TEI Program Reform
Northern NSW District Workshops
Department of Family & Community Services

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INTRODUCTION

The NSW Government has initiated a reform of the Targeted Earlier Intervention (TEI) Programs, managed by the Department of Family and Community Services (FACS), which cover a broad spectrum including:

- Community development
- Prevention and early intervention
- Support to families with greater need.

Under these categories are nine programs, all of which aim to improve child and family outcomes and build community capacity. The nine programs are:

- Child Youth and Family Support (CYFS) $54.2m
- Community Builders $43.1m
- Families NSW $26.5m
- Youth Hope $10.2m
- Staying Home Leaving Violence $5.0m
- Aboriginal Child Youth & Family Strategy $4.3m
- Integrated Domestic & Family Violence Services $3.5m
- Getting it Together $2.1m
- Positive Parenting Program (Triple P) $0.48m

FACS has recently released a Sector Consultation Paper as part of the engagement process on the TEI reforms\(^1\). The paper sets out the reform aims, which are to:

- Improve outcomes for clients of targeted earlier intervention services
- Create a service system continuum grounded in evidence-based best practice
- Target resources to those with the greatest needs
- Facilitate District decision making on the design and delivery of local services
- Increase flexibility so that clients are the centre of the system.

The consultation process for the TEI reform comprises several elements:

- District responses to the Sector Consultation Paper
- Specific cohort consultation sessions (managed by the Families and Place Unit of the FACS central office in consultation with peak organisations)
- District-led consultation sessions with the local sector
- Inter-government consultation (managed by Families and Place).

To assist the District-led consultations with the local sector, Families and Place offered to provide an external facilitator and Nexus was subsequently engaged to facilitate sector consultations for a number of the 15 FACS Districts. This paper summarises the key outputs of the facilitated workshop for the Northern NSW District held in Lismore on 14 October 2015. The report is structured as follows:

- Section 1 presents some key themes that emerged across all the District consultations
- Sections 2 to 5 present the data from the small group discussions of four TEI reform questions:
  1. What works well with the current District TEI services and service system?
  2. What are three key things you would change to improve the way TEI services are delivered in the District to vulnerable children, families and communities?
  3. What are three key things you would change to improve FACS’s management of TEI programs?
  4. How would you like to be informed and involved in the reform and consultation process?

The data for sections 2 to 5 were derived from ‘report back templates’ (see appendix 1) that were used to capture the key messages from the small group discussions. It should be noted that these data are in raw form and have not been edited or analysed. Accordingly, the responses should not be read as representing a consensus and, indeed, some responses are in conflict with others.

Nexus has also prepared a report that consolidates the key state-wide themes across the above four questions.
1. KEY THEMES

Fourteen key themes or ‘areas of concern’ emerged from our consultations across all Districts:

- Flexibility
- Service coordination
- Service integration
- Resourcing and procurement
- Data collection and reporting
- Outcomes measurement and evaluation
- Evidence-based decision-making
- Capabilities of the sector
- Responsiveness and adaptability
- Service relevance/legitimacy
- Autonomy
- Continuum and quantum of services
- Engagement
- Client-oriented service design.

Many of these themes cut across issues of service system design, service delivery, program improvement and program support. It is important to note, however, that these themes resonate differently, depending on the context that which they refer to, and to keep this in mind when drawing insights from the data presented in the next sections.

For example, while service flexibility was identified frequently across all districts, it was used in different senses. In many cases, flexibility referred to either increased service provider autonomy in decision-making, and in some cases, less rigid contractual arrangements. From the perspective of the service system design and service delivery, flexibility was also identified as the general ‘sector or system capability’ required in order to accommodate differences in delivery styles, service culture and ways of working, and to adapt to different community or client needs. In other contexts, flexibility referred to a broadening of program guidelines, definitions (particularly definitions of early intervention) and funded activities, and implies program design change, rather than system change necessarily.
2. WHAT WORKS WELL

What works well with the current District TEI services and service system?

Lismore

- Across the district there are commonalities in provision of FNSW and CYFS programs (alliance meetings, case work manager’s meeting)
- Universal services provide a positive soft entry point to access further services/supported playgroup referral, family workers or parenting programs
- FFI (families first implementing meetings) for FNSW funded services - no longer happening
- FACS funds for the Strengthening Children and Young People Interagency (SCYPI) in Casino - a case management, interdisciplinary monthly meeting for children at risk
- Collaboration - e.g. we run parenting and youth programs with other agencies e.g. other TIE services and schools
- Having the patience to be localised in the service delivery of programs
- Referral pathway based on relationships (positive and negative)
- Funding enables services to deliver quality programs that are required in the district
- Ability to identify specific expertise to work with specific cohorts e.g. 0-5 years
- Small organisations that have to develop multiple expertise across various programs
- District relationships and partnerships that have developed across programs
- Having a CPO that works across all programs and is able to understand the local needs
- For some reporting was working well with new streamlined process for others this was an area that seems to require further improvement
- Current program run by RED Inc - unfunded
- Young women with and without disability who had a baby and was struggling to support. RED Inc started a mums and bubs group - meeting place sharing information, health and wellbeing support, access mainstream supports
- Why are some programs not funded in this region - e.g. Youth Hope?
• How do/will families identify possible supports?
• Essential - effective interagencies to share information and resources. How do we ensure that all agencies that should be involved, are?
• Look at demographics and review identified needs
• Holistic approach - community, family, individual
• How to identify and engage with relevant agencies/providers

• Preference is flexibility not 'gate keeping'
• Maintaining relationships with schools
• Identifying ‘champions’ in the school system and working with them

• Having a space that is safe and engaging
• Other community members and service providers that are equally concerned and invested in making change
• Neighbourhood centre in Casino is now a community hub improving access - referral pathways for service users
• Emphasis on collaboration and partnerships with other local service providers results in: greater access for clients; stretches the dollar further; improves data collection; achieves better service delivery and better sustained outcomes; sharing of ideas and information; easier to identify service gaps and therefore target those gaps

• Use of modern technology across wide areas but it is under utilised
• A lot of social capital spread across the region - community centres in each of the smaller communities
• Community is involved - social connections
• Good collaboration with organisations but would be improved

• Local knowledge - engagement
• Expertise and innovation: expertise in sector/region/community innovation, flexibility that is community driven
• Soft, welcoming access points: universal access points - one stop shop soft entry; co-location/multiple access integrated service provision e.g. CB provides leverage for client focused approach to needs; leading to multi focussed/integrated approaches
• Individual and city capacity: connecting community members via LOCAL knowledge and connections; local relationships leading to service system ACCESS; facilitating access/primary care for community
Service integration: supported playgroups - access by other related professionals: health etc; service integration/case coordination effective avoids duplication

Our Aboriginal women in community have decided where the 3 FACS programs will sit/with which organisation. As a result of this we have some flexibility with the auspiced workers providing services and programs at a grass roots level

Opportunity to network/information share with other services

Continue with funding for what we are already doing e.g. Playgroups. But more funding certainly would not be refused
3. IMPROVEMENTS TO TEI SERVICES

What are three key things you would change to improve the way TEI services are delivered in the District to vulnerable children, families and communities?

Lismore

- Broadening range of parenting programs available to families, increase of choice for clients
- Filling gap in service provision continuum e.g. No restrictions for clients with chronic needs due to being too high need
- Improved data collection systems, increased focus on client outcomes (RBA what difference did the service make) - FACS to provide standardised data collection tools to achieve the above
- Reform to service models needs to be coupled with re-evaluation of service costing
- Program guidelines need to reflect local need - regional areas require more home visiting due to lack of public transport or higher needs client groups (e.g. areas affected by high levels of DV)
- More involvement with health
- 0-5 cohort vulnerable - need more information on universal services - how do we identify those clients?
- Focus on EI but continually sucked back into the crisis management
- In a more competitive market, collaboration has decreased at a local area
- Respect for smaller, knowledgeable, experience organisations has decreased
- Dealing with an office that's metro-based - how do we represent the needs regionally and within districts and LGAs
- Concerns from "going home, staying home"? underlying intention e.g. reducing number of contracts that are managed by FACS

- CYFS getting it together
- Better awareness of specific service delivery across the district to identify gaps in service e.g. Getting it together operates in Kyogle/Lismore what is happening elsewhere that could support or add value to these pockets of services
- Provision of service needs to be driven by individual client needs with program outcomes broad enough to capture the range of needs i.e. not
time bound e.g. parenting programs in guidelines require 6-12 week outcome

- In home family support for parents 0-3 years e.g. taking services to the client
- Need to define "prevention and early intervention" to ensure program funding is doing what it is intending to do

- A greater range of follow on services after EIPP for teenagers
- Making sure there is a balance between universal services and intervention services
- FACS take a leading role in services collaborating and working together
- Creative capacity in EI in DV

- More flexibility in target group e.g. Youth demographic is currently 12-18 yo would benefit from extending age to 24 yo - similarly BF demographic is 0-8 yrs leaving a gap between 9-11 years
- No emerging/crisis/supported accommodation in NR - particular in youth demographic where issues that can lead to homelessness can escalate very quickly. At present there is only the possibility of 1 nights accommodation then a long journey to Housing Dept possible outreach - housing
- Clear chain of comment - better response and call back and follow up; better information sharing. Who does what? Who should be contacted in regard to specific enquiries?

- Co-planning, co-design between organisations
- Person-centred individualised service/funding plan based around the individual
- Practice framework
- Contact point at local GPs - when people are in need they go to doctor - improve connection with health services, social worker - referral point direct to FACS/NGOs

- Grafton under 1 FACS area but 2 health districts
- Child centred/family focus
- Assertive community treatment models

- More freedom to be flexible, innovative - driven by trends identified by communities, utilising existing infrastructure
- Identification of needs at local level e.g. not focussing on SEIFA, ABS
- Referral pathways. Clearer, simplified informed, avoids duplication and shares common language
• Practical - no more 1800 central intake numbers
• Improved collaboration and advocacy around social issues - regional alliance of communities (RAC)
• Youth Hope? - extension of pilot?
• Need to acknowledge cost of collaboration
• More commitment/support from FACS caseworkers for Aboriginal clients to attend programs e.g. Triple P, Circle of Security, AV programs, ETC. These programs are run under the Families NSW/Aboriginal Child Youth and Family Services
• More programs for youth 15-18 years (life skills, budgeting, general overall support, accommodation). More support for carers/parents. Youth 18-25 years as more young people are staying home longer
• Flexibility of services e.g. Triple P, child development, other parenting programs - delivered before baby is born
4. FACS’s PROGRAM MANAGEMENT

What are three key things you would change to improve FACS’s management of TEI programs?

**Lismore**

- More flexible service delivery models for young people in residential services
- Improve self assessment portal
- Consistent management of NGOs - CPOs to have common understanding; minimise change of CPO allocation to NGOs
- Remove the culture of competition between NGOs e.g. tender of SHS
- Train FACS child protection workers on FACS-funded programs/services and their target groups and capacity
- Difficulty getting onto FACS reporting hotline
- Local community hub - collaboration with ALL services in the sector (continuum services)
- FACS remaining involved in reforms and services i.e. "not walking away". Process must be led and managed continually
- No specialised family and domestic violence response services within the region - this needs central agency
- Consortium of services instead of buckets of money to lots of individual services OR how can different services link together with the buckets they have
- FACS workforce shifting and backfilling has created inconsistency - clearer communication with CPO
- Data reports available to providers for ongoing analysis
- Further consistency with regards to data reporting across all programs e.g. one database rather than multiple
- Grant/tender process needs to take a holistic approach to ensure regional needs are met and not missed as current process has created gaps in programs/services
- FACS and DSS agreeing on program parameters for universal services like Headspace, Medicare Local and leaving service delivery to local providers
- FACS has regular meeting with workers rather than management, regular updates, feedback and forming relationships
• More outcome measures need to be included in data reporting
• FACS to be responsive to the data we send in

Better communication between FACS and service providers. Workers on the ground have very little contact with CPO - 2-way interaction and involvement - particularly issues around program delivery. Better understanding between government and NGOs around roles of services and workers

Better streamlining of service agreements. What are other services in the area required to deliver? Is there room for partnering to avoid double-up of program delivery

Better understanding (by FACS) of each region/township and its unique needs in relation to service delivery

- Government becomes an enabler for organisations
- One contract manager to work with instead of multiple
- Not managing risk by micro management of organisation
- Local understanding and local responsiveness instead of Sydney focus
- Move towards outcome not clients - support from FACS for purchase of software/implementation to record outcomes
- Access to data for NGOs for quality statistics
- Less use of costly consultants

CPOs - parity of work performance; communication needs to be consistent; not micromanagers but contractual relationships; knowledge (up to date and contemporary) of funded programs; sector engagement; addressing performance, engagement of projects

Data - streamlined processes - utilising existing collection tools such as LASSO and how this tool can be utilised across the board; one portal, many tabs!! That is client centred e.g. de-identification follow from program to program. What happens to data? Feedback processes? Performance management; tracking through the service system

Planning: utilise service providers/community organisations in conjunction with data collection to PLAN. Utilise community public knowledge/social license

In our service specs more culturally appropriate wording e.g. case management - support. Each community may find appropriate wording with 'case management' etc

The programs focus more on quantity than quality of service
As koori workers our work is not Mon-Fri 9-5. A lot of our work is done outside of these hours with community. Is this data recognised?
5. TEI REFORM CONSULTATION

How would you like to be informed and involved in the reform and consultation process?

Lismore

- Timely regular updates in all forms - emails, forum, letters, website, online posts etc - currently this done well
- Provision of timely training for changes of process and reform requirements. Currently NGO training provision being done well but would have been helpful to have sector training on using the portal
- Involved: opportunity for representatives from all programs/services to be included in ongoing consultation for reform phases after the 'consultation' phase - forums enable co-design of the full reform
- Informed: to be informed before things have happened; email not just re-directed to website
- Standard forms of communication add RED Inc to email list (exec@redinc.org.au)
- Webinars
- Local groups and interagencies for feedback
- Interaction
- Email
- Access to the research and raw data information
- Email - feedback etc
- Meetings and forums to improve 2-way communication and interaction
- Reports - meaningful - this is what has been said and what has been achieved
- Engagement needs to be localised further in Northern NSW - we have different demographics and needs
- Gatherings like today
- Narrative from client group for the qualitative information
- Face to face
- Timely manner
- Informed regional offices
• Peaks all getting same information
• Not have a siloed approach e.g. funding programs meeting with departments - different ends of the TEIP service continuum need to know what is going on at the other end
• Continue bi-annual sector forums for frontline workers
APPENDIX 1: REPORT BACK TEMPLATE

Targeted Earlier Intervention Reform
District Consultation Sessions
NORTHERN NSW DISTRICT

REPORT BACK TEMPLATE

1. What works well with the current District TEI services and service system?

2. What are three key things you would change to improve the way TEI services are delivered in the District to vulnerable children, families and communities?
Targeted Earlier Intervention Reform
District Consultation Sessions
NORTHERN NSW DISTRICT

REPORT BACK TEMPLATE

3. What are three key things you would change to improve FACS’s management of TEI programs?

4. How would you like to be informed and involved in the reform and consultation process?