

Early Intervention & Placement Prevention program

Child, Youth and Family Support Service Model

IMPORTANT NOTE:

This document describes the key elements of a Child, Youth and Family Support service that are considered to reflect best practice. As such, the service model is not designed to be prescriptive but outlines core elements and requirements for service delivery.

This document also represents an average level of service across families of differing needs. Each family's needs must be assessed individually and appropriate service mixes provided to match their individual needs. It is not the case that each family will get every component of service. Some may need a limited mix of components while others may need all components. Also, it is not the case that every family should receive the quantities specified in this model. Some may receive more and others less of each component.

However, when a large number of families with a typical range of characteristics are considered, their average service mix should conform to this model over time. This service model's primary application is for large scale service planning and resource allocation. It should not be used to determine the mix of service components provided to individual families.

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1 Introduction

Early childhood development, safety and stability provide the foundations for learning and health through the school years and into adulthood. National and international research supports an increased investment in prevention and early intervention programs that have the capacity to deliver both immediate benefits to children and young people and enhance the long-term wellbeing of families, communities and society.

In response to this evidence, the NSW Government has for some time supported an expansion of early intervention approaches within and across human services portfolio areas¹. *Keep Them Safe* (KTS) reform provided a framework for this expansion. The focus of KTS on targeting resources to divert families from the child protection system and the NSW Government's allocated KTS funding for the expansion of early intervention and child protection services, provided the means for realising the proposed Community Services reform of the Community Services Grants Program (CSGP).

KTS funding is being used to expand the range and volume of evidence based integrated services available to vulnerable children, young people and families through early intervention. An integrated system of funded early intervention and placement prevention services was established to provide appropriately targeted parenting and other support services to families and young people in NSW. The Early Intervention and Placement Prevention (EIPP) service continuum is aimed at reducing the likelihood of children and young people from entering or remaining in the child protection system. Existing child, youth and family services funded under the CSGP were realigned under this model with services redirected to support the strategic goals of KTS. Service models that form the EIPP service continuum are:

1. Child and family support
2. Youth and family support
3. Brighter Futures
4. Intensive family support
5. Intensive family preservation

The EIPP service continuum will support a number of other initiatives including:

- State government plans (eg NSW State Plan, NSW Youth Action Plan)
- KTS commitments and,
- nationally agreed COAG frameworks (eg National Child Protection Framework and the Early Childhood Development strategy).

In line with KTS reform principles the implementation of this initiative will be closely monitored to ensure the stated objectives are met.

Shared responsibility for the care and protection of children and young people is a key principle of KTS reform. Integration and a commitment to collaborative practice will ensure that the potential capacity of the prevention and early intervention service system across NSW is more fully realised. Therefore services provided by the Child, Youth and Family Support service model should be informed by relevant state government priorities and be provided in collaboration with established programs and services in particular the rollout of Triple P by Families NSW, the Indigenous Early Childhood Development National Partnership (establishment of Indigenous Children and Family Centres), Youth Connections and Re-connect.

Ultimately, the Family Referral Service (FRS) will be the primary referral source for services provided under the Child, Youth and Family Support service model. FRS were established to streamline access to early intervention services for children, young people and families with lower or less complex needs and who fall under the threshold for risk of significant harm.

¹ NSW Department of Premier and Cabinet 2010, *NSW State Plan: Investing in a Better Future*, NSW Government, Sydney.

2 Evidence Base

Increasingly governments and the community are requiring a greater focus on evidenced based service provision and performance-based contracting principles.

Early Intervention

Broadly, the term 'early intervention' is used to mean activities, programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit risk factors or vulnerabilities for an identified problem, by providing the resources and skills necessary to combat the identified risks². Early intervention includes intervening early in life, early in the developmental pathway, and/or early in the life of the problem. For the purpose of this service model, early intervention refers to services and programs to support children, young people and their families (as defined in target specifications) designed to prevent entry or escalation into statutory child protection services or out-of-home care.

Research has clearly established that crucial brain development occurs during the first three years of life. McCain and Mustard³ emphasise that the regulatory control of the brain and its pathways are shaped by events during the prenatal period and in the early years of life. The quality of care received during this period strongly influences not only early development but development that extends into adulthood.⁴

While brain development in the first three years forms the foundation for later cognitive and emotional development, growth of the pre-frontal cortex during the adolescent years is linked with executive processes affecting many diverse areas of cognitive function, including memory, information processing, behavioural organisation, attention, judgement, and the ability to cope with novel experiences.

The adolescent period is also marked by increased involvement in risk behaviours that while usually transitory in nature may also predispose some young people to poor long-term outcomes. There is increasing evidence of the significant level of emotional and behavioural difficulties such as depression, anxiety, conduct disorder, substance misuse and suicidal thoughts that are experienced by some Australian adolescents.⁵

The work of Ungar⁶ and the International Resiliency Project indicate that families remain central to the lives of adolescents. Young people want guidance and support from caring adults and need a balance between autonomy and setting limits. Furthermore, even when young people have experienced physical abuse, several protective factors may buffer such youth 'at risk' from anti-social behaviour. These protective factors include a positive peer group, positive school climate, religiosity, other adult support, family support, positive view of the future and involvement in extra-curricular activities.⁷ These findings point to the important place of peers, school and community as well as family in the lives of adolescents and the need for interventions to address these domains.⁸

The Child, Youth and Family Support service model seeks to deliver advice and support and parenting skills programs and activities that are evidenced based, comprehensive, responsive

² Queensland Department of the Premier and Cabinet 2006, [Policy Alert Issue 18: Early Childhood and Early Intervention](#)

³ MN McCain and JF Mustard, *The early years study three years later: From early child development to human development*. Toronto: The Founders Network, 2002

⁴ J Shonkoff and D Phillips (Eds.), *From neurons to neighbourhoods: the science of early child development*, Washington: National Academy Press, 2000.

⁵ M Sawyer, FM Arney, PA Baghurst, JJ Clark, BW Graetz, RJ Kosky, 'The mental health of young people in Australia: Key findings from the child and adolescent component of the national survey of mental health and well-being', *The Australian and New Zealand Journal of Psychiatry*, 2001, 35 (6), 806-814.

⁶ M Ungar, 'The importance of parents and other caregivers to the resilience of high-risk adolescents', *Family Process*, 2004, 43 (1), 23-41.

⁷ DF Perkins and KR Jones KR, 'Risk behaviors and resiliency within physically abused adolescents', *Child Abuse & Neglect*, 2004, 28 (5), 547-563.

⁸ V Schmied and L Tully, 'Effective strategies and interventions for adolescents in a child protection context: Literature Review', Centre for Parenting and Research, NSW Department of Community Services, 2009.

and delivered in a timely way. The following information provides a brief summary of the currently available evidence regarding effective early intervention programs and strategies. Services should consider this, other relevant evidence (including that provided at **TAB 1**) and emerging research in the development of services and programs to be provided under the Child, Youth and Family Support service model.

It is important that programs and services continue to respond to the unique needs of local communities. The Child, Youth and Family Support service model does not seek to limit the development and implementation of responsive, innovative and accountable local services; it is important however that new services and programs are predicated on sound theoretical and practice knowledge and have a strong focus on evaluation and review.

Engagement

In child and family welfare family engagement is described as “a series of intentional interventions that work together in an integrated way to promote safety, permanency and well being for children, youth and families”⁹. Strength-based, collaborative, early intervention approaches to child welfare involve young people and families in decisions regarding their welfare and wellbeing, and engagement is an essential component of effectively supporting families to identify and achieve their goals. Key elements include:

- Listening to each family member
- Demonstrating respect and empathy for family members
- Developing an understanding of the family's past experiences, current situation, concerns, and strengths
- Responding to concrete needs quickly
- Establishing the purpose of involvement with the family
- Being aware of one's own biases and prejudices
- Validating the participatory role of the family
- Being consistent, reliable, and honest¹⁰

Advice and Support

An Australian study of NGO service provision has found that 42 per cent of clients seek help for single issues that are non-chronic and cause low parental stress such as child's behaviour, financial difficulties, unemployment and lack of day-to-day living skills.¹¹ Although the issues identified are low level in both intensity and risk, research shows that these single, low risk issues can escalate to life controlling issues requiring intensive intervention at later stages.

Research demonstrates that advice and practical support can reduce the risk of problems escalating, be effective in resolving non-chronic issues and increase social wellbeing and life-skills.¹²

Advice and support provided under the Child, Youth and Family Support service model should be comprehensive and seek to ensure that young people and families are actively supported to access appropriate services. It will also provide an entry and referral point for other services provided as part of the Child, Youth and Family Support service model (eg case management and parenting skills activities)

Staff responsible for the provision of advice and support should be appropriately trained and skilled to successfully engage with young people and families, gain a thorough understanding of a young person's or family's service needs and manage referral to other services as appropriate. Staff should therefore maintain a detailed working knowledge of the local service network and be

⁹ [National Resource Centre for Permanency and Family Connections](#), *Definitions of Family Engagement*,. Retrieved February 23, 2011. ...

¹⁰ Child Welfare Information Gateway: Bulletin for Professionals, June 2010, Children's Bureau/ACYF, Washington DC.

¹¹ C Tilbury, 'Counting family support', *Child and Family Social Work*, 2005, 10, 149 - 157.

¹² C Armstrong and M Hill, 'Support services for vulnerable families with young children', *Child and Family Social Work*, 2001, Vol 6, 351 – 358.

able to provide detailed information and advice regarding services and programs for vulnerable children, young people and families.

The following principles support engagement in services and are provided to inform the provision of advice and support under the Child, Youth and Family Support service model. Advice and support should be:

- provided promptly with timely follow up as necessary.
- comprehensive, factual and accurate and include referral to other services as appropriate.
- provided in a manner that is respectful, strengths based and maintains each child's, young person's and family's privacy.
- provided in a manner that respects and values each child's, young person's and family's cultural heritage.
- accessible, for example:
 - communication strategies that match the target group (eg. Internet for young people, brochures/posters easily visible and provided freely)
 - where possible agencies offer extended opening times (including weekends)
 - where appropriate agencies work in partnership eg co-location of relevant services/programs
 - supported by free/low cost childcare and transport as appropriate
 - responsive to the local community profile eg print information is available in a range of appropriate languages (eg agencies should ensure easy access to relevant interpreter services as appropriate)
- practical and sensitive to the needs of a young person or family (eg avoid referral to high cost programs and services where appropriate).

Case Management

Case management in the Child, Youth and Family Support service model will deliver comprehensive assessment, planning, implementation, monitoring and review. Case management will usually be provided to young people and families who require additional and ongoing support and assistance to access appropriate services.

In collaboration with the child, young person and/or family as appropriate, staff providing case management will:

- focus on strengths-based, child-centred and family-focused practice. This includes the meaningful and age appropriate involvement and participation of children, young people and parents/guardians
- support self-determination for Aboriginal children, young people and families and appropriately involve Aboriginal staff, communities and service providers.
- deliver services in a culturally competent and respectful manner.
- ensure the establishment of a case plan that:
 - builds on the child's, young person's and family's strengths and addresses the identified needs
 - Identifies and records goals, objectives and tasks
 - is regularly monitored and reviewed for progress/achievements and updated as appropriate
 - achieves continuity of support through appropriate referral, transition and follow-up.
- promote and support partnerships between service providers.
- co-ordinate and monitor the delivery of a suite of flexible services consistent with the established case plan.

Schmied and Walsh¹³ examine the elements of effective casework practice with young people and highlight the following key requirements for good practice:

¹³ V Schmied and P Walsh, 'Effective casework practice with adolescents: perspectives of statutory child protection practitioners', *Child and Family Social Work*, 2010, Vol 15, 165 – 175.

- The central importance of relationships – positive relationship is the most important predictor of change for young people
- A sensitive and compassionate understanding of the young person’s story/history while maintaining a focus on the future and outcomes
- Demonstration of empathy, honesty, humility while also being caring, authentic, flexible and practical as well as creative, a good listener and non- judgemental
- The skills and capacity to work with young people and their families
- The skills and commitment to work effectively and in partnership with other agencies

The study also highlighted that casework is more effective with young people when staff are able to work in specialist adolescent teams and are supported to build their skills and experience in working with young people.

Counselling

Counselling services and support provide an important opportunity for children, young people and families to access specialised information, advice and support. It is important that counselling services provided are of a high quality and support tangible positive outcomes for children and young people. Counselling services provided under the Child, Youth and Family Support service model are not intended to replace specialised counselling and support services and children, young people and family’s should be referred to these services as appropriate.

Counselling services provided under the Child, Youth and Family Support service model should address specific issues and needs, be outcome focused and be provided by professionally trained and skilled staff¹⁴. Counselling services provided as part of the Child, Youth and Family Support service model should:

- be strengths based and respectful.
- engage the child, young person and family in decision making and the planning of service provision as appropriate.
- focus on specific needs and the achievement of realistic goals and outcomes.
- (for parents) focus on parental skills and resources to enable parents to provide adequate care and protection for children and young people.
- be flexible and respond to needs of the child, young person and family in terms of location of service, time of service provision and language.
- respect and value the cultural heritage and values of the child, young person and/or family.

Regular professional supervision and skill development will support the delivery of high quality evidenced based counselling services, and should be provided to all staff delivering counselling services as part of the Child, Youth and Family Support service model.

Child and Family Support Stream

Parenting Skills

The term ‘parenting programs’ is often used as an umbrella term used to encompass parent education, parent training, parent support and family skills training. Parenting programs are usually focused short-term interventions designed to help parents improve their relationship with their child, and to support their development of skills in responding to children’s needs and appropriately addressing challenging behaviours and emotional problems. Parenting programs can be delivered in a number formats including individual, group or self-directed and can be delivered in a range of settings and vary in intensity and duration.

Parenting programs are usually based on relationship or behavioural approaches. Relationship approaches describe those programs based on attachment theory, psychodynamic theory and family systems theory, whereas ‘behavioural’ approaches describe programs based on cognitive behavioural or social learning theories.

¹⁴ J Shonkoff and D Phillips (Eds.), *From neurons to neighbourhoods: the science of early child development*, Washington: National Academy Press, 2000.

The presence of conduct problems in early childhood is a significant indicator of poor long term psycho-social outcomes and is an important target for early intervention. Effective parental support and skill development can assist parents to better manage challenging behaviour and build strong positive relationships with their children.

Recent research, focussed primarily on the evaluation of behaviourally based parenting programs, indicates that behavioural parenting programs are effective across all levels of early intervention (as a universal, selective and indicated strategy) with effects lasting up to five years following the intervention.

Research has also determined which aspects of parenting programs particularly support parental skill development and positive changes in child behaviour. These are:

1. Teaching parent's skills related to emotional communication (eg active listening and helping children to identify and deal with emotions).
2. Teaching parents to interact positively with their child (eg following the child's lead in play and how to demonstrate enthusiasm).
3. Teaching parents to use 'time out' strategies and to discipline consistently.
4. In vivo practice with the child during the program (eg practising the skills during the session)

While many different parenting programs are available only the following three programs used commonly in Australia have a strong evidence base supporting their efficacy and effectiveness:

- Incredible Years,
- Parent Child Interaction Therapy (PCIT) and
- Triple P (Positive Parenting Program).

Each program has demonstrated effectiveness for families at risk of abuse or neglect in at least one study.

Home Visiting

Home visiting is a highly valued and accepted strategy for the provision of parenting information, family support and case management services. In the Child and Family Support service model 'home visiting' also refers to the delivery of a structured parenting program that is delivered to individual families in the home or alternative site.

Home visiting services provided as part of the Child, Youth and Family Support service model should reflect the following evidenced based principles for effective home visiting. These are:

- trusting relationship (more successful outcomes have been found where the relationship has been established before the birth of the baby)
- para-professionals and nurses are more effective than volunteers
- caseloads need to be manageable and workers need to be supported through appropriate training and professional supervision
- home visiting should be goal oriented and teach specific skills
- visits need to be at least monthly but preferably weekly or fortnightly and aim for at least one year of intervention with 3-5 years scheduled for families with more complex problems.¹⁵

Like the DoCS Review, Holzer et al (2006¹⁶) also emphasised the importance of home visitor skills, experience and training to address complex issues that many socioeconomically 'at risk' families face, such as poor mental health, substance abuse and domestic violence. The study also found that home visiting programs were also more likely to be successful when the program targeted a specific client group and when the focus was on improving both maternal and child wellbeing.

¹⁵ J Watson, A White, S Taplin and L Huntsman, *Prevention and Early Intervention Literature Review*, NSW Centre for Parenting & Research, Department of Community Services, Ashfield, 2005.

¹⁶ Op. cit.

An example of a structured home visiting program is the Parents as Teachers (PAT) program for families expecting a child and/or who have children aged under 3 years. The program is designed to ensure the delivery of evidenced-based information, support and encouragement to parents to help their child/ren develop optimally during the crucial early years of life. Several independent evaluations of the PAT model have demonstrated its effectiveness in increasing parent knowledge of early childhood development and improving parenting practices.¹⁷ Community Services Early Intervention Caseworkers currently implement PAT as part of the Brighter Futures program.

Youth and Family Support Stream

Establishment of the Youth and Family Support Stream provides an opportunity to consider further alignment and integration of youth support services. For example, Getting It Together (GIT) primarily provides individual case management while also retaining enough flexibility to enable funded services to address local service gaps, be responsive to community profiles and target individual and family services and supports to meeting the identified needs and goals of the young person

Given the similarities between the proposed Youth and Family Support Stream and the GIT service model, it is suggested that consideration be given to bringing GIT services under the umbrella of the Early Intervention and Placement Prevention program of funding. There are some differences, for example, GIT services have some capacity to extend service to older young people where needed, while the KTS Early Intervention funding is limited to 12 – 18 year olds. GIT services also have a particular focus on alcohol and/or drug misuse as a presenting problem, while services funded under the Youth and Family stream can target any or all of the following issues:

- alcohol and/or other drug misuse
- health, including mental health
- transitioning
- safety
- relationship
- education, training, employment
- culture
- justice.

While some differences exist, there is adequate similarity between the two models for their alignment to result in significant benefits to service provision.

Parenting Skills Activities

The transition from late childhood to adolescence is a period of significant change in the parent-child relationship and research demonstrates that there are strong and enduring effects of parenting practices in late childhood and early adolescence. Parental supervision, in particular, appears to be of crucial importance in preventing a range of adolescent risk behaviours.^{18 19}

As such, parenting programs for parents of young people generally have two broad aims:

- to modify the risk factors of coercive family interaction and poor parenting which play a role in causing and/or maintaining externalising behaviour problems and delinquency^{20 21}; and
- to enhance parent-child communication and connectedness and improve parental supervision and monitoring.

While research on the effectiveness of parenting programs as an intervention for at risk young people aged 12 to 18 years is limited, available evidence does indicate that brief programs to

¹⁷ M Winter, 'Parents as Teachers: Improving the Odds with Early Intervention', *Preventing Early Learning Failure* (B Sornson ed), 2001, p106.

¹⁸ J Coleman. 'The parenting of adolescents in Britain today'. *Children & Society*, 1997, 11, 44-52.

¹⁹ E DeVore and K Ginsburg. 'The protective effects of good parenting on adolescents'. *Current Opinion in Pediatrics*, 17, 2005, 460-465.

²⁰ T Dishion and D Andrews, D. 'Preventing escalation in problem behaviors with high-risk young adolescents: Immediate and 1-year outcomes'. *Journal of Consulting and Clinical Psychology*, 63 (4), 1995, 538-548.

²¹ T Dishion and G Patterson, 'Age effects in parent training outcome'. *Behavior Therapy*, 23, 1992, 719-729.

address parenting and family communication are found to show significant preventive effects. Behavioural parenting programs have also demonstrated effectiveness for children and young people with externalising problems such as conduct disorder, oppositional defiant disorder and attention deficit. Universal group parenting programs delivered in the transition to secondary school are effective in preventing alcohol and substance use in young people.

While a literature review completed by the NSW Department of Community Services²² examined more broadly the evidence for effective early intervention strategies, it also included a range of practice implications for the delivery parenting program for parents of children and young people aged 8-14 years. These included:

- Parenting programs should be developmentally appropriate and target risk and protective factors known to be associated with child outcomes such as parental monitoring and supervision, parent-child communication and parent-child relationship quality.
- Selected or indicated parenting programs that are behaviourally-based have the potential to improve parenting skills, family functioning and quality of the parent-child relationship and to reduce externalising behaviour problems and risk behaviours in vulnerable children and young people.
- Programs that target known risk and protective factors may lead to improvements in a range of outcomes, rather than a single outcome.
- Involving parents in a school-based intervention may enhance the effectiveness of the intervention.

Triple P is currently available to all parents with children aged 3-8 years across NSW. Teen 'Triple P' group parenting program is a component of the Triple P parenting and family support system. Teen Triple P aims to assist parents to promote positive skills and abilities in their teenage children, which contributes to the prevention of more serious adolescent health-risk behaviour, and delinquent or antisocial behaviour. Preliminary evaluation of the Teen Triple P group program suggests positive outcomes for most participating parents.²³

Parenting skills programs provided under the Youth and Family Support stream are intended to deliver parenting information and skill development to parents unable to access universally available services and/or where universal services do not meet the needs of the family.

Multi-Component Programs

Multi-component programs usually address risk and protective factors in the home, school and/or community and involve a combination of classroom, school-wide and family-based approaches. Evidence indicates that multi-component interventions that target risk and protective factors in a number of settings (eg home, school and community) may lead to more positive outcomes than single component intervention, especially for high risk children (Tully, 2007)²⁴.

Multi-component programs should be behavioural or skills based, rather than didactic (Tully, 2007)²⁵ and individually tailored to meet the needs of the young person or people. Multi-component programs may include psychosocial support, self-help strategies, skill development, relationship development, building connection to family and education, and specialised and multidisciplinary care or treatment.

Mentoring Programs

Mentoring programs provide an opportunity for young people to develop relationships with caring adults that have a focus on the developmental needs of the young person (Tully, 2007)²⁶. Positive mentoring relationships can be powerful in assisting in the development of qualities

²² L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

²³ A Ralph and M Sanders, 'The 'Teen Triple P' Positive Parenting Program: a preliminary evaluation', *Youth Studies Australia*, 25 (2), 2006, 41 – 48.

²⁴ Op. cit.

²⁵ Op. cit.

²⁶ Op. Cit.

such as a positive outlook, high self-esteem, strong problem-solving skills and a sense of humour (The Missing Middle, 2009)²⁷.

Evaluation of individual mentoring programs indicate that well-designed programs can have an impact on outcomes for children and young people, such as reducing the use of illegal drugs or alcohol and truancy.²⁸ Research however, also indicates that the structures and processes implemented to deliver mentoring have a significant impact on the quality of outcomes achieved.²⁹ Grossman & Rhodes (2002³⁰) found that mentoring relationships that lasted a year or longer were associated with the greatest improvements in functioning for young people whereas brief relationships were associated with decreased in functioning. Other important factors that increase the likelihood of a successful mentoring relationship include:

- the receptivity of the young person to mentoring (Reddy et al. 2002³¹)
- ongoing training and support for mentors
- structured activities for mentors and mentees
- mechanisms for support and involvement of parents
- monitoring of overall program implementation (Beltman & MacCallum, 2006³²; DuBois et al. 2002³³; Karcher, Nakkula, & Harris, 2005³⁴)

3 Outcomes

The Child, Youth and Family Support service model aims to deliver a broader range of less intensive early intervention services to meet the needs of vulnerable children, young people and families who fall below the new threshold for statutory children protection intervention. Services provided under the Child, Youth and Family Support service model will regularly form part of a comprehensive and coordinated service response to vulnerable children, young people and families. The consolidation of an integrated and comprehensive prevention and early intervention service system ensures that it is less likely issues will reoccur and/or escalate.

The Early Intervention, Child, Youth and Family Support service model seeks to deliver the following results and outcomes:

- Children have a safe and healthy start to life
- Children develop well and are ready for school
- Children and young people meet developmental and educational milestones
- Children and young people live in families able to meet their physical, emotional and social needs
- Children and young people are safe from harm and injury

²⁷ NSW Parliament. Committee on Children and Young People, 2009, *Children and Young People Aged 9-14 years in NSW: The Missing Middle*, Committee on Children and Young People, Sydney NSW.

²⁸ Ibid.

²⁹ Ibid.

³⁰ J Grossman and JE Rhodes. The test of time: Predictors and effects of duration in youth mentoring relationships. *American Journal of Community Psychology*, 2002, 30 (2), 199-219, cited in L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

³¹ R Reddy, JG Roffman, JB Grossman and JE Rhodes, *Absence of malice: The development and validation of a youth mentoring relationship inventory*. Unpublished manuscript, 2002, cited in L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

³² S Beltman and J MacCallum, Mentoring and the development of resilience: An Australian perspective. *International Journal of Mental Health Promotion*, 2006, 8 (1), 21-31 cited in L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

³³ DL DuBois, BE Holloway, JC Valentine and H Cooper. Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*, 2002, 30 (2), 157-197 cited in L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

³⁴ M Karcher, M Nakkula and J Harris, Developmental mentoring match characteristics: Correspondence between mentors' and mentees' assessments of relationship quality. *The Journal of Primary Prevention*, 2005, 26 (2) cited in L Tully, *Literature Review: Early Intervention Strategies for children and young people 8 – 14 years*, Centre for Parenting & Research, NSW Department of Community Services, Ashfield, 2007.

- Children, young people and their families have access to appropriate and responsive services if needed
- Links between young people, their families, friends, school and community are maintained or re-established, where appropriate.

4 Principles

The following principles underpin the Child, Youth and Family Support service model:

- Services and programs are child and young person focused with the safety, welfare and well-being of children and young people being paramount.
- Positive outcomes for children, young people and families are achieved through development of a relationship that recognises their strengths and their needs, and builds the capacity of parents, carers and families.
- Families and young people will volunteer to participate in Child, Youth and Family Support services and informed consent is a key requirement of service delivery/participation
- Effective engagement is the cornerstone of building relationships to facilitate family participation and change, and is an ongoing process that is integrated into interventions from the first contact through assessment, case planning, service delivery and exit planning.
- Services and programs should ensure that all Aboriginal children and young people are safe and connected to family, community and culture.
- Aboriginal and Torres Strait Islander people should participate in decision making concerning the care and protection of their children and young people and with as much self-determination as is possible, and steps should be taken to empower local communities to that end.
- Assessments and interventions should be evidenced based, monitored and evaluated and demonstrate positive outcomes and value for money.
- Service providers will collaborate and work in partnership to deliver timely, effective and integrated services for vulnerable families, children and young people.

5 Child, Youth and Family Support Service Model

The CYFS service model targets low to medium risk children, young people and families where presenting problems, if left unattended, would likely escalate to the point where either:

- a more intensive service, such as that provided by Brighter Futures, would be required or
- risk of significant harm is identified.

Families may be experiencing number of vulnerabilities, however the primary focus of CYFS services will be on accessing families early and providing appropriate, short term supports to address identified issues and prevent escalation of problems.

The key commonality amongst these young people and families is that, for a range of reasons (listed below), they will be experiencing difficulty in either accessing services or navigating their way around the service system. While not service criteria per se, nor an exhaustive list, identified vulnerabilities may include:

- Lack of social / extended family supports
- Parental learning difficulties eg supporting parents to develop parenting capacity and skills appropriate to particular child development stages. These families may come in and out of services at key points in the family life cycle.
- Difficulties managing children's behaviour eg parents feeling challenged by particular behaviour/s or emotional issues in their children and seeking support in managing these more effectively
- Financial difficulties/poverty eg young people or families seeking support with budgeting, or applying for jobs
- Illness eg mental health issues such as mild depression, unexpected illness requiring social support
- Cultural barriers eg new migrant families unable to access culturally appropriate supports and services they need
- Homelessness – eg families needing referral for immediate housing and/or for long term housing needs
- Domestic Violence eg support for women and children leaving violent relationships, who are seeking support in navigating around the legal and/or housing systems,

While the CYFS service model includes a number of service components (such as case management, advice, skills groups, support groups, counselling. Refer pp 5.1.3 & 5.2.3 for further details), these service components are not integrated into the one, defined service model that then tailors support to a particular mix of these components. Rather, agencies will be funded to provide Advice and Support and one or more of the service components which may or may not include case management. Where case management is a core service component provided by an agency, case management is likely to be primarily focused on assessment of need, coordination of referrals and promotion of linkages to specialist and other mainstream services to address identified needs, and monitoring the impact of accessed services in terms of the agreed case plan goals. This may include referral to other CYFS funded agencies for access to one or more of the other service components funded under the CYFS service model.

The Child, Youth and Family Support service model is structured to deliver two streams of service provision:

- Child and Family Support stream
- Youth and Family Support stream

This structure seeks to enable delivery of high quality and responsive services and enable service providers to build on established expertise in a community. Participation in local service planning partnerships and collaboration with other service providers will strengthen the delivery of integrated, responsive and timely services, and minimise the likelihood of service duplication.

As a key intervention focus under the Child and Family Support stream, parenting skills activities are intended to deliver parenting information and skill development to parents unable to access universally available services and/or where universal services do not meet the needs of the family. Agencies will be expected to consider delivering parenting programs with a strong evidence base that demonstrates their efficacy, as identified in section 2 above. Where other programs are to be delivered, agencies must be able to justify this decision on the basis of available evidence and will be expected to contribute to the evidence base for the chosen parenting skills model by collecting and reporting on relevant data.

5.1 Child and Family Support Stream

5.1.1 Target group

The Child and Family Support stream targets children and families experiencing low to medium risk issues, that can be addressed by providing appropriately targeted, short term supports early to prevent escalation of these issues. For example, skills development and practical supports for parents dealing with child behaviour management issues, or case management support for parents with learning difficulties dealing with developmental milestones such as starting school or for parents experiencing chronic illness or other issues impacting their ability to parent. Where case plan goals are not achieved at the end of the agreed period of service, an additional short term intervention can be offered on the basis of a revised case plan.

5.1.2 Eligibility criteria

Families eligible for services under the Child and Family Support stream will:

- have children aged under 13 years or be expecting a child.
- experience vulnerabilities that are and/or have the potential to impact on their capacity to adequately protect and care for their children if not addressed.
- currently be experiencing low to medium risk issues that if not addressed, may escalate to the point where more intensive services are needed or risk of significant harm is identified.
- be unable meet the needs of the child/ren and family through universal services.

Families will receive priority of access to services under the Child and Family Support stream if they:

- are referred by a Family Referral Service
- are Aboriginal or Torres Strait Islander
- have been on the eligibility list the longest.

Services provided under the Child and Family Support stream are not suitable for families:

- currently receiving active case management support through Community Services or other services (this does not exclude families receiving case management from a service under the Child and Family Support stream from also accessing other services provided under the Child and Family Support stream)
- with the skills and resources to access universal services and universal services have the capacity to meet the needs of the child/ren and family
- who do not have children aged under 13 years and/or are not expecting a child

5.1.3 Duration of service

The duration of individual services provided under the various activities in the model will vary in accordance with the assessed needs of the client.

Following initial engagement, the service provider will assess:

- Whether the client has low to medium needs
- Whether the services required are within the scope of the Program
- The likely duration of services required.

Informal case planning for “advice and support” clients will include goals that can be achieved within three months of acceptance as a client of the service. Services can continue for a further

three months if the client is re-assessed as needing a continuing service to achieve agreed goals.

Formal case planning for “Parenting Programs” clients will include agreed goals that can be achieved within six months. Services can continue for up to 12 months if the client is re-assessed each three months as needing a continuing service to achieve agreed goals.

5.1.4 Child and Family Support Stream service components

Service Type & Activity	Service Description	Service Duration/Intensity (average)
Advice and Support		
Advice	<ul style="list-style-type: none"> Referral Information Advice 	<ul style="list-style-type: none"> Single occasion of individual service Short term service (2-3 occasions of service)
Case management	<ul style="list-style-type: none"> Strengths and needs assessment Plan and coordinate a mix of services to meet the needs of the child/ren and family; Monitor and evaluate the effectiveness of the services being delivered to the child/ren and family 	<ul style="list-style-type: none"> 3 months, can be extended with case review
Client focussed case work	<ul style="list-style-type: none"> implementation of case plans of client including: information and advice; support, advocacy and counselling; mediation; referral; skills development; and use of brokerage to purchase goods and services education programs (eg life skills, budgeting, protective behaviours training to individuals and groups) 	<ul style="list-style-type: none"> 3 months, can be extended with case review
Counselling	<ul style="list-style-type: none"> Child/ren Adult Family 	<ul style="list-style-type: none"> 3 months, can be extended with case review
Practical/skills development groups	<ul style="list-style-type: none"> Household management Money management 	<ul style="list-style-type: none"> One off Short term (2 to 12weeks)
Parenting Programs		
Home visiting (structured home visiting programs, including individual parenting programs)	<ul style="list-style-type: none"> Structured program that provides support and skill development to parents and is delivered in a family's home or another location (eg Parents as Teachers). 	<ul style="list-style-type: none"> 3 months, can be extended with case review (note some programs take significantly longer to deliver)
Parenting skills groups	<ul style="list-style-type: none"> Parenting skills development (structured program) 	<ul style="list-style-type: none"> Approximately 6 – 12 weeks
Parent support groups	<ul style="list-style-type: none"> Facilitated or self help (Parenting with depression) 	<ul style="list-style-type: none"> Approximately 6- 12 weeks

5.2 Youth and Family Support Stream

5.2.1 Target group

The Youth and Family Support stream targets young people and families experiencing low to medium risk issues, that can be addressed by providing appropriately targeted, short term supports early to prevent escalation of these issues. For example, a young person who is first time homeless may be provided supports in the context of his family to address his presenting issues to enable him to return home rather than enter the out of home care/youth refuge system.

5.2.2 Eligibility criteria

Young people and/or their families eligible for services under the Youth and Family Support stream will:

- be aged 12 to under 18 years
- be families with a young person aged 12 to under 18 years
- experience vulnerabilities that, if not addressed, are or have the potential to adversely impact on their health, safety or wellbeing, or, if parents, their capacity to adequately protect and care for the young person
- currently experiencing low to medium risk issues that, if not addressed, may escalate to the point where more intensive services are needed or risk of significant harm is identified
- be unable meet the needs of the young person and family through universal services
- at risk of homelessness³⁵

Young people and families will receive priority of access to services under the Youth and family Support model if they:

- are referred by a Family Referral Service
- are Aboriginal or Torres Strait Islander
- have been on the eligibility list the longest

Youth and Family Support services are not suitable for young people:

- whose homelessness is entrenched
- currently receiving active case management support through Community Services or other services (this does not exclude young people who are receiving case management from a service under the Youth and Family Support stream from also accessing other services provided under the Youth and Family Support stream)
- with the skills and resources to access universal services and universal services have the capacity to meet the needs of the young person and/or family

5.2.3 Duration of service

The duration of individual services provided under the various activities in the model will vary in accordance with the assessed needs of the client.

Following initial engagement, the service provider will assess:

- Whether the client has low to medium needs
- Whether the services required are within the scope of the Program
- The likely duration of services required.

Informal case planning for “Advice and Support” clients will include goals that can be achieved within 3 months of acceptance as a client of the service. Services can continue for a further three months if the client is re-assessed as needing a continuing service to achieve agreed goals.

³⁵ The Child, Youth and Family Support service model considers that young people are homeless when the young person does not have access to safe, secure and adequate housing. Unsafe, insecure and inadequate housing includes housing:

- in which the young person did not feel safe (this can include their family home);
- in which the young person’s family did not have a legal right to continued occupation of their home (security of tenure);
- that lacked the amenities or resources necessary for living (such as adequate heating, plumbing or cooking facilities); and
- provided by a Specialist Homelessness or other emergency accommodation agency.

The young person may be homeless because they do not want to reside with their family/carer or are not currently residing with their family/carer, or because their behaviour is placing their family at risk of homelessness.

Formal case planning for “Parenting Programs” clients will include agreed goals that can be achieved within six months. Services can continue for up to 12 months if the client is re-assessed each three months as needing a continuing service to achieve agreed goals.

5.2.4 Youth and Family Support Stream service components

Service Type & Activity	Service Description	Service Duration/Intensity (indicative)
Advice and Support		
Advice	<ul style="list-style-type: none"> • Referral • Information • Advice 	<ul style="list-style-type: none"> • Single occasion of individual service • Short term service (2-3 occasions of service)
Case management	<ul style="list-style-type: none"> • strengths and needs assessment • plan and coordinate a mix of services to meet the needs of the young person and/or family; • monitor and evaluate the effectiveness of the services being delivered to the young person and/or family 	<ul style="list-style-type: none"> • 3 months, can be extended with case review
Client focussed case work	<ul style="list-style-type: none"> • implement case plans of young person and/or family including: information and advice; support, advocacy and counselling; mediation; referral; skills development; and use of brokerage to purchase goods and services 	<ul style="list-style-type: none"> • 3 months, can be extended with case review
Counselling	<ul style="list-style-type: none"> • Youth • Youth and family • Parents 	<ul style="list-style-type: none"> • 3 months, can be extended with case review
Skill focussed groups and/or training for youth (including multi-component programs)	<ul style="list-style-type: none"> • Instructional / skills development groups <ul style="list-style-type: none"> ○ life skills training (social skills, relationships) ○ financial management/budgeting; ○ career advice and support 	<ul style="list-style-type: none"> • Approximately 8 - 12 weeks
Parenting Programs		
Parenting skills groups	<ul style="list-style-type: none"> • Parenting skills development (Structured program) 	<ul style="list-style-type: none"> • Approximately 6-12 weeks
Parent support groups	<ul style="list-style-type: none"> • Facilitated or peer support (eg Parenting with depression) 	<ul style="list-style-type: none"> • approximately 6- 12 weeks

6 Referral Process

Under KTS Family Referral Services (FRS) were established across NSW and are operated by non-government agencies. The FRS provides a referral pathway to link vulnerable children, young people and their families to the range of services and programs delivered through the Child, Youth and Family Support service model.

NSW Health was responsible for establishing the FRS model which was piloted in three sites for a period of 12 months prior to statewide rollout in 2013-1014. NGO's participating in the pilot include Uniting Care Children, Young People and Families in Dubbo, the Benevolent Society in Newcastle and Relationships Australia (NSW) Mt Druitt.

While a broader referral base for the Child, Youth and Family Support service model was necessary during the pilot and establishment phase of the FRS, priority of access to Child, Youth and Family Support services is given to FRS referred families. However it is not anticipated that FRS will be an exclusive referral source for Child, Youth and Family Support services. A "no wrong door" referral approach (with FRS referrals prioritised) will seek to ensure that an adequate volume of appropriate services and support will be in place to support the success of the FRS model; while also ensuring that children, young people and families can access services in an expedient and logical manner.

7 Service Provision

Child, Youth and Family Support services will:

- **Focus on the delivery of evidenced based and outcome focused services**
 - commitment to the Child, Youth and Family Support stream service outcomes described
 - commitment to evaluation and review of programs and services
- **Collaborate with local service providers and strive to integrate services at a local level**
 - Comprehensive needs assessment/identification of service gaps
 - Agency participation in regional networks/partnerships/service planning forums
 - Effective referral mechanisms – informed consent
 - Timely and responsive services
 - Opportunities to co-locate and/or integrate with other local initiatives e.g. Commonwealth Government Aboriginal Children and Family Centres and local Family Support Program Services.
- **Include comprehensive strategies to support access and engagement in services:**
 - Services and programs are responsive to the local community and identified needs:
 - cultural diversity
 - access including opening and service provision times
 - flexibility in service location

- Services and programs will build cultural awareness and partnership with CALD and Aboriginal services and communities. The DoCS Prevention and Early Intervention Literature Review identify the following strategies to build cultural awareness and partnership:
 - key stakeholders, government and Indigenous community, work together in partnership
 - key local community members are involved.
 - Indigenous communities participate in the design, implementation and evaluation of programs
 - Indigenous staff are recruited, trained and employed
 - culturally appropriate and local resource materials are used
 - non-Indigenous staff receive cultural awareness training from cross-cultural trainers
 - programs are culturally appropriate and welcoming to Indigenous families, children and communities
 - communities are empowered, rather than simply having services delivered to them.

8 Ongoing Quality Improvement

Program managers should ensure caseworkers receive initial and ongoing training, supervision and support necessary to deliver quality services (benchmarks to be provided in service specifications).

Programs should participate in ongoing quality enhancement to ensure fidelity to the service model. As part of service delivery some data collection will be required to evaluate and review service activities and improve service outcomes (refer 8.1 below).

Service specifications will be revised periodically to reflect developments in the evidence base for early intervention services.

Given the level of flexibility built into this service model, as well as the number factors that impact the capacity of services to transition from the current system to a performance based contracting system, it will be important to ensure that:

- the contracting and performance monitoring frameworks are well articulated and understood
- appropriate supports are provided to services at the front end to assist them to develop a local service design that is supported by evidence and that will address identified service gaps
- monitoring tools are provided that reinforce this focus on outcomes and the need to continually review what we do in light of emerging evidence of what works
- there is a staged approach to achieving the transition and services are supported to progressively move to an evidence based, outcomes focused performance framework

8.1 Monitoring and evaluation

The focus of the final element of the KTS Action Plan is on implementation and the need to measure the implementation of KTS actions and their impact on outcomes for children and young people. The realignment of CSGP funded services and the development of the Early Intervention and Placement Prevention program have been designed to support KTS strategic goals. Therefore, agencies delivering services under the Child, Youth and Family Support service model will be required to collect and report on service usage and outcome data to demonstrate effective implementation and how outcomes achieved are contributing to the success of KTS reforms. This information will be available for audit as required and an annual performance report will be submitted to Community Services

To support monitoring and evaluation, robust program-wide data collection and evaluation frameworks will be developed by Community Services for implementation by agencies contracted to provide services under this model. Evaluation activities will cover both:

- process activities, documenting the implementation of the service /program, and assessing whether strategies were implemented as planned and whether expected outputs were produced
- results activities, measuring whether or not the services provided are meeting the needs and improving outcomes for children or young people and their families

Evaluation findings will also inform the ongoing implementation and refinement of the Child, Youth and Family Support service model and assist in the development of improved capacity to provide effective early intervention services to children, young people and their families.

8.2 Performance indicators

Performance indicators will be developed by Community Services to enable agencies to report against the outcomes of the Child, Youth and Family Support service model. These indicators will be consistent with the *Keep Them Safe*: Evaluation Framework.

9 Caseloads and Unit Costs

For detailed costings refer **Appendix A**.

Appendix A – Unit Costs of Child, Youth and Family Services

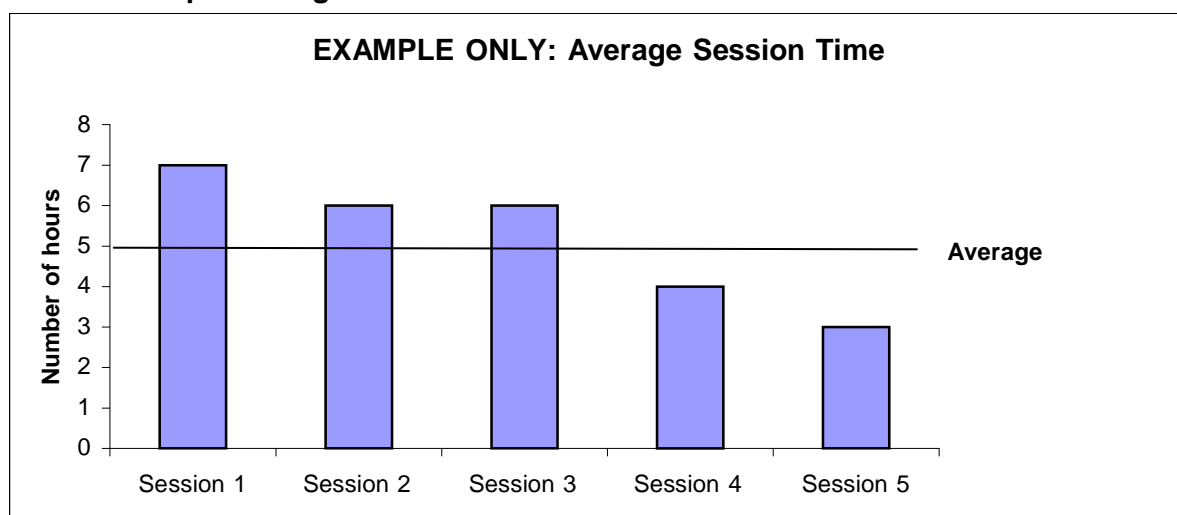
1. Introduction

It is important to note that all caseloads and unit costs presented in this paper refer to average unit costs and caseloads.

It is anticipated that funding provided for the delivery of Child, Youth and Family services will be used flexibly to meet the needs of each client. The costings presented in this paper are average unit costs of sessions and are not prescriptive of how each session should occur. Rather they are the cost of each session expected over time and across a large number of clients. For example, where a client receives advice and support with case management, it is expected that the intensity of the service will be higher at the beginning and lower at the end. However, when the total hours are added up and divided by the number of sessions an average is obtained. Additionally, different clients may receive different service intensities depending on their needs. Averages therefore take into account, and allow for, the varying intensities of service provision and the range of needs between clients.

Graph 1 illustrates the concept of an average session for a client that receives 5 weeks of advice and support with case management.

Chart 1 Example average session time



As can be seen from the example above, Example Client received five sessions of case managed advice and support with longer sessions at the beginning and shorter sessions at the end:

Session 1 – 7 hours
Session 2 – 6 hours
Session 3 – 6 hours
Session 4 – 4 hours
Session 5 – 3 hours

The average duration of each session in the example above is five hours. The above example could also be applied to five clients with varying needs.

2. Summary of Unit Costs for Child Youth and Family Services

It is important to note that the costs presented are average costs and they are indicative only. The costings will be updated as new information and data becomes available. At present there is limited data available on which to base average costs so assumptions have been used in some places. This limited costing precision must be taken into account in any future analysis or evaluation that uses them.

The table below presents the average unit cost per client in Child Youth and Family Services.

Table 1 Summary average unit costs per client

Service Type	Stream	Average Unit Cost per Client *
Advice and support (Table 2)	<ul style="list-style-type: none"> ▪ Child & Family ▪ Youth & Family 	\$530
Child and Family Parenting Programs (Table 3)	Child & Family ONLY	\$3,840
Youth and Family Parenting Programs (Table 4)	Youth & Family ONLY	\$2,560

* Rounded to the nearest \$10

Child Youth and Family advice and support unit costs

Advice and support services are available to clients in both the Child and Family Stream and Youth and Family Stream.

Two types of client groups can be distinguished within the cohort:

- No case management – Low needs with single issue that can be resolved easily with practical help e.g. simple credit card and employment advice.
- Case management – Low to medium issues that require case managed support e.g. marital issues leading to family discordance.

No case management – low needs, single issues

On average, clients who fall within this category are likely to attend one of the following:

- advice session
- skills workshop/training groups

It is expected that a small number of clients will receive more than one service component or attend multiple sessions of the same service component. For this reason the percentage of clients expected to attend each service component within this cohort adds to more than 100 per cent (see Table 2) since some are counted twice. It is important to note that these clients are not expected to receive counselling services.

The average presented below is an indication of the average costs expected over time.

Case management – low – medium needs requiring managed support

On average, clients who fall within this category are likely to participate in case managed advice and support sessions in conjunction with support groups and counselling sessions.

It is expected that counselling services will be received by those with more complex issues which is expected to be a small percentage of the client cohort. On average, five per cent of clients will receive counselling services. For those who do receive counselling services, it is expected that they would attend 3 – 5 sessions during their stay in the program. Detailed costings and explanations are presented below in Section 3 (see Table 5 and Table 6).

The average presented below is an indication of average costs expected over time.

Table 2 Average Unit Cost per Client – Advice and Support

Services	Session Unit Cost	Unit	Client Unit Cost	% of Clients Served	Average Client Unit Cost
Child Youth and Family Advice and Support					
Advice	\$480	1 session	\$480	55%	
Advice (case managed)	\$670	4 sessions	\$2,680	10%	
Skills workshop/training groups	\$120	1 session	\$120	50%	
Counselling (Optional)	\$236	4 sessions	\$944	5%	
Ave. Client Unit Cost				120%	\$533

The above is an indicative distribution of the percentage of clients receiving each service component. However, considerable flexibility is possible within the average to meet local client needs. Different percentage mixes can produce approximately the same unit cost as shown in the table below.

Casemix example

Services	Session Unit Cost	Unit	Client Unit Cost	% of Clients Served (Example 1)	% of Clients Served (Example 2)	% of Clients Served (Example 3)
Advice	\$480	1 session	\$480	45%	65%	30%
Advice (case managed)	\$670	4 sessions	\$2,680	10%	5%	10%
Skills workshop /training groups	\$120	1 session	\$120	50%	40%	65%
Counselling (Optional)	\$236	4 sessions	\$944	10%	10%	20%
% Total				115%	120%	125%
Ave. Client Unit Cost				\$555	\$490	\$543

Child and Family Stream – child parenting programs

It is important to note that the costs presented below are average costs and they are indicative only. Costings will be updated when new or more updated information becomes available.

One to one and group parenting courses or structured home visiting are 9-week or 12-week structured programs available to parents depending on the assessed needs of the families. Table 3 presents the expected client cohort distribution within Child Parenting Programs.

Table 3 Average cost per client: Child Parenting Programs

Services	Session Unit Cost	Unit	Client Unit Cost	% of Families Served	Ave. Client Unit Cost
Child and Family Parenting Programs					
Individual Delivery					
Home based program (9 weeks)	\$4,630	9 weeks	\$4,630	30%	
Home based program (12 weeks)	\$5,741	12 weeks	\$5,741	20%	
Group Delivery					
Parenting Group (9 weeks)	\$2,444	9 weeks	\$2,444	30%	
Parenting Group (12weeks)	\$2,825	12 weeks	\$2,825	20%	
Ave. Client Unit Cost				100%	\$3,835

Youth and Family Stream – parenting groups

It is important to note that the costs presented below are average costs and they are indicative only. Costings will be updated when new or more updated information becomes available.

Parenting groups are 9-week or 12-week structured programs available to parents with adolescents depending on the assessed needs of the families. It is expected that, on average, 70 per cent of the client cohort would be assessed to receive the 9-week program while 30 per cent of the client cohort would be assessed to receive the higher intensity 12-week program.

Table 3 Average cost per client: parenting groups

Services	Session Unit Cost	Unit	Client Unit Cost	% of Families Served	Ave. Client Unit Cost
Youth and Family Parenting Programs					
Parenting Group (9 weeks)	\$2,444	9 weeks	\$2,444	70%	
Parenting Group (12 weeks)	\$2,825	12 weeks	\$2,825	30%	
Ave. Client Unit Cost				100%	\$2,558

The following sections present the more detailed parameters underpinning the above benchmark average cost estimates of Child Youth and Family Services.

3. Advice and Support

Summary benchmark unit costs and caseloads

Advice and support is a service component of both the Child and Family Support Stream and the Youth and Family Support Stream.

It is important to note that benchmark costs and program sessions per year are the benchmark of cost per session per client and the number of sessions that a worker would run in a year.

Table 4 provides 2009/10 estimates of the benchmark costs of a advice and support session per family or youth.

Table 4 Benchmark costs per session

Ave. unit cost per client per session	Cost per session*
Advice and support	\$480
Advice and support (with case management)	\$670
Skills workshop	\$120

* Rounded to the nearest \$10

Table 5 provides summary of the parameters underpinning these benchmark cost estimates of the Advice and Support program.

Table 5 Summary parameters for benchmark cost

Program – Ave. unit cost per client per session	A. Ave. worker cost (Table 19)	B. Ave. casework hours (Table 7,8,9)	C. Ave. casework cost (A*B)	D. Ave. Material aids (Table 10)	E. Ave. total cost (C+D)	F. Ave. families/youth per session*	Average cost per session (E/F)
Advice and support	\$123.7	3.5	\$433	\$50	\$483	1	\$480
Advice and support (with case management)	\$123.7	5	\$619	\$50	\$669	1	\$670
Skills workshop	\$123.7	2	\$247	\$175	\$422	3.5	\$121

*Group delivery. Benchmark average cost per family/youth is calculated by dividing total cost by an estimated 3.5 families/youth.

Table 6 provides the benchmark average program sessions per worker per year in Child, Youth and Family services.

Benchmark average program sessions are the estimated number of sessions that a worker would run for one year. Again, it is not a reflection of the number of estimated families/youth that a worker would serve in one year as it is expected that some families/youth will attend more than one session per service. For example, if families/youth attend on average 2 advice and referral sessions then the number of

estimated families/youth per year for advice and referral would be 130 (260 benchmark average program sessions divided by two visits per family/youth).

Table 6 Benchmark average client sessions per worker per year

Program – Ave. caseload per caseworker per year	A. Ave. service hours available per worker (Table 22)	B. Ave. casework hours (Table 7,8,9)	C. Ave. number of clients per session*	Benchmark ave. client sessions per worker (A/B)
Advice and support	1,301	3.5	1	371
Advice and support (with case management)	1,301	5.0	1	260
Skills workshop	1,301	2	3.5	651

* Group delivery for skills workshop and support activities. Benchmark average client sessions indicates number of sessions, each session would involve 3 – 4 families.

The sections below provide detailed calculations of the parameters underpinning these cost estimates.

Average casework hours

Advice and support

The Child, Youth and Family program is a generalist service that provides advice and support to families and youth experiencing low to medium risk issues. Workers may assess clients as suitable for this program or they may refer clients to more intensive services. Clients identified as experiencing non-chronic issues in need of practical help can access individual advice, group workshops and other support activities.

There is no restriction on the number or mix of services that a client can attend although it is expected that this service component is for clients with lower needs who would attend 1-3 sessions. For clients with longer needs, the advice and support sessions can be combined with case management of up to three months. Where this is combined with case management, the additional case management cost has been loaded into the per session cost.

Table 7 and 8 present the per client average worker hours for each advice and support as a single instance and when combined with case management.

Table 7 Average casework hours per client per session: Without case management

Ave. worker hours per client	Estimate
Assessment and referral	2.5
Advice	0.5
Follow-up	0.5
Ave. total hours per client	3.5

Table 8 Average casework hours per client per session: With case management

Ave. worker hours per client	Estimate
------------------------------	----------

Assessment and referral	2.5
Advice	0.5
Follow-up	0.5
Case management	1.5
Ave. total hours per client	5

Skills workshop/group training

Skills workshops and group trainings are group delivered and may be provided as single instances or as part of the case managed advice and support program (no additional case management cost is loaded on these components as this is already accounted for in the advice and support sessions that the clients would be receiving).

Workshops are provided to families and youth experiencing non-chronic issues, that can be resolved with practical help and skills development. Workshops are delivered in a group setting of 3 – 4 families/youth. Table 9 presents the estimated average worker hours taken to deliver a workshop.

Table 9 Average casework hours: skills workshop

Ave. worker hours per client	Average estimate
Preparation per session	0.5
Writing	0.5
Session delivery	1
Ave. total hours per session	2

Material aids for service delivery

Material aid in the Child, Youth and Family Support service model refers to resources required to deliver the services described. Material aid will typically include refreshment supplies, rental costs for offices/rooms, stationary and manuals required to deliver a program or service and/ or specific toys or equipment essential for the provision of a program. Material aid can also include funding to assist families access services and programs for example access cab vouchers when no other viable transport is possible.

Material aid and support services aid is, on average, \$50 and is provided to each family/youth per service type (advice, workshop or youth/parent groups). That is, if a family/youth attends an advice session, a workshop session and a support activity they would be provided with \$150 of material aids and support service aids.

Table 10 Average material aids and support service cost per session

Ave. material aids and support service	A. Ave. Material aids per client per session	B. Ave. number of families/youth per session	Ave. cost per session * (A*B)
Advice and support	\$50	1	\$50
Skills workshop	\$50	3.5	\$175
Youth/parent groups	\$50	3.5	\$175

* The benchmark average cost per program for group delivery is the cost per family/youth multiplied by an estimated average of 3.5 families/youth.

4. Home Based Programs and Parenting Group Programs

Parenting information, skill development and support is offered individually and/or in a group setting in the Child, Youth and Family Support service model. Two levels (medium and high) of service provision are provided for both individual and group parenting programs. Parents will usually be referred to an individual or group parenting program by workers providing other service components of the Child, Youth and Family Support service model (e.g. case management) or by another agency or service. Parenting programs in the Child, Youth and Family Support service model include programs that focus on both skill development and on parent support.

Summary home based programs and parenting group programs

Table 11 provides 2009/10 estimates of the benchmark average costs per family in the parenting program.

Table 11 Benchmark average costs per family: unit costs per family

Intervention	Intensity	Benchmark average cost per program*
Individual Delivery		
Medium	9 x 1 hour sessions	\$4,630
High	12 x 1 hour sessions	\$5,740
Group Delivery (3-4 families)		
Medium	9 x 1 hour sessions	\$2,440
High	12 x 1 hour sessions	\$2,830

* Rounded to the nearest \$10

Table 12 provides summary of the parameters underpinning these benchmark average cost estimates of the parenting programs.

Table 12 Summary parameters for benchmark average cost

Intervention	Intensity	A. Ave. direct worker cost (Table 19)	B. Ave. casework hours (Table 14)	C. Ave. casework cost (A*B)	Ave. Material aids (D) (Table 17)	Ave. total program cost (C +D)	Benchmark ave. cost per program *
Individual Delivery							
Medium	9 x 1	\$123.7	35.25	\$4,360	\$270	\$4,630	\$4,630
High	12 x 1	\$123.7	43.50	\$5,381	\$360	\$5,741	\$5,741
Group Delivery (3-4 families)							
Medium	9 x 1	\$123.7	61.50	\$7,608	\$945	\$8,553	\$2,444
High	12 x 1	\$123.7	69.75	\$8,628	\$1,260	\$9,888	\$2,825

* The benchmark average cost per family for group delivery of the program is the total cost divided by an estimated average of 3.5 families.

Summary home based programs and parenting group programs annual caseloads

Table 13 shows the benchmark average number of families one worker can serve in a year.

Table 13 Benchmark average families per worker per year

Program – Ave. caseload per worker per year	A. Ave. service hours available per worker (Table 22)	B. Ave. casework hours (Table 14)	Benchmark ave. families served per annum (A/B)
Individual Delivery			
Medium	1,301	35.25	37
High	1,301	43.50	30
Group Delivery (3-4 families)			
Medium	1,301	61.50	21
High	1,301	69.75	19

* Group delivery. Benchmark average caseload indicates number of programs that can be run in one year, each program would involve 3 – 4 families.

The sections below provide detailed calculations of the parameters underpinning these cost estimates.

Average worker hours

The parenting program is a program of varying intensities that adjusts to the family's needs and seriousness of issues. Entry into the program is selective and it will usually require the family to undergo an assessment and obtain a referral. The Parenting program (Medium and High) consists of sessions with increasing intensity depending on the family's needs. Table 14 presents the per family average casework hours for each intensity in the parenting program.

Table 14 Average casework hours: medium and high

Ave. worker hours per family	Individual	Group (3 – 4 families)
Medium		
A. Number of sessions (weeks) in program	9	9
B. Casework hours: assessment & engagement (Table 15)	10.50	36.75
C. Casework hours: session delivery (Table 16)	2.75	2.75
D. Ave. total number of casework hours (A*C+B)	35.25	61.50
High		
A. Number of sessions (weeks) in program	12	12
B. Casework hours: assessment & engagement (Table 15)	10.50	36.75
C. Casework hours: session delivery (Table 16)	2.75	2.75
D. Ave. total number of casework hours (A*C+B)	43.50	69.75

Given the voluntary nature of the program, workers will spend time engaging and assessing the family. Average casework hours for engagement and assessment are presented in Table 15.

Table 15 Average casework hours per family: assessment and engagement

Ave. worker hours per family	Average estimate
Engagement	4.5
Assessment	6.0
Ave. total hours per family	10.5

In addition, parenting program workers will be preparing for each session, travelling to and from the agreed location, delivering the program and writing progress reports.

Table 16 provides estimates of average hours per session per family.

Table 16 Average casework hours per session

Ave. worker hours per session	Average estimate
Preparation per session	0.5
Travel per session	0.75
Writing	0.5
Parenting session	1
Ave. total hours per session	2.75

Material aids for service delivery

Material aid in the Child, Youth and Family Support Services model refers to resources required to deliver the services described. Material aid will typically include refreshment supplies, rental costs for offices/rooms, stationary and manuals required to deliver a program or service and/ or specific toys or equipment essential for the provision of a program. Material aid can also include funding to assist families access services and programs for example access cab vouchers when no other viable transport is possible.

Table 17 provides the average material aids for service delivery per program. It is important to note that material aids should be used according to each individual family’s needs. The costing structure listed in the table below are an example only and are not prescriptive.

Table 17 Average material aids per program

Program level	A. Intensity	B. Ave. cost per family	C. Ave. number of families per program	Ave. cost per program (B*C)
Individual Delivery				
Medium	9 sessions	\$270	1	\$270
High	12 sessions	\$360	1	\$360
Group Delivery				
Medium	9 sessions	\$270	3.5	\$945
High	12 sessions	\$360	3.5	\$1,260

* The benchmark average cost per program for group delivery is the cost per family multiplied by an estimated average of 3.5 families.

5. Optional Component: counselling session/s

Clients who have been assessed to require counselling will receive counselling sessions from qualified professionals for up to three months. On average, clients would receive a 1-hour session per week.

Hourly counselling rates were obtained from the 2010/11 Schedule of Recommended Fees for Psychological Services³⁶. Fees schedules are provided for individual delivery of counselling. Table 18 presents the average fees for individual counselling.

³⁶ APS Professional Practice Advisory Group

Table 18 Average counselling costs per session

Counselling Session	Number of families/client	Cost per session (1 hour)	Maximum Duration	Total Cost
Individual	1	\$236	12	\$2,832

6. Benchmark Average Worker Costs

The benchmark average direct cost per worker (one FTE) consists of the total labour cost (per FTE) and total non-labour costs (per FTE) associated with casework activity. The total labour costs per FTE comprise the salary of the direct worker as well as a loading for the labour costs of indirect support staff (e.g. supervisors, administrative staff, etc), and salary oncosts. Total non-labour costs per FTE include operating costs and agency overheads associated with the defined workforce profile (that is, apportioned on a per FTE basis).

The average cost per direct client hour is estimated by dividing the total loaded cost per worker by the number of service hours available for working with clients. In addition to the benchmark average levels of worker unit costs and costs per direct client hour, a range of lowest and highest unit costs are shown, based on acceptable cost variations within the sector. All cost estimates and parameter values are based on service data reported by lead agencies.

Table 19 provides estimates of the benchmark average loaded worker unit cost in total, and per direct client hour, for 2009-10 (including low and high estimates).

Table 19 Benchmark average worker unit costs

workers - Benchmark average unit cost per FTE	Benchmark average cost
Unit Labour Costs (per FTE)	
worker base salary	\$47,231
Direct supervisor allocation (Table 20)	\$12,002
Admin and other indirect support allocation	\$21,570
Salary Oncosts (Table 21)	\$15,445
A. Ave. total unit labour costs	\$96,250
Motor vehicle IT/computer	\$13,571
Telecommunications	\$5,043
Stationery/postage/printing	\$1,343
Depreciation and equipment maint.	\$1,650
Staff training	\$2,009
Accommodation	\$3,721
Corporate overheads & other	\$10,619
	\$26,753
B. Ave. total unit non-labour costs	\$64,708
Ave. total loaded cost per FTE (A+B)	\$160,960
Labour cost factor	60%
Non-labour cost factor	40%
Total available hours	1,626
% of time - non client related	20%
Service hours available (Table 22)	1,301
Ave. cost Per direct client hour	\$123.7

In order to determine the total Loaded Cost per FTE and Cost per Direct Client Hour, various parameters were used, as shown in Table 20 and Table 21.

Table 20 Average labour parameters

Average labour	Benchmark average level
Supervisor base salary (per FTE)	\$72,010
Supervisor to worker staff ratio	1:6
Ave. cost per worker	\$12,002

The average worker salary is obtained from the NSW Office of Industrial Relations "Social and Community Services Employees (State) Award". The salary used is the median of the range of pay rates for a Community Services Worker (i.e. the average of Grade 3 fifth year service and Grade 4 first year of service).

Table 21 provides the average percentage allocation loaded onto the worker base salary.

Table 21 Average salary oncosts

Average salary oncosts	Benchmark average % of Base Salary
Superannuation Long	9.00%
service leave Worker's	2.85%
compensation Leave	4.00%
loading	1.35%
FBT	0.17%
Ave. Total Salary Oncosts	17.37%

Table 22 Average calculation of working hours for direct and client-related works

Average work availability	Benchmark average level
Days in a year	365
Less	
Weekends	104
Public holidays	10
Recreation leave	20
Sick leave	10
Training	7
Ave. days available	214
Available hours (@38 hours per week)	1,626
% time spent on non client related activities	20%
Ave. no. effective service hours	1,301

Table 22 above shows the estimated average effective hours for workers. In order to estimate hourly costs for different types of staff, it is necessary to know the way in which they use their working time. The costing manual has categorised worker time utilisation as:

Average work availability:

- total available time for work activities

Average non-client related casework hours:

- activities that do not concern specific clients, but are essential to the overall running of the service e.g. team meetings, supervision and general administration

Average client related casework hours:

- face-to-face contact
- client-related activities that do not actually involve contact with the child and family but are directly related to client work e.g. telephone calls to coordinate care and travel time

It is assumed that a worker devotes 76-84% of time to direct service delivery and client-related activities and 16-24% to training, staff meetings, supervision etc.

Key Documents for reference (available on the Community Services website)

Research to Practice Notes:

- Active engagement: strategies to increase services participation by vulnerable families
- Early Intervention Strategies for Children and Young people 8 to 14 years
- Effective components of home visiting programs
- Parenting programs: what makes them effective?
- Parenting programs: An overview of recent research
- Prevention and early intervention update – trends in recent research

Research papers:

- Active engagement: strategies to increase services participation by vulnerable families
- Early Intervention Strategies for Children and Young people 8 to 14 years
- Prevention and Early Intervention Literature Review
- Prevention and Early Intervention Literature update – trends in recent research