



Communities  
& Justice

# Business Rules: Permanency Support Program (PSP) Family Preservation Program

Service Period: Commenced 1 October 2018

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Note: These business rules should be read in conjunction with the [PSP Preservation Program Framework and Program Logic](#) and will continue to be revised and updated across the life of the PSP. Subsequent updates, once made, will be communicated to all stakeholders.

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## PSP Packaged Care Service Model

From 1 October 2018, the full Permanency Support Program (PSP) packaged care service model became available, including the PSP Family Preservation Packages. The table below outlines the combination of packages relevant to a case plan goal of preservation<sup>1</sup>.

Case Plan Goal Package	Baseline Package	Child Needs Package
Family Preservation \$40,197.45 <sup>2</sup>	Case Coordination \$16,330.10	Low Needs \$4,672.00

## PSP Family Preservation Program

The PSP Family Preservation Program has been designed to provide the supports to maintain children<sup>3</sup> safely at home with their families.

Funding is provided for up to two years to enable the delivery of supports including child and family counselling, parenting skills, in-home supports and services to address specific identified risks. Services working with Aboriginal and Culturally and Linguistically Diverse (CALD) children and families will be required to do so in a culturally competent and safe manner.

## Package details including eligibility criteria

### FAMILY PRESERVATION CASE PLAN GOAL PACKAGE

A non-government service provider (NGO)<sup>4</sup> will receive a Case Plan Goal Package of Family Preservation based on the child's approved case plan goal recorded in ChildStory. Case plan goal packages are mutually exclusive. If children of a family living together as a single household have different case plan goals, the family may not receive services through more than one case plan goal package at a time. The case plan goal package must be approved by the Department of Communities and Justice (DCJ).

#### Family Preservation

##### Description

The Family Preservation Package enables the provision of wrap-around services aimed at supporting children to remain safely at home with their family. Funded service providers will be expected to deliver services according to relevant PSP documents, including the [PSP Program Description](#), and the [PSP Family Preservation Program Framework](#).

Other DCJ funded family preservation programs must be considered prior to accessing a PSP Family Preservation Package, however the service that best meets the needs of the family should be selected, where available. Examples of reasons a funded program may not be suitable include a family's cultural needs, the level of intensity required from the service, or because sufficient change has not yet been made through program participation to date.

<sup>1</sup> Throughout this document, the term 'package' refers to the funding model applied to the program. The term 'program' refers to the combination of services and supports delivered to a child and family.

<sup>2</sup> Annual package value

<sup>3</sup> Throughout this document, 'child and young person' is shortened to 'child'; 'children and young people' is shortened to 'children'.

<sup>4</sup> Throughout this document, service provider refers to a funded external service provider/non-government organisation (NGO), unless otherwise indicated.

	<p>At a minimum, the Package will deliver the Core Components of:</p> <ul style="list-style-type: none"> <li>• Family and parenting support, including family relationship counselling, parenting skills, in-home practical support and brokerage</li> <li>• Child focused support, including counselling or psychological services according to the level of identified need, services to address health needs, educational and learning assistance</li> <li>• Safety monitoring, including monitoring visits</li> <li>• Risk mitigation, including referral to targeted services to address risk factors, such as domestic and family violence services, mental health or drug and alcohol services</li> </ul> <p>In addition, services working with Aboriginal and CALD families will be expected to conduct the essential activities outlined in the PSP Family Preservation Program Framework.</p> <p>Also refer to <a href="#">Permanency Case Management Rules and Practice Guidance</a>.</p>
Package duration	<p>Up to two years.</p> <p>Extensions may be granted by DCJ delegated approval at the Executive Director (Category 5) level or above.</p> <p>Requests for extension are to be discussed during the 3 monthly review and should be raised at least 3 months prior to the package end date. DCJ will provide a decision within 3 weeks.</p>
Minimum Review Period	3 monthly <sup>5</sup>
Eligibility	<p>The family<sup>6</sup>:</p> <ul style="list-style-type: none"> <li>• consists of at least one child<sup>7</sup> with an open case at a DCJ Community Services Centre (CSC) and application of a current Safety and Risk Assessment (SARA) for the same child/ren has resulted in a safety outcome of 'safe' or 'safe with plan' and a risk outcome of 'high' or 'very high'<sup>8</sup></li> <li>• is not receiving services funded through another Case Plan Goal Package.</li> </ul>

<sup>5</sup> The case plan goal review will be conducted concurrently with the 90 day Risk Reassessment (RRA). For this reason, the first review may occur before the service has been in place for three months.

<sup>6</sup> A family is a household group where a child and their siblings are living with and being cared for by one or both birth parents; one or more children, who may or may not be related, are living with and being cared for by one of their birth parents and that parent's partner; a child is living with and being cared for by, one or both adoptive parents; or A child is living with a relative or kin under an informal arrangement which the birth parents have agreed to.

<sup>7</sup> Families with an unborn child are eligible to receive a service, however the Child Needs Package will not be paid until the child is born.

<sup>8</sup> It should be noted that although a risk assessment may return an outcome of 'high' or 'very high', the Community Services Centre may make a decision to close the case due to current competing priorities, with a rationale that the family may be well engaged with services, for example.

	<ul style="list-style-type: none"> <li>is not receiving services from a funded preservation program: Newpin, Resilient Families, Brighter Futures, Youth Hope, Intensive Family Preservation (IFP), Intensive Family Based Services (IFBS), Resilient Families, Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®) or Functional Family Therapy – Child Welfare (FFT-CW®)</li> <li>has not previously received services funded under a PSP Family Preservation Case Plan Goal Package unless it has been reviewed and approved.</li> </ul> <p>Funded service providers are no longer eligible to receive this service package if:</p> <ul style="list-style-type: none"> <li>the case plan goal has been achieved</li> <li>a closing SARA determines the level of risk for the relevant child/ren has reduced to ‘low’ or ‘moderate’, with a minimum of one ‘low’ assessment or two ‘moderate’ assessments required, and the service provider and DCJ agree that the case plan goal has been achieved<sup>9</sup></li> <li>the child/ren identified in the initial SARA is/are no longer living with their parent/s<sup>10</sup></li> <li>the child/ren identified in the initial ROSH enter OOHC or is/are the subject of any court order allocating parental responsibility to someone other than the parent/s or previous legal guardian/s.</li> </ul>
Approval	<p>Recorded by DCJ Caseworker.</p> <p>Approved by DCJ Manager Casework.</p>

### CASE COORDINATION (FAMILY PRESERVATION) BASELINE PACKAGE

A service provider will receive a Baseline Package to support their overhead costs, administration, property costs and other service provision.

#### Case Coordination (Family Preservation)

Description	The Case Coordination package allows funded service providers to provide casework support to children and families receiving services through a PSP Family Preservation Package to keep the child/ren safe and stable.
Package duration	<p>Up to two years.</p> <p>Extensions may be granted by DCJ delegated approval at the Executive Director (Category 5) level or above.</p> <p>Requests for extension are to be discussed during the 3 monthly review and should be raised at least 3 months prior to the package end date. DCJ will provide a decision within 3 weeks.</p>
Eligibility	The family is in receipt of a PSP Family Preservation Package.
Approval	Where purchase of a PSP Family Preservation Package from a PSP funded service provider has already been approved, approval for a Case

<sup>9</sup> The service provider will have a minimum of three months to continue working with a family, following FACS closure of a case. Additional time beyond this may be available on negotiation with DCJ.

<sup>10</sup> Unless the child/children have entered a Temporary Care Arrangement (TCA) for a period not longer than three months.

Coordination Package (Family Preservation) will be automatic.  
 Recorded by DCJ Caseworker.  
 Approved by DCJ Manager Casework.

## CHILD NEEDS PACKAGES

A funded service provider will receive a Child Needs Package at the default level of Low Needs for each child in a family in receipt of a PSP Family Preservation Package.

Needs related to the child's disability will be met by the NDIS. Other needs arising will be met through the Child Needs Package.

The Low Needs Package includes Education Supports, General Allied Health Provisions, Mentoring and Counselling.

### Low Needs

Description	Package may include: <ul style="list-style-type: none"> <li>• educational supports</li> <li>• general allied health provisions</li> <li>• mentoring</li> <li>• counselling.</li> </ul>
Package duration	Up to two years. Extensions may be granted by DCJ delegated approval at the Executive Director (Category 5) level or above. Requests for extension are to be discussed during the 3 monthly review and should be raised at least 3 months prior to the package end date. DCJ will provide a decision within 3 weeks.
Eligibility	The family is receiving services funded through a Case Plan Goal Package of Family Preservation.
Approval	Recorded by DCJ Caseworker. Approved by DCJ Manager Casework.

## Implementation of the Permanency Support Program (PSP) and relationship to other DCJ Funded Preservation Programs

The implementation of PSP Packages is occurring alongside other DCJ funded programs. This includes Brighter Futures, Youth Hope, Newpin, Intensive Family Preservation (IFP), Intensive Family Based Services (IFBS), Resilient Families, Multisystemic Therapy – Child Abuse and Neglect (MST-CAN®) and Functional Family Therapy – Child Welfare (FFT-CW®).

When selecting a family preservation program for a family, other DCJ funded programs must be considered, however the best interests of the child and family must be prioritised. Examples of reasons a funded program may not be suitable

include a family’s cultural needs or the level of intensity required from the service. Where a family has already accessed a program without success, that program does not need to be reconsidered.

A family cannot receive a PSP Family Preservation service while participating in another DCJ funded preservation program.

## Other funded Family Preservation Services

SERVICE MODEL	AGE COHORT	GOAL	LENGTH
Brighter Futures	Birth – 9 years or unborn children.	Early intervention and family preservation.	18 months (up to 24 months in exceptional circumstances).
Youth Hope	9 – 15 years.		
Intensive Family Preservation (IFP)	Birth – 18 years.	Family preservation, restoration support or OOHC placement stability.	6 months (up to maximum 9 months in exceptional circumstances).
Intensive Family Based Service (IFBS)	Birth – 18 years For Aboriginal families only.		
Newpin	Under 6 years.	Family preservation and restoration.	12–18 months.
Resilient Families	6 years or under.	Family preservation.	Up to 12 months.
Multi-Systemic Therapy – Child Abuse & Neglect (MST-CAN)	6 – 17 years.	Family preservation and restoration.	6-9 months.
Functional Family Therapy – Child Welfare (FFT-CW)	Birth – 17 years.	Family preservation and restoration.	Up to 9 months (low stream) or 6 months (high).

## Referrals

Only DCJ may refer a family to receive services under a PSP Family Preservation Package.

Referral to a PSP Family Preservation service will be based on an assessment of safety, risk, family need, and the suitability and availability of alternative preservation services. An open case, with an allocated caseworker, will be required.



When making a referral to a PSP Family Preservation service, DCJ will:

- Complete a Safety and Risk Assessment (SARA)
- Confirm suitability, eligibility and availability of the service
- Obtain informed consent for the referral from at least one parent and the child/ren or young person(s), if they are aged 14 -18 years, engaging the service provider or other networks of support, where necessary
- Send a referral form to the selected service provider, along with documentation to assist the service provider make an informed decision. This may include a copy of the ROSH report, SARA, and genogram.

Discuss the referral and the family's needs with the selected service provider and confirm the service provider understands the safety, risk and wellbeing issues of the child/ren and family. After the FSP accepts the referral, DCJ will retain a signed copy for the referral records. DCJ will establish a meeting time to complete a warm referral with the service provider and the family within five business days. Where DCJ has not already developed an initial Family Action Plan (FAP), this will be completed at the meeting.

DCJ will work with service providers to plan and deliver effective services. In so doing, DCJ will:

- Keep the safety and needs of children and young people as its paramount concern
- Share information with service providers, and
- Work collaboratively to resolve issues and disputes.

## Referral refusal

A funded service provider may refuse a referral where DCJ agrees that there is a legitimate reason for the refusal. Legitimate reasons would include:

- the family not living in a location where the service is delivered
- the case is unallocated at the CSC
- the service has previously worked with the family and were unable to build a relationship
- the service is able to demonstrate that an alternate program or service would better suit the family's needs.

## Group Supervision

Group supervision can be described as 'a shared process of consultation and decision making.'<sup>11</sup> Group supervision can be highly effective when referring a family to a service provider for PSP Family Preservation services. By involving a service provider in group supervision, the opportunity is provided to discuss the family and their needs in depth. Questions can be asked and advice sought on the most appropriate way to work with a family.

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<sup>11</sup> FACS. (n.d.). Casework Practice: Group Supervision, <https://caseworkpractice.intranet.facs.nsw.gov.au/leadership/group-supervision>

## Priority referral to Aboriginal and CALD funded service providers

DCJ is committed to the Aboriginal and Torres Strait Islander Child Placement Principle and the five core elements of prevention, partnership, placement, participation and connection. The core elements relate not only to prevention and appropriate placement of Aboriginal and Torres Strait Islander children and young people in OOH, but also to how families and communities should participate in decision making, including assessment.<sup>12</sup>

When seeking to refer a family, DCJ and PSP funded service providers will take into consideration the cultural context of the family and identify local services likely to provide an appropriate fit. Wherever possible and appropriate, an Aboriginal Community Controlled Organisation (ACCO) delivering services under a PSP Family Preservation Package, should be engaged to work with an Aboriginal family. Where an ACCO does not exist or is not delivering Family Preservation Packages yet, a service able to provide suitably qualified and supported Aboriginal staff to work with the family is the next preferred option. Similarly, wherever possible and appropriate, specialist CALD funded service providers should be engaged to work with CALD families.

It must not be assumed, however, that a family will always prefer referral to a culturally specific service provider. In some cases, for reasons such as privacy, a family may prefer referral to a mainstream service, which has demonstrated cultural capability and works in a way that is appropriate and sensitive to the cultural needs of a family.

To ensure that families are being referred to an appropriate service provider, caseworkers from both DCJ and PSP funded service providers, must provide families with information on available service providers and engage with them to fully understand their perspective and preferences. Caseworkers must then seek to meet the family's needs to the extent possible.

Where local PSP providers do not offer an appropriate cultural fit for a family, and the family has a preference for specialist cultural service provider, the PSP provider with the capability to subcontract a suitable organisation<sup>13</sup> or caseworker is the next best option. For more information regarding the subcontracting of Aboriginal and CALD service providers, please see the relevant section below.

## Work with Aboriginal or CALD families by non-Aboriginal or non-CALD specific services

In the case that all options for an identified service or staff member have been exhausted, a service must provide evidence that the subcontracting of appropriate organisation or caseworker has been investigated and found unviable. Documentation of the process undertaken to ascertain this is considered sufficient evidence.

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<sup>12</sup> Tilbury et al., 2013, as cited by Arney, F., Iannos, M., Chong, A., McDougall, S. and Parkinson, S. (2015). Enhancing the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Policy and practice considerations (CFCA Paper No. 34). Melbourne: Child Family Community Australia Information exchange. Retrieved from: <https://aifs.gov.au/cfca/sites/default/files/cfca34.pdf>

<sup>13</sup> A CALD background alone is insufficient for description as a suitable organisation. The organisation and staff must also have relevant qualifications, skills and experience working with families to protect children.

## Priority referral to funded service providers with previous experience with a family

Initial investigations, including discussions with the family, may identify a previous family history with a particular PSP funded service provider. The nature and effectiveness of that relationship should be taken into account when selecting a provider for referral. For example, where a family has an existing positive relationship with a service, the increased likelihood of success with that provider, should be considered.

## Case Coordination

A Baseline Package of Case Coordination will be paid to service providers in order to support the administrative functions associated with delivery. While case coordination sits with the service provider, DCJ remains the agency responsible for overall monitoring of risk. DCJ will fulfil this responsibility by conducting a safety and risk reassessment every three months as part of the review process. Where circumstances suggest a change in case plan goal is required, ultimate decision making responsibility will lie with DCJ.

## Case management in the context of family preservation

Case management for family preservation is a process whereby a family's needs are identified and services are coordinated and managed in a systematic way. The core elements of case management include assessment, case planning, implementation (service delivery), monitoring and review. The case management process aims to improve outcomes for vulnerable children, young people and families through integrated and coordinated service delivery.<sup>14</sup>

Case management in the context of family preservation is different to that undertaken for children in OOHC, with a necessary emphasis on the needs of the family as a whole. Consistent with a family-centred approach, the plans developed for a family are known as Family Action Plans, rather than case plans.

## Developing a Family Action Plan

When DCJ receives a report and completes a field assessment, a safety assessment is conducted as part of that process. To be eligible for a PSP Family Preservation service, the outcome of the safety assessment must be either 'safe' or 'safe with plan'. If the outcome is 'safe with plan' then a safety plan is developed with the family at that point.

Within 30 days of the face-to-face contact, a risk assessment must be completed. To be eligible for a PSP Family Preservation service, the outcome must be either 'high' or 'very high'. Matters with a 'high' or 'very high' risk assessment require a Family Action Plan to be completed within 15 days (or 45 days from the safety assessment).

If a referral is being made to a PSP Family Preservation service immediately after the risk assessment, the Family Action Plan should be collaboratively developed by DCJ with the service provider and the family.

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<sup>14</sup> FACS, What is case management? (Retrieved from: <https://www.facs.nsw.gov.au/providers/children-families/interagency-guidelines/case-management/chapters/about>, 2018).

However, if the case has been open for some time, it is expected that the family would already have a Family Action Plan. In these cases, it is recommended that, in the first meeting between DCJ, the service provider and the family, the existing Family Action Plan is reviewed.

## Case Management Transfer

Case Management Transfer (CMT), and the process through which it occurs, will be guided by the [Permanency Case Management Policy: Rules and Practice Guidance](#). According to the policy, unless another date is agreed on, CMT occurs on the date preservation casework commences, which is 'the date the receiving provider first makes contact with the child, their parents or family/kin...' The policy also states that a CMT meeting is to be held prior to, or within 10 days following, the CMT date.<sup>15</sup>

In relation to PSP Family Preservation, it is expected that the first contact a family has with a service provider will be through the warm referral made by DCJ. As such, the CMT date and CMT meeting date will be the same.

## Family Group Conferencing and Family Finding

While not the primary aim of these activities, DCJ caseworkers are able to use Family Finding and Family Group Conferencing (FGC)<sup>16</sup> during the initial assessment stage to assist in gauging the viability of successful family preservation. In relation to Aboriginal families, an FGC undertaken with an Aboriginal facilitator, or an alternative model of Aboriginal Family Led Decision Making, may be utilised.

Where initiated by DCJ, outcomes from these activities will be provided to service providers from whom a family preservation package is being purchased to support on-going Family Action Plan development and coordination.

Where Family Finding and FGC have not been undertaken, service providers will need to initiate these activities. When a family consents to an FGC, the service provider must contact the DCJ caseworker to arrange one. The cost of the FGC will be borne by DCJ.

Family Finding and FGC work by PSP funded service providers will help ensure involvement and support from extended family and friends is encouraged and maintained. In the case of FGC, follow up conferences provide the opportunity to review outcomes and make amendments to overcome any barriers that may have presented.

Continued Family Finding and FGC work responds to the fact that situations often change and first attempts to engage extended family members will not necessarily draw out all relevant parties and circumstances.

## Managing Risk

The SARA structured decision making tool (SDM) will be the primary instrument for measuring risk associated with families receiving preservation services. This tool can only be applied by DCJ caseworkers, who are trained in its use. It is

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<sup>15</sup> FACS, Permanency Case Management Policy: Rules and Practice Guidance, (2018).

<sup>16</sup> FGC is a voluntary program, therefore families cannot be forced to participate.

possible, however, for PSP funded service providers to participate in the SARA process, as outlined in the Permanency Case Management Policy.

Eligibility for a PSP Family Preservation service requires completion of a SARA with a safety outcome of 'safe' or 'safe with plan' and a risk assessment of 'high' or 'very high'. The SARA, or last Risk Reassessment must be current and undertaken within the last 90 days. As such, service providers will begin work with a family from a starting point acknowledging the child or children involved are at risk of harm.

## Risk reassessments and case plan goal reviews

PSP family preservation cases will be kept open by DCJ to facilitate the monitoring of risk and taking of any further action required. Consistent with the SARA SDM policy, a Risk Reassessment (RRA) will be required every 90 days following the initial SARA. Wherever possible, the RRA should be a collaborative process conducted jointly by a DCJ caseworker and the service provider. The DCJ caseworker will be responsible for applying the SARA tool.

There is likely to be a delay between the initial SARA or last RRA, and the point at which a family first enters a PSP family preservation service. For this reason, the first RRA conducted after a PSP family preservation service has commenced will generally take place before it has been underway for 90 days.

A review period of three months is required for the case plan goal of Family Preservation. It is expected that three month reviews will coincide with, and be informed by, the 90 day RRA and a review of the family's progress against Family Action Plan (FAP) goals.

The three month case plan goal review enables the DCJ caseworker and service provider to assess the child/ren's safety in the home and progress towards the case plan goal. Depending upon the outcomes of the review, DCJ and the service provider may decide that:

- Work with the family should continue as agreed
- The level of service intensity needs to change
- The service is ineffective and will cease
- A transfer to a different service provider would better meet the family's needs
- The child/ren will need to be placed in OOHC.

Risk reassessment outcomes, FAP reviews and case plan goal reviews must all be recorded and uploaded to the family's FAP in ChildStory.

## Communicating outcomes with families

It is important that families understand what is expected of them. Positive outcomes should be celebrated and concerns about progress discussed in an open and honest way. DCJ and the service provider should have a safe and respectful approach in place to communicate risk reassessment and review outcomes with families. Where risk has not reduced, or has increased, DCJ and the service provider will discuss and assess the situation with the family and make decisions about next steps.

## When is risk too high?

Regardless of previous experience in family preservation work, the nature of all work with children and families is such that every service provider will have a fundamental understanding of child protection and their requirements as mandatory reporters. The requirement to report concerns regarding children at risk of significant harm to the Child Protection Helpline remain the same for services delivering family preservation, including subcontracted and brokered services.

## New ROSH reports

Situations in which a new concern arises or there is escalation of an existing concern, service providers are to apply the [Mandatory Reporter Guide](#) (MRG) tool to guide their decision making on reporting. If a report to the Helpline is warranted, the service provider should also contact the DCJ caseworker to discuss the matter and seek advice.

Where a service provider has concerns regarding risk to a child and the risk does not warrant a report to the Helpline, the service provider should still seek to discuss the matter with the DCJ caseworker. Where possible, the use of group supervision should be considered to support thorough discussion of the issues and potential strategies.

If DCJ receives a ROSH report about a child or young person, while the family is receiving a PSP Family Preservation service, DCJ will advise the service provider working with the family. Contact should be made with the service provider, regardless of the decision to investigate or not, as information could assist the service provider apply more targeted interventions.

DCJ will review the case in consultation with the service provider to decide if further investigation is required. If the service provider believes that the visit would be best conducted together, a joint visit should be undertaken. DCJ and the service provider will work together to identify if family preservation remains a viable option.

## Temporary Care Arrangements

A Temporary Care Arrangement (TCA) is a less intrusive intervention aimed at avoiding entry into OOHC for a child in need of care and protection. Entry into a TCA is voluntary and parental responsibility is maintained by the parent. Where a family is receiving a PSP Family Preservation service, a TCA may be entered into, however a report to the Helpline needs to have occurred and the child/ren must be in need of care and protection. A TCA may be entered into for a period of up to three months and, if needed, an extension of up to three additional months may be granted through a review process. A TCA cannot be in place for more than six months in a 12 month period. Such situations will require a change in case plan goal and package.

If a TCA is established while a PSP Family Preservation service is being received, case management responsibility for the child/ren will remain with the service provider. DCJ will have case management responsibility for any administrative tasks associated with the TCA.

While the TCA is in place, payment of all funding packages will continue. This will

ensure the service provider can maintain case management responsibility for the family and continue supporting them to work towards behaviour change.

Where a TCA is in place but the family is not yet receiving a PSP Family Preservation service, a referral can be made to support the family upon the child/ren's return to the care of the parent/s.

More information about TCAs can be found in the [Permanency Case Management Policy: Rules and Practice Guidance](#).

## Involvement of Aboriginal Community Controlled Mechanisms

The involvement of Aboriginal Community Controlled Mechanisms, such as Local Advisory Groups (LAGs), in risk monitoring, will be guided by the [Aboriginal Case Management Policy](#).

## Legal options to support preservation, including Parent Responsibility Contracts and Parent Capacity Orders

DCJ caseworkers have a number of legal options, including Parent Responsibility Contracts (PRCs), Parent Capacity Orders (PCOs) and Supervision Orders, which may support family preservation. These options may highlight the significance of issues to be addressed and emphasise the need for parental action. While a PSP funded service provider may identify the potential usefulness of a contract or order, they will need to work collaboratively with DCJ to investigate the matter further and undertake the work required. DCJ will be the lead organisation on all work related to obtaining contracts and orders.

PRCs and PCOs outline what is required of parents in a more structured and formal manner than a Family Action Plan and can have legal consequences when breached. Breach of a PRC, for example, may lead to the Children's Court establishing a Supervision Order.

Parents must consent to enter into a PRC, however, consent is not required in the case of PCOs. Free legal advice for parents is available through the Family Law Early Intervention Unit of Legal Aid NSW. If a PRC or PCO is going to be entered into it is important that parents receive early legal advice. More information about [PRCs](#) and [PCOs](#) can be found on the [DCJ website](#).

Where considered beneficial, families should also be encouraged to identify and engage with any other tools or approaches that might work best to support them in achieving their goals and aspirations.

## Triggers

A PRC may be considered where the goals of a Family Action Plan are not being achieved and it is agreed that a more formal arrangement may help the parents take greater responsibility for ensuring their child's safety. There must be a belief in the parent's ability to change but recognition that assistance is required for them to understand the seriousness of the concerns.

When deciding if a PRC is appropriate think about:

- Why the parents might be struggling to meet the Family Action Plan goals
- Whether the Family Action Plan is adequately supporting the parents to

address risk

- How a PRC will help the parent build safety for their children.

A PCO may be considered where a service provider identifies issues impacting on parenting capacity that could be resolved if the parent engaged in a specific service, program, course or treatment and this engagement has not successfully occurred through Family Action Plan development. If considering a PCO, it is important to find out if there is an appropriate and available service, program, course or treatment to address the issues impacting on parenting capacity.

## Taking action

Where a service provider feels a legal option could support progress towards the case plan goal of family preservation, they should discuss the matter with the relevant DCJ caseworker. Where it is agreed that a legal option could be useful, the service provider may then raise the idea with the parent and provide them with the contact details for legal advice.

Although consent is not required for a PCO, seeking consent remains best practice and where this is not provided, serious consideration should be given regarding whether or not to proceed.

To undertake further action, the service provider will need to continue working with the DCJ caseworker who will be able to access assistance from DCJ Care Legal Support.

## Roles and Responsibilities

### Children, families and communities

#### Children and Families

- Engage with program workers, being honest and upfront
- Participate in and contribute to assessment processes, including Aboriginal Family Led Decision Making
- Participate in decision making, informing workers when plans or activities are not working
- Work with the caseworker to identify any additional roles and responsibilities that might be needed

#### Communities

- Aboriginal Community Controlled Mechanisms, such as Local Advisory Groups (LAGs) will develop approaches for engaging and involving local Aboriginal people to identify avenues of decision making in the care and protection of Aboriginal children
- Participate in and contribute to assessment and decision making processes, where appropriate, including Aboriginal Family Led Decision Making
- Aboriginal and CALD communities will have roles and responsibilities consistent with cultural practice.

## Department of Communities and Justice



## Caseworker

- Conduct work in a culturally capable manner, consistent with the NSW Practice Framework and Practice Standards, and the Aboriginal Cultural Capability Framework
- Discuss the ROSH report with the family and conduct the SARA.
- Identify the case plan goal in collaboration with the Permanency Coordinator, for recommendation to Manager Casework
- Effectively engage with and create meaningful opportunities for families and communities to participate in assessment processes, including Aboriginal Family Led Decision Making
- Assess eligibility and identify appropriate funded family preservation services
- Discuss available service provider with the Permanency Coordinator and, where multiple options exist, identify the most appropriate service.
- Contact PSP funded service provider to commence referral process
- Conduct a warm referral to the service, including introduction of the family to the service provider
- Provide all relevant information to selected PSP funded service provider
- Record all relevant plans, actions and outcomes in ChildStory
- Attend initial home visit with the service provider practitioner
- Participate in Family Action Plan meetings as required
- Conduct 90 day risk reassessment in collaboration with PSP funded service provider
- Organise an FGC following request from a service provider
- Work collaboratively with service providers, where required, including support to administer case management and conduct activities including FGC
- Lead work associated with investigating and obtaining legal options to support family preservation, including PRCs and PCOs
- Make recommendations in relation to case closure and undertake associated work on approval
- Support the case plan goal review process, where required
- Make decisions regarding the appropriateness of the case plan goal and undertake work related to case plan goal changes, including the transfer of children into care, where they are identified as being unsafe or at serious and immediate risk.

## Manager Casework

- Review and approve recommended case plan goal
- Provide guidance to DCJ caseworkers working collaboratively with PSP Family Preservation service provider
- Review and approve closure of DCJ intervention following appropriate risk reassessment outcomes
- Review and approve requests from service providers for an additional three months beyond the standard three months provided following DCJ case closure
- Provide sign off on the final case plan goal review to indicate achievement of case plan goal (where delegated by the district).

## Permanency Coordinator

- Provide guidance and quality assurance in relation to case plan goal

allocation

- Support caseworkers and service providers to conduct the three monthly case plan goal review process and participate in reviews as capacity allows
- Oversee case plan goal reviews for quality assurance and to ensure the case plan goal of Family Preservation remains appropriate
- Where appropriate, provide support for service provider requests for an additional three months extension of services beyond the standard three months following DCJ case closure
- Participate in final reviews following closure of the case with DCJ
- Provide confirmation and sign off that the case plan goal has been achieved (where delegated by district)
- Provide assistance in situations where a change in case plan goal is being considered
- Provide advice to service providers seeking agencies for referral and brokerage purposes
- Regularly review and analyse data relating to the purchase of Preservation packages locally, to ensure an understanding of relevant issues, outcomes and trends
- Act as the point of contact for service providers where there has been a significant change in relevant circumstances for the child and their family/ that requires review
- Liaise with appropriate internal stakeholders when contacted by a service provider about:
  - providing information and data in relation to the achievement of case plan goals
  - proposals to change a case plan goal
  - notifying intention to cease case management and
  - case management transfer.

District, including District Commissioning and Planning Team and Child and Family District Unit (CFDU)

- Monitor availability of places in DCJ funded preservation programs, including PSP Family Preservation, across the district
- Advise Community Services Centre (CSC) staff regarding services with PSP Family Preservation delivery capacity and support effective referrals to the service system
- Verify payment data and number of packages to be paid to each service provider
- Participate in case closure discussions to ensure payments cease on the correct date
- Notify Central Office (State-wide Contracts and Child and Family) of case closures, including families due to achieve their case plan goal in the next three months
- Relevant contract manager to:
  - complete contracting
  - manage service provider contracts and monitor performance
  - support service provider to improve performance through networking and training opportunities
  - facilitate information exchange between district and central office with regard to contract delivery matters.

- Monitor subcontracting
- Act as the key interface between service providers and DCJ by coordinating and recording referrals to service providers
- Provide advice to service providers regarding:
  - operation of Permanency Case Management Policy, Rules and Practice Guidance
  - local district structure and operating models (unique to a specific district).

#### Central Office

- Provide information in relation to PSP Family Preservation Program service requirements, including the Program Framework and Business Rules
- Manage implementation of the overall PSP, including the PSP Family Preservation Program
- Ensure frameworks and systems are in place to support district and service provider staff deliver and monitor packages
- Make package payments to PSP funded service providers
- Monitor overall program success
- Work with districts, service providers and peaks to identify issues and continuously improve the PSP Family Preservation Program.

#### PSP service providers

- Promote the rights of children and families
- Respect the privacy of children and families
- Ensure models used to deliver the PSP Family Preservation Program are evidence-based or, at a minimum, evidence-informed
- Deliver work in a culturally capable manner
- Effectively engage with and create meaningful opportunities for families and communities to participate in assessment processes, including Aboriginal Family Led Decision Making
- Ensure staff delivering the PSP Family Preservation Program are sufficiently qualified and trained
- Accept all suitable referrals and make contact with families, including conducting the first home visit in partnership with the DCJ caseworker
- Conduct case coordination work as outlined in the PSP PLA, PSP Family Preservation Program Framework and PSP Family Preservation Business Rules
- Consult with children and families
- Work collaboratively with children and families to identify needs and strengths
- Support children and families' connection to extended family/kin, community and culture
- Participate in the 90 day risk reassessment collaboratively with DCJ
- Conduct three monthly case plan goal review alongside the 90 day risk reassessment process
- Contact and enter into negotiation with DCJ, where an additional three months of casework is sought, following DCJ case closure
- Enter into license or certification agreements with model developers, where relevant
- Maintain fidelity to any evidence-based models being utilised, along with the

core components and mandatory activities outlined in the PSP Family Preservation Program Framework

- Ensure an appropriate evaluation framework is in place to build evidence where required
- Identify appropriate services for referral and brokerage
- Monitor service delivery conducted by brokered providers
- Organise and conduct Family Action Plan meetings
- Update the FAP as required and ensure an exit plan is developed to support families where achievement of the case plan goal is imminent
- With assistance from DCJ, organise FGC, where required
- Liaise with DCJ, including district staff, to facilitate work towards Family Action Plan goals and program outcomes
- Undertake exit planning to support stability when service provision concludes
- Provide birth parents with follow up support in cases where children are removed and the CSC has requested this support
- Record all relevant plans, actions and outcomes in ChildStory
- Conduct safety monitoring including risk reassessment work in partnership with DCJ caseworker
- Identify any potential risks and address through appropriate channels, working collaboratively with the CSC wherever possible
- Collect data to support monitoring of client outcomes
- Report on outcomes as required by the PSP PLA
- Work with central office and commissioned evaluators to measure and monitor program and client outcomes, and participate in any relevant research activities.

## Dispute resolution

Where families/kin receiving services raise issues, or where DCJ and the service provider disagree, the service provider must contact their DCJ caseworker in the first instance. DCJ will use the dispute resolution process described in the Program Level Agreement as required.

Funded service providers should use the local DCJ contract manager as the first point of contact for raising a contractual issue or dispute.

## Subcontracting and brokerage

It is unlikely that PSP Family Preservation providers will be able to deliver the full spectrum of services required to achieve outcomes for children and parents. Where possible, accessing available universal services, such as NSW Health services or NDIS funding, is encouraged. While it is possible that children and parents may be able to access some funded services, it can be expected that, in order to achieve Family Action Plan goals, providers will need to subcontract or broker some services. Funded service providers will be expected to use package funds to cover transport costs, including those associated with attending appointments.

Funding provided through the Case Coordination Package is expected to adequately cover the work relating to subcontracting and brokerage of other supports and services. No additional funding will be provided, through Casework Support Services or otherwise, to manage this work, unless exceptional

circumstances apply.

Adequate records must be kept regarding any subcontracted or brokered, services or items. This includes noting the need for such services or items in the Family Action Plan and maintaining a list of purchases with their value and relevant review dates.

## Subcontracting of service providers

Where a provider intends to subcontract a service considered essential to effective program delivery, an application for consent to subcontract, must be made. For more information about subcontracting, please read the following [fact sheet](#).

The application covers the following three arrangements, considered to be subcontracting:

- Consortium
- Fee-for-service arrangement
- Labour-hire arrangement.

The [Guide to applying for consent to subcontract DCJ funded services](#) provides more information about the application and links to application forms.

Funded service providers should also refer to Section 4.2 of the PSP Program Level Agreement (PLA) Subcontracting of the Services for guidance on subcontracting.

## Services that may require subcontracting

- Parenting skills programs
- Domestic and family violence programs
- Aboriginal case workers
- CALD case workers
- Language services

## Services likely to require brokerage

- Family relationship counselling
- Domestic and family violence counselling/services
- Alcohol and other drug treatment
- Adult psychology/psychiatry
- Child psychology/psychiatry
- Allied health services, such as occupational and speech therapists
- Child care
- Respite
- Educational supports
- Home maintenance and cleaning services.
- Paternity testing

## Urinalysis and assessments to determine parenting capacity

Where DCJ has requested urinalysis tests or other assessments, including

parenting capacity assessments, as part of its statutory role in child protection, the cost of these tests or assessments will be borne by DCJ. DCJ will also cover the cost of tests and assessments in cases where a service provider requests the tests and they are approved by the DCJ Manager Casework (or delegate as per the DCJ financial delegations). If DCJ does not agree that testing or assessment should be conducted, the associated costs will be the responsibility of the service provider.

## Purchase of material aid

The Family and Parenting Support component of the PSP Family Preservation Program includes scope for the purchase of material needs for families. This allows providers the option to purchase items, such as white goods and furniture, where these have been identified as basic essentials.

Items purchased with brokerage funds must have a direct link with the achievement of goals outlined in the family's FAP.

## Respite

Respite is a non-essential activity under the PSP Family Preservation Program Framework. The rationale for this is to encourage extended family and community networks to support parents by providing care for children. Where this occurs, police checks are not required as parental responsibility remains with parents.

Where additional support to care for children through family or community networks is not available, respite services may be purchased. Respite under these conditions is considered voluntary out-of-home care (VOOHC). As such, the service provider delivering these services must be a registered VOOHC provider. Funded service providers delivering the PSP Family Preservation Program, who have relinquished their VOOHC registration, may choose to re-register with the Office of the Children's Guardian (OCG) or seek respite with a registered agency.

The cost of respite has been factored into the unit price of the Family Preservation Package as it is considered a likely expense under the Family and Parenting Support component. As this is the case, no other supplementary funding to pay for respite services will be available.

## Purchase of a place in a DCJ funded family preservation service

Prior to the purchase of a PSP Family Preservation Package from a PSP funded service provider, DCJ will assess the availability and appropriateness of any DCJ funded family preservation services in their local area. Where an appropriate service is not available, DCJ will seek to purchase a package from a PSP provider.

If the PSP funded service provider feels that access to an appropriate family preservation service would be beneficial for the family, the PSP funded service provider may negotiate the purchase of a place in that service through a fee-for-service arrangement. Where necessary, the PSP funded service provider may also seek to purchase only one or more components of the program, as relevant to the needs of the child and family.

## Transfers

DCJ wants stability and continuity of service provision for children and families, so a transfer to another service or service type will occur in only exceptional circumstances and at DCJ's request. Client voice will be a relevant factor in provider choice, to the extent permitted by local resources.

Should a family plan to move interstate, DCJ will review the Family Action Plan with the PSP funded service provider to assess the need for further work. Where further work would be beneficial, and the family provides consent, DCJ will provide advice to interstate colleagues regarding the family's needs.

Where a family relocates within NSW, transfer to another service provider delivering PSP Family Preservation Services will be sought and priority given to the family for the next available package. If there are no packages but there is availability with another program, appropriate to the family's needs, the family should be referred to that program.

## Record keeping and reporting

Both DCJ and service provider will be expected to collect and report on a number of activities and measures for the purpose of implementation and outcomes monitoring.

As indicated under the section 'Risk reassessments and three month reviews', a RRA, FAP review and Case Plan Goal review will be required every three months. Data on assessments and reviews will need to be collected and recorded by both DCJ and the service provider.

The service provider should also refer to Schedule 2, Performance and Outcomes Data Reporting, of their Program Level Agreement (PLA) for information on contracted reporting requirements.

## Closing a case

According to the Permanency Case Management Policy: Rules and Practice Guidance, a service provider ceases to have responsibility for case management when DCJ and the service provider agree that the family preservation case plan goal has been achieved. The case plan goal will be considered achieved following:

- the expiry of any orders that support achievement of the case plan goal, for example a parent capacity order or,
- where assessed risk of abuse or neglect falls to, and remains, low or moderate risk.

In relation to PSP Family Preservation, where the level of risk has reduced to low, one risk assessment will be sufficient for DCJ to close the case. Where the outcome is moderate, a minimum of two consecutive assessments at that level, will be required.

Once a case has been closed by DCJ, the service provider will aim to cease work with the family within three months, depending on the circumstances. If the service provider feels an additional three months is required to ensure the permanency goal is sustained and the case would still be closed within the two year time frame, this must be negotiated with DCJ and approved by a Manager Casework. The Permanency Coordinator will work with the service provider to review the case during this period. Where a DCJ caseworker has been responsible for previous case plan goal reviews, the DCJ caseworker may also

participate. An exit report is to be provided to the CSC by the service provider upon their closure of the case.

## Changes to package funding, including withdrawal

DCJ will work collaboratively with PSP funded service providers to monitor child and family outcomes on a quarterly basis. In some cases, outcome monitoring may indicate that services provided through the PSP Family Preservation Program are no longer appropriate. Where it is determined that the program is not right for a family, DCJ may take back responsibility for the case. This will include the withdrawal of package funding from the service provider.

## When a child is removed, away from the home, or restored

In situations where a decision is made to remove a child, every effort must be made to place the child with a provider and family, with whom they are familiar. This means that, where appropriate, the service provider providing preservation services, should be chosen to provide services under the new case plan goal.

Upon request from a CSC, a transition payment, equivalent to four weeks case coordination, will be paid to a service provider from the date a child enters care. This additional payment will only be made if the vacancy created by a child's exit is filled by a new family entering the program. The payment will ensure the service provider supports parents through this time and transitions them to other services, as required. Where the case plan goal changes to restoration, and these services are being delivered by the service provider formerly providing preservation services, funding will change to a Restoration case plan goal package.

If it has not been possible to maintain service through the same service provider, a warm referral to the new service provider is to be provided, including DCJ and the preservation service. Also, where appropriate, the new service provider may be able to buy in some services from the preservation service.

When a family exits a PSP Family Preservation service, the service provider will also be required to provide an exit report to DCJ, including a summary of progress towards goals and ongoing challenges for the family. Case management will transfer to the relevant organisation, which may be another service provider or DCJ.

Caseworkers must actively seek to identify possible placement options within families and communities to minimise the impact of removal. DCJ and service providers will also demonstrate efforts to comply with the Aboriginal and Torres Strait Islander Child Placement Principle, including upholding the rights of Aboriginal children and young people.

When a child in OOHC is restored to a family receiving a PSP Family Preservation service that child will be entitled to a Child Needs Package payment of 'low needs'.

When a child is away from the home for reasons such as detention or staying with friends, where the duration is longer than eight weeks, the Child Needs Package payment for that child will cease. If there are no other children in the family, all payments related to the PSP Family Preservation Program will cease after the eight week period.



## Disengagement of a family

Should a family disengage from services under a PSP Family Preservation Package, DCJ will work with the service provider to reach an agreement regarding case closure and the availability of that package to support another family.

## Appendix 1: Eligibility Criteria for other funded programs

Note: the following criteria are correct as at the time of writing. Users should check with relevant programs as to the most up-to-date referral criteria before making a referral.

### Eligibility criteria for DCJ funded family preservation programs in NSW

Each of the below funded family preservation programs have clear referral criteria which must be met for the family to be accepted by the service.

#### Brighter Futures (BF)

BF is an early intervention child protection program. The program works with families where the ROSH report is for a child aged 0-8 years including during pregnancy. The program offers home visiting, parenting programs, childcare and brokerage.

The eligibility criteria are:

- The family must have at least one child under nine years of age living at home, OR be expecting a child who will be at high risk of entering the statutory child protection system; and
- The parent/primary carer's capacity to parent and/or the child's safety and wellbeing might be adversely impacted by one or more vulnerability:
  - domestic and family violence
  - drug or alcohol misuse
  - parental mental health issues
  - parent with significant learning difficulty or intellectual disability
  - lack of parenting skills.

AND

- The family has been the subject of three or fewer ROSH child protection reports in the last twelve months with a response need of less than 10 days or less than 72 hours, or
- A SARA has been completed within the last 28 days and the Safety Decision is "safe" and the family's final risk level is "high" or "very high", but there is no current risk of a child being removed from the family.

OR

There has been a "step down" referral from an Intensive Family Preservation (IFP) service provider, the IFP intervention was considered a success and there is no longer a risk of removal for the children. These referrals should be counted as ROSH referrals even when they are made directly by an IFP service through the community referral pathway.

Brighter Futures is not suitable for all families. Referrals must not be made where any of the following apply:

- the ROSH is so high that a Brighter Futures service is unlikely to

adequately ensure a child's safety

- there are indications of long-standing, deliberate physical or psychological abuse/harm, or on-going risk of child sexual abuse/harm or possible exposure to sexual abuse/harm
- a household member or adult with caring responsibilities is the subject of current criminal proceedings and/or a current Joint Investigation Response Team (JIRT) investigation relating to an allegation of abuse or neglect of a child or young person
- a child or young person who is in OOHC, has a current care order, or is the subject of proceedings to assign parental responsibility to a person other than the parents
- families where there are children or young people with Guardianship orders
- a parent/primary carer is the authorised carer of a child in OOHC
- the safety of workers or others when working with the family would be seriously compromised and the service provider cannot reasonably manage the risk to their staff, or
- families that have a case plan goal of restoration.

Family histories should be reviewed comprehensively before a decision is made about eligibility for Brighter Futures. Information about children or young people with historical relationships to adults in the home should also be considered in the application of the above criteria. This may be completed by the Community Service Centre (CSC) or the DCJ Brighter Futures Unit (BFU) pending the referral pathway.

### Youth Hope (YH)

YH works with families where the ROSH report relates to a child aged 9–15 years. The program works with the whole family including siblings. The program works with children to re-engage them with education and to support them as well as working with parents to improve parenting.

The eligibility criteria are:

- The child is aged between 9-15 years and 11 months
- The child has a current ROSH report which is not older than 1 month.

Cases that will not be referred to Youth Hope include:

- The primary child at ROSH is under 9 years old at the time of referral.
- The young person at ROSH is older than 15 years 11 months at the time of referral.
- The child/young person is currently in OOHC.
- The child/young person lives out of the agreed program area.

### Intensive Family Preservation (IFP)

IFP works in family preservation, placement stability and restoration. The program works with families with children aged birth – 18 years. It is a six month program and aims to keep children in their home in a safe, stable, nurturing family environment; improve parenting capacity and family functioning; improve child's

wellbeing, prevent or reduce placement in OOHC, where appropriate.

IFP provides multi-faceted individually tailored support services (parenting program, childcare, brokerage support, advice, referral to other services, counselling, linkage to community networks, etc.) are delivered flexibly usually at home or in the community setting.

The eligibility criteria are:

- At least one parent/authorised carer is willing and available to work with the IFP service towards reaching the agreed case goals.
- Key child/children aged 14 -18 years agree to receive and participate in the IFP service.
- The family has some strengths, or available resources or social supports that can be used to increase the children's safety and enhance parenting capacity.
- Intensive case management and support, particularly in relation to health and wellbeing, parenting, household management (including budgeting), practical support and social integration, are needed to address the family issues that place the child at ROSH.

Where the service is working towards ensuring family preservation the child has been assessed as being at risk of significant harm at least one of the following criteria must apply:

- A SARA has been completed and the safety decision is either "Safe" or "Safe with plan" and the family's final risk level is "High" or "Very High".
- The child is considered to be at risk of entering OOHC without intensive intervention.

or

The child is living with an authorised carer AND there are significant concerns for placement stability, identified through a risk assessment.

or

The child is in OOHC, and a restoration assessment indicates that intensive support is required.

### Intensive Family Based Services (IFBS)

IFBS works with Aboriginal families in family preservation, placement support and restoration. IFBS aims to protect children by working with families and carers to minimise immediate ROSH concerns, to stabilise crises and prevent unnecessary placement into OOHC. It also aims to facilitate the safe restoration of children from OOHC and provide support to children in care, and their carers, where placements are at risk of breaking down.

The eligibility criteria are:

- Aboriginal and/or Torres Strait Islander families subject to safety and risk concerns who are experiencing some form of crisis.

- A completed Safety Assessment where the child has been assessed as being 'safe' or 'safe with plan'.
- Completed Risk Assessment outcome being 'high to very high'.
- The case is open and allocated at the referring CSC.
- There is no commencement of court proceedings for statutory intervention, except
- current orders (such as supervision orders) and orders stipulating a child can only remain in the home with the assistance of IFBS.

### Functional Family Therapy (FFT-CW®)

FFT-CW® is an evidence based intervention being rolled out across NSW to reduce entries into care and support exits from care.

The eligibility criteria (for family preservation services) are:

- Families with a child/young person living in the home ages 0-17 years.
- Families experiencing risk factors which could place the child at risk of OOHC placement.
- SARA outcome must be 'high' or 'very high'.
- Pre-natal reports are on a case by case basis.
- Appropriate for families where there is minimal engagement and acceptance of services.
- Guardianship order: families where ROSH received and SARA outcome high or very high. General eligibility criteria apply.
- No order: families where ROSH received and SARA outcome high or very high. General eligibility criteria apply.

NB: Children subject to PRR order are not eligible for referral to the program.

The provider will determine whether to place the family in the low or high track (if both tracks are available in the location).

### Multisystemic Therapy – Child Abuse and Neglect (MST-CAN®)

MST-CAN® is an evidence based intervention being rolled out across NSW to reduce entries into care and support exits from care.

The eligibility criteria (for family preservation) are:

- Families who come to the attention of DCJ due to the physical abuse and/or neglect of a child or the children in the family.
- The family may be a "frequent user" of the DCJ system and services and multiple referrals and service engagement have not previously achieved change. SARA Risk Assessment outcome must be 'high' or 'very high'.
- Reports are received by the Helpline where a significant incident and/or ROSH report has occurred within 180 days and a SARA has been completed indicating suitability, i.e. physical abuse, neglect, particularly where reports

include drug and alcohol and/or mental health risk factors.

- Families with a primary child between the ages of 6 and 17 while siblings may be other ages.
- Families where the primary child and/or other children are at imminent risk of removal.
- Half of all places are allocated to Aboriginal children across the entire project/state. The target for Aboriginal service use in each location will be managed by the DCJ Central Referral Unit (CRU).
- Child aged under 18 years who has been physically abused and/or neglected and has been identified for family preservation (e.g. may be homeless 'couch surfing').
- A child who has been physically abused and neglected and has longstanding peer relationship problems – social isolation, membership of inappropriate peer group or inappropriate boundaries with peers.
- Parents and/or children who have been physically abused and neglected and may be involved in substance abuse.

## Resilient Families

In addition to residing in a Resilient Families catchment suburb, families referred to the program will meet the following criteria:

- the family has at least one child who is aged six years or younger and is currently the subject of an open plan where a SARA has commenced;
- the current SARA was commenced in the proceeding 35 days and the outcome of the initial Safety Assessment was "Safe with Plan";
- the child who is aged six years or younger lives with the primary carer in the family and is not in Statutory or Supported OOHC and/or the Minister does not have Parental Responsibility for the child;
- none of the children of the co-located family are subject to current proceedings to assign Parental Responsibility to another person;
- sexual abuse was not an issue identified in the current SARA;
- no member of the co-located family is the subject of criminal proceedings and/or a current JIRT investigation that relates to an allegation of abuse or neglect of a child or young person; and
- the family is not currently receiving an intensive family support type service.

## Appendix 2: DCJ funded family preservation programs across NSW

Greater Sydney region

Brighter Futures	
WSNBM	Lithgow, Katoomba, Richmond, Penrith, St Marys, Mt Druitt, Blacktown, Parramatta, Auburn
SSESNS	Pennant Hills, Chatswood, Sydney, Maroubra, Lakemba, Burwood, St George, Sutherland
SWS	Fairfield, Bankstown, Liverpool, Ingleburn, Campbelltown
Youth Hope	
SSESNS	St George
SWS	Fairfield, Liverpool, Bankstown, Ingleburn, Campbelltown
Intensive Family Preservation (IFP)	
WSNBM	Lithgow, Katoomba, Richmond, Penrith, Blacktown, Parramatta, Auburn
SSESNS	Epping, Chatswood, Maroubra, Lakemba, Sutherland
SWS	Fairfield, Liverpool, Campbelltown
Intensive Family Based Services (IFBS)	
WSNBM	Lithgow, Richmond, Penrith, St Marys, Mt Druitt, Parramatta
Functional Family Therapy through Child Welfare (FFT-CW®)	
WSNBM	Penrith, St Marys, Blacktown
SSESNS	Sydney
SWS	Fairfield, Ingleburn, Campbelltown
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®)	
SWS	Ingleburn, Campbelltown
Resilient Families	
SSESNS	Sydney, Maroubra, Burwood, Lakemba
SWS	Bankstown, Fairfield, Liverpool, Ingleburn, Campbelltown
Newpin	
WSNBM	Katoomba, Penrith, St Marys, Mt Druitt, Blacktown, Parramatta
SSESNS	Sydney, Maroubra, Sutherland, Burwood, Lakemba
SWS	Bankstown, Liverpool, Ingleburn, Campbelltown

## Wollongong, Newcastle and remaining regions across NSW

Brighter Futures	
HCC	Cessnock, Maitland, Raymond Terrace, Muswellbrook, Mayfield, Edgeworth, Charlestown, Wyong, Gosford
MNCNNSWNE	Ballina, Lismore, Tweed Heads, Grafton, Port Macquarie, Kempsey, Coffs Harbour, Taree, Moree, Narrabri, Armidale, Tamworth, Inverell, Glen Innes
MFWWNSW	Broken Hill, Dareton, Bourke, Walgett, Coonamble, Coonabarabran, Dubbo, Condobolin, Parkes, Orange, Bathurst, Mudgee, Cowra, Griffith, Leeton, Deniliquin, Albury, Wagga Wagga
ISSNSW	Shellharbour, Coniston, Ulladulla, Nowra, Yass, Goulburn, Queanbeyan, Cooma, Bega, Bateman's Bay
Youth Hope	
HCC	Maitland, Raymond Terrace, Cessnock, Mayfield, Charlestown, Edgeworth, Wyong, Gosford
MNCNNSWNE	Muswellbrook, Tamworth, Taree
MFWWNSW	Dubbo, Parkes, Orange
Intensive Family Preservation (IFP)	
HCC	Maitland, Mayfield, Edgeworth, Wyong, Gosford
MNCNNSWNE	Tweed Heads, Lismore, Ballina, Coffs Harbour, Kempsey, Port Macquarie, Taree, Tamworth
MFWWNSW	Broken Hill, Deniliquin, Walgett, Dubbo, Orange, Bathurst, Albury, Wagga Wagga
ISSNSW	Shellharbour, Coniston, Queanbeyan, Bega, Bateman's Bay
Intensive Family Based Services(IFBS)	
HCC	Maitland, Cessnock
Functional Family Therapy through Child Welfare (FFT-CW®)	
HCC	Edgeworth
ISSNSW	Shellharbour, Nowra
MFWWNSW	Wagga Wagga
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN®)	
HCC	Edgeworth, Wyong
MNCNNSWNE	Tamworth, Coffs Harbour
MFWWNSW	Dubbo