

Family Preservation Redesign Frequently Asked Questions (FAQs)

April 2026 – *Version 9*

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The new Family Preservation design

1. What is *Families Together*?

Families Together is a new framework under the new Family Preservation program that will be available from 1 July 2026. Family Preservation is the most intensive service available to families who might otherwise enter Out of Home Care (OOHC). Therefore, *Families Together* is for families where a child or young person in the home (who is 0- 17) is suspected to be at, or determined to be at, risk of significant harm (ROSH). It is a case management style service made up of five standard core components, which are each operationalised through a set of required and optional service activities, with an average service duration of 12 months.

The framework enables service providers to deliver responsive supports tailored to a family's needs and circumstances. The *Families Together* framework aims to assist service providers to develop evidence-informed Family Preservation models that effectively support children and families with a range of needs and characteristics.

The program descriptions for the Family Preservation frameworks and models, including further details about *Families Together*, are outlined in the [*Family Preservation Program Specifications \(draft\)*](#).

2. What amendments have been made to the guiding principles proposed in the [*Redesigning Family Preservation in NSW Discussion Paper*](#)?

The following amendments have been made:

- The proposed 'Person centred' principle has been changed to 'Child and family centred', in recognition of the broader support that is required, along with connections and support of community, to drive the system response and continuous improvement.
- The proposed 'Directive, supportive, and innovative' principle has been changed to 'Structured, flexible, and supportive' to emphasise the balance between flexibility and structure for the system, and the supportive approach to implementation with Family Preservation service providers.
- The introduction of the 'Strengths-based and dignity-driven' principle as a focus on practice. It recognises the importance of respecting people's dignity and the need to understand a family's context, building on their strengths, abilities, and resilience.

The guiding principles will serve to help us collectively and continually, develop and improve the Program's design, service delivery and implementation, and in our evidence gathering and evaluation.

3. Where will *Families Together* and *Aboriginal Family Preservation* be available?

The *Families Together* and *Aboriginal Family Preservation* frameworks are expected to be offered in all districts across NSW. More information about funding levels in each district is outlined in the [*Family Preservation Funding Approach*](#), with information about what specific packages will be commissioned in different localities to be released when tenders open.

4. What was the rationale for dividing districts into smaller portions?

The redesign aims to ensure Family Preservation services are more responsive to family needs and more effective in supporting positive outcomes.

District funding allocations were developed through analysis of child-protection data, including ROSH reports, entries into care, and weightings for Aboriginal and CALD children. This approach was used to ensure funding is distributed equitably and directed to areas with the highest demand.

The structure reflects a needs-based funding approach, applied for the first time in Family Preservation, as outlined in the *Family Preservation Funding Approach*.

The resulting district boundaries and allocations are therefore the outcome of this evidence-based assessment of need.

5. Will non-ACCOs have access to the Healing core component?

Healing is a distinct core component of the *Aboriginal Family Preservation framework*, and the *Aboriginal Family Preservation framework* and can only be delivered by ACCOs. Non-ACCOs who are delivering *Families Together* will not be commissioned to deliver Healing.

Aboriginal families who are working with non-ACCOs will still be able to access cultural healing supports via a referral to a specialist ACCO service.

Feedback from AbSec and ACCOs from the *Discussion Paper* expressed concern with the original proposed standard core component of “Therapeutic Support and Healing”.

Consensus was reached through dedicated ACCO CEO and Leadership forums that this standard core component was better reflected as “Therapeutic Support” and a new component of “Healing” be introduced for *Aboriginal Family Preservation framework* which captures the expertise and cultural knowledge that can only be provided by ACCOs, including holistic approaches to support Aboriginal families who continue to be impacted by intergenerational removal and the Stolen Generations.

DCJ and AbSec are currently scoping the codesign approach for the additional *Aboriginal Family Preservation* core components of Healing and Advocacy. While ACCOs will be central to the design, the scope of the codesign approach will also seek perspectives from other community members.

6. How has consultation with families, children and young people been incorporated into the Family Preservation redesign?

“Child and family-centred” is our first guiding principle of the new Family Preservation system. This recognises that the experience, strengths, and needs of children and families must drive services and that families can exercise agency about what they want to achieve and how. We also recognised the crucial importance of families being supported within their connections to community.

In the redesign we engaged with community, examined and critically appraised the best available evidence for what works, what is suitable, and what is feasible to achieve positive outcomes for children, young people, and families who are working with Family Preservation services. This included:

- Partnering with AbSec to conduct ‘Listen and Learn’ workshops with Aboriginal families and communities with lived-experience of Family Preservation and/or the child protection system (*Aboriginal Family Preservation What We Heard*).
- Analysing Family Preservation model program evaluations (Brighter Futures, MST-CAN, FFT-CW, Nabu, Newpin, PSP-FP, Resilient Families, Youth Hope). These evaluations have used qualitative methods including interviews and focus groups with children and young people (as well as parents and carers).
- Considering insights, experiences, and recommendations from existing UC Change consultations (the DCJ Youth Consult for Change program).

Appendix C of the *Redesigning Family Preservation in NSW Discussion Paper* outlines the published evidence that informed the redesign.

We know that we do not systematically capture client voice and experience to inform the continuous improvement of Family Preservation. That is why in the *Discussion Paper*, we committed to developing an anonymously captured client experience metric, which may measure whether family members feel they have been involved in decision making, have been treated with respect, had cultural needs met, or that services have been easy to understand and access. This would provide essential feedback and data from clients to support service improvement, analysis and evaluation.

Beyond client voice and experience, we are also committed to better understanding the outcomes of Family Preservation for children and families, to drive continuous improvement of the system. We have developed and consulted on a draft overarching program logic to show how the Family Preservation program will achieve impacts for the children, families and communities. This includes what data we need to collect through outcomes tools and using data systems such as infoShare to understand and measure this impact.

7. How will further consideration be given to SafeCare?

As outlined in the *Finalising Family Preservation foundational elements paper*, DCJ will conduct further analysis to assess the effectiveness and economic viability of SafeCare. This will consider the extent to which DCJ can or should specifically allow or prescribe SafeCare as part of the *Families Together* framework, or whether to leave this to the discretion of Family Preservation service providers when developing their service models and approaches under the core components approach. DCJ will undertake this analysis and communicate the outcome of this by the end of the 2025.

SafeCare is not part of the suite of models/frameworks that will be recommissioned under the re-designed Family Preservation Program.

As outlined in the *Redesigning Family Preservation in NSW Discussion Paper*, *Families Together* and *Aboriginal Family Preservation* allows Family Preservation service providers to use their funding to adopt the approaches they believe are most effective for their clients, so long as it is consistent with the service specifications (see *Appendix B in Family Preservation Program Specifications - Draft*) and other contractual parameters including costs and performance measures.

We will provide further advice on SafeCare to current Family Preservation service providers, as part of the contracts variations communications (refer [question 36](#)).

8. How does DCJ see the relationship between the Targeted Earlier Intervention (TEI) program and the Family Preservation program in providing early intervention to children and families, before they are at risk of significant harm?

Both the TEI and Family Preservation work to support children and families but target different cohorts and provide different services.

As the most intensive and holistic service offering in the system, Family Preservation is a Program designed for families where a child is most at risk of harm and of being removed. The new Family Preservation system will strengthen our ability to keep children safe at home and prevent removal into out-of-home care (OOHC).

TEI delivers a wide variety of [support to children, young people, families and communities](#), including neighbourhood centres, youth services, family support, supported playgroups and parenting programs. TEI works with all children, young people and families within NSW who are in need. The aim of the program is to increase protective factors and decrease risk and vulnerability. TEI services are flexible. There are no timeframes on service delivery or eligibility criteria to access TEI.

Family Preservation Eligibility and Suitability

9. What further information is available on MST-CAN and FFT-CW and the universal eligibility?

The universal eligibility criteria applies across Family Preservation, including MST-CAN and FFT-CW. While strictly eligible for Family Preservation, some families will not be suitable for particular models or frameworks. DCJ's suitability guidance will reflect the model-specific requirements for MST-CAN and FFT-CW.

We will continue working with the MST-CAN and FFT-CW model developers to ensure these requirements enable services to be provided to the broadest possible range of families who are eligible for Family Preservation, while maintaining the efficacy of the model and the outcomes for families when they do receive a service.

10. Will there be specific parameters put in place for eligibility exclusions, such as legal orders or concurrent referrals into Family Preservation?

There may be limited circumstances where a family, while eligible, is unsuitable for a Family Preservation service. We aim to further consult with the sector in 2026 after the commencement of contracts, to refine the circumstances where a family may be unsuitable.

A family will not be able to receive concurrent Family Preservation services (e.g. FFT-CW and *Families Together*). Families, or family members, may receive concurrent specialist services where appropriate (e.g. *Families Together* and specialist mental health services).

11. If a child or young person is no longer residing at the family home, will the family remain eligible for Family Preservation?

When working with a family and significant changes occur, the circumstances will need to be considered on a case-by-case basis by the Family Preservation service provider together with DCJ.

We will provide further guidance on eligibility, suitability, and service matching in the relevant model- or framework-specific operational guidance and processes, including circumstances when a family may no longer be eligible.

12. What will the high-level suitability guidance look like?

As outlined in the [*Redesigning Family Preservation in NSW Discussion Paper*](#), we want to move to a system driven by suitability and not purely availability, where families are referred to services that match their needs, strengths, characteristics, and circumstances so they can be supported accordingly. We recognise that the voice of families is essential for understanding what services will meet their needs.

Over time, we want to move to referral practices and processes which provide more sophisticated guidance about which type of support helps which type of family at what point in time, but this requires more nuanced data and evidence about how to drive suitability matching at a system level.

In the meantime, we will develop high-level guidance on client suitability for the Family Preservation program, and for different models/frameworks of Family Preservation. The guidance will also consider specific and limited circumstances when families may not be suitable for Family Preservation at all.

For families who would be suitable for Family Preservation, the guidance is likely to consider whether families would benefit from, or express a preference, for:

- specific cultural supports

- practical supports and case coordination
- clinical family functioning and behaviour change support

Depending on these, and potentially other considerations, the suitability guidance will indicate the best match of model/framework for the client.

Further guidance on suitability and service matching will be described in the relevant model- or framework-specific operational guidance and processes.

Referral Pathways

13. How will the referral percentages and Family Preservation model/framework types be applied?

As outlined in the *Finalising Family Preservation foundational elements paper* and the *Family Preservation Program Specifications (draft)* DCJ referrals will represent 90 per cent of total referrals, and community referrals will represent 10 per cent of total referrals. DCJ referrals include DCJ referral from an allocated case and DCJ referral from triage (unallocated case).

We understand that there needs to be operational flexibility to respond to referrals from different pathways, week-to-week and month-to-month so we do not want to quarantine 10 per cent of places for community referrals and 90 per cent of places for DCJ referrals, at all times. DCJ is comfortable with some degree of flexibility, providing that during the quarter and over the year, the referral split is maintained at 10 per cent community and 90 per cent DCJ referrals.

The above referral prioritisation percentages apply to *Families Together*, *Aboriginal Family Preservation* and FFT-CW. MST-CAN will continue to accept referrals from DCJ only, given it is a requirement of the model to have a screened in ROSH report made (in relation to the primary child) within 180 days of a referral.

14. Is there flexibility to adjust the referral pathway percentages? Can an increase of community referrals be applied?

DCJ will systematically collect data on the volume and percentage of referrals across the referral pathways via infoShare, alongside utilisation data. If DCJ is not fully utilising its 90 per cent of places, and all efforts have been made to address this with both DCJ and affected Family Preservation service providers, DCJ and providers can consider changing the referral percentage. The mechanism by which this can happen will be developed in 2026, after the commencement of new contracts.

As outlined in the *Finalising the Family Preservation foundational elements paper*, DCJ will also explore approaches to trial higher rates of community referrals, in a small number of locations, to build an evidence base and better understand whether an increased proportion of community referrals reduces the number of children and young people entering OOHC. We will update the sector as this work progresses.

15. What information will be included and sent to a Family Preservation service provider for each of the DCJ Family Preservation referral pathways?

Currently the Universal Referral Form (URF) requires DCJ to provide personal family details, reason for the referral and DCJ assessment details on referral to Family Preservation, and that information is provided to Family Preservation service providers via a secure information sharing platform.

As outlined in the *Redesigning Family Preservation in NSW Discussion Paper*, DCJ will revise the URF to ensure it is fit for purpose in the new Family Preservation system design. We will also look to implement ChildStory Partner Community to support efficient and effective referral processes and information sharing.

As reflected in the *Redesigning Family Preservation in NSW Discussion Paper*, it is fundamentally important that when DCJ refers a family to Family Preservation, DCJ is clear on the particular concerns they hold for the child/children, and how specifically they expect Family Preservation to work with the family to address these needs.

More information on the referrals process, pathways and information will be detailed in the model- or framework-specific operational guidance and processes.

16. How will referral pathways be monitored and evaluated?

DCJ will systematically collect data on the volume and percentage of referrals across the referral pathways via infoShare, alongside utilisation data and outcomes data. Through the contract period, this will inform both contract management of Family Preservation services providers and operational management of DCJ districts and CSCs. Centrally, this data will be monitored and analysed to better understand system dynamics and drive performance and continuous improvement.

With a limited but emerging evidence base, it is vital that the Family Preservation system and the various models that support it are constantly analysed and evaluated for the outcomes they achieve for families. This includes understanding the effect of referral pathways. As outlined in the *Redesigning Family Preservation in NSW Discussion Paper*, this will occur at the relevant point in the recommissioning cycle and to meet government obligations.

DCJ will commission and/or collaborate with independent evaluators (including Aboriginal evaluators, where appropriate) to complete process, outcomes, and economic evaluations, before the end of the contract period.

17. What are the community referral guidelines?

As outlined in the *Finalising Family Preservation foundational elements paper*, we will develop a community referral form and will work with the sector to develop guidelines that improve the current community referral processes and procedures, along with outlining the types of families suitable for Family Preservation.

We will begin this work in partnership with the peaks and the sector, once new contracts have been awarded.

These guidelines will also be included in the relevant model- or framework-specific operational guidance and processes.

18. What is the definition of a 'large family' when considering two placements?

We define a 'large family' as a family with four or more children or young people suspected at ROSH, but taking two places will need to be considered on a case by case basis, with Family Preservation service providers needing to seek approval from their DCJ contract manager.

We will develop guidance that will be included in the relevant model- or framework-specific operational guidance and processes.

19. Can a family receiving a Family Preservation service be referred to another Family Preservation model or framework or other services?

A family will not be able to receive concurrent Family Preservation services (e.g. FFT-CW and *Families Together*), however a family may end its involvement with one Family Preservation service (e.g. *Families Together*) and, depending on their needs, be referred to a more suitable model or framework for support (e.g. FFT-CW). Families, or family members, may receive concurrent specialist services where appropriate (e.g. *Families Together* and specialist mental health services).

Where there is an open and allocated case, DCJ may also offer a family a referral to Family Group Conferencing (FGC) at the same time as receiving support through Family Preservation. Where DCJ do not have an open allocated case, the Family Preservation provider may refer to mediation services where appropriate.

Service duration and allocated hours

20. How has DCJ determined the service duration for *Families Together*?

As outlined in the *Family Preservation Program Specifications (draft)*, the expected service duration for *Families Together* is 12 months. In determining the service duration, we have considered the service duration ranges of the current service models, the average service duration of families who completed a Family Preservation service in recent years, and the length of time to empower a family and their network to sustained support without Family Preservation. We have sought to strike the right balance the length of time a family may need, and the need for the next family to also receive a timely service.

21. Is there a set number of hours of service allocated per family for *Families Together*?

There is no set number of hours of service allocated per family. Family Preservation service providers will be funded through block funding with contracts specifying the number of families that providers are required to support each year, with no set number of hours allocated.

This means that Family Preservation service providers have the flexibility to tailor the number of hours of service to best meet the needs of different families, within the funding envelope and expected service duration.

22. How will DCJ support the transition of service providers and families from current system to new system?

We are currently developing a Family Preservation Transition Plan to ensure a smooth and effective transition of services for children, young people, and families. We understand the new system will bring significant but necessary changes – we are committed to working with current and future service providers to support families to move from an old model to a new model and/or between service providers where appropriate.

23. What is the difference between block funding and unit costing?

Block funding is a fixed amount paid to contracted Family Preservation service providers to service a specified number of families per annum. Block funding is not based on package-level pricing, where Family Preservation service providers receive payment for each individual client they support according to the package that a family requires.

Historically, some Family Preservation service providers have been funded based on the families referred to them by DCJ, with insufficient certainty about their income. Block funding ensures that all Family Preservation service providers are funded at an annual rate that supports ongoing viability and provides confidence to plan for the future.

While block funded, DCJ will specify the “unit cost” for different models and frameworks – that is the cost associated with servicing an individual family under each model. While we will not purchase places at the individual level, it is important that we specify the individual cost of servicing a family, for analytical and evaluation purposes.

DCJ will pay funds to service providers on the first working day of each quarter for each financial year.

24. What Family Preservation models/frameworks will be block funded? What will be the unit cost?

Under the new contracts, all Family Preservation models and frameworks will be block-funded.

The [Family Preservation Funding Approach](#) outlines the costs for the various models and frameworks.

25. How is DCJ determining the number places/families a non-ACCO will be required to support each year?

The [Family Preservation Funding Approach](#) outlines the expected range of contract volumes in advance of procurement.

Program Specifications

26. How frequently will the *Family Preservation Program Specifications (draft)* that were released in March 2025, be updated?

The draft Program Specifications will continue to be iterated until the new contracts with service providers start on 1 July 2026, with the next version available in procurement documents.

During the contract period, DCJ may amend the new Specifications (draft) throughout the life of the program, with input from service providers and stakeholders when appropriate. DCJ will formally review the Specifications annually, to ensure the program continues to meet the needs of families and complete any necessary adjustments. It is important to also note that changes to the Specifications may occur outside of scheduled review points, throughout the contract period and when a fundamental modification is required.

Updates to the Specifications will be communicated to service providers in a timely manner, and in advance of any changes coming into effect.

27. What are the operating requirements for service availability times?

As outlined in the new *Family Preservation Program Specifications (draft)*, all service providers will be required to provide services between the hours of 6 am and 8 pm, Monday to Friday.

Operationally, this means that a service provider must ensure that their service can provide a response between these core hours and will be available to deliver a service appointment. This requirement does not mean that all staff must work during these hours, but service providers are expected to ensure that services are available between 6 am and 8 pm, where this is appropriate or required to support a family. Within this requirement, the hours of operation for Family Preservation service providers are at the discretion of the service provider. The methods of service availability are based on the service approach that the service provider develops to support their community and families, within the funding envelope.

28. Is there an indicative model for service availability times?

As outlined in the *Family Preservation Program Specifications (draft)*, it is important to ensure that Family Preservation services are available during hours that meet the needs of families, and not just what is more convenient for service providers to deliver.

DCJ will not be prescribing the services provision that occurs outside of an organisation's core staffing hours. Service providers will have the discretion to deliver services as needed for their families and communities.

We are conscious that for some families, support is best delivered in the morning or evening and not only in core business hours of 9am to 5pm. Providing a flexible window of time allows service providers to schedule workers when families most need support, in a way that aligns with a family's individual goals. Since each family's needs and plan is unique, support may be required during hours that are flexible to a household's schedule — such as before and after school, during mealtimes, or other times based on identified concerns. Furthermore, evidence indicates that out-of-hours support is a feature of effective programs.

Through program logics, service providers are to outline how they will deliver support to families during the hours of 6am to 8pm, and should do so in line the intended outcomes of the program and core components of the framework which they are delivering. DCJ will examine outcomes and client experience data to understand the effectiveness of different approaches and refine requirements accordingly.

29. What options will be considered under the new brokerage policy?

Unit costs for all Family Preservation models and frameworks includes an allocation for brokerage, which includes the financial assistance or material aid provided to families to help meet their individual needs and achieve their goals. DCJ will have a brokerage policy across all Family Preservation models at the commencement of new contracts which will outline how brokerage will be applied and managed. During the contract period, we will collect data from service providers on brokerage usage and adjust the policy as needed.

30. When will the relevant model- or framework-specific operational guidance be provided?

The relevant model- or framework-specific operational guidance (Operations Manuals) will not be made available prior to procurement commencement.

The Family Preservation Program Specifications (draft) outlines the objectives, target groups, services to be delivered, and program outcomes for the redesigned Family Preservation Program, the Operations Manuals expand on this information.

The purpose of the Operations Manuals is to provide guidance to service providers and DCJ on specific service model operational processes and procedures to ensure consistency, efficiency, and compliance across service provider operations. This includes (but not limited to) providing high level guidance on suitability, clearly stepping out referral processes and pathway prioritisation, and defining roles and responsibilities of all service delivery partners.

DCJ is developing framework- and model-specific Operations Manuals that will be made available in draft to the service providers awarded new contracts to provide feedback to further develop and refine the Operations Manuals ahead of contract commencement.

Program Implementation

31. How will Family Preservation service providers be involved in the implementation of the new design?

DCJ is currently developing a Family Preservation Implementation Plan that considers how to support the sector in a phased approach over the contract period. This will consider the differing needs and priorities across the sector, including for different program and provider types, to implement the redesigned Family Preservation system. The plan will outline how DCJ will work with other, and where appropriate, commission others, to deliver implementation support. The plan will be published later this year.

We will collaborate with the sector to develop and refine the Family Preservation Implementation Plan, ensuring it is well-informed, comprehensive, and helps support Family Preservation service providers to deliver better outcomes for children, families and communities.

One of the central aims of this commissioning cycle is to build the evidence for Family Preservation in collaboration with the sector. This will be achieved through clearly defined program outcomes, improved data collection systems and processes, better data analysis, and reporting of outcomes.

Further information on implementation can be found in the [Family Preservation Program Specifications \(draft\)](#).

32. When will DCJ explore introducing the standard Family Preservation case plan?

We will develop a standard Family Preservation case plan after new contracts commence on 1 July 2026.

33. When will Family Preservation service providers know more about the Working Groups that are to be established?

As outlined in the [Finalising the Family Preservation foundational elements paper](#), we will engage with contracted Family Preservation service providers after procurement, on the Working Groups relating to Practice, Suitability and Engagement. The Working Groups will be an important mechanism for DCJ and the sector to innovate, problem-solve, and plan across these three key areas that are critical aspects of delivering the redesigned Family Preservation system.

34. What will the Family Preservation outcomes tools look like?

Outcomes tools are used to measure changes over time after a family has received a service response. They are typically administered by practitioners to the family at the start (baseline) and end of service. They can help the family and service provider to see individual change over time, and are also used to evaluate the effectiveness of services and the program as a whole.

During September 2024, DCJ invited existing and interested Family Preservation service providers to provide feedback (via survey) on some data and evidence elements that form part of the Family Preservation new program design. This included seeking views on shortlisted outcomes tools.

A decision about the final suite of tools will consider the suitability for the target population/s, best match with primary outcomes, ease of use, and service providers' views in the survey feedback on the level of data capture, the shortlisted tools, tools that are considered important, and supports required for implementation.

We will also undertake co-design work on program outcomes and measurement tools with ACCOs delivering the *Aboriginal Family Preservation* framework from July 2026.

Further information on the outcomes tools will be provided in the framework- and model-specific Operations Manuals.

35. How will cultural data be collected and used?

Accurate cultural information helps service providers to provide culturally responsive and tailored supports to families.

We are updating our systems to ensure cultural data contained in referrals from DCJ is relevant, up to date, and consistent.

Over the course of the contract period, we will review and improve our approach to collecting and sharing cultural data. DCJ will also work with the broader DCJ Closing the Gap (CTG) Priority Reform on Data team, AbSec and ACCOs to embed Indigenous Data Sovereignty (ID-Sov) and Indigenous Data Governance (ID-Gov) principles across the service system.

Program Funding

36. How is the new funding approach different from the current approach?

For the first time in Family Preservation, we have adopted a needs-based funding approach to direct supports across the parts of our community that need it most. This approach provides fair and equitable resourcing for a high demand but finite service.

The [Family Preservation Funding Approach](#) allows DCJ to allocate funding across districts based on levels of relative demand for Family Preservation services. We analysed child-protection administrative data to understand the needs of children, young people, and families across the state. Given Family Preservation's role in supporting families in contact with the child protection and preventing children from entering into out of home care (OOHC), the data points used were:

- Children and young people (CYP) at risk of significant harm (ROSH), and
- CYP entering care.

While there are a range of factors that can affect reporting rates, the rates at which children are at risk, and the rates at which they are removed, our analysis suggests the most reliable way of determining demand and need is on the two data points above. When considering demand, we also assigned a weighting for Aboriginal and culturally and linguistically diverse (CALD) children and young people given the additional supports they require.

37. Can you show how funding has been assigned across current models so we can see the difference with new models? Can you show how funding levels will change in each district?

The complexity and variety of the contracting arrangements across the nine current models of Family Preservation mean it is not possible to accurately quantify the current Family Preservation budget for each district, including how this is reflected in the nine different models.

The funding available for new Family Preservation frameworks and models, including across districts, will be available once tenders open.

The total funding levels for each district are outlined in the [Family Preservation Funding Approach](#).

The new funding approach means that, in the new system, there will be greater transparency on how funding is assigned across different models and frameworks, and across districts.

38. How often will the distribution of funds be reviewed?

The [Family Preservation Funding Approach](#) sets out the funding investment allocated for the next commissioning cycle, with contract which end on 30 June 2031. Funding decisions beyond that point will be taken by the future Government.

39. Why has DCJ set a 40% ACCO investment target?

For the first time, the NSW Government is dedicating 40% – almost \$70m – to go towards supporting Aboriginal families through Aboriginal-managed organisations. This significant investment recognises that Aboriginal Community Controlled Organisations (ACCO) are best placed to understand, design, and deliver services which respond to the needs and aspirations of their communities.

The overrepresentation of Aboriginal children in OOHC and the rapid and sustainable growth of ACCO sector are urgent priorities for our system to address. This will support improving the lives and outcomes of Aboriginal children, families, and communities.

Aboriginal families have experienced specific barriers to receiving culturally responsive and safe Family Preservation services at the right time. Driving down the number of Aboriginal children in care will help deliver on the NSW Government's Closing The Gap targets and the recommendations of the Family Is Culture review.

40. How will the 40% ACCO and 60% non-ACCO funding be distributed?

As outlined in the Family Preservation Funding Approach, we have set a state-wide ACCO sector investment target for Family Preservation of 40 per cent. Most of the ACCO investment target will be achieved by commissioning the new, ACCO-only *Aboriginal Family Preservation* framework, which allows ACCOs to design Family Preservation models with community. ACCO investment will be distributed across districts based on the extent to which Aboriginal children and young people in those districts are in contact with the child protection and OOHC systems, relative to the non-Aboriginal population. Districts with higher volumes of Aboriginal children at ROSH and entering care compared to non-Aboriginal children, will have higher rates of ACCO investment than districts with lower volumes of Aboriginal children at ROSH and entering care.

41. Is there cultural loading for an Aboriginal family working with a non-ACCO?

We expect every child, young person, and family to feel culturally safe and supported when working with Family Preservation services. As outlined in the Family Preservation Funding Approach, the *Families Together* framework includes a unit cost for CALD families. It does not include a cultural loading to support an Aboriginal Family.

An Aboriginal family will likely be most suitable for a local *Aboriginal Family Preservation* service or another ACCO-delivered model which is offered in their locality. DCJ recognises that client voice is critical, and some Aboriginal families may prefer to work with non-ACCO providers. Should this scenario occur, it is important that families understand that services delivered through the Healing core component and Advocacy core component can only be provided through *Aboriginal Family Preservation*. Service providers delivering *Families Together* to an Aboriginal family requiring cultural support can access specialist Aboriginal cultural services using brokerage.

The unit cost loading outlined for CALD families is given based on the additional supports they may require to meet their cultural needs. For CALD families who need it, it means access to interpreters, translators, and cultural consultations.

42. How will DCJ specify the number of CALD places in *Families Together* contracts?

As outlined in the Family Preservation Funding Approach, where required by DCJ, *Families Together* contracts will specify the number of places that will be dedicated to CALD clients with specific needs and uplift the contract value accordingly. The number of CALD places in *Families Together* contracts is informed by administrative data and will be included in the upcoming tender opportunity when procurement opens.

It will be at the discretion of *Families Together* service providers to apply the CALD cultural loading to the CALD families who need specialist supports within the number of itemised places in their contract, noting that not all CALD families who receive a service will require this. Service providers will be required to collect data and report how these funds are being used to DCJ. Additionally, DCJ will commission a specialist CALD service to support practitioners delivering *Families Together* to access cultural expertise and advice for working with CALD families.

43. How will the CALD statewide service be commissioned?

In the second half of 2025, DCJ will commission a specialist CALD service to support practitioners delivering *Families Together* to access cultural expertise and advice for working with CALD families. DCJ has allocated \$800,000 for this service, which has been informed by the number of specialist CALD places we expect to commission in *Families Together*. DCJ has not finalised the approach to procuring this service, including the types of providers who may be eligible.

44. How can service providers tailor support to families within the unit cost?

Family Preservation will service families with a child or young person in the home who is 0- 17 who is suspected to be at, or determined to be at, risk of significant harm (ROSH) using the same definition of that provided by s23 of the Children and Young Persons (Care and Protection) Act 1998 (the Care Act). We know that families who fall into this eligibility criteria are highly likely to have a combination of mental health, drug and alcohol misuse, and Domestic and Family Violence (DFV) in the home. Family Preservation must, as a standard rule, support families with these needs.

The costing for the Family Preservation models and frameworks allows service providers to support all families that fall within the eligibility. As outlined in the [Discussion Paper, Families Together](#) and *Aboriginal Family Preservation*, have been designed on the premise that families can receive higher and lower intensity services as their needs require, throughout their service provision. Under *Families Together* and *Aboriginal Family Preservation*, families will have responsive and effective support from a single service provider, rather than “stepping up” and “stepping down” between models and service providers to have more or less intensive service provision.

45. Has the cost of travel in remote areas been considered in the unit cost?

When considering costs associated with travel in regional and remote areas, DCJ found no reliable evidence to suggest that operational costs were higher in rural areas compared to metropolitan areas. For example, while rural areas may have longer travel distances taking considerable time, metropolitan areas experience higher leasing and operational costs, and costs incurred with high-traffic and time-consuming travel over shorter distances.

Throughout the life of the contract, we will use data and evidence to continuously monitor and evaluate travel and corporate costs to ensure they remain appropriate and balanced.

46. How has the implementation investment amount been determined?

Strong implementation and continuous service improvement are key drivers to ensuring Family Preservation services deliver outcomes for children, families and communities. The Family Preservation sector have advocated for dedicated and proportionate funding for appropriate implementation support.

DCJ considered the high-level implementation needs of the sector, as well as the dedicated implementation support provided in other programs to determine the implementation budget outlined in the [Family Preservation Funding Approach](#). DCJ determined that an investment of \$5.6 million per year strikes the right balance of investment needed for direct service provision to families versus and investment in supporting the sector. The implementation budget will fund:

- the development of operational material and supporting resources,
- enhancements to, and technical support for, data collection and referral systems,
- evaluation activities to monitor and measure program effectiveness,
- the development of Aboriginal and CALD Cultural Safety Frameworks to guide services to provide culturally informed and responsive services
- the development of practice approaches in consultation with the sector;

- the establishment of Communities of Practice and Working Groups to foster collaboration and drive information sharing, joint troubleshooting, and shared decision-making; and
 - workforce development, including training, to support implementation of the new approach and effective service delivery for families.
-

47. Why is DCJ decommissioning FFT-CW low track?

The priority of Family Preservation is to provide a quality service to children and young people across NSW. Families will be able to access the suite of Family Preservation services across metro and regional NSW.

To strike the optimum complement of models/frameworks, we have looked at:

- The best evidence available on the effectiveness of different models/frameworks
- The cost of different models/frameworks
- The appropriateness of different models/frameworks to meet the needs of the target cohort
- The operating model and flexibility of different models/framework to service in different localities at different price points
- The potential of different models/frameworks to innovate and flex as the evidence and wider service system evolves.

On balance, the Government has determined that FFT-CW Low Track can no longer be supported, and that case-management services will be delivered through either *Families Together* and *Aboriginal Family Preservation*.

48. How has the unit cost for MST-CAN and FFT-CW High Track been determined?

As outlined in the [Family Preservation Funding Approach](#), Table 2 outlines the 2026/27 financial year annualised contract values for each framework and model in the Family Preservation suite.

The manualised and licenced models (MST-CAN and FFT-CW High Track) and Nabu have existing and fixed unit costs because they require adherence to prescribed service and operational structures (such as service duration, caseloads, team structures, and training). We have also adjusted the unit costs for MST-CAN and FFT-CW High Track to reflect Award increases.

Model purveyors have developed and hold the licence for MST-CAN and FFT-CW Family Preservation programs. The unit cost for these models does not include costs associated with the training and clinical supervision provided by licenced model purveyors to support service providers delivering their models.

The specific contracts that DCJ will be tendering for MST-CAN and FFT-CW, including the contract value and geographical coverage, will be made available when procurement begins.

49. How can a family access a therapeutic response if MST-CAN or FFT-CW is not in their district?

MST-CAN and FFT-CW will be available to families across most districts. In areas where the models are not available, families working with service providers delivering *Families Together* and *Aboriginal Family Preservation* can be referred to individual or whole-of-family therapeutic supports. These supports include mental health, trauma treatment, counselling, alcohol and other drug treatment, which may be the appropriate referral in areas where MST-CAN and FFT-CW are not available.

The specific contracts that DCJ will be tendering for MST-CAN and FFT-CW, including the contract value and geographical coverage, will be made available when procurement begins.

50. Are service providers required to follow the team structure outlined for *Families Together*? What does this mean for the Therapeutic Support core component?

The [Family Preservation Funding Approach](#) uses an indicative team structure and caseload (Figure 2) in calculating unit costing under *Families Together*. This is a possible team structure and not a mandatory requirement under *Families Together*.

A key design feature of the *Families Together* and *Aboriginal Family Preservation* frameworks is that they enable service providers to develop flexible and innovate approaches to delivering Family Preservation services. As outlined in the [Redesigning Family Preservation in NSW Discussion Paper](#), we will not be prescribing staff positions, team structures, practitioner caseloads, qualifications or salaries. It will be for service providers to determine the operating model they deploy within the unit cost for their relevant framework.

As outlined in the [Family Preservation Program Specifications \(draft\)](#), therapeutic work can involve a range of supports tailored to the unique needs of each family, rather than a prescribed set of interventions. The therapeutic support core component has been designed with recognition that different service models may have different team structures and skill sets.

51. Are team salaries required to align with the SCHADS Award?

The [Family Preservation Funding Approach](#) outlines how unit costing was calculated using [The Social, Community, Home Care and Disability Services Industry Award 2010 \(SCHADS Award\)](#). The salaries and staffing arrangements organisations use to deliver Family Preservation services are at the discretion of the service provider.

More information on unit cost assumptions is provided at Appendix A of the [Family Preservation Funding Approach](#).

52. How has DCJ considered the SCHADS award in unit costing?

As outlined in the [Family Preservation Funding Approach](#), to calculate labour costs for *Families Together*, we used the five standard core components (Engagement, Case Management, Therapeutic Support, Family and Parent Support, and Child-Focused Support) to build an indicative service delivery model and made a range of associated assumptions as to staff positions, team structures, practitioner caseloads, and industry standard salaries.

We have developed the salaries component of the *Aboriginal Family Preservation* and *Families Together* frameworks unit costs using fixed operating hours, the indicative team structure and assumptions based on comparable role descriptions and pay rates from Social, Community, Home Care and Disability Services Industry Award (SCHADS Award). We have also included on costs of 20 per cent (superannuation, annual leave loading, long service leave, and workers compensation).

In developing salary assumptions for *Families Together*, we have reviewed the descriptions of each grade of the SCHADS Award and selected the most appropriate SCHADS grade based on the expected functions and responsibilities of each role.

Additionally, we considered the current SCHADS grades of staff in the social services NGO sector through survey data, who have similar roles and responsibilities as those of Family Preservation staff. We note that service providers set pay rates and roles descriptions to match the specifics of their business requirements, strategy, and individual staff members in line with prevailing industrial instruments. The unit costs developed through this funding approach adequately provision for all workers to be paid their full industrial entitlements. Some providers may elect to pay staff above the award at their discretion.

We will not prescribe salaries for ACCO or non-ACCO service providers. All service providers will have the autonomy to apply the SCHADS Award, use it as a guide, or set their own salaries to match

the specifics of their operational requirements, strategy, and staff mix. This allows service providers to design their teams in a manner that best fits their local and organisational contexts.

53. What are the *Aboriginal Family Preservation* and *Families Together* unit cost assumptions?

As outlined in the Family Preservation Funding Approach, the *Aboriginal Family Preservation* and *Families Together* unit cost have been calculated using 2024/25 figures outlined in Appendix A. We have then applied the NSW Treasury forecasted escalation rates up until FY2026/27 which are subject to change as escalation rate are revised.

The following tables in Appendix A outline the pay rates and assumptions used to calculate unit cost:

Table 5: SCHADS Award comparable grades and pay rates used to calculate the *Aboriginal Family Preservation* and *Families Together* frameworks' unit costs.

Position	SCHADS Award grade	Base salary (2024-25 financial year)
Team Leader	6.3	\$111,093
Practitioner	4.4	\$91,587
Family Support Worker	3.4	\$79,135

Table 6: Salary on-costs assumptions used to calculate the *Aboriginal Family Preservation* and *Families Together* frameworks' unit costs.

Salary on-cost element	Percentage of base salary (2024-25 financial year)
Superannuation	11.50 per cent
Workers' compensation	5.00 per cent
Long service leave	2.65 per cent
Leave loading	1.35 per cent*
Total	20.50 per cent

* Percentage is calculated based on the SCHADS 17.5% loading across the entitlement of four weeks of annual leave, divided by total amount of weeks per year.

Table 7: Overtime assumptions used to calculate the *Aboriginal Family Preservation* and *Families Together* frameworks' unit costs.

Overtime considerations	Unit	Value
SCHADS Award practitioner salary (2024-25 financial year)	\$/per annum	\$91,587
Relevant salary on-costs (superannuation (11.5 per cent), workers' compensation only (5.00 per cent))	\$/per annum	\$106,699
Available working hours	Hours per annum	1,335*

Overtime considerations	Unit	Value
Hourly rate	\$/per hour.	\$80**
Overtime penalty rate	Percentage	150 per cent
Overtime hourly rate	\$/per hour.	\$120
Estimated hours of overtime	Hours p.a.	8
Overtime cost	\$/per annum	\$959

* Number of available working days (hours) in the year with an assumption that all leave entitlements have been exhausted.

** Relevant salary including on-costs divided by available working hours

54. Have unit costs considered changes proposed in the Fair Work Commission Gender Undervaluation Review?

The Fair Work Commission has not yet reached a final decision in its Gender-based undervaluation – priority awards review. DCJ is aware of the preliminary decision of the Fair Work Commission and will monitor any decisions made relating to the SCHADS award.

55. Why is there a contract minimum?

The [Family Preservation Funding Approach](#) sets different contract values for the next commissioning cycle. These will support the right market mix of small, medium, and large contracts in each district depending on demand, funding, and market availability.

The minimum contract value is set to ensure that service providers have sufficient resources to operate the Family Preservation services independently of other funding and programs, thereby maintaining service viability and reducing vulnerability, and disruption should other funding sources change. This ensures that the quality of service to children, young people, and families is not compromised over the life of the contract.

The sector has been calling for a more secure and sustainable funding to build greater operational resilience for service providers, which in turn means they can delivery effective, efficient, and responsive services to children, young people, and families.

The most likely contract values for each framework and model DCJ will be commissioning are outlined in Table 2 of the [Funding Approach](#). There may be some exceptional circumstance in which we commission a service provider to deliver 7 places for *Aboriginal Family Preservation* and *Families Together*. This would most likely be to support ACCO sector development. The actual contract values including minimum values will be detailed when procurement commences.

Next steps in recommissioning

56. What does the procurement look like?

The following Family is the relevant information for each Family Preservation Tenders:

- *Families Together:*
 - Open tender process
 - Tenders closed 6 August 2025
 - Outcome expected and announced in March 2026
 - Contracts commence 1 July 2026
- *Aboriginal Family Preservation:*
 - Open tender process
 - Tenders closed 6 August 2025
 - Outcome expected and announced in March 2026
 - Contracts commence 1 July 2026
- **Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)**
 - Select tender process
 - Tenders closed 14 July 2025
 - Outcome expected and announced in December 2025
 - Contracts commence 1 April 2026
- **Functional Family Therapy – Child Welfare (FFT-CW):**
 - Select tender process
 - Tenders closed 14 July 2025
 - Outcome expected and announced in December 2025
 - Contracts commence 1 April 2026

Contract Variations

57. What contracts have been extended?

On 7 November 2025 DCJ announced an extension to the majority of Family Preservation contracts for an additional three months, from **1 April 2026 to 30 June 2026**.

This extension is in response to feedback and will helpfully align some of the contract changes with the financial year. It applies to the following programs:

- Brighter Futures (including SafeCare in selected sites)
- Youth Hope
- Resilient Families
- Intensive Family Preservation (IFP)
- Intensive Family Based Services (IFBS)
- Permanency Support Program – Family Preservation (PSP-FP)

New contracts for MST-CAN, FFT-CW – High Track, and Nabu will commence as scheduled on **1 April 2026**. Contracts for the new *Aboriginal Family Preservation* and *Families Together* programs will now commence on **1 July 2026**.

Extension allows DCJ to lead a coordinated, well-paced, and responsive transition that maintains quality of service for families and allows service providers more time to prepare for change. We acknowledge that the commissioning timeframes have shifted and appreciate the sector's continued commitment, adaptability, and dedication to supporting families throughout this process.

Transitioning to the new Family Preservation system

58. What is in the *Transitioning to the New Family Preservation System* paper

The Transitioning to the New Family Preservation System paper outlines:

- Supporting a stable transition through adjustments of contract timings
 - Staged approach to support transitioning to the new Family Preservation System
 - How families will be supported through the transition
 - How the workforce will be supported through the transition
-

59. What is the proposed approach to transition?

DCJ is implementing a phased approach to transition to the redesigned Family Preservation system. This approach gradually manages service capacity, realigns the system, and ensures continuity of care for families. Each stage will be guided by up-to-date information and supported by strong governance, regular capacity analysis, and active risk management.

60. How many phases are there and what's happening in each phase?

There are three phases outlined in the plan, key activities include:

Phase One: Preparation (Nov 2025 – Mar 2026)

- Prepare for transition and wind down of decommissioned services
- DCJ referrals prioritised and community referrals temporarily paused
- DCJ sets service provider capacity targets and manages vacancies
- MST-CAN, FFT-CW, and Nabu service providers are communicated
- Service providers prepare families to exit
- Service providers plan for staffing impacts

Phase Two: Adjustment (Apr 2026 – Jun 2026)

- DCJ adjusts service provider capacity targets and manages vacancies
- *Aboriginal Family Preservation* and *Families Together* service providers communicated
- Service providers prepare families to exit or transition to new service system
- Service providers manage staffing impacts

Phase Three: Establishment (Jul 2026 – Sep 2026)

- New service system commences
 - DCJ adjusts service provider capacity targets and manages vacancies
 - Service providers support new and transitioning families
-

61. How will the workforce be supported through this transition?

DCJ is committed to supporting service providers to ensure every staff member feels informed, prepared, and supported at every stage. Together, we can make this change a success. This includes:

- Clear and timely communication about changes and expectations
 - Resources and guidance to help navigate new systems and processes
 - Workforce stability measures, including contract extensions and transition planning
 - Opportunities for feedback and collaboration to shape implementation
-

62. Will there be any prioritisation or linkage of workers who will no longer have a job to new providers?

While DCJ recognises that future service providers have their own autonomy over their recruitment policies and processes, these service providers are strongly encouraged to engage with downsizing or exiting service providers to see if staff can be supported for transfer or priority employment at the new service provider. Service providers should consider this in their scenario planning, and should the scenario eventuate, engage the future service providers early in Phase 2, before staff leave the sector. This engagement may occur bilaterally between service providers, and/or through the Local Transition Groups.

The ASU is committed to supporting its members and the wider sector through this transition so workers' rights can be protected, and families can continue to receive high-quality services. Service providers and staff are encouraged to engage the ASU early in the process to help identify risks, solve problems and avoid dispute. Service providers are expected to engage with the ASU and endeavour to find mutually beneficial outcomes for staff and service providers and avoid the distress and disruption of dispute. While dispute should be viewed as a last resort, DCJ recognises staff, and the ASU may take this action where alternative outcomes cannot be reached.

63. We have noticed that some successful providers appear to be advertising roles online. This has caused concern among our staff, as a new provider has advertised roles in our current area. Can this be monitored?

DCJ does not have oversight of, or influence over, the recruitment activities of external organisations.

If staff are feeling uncertain or impacted by these developments, they can be reminded that DCJ's Employee Assistance Program (EAP) has been extended to offer additional support during this transition period. While your organisation's EAP remains the primary support option, DCJ's EAP is available as a supplementary and confidential service for any staff who may find it helpful.

64. Who will be managing risk to children during this transition?

While the transition will be a time of flux for Family Preservation service providers, DCJ will continue to exclusively hold the statutory powers and obligations to assess whether a child is at risk of significant harm and take action as appropriate. DCJ will continue to rely on its usual policies, mandates and processes during this period and will not be creating exceptional processes and rules for prioritising and responding to families who are working with Family Preservation service providers. This will ensure that DCJ continues to prioritise children most at risk of harm, regardless of whether they are working with a Family Preservation service provider or not.

65. How will children and families be supported through the transition?

Family Preservation service providers will continue to hold the ability to build networks, and work alongside other agencies and services to ensure families are supported and children are safe.

It will be important for DCJ – both at triage and allocated cases - to be aware of and utilise the breadth of other services available for families in their district. This help ensure as many families as possible are support through transition and help reduce risk to children during this period.

66. What do I do if I am worried about the safety of a child?

As mandatory reporters, service providers are required to report any children they suspect to be at risk of significant harm to the Helpline in line with the Mandatory Reporter Guide (MRG). That report can be assessed by DCJ and if appropriate, allocated to a DCJ caseworker.

When making a report to the Helpline, service providers should clearly state they are a Family Preservation service provider, the concerns they hold for the safety of the child, where relevant the current and planned supports in place, and if the Family Preservation service has ceased or is ongoing.

If a service provider is working with a family for which DCJ has an open an allocated case, the service provider is expected to work closely with the DCJ caseworker to help understand the risks to the child and what steps may be taken through the transition period. This may include actions to be taken if and when the family completes their service with the service provider, or to transition to a new service provider.

67. Which families will DCJ prioritise to Family Preservation referrals during transition?

The rate of referrals made to service providers will differ depending on their capacity targets and their ability to accept referrals during the transition to the new Family Preservation service system - it is essential that families most in need are prioritised for support. As outlined in the Transition Paper, DCJ referrals will take precedence, and community referrals will be temporarily paused.

DCJ referrals should be prioritised based on the following suggested considerations:

- **Alternative supports:** where no appropriate alternative services exist to meet a family's needs.
- **Risk and urgency:** where the child or children are at risk of significant harm and are most in need of a timely Family Preservation service.
- **Length of service duration available:** referral should align with the support that can be provided before the service provider's contract ends, or that there is clarity and agreement that the family will transition to a service provider.
- **Geographic access and service provider readiness:** families should be matched to service providers based on location, capacity and readiness to deliver services.

Vacancies must be considered in the context of transition phases and upcoming capacity adjustments. A vacancy may appear available but may need to be held to meet future targets. Not all exits will result in a referral opportunity. Referral decisions should be made in line with phase-specific targets and local transition planning.

During Phase 2, DCJ will continue to prioritise any available places for families considered most in need of support.

68. What are the different Cohorts in the Phase 1 capacity targets?

Your approach will depend on how your Phase 1 capacity targets compare to your current contract volumes.

- If your capacity target is similar to current contract volumes (Cohort 1) - you will likely continue accepting referrals. In most cases, you can plan to support families through to the end of the current contract period, which is 30 June 2026. Keep monitoring your progress so you meet your Phase 1 targets by 31 March 2026.
- If your capacity target requires you to scale down (Cohort 2) - you may have limited or no capacity to accept new referrals. If a referral is made by DCJ, consider:

- How close ‘active families’ are to completing services.
 - Whether accepting the referral will affect your ability to meet Phase 1 targets.
 - The resources and staff you have available.
-

69. How should service providers be working with families currently in service during this transition?

We understand that change can bring uncertainty, and our priority is to minimise disruption and maintain service quality wherever possible.

Families currently in service are supported by a range of models, each with its own program specifications, including expected service duration and intensity. As we move into the transition phases, this plan will override those expectations. In some cases, families may receive a shorter duration or reduced intensity of service than originally anticipated.

As these models are being decommissioned, DCJ and service providers will work towards exiting families as these contracts come to an end. This will be the general approach to minimise disruption and “handovers” for most families.

Service providers should support practitioners on what needs to be communicated to families and when, including on anticipated service duration and intensity. Service providers and practitioners should be transparent with families, and use their judgement about the nature and timing of how that is communicated to families.

70. Which families does DCJ expect to transition to the new Family Preservation system?

As contracts come to an end, DCJ and service providers will work together to identify families who require continued support. These families may transition in one of two ways:

1. Transition with the current service provider (limited circumstances):
Families may continue receiving support from their current service provider where that provider has secured a new contract for a service suitable to the family’s needs.
2. Transition to a new service provider (exceptional circumstances):
Families whose current provider is exiting the system, and who require continued support beyond 30 June 2026, may transition to a new service provider that holds a suitable new contract.

Families who may fall into these limited or exceptional circumstances are generally those who are open and allocated with DCJ, have been prioritised, and are experiencing higher levels of complexity – for example:

- children at the highest level of risk, including situations where removal may need to be considered to ensure safety
- families with limited access to other supports
- families historically engaged in longer-duration or higher-intensity models

These situations require careful planning to enable continuity of care during and after the transition.

During Phase 2, DCJ contract managers will work closely with service providers each fortnight to identify families for prioritisation.

71. When will we know what the exceptional circumstances will be for families that can transfer to *Families Together*?

DCJ is issuing Phase 2 targets for current providers. For continuing providers, the capacity targets set out the number of families a service provider can support from the start of new contracts on 1

July 2026 in the specified geography. For exiting providers, the targets will reflect their transition responsibilities.

DCJ will include guidance on how to prioritise and transfer families, where capacity allows, in limited and exceptional circumstances.

Families likely to meet these limited or exceptional circumstances are generally those who are open and allocated with DCJ, have been prioritised, and are experiencing higher levels of complexity - for example:

- children at the highest level of risk, including situations where removal may need to be considered to ensure safety
- families with limited access to other supports
- families historically engaged in longer-duration or higher-intensity models

These cases will require careful consideration to ensure safe and appropriate continuity of support across the transition.

72. When will community referrals be paused?

From late November 2026, DCJ temporarily paused community referrals, this means service providers should no longer be accepting them. This has already been communicated with service providers and Child Wellbeing Units.

73. When will we be notified of our Phase 1 and Phase 2 capacity targets?

Current Family Preservation service providers were notified of their Phase 1 capacity targets in December 2025. These capacity targets will be adjusted for Phase 2 in April 2026.

74. If referrals from DCJ are limited in Phase 2, how will families continue to receive support in managing risk within the home?

Service providers are expected to prepare families currently in service to complete service and exit by 30 June 2026. In limited and exception circumstances, families will be permitted to:

- Transition to new system with current service provider where a suitable new contract is in place.
- or
- Transition to the new system with a new service provider where continued support is needed and the current service provider is exiting the system.

If a service provider is working with a family for which DCJ has an open and allocated case, the service provider is expected to work closely with the DCJ caseworker to help understand the risks to the child and what steps may be taken through the transition period. This may include actions to be taken if and when the family completes their service with the service provider, or to transition to a new service provider.

Referrals from DCJ may continue in Phase 2 where providers have capacity within their Phase 2 targets and have a contract and capacity in the same geography to service the family from 1 July 2026. The Phase 2 capacity targets set out the number of families a service provider can support from the start of new contracts on 1 July 2026 in the specified geography. If a referral is made to a provide during Phase 2 there is an expectation that these families will automatically transition to new model/framework.

75. When will procurement outcomes be communicated?

New contracts for *Families Together* and *Aboriginal Family Preservation* were communicated in March 2026 with contracts commencing on 1 July 2026.

New contracts for MST-CAN and FFT-CW - High Track were communicated in March 2026, with contracts commence on 1 April 2026 as planned.

76. What is the purpose of the District Capacity Management Groups?

District Capacity Management Groups are internal groups and include senior representatives from DCJ Commissioning and Planning (C&P) and DCJ Child Protection and Permanency (CPP), supported by the program team. All members of District Capacity Management Groups have signed confidentiality agreements to protect sensitive information and uphold probity throughout the transition.

The District Capacity Management Groups will meet fortnightly and will be responsible for:

1. Developing and overseeing district transition plans to manage referrals, exit families appropriately, and fill vacancies.
 2. Monitoring service provider capacity, viability, targets, and escalating concerns as needed.
 3. Maintaining clear communication with caseworkers and hubs on referral processes.
 4. Tracking local data to identify risks and respond quickly.
 5. Escalating risks and sharing updates with the Program team.
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77. What is the purpose of the Local Transition Group?

The Local Transition Groups will be external groups and include representatives from current service providers and future service providers, DCJ C&P and CPP in each district. The groups must handle information sensitively and not disclose personal information about families or staff.

The Local Transition Groups will meet regularly and will be responsible for:

1. Identifying other programs and services (including DCJ funded services and services funded by other government agencies) available in their locations that may be utilised to support the breadth of families.
2. Discussing how best to plan for the transition of families.
3. Supporting workforce transition, including from one service provider to another service provider.
4. Discussing district wide trends and issues and escalating risks and updates with the Program team.

It will be important for the Local Transition Groups to be able to speak to the totality of the transition within their district. We appreciate that some conversations will be specific to ACCOs, Aboriginal staff, and Aboriginal families. We expect that ACCO members of the Local Transition Groups - who by definition are accountable to community - will work with and engage the broader community as they participate in this process. As the peak for Aboriginal children and families, AbSec can also be involved in these conversations.

78. When will Local Transition Groups start and how can I get involved?

Local Transition Groups will commence in April 2026 after procurement outcomes have been communicated, DCJ will communicate directly with service providers to invite them to participate in these groups.

79. When will the monthly Family Preservation Sector Forum recommence?

The monthly Family Preservation Sector Forum will recommence in April 2026, and DCJ will distribute an invitation via the mailing list. If you're not already subscribed you can do so [here](#).

80. What are the data reporting requirements during transition?

Current service providers are contractually required to provide all reasonable assistance to transition to the new Family Preservation system, including meeting data reporting requirements as notified by DCJ.

While reporting through infoShare remains business-as-usual, DCJ will request service providers to increase reporting frequency during transition. This is intended to support a smooth transition and ensure high-quality, reliable data.

DCJ has already requested initial reporting and remediation of data. On 28 November service providers were asked to provide

- Names of active families currently in service
- Model of support being delivered
- Service location
- Update clients who have exited services by entering an exit date and reason.

Once this remediation work is complete, service providers will be required to regularly report the expected and actual service exit dates of families currently in service, and referral outcomes (accepted or declined) and reasons.

It is essential that the data submitted is accurate, complete, and timely to support effective planning and smooth transition.

81. What messaging will DCJ provide to referring CSCs, CPOs, and other external stakeholders such as NSW Health?

DCJ routinely shares information across DCJ, as well as regularly promote information that is publicly available on the DCJ website. If you are concerned that teams in DCJ do not have the necessary information at hand, please notify the Family Preservation mailbox.

DCJ has provided updates to the Child Wellbeing Units, including the Ministry of Health. We will continue updating external stakeholders as we progress through recommissioning. Key information is publicly available on the DCJ website.

Support for impacted staff

82. What happens to staff employed by unsuccessful providers?

DCJ recognises that the dedicated staff in the Family Preservation sector have long supported families and advocated for improvements to the system. DCJ expects service providers, whether current or future, to take all steps possible to retain staff within the sector.

83. Is there any supported for impacted staff?

While we acknowledge that it is the employer's responsibility to provide appropriate support to staff to navigate change such as this, DCJ's is committed to ensuring that all staff affected by the transition to the new Family Preservation system can be supported by DCJ's Employee Assistance Program. Access to this service will be funded by DCJ and be available from 10 December 2025 until 30 September 2026. If your organisation already offers an EAP service, please encourage your staff to access that first, as it may provide support tailored to their workplace and individual needs. Current Service Providers have been communicated on what the service offers how to access it.

84. What pathways exist for redeployment, redundancy, or staff transfer?

DCJ recognises the staff most impacted by transition will be those in service providers who do not secure a future contract through the procurement or secure a contract of lower value than their current contract. We are clear that we want to retain these staff in the sector. The rights of affected staff will depend on their particular circumstances, and service providers will need to ensure they respect each worker's rights accordingly. DCJ, the peaks, and the ASU endorse the position that service provider should support adversely affected staff through one of the following pathways:

- Redeployment to other roles within their organisation.
- Redundancy if no other roles are available, and the member of staff is entitled.
- Staff transfer or priority employment for an incoming or expanding service provider, where that service provider is supportive of that approach.

While DCJ recognises that future service providers have their own autonomy over their recruitment policies and processes, these service providers are strongly encouraged to engage with downsizing or exiting service providers to see if staff can be supported for transfer or priority employment at the new service provider.

This engagement may occur bilaterally between service providers, and/or through the Local Transition Groups. The ASU is committed to supporting its members and the wider sector through this transition so workers' rights can be protected, and families can continue to receive high-quality services. Service providers and staff are encouraged to engage the ASU early in the process to help identify risks, solve problems and avoid dispute.

Procurement and tender outcomes

85. When were the Family Preservation tender opportunities released?

On 11 June 2025, Buy NSW published the *Aboriginal Family Preservation* and *Families Together* tender opportunities, which closed on 6 August 2025.

On the same day, invitations to tender for Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) and Functional Family Therapy – Child Welfare (FFT-CW) were issued directly to selected providers via Procurement Central. These tender opportunities closed on 14 July 2025.

86. Why were these service providers selected, and how did DCJ ensure the procurement outcomes were robust and well considered?

This has been the largest and most complex open tender for Family Preservation ever undertaken in NSW – unprecedented in scale. The tenders attracted a very high volume of submissions: 108 for *Families Together*, 51 for *Aboriginal Family Preservation*, along with additional single invited tender submissions for MST-CAN and FFT-CW.

With 80 *Families Together* packages and 56 *Aboriginal Family Preservation* packages available, each submission underwent a careful, consistent and thorough assessment in accordance with NSW procurement policies. All *Aboriginal Family Preservation* and *Families Together* submissions were assessed through an open, competitive process against the published evaluation criteria, including quality, value for money, organisational capability and experience, and alignment with intended program outcomes.

For MST-CAN and FFT-CW, service providers were selected through a selective tender process due to the highly specialised nature of these evidence-based models. In the case of FFT-CW, DCJ sought to engage experience providers already operating the model within NSW to ensure continuity fidelity to the model and effective service delivery.

Successful service providers were those whose submissions were assessed as offering the strongest overall value for money and best alignment with program objectives when compared across the full field of responses.

87. When do the new Family Preservation contracts commence?

Contracts for *Aboriginal Family Preservation* and *Families Together* will begin on 1 July 2026. Contracts for MST-CAN and FFT-CW commence 1 April 2026.

88. Who are the successful service providers?

There are 21 successful service providers for *Aboriginal Family Preservation*, 27 for *Families Together*, 6 for Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), 6 for Functional Family Therapy-Child Welfare (FFT-CW).

You can find a list of successful service providers on our microsite.

89. Why were some service providers not successful for *Aboriginal Family Preservation* and *Families Together*?

DCJ received a strong field of submissions for *Aboriginal Family Preservation* and *Families Together*. While a number of service providers submitted capable and compliant proposals, the evaluation process was competitive. Some providers were not successful because other submissions were assessed as representing better overall value for money against the published evaluation criteria.

90. Why was my organisation successful for some *Aboriginal Family Preservation* and/or *Families Together* packages and not others?

Procurement was conducted through an open and competitive process, with multiple service providers applying for the same packages. Each submission was assessed against the evaluation criteria and the requirements of the local context. As a result, a service provider may have been successful for some packages but not others depending on how well each proposal met the assessed needs of each package.

91. If my organisation was unsuccessful for some or all the packages we applied for, how can we seek feedback on our tender submission?

Service providers who were unsuccessful for all or some of the packages they tendered can seek feedback on their tender submission. These service providers have received a letter from the DCJ that includes contact details for arranging a debrief session. Please refer to that correspondence and contact the nominated officer to seek further clarification about the assessment outcome.

92. End of contract responsibilities - What must service providers do when a DCJ contract ends?

To comply with the terms and conditions of your contract with DCJ, you are required to complete several tasks before and after a contract ends, regardless of how the contract ended. These tasks include (but are not limited to):

- working with DCJ to provide continuity of service delivery until existing services transition
- responding to financial obligations, records, data and reporting requirements
- addressing assets purchased with DCJ funds, which may be disposal
- attending to matters related to your personnel.

These obligations apply to all contracts that end on 30 June 2026, irrespective whether the models cease or continue as new contracts.

End of contract guidance is available on the DCJ website [here](#).

93. Can service providers use program funds for redundancy payments?

No. Providers must meet these obligations from other sources. Redundancy payments are considered employer responsibility under clause 6.1 of the Standard Terms.

Guidance and support before new contracts commence

94. Will updated Operations Manuals be provided and what will they include?

Yes, updated Operations Manuals will be shared setting out the policy, processes, and procedures for *Families Together*, *Aboriginal Family Preservation*, MST-CAN, and FFT-CW.

This includes new referrals, operational, and data requirements. DCJ will be in contact with successful service providers over the coming months with next steps for onboarding and training.

95. What operational systems do successful service providers need to onboard in the coming months?

Successful service providers will need to onboard to:

- ChildStory Partner Community - used to receive and manage DCJ referrals. Onboarding will occur in the coming months
- infoShare – used to capture and report the Minimum Data Set. Onboarding will occur in the coming months
- Capacity Management System – used to update service capacity, vacancy, and utilisation. Onboarding will begin from 1 July

Details about onboarding will be shared with providers in the coming months.

Document version control table

Version	Update
2.1	'Next steps in recommissioning' - Update to procurement questions 33 and 34.
3.0	Added 'Contract Variations' heading with subsequent questions.
4.0	'Program Specifications' – Update to question 27 Added 'Program Funding' heading with subsequent questions. 'Next steps in recommissioning' - Added question 41 and 43.
5.0	'Service duration and allocated hours' – Update to questions 21 and 22. 'Program Specifications' – Added question 27, update to questions 28 and 29. 'Program Implementation' – Update to question 30, added question 34 'Program Funding' – Update to question 35, 45, 49, 54 – 58, added questions 36, 37, 39 – 44, 47, 48, 51 – 53
6.0	'Transitioning to the new Family preservation' section added Updates to contract dates Removal of outdated FAQ's
7.0	Additional questions added to the 'transitioning to the new Family Preservation' section
8.0	Additional questions added to: 'Transitioning to the new Family Preservation' section 'The new Family Preservation design' section
9.0	Updates to questions 67, 69, 70, 71, 74 Additional sections added: 'Support for impacted staff' 'Procurement and tender outcomes' 'Guidance and support before new contracts commence'