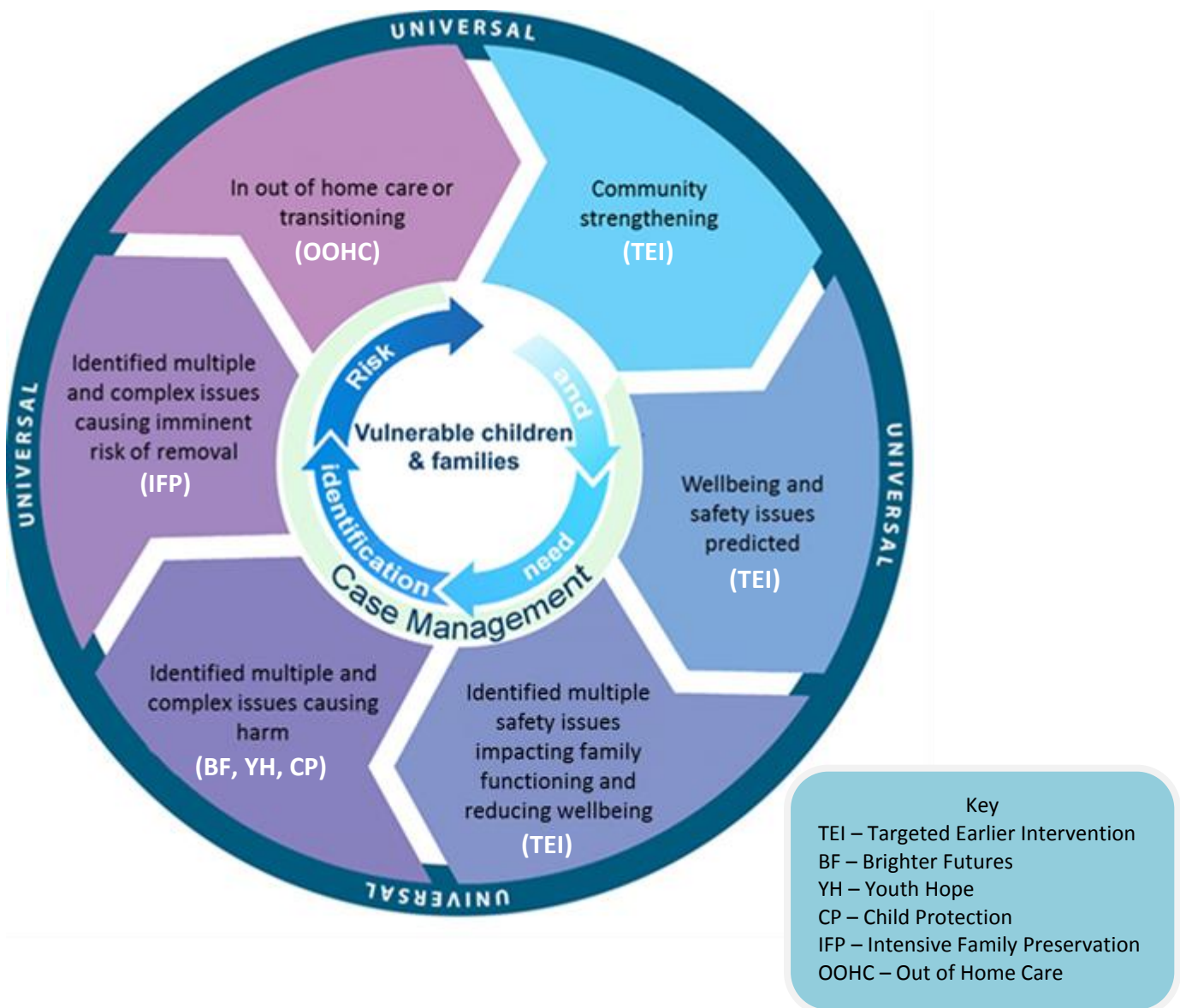
Service providers should be mindful of their mandatory reporting obligations under the Care Act, when delivering services under the TEI program. Mandatory reporters are those who deliver services directly to children and young people. The Care Act also requires any person who manages an employee or volunteer from such services, to report suspected risk of significant harm.

1.3 Policy context

The Department of Family and Community Services (FACS) delivers services to some of the most disadvantaged individuals, families and communities in NSW. The FACS mission is to enable vulnerable people to participate fully in NSW social and economic life and build stronger, more sustainable and inclusive communities. The TEI Program is focused on supporting vulnerable children, young people, families and communities to access support when required, to prevent issues from escalating and empower them to lead independent and meaningful lives.

Figure 1 is provided below, to contextualise where TEI sits within the broader service continuum for vulnerable children, young people, families and communities. The diagram represents the service continuum from universal services, through to out of home care. Short-names for the main FACS funded, or FACS delivered, programs and services have been added to each segment of Figure 1.

Figure 1: Service continuum for vulnerable children, young people, families and communities.¹



The service continuum is grounded in proportionate universalism, with the premise that effective early intervention requires the trusted universal system to provide effective health, education and community services. Proportionate universalism proposes that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently, and to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

¹ Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson D. and Smith C. (2015) *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*, Australian Research Alliance for Children and Youth, Canberra.

Universal services operate across the continuum of vulnerability, ranging from families requiring early intervention to children in out of home care. Universal services have a vital role in addressing the needs of families as early as possible, and diverting them to targeted and specialist services where necessary. TEI funded services accept referrals from, and make referrals to, universal services and in some cases provide universally accessible activities, particularly relating to client engagement. See service option descriptions in section 2.5.1 for more information. TEI services will also provide a step up, or step down, from services further along the continuum, including Child Protection and Brighter Futures.

Service delivery under TEI is aimed at children, young people, families and communities who are potentially vulnerable or have known vulnerabilities, including those experiencing crisis. TEI services will be matched to individuals, families and communities based on their level of vulnerability, noting that vulnerabilities change over time.

Three components of Figure 1 have been identified to show which areas of the continuum relate to TEI. Each of the TEI components are described below in terms of a scale of vulnerability:

- a) Community strengthening – this work will span the whole continuum of vulnerability, from potentially vulnerable people, to people experiencing crisis, within communities of location or communities of identity.
- b) Wellbeing and safety issues predicted – children, young people or families who are potentially vulnerable, or who have known vulnerabilities.
- c) Identified multiple safety issues impacting family functioning - where families are experiencing crisis that is impacting on safety and reducing wellbeing.

Client vulnerability and its relationship to the TEI program structure is further defined in Figure 3.

1.4 Program reform

Clients, service providers, other government departments and related organisations have worked with FACS to redesign the FACS early intervention service system, and as a result the TEI Program has been developed.

The TEI reform agenda is based on quality improvement, with evidence informed practices and processes being introduced over time using a trial, test and learn approach.

For more information about the TEI reform processes and objectives refer to:

www.facs.nsw.gov.au/teiprogramreform

The TEI Outcomes Framework at Figure 2 also provides medium and long term reform outcomes.

1.5 Evidence base

National and international research confirms that the priority of a prevention and early intervention system is the ability to identify, respond effectively and reduce emerging issues and challenges being experienced by children, young people and families.

A summary of the evidence by the Australian Research Alliance for Children and Youth (ARACY) shows that there is clear evidence that children's life chances are influenced by their families and communities, and effective prevention and early intervention can dramatically change life trajectories².

There are protective and risk factors at the individual, family and community levels that are highly predictive of life outcomes³. The relationship between these factors and positive long-term outcomes are detailed below at the community, as well as child, youth and family levels.

² Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY).

http://www.community.nsw.gov.au/data/assets/pdf_file/0008/335168/better_systems_better_chances_review.pdf

³ Ibid.

1. Community wellbeing

Community wellbeing has a positive impact on the outcomes for its members. Healthy communities can be characterised by a combination of conditions that enable individuals to flourish and fulfil their potential. A community with high levels of wellbeing is:

- Connected – social connections, social groups, community organisations
- Liveable – housing, transport, parks, human services, sport, arts and culture
- Equitable – values, diversity, social justice, empowerment, equality of opportunity.

Effective early intervention services should aim to strengthen communities, and particularly vulnerable groups within them, by creating more inclusive, supportive, safe and empowering communities for children, young people and families. It is equally important that investment is targeted towards communities who are most in need, and where the most significant improvements to social health and wellbeing and developmental outcomes for children and young people are likely to be achieved.

2. Child, youth and family wellbeing

Available evidence shows that there are optimal points in a person's life, where intervention can be most effective. For example, early childhood provides a crucial window of opportunity – due to the extensive brain development that takes place prenatally until the child is 3 years of age.

The intensive nature of early development helps to explain why negative experiences in early childhood have a greater impact on outcomes later in life than those experienced by adolescents or adults⁴. Evidence shows that environmental stresses such as poor nutrition, childhood abuse, neglect and poverty have lifelong impacts on the health and wellbeing of an individual when experienced during early development, leading to increased risk of heart disease, and mental and physical illness⁵.

Another key intervention pathway is adolescence, a second period when the brain undergoes rapid growth and change, at a time where peer influence is strengthened and there is increased exposure to risky behaviours.

It is widely understood that pregnancy in youth is associated with:

- poor antenatal health
- lower birth weight
- higher infant mortality.

Their health, and that of their children, is likely to be worse than average. Younger mothers are less likely to finish their education, less likely to find a good job, and more likely to end up both as single parents and bringing up their children in poverty⁶.

Evidence also indicates that child health is a strong predictor of adult health. Disadvantage, poverty and inequality are contributors to poorer outcomes for health and wellbeing. Supporting maternal health during pregnancy and supporting parents with good health practices have an inter-generational flow on effect.

The prioritisation of children 0-3 and younger parents in the TEI program is influenced by the evidence outlined above, as well as data provided in the Factsheet: TEI Priority Groups, which can

⁴ Moore, T., McDonald, M. & McHugh-Dillon, H. (2014). Early childhood development and the social determinants of health inequities: A review of the evidence. Parkville, Victoria: Centre for Community Child Health at the Murdoch Childrens Research Institute and the Royal Children's Hospital. Pg.34

⁵ Ibid, pg. 37

⁶ <https://www.gov.uk/government/publications/health-matters-giving-every-child-the-best-start-in-life/health-matters-giving-every-child-the-best-start-in-life>

be found here: <http://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/targeted-earlier-intervention-reform/tei-related-reports-and-research>

Additionally, there is evidence which shows that combinations of risk and protective factors can either build resilience, or expose, or escalate vulnerabilities. An effective TEI system should seek to understand and address these factors at the critical points of intervention, so that every child, young person and family can experience the positive outcomes needed to live a healthy, happy and productive life.

At an individual level, protective factors may include capabilities such as good social skills, self-regulation and problem-solving abilities. When these are reinforced by broader and interrelated factors such as strong parenting competencies, positive peer relationships, and a strong community and school environment, the outcomes for children can be highly favourable. Conversely, risk factors such as the lack of a warm family environment, unresolved trauma, parental mental illness, family violence, poor health and weak educational attainment, are likely to lead to negative life outcomes.⁷

3. Aboriginal children, young people, families and communities

The historical disruption of culture and ongoing negative impacts on cultural identity has had lasting impact on Aboriginal people in NSW, which can pass from generation to generation. This cumulative effect of historical and intergenerational trauma severely reduces the capacity of Aboriginal people to fully and positively participate in their lives and communities, thereby leading to widespread disadvantage.

Aboriginal children and young people continue to be overrepresented in the NSW child protection system, with NSW having the highest rate of Aboriginal children and young people in care⁸. In NSW, Aboriginal children currently make up 35% of the out of home care population, and comprise 32% of children entering out of home care for the first time⁹.

Teen pregnancy amongst Aboriginal and Torres Strait Islander women is also far higher than the general population, at almost 7 times that of non-indigenous population, with 18% of Aboriginal mothers being teen mums in comparison to 3% for the general population¹⁰.

This and other evidence has informed the inclusion of Aboriginal children, young people, families and communities as a priority group in the TEI program. More information about the basis for the priority groups is available in the Factsheet: TEI Priority Groups, found here:

<http://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/targeted-earlier-intervention-reform/tei-related-reports-and-research>

1.6 Evidence informed practice in TEI

Further to the evidence that forms the foundation of the TEI Program, there is a commitment to ground TEI service delivery in evidence informed practice, by introducing evidence informed practices and processes over time, using a trial, test and learn approach.

A culture that values evidence-informed practice and continual service improvement will support the adoption of evidence-informed practice. Collaboration between stakeholders, with a view to breaking down barriers and finding shared solutions, will help to build this culture. This culture will also be

⁷ Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. and Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY).

http://www.community.nsw.gov.au/_data/assets/pdf_file/0008/335168/better_systems_better_chances_review.pdf

⁸ Australian Institute of Family Studies, Child in care resource sheet – June 2015, <https://aifs.gov.au/cfca/publications/children-care>;

⁹ Australian Institute of Family Studies, Chapin Hall Center for Children University of Chicago, & New South Wales Department of Family and Community Services. (2015). Pathways of Care Longitudinal Study: Outcomes of children and young people in Out-of-Home care in NSW. Wave 1 baseline statistical report. Sydney: N.S.W. Department of Family and Community Services. pg. 31 & 37

¹⁰ Australian Institute of Health and Welfare 2015. Australia's mothers and babies 2013—in brief. Perinatal statistics series no. 31. Cat no. PER 72. Canberra: AIHW. pg.48

built through the creation of a flexible environment embracing change, which enables lessons learnt to result in changes to programs.

It should be acknowledged that practice models developed for non-Aboriginal communities may not necessarily be effective for Aboriginal communities. The TEI Program has been developed to allow room for innovation, and enough flexibility to encourage the design of Aboriginal service models, using evidence informed practice principles, or to trial models showing promise in other jurisdictions. Flexibility to innovate is also open to mainstream services, where the need for an innovative solution is identified.

See Appendix 2 for principles to guide TEI services in moving towards evidence informed practice.

2 The TEI Program

2.1 TEI program overview

2.1.1 The vision

Vulnerable children have the best chance of leading a full and happy life if they live within families who give them life-long, stable, loving relationships, and if they belong to communities which cherish them¹¹.

The vision for the TEI program is that:

- Families, children and young people's needs are met early to prevent the escalation of need
- Families are able to access support earlier in the lives of their children and young people, and are empowered to live independent, meaningful lives
- Risk factors that lead to child abuse, neglect, and domestic and family violence are addressed early
- Aboriginal children, young people, families and communities have access to timely, effective, accessible and culturally safe support and services.

With a focus on earlier intervention, the TEI program provides targeted services at the point where they can have the most impact - early in life and early in need. By encouraging community based solutions, alongside tailored formal supports, TEI services can ultimately prevent children and young people from entering the statutory child protection system.

The TEI Program can achieve this by:

- Actively engaging with vulnerable children, families and communities, and working with them to provide the services they need, which may involve coordinating service provision across the sector
- Helping communities to support and protect their members, through building stronger social connections and support networks
- Recognising the importance of culture in nurturing a sense of safety for Aboriginal children and young people in their family and broader communities
- Supporting parents to meet the emotional, physical and material needs of their children, through warm and nurturing interactions and encouragement
- Assisting children to have the strongest possible start to life, to reach age appropriate milestones and reach their potential
- Assisting young people to stay connected with their family and make sound life choices as they move into adulthood.

¹¹Ministry of Social Development (April 2016) Expert Panel Final Report: Investing in New Zealand's Children and their Families.

2.1.2 Practice principles

To deliver an effective, best practice TEI service system, the following practice principles should be embedded into the delivery of services. Services should:

- Be child, young person and family centred and build capacity for change
- Use a strengths based approach to planning and implementation
- Use a child wellbeing lens for holistic action
- Build social capital within communities
- Employ a life course approach, using natural development phases and transition points as 'triggers' for service delivery (becoming pregnant, first 1,000 days of a child's life, mothers returning to work, entry into early learning, starting school, transition to high school, and so on)
- Provide outcomes based services, utilising common screening, monitoring and assessment processes
- Recognise the impact of trauma and develop and implement trauma informed policies and practices
- Be flexible and reflect that families needs are not static, resulting in families transitioning in and out of hardship and disadvantage.

2.2 TEI program results and outcomes

The TEI program contributes to achieving the NSW Human Services Outcomes for all children, young people and families in NSW to:

- Have a safe and affordable place to live
- Live a healthy life
- Learn, contribute and achieve
- Contribute to and benefit from our economy
- Be safe
- Participate and feel culturally and socially connected
- Contribute to decisions that affects them and live fulfilling lives

A TEI Program Results Logic has been developed to show how TEI performance and issues will be monitored through local and central governance arrangements to ensure adaptive local service systems; to track progress against NSW Human Services Outcome indicators; and to support continuous quality improvement, see Figure 2.

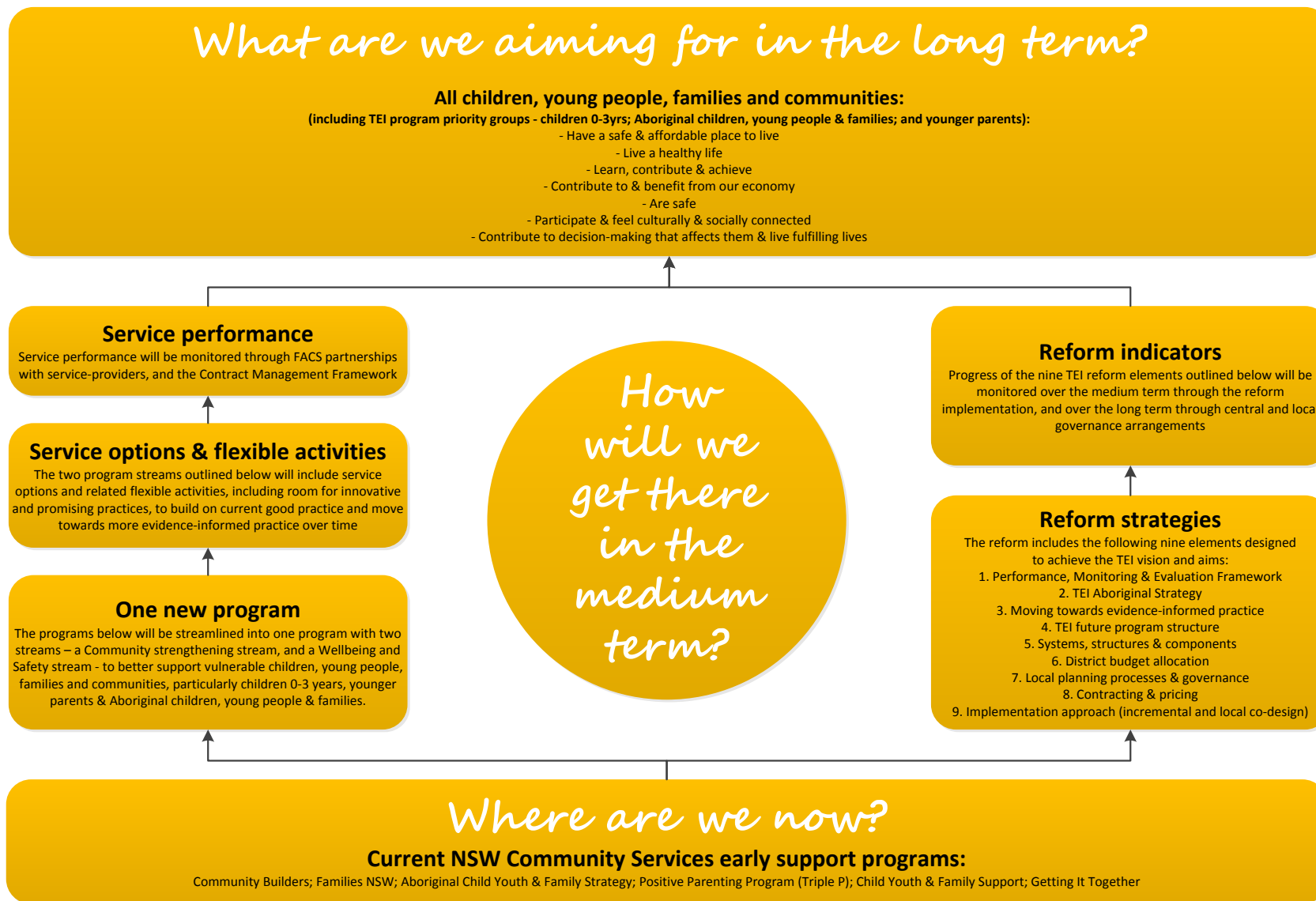
Specific domain outcomes and key performance indicators (KPIs) for TEI will be developed to guide the delivery of services funded through the TEI Program.

The provision of TEI services will enable these KPIs to be refined over time, with practice informing evidence and evidence informing practice. This will enable FACS and service providers to measure success in TEI service delivery and make changes to practice as required.

See Appendix 1 for the Human Services Outcomes Framework and TEI Program Results Logic.

Figure 2.

NSW FACS 'Targeted Earlier Intervention Program' Outcomes Framework DEC 2016



2.3 Target group

The target group for the Targeted Earlier Intervention Program is vulnerable children, young people, families and their communities, within NSW.

Within this broad target group, the TEI Program has three priority groups:

- 0-3 years olds
- Younger parents (at least one parent is under 20 years)
- Aboriginal children, young people, families and communities in NSW.

These priority groups are not mutually exclusive, and some children, young people and their families may fall into more than one of these categories.

For more information about the evidence that influenced the selection of these priority groups, see section 1.5 Evidence base, of these Guidelines and the Factsheet: TEI Priority Groups, which can be found here: <http://www.facs.nsw.gov.au/reforms/children,-young-people-and-families/targeted-earlier-intervention-reform/tei-related-reports-and-research>.

How can services prioritise these groups?

- 1) Priority groups should be planned for first, both at the District level during local planning processes, and at the individual service level.
- 2) People from priority groups should be given priority of access to TEI services.
- 3) Providers may be contracted to target their TEI activities to one of more the priority groups, as a result of local planning.
- 4) It may not be appropriate or possible to target some activities specifically to the priority groups, however, services should be able to identify people from priority groups, and respond to their needs, if they access their service. For instance community strengthening activities designed to engage whole communities.

TEI services may offer a step up from universal services, when clients need access to more specialised services, and step down services for children, young people and families involved in the child protection system. This flexibility allows providers to offer people the right services at the right time, for example, as protective factors increase and vulnerabilities decrease, or vice versa.

While priority groups have been identified, TEI services should be competent, respectful, skilled and confident in working with other marginalised people and groups who are potentially vulnerable, including people who are culturally and linguistically diverse, have a disability, and people who identify as Gay, Lesbian, Bisexual, Transgender, Queer, Questioning or Intersex.

Also, under *the It Stops Here: Standing together to end domestic and family violence in NSW* initiative, the Department of Family and Community Services (FACS) has a responsibility to ensure that all organisations funded to deliver services on its behalf uphold the Department's principles regarding the protection of children, young people and families impacted by domestic and family violence. These principles recognise that the safety of any child or young person is interwoven with the safety of their caregivers, and that the safety of any child, young person and adult who are victims is paramount. Accordingly, all funded services should have a comprehensive understanding of the dynamics of domestic and family violence, and prioritise the safety of clients.

Please refer to Appendix 4 for more information about your requirements as a FACS funded service, when working with families experiencing domestic and family violence.

2.4 TEI program structure

The Targeted Earlier Intervention Program has been divided into two program streams:

1. Community Strengthening
2. Wellbeing and Safety of Children, Young People and Families.

Clients within these streams will have access to a range of service options based on their vulnerability. Service users may access services across both program streams at the same time.

The continuum of client vulnerabilities is split into three tiers to reflect different levels of vulnerability, but despite this structure, the tiers should be viewed as fluid, as vulnerabilities and protective factors will increase and decrease over time.

The purpose of the tiered structure is to guide services to undertake appropriate assessment and planning, and to guide the matching of service options to the vulnerability level of children, young people, families, and communities, see Figure 3. The program structure diagram at Figure 4 provides more detail about the matching of service options to vulnerabilities.

The TEI program does not require a provider to deliver service options across the entire TEI continuum, however, TEI providers may deliver services across both streams, and all service options. The combination of contracted service options with individual providers will be negotiated locally, depending on the outcome of District planning processes.

Figure 3: TEI continuum of client vulnerabilities

| Outcome Streams | TEI Client Vulnerabilities | | |
|--|--|--|---|
| | Tier One | Tier Two | Tier Three |
| Community Strengthening | Vulnerable members of a community of location or community of identity [People within the community might be potentially vulnerable, have known vulnerabilities, or be experiencing crisis] | | |
| Wellbeing and Safety of Children, Young People and Families | Potentially Vulnerable | Known Vulnerabilities | Experiencing Crisis |
| | e.g. with risk factors that are known to be predictive of poor long term outcomes | e.g. where they are experiencing difficult life circumstances, engaging in risky behaviour, or are already in contact with intervention services | e.g. where they are already receiving a crisis response |
| Descriptions of client vulnerabilities within each tier | | | |

Stream 1: Community Strengthening

The Community Strengthening stream of TEI aims to connect vulnerable members of a community with their broader community, and strengthen the whole community, therefore Community Strengthening will be available across all three TEI tiers of vulnerability.

Vulnerable members of a community are defined as those who lack access to fundamental material and social resources and/or are socially excluded. Fundamental material and social resources include things like adequate housing, health care, employment, education, support or financial resources. Individuals are socially excluded if they do not participate to a reasonable degree in certain activities of the community due to reasons beyond their control.

Community Strengthening activities will focus on ways to build collective engagement and provide more opportunities for the community as a whole.

All communities, particularly Aboriginal people and Aboriginal communities, may have considerable strengths that already exist, which when harnessed can amplify the healing effect on the broader community. Investing in the cultural strengthening of communities can redress some of the negative impacts of inter-generational trauma and disconnection from country.

Services contracted to provide community strengthening activities will be required to nominate which communities they will focus on, by specifying a community of location and a community of identity (for example a CALD community). Services will also demonstrate how they will connect the vulnerable members of its nominated community to the broader community.

TEI services providing Community Strengthening activities will keep in mind the TEI outcomes and priority groups during their service planning, and be able to link all TEI activities back to the TEI Outcomes Framework, at section 2.2 of the Guidelines.

Stream 2: Safety and wellbeing of children, young people and families

The descriptions offered below are a guide and will assist services to determine the type of response that may be most appropriate for individual children, young people and families. It is acknowledged that vulnerabilities are not static and that people may require different, less or more intensive support as their needs change.

TEI services will need to adapt to suit the evolving needs of TEI clients, both at the service level and the client level:

- At the client level, this may mean that more intensive service types will need to be offered to match the escalating needs of individual clients (which may involve linking clients with services that have specialist skills); and in other cases it may make the most sense to continue offering the same service type, despite escalating or declining needs, to achieve the intended client outcomes.
- At the service level, TEI services will need to be pro-active in identifying emerging local issues, by collecting or referring to data to demonstrate trends, and ensure that their service is capable of addressing local priorities, as far as possible, and in consultation with the District.

Tier One - Children, young people, and families in this tier are potentially vulnerable

Clients have access to services offered within this tier, without necessarily presenting with an obvious vulnerability, however, TEI services will be designed to identify vulnerabilities where they do exist, and respond appropriately. Services offered under this tier may be described as universally accessible.

Tier Two - Children, young people and families within tier 2 have one or more known vulnerabilities

These clients may be experiencing intergenerational disadvantage, such as intergenerational unemployment or chronic health issues. Parents may not be well connected to the community and have low educational attainment. Families may be experiencing domestic or family violence. Families are more likely to overcome adversity with access to formal and informal support.

Tier Three - Children, young people and families within tier 3 are experiencing crisis

These clients may be experiencing multiple challenges linked to socio-economic disadvantage, including financial stress, housing instability, food security issues, mental health and emotional functioning problems. Parents are likely to have experienced significant trauma. Families may be experiencing domestic or family violence. Substance or alcohol use may be impacting on decision-making, leading to risky or unlawful behaviour. Children are likely to be dis-engaged from education and may be known to police. Family functioning is improved by each family member receiving services that meet their needs. Children, young people and families may be involved with the child

protection system, for instance, parents may access parenting programs as part of their case plan; TEI may provide a step down response, following successful casework with families; or families in TEI may be referred for a child protection response, if risks escalate to the risk of significant harm threshold.

Aboriginal children, young people, families and communities

All services should be culturally safe and culturally relevant for Aboriginal children, young people, families and their communities. Where possible, services are best delivered by Aboriginal-led services that have a strong connection to the community, who are governed and staffed by Aboriginal people, and who understand the complexities of the needs of the people they are serving. However, Aboriginal people and communities should not be restricted to seeking the assistance of Aboriginal specific services but should be provided with choice.

Where Aboriginal organisations are not initially available, priority should be given to developing suitable Aboriginal controlled organisations whilst employing Aboriginal staff in both Aboriginal and mainstream programs within mainstream organisations.

The active participation of the community in the design and development of TEI programming for Aboriginal people will be an important element in their uptake and sustainability. A community focused approach that emphasises healing and cultural strengths is essential.

TEI services will use the TEI Aboriginal Strategy to guide their work with Aboriginal children, young people, families and communities. The Strategy will be available on the TEI webpage at www.facs.nsw.gov.au/teiprogramreform

2.5 TEI service options and flexible activities to be funded

The TEI program forms part of the broader service system for vulnerable people, and TEI services will connect children, young people, families and communities to other services as vulnerabilities fluctuate. TEI will have a role to play at the crisis end of the continuum, particularly as clients step down from more intensive services, following successful casework in Brighter Futures or child protection, for instance.

Clients within the TEI program streams have access to a range of service options and flexible activities, along a continuum of service intensity, categorised into three tiers. The tiers are intended to be applied flexibly, using a client-centred approach. This is to ensure that clients have access to the services they need, when they need them, acknowledging that vulnerabilities shift over time.

The tiers provide guidance about the matching of service options and intensity to assessed client vulnerability. A common assessment framework (CAF) will be developed to support TEI services to use a consistent, evidence based approach to the way interventions are matched to the vulnerability of clients. A CAF will allow services to better identify the needs of clients, to effectively refer clients to ensure that they receive effective and timely supports, and collect data which will in the long term allow services to show the outcomes they are achieving with clients.

The CAF will be developed using a trial test and learn approach during the first phase of program implementation. Meanwhile, all service options will be provided within each District to provide a responsive service system to service users from each of the three tiers.

Services and Districts should consider the sequenced introduction of common processes, structures and systems across agencies working with children and families in their district. These include consistent features including:

- Collaboration and sharing of information
- A shared set of core principles and language

- Shared practice framework for coordinated and unified approach to identifying concerns, assessing needs, and agreeing actions and outcomes
- Common approach to gaining consent and sharing information where appropriate
- Consistent standards of cooperation, joint working and communication where more than one agency needs to be involved
- Capacity to share demographic, assessment, and planning information.

2.5.1 TEI service options

The TEI program includes **five funded service options** across the two program streams. Service options 1-3 are available to clients across all tiers of vulnerability, and service options 4-5 are available across vulnerability tiers 2 and 3 (people with known vulnerabilities and experiencing crisis).

Service providers may provide more than one service option depending on their organisational capacity, and the identified demand and supply needs of each local area. The local TEI service system will be designed in collaboration with FACS Districts and through local governance arrangements, which involve a broad range of key stakeholders, including service providers..

The first three service options sit under the Community Strengthening program stream, and focus on providing children, young people and families with strong community connections and support, including integrated local service systems, in line with the TEI program vision to meet people's needs early and prevent the escalation of crisis. These service options may also be provided to organisations, for example, sector planning or sector development programs to improve the skills and knowledge of staff in TEI services.

The remaining two service options sit under the Safety and Wellbeing program stream, and focus on providing children, young people and families with an integrated service system to ensure they receive more targeted, intensive or specialist support if, and when, needed.

Flexible activities for each service option enable the service system to quickly adapt to changes in local needs and strategic learning, with a clear focus on contributing to the above [NSW Human Services Outcomes](#) for each child, young person and family.

Service option 1: Develop community connections

Service delivery for this option will focus on:

- building social capital and local networks (including local and central governance)
- increasing social inclusion and sense of belonging to different communities
- promoting tolerance and understanding of diversity to increase social cohesion and solidarity in the community
- other activities and innovations that develop community connections

Related flexible activities may include:

- community and sector planning
- events and festivals
- workshops
- participating in meetings and projects with local stakeholders
- Aboriginal ceremonies
- Aboriginal events
- providing recreational, art, language and cultural activities
- Reconciliation week
- other activities or innovations that help develop community connections

Service option 2: Provide a community centre

Service delivery for this option will focus on:

- providing a place for people to meet, interact and volunteer

- provide a soft-entry point with supported referrals for people who need more targeted or intensive support

Related flexible activities may include:

- providing a space for people to regularly meet
- holding a function or forum
- community planning
- parenting groups
- youth groups
- early childhood education, care or support
- maternal and child health
- access to internet and Wi-Fi and/or equipment
- Aboriginal Elders, Men's and Women's Groups
- Aboriginal led enterprise
- other activities or innovations that provide a place for people to meet, interact and receive supported referrals

Service option 3: Provide community support

Service delivery for this option will focus on:

- providing programs to increase knowledge, skills, experience, confidence and wellbeing
- providing programs to increase social inclusion, participation, and individual capacity

Related flexible activities may include:

- providing learning, such as numeracy, literacy, financial resilience, training and employment skills
- Providing opportunities for volunteers to be involved
- providing or arranging community transport
- supporting Aboriginal Sorry business and Aboriginal healing
- Aboriginal community advocate activities
- other activities or innovations that provide community support

Service option 4: Provide targeted support

Service delivery for this option will focus on:

- meeting the needs of people with known vulnerabilities, such as domestic and family violence, mental health needs, drug and/or alcohol needs, and social / economic disadvantage
- increasing the wellbeing and safety of children, young people and families

Related flexible activities may be home-based or centre-based, individual or group work, and may include:

- counselling
- parenting support and programs
- supported playgroups
- case management
- brokerage
- family support activities
- youth activities
- child care activities
- immigration or interpreter support
- legal and/or court support
- Aboriginal supported playgroups/camps
- Aboriginal preventative and restoration family support activities
- other activities or innovations that provide targeted support

Service option 5: Provide intensive or specialist support

Service delivery for this option will focus on:

- providing intensive or specialist support
- meeting the needs of people with high and/or complex needs

Related flexible activities may be home-based or centre-based, individual or group work, and may include:

- psychological, psychiatric or trauma-informed support activities
- intensive or specialist parenting support
- drug and/or alcohol support
- intellectual and/or physical disability support
- sexual assault support activities
- family mediation
- problem gambling
- Aboriginal family /outreach /adolescent support activities
- other activities or innovations that provide intensive or specialist support

Quality practice:

Each service option includes the following quality practice:

- **Assessment, supported referrals and information:** These are foundation activities, provided in an effective and timely manner, including common assessments, supported referrals to other service providers, and information such as brochures, websites and other resources.
- **Pathways and partnerships:** These activities will continuously improve supported referrals, connections and sector capacity building within the local community and service system. This includes participating and engaging in local interagency groups or TEI governance committees (responsibility for coordination and facilitation of such groups would be contracted specifically under service option 1).
- **Aboriginal, CALD and disability accessibility and capability:** These activities and capabilities will proactively enable individuals and families to access services and determine the way their support is provided.

Figure 4: TEI service options by program stream and tier

| TEI Program Structure | | | |
|--|---|---|--|
| TEI Service Options | | | |
| Program Streams | Tier One Service Options | | |
| Community Strengthening | Service option 1: develop community connections Service option 2: provide a community centre Service option 3: provide community support | | |
| Wellbeing and Safety of Children, Young People and Families | | Tier Two Service Options | Tier Three Service Options |
| | | Service option 4: provide targeted support | Service option 5: provide intensive or specialist support |
| | Potentially Vulnerable | Known Vulnerabilities | Experiencing Crisis |
| Quality practices delivered across all TEI program streams and tiers | Assessment, supported referrals and information | | |
| | Pathways and partnerships | | |
| | Aboriginal, CALD and disability accessibility and capability | | |

2.6 Data collection and reporting strategies

A new portal will be introduced to support contracts and financial management, as well as some service delivery improvements. Planning is underway to provide the relevant information and training to impacted staff and NGO's in readiness for the changes in July 2017.

2.7 Performance Monitoring and Evaluation Framework

The TEI Performance Monitoring and Evaluation (PME) Framework has been developed in line with the NSW Human Services Outcome Framework and FACS Contract Governance Framework.

For further information see: TEI Performance Monitoring & Evaluation Framework.

The CGF comprises the Contract Governance Guidelines and related tools and resources, to help service providers and contract managers monitor performance throughout the course of the contract.

Key features of the Framework are:

- An emphasis on good working relationships between contract managers and service providers
- Strengthening contracts and mutual accountability
- Working with service providers to manage performance and risk
- Service providers completing their reporting processes using the FACS contracting portal.

Please see the link below for a copy of the Contract Governance Guidelines and supporting tools:

<http://www.community.nsw.gov.au/for-agencies-that-work-with-us/contract-governance/contract-governance-framework>

3 List of Appendices

Appendix 1. Human Services Outcomes Framework

Appendix 2: Evidence informed principles to guide TEI services

Appendix 3: TEI Results Logic

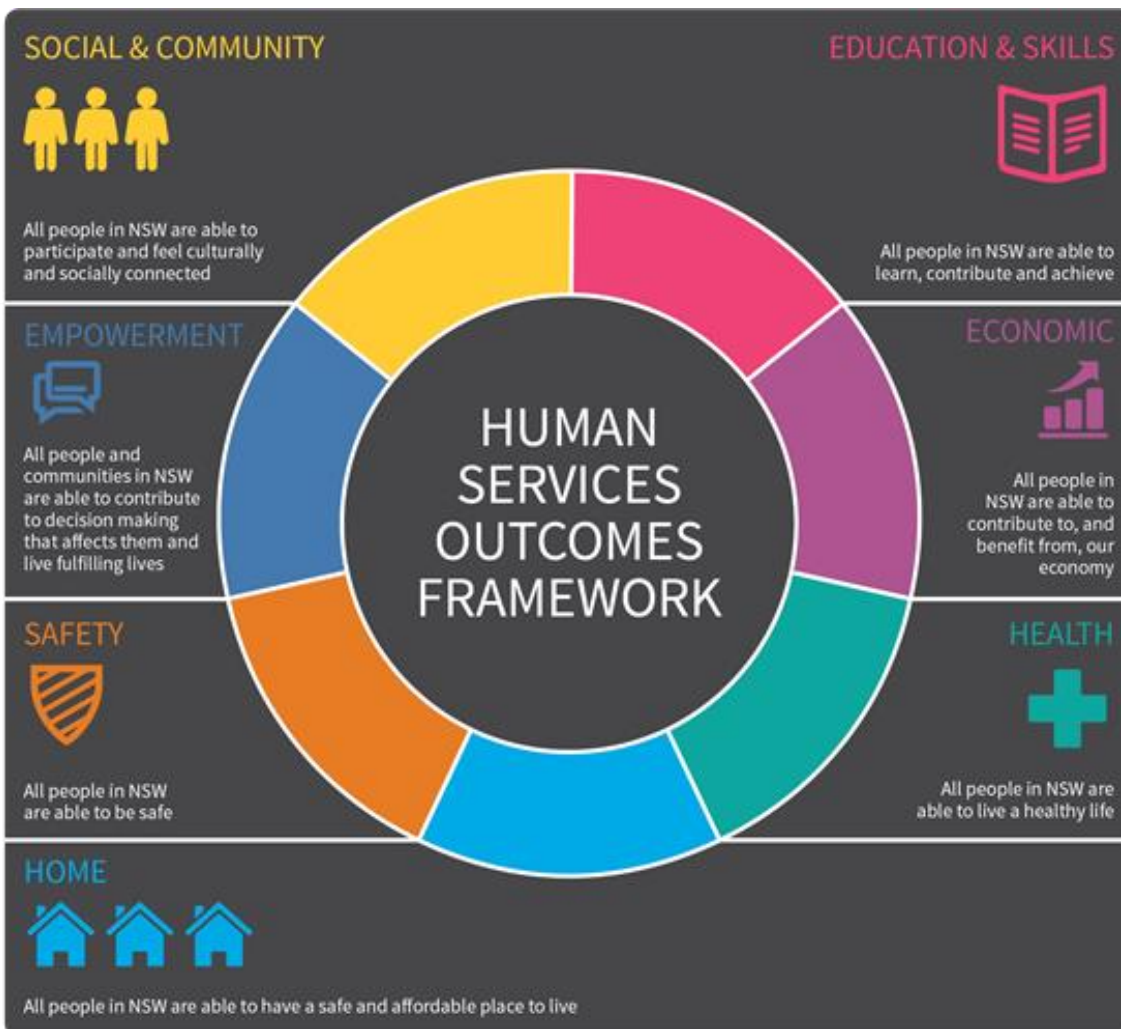
Appendix 4: Principles for working with families experiencing family or domestic violence

3.1 Appendix 1. Human Services Outcomes Framework

The Human Services Outcomes Framework (HSOF) places the life outcomes of our clients at the core of service delivery. The framework has two dimensions: wellbeing domains and client level outcomes. FACS is implementing the HSOF by developing evidence-based pathways to wellbeing outcomes for clients. These pathways add a third dimension: the identification of points for intervention.

The HSOF assists government and agencies to focus their collective efforts to improve the outcomes and wellbeing for all clients and users of their services. It provides a transparent continuum for identifying client needs as the starting point, what services are delivered, how people benefit, and what outcomes are ultimately achieved. The HSOF promotes the development of an evidence-based human services delivery system that can be measured effectively, in achieving ongoing continuous improvement for all stakeholders.

The Outcomes domains specified in the Framework at Figure 2 are described as: Economic; Education and Skills; Empowerment; Health; Home; Social and Community; and, Safety. The Framework is shaped by the Premier's and State's priorities, and is being informed by evidence-based pathways.



A focus should be maintained on the importance of culture and spirituality, for service delivery to Aboriginal clients. Focusing on culture and spirituality encourages an emphasis on maintaining and strengthening the cultural elements that positively impact Aboriginal children, young people, families and communities, and enable healing from intergenerational trauma.

3.2 Appendix 2. Evidence informed principles to guide TEI services

Building an evidence-informed practice system

The NSW Government is implementing an investment approach to guide the effective delivery of services to vulnerable children, young people and families. At the core of this approach is investing in services that are evidence based, and shown to contribute to improving life outcomes.

A successful investment approach is dependent on the existence of a robust, reliable and valuable evidence base. Currently in New South Wales, this is recognised as being underdeveloped. There is strong anecdotal information, but limited outcomes evaluations and data to demonstrate the effectiveness of services to achieve client outcomes.

To move towards having robust evidence to support the effectiveness of services, the TEI program will develop the evidence base using a trial, test, learn approach. This will be achieved through using an evidence-informed practice framework.

Evidence-informed practice will shape the ideal TEI system and is built on a two-fold approach whereby practice informs evidence and evidence informs practice. By having an outcomes-focus and using evidence-informed practice, there are opportunities to determine what TEI interventions can make the biggest difference in changing lifelong trajectories, and how these should be best implemented.

Evidence-informed practice has three key components. These must all be fully developed to achieve the comprehensive, holistic evidence base needed for TEI system reform.

1. **Evidence-based programs and interventions** - these have clear outcomes and have been shown to be effective through rigorous evaluation.¹² In New South Wales, there is a large gap in this evidence, with little empirical knowledge about what works, and what programs best address client needs. There is also a gap in defining and working to specific outcomes, and the indicators required to measure these. These gaps are partly due to the lack of an integrated, reliable data collection system, necessary to inform both program design and delivery.
2. **Evidence-based processes** – includes robust systems and infrastructure to enable evidence to be considered, delivered and measured. This includes the use of effective data systems, having an outcomes based approach, and supporting the development of skills, techniques and strategies used by practitioners. To understand evidence-based processes, prime consideration must be given to obtaining evidence about the key practices that produce the best outcomes (the ‘how,’ rather than the ‘what’) and linking the evidence-based practice information to the evidence-based programs. How things are delivered should inform what is delivered.
3. **Clients’ and professionals’ values** – this refers to the values and beliefs that clients and service delivery professionals bring to the service relationship, influencing the expectations and types of interventions to be used. Both clients and professionals have values that reflect their own constructs about preferences, concerns, expectations and judgements, and ideally, the values of both parties should align. Building genuine partnerships between clients and professionals is key, with clear evidence that ‘both parental and professional beliefs play an important mediating role in achieving positive outcomes.’¹³ For example, clients’ values will influence how they engage in a program, and with professionals, what they will expect to be delivered, and how they might respond to advice and assistance. Professionals in service delivery should be aware of their values, and learn to manage responses that may be based on these, to ensure that their work is not compromised, and that client needs and outcomes are met.

¹² Moore, T.G., Beatson, R., Rushton, S., Powers, R., Deery, A., Arefadib, N., West, S. (2016). **Supporting the Roadmap for Reform: Evidence-informed practice**. CCCH – Prepared for the Department of Health and Human Services, Victoria. Centre for Community Child Health, Murdoch Children’s Research, p.2.

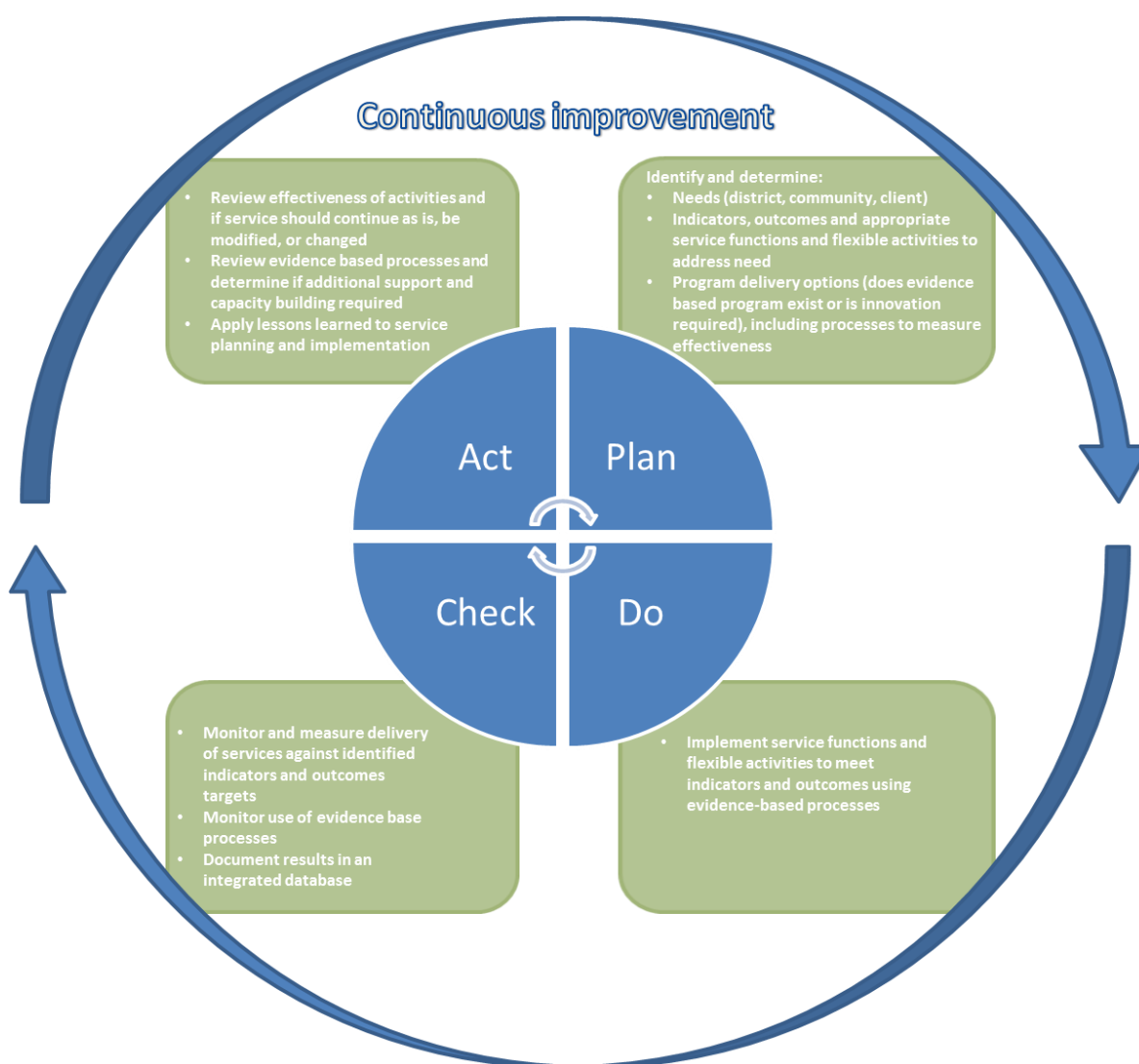
¹³ *Ibid.*, p. 14.

These three components of evidence-informed practice are critical to establishing the much needed evidence base to improve TEI service delivery in New South Wales. Existing gaps must be addressed and closed, in the overall goal to achieve a best practice, reformed system. Giving every citizen of New South Wales the best chance to enjoy positive and productive life outcomes is at the heart of the entire TEI reform program.

Achieving a system using an Evidence-informed practice framework

Developing a holistic and strong evidence base for TEI service delivery is now the major focus of the Government’s TEI reform agenda. This approach will require a commitment to continuous improvement, to help transform the evidence base into one that can inform and help build a best practice system. Figure 1 [below] details how a continuous improvement approach can work. The key elements are described as planning, doing, checking and acting, with the acting stage feeding continuously into improved planning, to achieve client needs and produce positive outcomes. The continuous cycle will result in a system that is constantly being improved, so that client needs are continuously addressed and met.

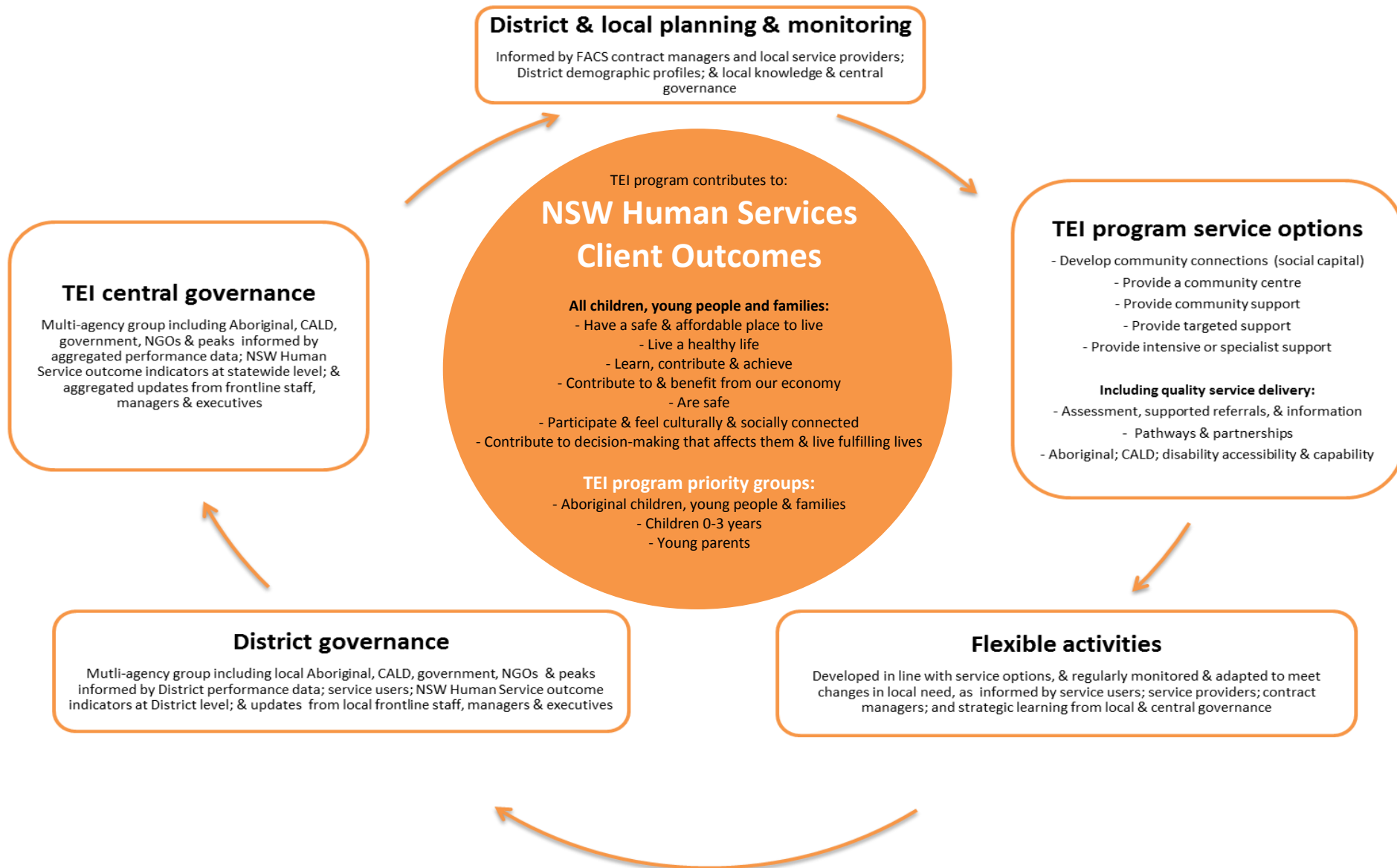
Figure 1: Continuous Improvement Model



The implementation of evidence-informed practice and continuous improvement cycle will be supported by the implementation of the TEI Performance Monitoring and Evaluation Framework. The development and implementation of robust systems and infrastructure, such as a single database with clear outcomes and indicators, will assist us to demonstrate what interventions are most effective, where innovation is required to build or refine the evidence base, and what support

is required to change practices and culture. Consistent with the continuous improvement cycle, these systems and infrastructure will need to be tested and refined over time.

3.3 Appendix 3. TEI Program Logic



3.4 Appendix 4: Principles for working with families experiencing family or domestic violence

Domestic and family violence has a major impact on the life of everyone who is affected.

Under the *It Stops Here: Standing Together to end domestic and family violence* initiative, the Department of Family and Community Services (FACS) has a responsibility to ensure that all services funded to deliver services on its behalf uphold the Department's principles regarding the protection of children, young people and families impacted by domestic and family violence.

These principles recognise that the safety of any child or young person is interwoven with the safety of their caregivers, and that the safety of any child, young person and adult who are victims is paramount. Accordingly, all funded services should have a comprehensive understanding of the dynamics of domestic and family violence, and prioritise the safety of clients. This includes supporting clients whether they choose to remain in the relationship or leave, demonstrating awareness of heightened risk factors, negotiating realistic expectations of parents experiencing violence and collaborating across the sector where relevant.

These principles are underpinned by the assumptions that the perpetrator must be held accountable for their actions.

Aboriginal communities prefer the term family violence. When family violence touches Aboriginal families it should be understood within the context of their history of marginalisation, disadvantage, dispossession and associated grief and trauma. It can be very difficult for Aboriginal people to disclose that there is violence in their community.

Where domestic and family violence is present, focus on strengthening relationships between adult victims and their children.

The NSW Principles guiding the protection of children impacted by domestic and family violence are available below.

While application of these principles is not directly monitored, there are many ways that service providers might try to achieve best practice standards. For example, by:

- regularly reviewing recruitment, retention and training strategies to ensure staff have the skills and tools available to recognise possible indicators of domestic and family violence in adult victims and their children,
- developing relationships with services in the local area that can assist where situations of domestic and family violence have been identified, as a means of identifying possible referral pathways
- referring to the *Principles* in communications and policies,
- developing an organisational culture which acknowledges the interdependencies associated with domestic and family violence, and has strategies and policies to support families experiencing it (such as referral procedures)
- supporting staff to learn more about the impact of domestic and family violence through training and networking at interagency meetings
- seeking advice from peaks and other bodies that have experience in this area

- communicating 'Safety Planning' procedures that can be activated by all staff encountering a person experiencing domestic and family violence, including:
 - Emergency contact numbers: Police (DVLO)
 - A safe place for the victim(s) to go in an emergency (such as accommodation services)
 - How the victim will get to that safe place
 - Identifying supportive friends and family who are able to provide assistance

Some service providers will be more likely to encounter clients experiencing domestic and family violence because of the nature of the programs they are funded to deliver. Those service providers should consider ensuring that:

- the service has access to specialist domestic and family violence workers and that they are used to support outcomes for clients and service improvement,
- staff have an understanding of the stages that women might go through in relation to leaving violence and respond to these stages in an appropriate and supportive manner
- staff have sufficient understanding and expertise to implement a range of best practice approaches to women and children experiencing domestic violence within different environments
- systems are in place to respond effectively to women and children experiencing domestic and family violence who are homeless or at risk. This includes undertaking an assessment of needs including risk assessment, safety planning and monitoring to best manage client safety needs
- staff recognise that children may require individual responses which are separate to the response for their parent/s and would be able to undertake specialised responses or facilitate referrals in order to access the appropriate services.

NSW Principles guiding the protection of children impacted by domestic and family violence

The purpose of these Principles is to provide a framework for responses to families affected by domestic and family violence across all agencies.

The proposed Principles are an addendum to the *It Stops Here: Standing together to end domestic and family violence* document and will be distributed across agencies responding to child protection and domestic and family violence as a tool to inform any future review of agency policies and procedures. The Principles are not intended to override current individual agency policy and procedure.

1. The safety of child and adult victims is paramount. Child/ren's safety is interwoven with the safety of their mother.
2. In order to keep child and adult victims safe, perpetrators of domestic violence will be held accountable for their actions and actively supported to cease their violent behaviour.
3. Services will explore the option of people escaping domestic violence staying safely in the home and will support their decision.
4. Services will develop an understanding of the dynamics of domestic and family violence and in periods of heightened risk will provide extra support to adult victims and their child/ren.

5. Agencies responding to domestic and family violence acknowledge the impact that domestic and family violence can have on the mother's parenting capacity, will provide culturally safe and trauma informed responses and will negotiate realistic expectations of mothers' when safety planning.
6. Child protection interventions will occur in the context of an integrated interagency and cross sector service response focussed on children's safety and longer-term health and wellbeing.
7. Services will provide support that responds to the needs of the adult victim whether she chooses to remain in the relationship or separate from the person who uses violence.
8. Interventions for adult victims and their child/ren will focus on their safety and assist them to recover from the experience of domestic and family violence and will aim to strengthen the relationship between adult victims and their child/ren.
9. The history of marginalisation, disadvantage, dispossession and associated grief and trauma will inform child protection and domestic violence responses to Aboriginal and Torres Strait Islander families.
10. Responses to domestic and family violence and child protection will be sensitive and tailored to the culture and unique circumstances of individuals and families.