Department of Communities and Justice 

# Parenting program form to request locally applied program

**Purpose and Use of this form**

A list of evidence-informed programs has been developed for the Community and Family Support (CFS) program and is available in the CFS Program Specifications.

For providers in the Wellbeing and Safety program activity who are delivering parenting programs, it is recommended they select from the list of evidence-informed programs, unless: the parenting programs on the list are not appropriate, or do not meet the needs of families accessing your CFS services; or you are an ACCO or non-ACCO with Aboriginal staff delivering Indigenous Parenting Programs service type.

After reviewing the evidence–informed program list, if a provider considers a locally applied program is more suitable in their local context, they can propose this option to their DCJ contract manager. If after discussion, the agreement is that the proposal for a locally applied program may be suitable, the service provider should complete this template and submit it to their DCJ contract manager who will then forward it to the program mailbox for consideration and approval. Your DCJ contract manager will advise if your application has been successful.

Note that ACCO providers or non-ACCO providers with Aboriginal staff delivering Indigenous Parenting Programs service type **do not need** to complete this form.

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.

**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 (CFS) program  CPO is submitting the form on behalf of service provider and provided all contact details  Service Provider has considered list of evidence informed parenting programs  Service Provider is **not** an ACCO or non-ACCO with Aboriginal employees delivering Indigenous Parenting Programs service type  Proposed service aligns with [parenting program service type definition](https://dcj.nsw.gov.au/documents/service-providers/deliver-services-to-children-and-families/targeted-earlier-intervention-program/tei-program-specifications.pdf)  All fields in the template have been completed |

| 1. Contact Details: | |
| --- | --- |
| Name and contact details of person submitting form |  |
| Organisation Name and Address |  |
| 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. Have you considered the evidence-informed parenting programs list? | |
| Yes  No - **please review the list before submitting this form** | |
| 1. Please describe the main reasons an evidence-informed program from the list was not selected as suitable: | |
|  | |
| 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.  Please include links to evidence and/or attach relevant supporting evidence when submitting this form | |
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