Department of Communities and Justice 

# A red circle with dots AI-generated content may be incorrect.Indigenous Parenting Program Form

**Purpose and Use of this form**

This form may be completed if you are an ACCO or non-ACCO with Aboriginal staff delivering Indigenous Parenting Programs service type in the Community and Family Support (CAFS) Program.

Indigenous parenting programs in the CAFS program are delivered by Aboriginal staff to Aboriginal parents or carers, or parents or carers of Aboriginal children.  They provide support specifically targeted at understanding and strengthening parent–child relationships through education, knowledge or practical skill building for parents.  Parenting programs are usually delivered in a structured format and could be undertaken in different settings, including home visits, a community venue, online or at the service provider.

ACCOs and non-ACCOs with Aboriginal staff working with Aboriginal communities are encouraged to design programs suitable for their local context and are encouraged to be designed with input from community, practitioner expertise, any available evidence, and should refer to the [Aboriginal-led Early Support Programs Evidence Review (2023)](https://evidenceportal.dcj.nsw.gov.au/our-evidence-reviews/aboriginal-early-support-evidence-review.html) which has identified eight common themes among the highly-rated evidence about Aboriginal-led early support programs designed for Aboriginal children, young people, families and communities.

The CAFS program is committed to building the Aboriginal evidence base and has developed this form for the purpose of collating local evidence and understanding effective programs that work for Aboriginal people. ACCOs and non-ACCOs with Aboriginal staff delivering Indigenous Parenting Programs service type may choose to complete and submit the form to the central program area for this purpose. Providers are encouraged to indicate on the form whether they would be interested in having an evaluation of their locally-applied program.

**Please note that the central program area will not be conducting assessments of a program’s suitability for delivery. Completing this form is optional and is for the purpose of building the Aboriginal evidence base.**

**Checklist – for Commissioning and Planning Officer (CPO) to Complete**

CPO should complete the following checklist before submitting the form to the central program area.

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| Service Provider has received letter of invitation to negotiate a contract for the Community and Family Support (CAFS) program  CPO is submitting the form on behalf of service provider and provided all contact details  Proposed service aligns with Indigenous Parenting Program service type definition  All fields in the template have been completed |

| 1. Contact Details: | |
| --- | --- |
| Name and contact details of person submitting form |  |
| Organisation Name and Address |  |
| Please indicate whether your organisation is: An ACCO  A non-ACCO with Aboriginal staff | |
| DCJ District |  |
| District CPO Name and Contact details |  |
| 1. Program details: | |
| Program name |  |
| Brief program description, including key elements of the program and why it was chosen? |  |
| Who is the target group you are trying to help? |  |
| Location(s) where the model will be delivered (please specify LGA) |  |
| What are the local needs you are trying to address? |  |
| What is the delivery format of the program? |  |
| Have you been delivering this program already? If so, for how long? |  |
| What is the service delivery dosage and duration of the model? (e.g. how long will the model run for and how many sessions will the model include per client)? |  |
| 1. Is your proposed parenting program an adaptation of any of the evidence-informed parenting programs? | |
| Yes - please indicate which parenting program and why the adaptation was needed:  No | |
| 1. Is your program self-developed or an existing parenting program? | |
| Self-developed  Existing model | |
| 1. Has the parenting program been evaluated? | |
| Yes (evaluation completed) – please provide details of the evaluation  Yes (evaluation in progress) – please provide details of the evaluation  No - please indicate whether you would be interested in having your program evaluated:  Yes No | |
| 1. Please provide any supporting evidence to demonstrate your program’s effectiveness   Note: examples of evidence can include research evidence, evaluation, client feedback, practitioner expertise, TEI program data or other documentation demonstrating effectiveness. This can also include qualitative and/or culturally appraised evidence that aligns with Aboriginal ways of knowing, being and doing which may be different to the Western concept of the ‘hierarchy of evidence.’  Please include links to evidence and/or attach relevant supporting evidence when submitting this form | |
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