Redesigning Family Preservation in NSW

Discussion Paper

To:	Child and Family Directorate, Strategy, Policy and Commissioning Division, NSW Department of Communities and Justice
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Subject	Redesigning Family Preservation in NSW Discussion Paper
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Barnardos Australia (Barnardos) is a well-recognised and prominent not for profit children's social care organisation and registered charity, providing direct care and support to over 11,000 children, young people and their families in the Australian Capital Territory (ACT) and New South Wales (NSW) through our integrated Children's Family Centres (CFCs) each year (Moore, 2023).[1] Barnardos CFC services are geographically located in, and targeted to reach, specific areas of poverty and socio-economic disadvantage. Barnardos also provides foster care for over 1,200 children, the majority of whom are referred to us by statutory child protection departments with poverty a directly contributing factor to childhood neglect.

In our family support work we aim to reach vulnerable children at risk of separation from their families. We work in areas with significant Aboriginal populations such as Central West NSW, the South Coast, Western Sydney, Inner Sydney and the Queanbeyan-Palerang region. For close to 100 years, we have been working together with children, young people and families to break the cycle of disadvantage, and create safe, nurturing and stable homes, connected to family and community.

Barnardos vision is to empower every child in Australia to reach their full potential. To ensure that all children reach their brightest future, vulnerable children and young people should be supported to recover and thrive despite the adversity they have experienced.

Barnardos welcomes the opportunity to provide feedback to the NSW Government on its Redesigning Family Preservation Services in NSW Discussion Paper to help deliver an approach to developing a Family Preservation system that is evidence-based and responsive to families' diverse needs while capitalising on their inherent strengths.

We strongly support the NSW Government's commitment to creating a culturally safe and responsive system for Aboriginal children, young people, and families based on community-led services that centre family-led decision-making.

Barnardos' knowledge of this area

Barnardos' Family Preservation Services, delivered by Barnardos Children's Family Centres in partnership with the Department of Communities and Justice (DCJ), provide intensive and targeted support for children, young people, and their families to help keep them together and avoid placement outside the family network.

Our services are informed by evidence-based Family Preservation (FP) models, including SafeCare, and teach families new problem-solving skills to prevent unnecessary family separation. We support families in crisis in the Sydney Metropolitan, Greater Western Sydney, Western NSW, South Coast, and Canberra/Southern NSW regions.

We work intensively with families with children aged 0-18 referred to us by the government to ensure children's safety and well-being and strengthen the family unit to avoid children going into out-of-home care. Intensive Family Preservation provides intensive in-home crisis support and practical assistance, improves parenting capacity, and improves family

[1] Moore, K. (2023). Barnardos Children's Family Centres: Integrated local service delivery for vulnerable children and their families. Barnardos Australia: Sydney.

functioning to support vulnerable families with children at risk of significant harm and entering the out-of-home care system (OOHC).

The Discussion Paper

Below are our feedback, comments, and suggested enhancements to the draft objectives, principles, and proposed service elements to overcome NSW's current approach's limitations and maximise opportunities for change. We believe our suggested refinements will ensure the delivery of a redesigned system that makes Family Preservation services more responsive to family needs and more effective at supporting families to achieve outcomes.

Part One: Doing better for children and families

1. Are there any additional primary objectives and/or principles that should be considered for Family Preservation?

- Barnardos considers these appropriate and aligned with our expectations of what Family Preservation requires.
- We would welcome the inclusion of 'Community-centred' as an additional principle to emphasise that it is the cornerstone of a responsive Family Preservation system.
- Prebirth/prenatal/pregnancy service delivery underpinning the principle of the importance of the first 1000 – 2000 days needs to be considered.
- We suggest including 'Upholding dignity, safety and honouring resistance' as a further additional principle, in recognition of the impact of cycles of poverty and intergenerational trauma on children, young people and families living in disadvantaged communities, and consistent with feedback from other sector leaders and as has been proposed by Fams.
- We have concerns about 'Value for Money' being a principle without more strongly emphasising that it is not synonymous with economy (decreasing the cost of inputs) or efficiency and cannot be reduced to one element. The description should highlight that it balances all three dimensions to apply the principle productively and pragmatically. As Jackson (2012) highlighted: "Value for money is about finding the right balance between economy, efficiency and effectiveness, and cannot be assessed through only one of these dimensions in isolation."[2]
- Effectively addressing family needs cannot necessarily be done cheaply. Examples include assessments to get children on NDIS and forensic cleaning of a home, which are costly yet effective. Further, freight costs and supermarket monopolies increase brokerage costs in rural and remote communities for staple items, including furniture, linen and clothing, skip bins, and white goods. Geographic isolation makes transporting families to meet children's needs costly and time-consuming, and accessing specialist services expensive.

[2] Jackson, P. (2012). *Value for money and international development: Deconstructing myths to promote a more constructive discussion.* OECD Development Co-operation Directorate.

- Therefore, we would suggest replacing:
    - **Value for money:** Striking the right balance between efficient and effective services that use public money prudently to achieve outcomes for children, young people, families, and communities.

    With:

    - **Value for money:** Striking the right balance between economical, efficient, and effective services so families receive the services they need, children are safe and secure, and public money is used prudently.

Part Two: Services that are responsive to families' needs

2. Does the proposed suite of Family Preservation provide the right mix of responsive and culturally safe supports to children, young people, and families?

- In order to determine if the proposed suite of programs provides the right mix of responsive and culturally safe supports to children, young people and families, Barnardos would need clarity on the following design features:
    - Do Aboriginal families have a choice between Aboriginal Family Preservation and Families Together in areas where both frameworks are available?
    - Will DCJ refer Aboriginal families to Families Together in areas where no ACCOs are providing Aboriginal Family Preservation? If so, what consultation will DCJ do with Aboriginal communities to negotiate this approach?
    - Will Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) and Functional Family Therapy – Child Welfare (FFT-CW) take domestic violence clients? If not, our concern is that this will swamp Families Together with cases and limit what families are seen.

3. How do we ensure that Aboriginal children, young people, and families are provided with culturally safe and responsive supports when working with a Family Preservation service?

- DCJ must ensure that Aboriginal Community Controlled Organisations (ACCOs) have the appropriate training, resources, and knowledge to provide a Family Preservation service. Other NGOs should not be responsible for this, as it would put unnecessary pressure on these services.
- Where Aboriginal families are offered the choice to work in Families Together if that best meets their needs, Barnardos would welcome collaborating, particularly with smaller and newer ACCOs (when ACCOs deem this organisational support and collaboration helpful to their Aboriginal-designed, developed and led community-driven approach).
- This suite needs to include prebirth/prenatal/pregnancy service delivery. Barnardos has a model of care for this Family Preservation work called POSIE Plus.

4. **How do we ensure that children, young people, and families from Culturally and Linguistically Diverse (CALD) backgrounds are provided with culturally safe and responsive supports when working with a Family Preservation service?**

- Limited support will be available for smaller NGOs and rural areas because of the restricted availability of locally based culturally safe services and a generally poorer infrastructure service sector.
- For example, we note that in rural, remote areas, which have a significantly higher proportion of Aboriginal families, families will need a choice regarding their service, particularly in instances where family conflict may arise from working with an ACCO. If there is an ACCO in a town, can the Aboriginal families choose to work with non-ACCO?
- More flexibility in allocated areas and brokerage to access community leaders and other culturally safe and responsive supports is required.

5. **Does the eligibility, suitability, and prioritisation approach strike the right balance between providing access to families who could benefit from Family Preservation and targeting a finite resource? If not, what do you think needs to shift so it is striking the right balance?**

- Barnardos welcomes the inclusion of community referrals, which we believe would be valuable for our communities.
- Community knowledge and connections—referrals for families that most need support and are ready for change must be considered and prioritised. For example, this could be achieved by retaining DCJ-identified priority cohorts while shifting much of the responsibility for family allocation to community-based non-government organisations, as Fams has proposed.
- We welcome that Families Together is based on the premise that families may face a wide range of risks and issues, that families' support needs and risk factors may change during service delivery, and consequently, that families can receive higher and lower intensity services as their needs require throughout their service provision and from a single service provider.
- However, we seek greater clarity on *how* the proposed design would enable service providers to effectively manage caseloads when intensity varies, including the mechanism to reduce caseloads as needed. For example, we are concerned that this will adversely affect our case managers' psychological/psychosocial safety without the capacity to manage caseloads flexibly.
- Further, we welcome the commitment to developing an overarching program logic for the Family Preservation system, which should, in our view, be accompanied by a Theory of Change.
- We would also welcome a more detailed outline of the respective roles and responsibilities in the new design of DCJ and NGOs in managing ongoing and escalating risk, including practical examples of what this will look like on the ground.
- Further, the proposed design must avoid inadvertently incentivising FP services (as a means to demonstrate capacity to meet deliverables/KPIs) to cherry-pick only lower-risk

cases, as these would be easier to fit within the apportioned 200 hours of service and more likely to achieve positive family outcomes.

- In our view, providing a guidance framework would be the best way to achieve consistent suitability assessments and, accordingly, prioritisation. This would not replace clinical judgment but rather support best practices and assist the equitable distribution of finite Family Preservation resources to families regardless of location. Staff training in using the suitability framework, as well as information gathering, will require additional resources.
- Barnardos is concerned that the proposed 200 service hours are unreasonably low and insufficiently flexible. We would strongly recommend 350-400 hours, which, in our experience, is more realistic when considering the higher risk level in these families compared to when the existing service provider model started.

6. Do the proportions of 60 per cent, 30 per cent, 10 per cent between DCJ allocated, triage, and community referrals strike the right balance? If not, why not?

- It is our experience that community referrals, including self-referrals and internal referrals within differing programs in the same agency, demonstrate a family's readiness for change and the presence of parental protectiveness and are, therefore, typically more ready for change than DCJ referrals.
- Our concern is DCJ's caseworker vacancy rate, which is relatively high in some geographical areas. Therefore, the proportions would need to be negotiable. Community referrals may be high in areas with lower DCJ referrals, and allowing flexibility will better represent that community's needs and reduce the risk of program vacancies.

7. What is your view on which families are more or less suitable for the various Family Preservation models? What factors contribute to this?

- We welcome the policy focus on the relative suitability of each model for responding to families with varied needs and complexities who would benefit from case management and all family support. This is long overdue.
- In our view, Families Together would be more suitable for families aware of the support provided and have given informed consent for referral. Families with previous unsuccessful attempts at Family Preservation would be less suitable.
- Expectant parent families are very suitable, but the Families Together Framework does not appear to recognise this.
- We frequently encounter differences in the expectations DCJ has set with the family, which are often mismatched with our expectations based on our knowledge of the family. Effective mechanisms need to be developed for forming a collective view, aligning expectations, and enhancing trust in the clinical judgement and expertise of NGO service providers' staff.
- We would appreciate greater clarity on:
    - Who makes the final call on the suitability of families for a particular model – is it the NGO or DCJ? Does it need to be agreed upon?
    - What happens to families if they are deemed not suitable? Where do they go when they still have high risk?

8. **What practices tools or processes do you currently use, or have you seen used in other services, to determine suitability?**

- Our FP services have processes to review willingness to change, previous engagement with services, understanding of risk and motivation for change.
- When domestic and family violence (DFV) perpetrators are present, and a Domestic Violence Safety Assessment Tool (DVSAT) has identified risk and safety planning has been undertaken, the DFV perpetrator should be part of the family action plan (where safe to do so) and engaged in the service.

9. **Do you foresee any unintended consequences in linking DCJ allocated referrals to the Family Action Plan for Change? If so, how can these be mitigated?**

- In our view, an agreed-upon Family Action Plan for Change (FAPFC) would be a positive change at the time of referral. Service providers and families would start from a place of solutions rather than a daunting list of problems to assess and prioritise. This would be more time efficient, as services could hit the ground running with the current plan yet address other needs as they arise within the 12-month service period.
- Concrete steps need to be undertaken to ensure better training for DCJ staff in developing effective child-focused and culturally safe action plans, especially when working with families impacted by DFV perpetrator behaviours, which is a concerning gap in the system. We acknowledge that high staff turnover also exacerbates this existing workforce capability gap, and we support the measures to enable greater attraction and retention of staff and enhance education and skills.
- To reduce any unintended consequences, the FAPFC should be able to be added to or changed by the NGO if the worries do not reflect the risks during case management or it does not meet the family's needs. NGOs would then inform DCJ of any changes if DCJ are still involved (e.g. open case with DCJ).
- Agreed timeframes are needed for when DCJ will provide these documents. For example, we received a referral suggestion, and it took seven weeks to do a FAPFC, which delayed it.

10. **Should service providers be involved in the Family Action Plan for Change? If so, what level of information do service providers need about the family to best support the process?**

- Yes, it would be beneficial for service providers to be involved in developing family action plans with the family and DCJ to help negotiate and advocate for what is achievable. The required information could be included in the handover.

11. **Will the new referral decline reasons support better referral practices and collaboration between DCJ and service providers? If not, why not?**

- We welcome the possibility of declining a referral because there is not enough information - it will help with allocation, case management, and helping assisting clients to understand why they may have been identified as eligible for a service but not received that service.

12. If referral practices are effective, what would be a reasonable decline rate for DCJ referrals?

- In our view, too many variables are at play to determine a set decline rate; for example, the DCJ caseworker consistently does not provide sufficient information, or there are differing opinions of suitability.

13. Will keeping cases open for up to three months help service providers improve engagement with families? If not, why not?

- The impact on family engagement would depend on the context and quality of support. For example, if the family were told to work with us, it would hinder engagement. However, if the family has significant risk and it would be beneficial to have DCJ allocated to address the risk, requiring DCJ to hold cases open for up to three months may ultimately improve engagement.

14. Will keeping cases open for up to three months improve collaboration, information sharing, and transparency between families, DCJ, and service providers? If not, why not?

- Yes. It would depend on the quality of the work provided by DCJ. Historically, this has depended on the approach to open cases and joint work by the individual caseworker and the local Community Service Centre. We have had both positive and negative experiences. Therefore, creating a more consistent culture of collaboration, information sharing, and transparency should be an essential lynchpin of the new Family Preservation design. We, therefore, strongly support joint training opportunities and communities of practice for DCJ staff to see the clinical skills of NGO service staff in action and foster trust in their expertise and judgement, as has been proposed by Fams.

15. Will keeping cases open for up to three months result in unintended consequences?

- Yes, in our experience, it can create confusion for the family about who they need to contact for what purpose or for services to provide information. However, this can be mitigated by clear communication protocols and agreements.
- Further, if DCJ is still involved, it can create a barrier to the family's engagement with the NGO. However, as noted in our response to Q12, it can deepen engagement with some families with a significant risk and a need for DCJ to help address the risk.
- We would like more insight into how the expectation that DCJ will not undertake active case management for up to three months will play out in practice, given a range of likely scenarios. This should also be articulated in the program logic.

16. Do the respective roles and responsibilities of DCJ and service providers regarding managing ongoing and escalating risk provide clarity? Are there any other gaps in understanding?

- In our experience, reporting directly to the caseworker for open cases with risks will present complications. For DCJ, this will limit the picture of the risk of harm issues that occur if they come in as case notes rather than reports. It also depends on the individual caseworker to note the risk and document it, which has historically not been consistent. We anticipate this

would have complications for DCJ, too, when reviewing evidence. Reports are more tangible, and so we would prefer to keep reporting.

Part Three: A system that continuously improves outcomes for families

- 'Part Three: A system that continuously improves outcomes for families' will be subject to further consultation on these issues from June 2024 and is outside this submission's scope.

Part four: Families Together framework[3]

17. Can you envisage developing a Family Preservation model using the *Families Together* core components and service activities? What further information would you require about core components and the service activities to develop your model of service delivery?

- Yes, we agree that these are the essential core components and service activities. The Discussion Paper gives tangible examples of each core component and service activities, many of which we already do in our work with families.
- We suggest another core component would be fostering community connections, e.g., building a family's support network, participating in local cultural activities, and participating in sports and recreation to build a sense of belonging to their community.
- While an optional service activity that will support children and families, we would need to consider how to provide a 24-hour crisis response in rural/remote areas. We may need to outsource this function, and the DCJ funding model would provide for this circumstance. Further, any therapeutic work, particularly regarding assessment, is expensive and needs to be considered when discussing value for money.
- Likewise, in rural and remote areas, the therapeutic components may need to be outsourced, meaning brokerage must be well-supported and funded.
- We would appreciate more information on the following:
    - How will we accurately capture therapeutic support and healing? What do referrals to other services look like in the allocated hours?
    - Flexibility of weekend work is a positive consideration that we welcome, but the challenge will be finding the workforce. What might be the implications for supervisory support/availability for the potential weekend workforce?

18. Are there any key service activities that have not been captured in the *Families Together* core components?

- Child-focused support: Children in the model should receive priority access to childcare and out-of-school hours care and continue to be eligible for Additional Child Care Subsidy (ACCS) child well-being.

[3] 'Part Three: A system that continuously improves outcomes for families' will be subject to further consultation on these issues from June 2024 and is outside of the scope of this submission.

- Parenting capacity assessment needs to be part of the Therapeutic Support and Healing core component as these assessments assist services in allocating resources and time in case management, and it also encompasses the Active Efforts Policy,
- Further, child-focused support in the Discussion Paper refers to in-home support. Does this suggest that these supports must occur in the home environment?
- Families in rural and remote areas will need to have the additional cost of accessing scarce therapeutic support covered.

19. Do you agree with the proposed service duration and service hours per family for *Families Together*? If not, why not? What would you propose as an alternative?

- We welcome the flexibility for service providers to determine how to apportion hours for families and increase and decrease support as needed.
- However, an immediate and steep challenge to operating within the proposed hours' envelope in the rural and regional areas we operate in is that due to the geographical span and distances involved, travel time alone can readily consume a large portion of the 200 – 250 hours when caseworkers are going between client homes and their office or homes and different towns for specialist services.
- Noting the consideration of worker safety in rural, remote areas, the service hours for travel and the home visit double from a resourcing perspective when we need to send two workers out together to visit families on rural properties.
- Overall, we support the 12-month service period. However, the proposed service hours are half of those we provide in an intensive Family Preservation space. From our frontline experience, the reality would be between 350 and 400 hours and up to 500 hours for regional/rural areas (considering the distances that need to be travelled and where two case workers need to be allocated for safety reasons).
- We would appreciate further guidance on the process for breaking down how much time is spent on each core component – rounding up to an hour is not helpful and could result in the family not receiving its full allocation of 200 hours.
- We need clarification as to what is counted in the 200 hours. Does this include all Family Preservation related work with the family, in addition to travel, case planning, supervision, and evaluation? Does case planning include case documentation?
- Flexibility with 200 hours and 12 months should be considered. For example, family goals may be achieved in six months and stepping down to TEI is more suitable. Also, is there flexibility to keep families open for longer for SafeCare e.g. total of 18 months?
- We also seek more information about:
    - Is there a process for applying for extensions?
    - How do we track and tally hours as we go? Will InfoShare have this functionality?
    - How does 250 hours meet the DCJ Active Efforts policy? Can DCJ say that with one service period of 250 hours, Active Efforts have been made to address a family's needs?
- Concerning case load, in our experience 4-5 cases per FTE caseworker is realistic.

20. Does the proposed service duration and service hours per family for *Families Together* provide enough discretion for practitioners and service providers to be responsive to the changing needs of families through service duration?

- No. It does not allow for sustaining the cycle of change or addressing changing client needs.
- Based on our understanding of undertaking active efforts, 12 months of no more than 250 hours of service will not sufficiently address intergenerational trauma and cumulative harm. This will deprive the families we work with of the opportunity for meaningful and lasting change to achieve Family Preservation.
- The proposed constraints on service hours assume clients will need most services at the beginning of the service period. In our experience, this is not reflective of the cycle of change. Often, clients will need more intensive services as they move past the contemplation stage, which will occur 4- 9 months from the beginning of the service period. For example, pre-contemplation of addressing substance use is less labour-intensive than preparation and action, which requires additional support such as booking rehabilitation, settling clients in, and finding alternative arrangements for children. This is in addition to long-term behaviour change support required for perpetrators of DFV.
- It is highly likely that services will need to provide more hours to clients than the allocated maximum of 250, entailing longer hours for workers and a higher risk of burnout.
- Barnardos is concerned that the proposed allocated hours per family do not consider the following:
    - The time spent negotiating back and forth with DCJ when family needs and circumstances are often complex and nuanced.
    - large sibling groups
    - complexity of the issues families need assistance with, including bottlenecks in waiting lists in specialist services such as alcohol and other drug services.

21. How would you apportion time across the following functions: face-to-face service delivery, travel time, calls with clients, case preparation and planning, and professional supervision?

- As we are working within current expectations, we are unsure what this will look like after the redesign.
- Fitting all casework into 250 hours would subsequently mean reduced face-to-face hours with clients and a reduction in home visits. The theory of more intensive work at the beginning of the service period would leave minimal hours to share amongst other clients during those times.

- An example of how time is portioned now for a family in our services:

  Barnardos South Coast: Family Preservation service hours per family for 12 months is approx. **400** hrs.

  This includes:

Home visit:	2 hrs per week
Travel:	1hrs per week
Phone support:	1 hr per week.
Meetings	1 hrs per week
Referrals/ follow up	1hr per week.
Admin/case management	2 hours per week (supervision)
Transport	1-2 hours per week
Client outcomes measures	0.5 hr per week (2 hrs per month)

  Total: **8.5-10.5** hrs per week

- Brokerage is hard to determine, as it depends on the number of children, and we need to consider:
  - Education
  - Health
  - Food assistance
  - Transport (currently, in our Western NSW FP services, we have a family where we provide 3 hours a week of transport to school).
  - Petrol
  - Household items (skip bins, pest control, cleaning)

22. Does *Families Together* allow you to apply and utilise your current best practice approaches?

- Yes. For example, it would enable us to apply and utilise Barnardo's evidence-based Practice Framework, the SafeCare model, and continue to align our practice with Safe and Together Model™ for working with families impacted by domestic violence perpetrator behaviour.
- Barnardos has a model of care for prebirth concerns called POSIE (Plan of Safety in Expectancy) Plus, which has four aims (1) healthy mother (2) healthy baby (3) safe baby and (4) reduce entries to care in infancy.

23. How would use the flexibility under the *Families Together* framework to drive innovative approaches?

- We would develop and refine our service delivery model to meet the needs of our individual communities, not a one-size-fits-all model.
- It would enable a client-led, place-based approach with flexible hours.

24. How could you leverage skills and capabilities across your organisation or the wider service system to deliver and innovative approach to *Families Together*?

- We will continue training our staff in evidence-based models to ensure they provide consistent, high-quality work.
- We will refer out to existing services for therapeutic needs due to limited resources in our community.
- Barnardos Pregnancy and Early Infancy Community of Practice to further develop the POSIE Plus model.
- We will continue to roll out the SafeCare model and align our practice with the Safe and Together Model™ across our services.
- We will provide evidence-based, place-based programs that work with 16-17-year-olds, e.g. Love Bites, Bringing Up Great Adolescents, and Circle of Security-informed practice (developing secure attachments)
- We will continue to leverage our existing infrastructure to provide after-hours support to families.
- We will provide cultural support by drawing on the expertise of our Aboriginal Cultural Unit, Gurung Wellama.
- We will provide an integrated service model by continuing to deliver our FP services via our integrated Children's Family Centres, which provide families with a 'no wrong door' approach.
- We will leverage our existing partnerships with other services across the state.
- We will support our practitioners in the continuing implementation of the evidence-based Barnardos Practice Framework and the application of the accompanying Theory of Change.

25. What rules and discretion would you like to be reflected in a new brokerage policy?

- Current brokerage is inadequate for meeting family's needs.
- Brokerage should be allocated per child rather than family and be child-focused.
- Brokerage should also match up with the Family Action Plan to ensure the plan is achievable.
- Brokerage should consider geographical location and the unseen and increased costs for rural and remote communities on most purchases, including, but not limited to, essential items like furniture, linen and clothing, skip bins, white goods, and preparations for birth.
- Families are often required to give birth off country – which may be a 600km round trip – and although subsidised, travel and accommodation costs still apply.
- Accessing specialist services like Paediatricians and Psychiatrists through Telehealth is expensive and often inappropriate. Transporting families for various reasons to meet their children's needs is costly and time-consuming.

- Money should reflect the risk and abuse issues. For example, cleaning a home involves cleaners, skip bins, fumigation, etc. Providing an Active Effort would cost money.
- Assessments to help parents with accessing NDIS packages for their children are costly (up to $4.5K per child)
- Brokerage should consider crises, such as rental crises, fires, floods, housing crises, the cost of living, and childcare costs.
- Paying for in-home care to help reduce risk whilst we work on engagement.

26. What implementation support would new and existing non-ACCO service providers need to deliver *Families Together*?

- Guidance and advice on unit costing.
- Establishing regular communication between local CSCs and the NGO sector to ensure they are aware of and up to date with the services—for example, regular CSC and service provider meetings at a district level.
- Time to consider staffing and implementation.
- Having identified more time needed and, therefore, resources, will contract numbers change or vary?
- Training to build DCJ and NGO preparedness for implementing the new Framework.
- Evaluation, including outcomes data collection, needs to be funded. This data will drive the adjustment and further refinement of the service model.

Further feedback

Barnardos would be happy to provide expert advice to the Department of Communities and Justice, assist the Child and Family Directorate's Family Preservation Engagement and Change team by partnering in delivering settled elements of the new system, and collaborate in developing and co-designing the new elements required to achieve better outcomes for families who want to access and would benefit from working with a Family Preservation service.

Our Chief Executive Officer, Deirdre Cheers, is available to discuss our submission, provide detailed verbal feedback to inform the Department's Family Preservation design work, help progress the development of the outstanding elements, and share our experience of what has previously worked well with implementation processes, governance structures and collaboration mechanisms in system redesign projects of a similar scale.

Noting the Department's strong commitment to stakeholder engagement and gathering contextual and experiential evidence, if the opportunity is available for local engagement and consultation with children, young people, and families on the new system elements, we could also provide input from clients in our services with relevant lived experience.

Thank you once again for the opportunity to provide this written submission, and please contact Dr Robert Urquhart, Head of Knowledge, Outcomes & Research on rurquhart@barnardos.org.au, tel (02) 9218 2392 or mobile 0431 404 199 should you require further information on our feedback.