Child Wellbeing Units Evaluation

Part of the Keep Them Safe Evaluation

Final Report 25th June 2014

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25th June 2014

Private and confidential

Evaluation of the Child Wellbeing Units

Dear Dr Craig

We are pleased to present the final report for the Evaluation of the Child Wellbeing Units.

Our final report has been provided to the Department of Premier and Cabinet (DPC) pursuant to the terms of our contract dated 13 September 2013 and the evaluation plan agreed.

In carrying out our work and preparing our report, Ernst & Young has worked solely on the instructions of DPC and has not taken into account the interests of any other party. Our report has been constructed based on information received as of 25 June 2014 and provided to us by DPC, Community Services, CWUs and SPRC. Material events may have occurred since this date that are not reflected in our report.

If you have any questions in regards to the content of this report please do not hesitate to contact Chris O'Hehir on 02 9248 5435.

Yours sincerely

Ernst & Young

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Glossary of Terms

AHS	Area Health Services (Health)
AO	Assessment Officer (CWU)
Community Services or CS	Community Services (formerly the Department of Community Services or DoCS) is an agency of the Department of Family and Community Services.
COPS	Computerised Operational Policing System - NSW Police Information Management System
CRA	Cumulative Risk Assessment
CRN	Client Reference Number
CSC	Community Service Centres (within Community Services)
CWC	Child Wellbeing Coordinator (Health)
CWU	Child Wellbeing Unit
DEC	Department of Education and Communities (NSW)
DPC	Department of Premier and Cabinet (NSW)
DVLO	Domestic Violence Liaison Officer (Police)
EY	Ernst & Young
Event	A child or young person concern report where there is a suspected risk requiring assessment. CWU activities are conducted that relate to a specific child or young person event (concern). An event about a child or young person is recorded in WellNet where a CWU worker may perform a number of related Activities as the event is processed including: Consultation, Cumulative Risk Assessment, Determine outcome and action, Obtain Information, Providing Information, Other, Provide Advice, Report Suspected ROSH to CS and Service Gaps
FACS	Department of Family and Community Services (formerly Department of Human Services – DHS)
FMEA	Failure Mode and Effect Analysis
FRS	Family Referral Services
FTE	Full Time Equivalent
Helpline	Community Services Child Protection Helpline
HSNet	NSW Human Services Network – a database containing information for workers in the human services and justice sectors
iROSH	Imminent Risk of Significant Harm
IECT	Information Exchange Change Team
JIRT	Joint Investigation Response Team
KiDS	Community Services Key Information Data System (This is the Community Services system for keeping client records)
KTS	Keep Them Safe
LAC	Local Area Command (Police)
LHD	Local Health District
MOU	Memorandum of Understanding – between FACS CS and the CWU agencies regarding the provision and maintenance of WellNet
MRG	Mandatory Reporter Guide
NGO	Non-Government Organisation
Non-ROSH	Non-Risk of Significant Harm

Not resulting in the recording of an event	CWU activities from inbound contacts that do not relate to a specific child or young person event (concern). These other CWU activities are generally of a lower risk nature including: Complaints, Legal Requests, Providing Information, Obtaining Information, Providing Advice (non-event) and Service Gaps
OOHC	Out of Home Care
PRA	Preliminary Risk Assessment
QC	Queen's Counsel
ROSH	Risk of Significant Harm
ScRPT	Screening and Response Priority Tools. The risk assessment tools used by the Helpline in assessing if a report is ROSH
SARA	Safety Assessment Risk Assessment – a structured decision making tool applied by caseworkers to assess child or young person safety and risk factors
KTS SOG	Keep Them Safe Senior Officers Group – an interagency group led by Department of Premier and Cabinet
Survey	The NSW mandatory reporter survey conducted in 2014 for the purposes of this and other evaluations
Survey - Other Healthcare	A classification of health workers from the mandatory reporter survey based on their profession and program of health. This includes: Case worker / case manager / support worker, Manager - organisation / region, Manager - team, Project officer, Administrative staff and null responses
Survey - Secondary Healthcare	A classification of health workers from the mandatory reporter survey based on their profession and program of health. This includes: Clinical health workers -medical (Other Hospital), Clinical health workers -nursing (Emergency), Allied health professionals (Maternity and Paediatrics)
Survey - Primary Healthcare	A classification of health workers from the mandatory Reporter Survey based on their profession and program of health. This includes: Aboriginal Health Workers, Ambulance clinicians, Oral health / dentists, Clinical health workers -medical (Aboriginal Health), Clinical health workers - nursing (Allied Health), Allied health professionals (Child and Family Health, Drug and Alcohol, Mental Health, Other, Other Community health and null responses)
Unallocated ROSH	A report that was assessed as ROSH by the Helpline but was not allocated a caseworker at the CSC
WellNet	The information management system shared by CWUs
Wood Inquiry	Special Commission of Inquiry into child protection services in New South Wales
Yellow Card	NSW Police Force have the ability to offer all victims of domestic and family violence early referrals to services by the signing of their yellow card, which gives permission for Police to pass the victim's details to a family or domestic violence service. Note: At the time of this report the Yellow Card is currently under review and is likely to be replaced by an updated card system across the State

Executive Summary

In 2007 Hon. James Wood, AO, QC was commissioned by the NSW Government to conduct a special commission of inquiry into the State's child protection and wellbeing system (the Wood Commission). The Wood Commission proposed wide-ranging reforms to the child protection and wellbeing system, including a new model for the intake and referral of child protection concerns. This included developing and embedding the concept of a Child Wellbeing Units (CWUs) within Health, Education and Police.

Keep Them Safe: A shared approach to child wellbeing (the *Action Plan*)[1] was issued in 2009 in response to the Wood Commission and laid out the Government's overarching goal for child protection and wellbeing, as well as six specific outcomes towards which the Government would work in pursuit of that goal.

In response to the Wood Commission's recommendations regarding identification, information exchange and response, the NSW Government established CWUs for key government agencies to support staff, who, for the purposes of this evaluation, are referred to as mandatory reporters.

The key strategic objectives for the CWUs were outlined in the KTS Action Plan and the implementation of these outlined in the CWU Directors' Forum Strategic Plan 2012-2014. The role of the CWUs is to act as change agents, reshaping agency responses to child protection by:

1) Advising, supporting and educating mandatory reporters as to whether there is a suspected risk of significant harm (ROSH), and reporting these high risk matters to the Child Protection Helpline (the Helpline).

2) Identifying potential responses by the agency or other services to assist the child or family for cases that did not meet the ROSH threshold.

3) Over time, driving better alignment and coordination of agency service systems (i.e. non-statutory services).

The structures, processes and accountabilities of each CWU were influenced by the operational context and parameters of their respective agencies. There are therefore differences in the way the CWUs have been set-up and operated. Notwithstanding these differences, in each case the CWUs have successfully achieved their intended objectives. The ways in which they have done so, and the identification of constraints and opportunities which remain for the future, are the subject of this review.

The key conclusions of this review are summarised below:

1) The CWUs have significantly advised, supported and educated mandatory reporters

The CWUs have acted to refine the identification and quality of risk reporting. In doing this they have substantially improved the understanding and awareness of mandatory reporters of their agency responsibilities, as well as the responsibilities of others in the broader child protection and wellbeing system. This has been achieved through the implementation of the Mandatory Reporter Guide (MRG), associated system, process and people initiatives (including education programs) and the continued interaction by CWUs with mandatory reporters through daily contact. It is noteworthy that over 80 per cent of Health respondents and Education respondents gave positive responses when evaluation the helpfulness of the CWU in identifying and reporting suspected ROSH.

One consequence of this activity is that the CWUs have made an active contribution to managing the overall volume of contacts to the Child Protection Helpline, especially those regarding children about whom there is concern, but who may not be regarded as being at suspected ROSH. This is supported by the following trends:

► Overall demand to the Helpline (calls, faxes and eReports) dropped by 30,732 contacts from

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[1] Department of Premier and Cabinet (2010). *Keep Them Safe: A shared approach to child wellbeing* ["Action Plan"]

196,392 in financial year 2009/10 to 165,660 in financial year 2011/12[2], mostly as a result of the implementation of the ROSH threshold.

► The CWUs have provided advice and support to mandatory reporters through a total of 49,461 contacts to the CWUs recorded in financial year 2012/13. These contacts resulted in 22,697 reports to the Helpline.

► Importantly the remaining 26,764 calls were managed within the CWU program and represent a reduced burden on the Helpline.

When taken together, these changes in the pattern and volume of calls to the CWUs and the Helpline indicate that contacts associated with the identification of children with a wellbeing or risk issue have increased, and that reporting is being streamed to allow for alternative responses for suspected non-ROSH cases.

2) The CWUs have identified potential responses by the agency or other services to assist the child or family for cases that did not meet the ROSH threshold

WellNet figures for the 2011 calendar year show the CWUs have increased direct referrals by 14 per cent in the three years from 2011 to 2013 from 3,757 to 4,309. These direct referrals were largely made by the Police CWU. They have increased recorded cases of advice[3] by 26 per cent over this period from 11,285 to 14,180. Advice typically concerned responses including intervention and referral advice (largely made by the Health and Education CWUs). 87 per cent of Health and 88 per cent of Education survey respondents indicated that the CWU have been either effective or somewhat effective in building mandatory reporters' capacity to respond to child wellbeing issues.

The Wood Commission found that unallocated reports did not receive an appropriate intervention. It is therefore reasonable to assume that, in conjunction with the heightened reporting threshold, more vulnerable children (and their families) received a response because of the active facilitation of the CWUs. The success of these interventions in driving appropriate outcomes is however not known by the CWUs. The Health and Education CWUs were not established to monitor the success of referrals and have no formal mechanism to monitor referrals. While the Police CWU does proactively monitor its referrals, the outcome of the majority of cases is unknown.

There are a number of constraints that may influence the efficacy or take up of referrals. For example, there is a lack of visibility of potential services available for children/families and service capacity across the State. This is because multiple service catalogues exist which are not linked to service availability or gaps in services. For example, the HSNet catalogue of services for each locality is limited in its use to assessment officers and does not identify service capacity. This leads to a lack in understanding of capacity and efficacy of identified services.

In addition, children reported to the Helpline are assessed using the ScRPT tool to ascertain if they are at ROSH. Those that are assessed as non-ROSH are reported back to the CWU and/or mandatory reporter. According to assessment officers, there is an inconsistent provision of feedback to mandatory reporters and CWUs on ROSH cases from Community Services, especially with regard to unallocated ROSH cases. Consequently unallocated ROSH cases are at risk of not getting a timely response, or not getting a response at all.

3) The CWUs have been driving better alignment and coordination of agency service systems

To achieve change in their individual agencies, the CWUs have adapted their operations and approach to their own agency context. Each CWU has slight variations in practice, process and outputs that are designed to better integrate child protection and wellbeing into the mindset of the mandatory reporters

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[2] Source FACS Community Services Annual Statistical Report 2011/12, Table 3.1 Helpline demand and average waiting time, NSW, 2009/10 to 2011/12 p29

[3] The Health and Education CWUs provide advice and support to mandatory reporters, aimed at empowering them to provide a response to families and children. Consequently the Health and Education CWUs only perform direct referrals or responses in a minority of cases.

within their agencies. For example:

- ► Police have systematised mandatory reporting through integration of the Mandatory Reporter Guide into their operational database (Computerised Operating Policing System, or COPS). This is to manage the higher volume of activity the organisation deals with. It operates a central CWU that identifies and actions appropriate responses for the notifications received.
- ► Health operates in 3 regional CWU sites and includes a network of 8 FTE or 13 full time or part time Health Child Wellbeing Coordinators located in Local Health Districts (LHDs). The CWU seeks to support callers in taking on the actions that were identified in consultation with the caller.
- ► Education operates a centralised CWU located in Sydney. Reporting is conducted through school principals or workplace managers. Like Health, the Education CWU seeks to support callers in taking on the actions that were identified in consultation with the caller.

The CWUs have increased awareness and cooperation between their agencies that prior to 2009 only existed on an ad hoc basis. For example, they negotiated information sharing protocols supported by the use of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 and have been among the principal agents for facilitating the Wood Commission's recommendations for information exchange between agencies regarding identification of risk. This has contributed to better cumulative risk assessments and a better understanding of child wellbeing and risk issues within their respective agencies.

The CWUs have driven a balance between adapting to their agency context and maintaining inter and intra-agency alignment and coordination. Broader alignment initiatives have included updating the Brighter Futures Guidelines to reflect referral pathways from CWU agencies, facilitating change to feedback mechanisms from Community Services to include where a referral to Brighter Futures had been made by Community Services, contributing to legislative review and change, and providing feedback on broader government proposals.

Through their actions and by achieving this balance, the CWUs have helped to educate, support and galvanize mandatory reporters around the identification and reporting of child wellbeing and risk issues.

Looking Forward

The CWUs are one part of a larger child protection and wellbeing system that includes mandatory reporters, the agencies to whom mandatory reporters belong, Community Services, service providers (including Family Referral Services) and policy makers.

The success of this system in acting to reduce the risk to children is dependent on the effectiveness of each individual component and the effectiveness of how the components and parties work together.

In an ideal world, the tiered identification, assessment and reporting system the CWUs have facilitated would have clear links to effective services that have the capacity to provide an integrated and coordinated response to wrap around the family. Underpinning this would be an information system that is seamless with the right protocols for appropriate and timely access to the right information for each stakeholder.

To move towards this outcome, a formal governance structure that acts to align and prioritise activities, programs and measures to drive outcomes, and that is empowered to ensure the financial sustainability of the components of the overall system is required.

The existing KTS Senior Officers Group was set up to focus on the implementation of the KTS Action Plan. As the system has evolved, what is now needed is a formal ongoing governance body that has oversight of continuing activity across the whole child protection and wellbeing system including NGOs. Whilst the CWU Directors' Forum provides a mechanism to drive collaboration and alignment within and across their agencies, it is only one voice amongst other stakeholders in the broader child protection and wellbeing system and it is not within its scope to drive the collaboration required to ultimately achieve outcomes for families and children.

Without greater visibility and connectivity between each of the components in the child protection and wellbeing system, these issues have the potential to erode the effectiveness of mandatory reporting and CWU activities to facilitate early intervention.

1. Introduction

In October 2013, Ernst & Young (EY) were engaged to evaluate the CWUs as part of a suite of evaluations intended to inform future policy directions and budget decisions for child protection and wellbeing policy in NSW. This report outlines the key findings of this evaluation against a set of pre-defined evaluation questions and driven by of a variety of evaluation methods.

1.1 Evaluation Purpose

The purpose of this evaluation is to assess the extent to which the CWUs have achieved their goals consistent with the KTS Action Plan, Section 27A of the Children and Young Persons (Care and Protection) Act 1998 and the CWU Director's Forum Strategic Plan 2012 - 2014.

The extent to which the CWUs have met these goals is examined through the following core questions:

1. To what extent are CWUs successfully advising, supporting and educating mandatory reporters concerning risk of significant harm and reporting of matters to the Child Protection Helpline? (Chapter 2)

2. To what extent are CWUs successfully identifying potential responses by the agency or other services to assist children, young people and/or families? (Chapter 3)

3. To what extent are CWUs helping to drive better alignment and coordination of agency service systems? (Chapter 4)

4. To what extent is each of the CWUs successfully adapting to the specific agency context within which it operates? (Chapter 5)

5. To what extent does WellNet enable the work of the CWUs? (Chapter 6)

6. Which other KTS initiatives impact the CWUs effectiveness, how and to what extent? (Chapter 7)

1.2 Background

In 2007 Hon. James Wood, AO, QC was commissioned by the NSW Government to conduct a special commission of inquiry into the State's child protection and wellbeing system (the Wood Commission). The Wood Commission's scope included analysis of requirements to meet future levels of demand in the reporting of concerns relating to child wellbeing and protection.

The Wood Commission proposed wide-ranging reforms to the child protection and wellbeing system, including a new model for the intake and referral of child protection concerns; many of which formed the basis of the KTS initiatives. The Wood Commission also made a number of recommendations regarding sharing information between agencies which shaped the subsequent legislation and the provisions included in Chapter 16A concerning privacy and information exchange.

In response to the recommendations regarding identification, information exchange and response, the NSW Government established CWUs for key government agencies to support staff who, for the purposes of this evaluation, are referred to as mandatory reporters.

The key strategic objectives for the CWUs were outlined in the KTS Action Plan. Essentially, their role was to act as change agents, reshaping agency responses to child protection by:

► Advising, supporting and educating mandatory reporters as to whether there is a suspected ROSH, and escalating these high risk matters to the Child Protection Helpline (Helpline).

► Identifying potential responses by the agency or other services to assist the child or family for cases that didn't meet the ROSH threshold.

► Over time, driving better alignment and coordination of agency service systems (i.e. non-statutory services).

1.3   Role of the CWUs

Currently CWUs operate in NSW Health (Health), the Department of Education and Communities (Education) and the NSW Police Force (Police). Each CWU has allowed for their specific agency context in implementing the objectives of the KTS Action Plan, and uses different tools and approaches to assist in the initial identification of risk sufficient to require a report to be made to the Helpline.

The first tool available to be used by mandatory reporters in Health and Education was the Mandatory Reporter Guide (MRG). This tool provides an on-line triage tool to identify the need to report. The CWUs advise and support mandatory reporters in using the MRG and with reporting to the Helpline. Once a report is made to the Helpline, a separate tool is used to assess risk (ScRPT) and a further tool (SARA) is used in a face-to-face assessment with the child to confirm any required action at the Community Service Centre (CSC).

The CWU's position within the broader child protection and child wellbeing system is represented diagrammatically in Figure 1 below.

Figure 1: NSW child protection and wellbeing system summary
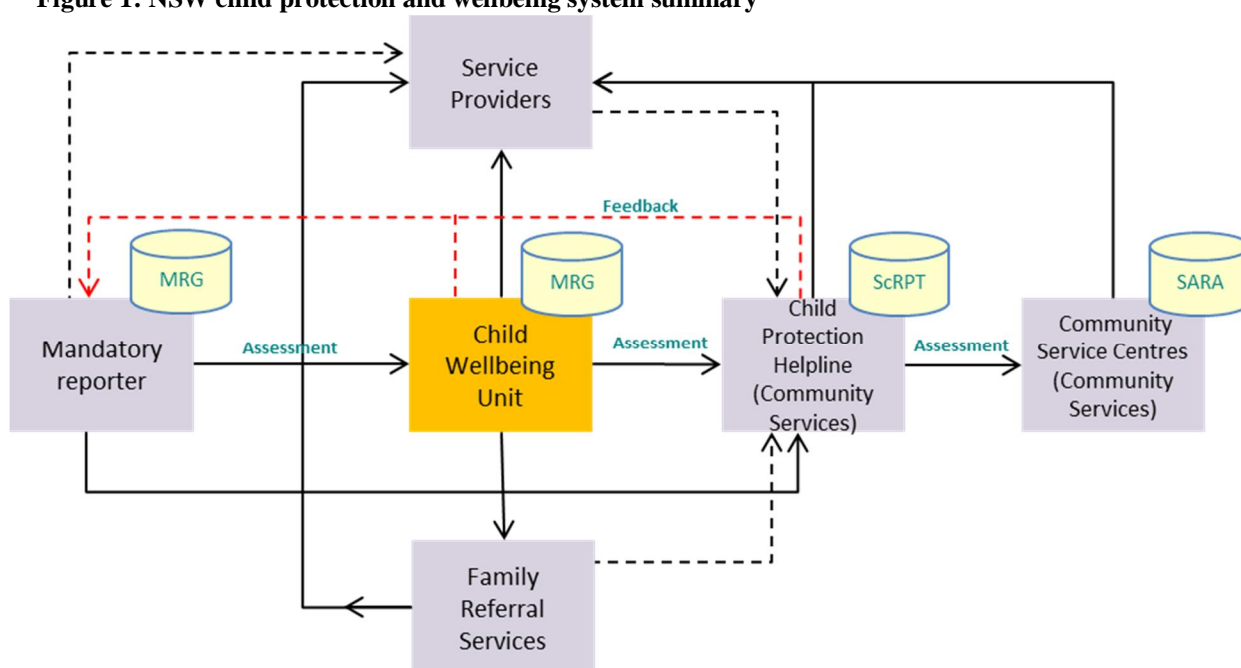
All CWUs also play a role in:
- providing and facilitating information exchange between agencies;
- providing input to their agencies regarding policy and procedures (including the implementation of the MRG);
- helping to drive better alignment and coordination between agencies and within their own agency systems; and
- providing input to broader policy discussions.

The Health and Education CWUs fulfil their role by:
- advising, supporting and educating the mandatory reporters within their own agencies to identify and respond to children with a wellbeing issue or at suspected ROSH;
- assessing suspected risk status based on information provided by mandatory reporters and information held by other agencies;
- advising mandatory reporters of appropriate responses including interventions and referrals; and
- reporting/re-reporting relevant cases to the Helpline.

The MRG is also the first tool available for use by Police officers, however Police have integrated the MRG into their information management system (Computerised Operational Policing System or COPS). Once the initial information has been entered into COPS, Police CWU officers review the entry, and unlike the Health and Education CWUs, also take on the assessment, response and reporting roles noted above. The unique role of the Police CWU reflects the operational environment of frontline police officers.

The CWUs have been implemented to facilitate risk identification and assessment and to identify potential responses for those families who do not meet the ROSH threshold. Overtime, mandatory reporters within Education and Health have also come to use the CWU for support to provide alternate responses for cases that are assessed as meeting the ROSH threshold by the Helpline, but due to limited capacity at CSCs, are unable to be allocated to a case worker (unallocated ROSH).
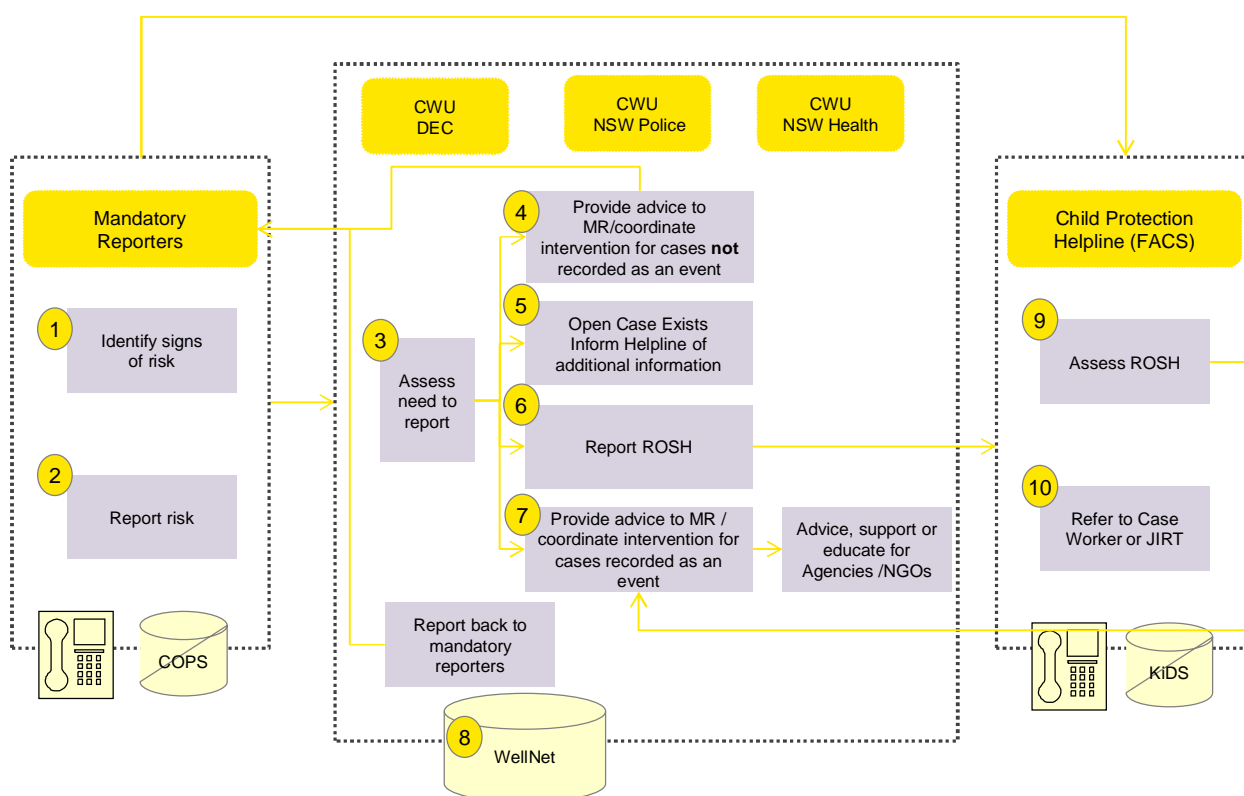
1.4 Evaluation Approach

The approach to the evaluation has incorporated a multi-data source strategy, using a range of evaluation methods and techniques to bring both qualitative and quantitative elements to derive key findings. Sources included administrative data, a workforce survey, document reviews, process walkthroughs, stakeholder consultations, case study reviews and literature reviews (see Appendices A to G for the detailed methodology of each research modality).

1.4.1 Evaluation Scope

The boundaries and scope of this evaluation are represented diagrammatically below in Figure 2, with the high level process, key inputs, activities and outputs of the CWUs across the service system.

Figure 2: Evaluation scope diagram

The areas within scope include:

► The 'identification' sub-process referring to the initial identification by a mandatory reporter of a child protection or wellbeing issue through to the application of the MRG to determine the level of suspected risk and therefore the appropriate next steps (as illustrated by steps 1 and 2 in the diagram).

► The 'assessment' sub-process commencing once the mandatory reporter contacts their CWU, including if any additional information needs to be gathered, through to assessment of the level of suspected risk relating to the concern and therefore the determination of appropriate actions (as illustrated by step 3 in the diagram).

► The 'action' sub-process referring to the responses determined by the CWUs as appropriate which may include advice and support in identifying appropriate interventions or services, or escalation

reports to the Helpline for cases that are identified at suspected ROSH (as illustrated by steps 4,5, 6 and 7 in the diagram).

► The use and effectiveness of WellNet from a CWU user perspective. This does not include a review of technical specifications or operations, but does include other system development and governance issues impacting on CWU operations.

► The appraisal outcomes of matters reported to the Helpline. The workings and practices of the Helpline are however out of scope for this evaluation (as illustrated by steps 9 and 10 in the diagram).

Further information on the evaluation methodology applied and the strategic, operational and process context in which this evaluation was undertaken is contained in Appendix A.

1.5   Evaluation Limitations

This evaluation has not considered or included:

► a review of technical specifications or operations of WellNet
► any detailed cost effectiveness analysis including activity based costing
► outcomes for children and young people who have been the subject of an event recorded by the CWUs
► the efficacy of funding arrangements within agencies for CWUs and other related or unrelated KTS and child protection activities

In addition, the following were out of scope

► the efficacy of the Mandatory Reporter Guide or other structured decision making tools such as those used by Community Services
► mandatory reporters outside of Police, Health or Education
► the role or efficacy of the FRS
► providing recommendations or solutions in response to the evaluation findings

2. Advice, support and education of mandatory reporters

To what extent are CWUs successfully advising, supporting and educating mandatory reporters concerning ROSH and reporting of matters to the Helpline?

Summary Findings

The CWUs have played a key role in supporting mandatory reporting by coaching mandatory reporters and assisting them to develop identification and reporting skills. They have been instrumental in sustaining a cohort of mandatory reporters within each agency by advising, supporting and educating them concerning ROSH and reporting of matters to the Helpline.

The consequence of this activity is that the CWUs have made an active contribution to managing the overall volume of contacts to the Helpline, especially those regarding children about whom there is concern, but who may not be regarded as being at ROSH. This is supported by the following trends;

- ► Overall demand to the Helpline (calls, faxes and eReports) dropped by 30,732 contacts from 196,392 in financial year 2009/10 to 165,660 in financial year 2011/12, mostly as a result of the implementation of the new ROSH threshold.
- ► The CWUs have provided advice and support to mandatory reporters through a total of 49,461 contacts to the CWUs recorded in financial year 2012/13. These contacts resulted in 22,697 reports to the Helpline.
- ► Importantly the remaining 26,764 calls were managed within the CWU program and represent a reduced burden on the Helpline.

When taken together, these changes in the pattern and volume of calls to the CWUs and the Helpline indicate that contacts associated with the identification of children with a wellbeing or risk issue have increased, and that reporting is being streamed to allow for alternative responses for suspected non-ROSH cases.

The CWUs have built greater confidence in mandatory reporters and over time they are increasingly matching the appraisal outcome with the CWU for both ROSH and non-ROSH cases.

The mandatory reporters are also seeking more advice on matters that do not eventuate in the creation of an event, suggesting a greater awareness of early detection and intervention. Overall, the mandatory reporters believe that training and the CWUs are the two most effective factors in informing them of the appropriate child wellbeing and protection process.

2.1 Context

The KTS Action Plan identified that a key function of the CWUs would be to act as change agents, reshaping agency responses to child protection by providing training, support and advice to staff. This intention was followed through into the CWU Directors' Strategic Plan 2012-2014.

In assessing the CWU's success in achieving this aim, this evaluation has focused on three CWU functions as defined below:

Advise and Support (Not related to an event)	This relates to a situation when a mandatory reporter contacts the CWU for information that does not involve the need to use the MRG or for the CWU to create a new "event" in WellNet. The CWU offers coaching on the correct determination of risk and also the use of the MRG. This may include providing assistance with identifying suitable interventions or service providers. These are usually captured in WellNet as activities and are also tracked by Health and Education in their call monitoring data.
Advise and Support (events)	This relates to a situation when a mandatory reporter contacts the CWU in relation to a new incident or child at risk that results in the creation of a new event in WellNet. The CWU offers coaching on the correct determination of risk and also the use of the MRG. This may include providing assistance with identifying suitable interventions or service providers.

Educate	This relates to formal training that is given to the mandatory reporter cohort via the agency in which they belong to and may involve the CWU in the design, delivery and updating of training and policy documentation.

These three functions frequently overlap in many cases. It is however possible to review how the CWUs have succeeded in relation to each one of them, while acknowledging it is through the sum of these functions that the CWUs have made a substantial contribution to their respective agencies.

The different CWU operating models play a role in how each agency identifies ways to build worker capacity to make judgments independently, and align the service system to improve interagency responses.

Police officers are required to document callouts within COPS and complete the built-in MRG whenever they attend an incident where a child is present and suspected to be at ROSH. This will result in driving appropriate actions including immediate escalation of reports to the Helpline for suspected Imminent Risk of Significant Harm (iROSH) cases and filtering of all other concerns through to the CWU. Because this is a systematised process, the Police CWU does not give advice and support to their mandatory reporters for incidents that do not result in the creation of an event. They do, however, play a risk-based coaching role for events relating to incorrect application of the MRG. In addition, the Police CWU is accountable for subsequent actions for all reports that are suspected as non-ROSH, which means the nature of the advice and support is different to that of Health and Education CWU. They do also, however, get involved in formal training of mandatory reporters and this is explored in more detail in Section 2.4.1. The Police CWU does take a number of phone calls per month, but these are generally intervention related and come from both service providers and other agencies. The Police do not formally track the nature of these calls.

The Health and Education CWUs both use a telephone contact channel to provide advice and support to their mandatory reporter workforce. The mandatory reporter seeks advice from the CWU to help with identifying the suspected risk status, the appropriate response to this status and also uses the CWU's expertise to guide them through the process. The key differentiator from the Police CWU is that the mandatory reporter in Health and Education is accountable for driving the appropriate response.

In addition to needing to understand each CWU agency's operating model context, it is also important to understand the scale and volume of the work that all the CWUs do in supporting their agency's workforce in child protection and wellbeing identification and response.

Since January 2011, the demand on CWUs has increased by approximately 8 per cent (over the full period) in all contact types as depicted in Figure 3 below. Across all CWUs, the Police CWU has remained fairly consistent, averaging 2,300 contacts per month over the period from January 2011 to January 2014 (although 2012 exhibited slightly higher experience than 2011 or 2013). Health CWUs have had significant growth of approximately 19 per cent over the same 3 year period and dealt with an average of 851 contacts per month in 2013. Education has had the largest growth of approximately 25 per cent over the same three year period and dealt with an average of 1,055 contacts per month in 2013. Education also has the largest variation month by month, due to the impact of school holidays when there is limited reporting from mandatory reporters. The nature of contact with CWUs is explored in more detail later in this chapter.

Figure 3: Trend in contacts to CWUs

Monthly volume of all contacts to the CWUs (Jan 11 - Jan 14)
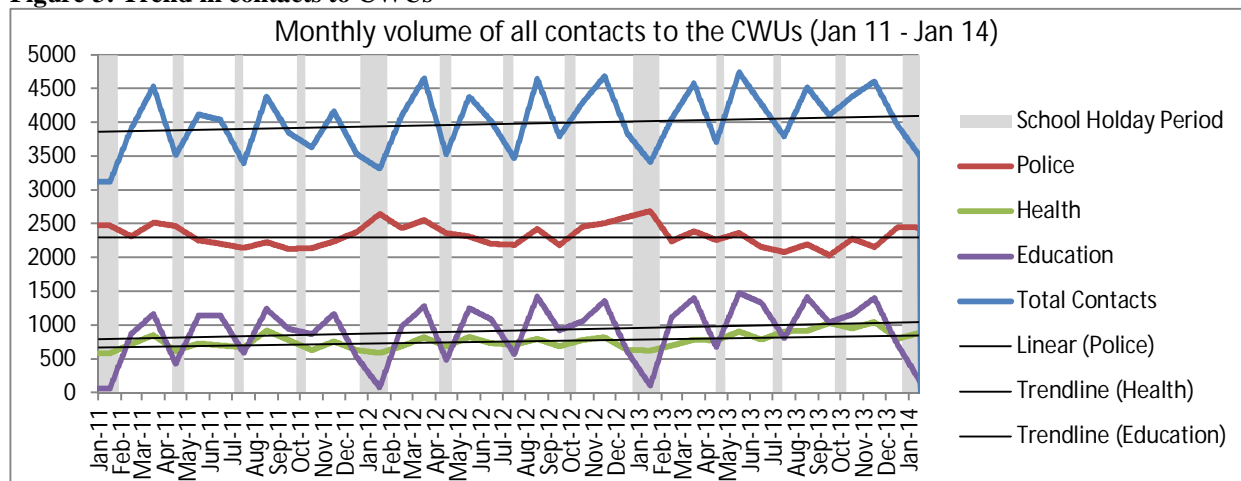
2.2   Providing Advice and Support (events)

There is generally an increase in demand from mandatory reporters looking to the CWU for advice and support for an incident which results in the recording of an event. Where mandatory reporters are using the MRG, there is an increasing trend of this assessment aligning with the CWU's assessment. The CWU often will have access to additional information which may impact the nature of the resulting assessment. However, the increasing trend is indicative of an underlying improvement in the confidence of mandatory reporters in appraising risk for those that use the MRG.

However, there is also an increasing trend in the volume of mandatory reporters who contact the CWU without using the MRG tool prior to calling. It is unclear from the available data what is driving this trend. Further research into why mandatory reporters are choosing not to fill out the MRG prior to calling is therefore required to fully understand why this is occurring.

Mandatory reporters also see value talking through and discussing their concerns with a colleague (particularly with the Education CWU) and in obtaining assistance in appropriately documenting their concern.

Over 80 per cent of workforce survey respondents indicated a positive satisfaction rating for the service they receive from the CWU for identifying risk and appropriate responses (the CWU was rated as helpful, very helpful or extremely helpful).

2.2.1   NSW Police

Data from WellNet and additional data captured by the Police CWU provides strong evidence that the mandatory reporter's appraisal is matching the appraisal the Police CWU conducts, with the main reason for any deviations between the two arising from additional information to which the Police CWU is privy.

Experience over the last four years shows:

► For 60 per cent of the cases where the mandatory reporter did not suspect ROSH, the Police CWU's assessment matched and also did not suspect ROSH
► Between 2011 and 2013 the percentage of cases where the mandatory reporter has suspected ROSH status and the Police CWU has agreed, has increased from 69 per cent to 82 per cent.
► On average across all appraisals, the Police mandatory reporter and CWU match in 60 per cent of cases.

Police take a targeted, risk based approach to providing advice and support to mandatory reporters driven by areas of highest reporting and incorrect determinations (i.e. the misuse of the MRG tool). From October 2012 to September 2013, for 62 per cent of cases that were escalated to the Helpline by the Police CWU:

► approximately one third of these were attributable to the incorrect application of the MRG by police officers; and
► the remaining two thirds were due to the Police CWU reviewing a broader information base to evaluate risk.

Police do, however, have an increasing number of suspected ROSH cases that are de-escalated by the Helpline, which may be the result of greater information held at the Helpline and/or the different threshold in assessment tools being used by the CWU and the Helpline.

The nature of Police duties and the Police system of mandated reporting (through COPS) is driving large volumes of suspected ROSH cases. Through the use of WellNet, these can be reviewed against a broader information base to better identify the risk status and appropriate actions. The Police mandatory reporter workforce are generally improving in their ability to identify the suspected risk status and Police use a risk based approach to identify coaching needs of mandatory reporters.

2.2.2   Health

Health mandatory reporters are increasingly seeking support to identify suspected ROSH status and support to complete the MRG, but those that do use the MRG prior to calling the CWU are competent at identifying the appropriate risk status based on the information they have.

Since 2011, the volume of demand from mandatory reporters seeking advice and support in relation to an incident which leads to the creation of an event has slightly increased with an average of 46 contacts per

month in 2011 to 52 contacts per month in 2013 (between July 2011 and December 2013).

The mandatory reporters can use an online MRG tool to help them determine the appropriate next action and escalation point either to the CWU or the Helpline (at a time they can get access to a computer terminal). Trends across all three Health CWUs however show a strong decline in the use of the MRG by mandatory reporters. "MRG Not Used" is now the most likely appraisal outcome from the mandatory reporters for Northern and Western Health CWUs (55 per cent and 66 per cent of all CWU cases, respectively).

Some of this reporter behaviour can be attributable to High Risk Birth Alerts (where an unborn child is likely to enter a high risk family environment at birth, for example to a family that is known to CS or where a child has previously been removed) where the MRG cannot be applied. This decline in the use of the MRG may also be attributable to mandatory reporters seeking greater guidance from the CWU to talk through their concern with a colleague to appropriately identify the suspected ROSH status. Another contributing factor may be that health workers in a hospital environment do not have easy access to a computer to conduct the MRG online. There is an opportunity to research these possible causes further.

Figure 4: Trend in Health CWU contacts where mandatory reporter has not used MRG
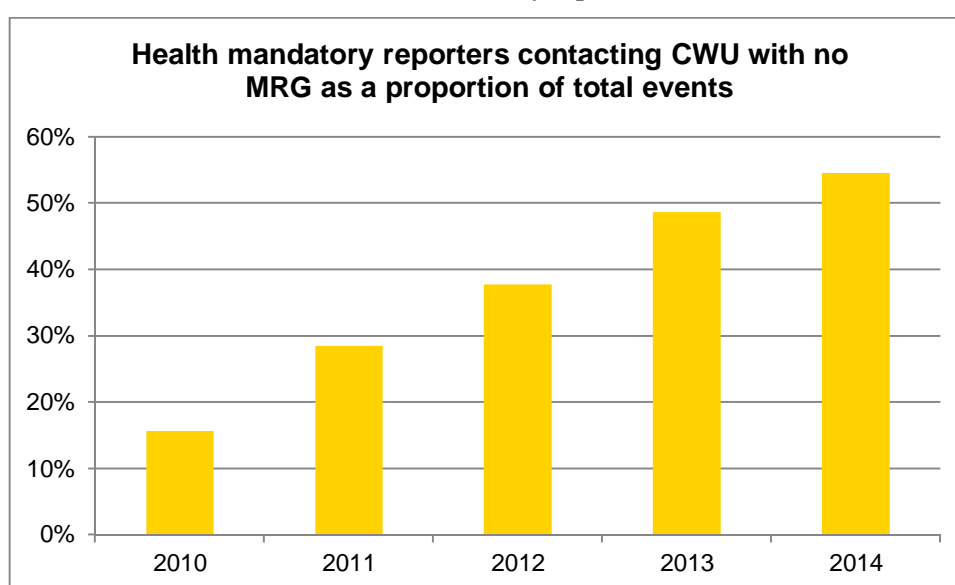
There is strong evidence that the Health mandatory reporter's appraisal is matching the appraisal that the Health CWU performs, with the main reason for deviations between the two arising from additional information to which the Health CWU is privy.

► Since January 2011, the proportion of cases where the mandatory reporter and the Health CWU matched the appraisal outcomes as non-ROSH is 89 per cent (based on WellNet data up until the March 2014 date of extraction).

► Between 2011 and 2013 the percentage of cases where the mandatory reporter has suspected ROSH status and the Health CWU has agreed has increased from 68 per cent to 76 per cent, and is currently running at 87 per cent as of March 2014).

The case studies indicate that conversations with the Helpline often result in the reappraisal of the MRG refining the outcome, and that similarly interaction with the CWU is assisting in applying the tool and identifying appropriate escalations. The case studies for Health and Education uniformly identify that a dialogue about identification is taking place and that decision making tools are informing that dialogue.

There may be a case for further development of the tool to include other identifying factors and triggers. The case studies reflect that mandatory reporters are seeking advice from CWUs regarding these cases for identification and, even when risk factors are high, mandatory reporters are active in monitoring the situation of the unborn child until it is born and a formal referral to the Helpline may be made.

2.2.3   Education

Education mandatory reporters are decreasingly seeking support to identify suspected ROSH status and to complete the MRG. Those that use the MRG tool prior to calling the Education CWU are competent at identifying the appropriate risk status based on the information they have, with additional information to
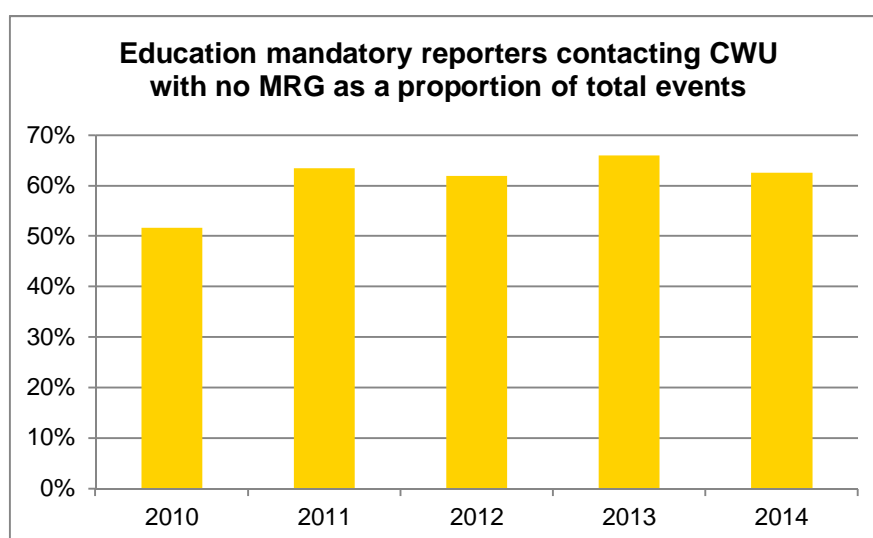
which the CWU is privy being the main reason for deviation in appraisal between mandatory reporter and CWU.

Since July 2011, the volume of demand from mandatory reporters seeking advice and support in relation to an incident which leads to the creation of an event has decreased from an average of 103 contacts per month in 2011 to 68 contacts per month in 2013 (between July 2011 and December 2013).

The Education CWU receives concerns generally via telephone from principals and workplace managers who have access to the MRG online to help them determine the appropriate next action and escalation point either to the CWU or the Helpline.

Over 50 per cent of mandatory reporters are not using the MRG in their appraisal and this trend is increasing with time. Mandatory reporters are however seeking greater guidance by the Education CWU to appropriately identify the suspected ROSH status, with the most common CWU appraisal outcome being suspected non-ROSH.

Figure 5: Trend in Education CWU contacts where mandatory reporter has not used MRG

There is strong evidence that the Education mandatory reporter's appraisal is matching the appraisal that the Education CWU performs, with the main reason for deviation arising from additional information to which the Education CWU is privy. This is consistent with the trend observed for the Health CWU.

► Since January 2011, the number of the cases where the mandatory reporter did not suspect ROSH matched the appraisal outcome of the Education CWU in 79 per cent of cases (based on WellNet data up until the March 2014 date of extraction)

► There has been a steady increase in cases where the mandatory reporter has suspected ROSH status and the Education CWU has agreed (an average of 69 per cent in the 2011 calendar year, 80 per cent in 2013 and is currently running at 86 per cent in 2014)

The case studies indicate that the overall quality of conversations regarding advice to mandatory reporters has improved since the inception of the CWUs, including advice on suitable interventions and service providers.

Education mandatory reporters are increasingly reporting concerns to the CWU which they have appraised as non-ROSH and seeking support to complete the MRG. When the MRG is used, the mandatory reporters are improving their overall appraisal based on the information they have.

2.2.4   CWU Purpose and Impact

In reviewing the survey data, a number of themes have emerged regarding how respondents engaged with the CWUs and also the level of impact this support function is having on their behaviour and actions. This data is relevant for Health and Education only. Figure 6 below summarises responses from Health and Education survey participants regarding what type of advice they contact their CWU for.

Figure 6: The nature of advice sought by mandatory reporters from CWU's (Health and Education only)
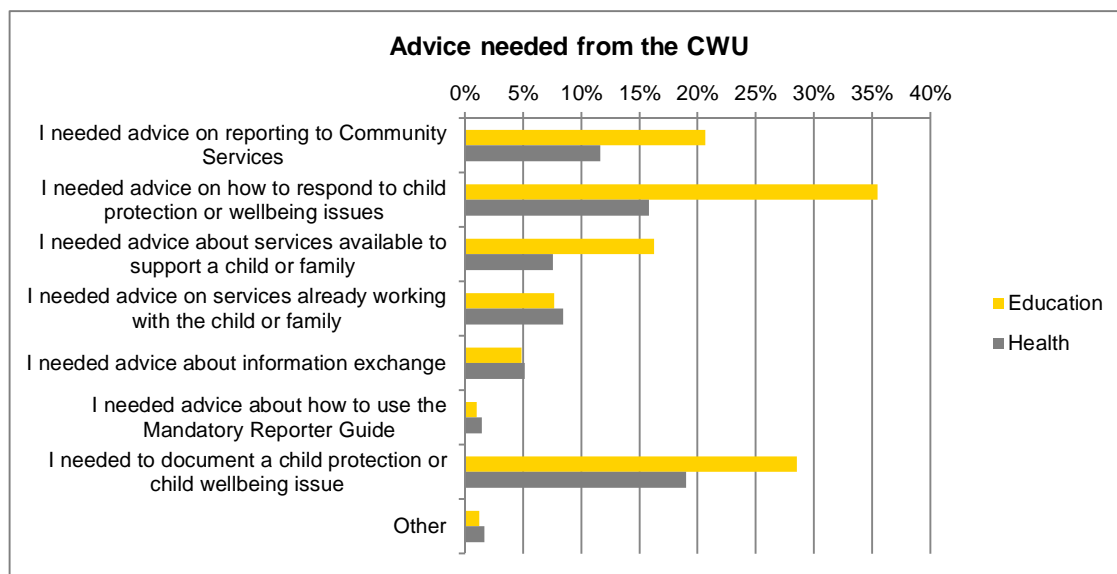
Source: workforce survey responses to Q49: note respondents could choose more than one

Education respondents were more likely to contact the CWU for advice on how to respond to child protection issues, while Health respondents were more likely to seek help from the CWU to document their concerns. This is likely a reflection of the level of confidence in responding to a child protection or wellbeing issue, as well as the types of incidents that each agency is more likely to witness.

There have been several longitudinal studies on the use of similar telephone support services which provide counselling and / or coaching, either for intervention, or in an informational support context. This research indicates telephone services provide important triage and support services for identification processes and one-to-one coaching. The model is widely accepted internationally and has been extended to a range of health support and information services including psychological counselling and family therapy.[4] The use of such services is observed to improve consistency in the application of risk factors for assessment.

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[4] Elly Robinson, Telephone Counselling and Therapy in Family Relationship Services, in Australian Institute of Family Studies Quarterly, Issue 13, pp13-14

2.3   Providing Advice And Support (not related to an event)

Health and Education mandatory reporters are increasingly looking to the CWU for advice and support for an incident that does not result in the creation of an event. The Police CWU do not take any calls from Police officers in reference to this type of advice.

Health workers have had the largest growth of 12 per cent in this type of advice from the CWU over the period from July 2011 to January 2014. 38 per cent of Health survey respondents also reported using their regional Health Child Wellbeing Coordinator.

This increase in activity suggests that mandatory reporters are recognising the importance of early detection and intervention and seeking advice from the specialist knowledge the CWUs provide in identifying the appropriate response to address the identified risk.

Health and Education workforce survey respondents also recognised the value and helpfulness of the advice given by the CWUs.

Over 75 per cent of Health and Education respondents indicated the CWU was helpful, very helpful or extremely helpful in respect of providing advice associated with identifying and reporting suspected ROSH and identifying potential responses for families or CYP.

Over 65 per cent of Health and over 58 per cent of Education respondents indicated the CWU was helpful, very helpful or extremely helpful in respect of providing advice associated with working with other agencies and information exchange.

These results indicate the CWUs are valued by the mandatory reporters in their respective sectors.

2.3.1   Health

The Health mandatory reporter workforce contact the Helpline directly for a significant percentage of total contacts made. However, the CWU is increasingly being contacted to provide advice and support to child wellbeing concerns where an event is not recorded. This combination suggests the Health mandatory reporter workforce are becoming more confident in their appraisal of suspected ROSH and are increasingly seeking advice regarding lower risk cases and early interventions from their CWU. Survey evidence also suggests that mandatory reporters regard the helpfulness of advice and support provided by the CWU highly.

The Health CWU provides advice directly over the phone and indirectly through the Health Child Wellbeing Coordinators. Data is however only collected for CWU interactions. Over time the volume of these calls seeking advice not related to an event has been increasing. In the twelve months from July 2011 to June 2012, a total of 1694 calls for advice related to non-events were recorded (an average of 17 per cent of all calls received). In the twelve months from January 2013 to December 2013, this figure rose to 2993 (an average of 29 per cent of all calls received).

However, 25 per cent of calls are not recorded in WellNet as a distinct activity, which may be a combination of advice and support activities, follow up calls with mandatory reporters which may not be documented as a new activity, and will also include out of hours contacts and other contacts not directly related to core CWU activities. It is an indication that the Health CWU often re-contacts past callers for clarification or for further information. It also indicates that the Health workforce are unlikely to be in a desk-based environment, can be very difficult to contact and it therefore can take a number of calls to and from the CWU before a distinct WellNet activity is recorded.

The challenge here is that this data does not capture every single action or communication, so detailed analysis cannot be undertaken to truly understand all the demands on CWU staff. In addition, there has been a change in CWU process since July 2011 whereby the CWU began recording "document and continue" endpoints of the MRG as advice not related to an event, rather than as events. For this reason the data has been analysed from July 2011 onwards and has not included advice provided to mandatory reporters under the previous processes.

Figure 7: Volume of contacts not related to an event received by the Health CWU
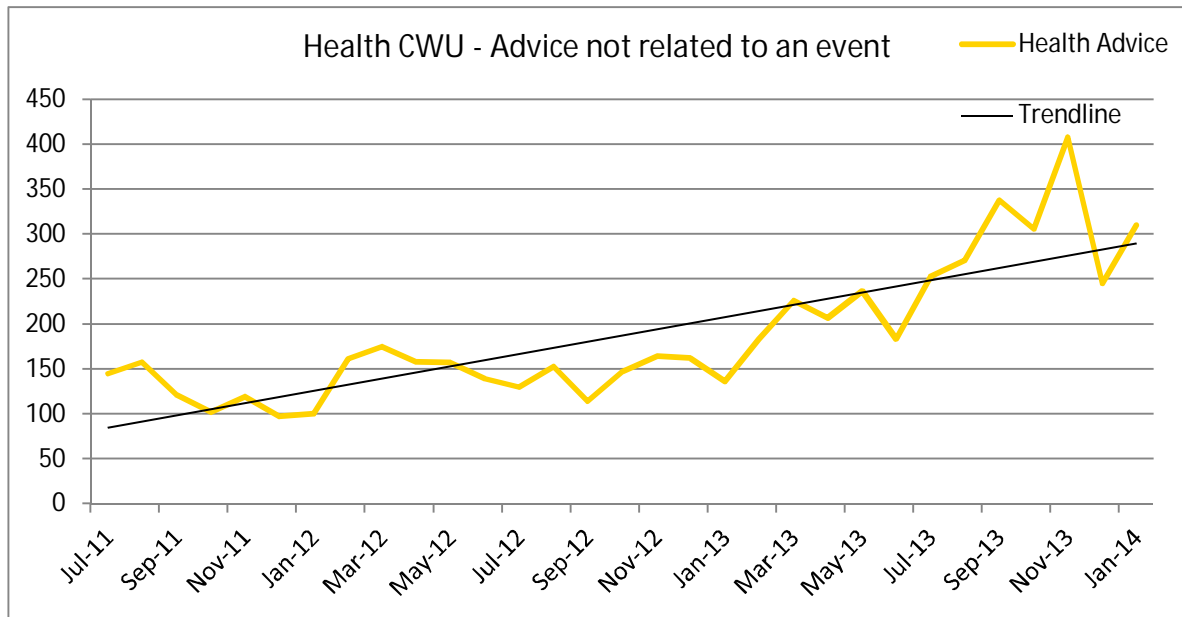

Health mandatory reporters are also more likely to contact the Helpline directly compared to the other agencies, with 67 per cent calling the Helpline directly versus 33 per cent who contact the CWU. There may be a number of reasons for this, including the 24 hour/7 days a week Health operating environment, the type of incidents that Health workers are most likely to come across, as well as greater confidence in their appraisal of ROSH cases.

The increase in advice not related to an event from the CWU and the significant direct reports to the Helpline collectively suggests that the Health mandatory reporter workforce are becoming more confident in their appraisal of suspected ROSH and are increasingly seeking advice regarding lower risk cases and early interventions from their CWU. This was reinforced through the interview process where a number of stakeholders highlighted that CWU staff were seen as part of the Health team and therefore health workers are comfortable about approaching the CWU as they feel there is an understanding of their specific context for identification.

Survey data shows that the helpfulness of the advice provided by the CWU has been regarded positively by mandatory reporters over the four distinct areas tested:

- 82 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in identifying and reporting CYPs at suspected ROSH

Figure 8: Health mandatory reporter survey responses – CWU helpfulness identifying ROSH
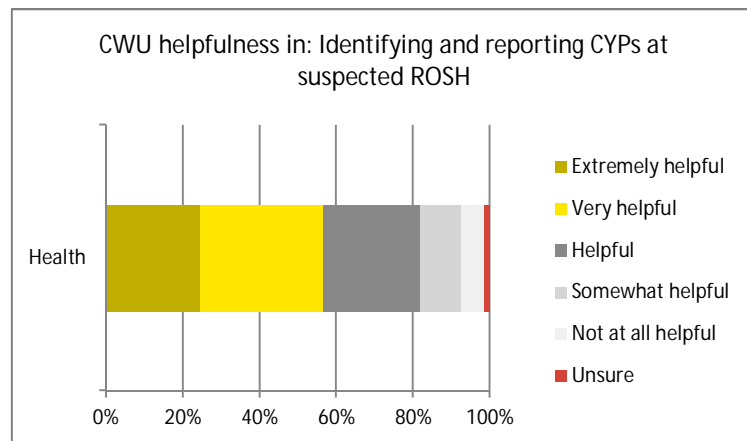
Source: workforce survey responses to Q51A

- 76 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating

the helpfulness of the CWU in identifying potential responses (other than reporting) for CYPs and families

Figure 9: Health mandatory reporter survey – CWU helpfulness identifying responses

Source: workforce survey responses to Q51B

- 66 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in working with other agencies

Figure 10: Health mandatory reporter survey responses – CWU helpfulness working with other agencies
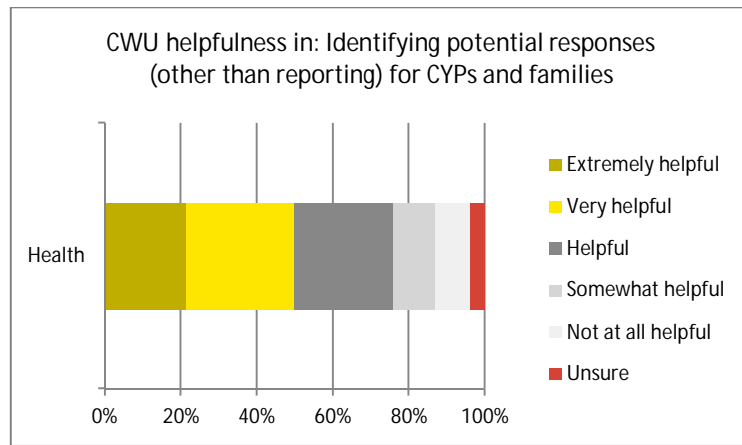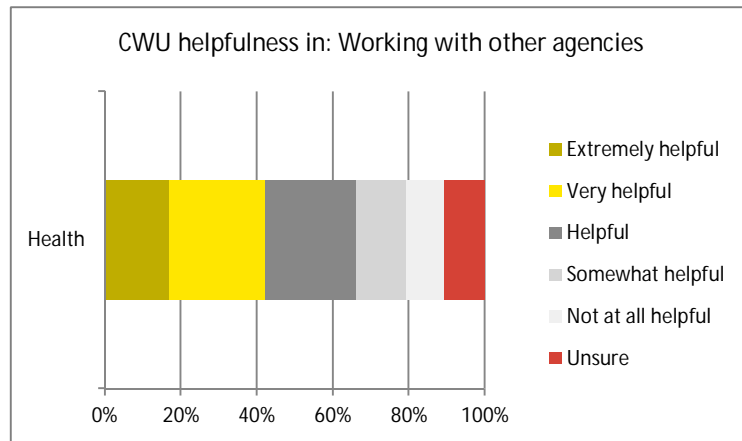

Source: workforce survey responses to Q51C

- 65 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in providing advice about information exchange
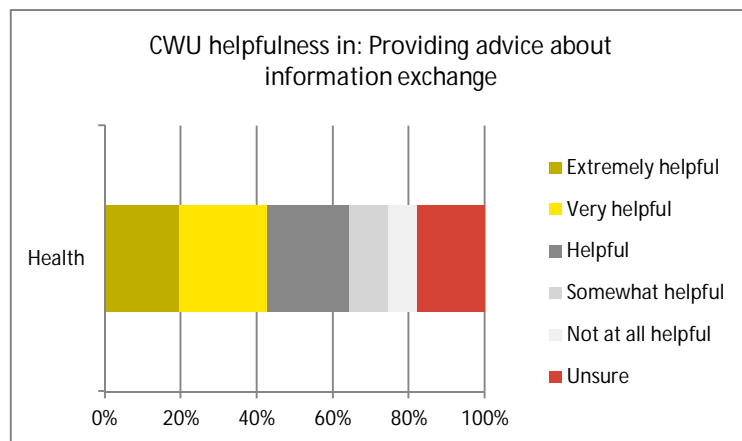
Figure 11: Health mandatory reporter survey responses – CWU helpfulness regarding information exchange

Source: **workforce survey responses to Q51D**

Mandatory reporters are also using the Health Child Wellbeing Coordinators for advice and support. The survey indicated that 38 per cent of respondents (Health workers) had contact with a Coordinator, with the main reasons for contact being related to advice on a specific child / case (22 per cent of respondents) and for information/resources and/or workplace training (13 per cent of respondents).
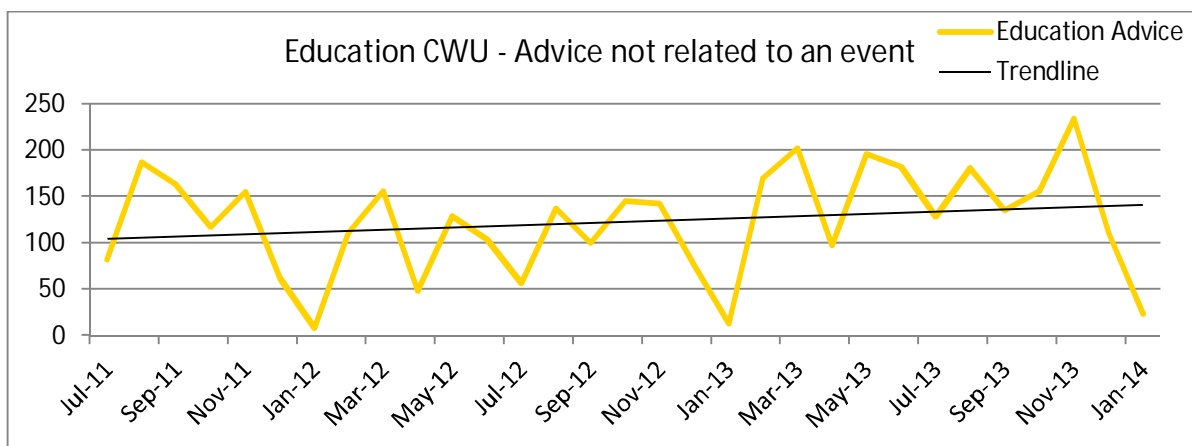
2.3.2   Education

The Education CWU is increasingly being used to provide advice and support to contacts not related to an event. According to Education survey respondents, the main reason for contacting the CWU is to seek advice and support on how to respond to a child wellbeing or risk issue. This suggests the issues presenting in an education context may be more complex for mandatory reporters to understand in terms of relative risk. In addition, Education mandatory reporters are more likely to see a larger spectrum of risk presenting over time given the nature of continued contact with children, whereas Health and Police observations are more likely to be event driven.

The Education mandatory reporter workforce relies on a central reporting framework through principals and/or workplace managers and hence all contact to the CWU is generally by these individuals. The proportion of CWU activity for advice not related to an event has remained relatively constant over the period at an average of 14 per cent of all calls from 2011 to 2013. Although the proportion of CWU advice activity has not increased, the volume has been impacted by the growth of contacts which has increased by 18 per cent over the period since 2011.

However, 8 per cent of calls are not recorded in WellNet as a distinct activity, which may be a combination of advice and support activities, follow up calls with mandatory reporters which may not be documented as a new activity, and may also include out of hours contacts and other contacts not directly related to core CWU activities. As is the case of Health, the challenge here is that this data does not capture every single action or communication, so detailed analysis cannot be undertaken to truly understand all the demands on CWU staff.

Further, since July 2011 the CWU began recording the "document and continue" endpoints of the MRG process as "advice not related to an event", rather than as events[5].

Figure 12: Volume of contacts not related to an event received by the Education CWU

Survey respondents indicated that the top three reasons for contacting the Education CWU for advice were on responding to specific child risk/wellbeing issues and,

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[5] For this reason the data has been analysed from July 2011 onwards and has not included advice provided under previous processes.

1) Reporting suspected ROSH to CS
2) Responding to the child
3) Documenting an issue

Contacts relating to available services for, and services already working with, children/families were the fourth and/or fifth most common response out of eight.

The survey respondents evaluated the helpfulness of the CWU in four distinct areas:

- 83 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in identifying and reporting CYPs at suspected ROSH.

Figure 13: Education mandatory reporter survey responses – CWU helpfulness identifying responses

CWU helpfulness in: Identifying and reporting CYPs at suspected ROSH
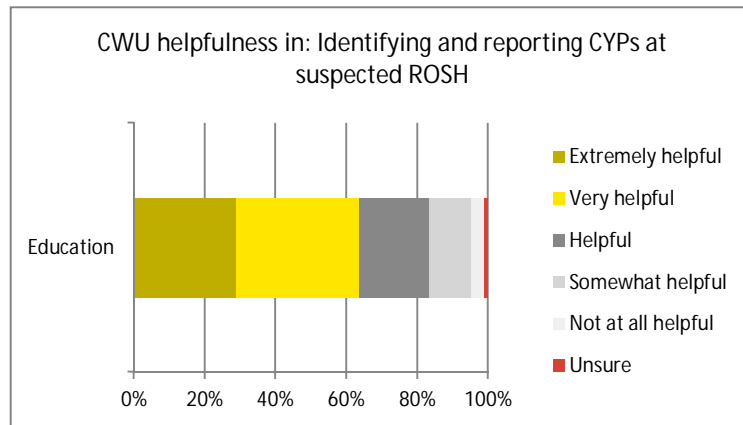
Source: workforce survey responses to Q51A

- 75 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in identifying potential responses (other than reporting) for CYPs and families.

Figure 14: Education mandatory reporter survey – CWU helpfulness identifying responses
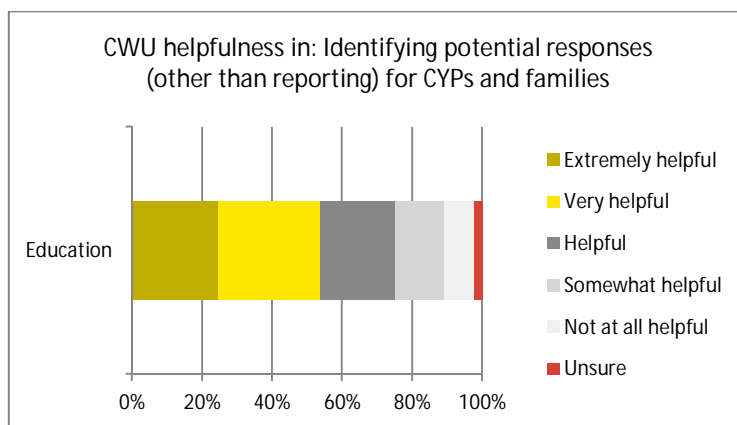
CWU helpfulness in: Identifying potential responses (other than reporting) for CYPs and families

Source: workforce survey responses to Q51B

- 66 per cent gave positive responses (helpful, very helpful and extremely helpful) when evaluating the helpfulness of the CWU in working with other agencies.

Figure 15: Education mandatory reporter survey – CWU helpfulness working with other agencies
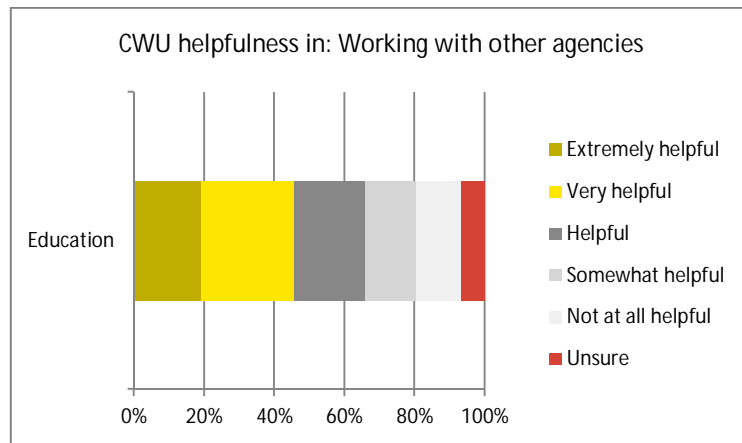
- 58 per cent gave positive responses when (helpful, very helpful and extremely helpful) evaluating the helpfulness of the CWU in providing advice about information exchange.

Figure 16: Education mandatory reporter survey – CWU helpfulness regarding information exchange

2.4 Providing Education

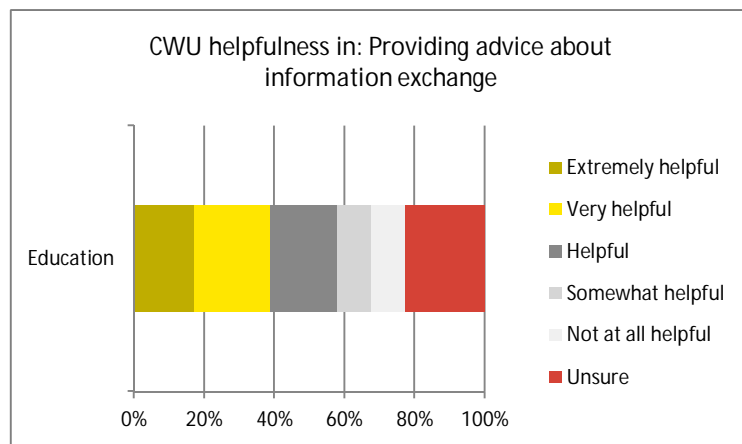All CWUs are actively engaged in developing and delivering training to mandatory reporters. Survey respondents believe training is the most effective channel in building their own knowledge of child wellbeing and protection issues. The timing of agency run training is, however, not always in the control of the CWU, meaning there are varying degrees of how recently mandatory reporters have received training.

Police use a risk based approach that targets areas and individuals with the greatest need based on demand and performance, but are also the least likely to have had training recently.

Education uses a mandated child protection training package that the workforce undergoes each year (although it may be the case that some contract or casual teachers do not receive this training). They also provide some non- mandated education.

In addition to the efforts of the CWU, Health also uses its network of Health Child Wellbeing Coordinators to support the CWU in training Health mandatory reporters in the field.

2.4.1 NSW Police

Police take a risk based approach to coaching and training mandatory reporters driven by areas of highest reporting and incorrect determinations (i.e. the misuse of the MRG tool). Training has been specifically targeted at supervising Police officers who determine if the assessment made by frontline Police officers is correct before releasing the event in COPS. Police CWU staff deliver training through:

▶ Direct training courses at Tuggerah to officers from across the state

▶ Officers within their Local Area Commands (LAC) receive training packages on site

▶ Targeted training is delivered to Domestic Violence Liaison Officers (DVLO)

▶ The Sergeant's Transition training course for all new sergeants

▶ The home page on the Intranet which is accessible to all NSW Police staff outlines the role of the CWU and has SMITS (Six Minute Intensive Training Packages) that police can review, or use at morning briefings as a training tool.

The Police survey respondents indicated that 20 per cent had received face to face training from the CWU and 33 per cent of the respondents stated that "feedback provided from the Child Wellbeing Unit when the Mandatory Reporter Guide (MRG) tool in COPS is completed incorrectly" had been most effective in informing their knowledge of the child at risk response process.

Police officers are less likely to have had recent child protection related training, with 15 per cent not having had any training in their current role. A total of 76 per cent of survey respondents believed training had a positive impact on their ability to respond to child protection issues. Of this, 48 percentage points believed the training had an extremely positive or very positive impact with the remaining 28 percentage points indicating the training had a somewhat positive impact.

2.4.2 Health

The Health CWU contributes to the education of Health mandatory reporters through their collaborative approach to the development of policy, procedures and training material delivered by the agency. The Health CWU assists in the development of the Child Protection Training Participant Handbook delivered to Health workers through an online module. The Health CWU also assists in the development and delivery of targeted training directly to mandatory reporters. They do not play a coordination role for Health training and as such do not have control or influence over the timing of this training. This may lead to variations in the coverage, completeness or timing of mandatory reporter training.

In addition Health Child Wellbeing Coordinators play a key role in educating mandatory reporters in the field by:

▶ coaching Health workers to respond effectively to the needs of vulnerable children and their families, with particular emphasis on wellbeing

▶ promoting the importance of early identification, intervention, referral and therefore prevention

▶ linking Health services and workers with tools and support, such as the CWU and the Family Referral Service (FRS)

► advising Health staff of their responsibilities as mandatory reporters and on the role of CWUs

► coordinating information exchange, referral advice and assistance to internal and external stakeholders in navigating NSW Health, specifically services within the LHD of each Child Wellbeing Coordinator

► improving internal and external referral pathways

► identifying systems issues and provide advice to improve the coordination and alignment of child wellbeing and protection services, internal and external of Health

► developing strong and sustainable links with key child wellbeing and protection stakeholders to collaboratively effect cultural change within NSW

► contributing to key initiatives, such as the Aboriginal Health Plan, to ensure child wellbeing and protection is on everyone's agenda and prominent in all promotions.

Some LHDs also fund specific Child Protection Educator positions. In the Northern NSW and Mid-North Coast LHDs, where no Child Protection Educator is employed, the Health Child Wellbeing Coordinator has been meeting the LHD need for quality training in responding to children's wellbeing and protection needs. The Health Coordinator has trained a total of 2,765 people over the 2010-2013 calendar years, across a regional area greater than 500km in length.

The Health survey respondents indicated that 38 per cent had had contact with the Health Coordinators for information/resources and/or workplace training and approximately 60 per cent of survey respondents have had child protection related training in the last two years. Over 75 per cent of survey respondents reported that training provided by Health Coordinators was very or extremely helpful.

Figure 17: Health mandatory reporter survey helpfulness of LHD CW co-ordinator
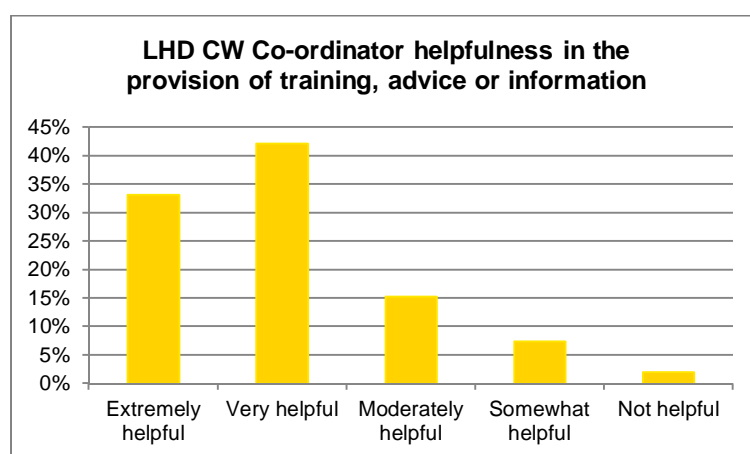
Source: workforce survey responses to Q33

Figure 18: Health mandatory reporter awareness of CWU
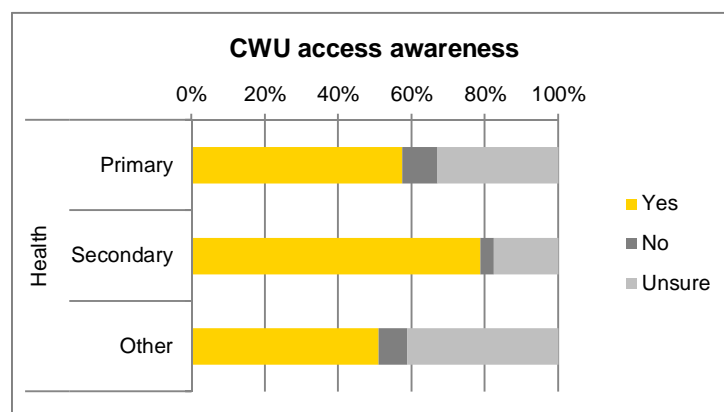
Source: workforce survey responses to Q46

The training delivered is reflective in their general awareness of the CWU as illustrated in Figure 18 above. 57 per cent of primary health care worker respondents confirmed that they were aware of CWU access, compared with 79 per cent of secondary health care workers.

The CWU analyses its data to enable a strategic identification of risk and specialist training needs. For example, information from the Health CWU has enabled the population of staff dealing with Aboriginal and Torres Strait Islander children to be targeted for specific training.

2.4.3   Education

The Education CWU also contributes to education through a collaborative approach to the development of policy, procedures and training material delivered by the agency. Annual mandatory child protection training is delivered primarily by principals to all of their staff at the commencement of the year. This training is informed by information and analysis provided by the CWU. Recent packages have included a focus on educational neglect and other high priority and/or high risk areas for the Department. The training has become more sophisticated and engaging, from slides to more interactive videos. The training includes clear advice about the role and functions of the CWU.

In addition to this, the Education CWU delivers targeted training directly to mandatory reporters both internally and outside of Education, including to KTS interagency groups, Education regional staff and Education State office staff on a wide range of topics including educational neglect, information exchange and child protection policy and procedures.

93 per cent of Education survey respondents have had child protection related training in the last two years. Over 60 per cent of respondents believed the training had an extremely positive or very positive impact on their ability to respond to child protection issues.

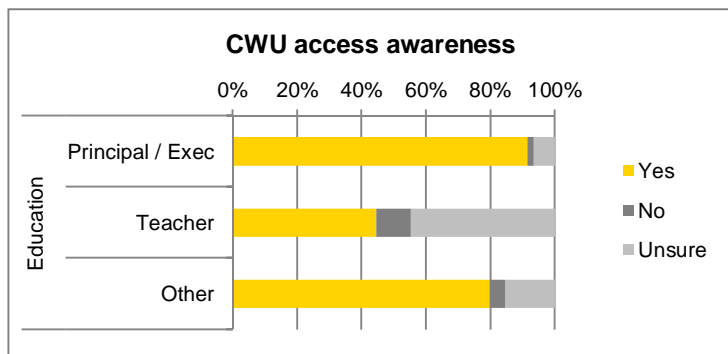The training delivered is reflective in their general awareness of the CWU as illustrated below.

Figure 19: Education mandatory reporter awareness of CWU

91 per cent of principals and education executives surveyed identified they were aware of CWUs and their function compared to only 44 per cent of teachers. This is reflective of Education's centralised reporting framework which means that most teaching and other school staff will not have any cause to contact the CWU, but will report directly to their principal/ workplace manager or the Helpline.

Source: workforce survey responses to Q46

2.4.4   General findings

The survey respondents (excluding Police who were not surveyed for this question) unanimously believed that training was the most effective channel to help them build their own knowledge of the child protection process with approximately 50 per cent of respondents identifying this. CWUs were identified as the next most effective channel, with approximately 20 per cent of respondents identifying this. In interviews there was comment to the effect that face-to-face training and support from CWUs in combination provides the best knowledge base regarding the process. It should, however, be noted that within the mandatory reporter pool, individuals are not involved in reporting all the time so continuous access to support to refresh the knowledge gained in training is critical to ensure continued engagement and consistency in reporting.

Figure 20: Health and Education factors informing mandatory reporter knowledge of response process

Factor most effective in informing mandatory reporter knowledge of the child wellbeing and protection response process
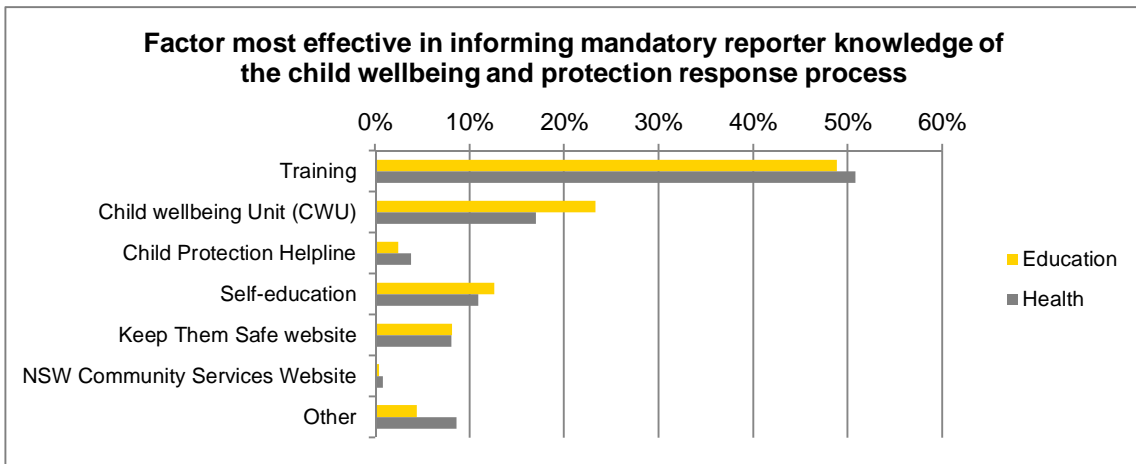
Source: workforce survey responses to Q62

Around 60 per cent of respondents from Education and Health found the training had an extremely or very positive impact on their ability to respond to child wellbeing and protection issues. This figure was lower for Police (who risk-target their training) at 48 per cent.

Figure 21: Police, Health and Education impact of training on ability to respond

Are you better able to respond to child wellbeing and protection issues as a result of the training?
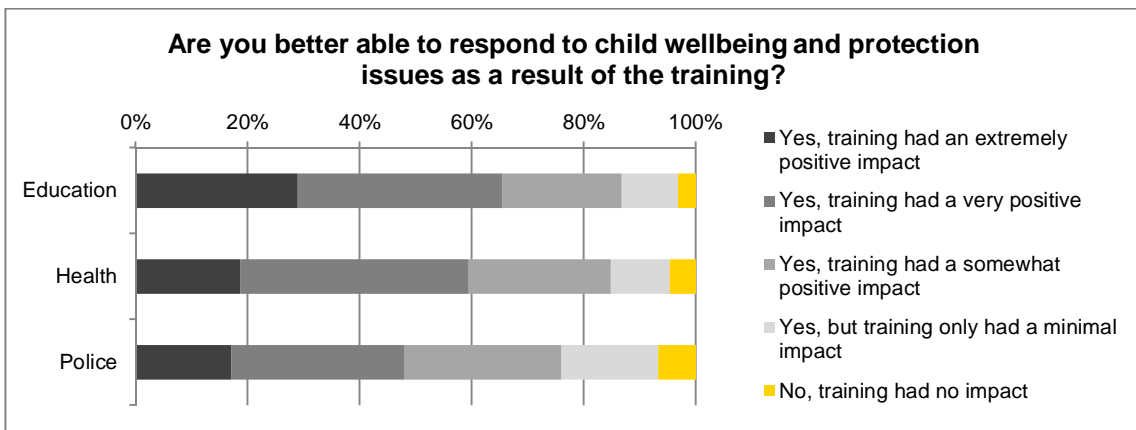
Source: workforce survey responses to Q19

3.   Identifying potential responses and services

To what extent are CWUs identifying potential agency responses and other services to assist children, young people and/or families?

> The volume of CWU activity associated with providing advice on referral and intervention to mandatory reporters has been increasing over time. The mix of advice and information on cases with and without an event recorded is also changing over time. There is increasing advice sought from the CWUs on cases without an event recorded, whereas advice sought on cases with events recorded has remained relatively stable.
>
> This suggests the CWUs are increasingly providing information and advice to mandatory reporters about the management of lower risk cases and/or how to improve their ongoing responses to children at risk.
>
> **Police**
> The Police CWU conducts the referral response on behalf of its mandatory reporters. Whilst the number of direct referrals has fluctuated, there is an underlying increasing trend of referral since CWU inception.
>
> The Police CWU proactively monitors their referrals with the FRS and other NGO services but the CWU is unable to determine the outcome of 46 per cent of recent cases (between January and December 2013) due to limited information provided by service providers. Based on the referral outcome information available, a higher proportion of Police referrals are not taken up by families / children (33 per cent) compared to those which are known to be taken up (13 per cent). This latter statistic is coincident with an increasing trend in the proportion of cases where the result is unknown.
>
> **Health and Education**
> The Health and Education CWUs provide advice and support to mandatory reporters, aimed at empowering them to provide a response to families and children. Consequently the CWUs only perform direct referrals or responses in a minority of cases.
>
> The Health and Education CWUs were not established to monitor the success of referrals and consequently the Health and Education CWUs have no formal mechanism to monitor the take up of referrals. As a result, the majority of Health and Education mandatory reporters are unsure whether referrals being made are beneficial to the family or child. There is also limited information available to both the CWU and mandatory reporter regarding the referral outcome. The CWUs do provide feedback to mandatory reporters regarding action and referrals where this information is available. Interviews and case studies indicate that a lack of feedback regarding referrals is a major pressure point for mandatory reporters.

3.1   Context

The KTS Action Plan identified that one of the CWU's roles was "identifying potential responses by the agency or other services to assist the child or family" for cases that did not meet the ROSH threshold. In addition to this, Section 27A of the *NSW Children and Young Persons (Care and Protection) Act* states that "the assessment officer or the staff member (mandatory reporter) may, if the officer or staff member has concerns for the well-being of the child to whom the matter relates, make such referral or take such action as the officer or staff member (mandatory reporter) considers necessary or appropriate (or as is reasonably available) to safeguard or promote the safety, welfare and well-being of the child".[6]

Where the MRG indicates the event is not reportable to the Helpline, it was anticipated that a response would be provided by either the mandatory reporter or the CWU to link the child and/or family to a service.

This evaluation reviewed the actions taken by the CWUs to:

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[6] Section 27A (5) of the NSW Children and Young Persons (Care and Protection) Act

1. directly conduct a response for the child or family,
2. assist mandatory reporters with conducting a response, or
3. monitor and manage the child or family at suspected risk.

Three actions were identified:

► **Direct Referrals**: Where a mandatory reporter does not conduct or discuss the referral for a child or their family, the CWU performs the referral activity on behalf of the mandatory reporter to direct families to a support service. This results in the creation of an activity within the WellNet event to document this response performed by the CWU.

► **Referral Information/Advice (event):** The CWU and mandatory reporter will collaboratively discuss the response actions and, where it is agreed that the mandatory reporter is willing and/or able to conduct or discuss a referral for a child or their family, the CWU will offer expert advice about possible support services to the mandatory reporter. The reporter will then liaise directly with the family and the service. Information and advice is documented in WellNet as a separate activity to document the agreed response.

► **General Information/Advice (Not related to an event):** This occurs where the CWU provides advice about lower risk cases to the mandatory reporter to enable them to assess the family or child for potential needs. It also includes the provision of advice/information by the CWU about how to improve or change the ongoing response, so that risk factors are addressed. This does not result in the creation of an event within WellNet, but is recorded as an activity. In some circumstances this also includes advice about advocating with CS for allocation of the case and may include referral (where appropriate) to services for lower risk cases.

The following potential responses and services are performed by the CWU based on the child's circumstances and risk:

Cohort of risk	Direct Referral	Provision of referral information or advice to mandatory reporters	Provision of general information or advice to mandatory reporters, including how to improve or change the ongoing intervention/response so that risk factors are addressed.
MRG identifies the event **is not** reportable to the Helpline, however, the CWU and or mandatory reporter considers there is a need for support or services to be offered to the child or family.	Yes	Yes	Yes
MRG indicates the event **is** reportable to the Helpline, however the report **is not** considered ROSH by the Helpline and **feedback is provided** to mandatory reporters and/or CWU	Yes	Yes	Yes In addition, seeking a review of the Helpline decision can also be a potential response
MRG indicates the event **is** reportable to the Helpline and the report **is** considered ROSH, but the report is **not allocated** a caseworker due to "competing priorities".[7]	Yes	Yes	Yes In addition, the provision of advice to mandatory reporters about advocating with CS for allocation
Calls not relating to an event from mandatory reporters relating to lower risk cases	-	-	Yes

The different operating models of the three CWUs play a role in how each agency addresses this CWU

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[7] The CWU was not strictly speaking set up to action unallocated ROSH reports, however this is an outcome that impacts the volume of re-reporting and bounce back from FACS Community Services. These reports are not allocated due to "competing priorities" where the CSC determines they do not have the capacity to take on additional cases. In this circumstance, CWU and/or mandatory reporters may find themselves in a circumstance where providing an alternate secondary response may be the only viable option in the shorter term for these ROSH cases.

strategic objective and legislative requirement. As a result, this evaluation has looked at each agency individually.

► Police mandatory reporters identify and report child concerns of suspected risk, following an incident, to the CWU and subsequent responses are coordinated directly by the Police CWU.

► The Health and Education CWUs have ongoing contact with their mandatory reporters beyond the identification and reporting of suspected risk. They both continue to provide information and advice to mandatory reporters to enable them to coordinate a response themselves.

Not every child or family needs to be referred to a service. The Health and Education CWUs assist mandatory reporters with lower risk non-ROSH events to manage and/or monitor the child/family and their ongoing responses more broadly.

At the time of review, the Police CWU contributed 94 per cent of the combined CWU direct referrals conducted over the evaluation period. The Police CWU provides a central referral service on behalf of mandatory reporters, due to the nature of their workforce operating model and the lack of sequential or continuous interaction the mandatory reporter will have with the Police CWU. Figure 22 below shows the volume of combined CWU direct referrals over the evaluation period.

Figure 22: Trend in total CWU direct referrals
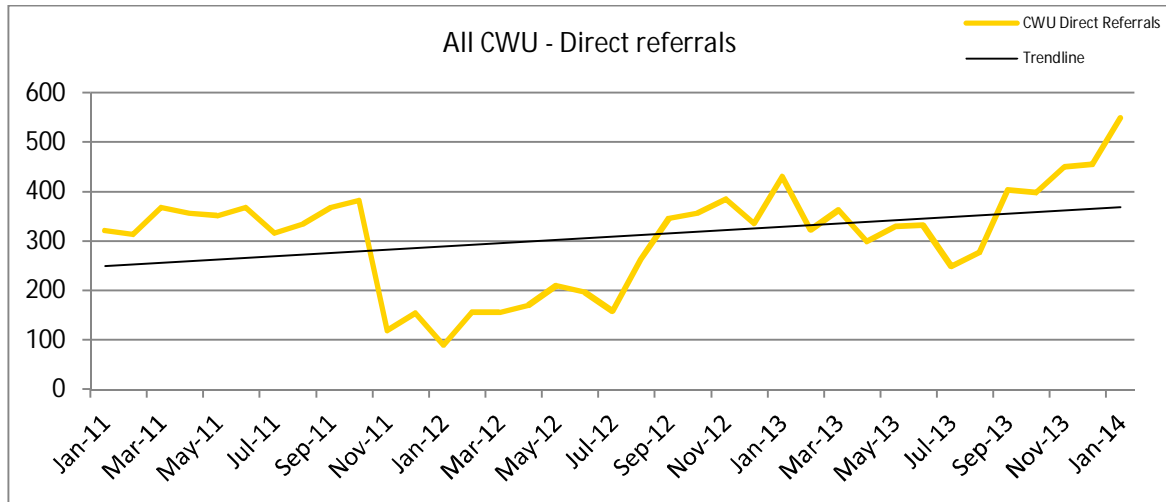
The Health and Education CWUs provide information and advice to their respective agency's mandatory reporters to support and enable mandatory reporters to conduct the response. Figure 23 below shows the combined volume of information and advice which the Health and Education CWUs provide to mandatory reporters over the evaluation period.

Figure 23: Trend in Health and Education information and advice given to mandatory reporters
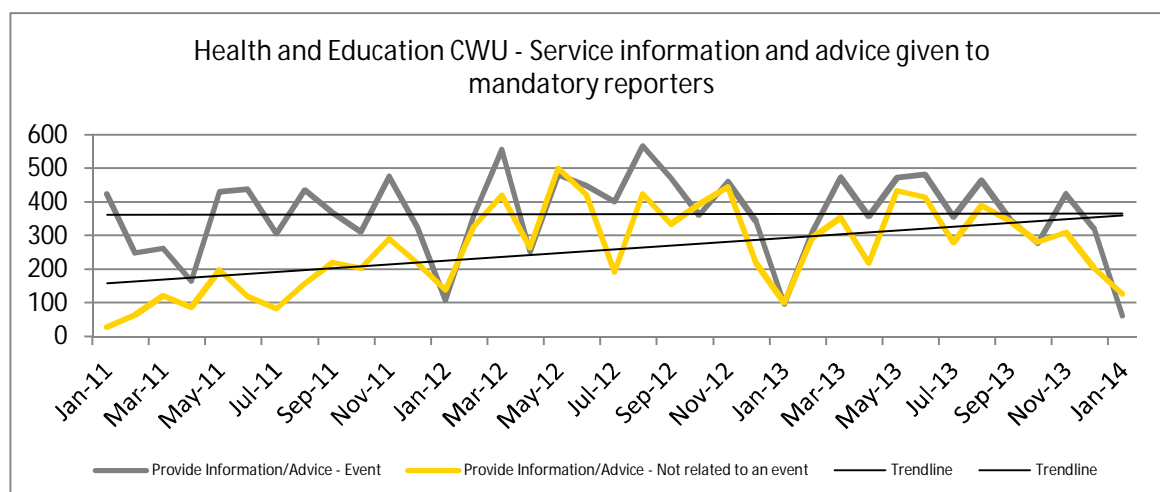
The combined volume of Health and Education CWU service information and advice for both events and those cases not requiring the creation of an event, fluctuates (largely due to the influence of school holidays on the Education mandatory workforce). This fluctuation is in relation to events, and the underlying trend is increasing for contacts not relating to an event.

The change in CWU process since July 2011 is contributing to the increase in the volume of information and advice not related to an event. For this reason the data within this chapter has been analysed from July 2011 onwards. The service information, advice responses and how these relate to each agency is also explored further in this chapter.

3.2   Direct Referrals

> The Health and Education CWUs provide advice and support to mandatory reporters, aimed at empowering them to provide a response to families and children. Consequently the Health and Education CWUs only perform direct referrals or responses in a minority of cases.
>
> Because the Police CWU operates differently and conducts the referrals on behalf of their mandatory reporters, direct referral is the main action through which the Police CWU identifies potential responses for CYPs. Whilst the number of direct referrals has fluctuated, there is an underlying increasing trend since CWU inception.
>
> The Police CWU proactively monitors their referrals with the FRS and other NGO services, but is unable to determine the outcome of 46 per cent of cases between January and December 2013 due to limited information provided by service providers. Based on the referral outcome information available, a higher proportion of Police referrals are not taken up by families / children (33 per cent) compared to those which are known to be taken up (13 per cent). This latter statistic is coincident with an increasing trend in the proportion of cases where the result is unknown. It is not possible to determine why referrals are not taken up based on current data in the system.

CWU direct referral activity was analysed using WellNet data to determine the proportion of CWU contacts which resulted in a direct referral by each agency. The figures below show the proportion of direct referrals made by each agency through this method, as well as the trend over time. Police

In line with their operating model, Police officers acting as mandatory reporters must report all observations and events where there is a potential ROSH to a child. Use of the initial identification tool is mandatory. In the Police context, the CWU provides qualitative triage.

The CWU has the highest proportion of direct referrals due to the nature by which Police mandatory reporters interact with the CWU. Between January 2011 and January 2014, Police CWU direct referrals accounted for 94 per cent of total CWU referrals from all agencies. As the Police mandatory reporters only report child concerns of suspected risk at the time of an incident, all subsequent actions are conducted by the Police CWU. The responsibility for conducting referrals lies with the Police CWU who review the report and identify possible referral pathways in the absence of the mandatory reporter and,

depending on the nature of the case, may conduct a direct referral.

Data supports that this is a higher proportion of the Police CWU's workload as they have a higher instance of direct referrals with an average ratio of 12 direct referrals being made for every 100 calls received over the period January 2011 to January 2014. There has also been a more recent uplift in this ratio since September 2013.

This higher proportion, combined with the fact that the Police CWU processes the largest volume of child concerns, culminates in a large volume of direct referrals – an average of 288 direct referrals per month.

Figure 24: Police CWU trend in ratio of direct referrals to total contacts
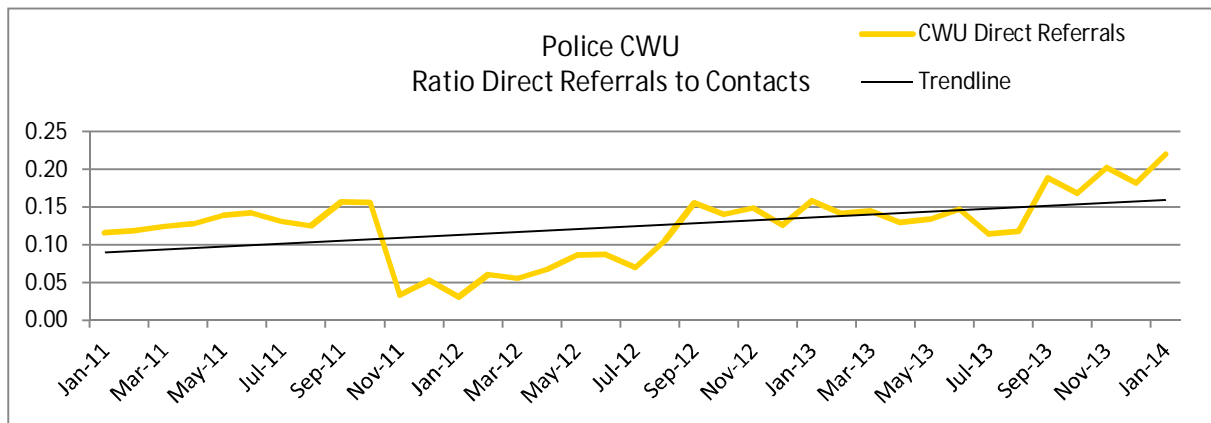
Since the inception of the Police CWU, the vast majority of all direct referrals made by the CWU have been to the Family Referral Services (FRS). Between January 2013 and March 2014, 79 per cent of all Police referrals were to the FRS, however, there has been a decreasing trend in the proportion made to FRS in 2014 with 46 per cent of referrals being made to the FRS in March 2014 as shown in Figure 25 below.

Figure 25: Trend in proportion of Police CWU's direct referrals to FRS
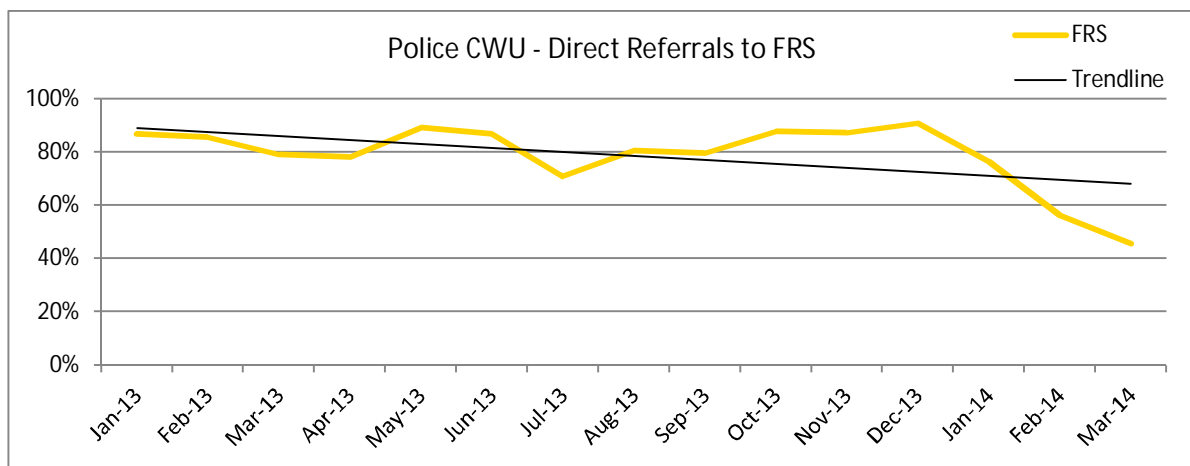
Police manually monitor their referrals in a spreadsheet stored and accessed independently of WellNet. For direct referrals made to either the FRS or other agencies, the Police CWU follows up with the agency concerned to ascertain the outcome of the referral. Where possible, the Police CWU documents the outcomes of the direct referrals in a separate spreadsheet to WellNet.

The Police CWU attempts to identity the outcome of referrals (requiring information to be provided from service providers as to take up and/or status of referral). However CWU data shows that the majority of these information requests result in the outcome being documented as unknown. Figure 26 below shows the outcomes of the direct referrals made by the Police CWU.

Figure 26: Trend in Police CWU's direct referral outcomes
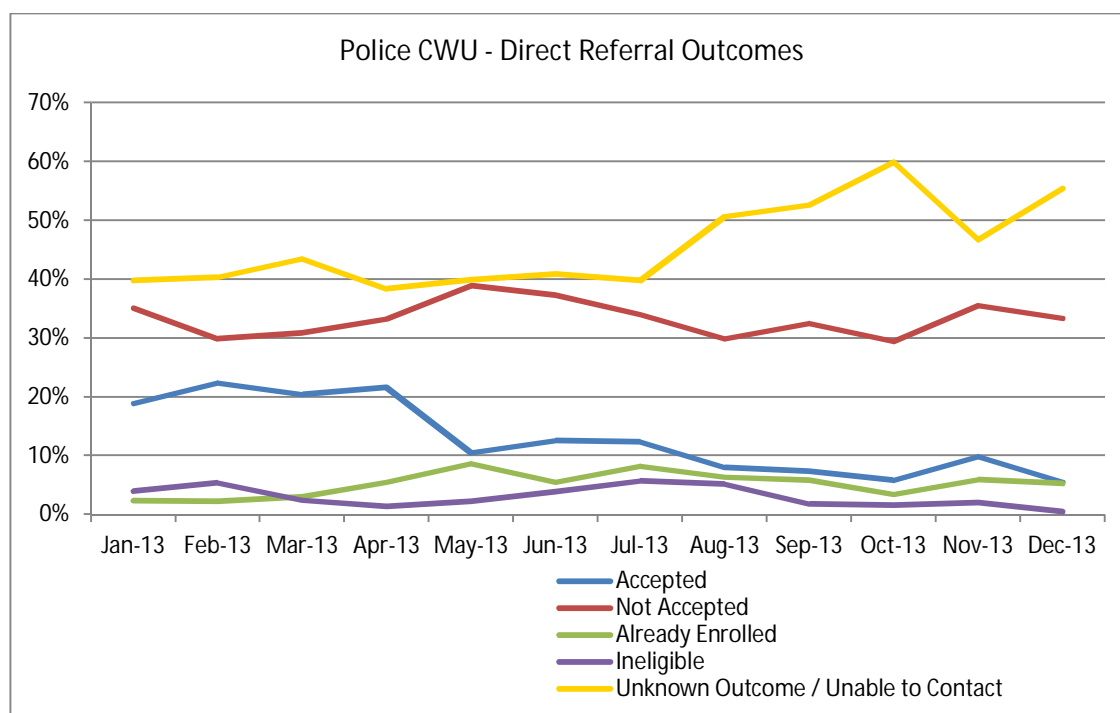
The outcome of CWU referrals is unknown for an average of 46 per cent of referrals between January and December 2013, with an increasing trend that has risen to 55 per cent in December 2013. This represents a significant proportion of Police referrals for which the effectiveness of the referral is unknown due to a lack of information received from service providers.

This information gap between the CWUs, the FRS and other service providers limits the extent to which the known outcomes can be analysed. However, there is a much larger occurrence of children and/or families not accepting the referral made by the Police CWU (33 per cent) than those who do accept it (13 per cent) over the 2013 calendar year.

The following trends in the data provided for 2013 referral outcomes, suggest that the uptake of Police CWU referrals may be decreasing over time.

- ► There has been an increase in the proportion of referrals which have an unknown outcome (from 40 per cent to 55 per cent from January 2013 to December 2013),
- ► the trend in referrals known to be not accepted has remained reasonably constant (at around 35 per cent).
- ► There has, however, been a decrease in the proportion of CWU referrals which are known to have been accepted by the child and/or family (from 19 per cent to 6 per cent).
- ► There is likely to be a lag in how information reaches the CWU (for example some of the unknown may become known over time as contact is made at a later date).

Due to the large proportion of unknown outcomes, however, this apparent trending cannot be conclusively determined on the data available.

Overall, the Police CWU conducts a large volume of direct referrals due to the nature of the system implemented by Police placing responsibility for the referrals on the CWU and not the mandatory reporter. Where the Police CWU attempts to conduct a referral for a child, the efficacy of this is unknown for a large proportion of cases due to the limited feedback they receive. Where the outcome is known, a relatively high proportion of Police referrals are not accepted. This warrants further investigation to understand the reason(s). There is also a decreasing trend in the proportion of cases which are known to be accepted by the child and/or family, coincident with an increasing trend in the proportion of cases where the result is unknown.

3.2.2   Health

The Health CWU provides advice and support to mandatory reporters, aimed at empowering them to provide a response to families and children. Consequently the Health CWU only performs direct referrals or responses in a minority of cases and averages 15 direct referrals per month. Direct referrals take place where the mandatory reporter is not best placed to do so. This sometimes occurs when the Health worker reporting does not have an ongoing relationship with the child or family.

Figure 27: Health CWU trend in ration of direct referrals to total contacts
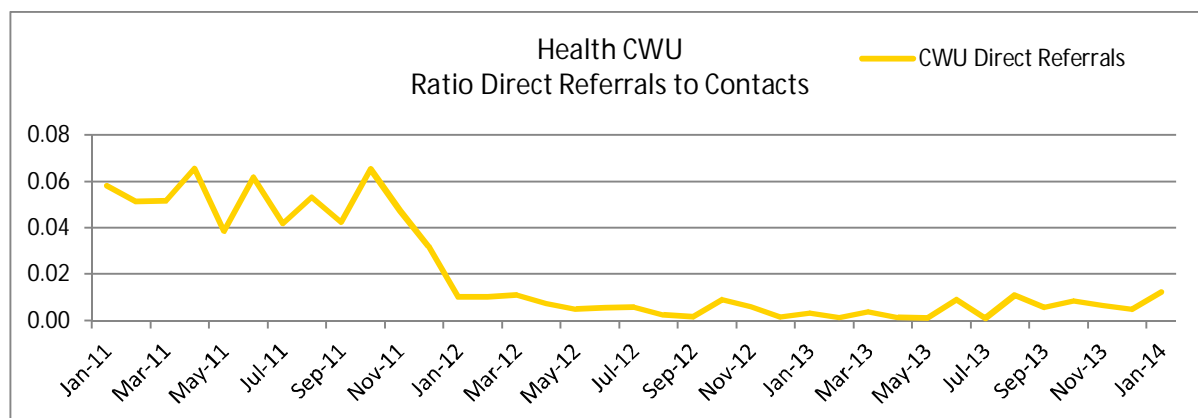
Data shows that direct referrals conducted by the CWUs reduced substantially in January 2012. This reduction is attributable to a change in process for referrals into Brighter Futures from January 2012. CWUs were previously able to directly refer into the Community Services Brighter Futures program, however, in January 2012 Community Services transferred delivery of this program to NGOs. Where a referral to the Brighter Futures program may be appropriate, the CWUs now support and advise mandatory reporters to discuss this option directly with the family, as no preference is given to a referral from a CWU. However, case studies indicate that mandatory reporters are sometimes not confident regarding the ongoing management of referrals and rely heavily on the CWUs for support.

Like Police, there is limited feedback on direct referrals to the Health CWU, so the take up and effectiveness of these referrals is unknown to the CWU. The Health CWU however plays a role in building the capacity of the Health workforce, as explained under evaluation question one, so that health workers who know the child or family can discuss the referral directly with them.

3.2.3   Education

Like Health, the Education CWU encourages mandatory reporters to complete the referral and will only conduct a direct referral where the mandatory reporter is not best placed to do so. The preference for mandatory reporters conducting referrals themselves is due to their direct engagement with the family, making them being better placed to make effective referrals compared to cold calling by the CWU.

As shown in Figure 28 below, the Education CWU therefore conducts a very low proportion of direct referrals, with only 1 direct referral per 100 calls being observed and an average of 6 direct referrals per month.

Figure 28: Education CWU trend in ratio of direct referrals to total contacts
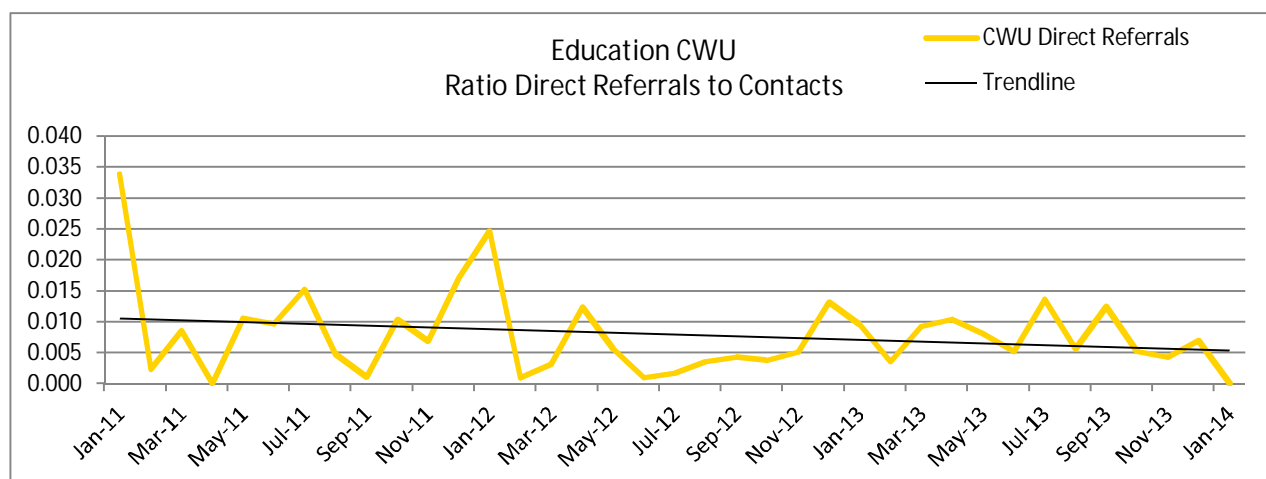
Following direct referrals, there is no feedback loop to the CWU, so the effectiveness of these is unknown. As with Police and Health, this lack of feedback from service providers limits the Education CWU's ability to identify the success of their referral for the child.

The Education CWU also provides one-on-one support to mandatory reporters and, where applicable, may also encourage the school to participate in a joint meeting with the family, school and referral agency. As with Health, this represents a small proportion of the CWU's overall workload and the decrease in CWU direct referrals means that Education mandatory reporters are increasingly conducting referrals themselves and/or discussing and assisting families to self-refer to services. Case studies also indicate that mandatory reporters are sometimes not confident regarding the ongoing management of referrals and rely heavily on the CWU for support.

3.3   Referral and Intervention Information/Advice (event)

The Health and Education CWUs encourage mandatory reporters to conduct referrals and interventions for child at risk events because the mandatory reporters have a direct relationship with the child and/or family (with the aim of using these relationships to encourage take up of the referral). The CWUs support mandatory reporters to do this through the provision of service information and intervention advice.

The overall volume of activity associated with providing advice on referrals and intervention has been increasing over time. However, the mix of advice and information on cases with and without an event recorded is changing over time. Advice sought on cases with events recorded has remained relatively stable over the period from January 2011 to January 2014.

87 per cent of Health and 88 per cent of Education survey respondents indicated that the CWU have been either effective or somewhat effective in building mandatory reporters' capacity to respond to child wellbeing issues.

Whilst it is not within the mandate of the CWUs to collect and report on the capacity, take up rate or efficacy of services, this information would be helpful to the CWUs in understanding the outcomes of the interventions they recommend. In addition, because interventions are likely to be ongoing, being able to collect information on existing services taken up by families can assist with ongoing intervention management. An opportunity exists to implement a formal mechanism to monitor the outcome of these referrals, because the majority of mandatory reporters are unsure of referral take up or success.

The Police CWU conducts direct referrals on behalf of Police mandatory reporters and does not provide information/advice, except in relation to the accuracy of the completion of the mandatory reporter's initial assessment.

CWU activity in providing event information/advice to mandatory reporters was analysed using WellNet data to determine the proportion of Health and Education CWU contacts which resulted in the CWU providing referral and intervention advice for events. Because the Police CWU does not directly provide

referral information and advice to mandatory reporters, data capturing the use of the Yellow Card[8] by the attending Police Officer was also analysed.

3.3.1 Police

The Police CWU has little contact with the mandatory reporter after the initial report and only contacts the officer in charge on occasions that further detail is required. There is, however, a system within Police whereby the attending Police officer can provide advice/information for Domestic Violence offences only in the form of a Yellow Card directly to the family at the point of incident. The Yellow Card is provided at the discretion of the officer without the provision of referral support or advice by the CWU. Where the Yellow Card is utilised, the CWU follows up with the relevant Domestic Violence Liaison Officer and confirms that a referral was made to a local agency on behalf of the victim. 15 per cent of total Police events reported between January 2012 and September 2013 had a Yellow Card offered by the attending Police officer and resulted in no further action required by the CWU, however not all Local Area Commands use Yellow Cards[8].

3.3.2 Health

While the Health CWU does not provide many direct referrals, the CWU provides information and advice to Health mandatory reporters to enable them to conduct a referral or intervention themselves. Data shows that the CWU provides information and advice to mandatory reporters regarding referrals for an average of 10 activities per 100 child contacts received for the period from July 2011 to January 2014.

Figure 29: Volume of Health CWU event information and advice
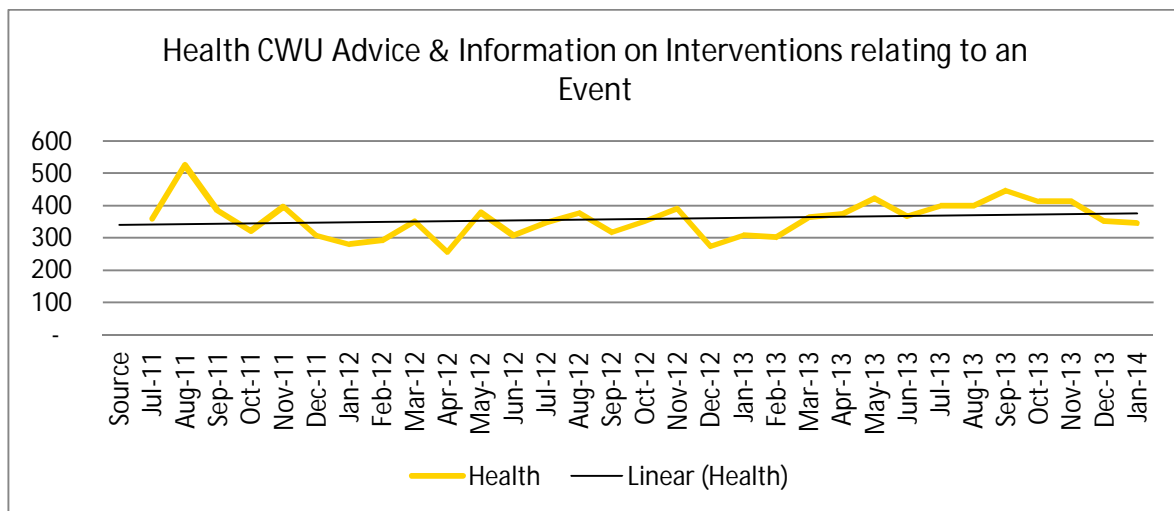
There has been a decrease in the proportion of this support over the same time period, with a peak of 18 activities per 100 calls in October 2011 and a steady decrease since then to 5 activities per 100 calls in January 2014, showing that this is becoming a smaller proportion of the Health CWU's work over time.

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[8] NSW Police Force have the ability to offer all victims of domestic and family violence early referrals to services by the signing of their yellow card, which gives permission for Police to pass the victim's details to a family or domestic violence service. Note: At the time of this report the Yellow Card is currently under review and is likely to be replaced by an updated card system across the State

Figure 30: Health CWU trend in ratio of event service information and service advice to total contacts

Health CWU - Event Service Information and Service Advice to mandatory reporters (Ratio to Contacts)
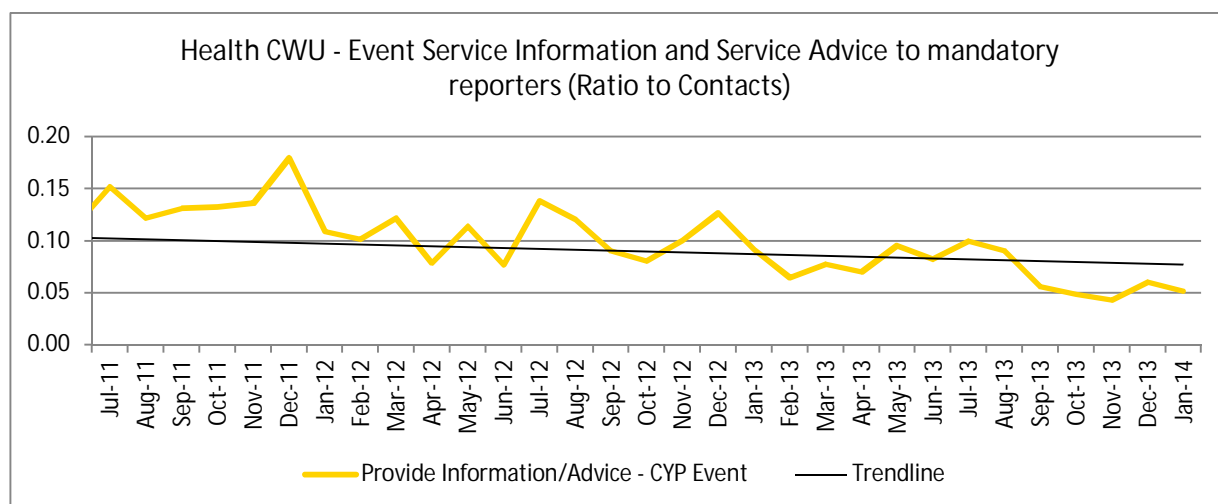
The Health CWU provides information and advice to mandatory reporters to enable them to refer a child and/or their family to an appropriate course of action to address the risk to that child.

Based on the mandatory reporter workforce survey, of the 33 per cent of Health respondents that have contacted the CWU within the last 12 months:

► 45 per cent indicated they have received referral advice from the CWU. It is possible that some respondents may not have considered referral advice to a service within the department (as opposed to external to the department) when answering this question. Of these respondents:

  ► 50 per cent found the CWU extremely/very helpful for identifying responses apart from reporting,
  ► 37 per cent found the CWU helpful/somewhat helpful,
  ► 9 per cent found the CWU not at all helpful, and
  ► 4 per cent were unsure whether they found the CWU helpful.

► 87 per cent responded that they thought the CWU had been effective (43 per cent) or somewhat (44 per cent) effective in building capacity to respond to child wellbeing issues. The remaining 13 per cent responded that they thought the CWU had been ineffective in building capacity to respond to child wellbeing issues.

Stakeholder interview feedback supports that the de-centralised model of three regional Health CWU locations enables each CWU to have greater knowledge of local referral services to make more effective referrals, whilst also facilitating contact with the relevant mandatory reporter cohort.

Where a referral is made by the Health mandatory reporter, there is no formal feedback loop for the CWU or the mandatory reporter to document the effectiveness of the referral. This creates a gap in the knowledge of both parties to successfully identify the success of the referral made. Of the Health respondents to the mandatory reporter survey who had contacted the CWU within the last 12 months:

► 34 per cent believed that the referral (based on the CWU support and advice) was beneficial to the family/child

► 14 per cent believed that the referral was not beneficial to the family/child

► The remaining 52 per cent were unsure of the benefit of the referral to the family/child[9]

Overall, the referral or intervention information and advice provided by the Health CWU to mandatory reporters represents a significant proportion of the CWU's workload, however this has been a decreasing proportion of the CWU's total activity. The mandatory reporter cohort has responded very positively to the appropriateness of this referral advice.

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[9] Unknown responses can be affected by many issues, including whether feedback is sought from and provided by service providers and the time it may take for services to be effective

3.3.3   Education

Where it is agreed between the Education CWU and mandatory reporter that the mandatory reporter is best placed to make the referral or intervention, the Education CWU provides information and advice to mandatory reporters to enable them to conduct a referral or intervention themselves. Data shows that a high proportion of the CWU's workload is the provision of information and advice to mandatory reporters regarding referrals for events. There was an average of 33 activities per 100 total contacts received by the Education CWU between July 2011 and January 2014 being associated with this type of advice.

Figure 31: Education CWU trend in ratio of event service information and service advice to total contacts
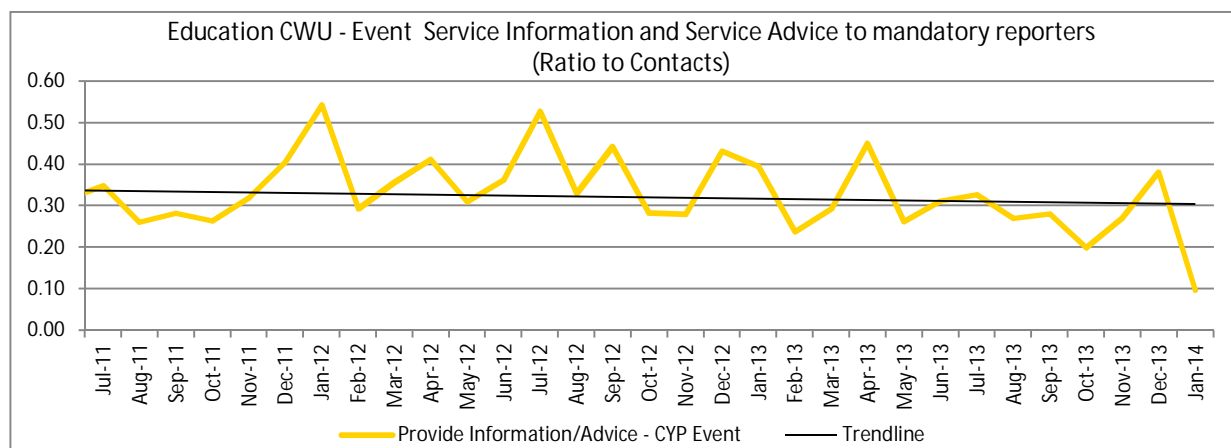
Based on the mandatory reporter survey, of the 56 per cent of Education respondents that have contacted the Education CWU within the last 12 months:

►   61 per cent have indicated that they have received referral advice from the CWU. It is possible that some respondents may not have considered referral advice to a service within the department (as opposed to external to the department) or other advice about how to respond to the needs of the CYP or family when answering this question. Of these respondents:

     ►   53 per cent found the CWU extremely/very helpful for identifying responses apart from reporting,
     ►   36 per cent found the CWU helpful/somewhat helpful,
     ►   8 per cent found the CWU not at all helpful, and
     ►   4 per cent were unsure whether they found the CWU helpful.

►   88 per cent responded that they thought the CWU had been effective (46 per cent) or somewhat effective (42 per cent) in building capacity to respond to child wellbeing issues. The remaining 12 per cent responded that they thought the CWU had been ineffective in building capacity to respond to child wellbeing issues.

As with Health, where a referral is made by the mandatory reporter, there is no formal feedback loop for the Education CWU or the mandatory reporter to document the outcome of the referral or intervention. This creates a gap in the knowledge of both parties to successfully identify the success of the response and is supported by the fact that the majority of survey respondents were unsure of the benefit of making a referral.

An opportunity therefore exists to connect the CWU with information from service providers to enable it to better analyse the effectiveness and uptake of its agency's responses.

Of the Education respondents to the mandatory reporter survey who had contacted the CWU within the last 12 months:

►   29 per cent believed that the referral (based on the CWU support and advice) was beneficial to the family / child

►   25 per cent believed that the referral was not beneficial to the family / child

►   The remaining 46 per cent were unsure of the benefit of the referral

The Education CWU provides the greatest proportion of event referral or intervention information and advice to mandatory reporters of all the CWU agencies and this represents a significant proportion of the Education CWU's workload. The mandatory reporter cohort has responded positively to the

appropriateness of this referral advice.

3.3.4 Collection of Referral Success information

Whilst it was not within the mandate of the CWUs to collect and report on the capacity, take up rate or efficacy of services, this information would be helpful to the CWU in understanding the outcomes of recommended interventions. In addition, because interventions are likely to be ongoing, being able to collect information on existing services taken up by families can assist with ongoing intervention management.

The Police CWU attempts to identity the effectiveness of referrals, however CWU data shows that the majority of these information requests are unsuccessful and result in the outcome being documented as unknown.

However, where a referral is made by the mandatory reporter (as in the majority of cases for Health and Education), there is no formal feedback loop for the CWU or the mandatory reporter to document the outcome of the referral. This creates a gap in the knowledge of both parties to identify the success of the referral and is supported by the fact that the majority of Health and Education survey respondents were unsure of the benefit of making a referral.

3.4 Information/Advice (Not related to an event)

Health and Education mandatory reporters are increasingly contacting their CWUs for information and advice not related to an event, with the volume of contacts for this service increasing by 75 per cent for Health and 95 per cent for Education between 2011 and 2013. This suggests CWUs are increasingly providing information and advice to mandatory reporters about the management of lower risk cases that do not result in the creation of an event and/or regarding how to improve their ongoing responses to children at risk.

As a result, an increasing proportion of the Health and Education CWU's workload is in the provision of information/advice not related to events.

The Police CWU does not provide referral information/advice due to the way in which the CWU manages the agency's responses on behalf of Police mandatory reporters.

There are several reasons why advice and information may be provided on a case that does not require an event to be created. Cases that are suspected as non-ROSH do not always require interventions as the appropriate course of action. There may also sometimes be a different set of actions taken by the Health and Education CWUs when in contact with the mandatory reporter which do not result in a referral or other service response. The CWU also provides more general advice/information to mandatory reporters to support them in conducting their role, including improvements or changes to their ongoing response so that child and/or family risk factors are addressed.

CWU activity to provide information/advice not related to an event to mandatory reporters was analysed from WellNet data to determine the proportion of CWU contacts which resulted in the CWU providing referral or intervention advice.

3.4.1 Police

Due to the systematised nature of Police reporting through COPS, the Police CWU does not typically have direct contact with the police officers making the report and therefore does not offer support/advice to them. No further analysis was therefore undertaken for the Police CWU on this particular activity.

3.4.2   Health

Figure 32: Volume of Health CWU contacts not related to an event
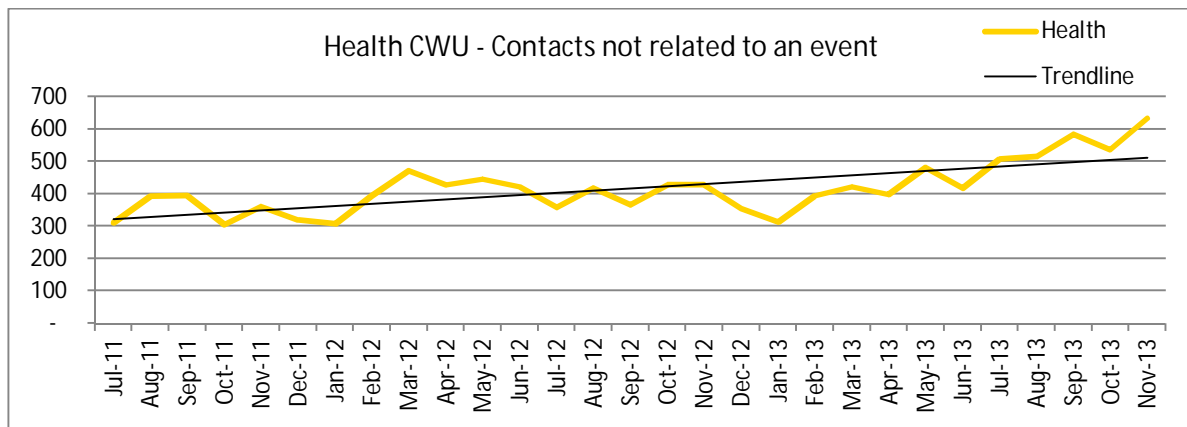
Health has experienced a strong increase in the demand for information and advice on cases where an event is not raised as shown in Figure 32 above.

There has been a 75 per cent increase in this type of contact from mandatory reporters from 310 to 542 contacts per month between July 2011 and January 2014.

Data shows the Health CWU provides a relatively high proportion of advice not related to an event to mandatory reporters with an average of 15 activities per 100 total inbound contacts being associated with providing lower level risk advice and support for the period from July 2011 to January 2014.

Figure 33: Health CWU trend in ratio of service information and service advice not related to an event to total contacts
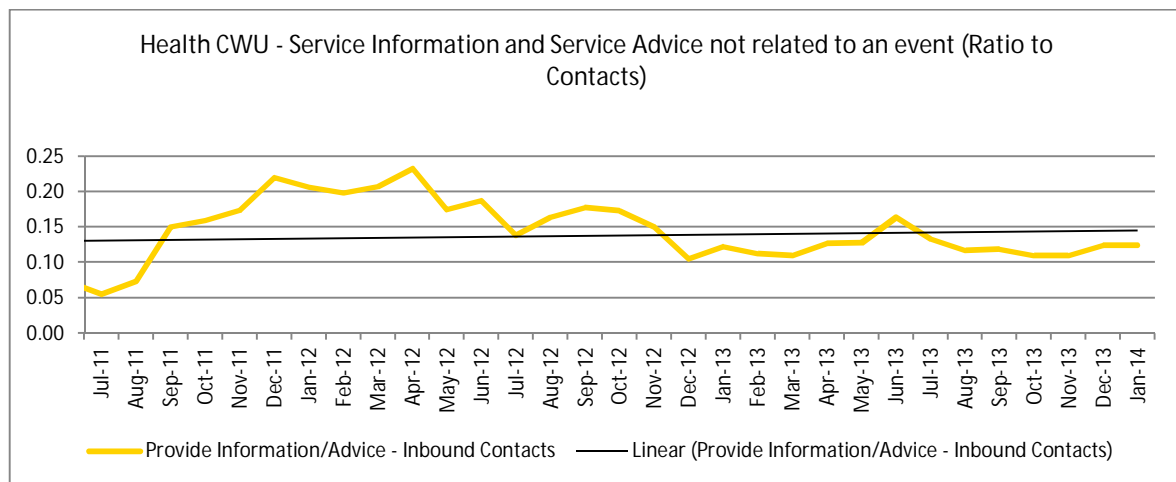
Interviews with Health stakeholders have supported the use of the CWU for information and advice not only for child events, but also for lower risk issues to validate their understanding and action. The Health CWU initially displayed an increasing trend from 2011 (average 14 activities per 100 contacts) to 2012 (average 18 activities per 100 contacts), but this has since dropped back to an average of 12 activities per 100 contacts in 2013.

A higher proportion of the Health CWU's activity involves providing information and advice that is not related to an event compared to event information and advice. The 2013 case studies support that a higher level of advice not relating to an event is being provided and sought by Health mandatory reporters compared to Education.

Overall, there has been an increase in the demand from mandatory reporters for advice and information on cases not related to an event, as shown by the increase in call volumes and the proportion of CWU activity associated with this activity. This implies that the mandatory reporter cohort is increasingly coming to the Health CWU with child concerns at an earlier and lower risk stage.

Research indicates that the opportunity to seek advice and support from a "neutral party" is especially important for appropriate identification of issues relating to Indigenous families. Given the long stigma associated with the removal of Indigenous children, there is a reluctance to seek formal advice and assistance, where there is a perceived risk of intervention.[10] The CWUs may play a key role in providing early information to support identification these children.

3.4.3   Education

Education has also experienced a strong increase in the demand for general information and advice from the CWU as shown by the increase in CWU call volumes not related to an event. There has been a 95 per cent increase in this type of contact from mandatory reporters from a 2011 average of 295 to a 2013 average of 576 contacts per month during the period from July 2011 to January 2014. The extreme volatility shown in the incidence of calls in Figure 34 below is seasonal variation due to school holidays.

Figure 34: Volume of Education CWU contacts not related to an event
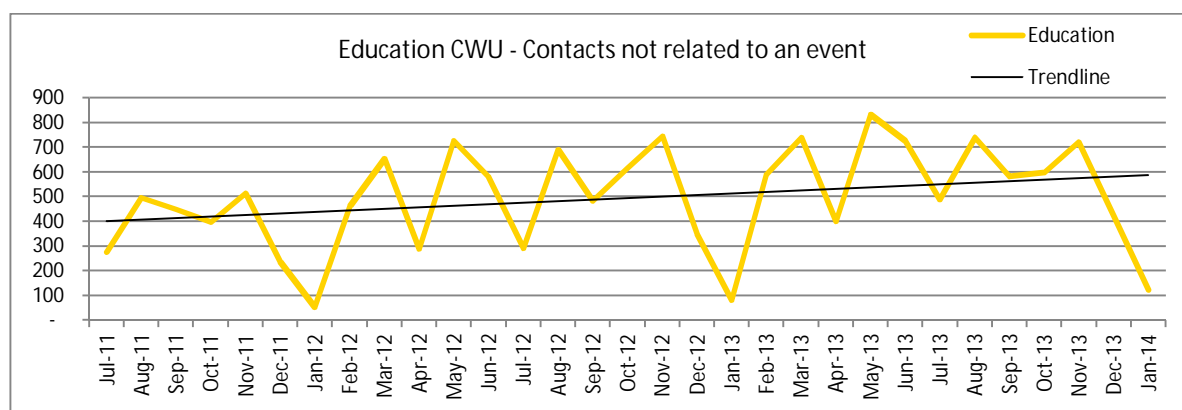
Data shows the Education CWU provides a relatively high proportion of advice not related to an event to mandatory reporters, with an average of 19 activities per 100 inbound contacts associated with providing lower level risk advice and support between July 2011 and January 2014. The Education CWU also shows an underlying increasing trend from 11 activities per 100 contacts in 2011 to 19 activities per 100 contacts in 2013. There is however a large degree of variability due to school holidays.

Figure 35: Education CWU trend in ratio of service information and service advice not related to an event to total contacts
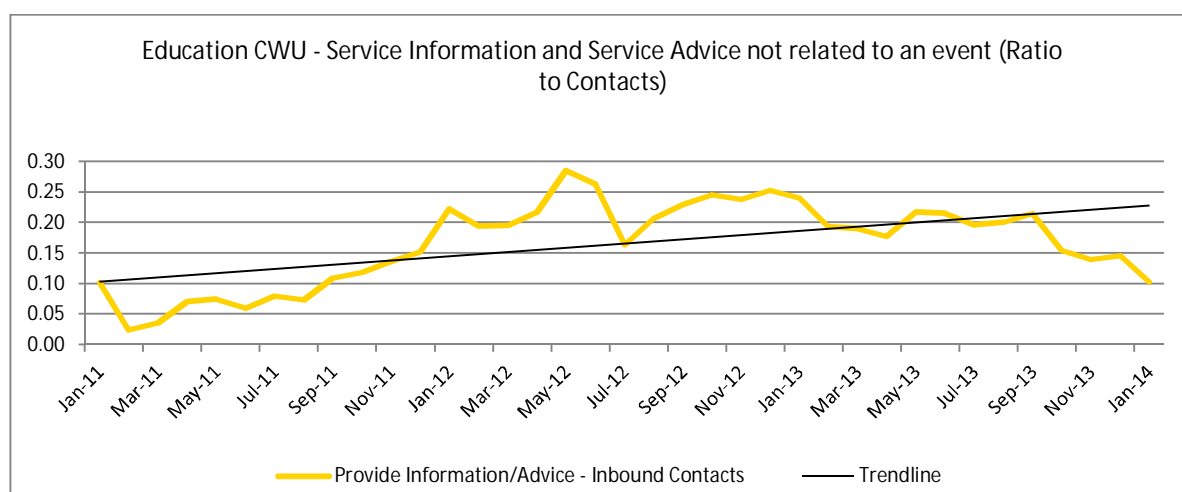
The case studies sourced from 2013 data confirm a higher level of advice is sought and provided, however there is also evidence in 8 of the Education case studies of resistance by mandatory reporters to

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10   Bamblett, M & Lewis, P 2007, 'Detoxifying the child and family welfare system for Australian Indigenous Peoples: self-determination, rights and culture as the Critical Tools, First Peoples Child and Family Review, vol. 3, pp. 43–56.

take up recommended strategies for intervention. The resistance may reflect a hesitation in taking on an extended role coordinating intervention services and a need for support in this regard. Mandatory reporters rely heavily on CWUs to "translate" the child protection system for them and to identify sources of information support and referrals, especially across agencies and with NGOs. While this small sample is qualitiative in nature (and not therefore, statistically significant), the CWU system is heavily reliant on mandatory reporters following the advice provided. This finding therefore warrants ongoing monitoring, and consideration should be given to how this feedback loop can be closed.

Like Health, Education has also had an increase in the demand from mandatory reporters for advice and information on cases not related to an event, with an increase in call volumes and the proportion of CWU activity associated with this activity. Once again, this implies the mandatory reporter cohort is increasingly coming to the CWU with child concerns at an earlier and lower risk stage.

3.5   Overall Supporting Information

A sample of 180 case studies drawn from all CWU locations for both 2011 and 2013 were reviewed to determine the referral and intervention advice and support provided by the CWUs, as well as direct referrals conducted by the CWUs. Of these:

► The case studies do not indicate the extent to which interventions are followed through, except in cases where there are re-reports or new incidents

► Over 70 per cent of the Police case studies for both years indicate re-reporting to the CWU for the same child

► The 2013 case studies for all agencies confirm a higher level of advice is being provided and sought

► For suspected non ROSH assessments, there is evidence that recommendations for intervention are made in all cases

A review of relevant literature sources was also completed and suggested that:

► Early intervention is essential to reduce ROSH

► To date, the experience of Indigenous families has involved significant under-reporting as those in contact with Indigenous families do not wish to participate in the removal of Indigenous children from their family unit

► Indigenous families are over-represented in numbers of children identified at risk and also children in care

► Services which are seen to be outside the general systems and not directly associated with Community Services' may create more opportunities to assist Indigenous children[11].

3.6   Constraints to CWUs identifying potential agency responses and other services to assist children, young people and/or families

During the course of the evaluation, the following constraints were identified:

► There is a lack of visibility of potential services available for children/families and service capacity across the State. This is because multiple service catalogues exist which are not linked to service availability or gaps in services. The HSNet catalogue of services for each locality is limited in its use to assessment officer and does not identify service capacity. This leads to a lack in understanding of capacity and efficacy of identified services which was observed in process walkthroughs, interviews and case studies.

► Children reported to the Helpline are assessed using the ScRPT tool to ascertain if they are at ROSH. Those that are assessed as non-ROSH are reported back to the CWU and/or mandatory reporter. There is, however, an inconsistent provision of feedback to mandatory reporters and CWUs on ROSH cases from Community Services, especially with regard to unallocated ROSH cases. Consequently these cases are at risk of not getting a timely response, or not getting a response at all, as observed in process walkthroughs, interviews and case studies.

► From the feedback received in interviews, it is believed that the deficit in Community Services CSC's

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[11] Arney, F 2010, 'Promoting the wellbeing of young Aboriginal children', Children and Public Health, vol. 7, pp. 23–7

ability to respond to all ROSH cases is impacting on re-reporting rates to the CWUs and mandatory reporters' goodwill to respond to child concerns.

► There is a lack of visibility of the effectiveness of referrals made by mandatory reporters and the CWUs (for cases that are referred directly). There is also a low level of belief or understanding as to whether responses are achieving outcomes as observed in process walkthroughs, interviews and case studies.

► There are some indications of potential resistance around the transfer of accountability to the mandatory reporter in the referral process based on the case study and interview qualitative research to a small extent for Health and to a larger extent for Education. These sources are not statistically significant, however there is no formal process in Health or Education for capturing the success of whether advice is actioned by the mandatory reporter or taken up by the family. This is not preventing the Health and Education CWUs from giving advice to mandatory reporters. While Police maintain a discrete spreadsheet collecting information about the success of referrals and only perform direct referrals on events, they also are impacted by a lack of feedback from service providers, as observed in process walkthroughs, interviews and case studies.

► The MRG focuses on appropriately identifying the need to report concerns relating to a child at possible ROSH. The MRG does not identify an assessed level of risk or need. Any advice on appropriate services (and therefore need) is provided by an assessment officer who is a trained child protection worker with experience and qualifications. (as observed in interviews, case studies and MRG Tool research.)

► There is a lack of formal feedback mechanism to the CWUs from the FRS or other NGO service providers. The consequence of this is that it is unclear the extent to which the child/family have taken up referral services, or if the services provided are effective, as observed in process walkthroughs, interviews and case studies.

4. Alignment and coordination of agency service systems

To what extent are CWUs helping to drive better alignment and coordination of agency service systems?

There is strong evidence that the CWUs have been constituted effectively within their respective agencies and have driven both procedural and cultural change since their inception. This is seen through their involvement in the development of their own agency's policies, as well as their impact on the child protection and wellbeing system as a whole. The top two reasons informing Health and Education survey respondents' knowledge of the child at risk / child safety and child protection response process were training (to which the CWU has significant input) and the CWU.

The CWUs have also driven collaboration and increasing information sharing between agencies. Where survey respondents indicated they had contact with the CWU in the last 12 months, they cited the CWU as one of the main influences encouraging them to share information.

The CWU Directors' Forum has been successful at driving coordination across the CWUs. There is, however, limited evidence of formal governance structures which align activities and programs to drive a whole-of-government approach to child safety and wellbeing, and which identifies and responds to the needs of CYPs and families across the continuum of need.

4.1 Context

The KTS Action Plan identified that a key strategic objective for the CWUs was to drive better alignment and coordination of agency service systems over time. In evaluating the extent to which CWUs have been successful in achieving this objective, analysis of the following components was undertaken:

► **Alignment**: The positioning of CWUs with respect to other components of the overall child wellbeing and protection system within NSW which encompasses the three CWU agencies, Community Services, agency service providers and NGO service providers. Also, within their respective agencies, how the CWU is positioned, its governance arrangements within the agency, and how it has contributed to the agency's policies, procedures and systems.

► **Coordination:** The coordination and collaboration of the CWUs with each other and the different elements of the overall child wellbeing and protection system.

4.2 Alignment

There is strong evidence that the CWUs have positioned themselves effectively within their respective agencies and have driven both procedural and cultural change since their inception. This is seen through their involvement in the development of their own agency's policies as well as their impact on the child protection and wellbeing system as a whole.

Initiatives affecting CWU agencies have included further development of the MRG tool, improvements to WellNet as well as cross agency learning programs.

Broader alignment initiatives have included: updating the Brighter Futures Service Provision Guidelines to reflect referral pathways from CWU agencies; facilitating change to feedback mechanisms from Community Services to include where a referral to Brighter Futures had been made by Community Services; contributing to legislative review and change; and feedback provided on broader NSW Government proposals.

There is however limited evidence of formal governance structures aligning activities and programs. This was also raised in the NSW Ombudsman 2014 Review of the NSW Child Protection System which identified the need for stronger interagency operational frameworks to deliver stronger governance processes to monitor outcomes[12].

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[12] NSW Ombudsman, The Review of NSW Child Protection System: Are Things Improving? April 2014

Governance

The overall governance framework within which the CWUs operate is a critical enabler to promote collaboration, ensure the total service system is aligned and take a holistic approach to child protection and wellbeing in NSW. This governance framework also has overall responsibility to coordinate, facilitate, monitor and evaluate the overall implementation of Keep Them Safe. Figure 36 below outlines the current CWU governance structure. We note that the Senior Officer's Group and the Social Policy Cabinet Sub-Committee are relatively new and therefore have not yet been engaged by the CWUs.

Figure 36: CWU governance structure
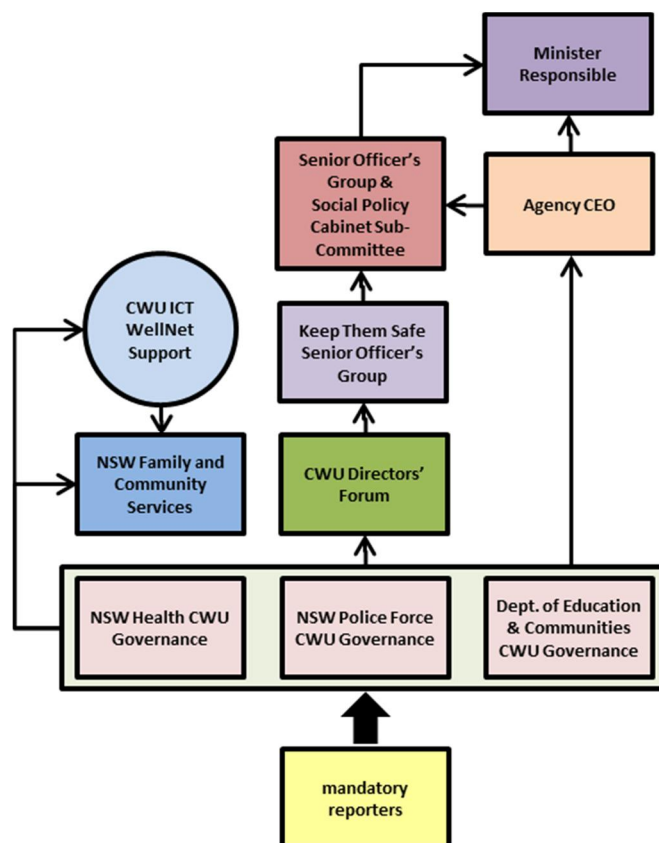
The CWUs run a monthly CWU Directors' Forum which serves as a mechanism to facilitate effective and efficient inter-agency cooperation and alignment.

The CWU Directors' Forum consists of the CWU Directors from NSW Police, NSW Health and NSW Education and Communities, as well as representation from Community Services. The Forum has a focus on:

► Implementing a shared strategic plan and delivery of key performance indicators

► Discussing and where possible resolving any emerging issues or risks across CWU agencies, including those that have been raised by individual CWUs though their agency governance structures

► Contributing expert policy, practice and strategic advice in regard to child protection and wellbeing across government and non-government agencies

► Ensuring the maintenance, review and implementation of common operational guidelines

► Identifying gaps in interagency systems and opportunities to coordinate services or enhance service provision by CWUs

► Ensuring the management and resolution of cross agency issues in respect to CWU operations wherever possible

► Ensuring regular analysis of common data, which identifies trends and recommends improvements to practice and interagency responses

► Developing and maintaining strong effective interagency relationships

- ► Leading an improved coordinated response to vulnerable children and young people who do not require a statutory response and who come to the notice of a CWU

- ► Working towards a valued, sustainable, high quality CWU service model which is relevant to agency mandatory reporters and the service delivery models in respective agencies

- ► Ensuring appropriate training and development of CWU staff and sharing of best practice.

The CWU Directors' Forum operates within a broader governance framework established to oversee for the Keep Them Safe (KTS) initiatives. The two other key bodies within this overarching framework are the KTS Senior Officer's Group (KTS SOG) and the Joint KTS Senior Officer's Group (Joint KTS SOG).

These bodies were created to drive alignment, collaboration and changes across the overall child protection and wellbeing system, as well as overseeing and reporting on the implementation of KTS.

The KTS SOG is convened by DPC and comprises senior representatives from NSW Government human services and justice agencies, as well as a representative of the CWUs.

The Joint KTS SOG includes representatives from non-government peak bodies and was set up to facilitate improved communication between government and non-government peak agencies with an interest in the KTS reforms. The Joint KTS SOG was also intended to provide a mechanism for peak bodies to provide advice on aspects of the KTS Action Plan that relate to mandatory reporters in the non-government sector.

The key responsibilities of these two SOGs are to:

- ► Monitor agency delivery of actions in the KTS Action Plan and agency implementation plans in accordance with agreed timeframes

- ► Identify and facilitate effective agency responses to issues that may adversely affect the success and/or timely delivery of actions in the KTS action plan and agency implementation plans

- ► Lead implementation of key cross agency actions

- ► Oversee actions in the KTS Evaluation Implementation Plan and KTS Evaluation Performance Indicators.

- ► Oversee KTS communications strategies

- ► Capacity building within non-government agencies, including Aboriginal organisations, and the non-government sector workforce

- ► Manage issues referred by the CWU Directors' Forum

- ► Oversee work on the future direction of CWUs.

In practice, the consultations confirmed that the KTS SOG has mainly focused on ensuring all the KTS initiatives were delivered on time and has also driven a collaborative approach to information sharing across the service system. Notwithstanding the successful role the KTS SOG has played in doing these things, there is limited evidence of formal governance structures aligning agency activities and programs across the overall child protection and wellbeing system. There is therefore an opportunity to refine the current governance arrangements to ensure that the core objective of identifying and responding cohesively to the needs of children and families, across the continuum of need, is being proactively coordinated, driven and managed.

Influence on policy and practice

Each CWU is engaging within their own agency to influence policy and operating procedures in child wellbeing and protection, as well as providing a point of connection between agencies and other entities. The CWU Directors' Strategic Plan 2012 - 2014 outlines 3 key performance measures that address this influencing role the CWUs play:

Performance Measure 6 - Existence of recommendations made by Directors to improve the MRG, WellNet or other services

During 2012 and up to 30 June 2013, key achievements recorded in CWU Directors' Forum Action Log included:

MRG tool	Input into the review undertaken by Community Services
	Input into the issues log and feedback on the new MRG decision tree "Child/Young Person danger to self and others" with changes implemented in the 5th edition
Educational Neglect	Provided feedback into the pilot jointly run by Community Services and Education, including provision of WellNet data to support the pilot
WellNet	Input into defects log and collaborated with Community Services ICT branch to resolve reported system defects
	Implementation of a "service gap" field following a CWU recommendation, including development of an associated operating guide
	Initiated a cross agency review and implementation of how Ombudsman requests are recorded
Capability	Co-developed an online training program for all CWU staff with the NSW Health Education Centre Against Violence (ECAV)
Procedures	Developed new guidelines for Cumulative Risk Appraisal for all CWUs
	Developed new guidelines when seeking information about a person on the Child Protection Register

Performance Measure 11: The proportion of recommendations made by Directors to their agencies or inter-departmental working groups (including the KTS Senior Officers Group) that are acted upon

During 2012 and up to 30 June 2013, the following recommendations were made by the CWU Directors and recorded in CWU Directors' Forum Action Log:

► CWU Directors recommended to the Community Services Early Intervention Council that changes be made to the Brighter Futures Service Provision Guidelines. This resulted in the Guidelines being updated to reflect referral pathways from CWU agencies.

► Upon a recommendation from CWUs, the Helpline Feedback letter to mandatory reporters was changed so that the mandatory reporter would know a report had been referred to the Brighter Futures Unit to be assessed for eligibility. Recommendations were also made in relation to 're-reports', although this is yet to be resolved

► CWUs made recommendations to address the recording of prenatal concerns on WellNet and the related information exchange provisions. This work also contributed to the legislative review and change in legislation via the Statute Law (Miscellaneous Provisions) Act (No 2) 2012, whereby mandatory reporters may make pre-natal reports to assessment officers of their relevant CWU as an alternative to making reports directly to the Director-General Community Services under s27A of the Children and Young Persons (Care and Protection) Act 1998.

► CWUs provided feedback and advice to FACS Legal Branch on proposed changes to the Children and Young Persons (Care and Protection) Act 1998 in relation to alternative reporting of young people to Child Wellbeing Units. This resulted in a change to the legislation.

► CWUs met with project teams and provided feedback to Government on both the Youth on Track and Family and Domestic Violence Framework proposals.

Performance Measure 13: The level of satisfaction of key stakeholders with CWU operations. CWUs work within their own agencies to provide specialist and strategic policy and practice advice and to help improve mechanisms which support changed responses to vulnerable children and families

Each CWU has had a meaningful and lasting impact on its agency's strategic policy and practice in the following ways:

► The Education CWU has provided expert advice on many agency policies and procedures. It was a key contributor to Departmental feedback concerning cross-agency initiatives related to child protection and wellbeing (including pilots/projects concerning educational neglect). The CWU

also contributed significantly to the NSW Ombudsman's Audit of the Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities.

► NSW Health released the Child Wellbeing and Child Protection Policies and Procedures for NSW Health (007). The 007 policy brings together in a single document the tools and guidance for Health workers to meet their legal and policy responsibilities within the NSW child protection and wellbeing system. The policy outlines the role of the CWU and the roles of mandatory reporters and the Health CWU Director in consultation with the other Directors and NSW KiDS and Families helped to author this document. Prior to this new policy, various standalone policy statements were issued from 2009 to introduce KTS requirements into Health policy.

► Police set up their CWU to be output focused providing a quality control mechanism that reinforced accuracy of incident reporting in the field. Because of this, there was a focus on creating systems and processes to integrate reporting with existing Police systems and the use of the identification and risk appraisal tool (MRG) became a part of mandatory incident reporting wherever children were involved. During the establishment phase, the Ombudsman came to review the Police CWU operations and gave positive feedback on the processes in operation. Case studies confirm that the Police CWU has focussed on improving the quality of the use of the identification tool and while inconsistencies still exist, the strength of the identification process has continued to improve.

► The Police identification process remains a key strength in their overall operations. The design of the rest of the Police process differs considerably from that of the Health and Education CWUs regarding referrals, which are not referred back to the identifying Police officer. The Police CWU manages a process whereby referrals are made to the FRS, other NGO services, Health, School Counsellors, PCYC, other government agencies and they also use the Health Child Wellbeing Coordinators to assist with referrals.

The CWU Directors' Strategic Plan 2012 - 2014 suggests a role for the CWUs in affecting broader cultural change within their agencies. Feedback from interviews and CWU input into training materials suggests they have contributed directly to a shift in thinking regarding child protection and the integration of identification procedures and processes into daily activities. This is further evidenced by the significant presence the CWUs have built in their organisations and the expectation that CWU Directors, Coordinators, and Managers/Team Leaders actively contribute to policy and procedure development across agencies at a state-wide, regional and local level.

Health and Education survey respondents indicated that the top two most effective stimuli informing their knowledge of the child at risk / child safety / child protection response process were training (to which the CWU have significant input) and the CWUs (refer figure 37).

Figure 37: Informing mandatory reporter knowledge of response process
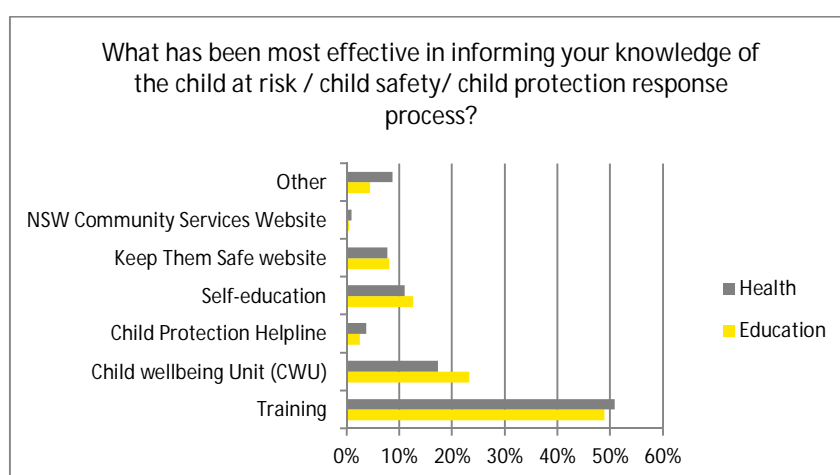
Source: workforce survey responses to Q62

Survey respondents were also asked to what extent they feel their workplace encourages the raising of concerns relating to child wellbeing and child protection and the majority believed that their agencies did this to a large extent as shown in Table 1 below. This implies the strategies that KTS and the CWUs have

implemented are largely having a very positive impact on the mandatory reporter workforce and effecting cultural change.

Table 1: The workplace encouraging the raising of concerns relating to child wellbeing

	To a large extent	To some extent	Only minimally	Not at all
Education	89 per cent	9 per cent	1 per cent	0 per cent
Health	68 per cent	25 per cent	5 per cent	1 per cent
Police	77 per cent	21 per cent	3 per cent	0 per cent

Source: workforce survey responses to Q17

Both interview responses and the literature reviewed confirm the importance of an agency specific context for providing advice for reporters. A sense that the person on the end of the phone will understand your operational context and "speak your language" is critical to the acceptance of guidance and advice. Studies of the successful use of counselling and triage services indicate that peer to peer communication is successful in providing appropriate decision-making support.[13]

Moreover, the case studies consistently reveal that especially for Health workers the fact that they are talking to a health practitioner when they call the CWU is critical to their acceptance of the advice they receive regarding further action.

4.3   Coordination

> The CWU Directors' Forum has been instrumental in driving collaboration across the three CWU agencies and Community Services. It has been extremely effective in this regards as evidenced throughout the consultation process with the CWU Directors and senior executive interviews from each agency. The CWU Directors' Strategic Plan and the CWU Operating Guidelines outline how the CWUs are working collaboratively together.
>
> Increased information sharing has occurred consistently for each of the three CWU agencies. The CWUs have actively encouraged mandatory reporters to share information more readily under the provisions of Chapter16A. This is important to achieve a cross agency, coordinated response to child wellbeing and protection issues.
>
> Survey respondents who had contact with the CWU in the past 12 months also cited them as one of the major contributing factors encouraging them to share information.

The CWU Directors' Forum has been effective in connecting the three CWUs and Community Services. There was consistent positive feedback received to this effect as part of the consultations with senior executive interviews from each agency and with the CWU Directors.

In addition to the strategic collaboration which has been identified, it is also possible to assess the extent to which the three agencies work together by sharing information to support their day-to-day operations. The Information Exchange Change Team (IECT) data, together with WellNet data on the provision of information was analysed and the survey was also used to understand how mandatory reporters viewed information exchange and the influence of the CWU in changing their attitude to information exchange.

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[13]   Alexander, K 2010, To look at child protection systems in England, Norway and the USA with a focus on supporting and inspiring frontline practice, The Winston Churchill Memorial Trust of Australia, viewed 19 Dec 2013, <http://www.churchilltrust.com.au/site_media/fellows/2009_Alexander_Kather ine.pdf>

There has been a steady increase in the number of information requests since the inception of the CWUs and there is evidence of regular informal information exchanges between them. The CWUs' role as system navigators was also acknowledged during stakeholder interviews confirming that they are perceived as appropriate knowledge conduits across the child protection and wellbeing system.

The case studies provide ample evidence of a consistent pattern of cross-agency information sharing using the Chapter16A provisions which is further discussed below. CWUs consistently assemble rich and detailed information concerning children.

4.3.1   Information Exchange Change Team (IECT) Analysis

The IECT supports information exchange between Community Services and the CWUs under the legislative provisions of Chapter 16A of the *Children and Young Persons (Care & Protection) Act 1998*. The IECT consists of senior caseworkers at times co-located within the CWUs, a senior project officer (SPO) and a manager based at the Community Services head office in metropolitan Sydney.

Chapter 16A authorises agencies and NGOs to share information that helps assess, make decisions and deliver services and supports to promote the safety, welfare and wellbeing of a child or young person, irrespective of whether or not the child or young person is known to Community Services and whether or not the child or young person or their parent/carer consents to the information exchange.

For Police, the IECT has agreed to manage the provision of information to Community Services from Police CWU events where the child has an open plan with Community Services. This represents a relatively large volume of information with 4,347 provisions of information for the period from October 2012 to September 2013.

A similar arrangement does not exist with the Health and Education CWUs who manage this process themselves and document it in WellNet. This is largely because the Education and Health CWUs encourage direct exchange of information between workers on the ground and to contact the CSCs directly with an aim to talk to the caseworkers of open and allocated cases.

According to information provided by the Community Services IECT, the Health and Education CWUs have a higher volume of request to Community Service for information via the IECT than Police for the same period as shown in Table 2 opposite. Information requested includes case statuses, Community Services information on the child and report related information. Requests are managed electronically.

Historical data was unavailable to verify whether the demand for this has increased or decreased over time, but consultations with the IECT indicated there has been a steady increase since the inception of the CWUs. Consultation with CWU assessment officers confirmed that having a member of the IECT based within the CWU has been beneficial and provided a more integrated approach to information sharing.

Table 2: CWU requests to IECT

	IECT Requests from the CWUs for Community Services information (October 2012 to September 2013)
Health CWU	1263
Education CWU	1005
Police CWU	304

4.3.2   WellNet Information Provision Data Analysis

Each CWU is able to view a short summary of events that have been created by another CWU. This allows the three CWUs to share information easily and is part of the PRA or CRA process. To gain further information, access from the originating agency needs to be granted which allows the assessment officer to look at the detailed event history and record. WellNet data did not provide a reliable source to understand the quantum of cross-CWU use of this function.

In addition, the source and recipient of information is not tracked and recorded consistently across all the CWUs and collectively 81 per cent of information exchanges were not recorded in the information field in WellNet (appearing as blank in the WellNet extract).

It is noted that this apparent non-recording may be a data extraction anomaly, as case studies appear to indicate a high level of information exchange based on the evidence of comments recorded in the comments field. Assessment officers can quite often record this information in free text which makes reporting on the type of information exchange very difficult. The WellNet data does however help to

understand the trend in the volume of requests and the extent to which an agency is obtaining and receiving information from alternative sources.

Legal requests

Legal requests are when a mandatory reporter makes a formal legal request to a CWU. This is different to an information exchange between CWUs and is likely to be undertaken when a formal written request is made for information held by the CWU and where the request does not relate to a current open event, for example where the request concerns a past event

The Education CWU processes the largest volume of legal requests for child information (1810 in the 2013 calendar year) with the rate of such requests steadily increasing over time..

Education implemented a revised Guideline for Supporting Student Attendance, which was published on 28 March 2011 and which includes a process by which Attendance Officers can seek information from the CWU to help them to locate and respond to student(s) of compulsory school age who are not enrolled in a school and may therefore be at risk of educational neglect.

In addition, the Education CWU also has access to a database that contains enrolment information on every student enrolled in a NSW public school. The Education CWU is also frequently contacted by other agencies and CWUs to obtain details of which school a student is enrolled in to assist in contacting that school to discuss and co-ordinate service planning and responses.

Figure 38: Trend in Education CWU legal requests

16A Legal Requests - Education CWU

Legend: Education, FACS, Health, NSW, OGD[1], Other, Police, NSW, Self, Service Provider
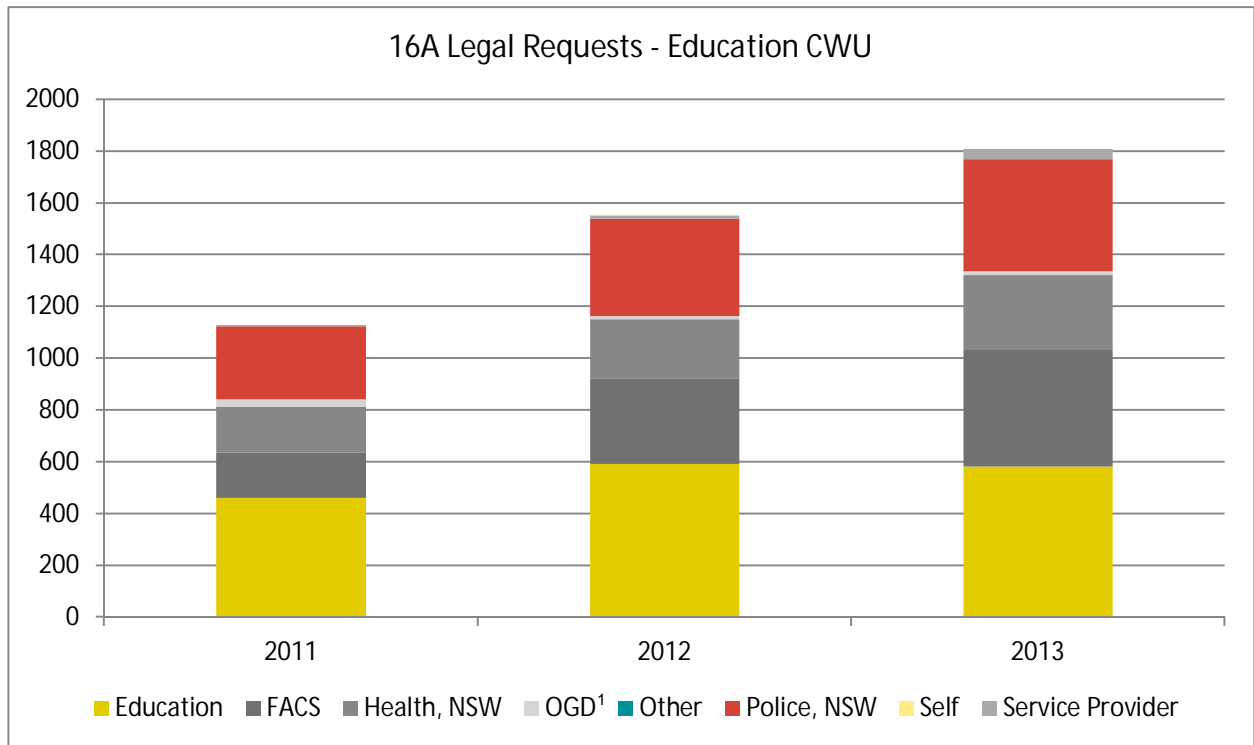
1 The reference to "OGD" refers to Other Government Department

Health CWU requests are low and stable at 13 requests per year.

Figure 39: Trend in Health CWU legal requests

16A Legal Requests - Health CWU

Legend: Education, FACS, Health, NSW, OGD[1], Other, Police, NSW, Self, Service Provider
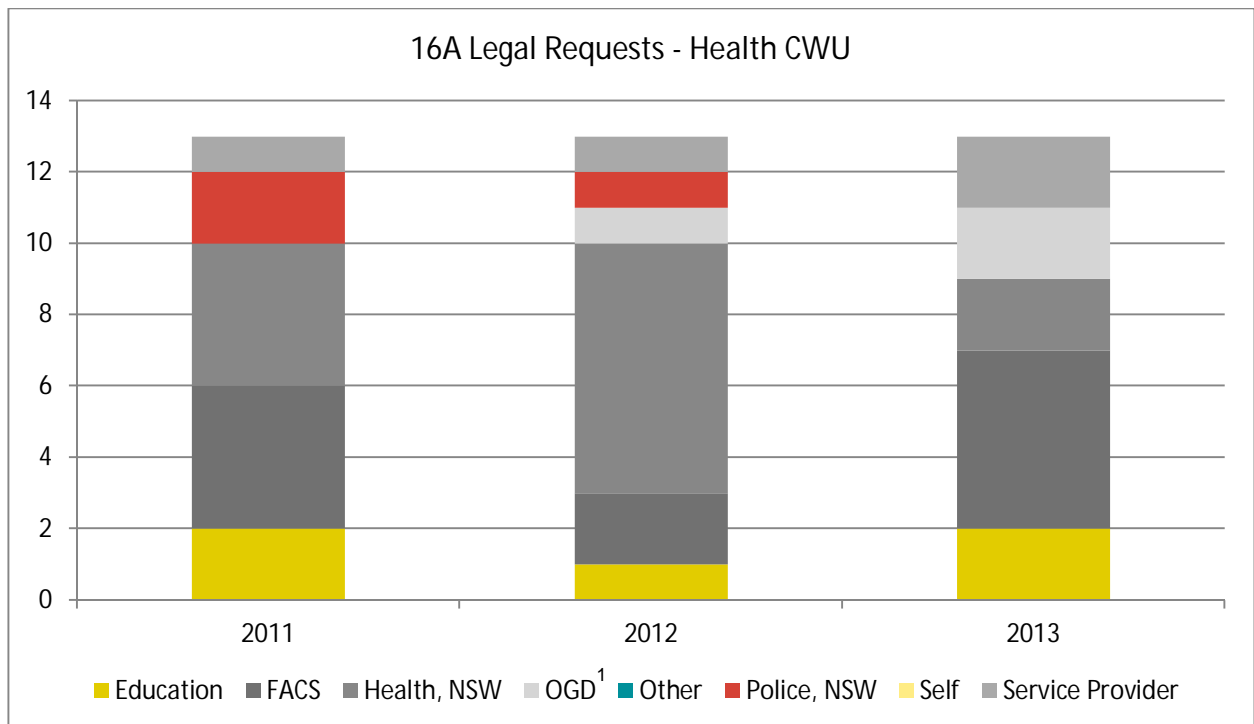
1 The reference to "OGD" refers to Other Government Department

Police data is captured mainly through the IECT. Police CWU requests are increasing but are still low with only 27 recorded requests in the 2013 calendar year. This may be as a result of the IECT processing many of these requests on behalf of the Police.

Figure 40: Trend in Police CWU legal requests
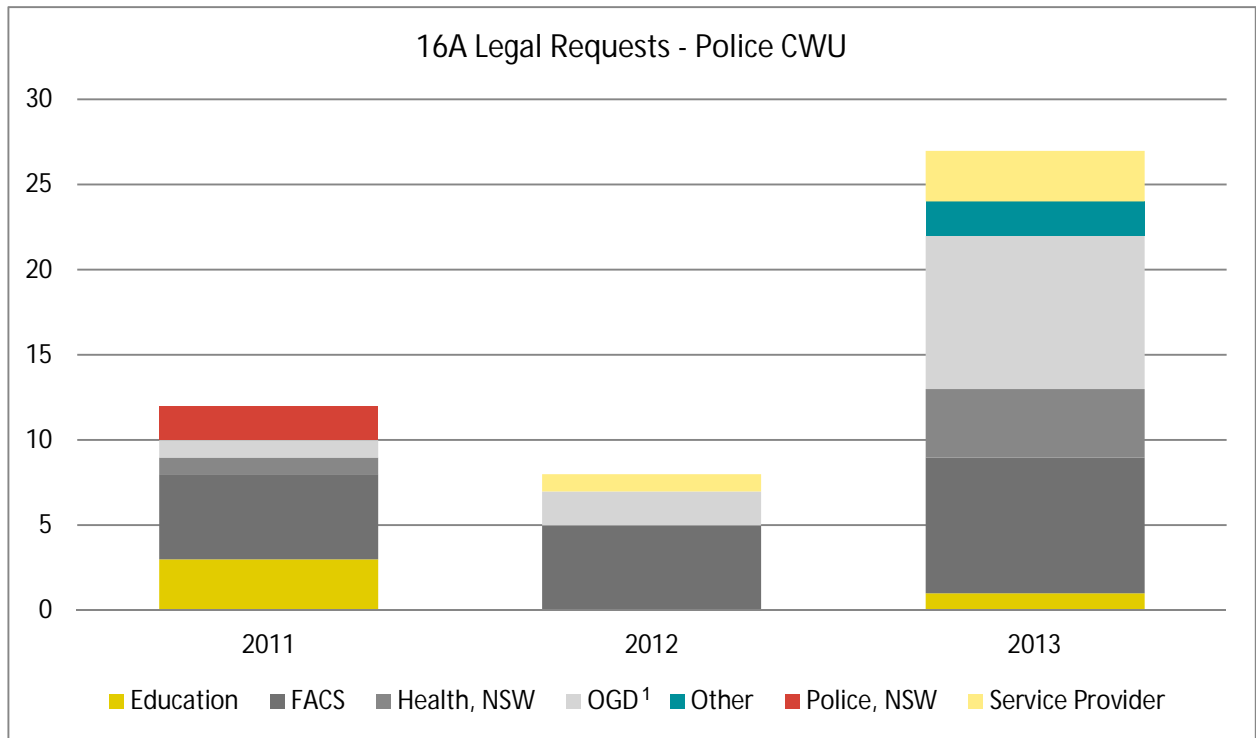
1 The reference to "OGD" refers to Other Government Department

Other information requests

All other information requests are documented as either provide or obtain information and could be a variety of sources including within their own agency, other CWUs, other agencies and service providers. In these instances, this is where the CWU provides or obtains specific information on an event following an inbound request and is generally from/to another CWU or another body authorised under Chapter 16A.

The following graphs show the information requests being made by each CWU to obtain information. They also show the information requests the CWUs are providing. The legend shows the counterparty to which the information is being obtained or provided. It should be noted that many of the fields in WellNet were blank and these records are shown in the graph below.

The Police CWU receives the greatest number of information requests, with the number of requests doubling from 22,202 requests in 2011 to 45,151 requests in 2013 (based on calendar years). The Police CWU however records the organisation or individual generating these requests in WellNet in a free text field. This is difficult to extract or access and therefore no assessable sub type exists on WellNet for all information request agencies or bodies. The Police CWU continues to generate the greatest number of information requests; however, the actual number of requests has decreased over the same period – from 10,075 to 6,615 requests.

Figure 41: Trend in Police CWU information requests
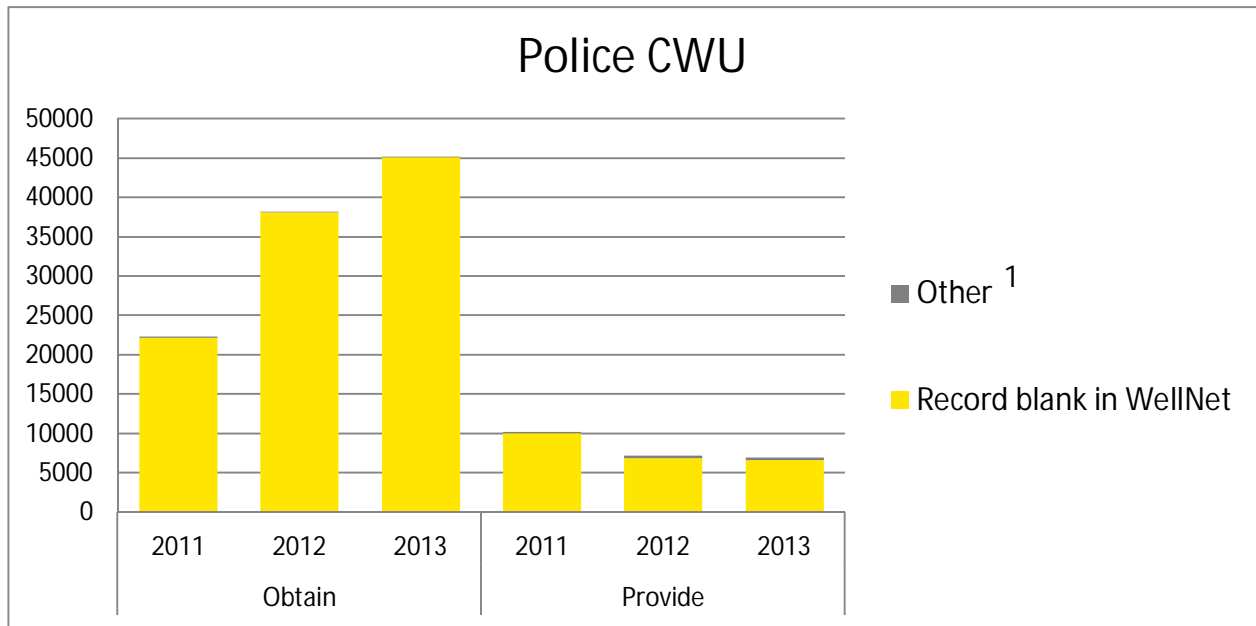
1 The reference to "Other" refers to the sum of the WellNet records denoted Service providers, Police, Health, Education, FACS, Service Providers, Other Government Department and Other entities

The Education CWU is the next largest recipient of information requests with a slight increase in the number of requests from 14,566 (2011) to 15,010 (2013) requests (based on calendar years).

The level of provision has also risen in this period from 7,191 to 8,655. This may reflect the introduction of the new policy regarding legal requests pertaining to attendance.

Figure 42: Trend in Education CWU information requests
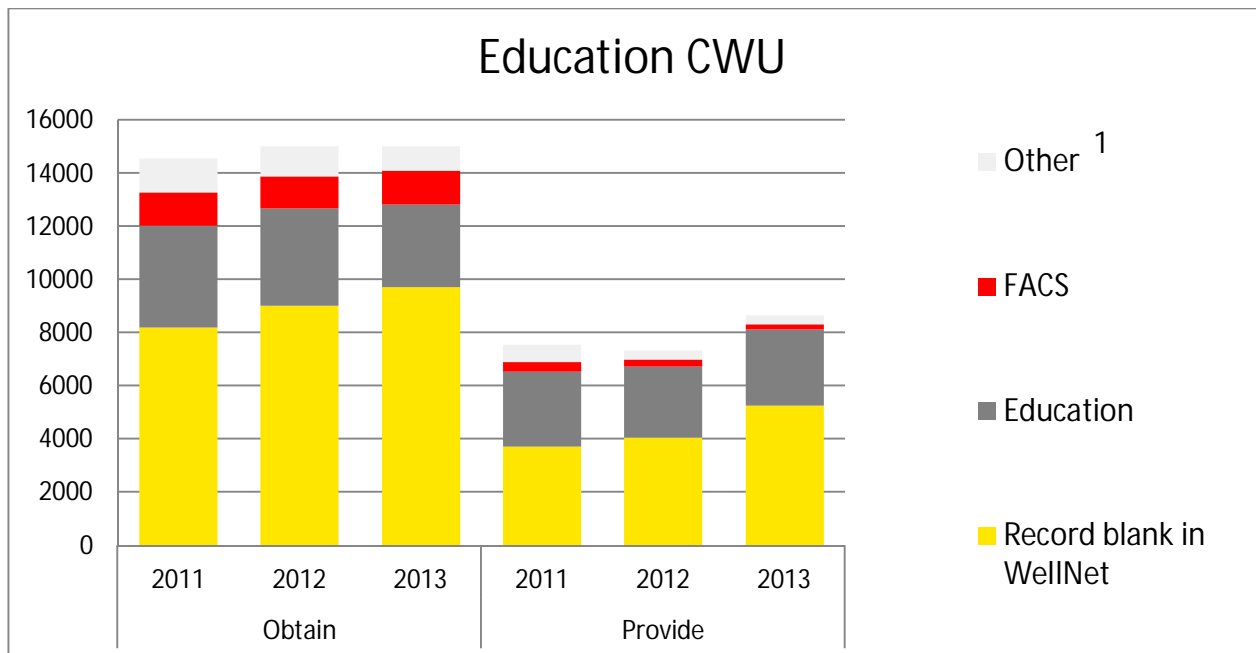
1 The reference to "Other" refers to the sum of the WellNet records denoted Service providers, Police, Health, Service Providers, Other Government Department and Other entities

The Health CWU has also seen an increase in the number of information requests – 9,475 requests in 2013 up from 4,460 in 2011. Although the majority of the field for information providers returned as blank in the data extraction, there is some evidence in the case studies of service providers, Education and

Health sharing information. The level of provision has remained consistent over this period ranging from 2,924 to 2,945.

Figure 43: Trend in Health CWU information requests
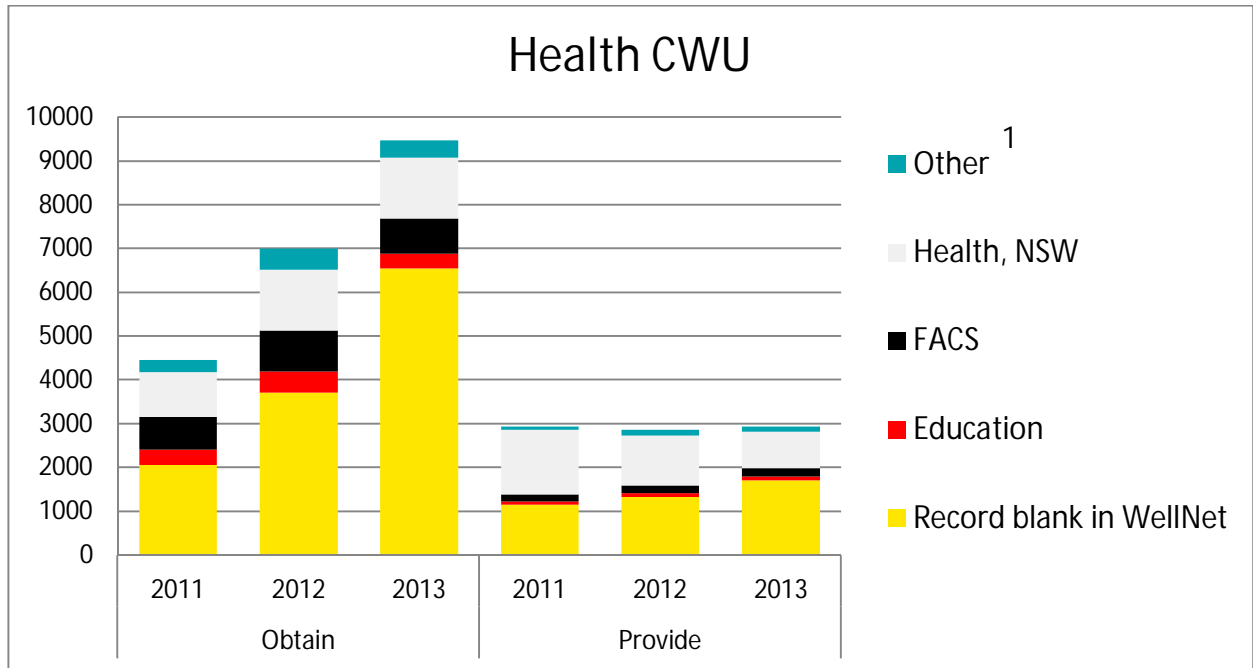
1 The reference to "Other" refers to the sum of the WellNet records denoted Service providers, Police, Service Providers, Other Government Department and Other entities

It is therefore reasonable to conclude that information exchange activity has increased over the last 3 years, indicative of collaboration across agencies and other parties improving over time.

4.3.3 Survey analysis

In addition to the formal information exchanges documented by the IECT and in WellNet, the CWUs play a role in promoting information sharing amongst mandatory reporters. To measure the effectiveness of this role, the survey asked respondents to identify what were the key factors that encouraged them to share information.

Figure 44: Mandatory reporter survey responses to Q67

Factors encouraging mandatory reporters to share information
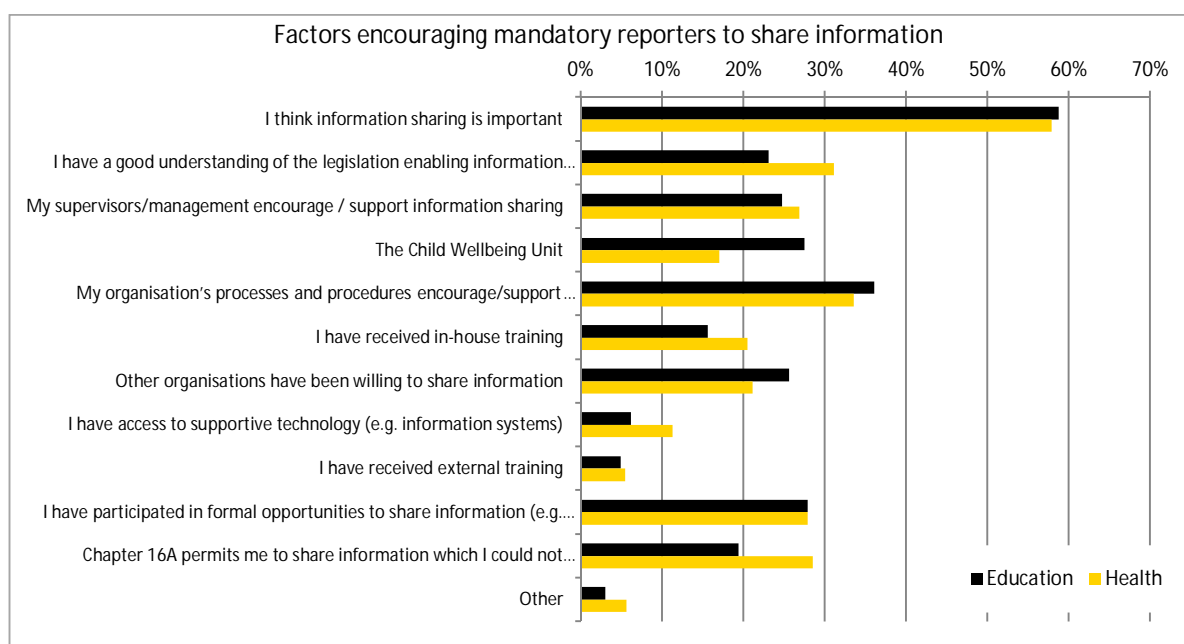
Beyond the strong natural impetus to share information and an awareness of both the legislative and organisational imperatives for doing so, it is clear the CWUs have a strong influencing role as well as a practical one with regard to facilitating information exchange.17 per cent of all Health survey respondents said that their CWU had been a factor encouraging them to share information amongst other responses, compared to 27 per cent of total Education survey respondents.

This influence increases with recent contact. For those that indicated they had contact with the CWU in the last 12 months, 44 per cent indicated their CWU had been a factor influencing them. For those that indicated they had contact with the Health CWU in the last 12 months, 40 per cent indicated that their CWU had been a factor influencing them.

In addition to encouraging specific information exchange, most survey respondents found their CWU helpful for working with other agencies, with an average of 64 per cent across both agencies saying they were helpful/very helpful or extremely helpful. This has proven to be important for mandatory reporters, as well as the broader the child protection and wellbeing system. In one interview, the observation was made" it is hard to imagine being able to do this job without them. They guide us through this and help us understand the lay of the land".

5. CWUs adapting to their agency context

To what extent is each of the CWUs successfully adapting to the specific agency context within which it operates?

All three agencies have adapted their CWU processes to align with their broader agency operating models and address the needs of their mandatory reporter workforces.

These adaptations have different implications for the timeliness of reporting and also different potential points of failure in the processes implemented.

The systematised approach Police have implemented helps them to deal with high reporting volumes while lowering the risk that incidents are not identified or assessed, but has a greater elapsed time period between identification and reporting than Health or Education.

In contrast, the process based approach implemented by Health and Education which places greater reliance on the professionalism of mandatory reporters, has greater potential for points of failure (for example, relating to behaviour), however WellNet data shows this process has greater associated timeliness in reporting.

Whilst there are potential risks identified, the CWUs and more broadly, their agencies have implemented controls to mitigate these risks. There are, however, some potential points of failure that are not within the control of the CWUs, in particular the take up and efficacy of services or responses by other parties in the child protection and wellbeing system. These are considered further in the response to evaluation question 6.

Since the inception of the CWUs, they have been becoming more cost effective over time as they deliver more outputs and deal with more inputs with only a small increase in their cost base. However it is unclear if there are underlying quality implications associated with the increase in volume.

5.1 Context

In addition to the CWU objectives outlined in the KTS Action Plan, the CWU Directors' Strategic Plan 2012 – 2014 outlines a fourth objective of:

► Providing a valued, sustainable, high-quality service which is relevant to the roles of the mandatory reporters and the service delivery models in their respective agencies

In essence, this strategic objective relates to the positioning of the CWU within its own agency and the extent to which the CWU is internally aligned and coordinated within their agency. To address this objective in the evaluation, it is important to firstly understand the operating models of each agency and in particular how the CWU's practices and procedures have been adapted to the agency within which it operates.

From a practice perspective, there are three key high level objectives that each of the CWUs facilitate with the mandatory reporter workforce. These objectives are to support mandatory reporters in the:

► **Identification** of children that are suspected to be at ROSH
► **Assessment** of the risk to identify the appropriate response
► **Action** to be taken as a result of the assessment

The evaluation addresses each of these areas and explores how each agency has aligned its processes and operations to ensure maximum effectiveness and meet the strategic objectives in the CWU Directors' Strategic Plan and KTS Action Plan.

5.2   Identification of the need to report by mandatory reporter

Police have a robust mechanism in place to identify large volumes of suspected children at risk through the systematisation of the MRG tool within their business as usual incident reporting. This adaptation is desirable from both a cultural perspective and to control the triage of the large volumes of potential incidents Police encounter. However the average time from the event occurring and event reporting is 7.8 days.

Health and Education rely on their mandatory reporters to follow identification and assessment agency policies and procedures using the MRG and associated processes involving escalation to supervisors and consultation with peers. Advice from the CWU includes coaching and support for the application of the MRG tool and decision-making, and where appropriate, escalation to the Helpline. The Health and Education CWUs also play a significant role in education, advice and support, and raising awareness of child protection and wellbeing responsibilities of professionals in their agencies. They have done this in a way that aligns with their respective agency needs. For example, one way Health does this through its CWU and network of Child Wellbeing Coordinators, while Education does this through its centralised reporting framework through principals and workplace managers.

Health and Education mandatory reporters are very timely at reporting concerns to their CWUs, with an average time of 1.35 days and 1.23 days respectively from the event occurring and to event reporting.

The key points of potential failure for the identification process are largely not within the control of the CWU (for example, mandatory reporters choosing not to report), but appropriate mitigation and control mechanisms have been implemented in each agency to address these risks. In fact, the existence of the CWU is having a very positive impact on the child protection and wellbeing system because it provides a channel for mandatory reporters to report concerns within their own agency context.

5.2.1   NSW Police

The Police mandatory reporter cohort is comprised of officers out in the field that generally do not have ongoing contact with specific families and children. Their key role is to protect the community by preventing, detecting and investigating crime. The identification and risk appraisal process for mandatory reporters was designed to ensure that child wellbeing and protection is embedded into the business as usual activities of Police officers in a systematic way. This has been done through the inclusion of the MRG tool in COPS as shown diagrammatically in Figure 45 below. Police officers are required to complete the MRG for every incident they attend where a child is present and there is a concern around the wellbeing and safety of that child.

Figure 45: Police CWU identification process
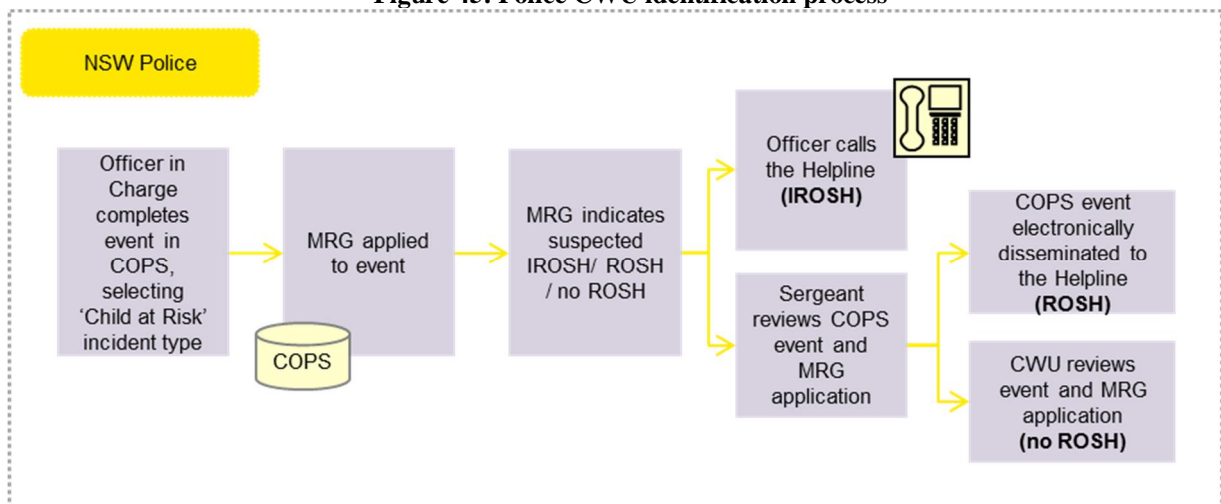
This process allows the identification of large volumes of children at potential ROSH (27,487 between October 2012 and September 2013) and the Police CWU provides an experienced review point for child events which had previously stopped at Local Area Commands (LACs).

The Police officers attending an incident need to be aware of any suspected child protection and wellbeing concerns, and when completing their incident report in COPS "tick" the child concern field and complete the MRG as a matter of course.

This then directs them to refer iROSH cases immediately to the Helpline, while all other reports filter to the Sergeant who reviews the entry to ensure the MRG is reflective of the suspected risk levels. All ROSH cases are then immediately sent to the Helpline and all other cases are filtered to the CWU (on average 1,671 cases per Police CWU assessment officer between October 2012 and September 2013).

The standardisation of this process lowers the risk of misinterpretation by the CWU because the processing is not done manually.

From a process perspective, this should limit the time from reporting the case to further action being taken, although delays may occur for a number of reasons, including:

► The incident may have occurred on a date prior to that on which it is reported to the Police (historical report)
► The incident may have occurred and is reported, but is resubmitted back to the creating Police officer for action and not verified until later
► There may be a delay as a result of the Sergeant's review, notwithstanding that this step allows for experienced input into the identification and subsequent appraisal to help get it right the first time, as well as an education opportunity for the reporter within the agency

Based on WellNet data, the average time from event identified to event reported is 7.8 days for the period from 2011 to 2013. Table 3 below outlines the cumulative proportion of cases and their lapsed time. This shows that by day 9, over 80 per cent of cases have been reported to the CWU after the event occurred.

Table 3: Police CWU identification processing times in days

Agency	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Police	2011	40%	53%	61%	66%	70%	73%	77%	79%	82%	84%	85%	86%	87%	88%
	2012	41%	54%	61%	66%	70%	73%	77%	79%	82%	84%	85%	86%	87%	88%
	2013	42%	54%	61%	65%	69%	73%	76%	78%	81%	83%	84%	85%	86%	87%

Agency	Year	15	16	17	18	19	20	40	60	80	100	120	140	Mean
Police	2011	89%	90%	90%	91%	91%	92%	97%	98%	99%	99%	99%	100%	7.63
	2012	89%	90%	90%	91%	92%	92%	97%	98%	99%	99%	99%	100%	7.71
	2013	88%	89%	89%	90%	91%	91%	96%	98%	99%	99%	99%	100%	8.02

In summary, the Police have a robust mechanism in place to identify large volumes of suspected children at risk. The risk appraisal process is integrated into their COPS database and is therefore well aligned to the needs of their agency and their mandatory reporter workforce.

Further analysis

A postcode analysis based on the location of the police station officer in charge shows a consistent spread across the whole of the State. Further analysis of this kind may assist the Police to identify potential hotspots where communities have high volumes of children at risk. More importantly, such analysis may also assist the overall system to identify areas where services could be located to optimise engagement of families in their communities.

Figure 46: Police CWU reports vs. All CWU reports (2 graphs) – by percentile of CYP Concern
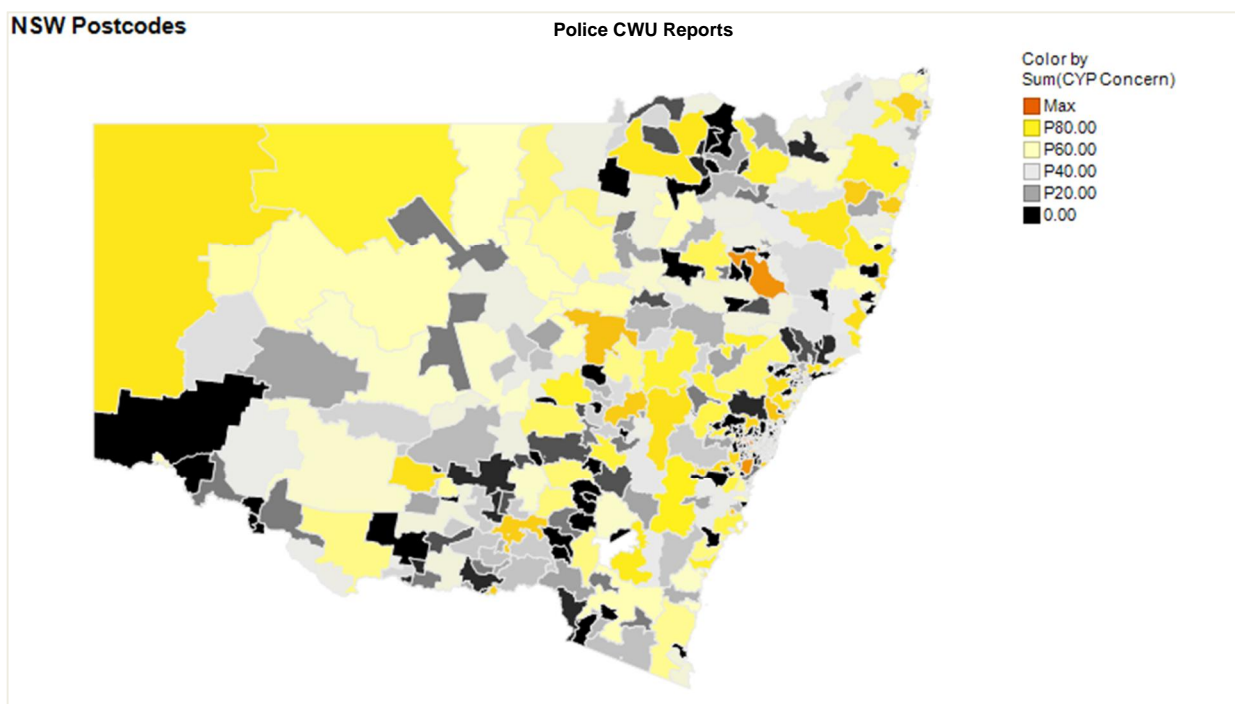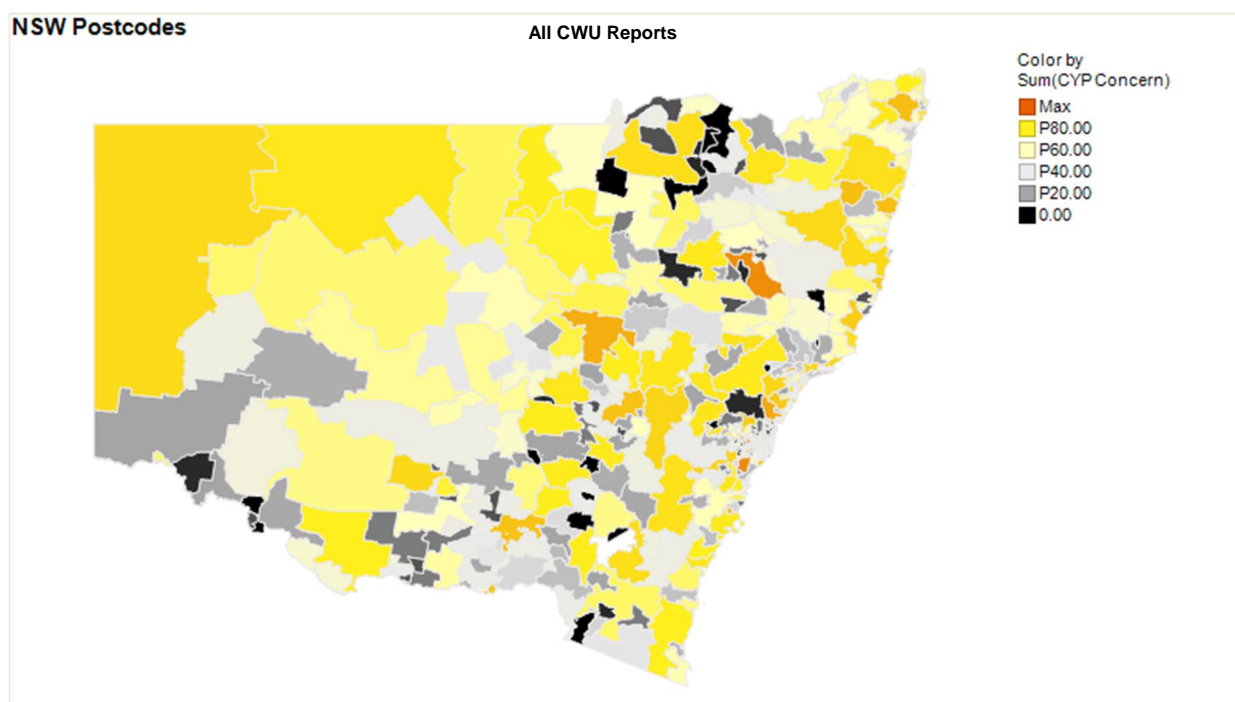
There is also an opportunity to use the information within WellNet to build a profile of each local area to understand the types of issues presenting, which could further inform the broader child protection and wellbeing system. For example, a demand profile for services could be established from understanding localised demand patterns from the geographical spread of issues presenting.

Whilst the management of the service profile in each area is not directly within the CWU's remit, the information they gather could assist other parties within the child protection and wellbeing system to better match service capacity to demand by area.

5.2.2 Health

The Health mandatory reporter workforce is drawn from the broader health workforce, including nursing staff, allied health, and medical practitioners in hospital and community health care delivery settings. They identify concerns about children, young people and unborn children on the basis of their presentation in a medical setting such as attendance at emergency departments or via contact in an outpatient or community health program.

The Health CWU delivers services from three locations and mandatory reporters contact them via direct calls to the CWU within their geographic region. The CWUs practice call sharing to ensure they can effectively meet the demand of mandatory reporters and also take email, faxes and voice mail for out of hours reports.

Figure 47: Health CWU identification process
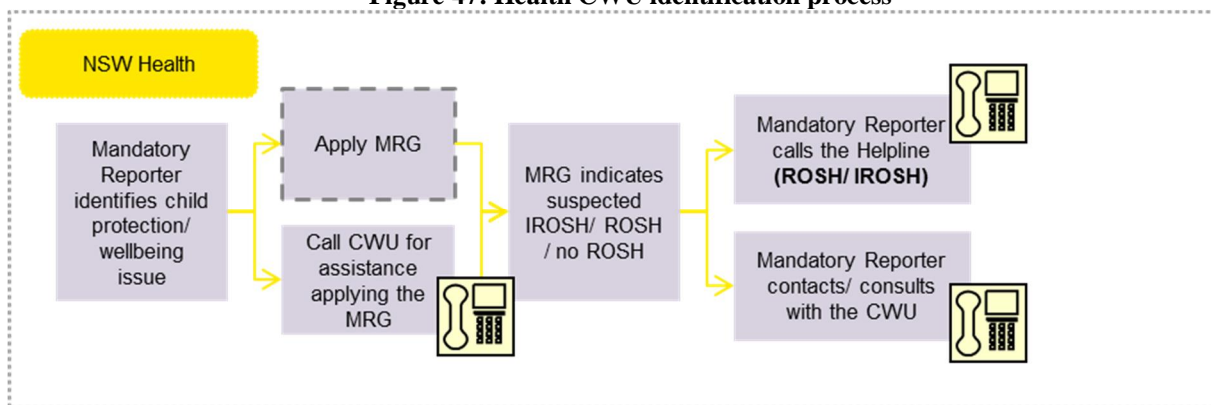
The MRG tool is available to the mandatory reporter workforce online and is used as a guide to determine the appropriate escalation point for the suspected child at risk.

The Health CWUs work synergistically with Health Child Wellbeing Coordinators who act as the LHD based liaison with NGOs and local health services delivering support services for children and families at risk. The Coordinators can also advise, provide support and coach the mandatory reporter workforce in the field. In addition, the CWUs also offer advice and support to mandatory reporters to assist them in completing the MRG tool to enable better reporting to the Helpline and confirm the risk appraisal status of children and young persons at ROSH.

As a large proportion of the children at risk are generally being presented to mandatory reporters as a result of an incident or health event, the lapsed time from the event occurring to the event being reported to the Health CWU is generally short, with an average time of 1.35 days for the period from 2011 to 2013 as shown in Table 4 below.

Table 4: Health CWU identification processing times

Agency	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Health Combined	2011	91%	93%	95%	95%	96%	97%	97%	97%	97%	98%	98%	98%	98%	98%
	2012	87%	91%	93%	94%	95%	96%	97%	97%	98%	98%	98%	98%	98%	98%
	2013	87%	91%	93%	94%	95%	96%	97%	97%	98%	98%	98%	98%	98%	98%

Agency	Year	15	16	17	18	19	20	40	60	80	100	120	140	Mean
Health Combined	2011	98%	98%	98%	98%	98%	99%	99%	99%	100%	100%	100%	100%	1.79
	2012	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	1.18
	2013	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	1.10

One factor contributing to the delay in processing times is the operating hours of the CWUs, which are less aligned with a subset of health workers who work in 24 hour settings, for example emergency departments within a hospital. This issue could be leading to more traffic being driven directly to the Helpline (67 per cent of all the Health reports are directly to the Helpline), however more research is required to quantify the extent to which this is a contributing factor.

There is strong peer support incorporated into the Health child protection model, with a regional approach to the local Coordinators, active involvement of supervisors in some settings and interaction with hospital

based Child Protection Units.

This is particularly the case with the initiative to identify unborn babies at risk. While these children could be reported to the Helpline, Community Services has no statutory powers to act until the child is born. Health has activated a process around identifying these babies and placing them on a watch list. The CWUs work with reporters, Child Protection Units and others to monitor risk and assist the mother through pregnancy and birth. The Health CWU assists in developing intervention plans and plans to monitor progress. It also records High Risk Birth Alerts on WellNet so as to facilitate awareness for Health staff anywhere in the state who may contact the CWU once the child has been born.

Further Analysis

Further analysis is required to understand the pattern of reporting according to time of day and how this may be influenced by factors such as work shifts or rosters and workplace settings.

Related to this pattern of reporting, there is a threshold question to be answered regarding the place of WellNet in the information map supporting the child protection and wellbeing system as a whole. If some reporting is going direct to the Helpline as a result of opening hours of the CWUs, then recording of the identification resides in KiDS. Where these cases are not assessed as ROSH, they are not referred for early intervention. If the cases are reported to a CWU during opening hours they may be referred for services to support the child and family. There is an opportunity for WellNet to become the principle repository for information regarding children identified as requiring support but not identified as ROSH.

There is evidence from interviews that the Health CWUs have contributed to a high degree of awareness and that the Health model provides for a greater level of direct action by mandatory reporters, without escalation to either the CWU or Helpline. Although limited data is available to verify this, there is anecdotal evidence of health workers taking direct action. This action may not be captured in the system, except at the point of referral to a service. Further analysis of referrals via the FRS and directly to NGOs is therefore required to understand if and when mandatory reporters are referring directly, without the CWU or Helpline interface occurring.

5.2.3 Education

Education's CWU model is based on a centralised reporting framework where mandatory reporters are predominantly principals and workplace managers, and often report on the basis of concerns raised by classroom teachers and staff. The Education framework enables principals and workplace managers to have full visibility from multiple sources of any children that are suspected to be at ROSH as all concerns come through to them in the first instance. Similar to Health, they have access to the online MRG tool and will engage with the teacher/staff member concerned to establish the risk factors and report to the Helpline or contact the CWU as appropriate.

Figure 48: Education CWU identification process
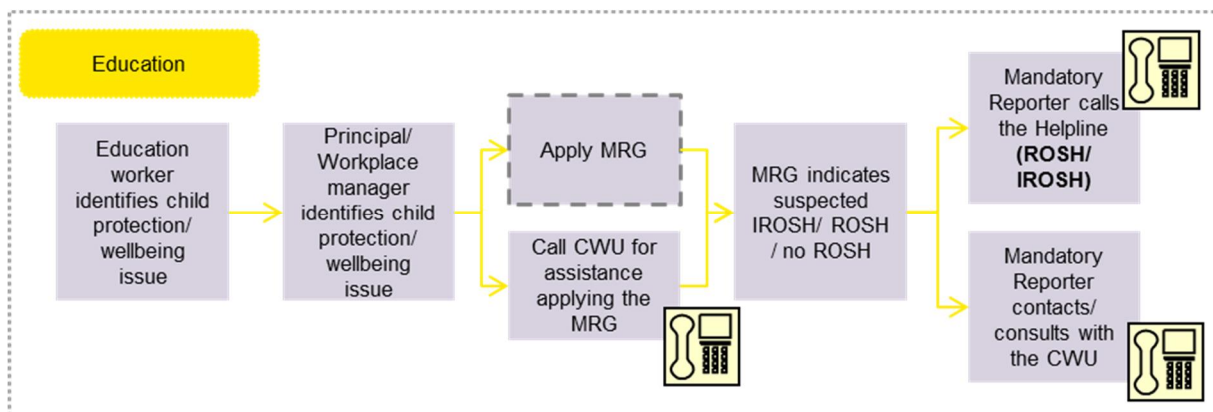
Education run one contact centre where all lower risk concerns and advice can be channelled which gives them a state wide view of activity across NSW public schools. The principal review process may cause a slight delay from event identification to reporting but, similar to the Police process, this step adds value because it allows for experienced input into the identification and subsequent appraisal to help get it right the first time, as well as an education opportunity for the reporter within the agency. The average

time from the event occurring and the event being reported during 2011 to 2013 was just 1.23 days, suggesting that the impact of any potential delay is low.

Table 5: Education CWU identification processing times

Agency	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14
DEC	2011	88%	90%	93%	94%	95%	96%	97%	97%	98%	98%	98%	98%	98%	99%
	2012	90%	92%	94%	96%	96%	97%	98%	98%	98%	99%	99%	99%	99%	99%
	2013	88%	91%	93%	95%	96%	96%	98%	98%	98%	98%	99%	99%	99%	99%

Agency	Year	15	16	17	18	19	20	40	60	80	100	120	140	Mean
DEC	2011	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	1.36
	2012	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	1.00
	2013	99%	99%	99%	99%	99%	99%	100%	100%	100%	100%	100%	100%	1.33

Overall, the volume of Education reports is slightly higher than Health with 5,510 reports between October 2012 and September 2013, although the average number of cases per assessment officer for this period is slightly lower than Health at 323. The demand, however, is uneven across the year as a result of school holidays.

A geographical analysis was undertaken, to illustrate the pattern of reporting. The geographical spread of reports highlights the following findings. The graphs show that reporting volumes are reasonably consistent across the State, suggesting there are limited or no gaps in general awareness within the Education workforce of the obligations to identify and report. The maps are reasonably consistent with Police maps of reporting suggesting that (as discussed earlier) there may be benefit in undertaking a further in depth analysis to inform service planning.

Figure 49: Education CWU reports vs. All CWU reports (2 graphs) – by percentile of CYP Concern
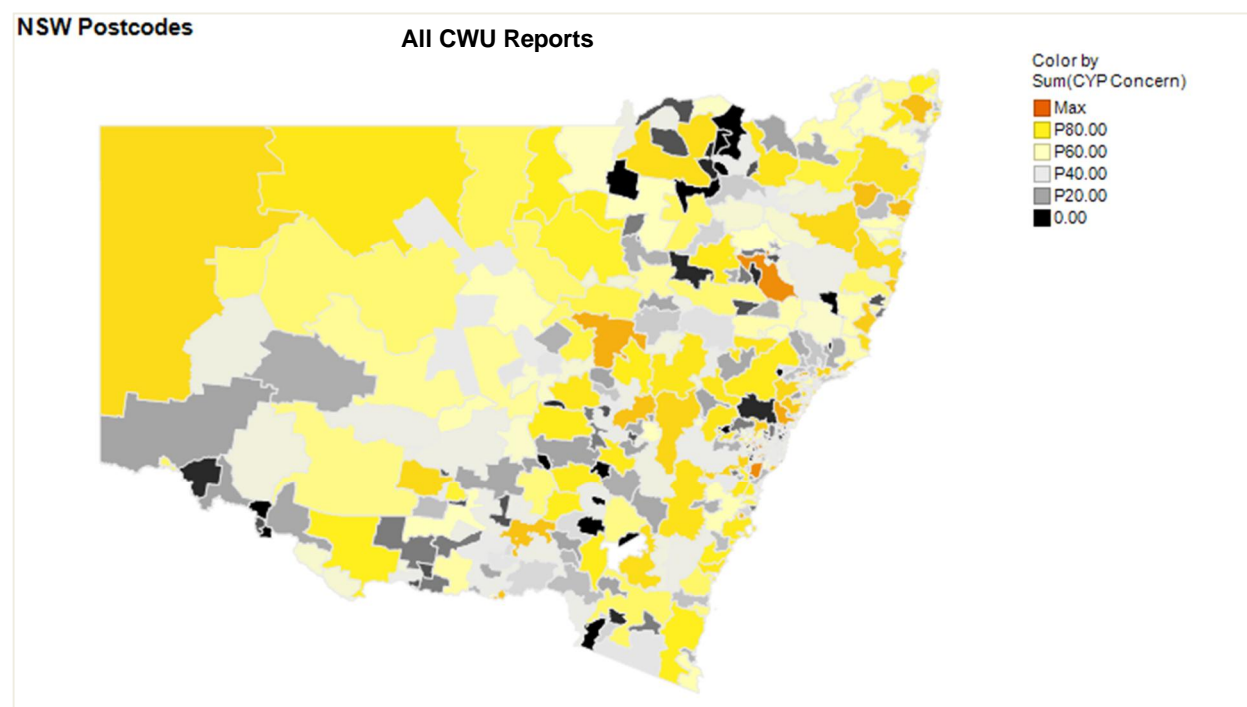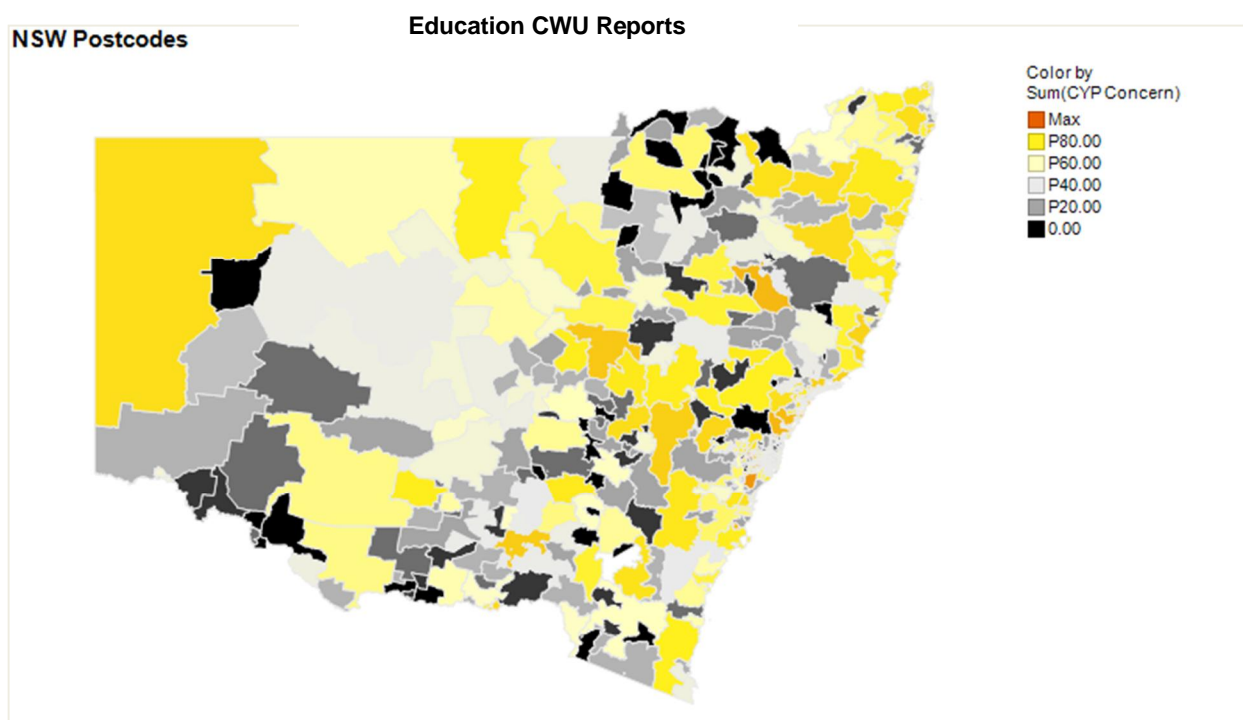
In summary, Education have a unique position amongst the three CWU agencies due to the fact they work exclusively with children and have an ongoing relationship with these children. This should give them the opportunity to observe patterns of behaviours over a period of time and take appropriate action. This will also explain the increased volume of calls that the Education CWU takes on providing advice for cases that are lower risk and do not require an event being created leading to alternative interventions lead by the school, as discussed in Chapter 1.

5.2.4   Failure Mode and Effects Analysis (FMEA)

Failure mode and effects analysis is a Six Sigma tool that focuses on the likelihood, severity and detectability of potential failure points within a process. It is used to identify potential mitigation strategies to reduce the impact of failures within the system. It is used as a risk tool and guide and as such potential failures identified are not necessarily occurring, although there is a risk that they may occur and can often be undetectable when they do. The ratings used are set out in Table 6 below.

Table 6: FMEA assessment criteria[14]

	Severity	Occurrence	Detectability
L	An opportunity for improvement is identified, but no action is needed. Consequence of failure is negligible.	Remote possibility of occurrence	Lowest probability of the defect being detected. No consistent controls to prevent or detect the cause.
M	Consequence of failure is moderate.	Moderate failure rate	Moderate chance that the defect will be detected. A control that detects the cause after it has occurred
H	Consequence of failure is severe..	High probability of failure. It is almost certain the failure will occur.	Highest probability of the defect being detected. A control that almost completely prevents a cause from occurring

In reviewing the identification process across the three CWUs, the following failure points were identified

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[14] Failure Mode and Effects Analysis (FMEA) is a Lean tool developed in the 1950s to assess the risk of process failing

as the most at risk based on their combined detectability, likelihood and severity ratings.

Table 7: Key CWU identification FMEA failures

Key Potential Failure Points Process Step	Severity	Likelihood	Detectability	Overall	Control	Mitigation
Health Mandatory reporter does not report suspected child at risk	H	M	L	H	Not repotting is a breach of legislation and Health's Code of Conduct and could result in a disciplinary action	Incident Management processes where it is identified that a mandatory reporter should have previously reported
Education Mandatory reporter does not escalate concern to the Principal	H	M	L	H	Other teachers identify risk factors with the child Not repotting is a breach of legislation and Education's Code of Conduct and could result in a disciplinary action	Teachers have continual contact with children so can monitor risk over time
Police Mandatory reporter does not identify suspected child at risk	H	L	H	L	Sergeant Review	No mitigation
Health & Education Helpline wait times lead to mandatory reporter not reporting	H	M	L	H	CWU offers alternative channel	E-reporting to the helpline [1]
Health CWU not available	H	M	L	H	Out of Hours Coverage Escalation to supervisors built into PDs	Monitoring of after hours forms completed by mandatory reporters
Police, Education & Health: The mandatory reporter who does not escalate their suspected sub-RoSH cases to the CWU are not taking into account additional information that may be available to properly assess risk	M	H	L	H	No Controls	The MRG contains questions about known history and has a low threshold such that secondary review can be performed. There is education of mandatory reporters to encourage repeat and proactive provision of information

1 Fax also available for use in reporting to Helpline

The greatest potential risk of failure across all three agencies is that the mandatory reporter does not report a suspected child at risk. Where undetected, this could lead to adverse outcomes for children that could have been addressed earlier. The CWUs act as a mitigation strategy for these potential behaviours as the agency workforce can discuss cases within their own agency to seek advice and also direction of appropriate responses. The systematisation of reporting that Police have implemented reduces the risk that the mandatory reporter does not report a suspected child at risk in their agency setting. The Police respond to events and therefore their culture, process and system is all reflective of an event based operation. By being systemised, the MRG is intrinsically integrated to the business as usual assessment process. Health and Education have implemented alternative mitigation strategies that are relevant to their own agency context to maximise the effectiveness of this part of the process. This has greater reliance on the individual mandatory reporter to initiate for themselves the reporting process. However if a risk was not acted upon, there is greater risk in Health and Education compared to Police that this would remain undetected.

5.3   Assessment

The Police CWU relies on electronic completion of the MRG by its mandatory reporters to appraise risk and determine appropriate actions. Although seemingly a more efficient process, it is prone to incomplete or inaccurate completion by the mandatory reporter. The Police CWU addresses this through post report interaction with the Police officer, prior to the report being appraised for action. This is creating an average delay in reaching an appraisal outcome of 2 days, and in some cases by up to 20 days.

Health and Education do not have the same challenges as they are in constant dialogue with the mandatory reporter allowing a more thorough investigation of the incident reported, leading to a timelier appraisal of risk. Completion of the MRG can take place prior to calling the CWU or it can be an interactive process, with the MRG being completed post consultation with the CWU.

In addition to potential points of failure in the quality and timeliness of the initial identification, cumulative risk appraisal is also a risk area for potential failure. Assessment officers can search WellNet records for previous logged events by child, however there is limited provision within WellNet to record whether a cumulative risk appraisal has occurred. . The procedure for cumulative risk appraisal has recently been updated to become more aligned across the three agencies, however no evidence is yet available to determine the effectiveness of this change in improving the frequency and consistency of assessments where there is evidence of multiple events.

5.3.1   NSW Police

In terms of the assessment part of the process, Police have a unique position compared to Health and Education because they conduct assessments without dialogue with the mandatory reporters. This is in line with the decision to mandate the identification process by Police officers and also recognises that ongoing responsibility is firmly within the CWU to manage the next steps of the process.

Figure 50: Police CWU assessment process
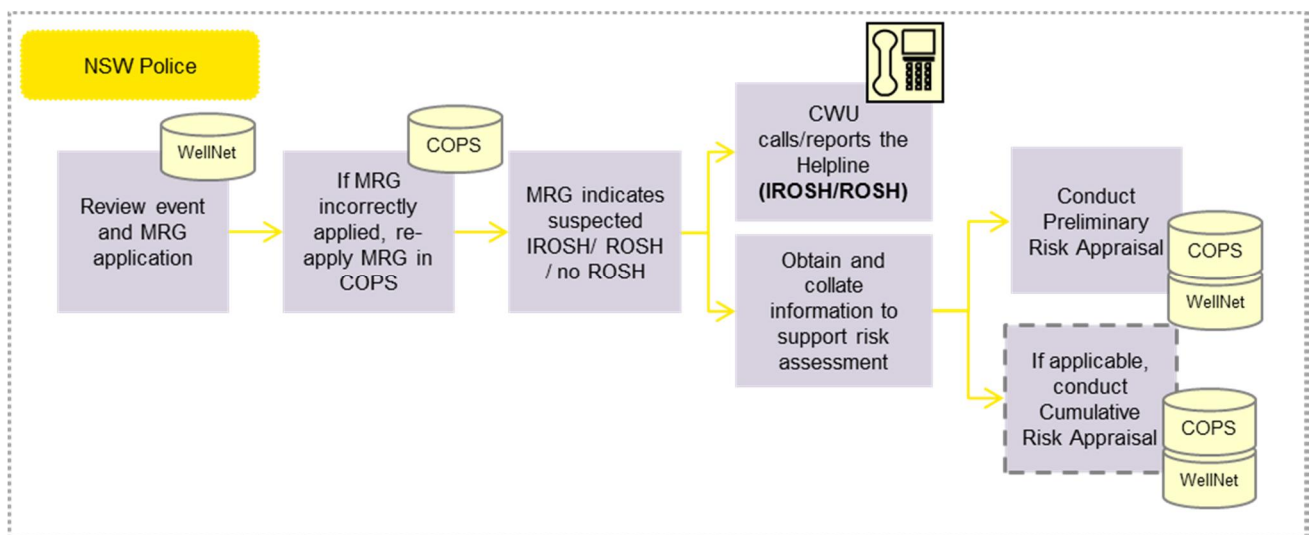
The Police CWU may face difficulties in connecting with the Police officer who reported the incident in COPS due to shift rostering patterns. This may cause delays in progressing the assessment and subsequent actions. WellNet data indicates there was an average delay of 2.03 days during the 2013 calendar year from the report to the PRA created in WellNet, with some cases delayed by up to 20 days as shown Table 8 which indicates cumulative processing completion over time (in days). In part, these delays occur when the CWU seeks to verify other information in WellNet and/or seek supplementary information from the reporting Police officer.

Table 8: Police CWU assessment processing times

Agency	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Police	2011	49%	59%	64%	69%	74%	78%	82%	85%	87%	88%	90%	91%	92%	93%
	2012	75%	81%	85%	87%	89%	91%	92%	93%	94%	94%	95%	96%	96%	97%
	2013	78%	83%	86%	88%	90%	92%	94%	95%	96%	97%	97%	98%	98%	99%

Agency	Year	15	16	17	18	19	20	40	Mean
Police	2011	94%	94%	95%	95%	96%	96%	99%	4.66
	2012	97%	97%	98%	98%	98%	98%	100%	2.62
	2013	99%	99%	99%	99%	100%	100%	100%	2.03

Analysis suggests that incomplete or inaccurate MRG entries by Police officers currently average 20 per cent of all reports. This has improved since inception, and is attributed to proactive education by the CWU as discussed in Chapter 1. Assessment officers conduct 2,734 PRAs per annum (based on September 2012 to October 2013 data).

Cumulative Risk Appraisals (CRA) are classified as assessments that require further investigation beyond the information available in WellNet and may require liaising with other agencies for more detailed information on a specific child or event. The volume of this is very low, with only 240 CRAs completed in the period from September 2012 to October 2013 which may be a limitation of the data captured in WellNet by staff.

The Police process for assessment is aligned to the agency, in so much as it is owned by the CWU and skilled staff in child protection and wellbeing. This allows Police officers to focus on their key role of protecting the community by preventing, detecting and investigating crime.

5.3.2 Health and Education

Health and Education take a similar approach to the assessment part of the process through the telephone nature of contact with the mandatory reporter. This allows assessment officers to probe further into the incident and to also support and coach the mandatory reporter through the assessment process.

Figure 51: Health and Education CWU assessment processes
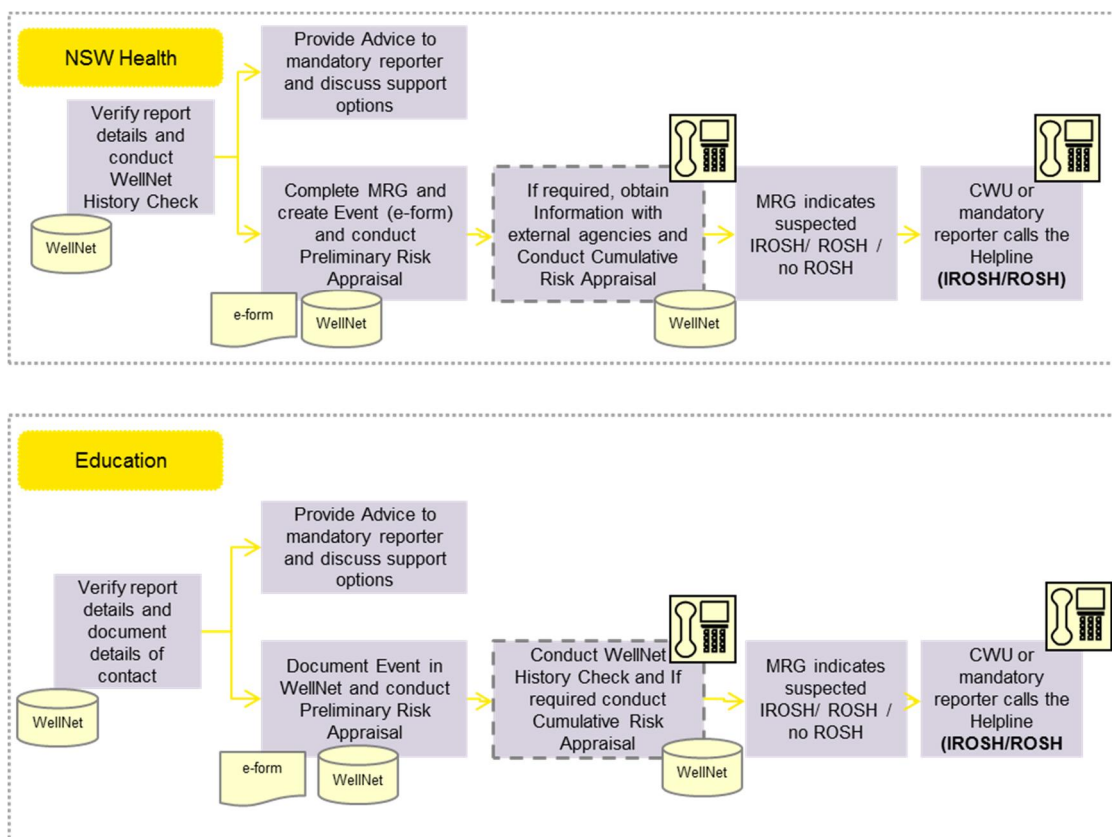
Both agencies processed a significant number of assessments over the period from September 2012 to October 2013 with Health processing 7,234 assessments with an average of 714 per assessment officer and Education processing 8,391 assessments with an average of 622 per assessment officer.

A potential issue associated with this part of the process is more evident in the Education model because the caller may not be the one who has directly witnessed the incident or suspected ROSH. This, however, can be easily mitigated against by the principal or workplace manager speaking to the teacher or staff member and can also have a positive influence due to the ability of the reporter to triangulate multiple information points from multiple sources prior to contacting the CWU.

Cumulative Risk Assessments (CRAs) for Health are classified in the same way as Police. Health's CRA volume is low at 310 assessments for the same period, whereas Education class WellNet history checks as part of a CRA. The data for Education however does not suggest that the recording of CRAs is any different, with only 440 assessments processed for the same period. This reflects that while Education has historically had a different process for the recording of CRAs, the data does not suggest a substantial difference in the volumes of CRAs between agencies.

CRAs are not standardised, with differences in triggers and management of cumulative risk across the CWUs. They are therefore potentially a constraint to the assessment process because risk may not be suitably appraised to direct appropriate escalations to the Helpline.

The CWUs have now addressed this issue by issuing new procedures to ensure greater consistency in process and documentation across the CWUs. No data was however available at the time of this report to determine the effectiveness of this change.

5.3.3   Failure Mode and Effects Analysis (FMEA)

Table 9: Key CWU assessment FMEA failures

Key Potential Failure Points Process Step	Severity	Likelihood	Detectability	Overall	Control	Mitigation
Education: Principal/ workplace manager does not disclose the suspected risk due to misinterpreting the risk level (i.e. they did not witness the incident and rely on the teachers recount to make a decision on the appropriate action)	M	L	L	M	The teacher or staff member can contact the Helpline directly if they are concerned about a report not being made	N/A
Police, Health and Education: Cumulative risk is not adequately assessed	H	M	L	H	No control	CWUs have recently updated guidelines on CRA which highlight the need to explore historical data and evidence as seen as appropriate to the event reported. Case review processes within CWUs do sample audits of cases
Health and Education: MR does not report to the Helpline after the CWU has confirmed or escalated the risk concern with the mandatory reporter	H	M	M	M	The CRN number is populated when the event should be reported to the Helpline where CWUs will keep the case open until feedback is received from CS	Where feedback is not received from the Helpline the CWU will follow up

The key failure points in the assessment process relate to the quality of the information provided to conduct an effective appraisal of risk. The mitigation and controls to address these key failure points are reliant on the CWU probing and following up with the mandatory reporter and the Helpline to ensure an appropriate response is identified. Where a report is made to the CWU, historical information becomes visible and it is general practice to include this information in the new appraisal (CRA or PRA).The highest potential failure point relates to the CRA as this could go undetected and is a critical step to ensure that the appraisal is conducted based on a complete review of historical data points where it is relevant to do so.

5.4 Action

All the CWUs actively identify appropriate action based on the information that is provided to them by the mandatory reporters and are fulfilling their role and objective.

Police have implemented an approach whereby the CWU provides the majority of referrals to potential services. They achieve this through referring the cases to the FRS to follow up and provide case coordination.

Health and Education however recognise that the mandatory reporter can play an essential role in assisting the family. The CWUs therefore seek to support the mandatory reporter in making an appropriate response to concerns, and provide advice to the mandatory reporter about referral to services.

The key potential failure points relate to the appropriate service being identified with the necessary capacity and the referral being successful and accepted by the family. The outcome and acceptance rate of services is out of the control of the CWUs and they have had to apply more effort to identify services with capacity. This is largely down to system challenges and is explored in more detail in evaluation question 2.

5.4.1   NSW Police

The Police have identified that accountability to take action as a result of the appraisal should be owned by the CWU because they are best placed to identify appropriate responses and trigger any referrals or escalations. This reflects the agency's operating context and that Police officers have limited ongoing contact with families and children because their primary role is preventing, detecting and investigating crime. This leads to the extensive use of direct referrals by Police and the use of the FRS to identify appropriate responses as discussed in evaluation question 2.

Figure 52: Police CWU action process
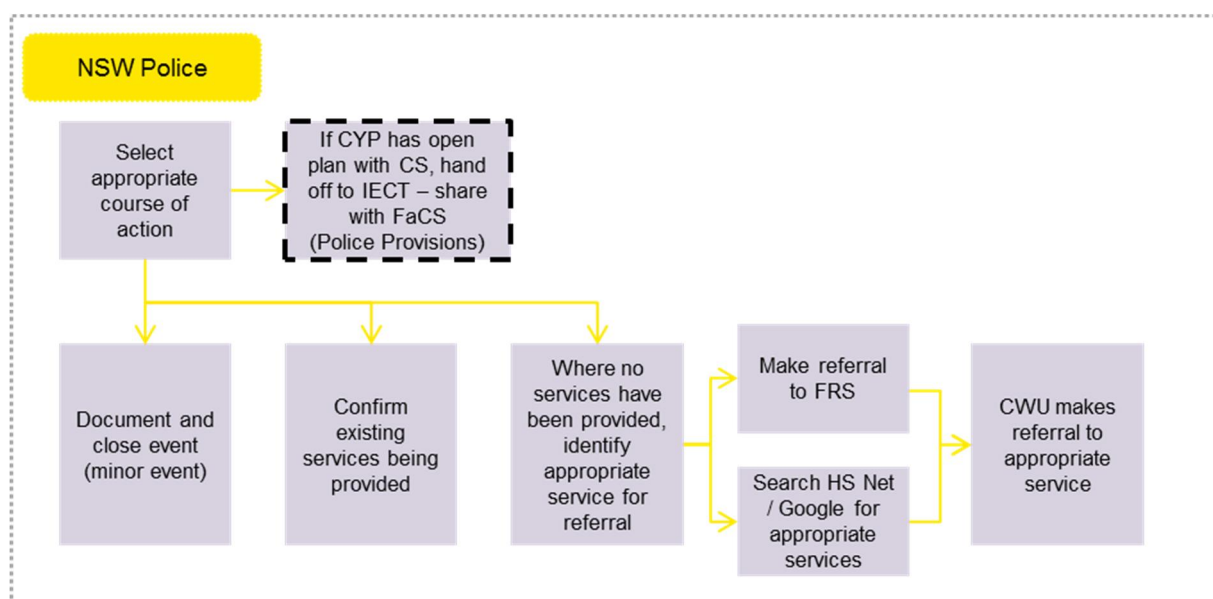
Limitations exist in this process because there is a lack of visibility of potential services available for children and service capacity across the State. This is because multiple service catalogues exist which are not linked to service availability or gaps, which in turn has led to a greater reliance on the FRS to act as the conduit. Because there is no ongoing relationship with the family or child, the success of Police referrals is limited, with 50 per cent of cases having an unknown outcome and only 15 per cent of referrals being recorded as successful.

5.4.2   Health and Education

Both agencies follow the principle promoted by KTS that the mandatory reporter will take ownership of subsequent actions identified as a result of the assessment process and where there is an agreed plan of

action. The role of the CWU is therefore to identify the response and coach the mandatory reporter on what to do next whether it is an escalation, referral or alternative intervention by themselves or an agency colleague. This is appropriate because both agencies have potential ongoing relationships and contact with the child or family which should facilitate a greater success rate in the action identified. In addition Health has a key role in the provision of services to address the needs of vulnerable families. The Health CWU is often accessed by workers who have an intervention role to further explore what direction their work (such as counselling) with the family or C/YP should take. This also provides an opportunity to build the capability of the mandatory reporter.

Figure 53: Health and Education CWU assessment processes
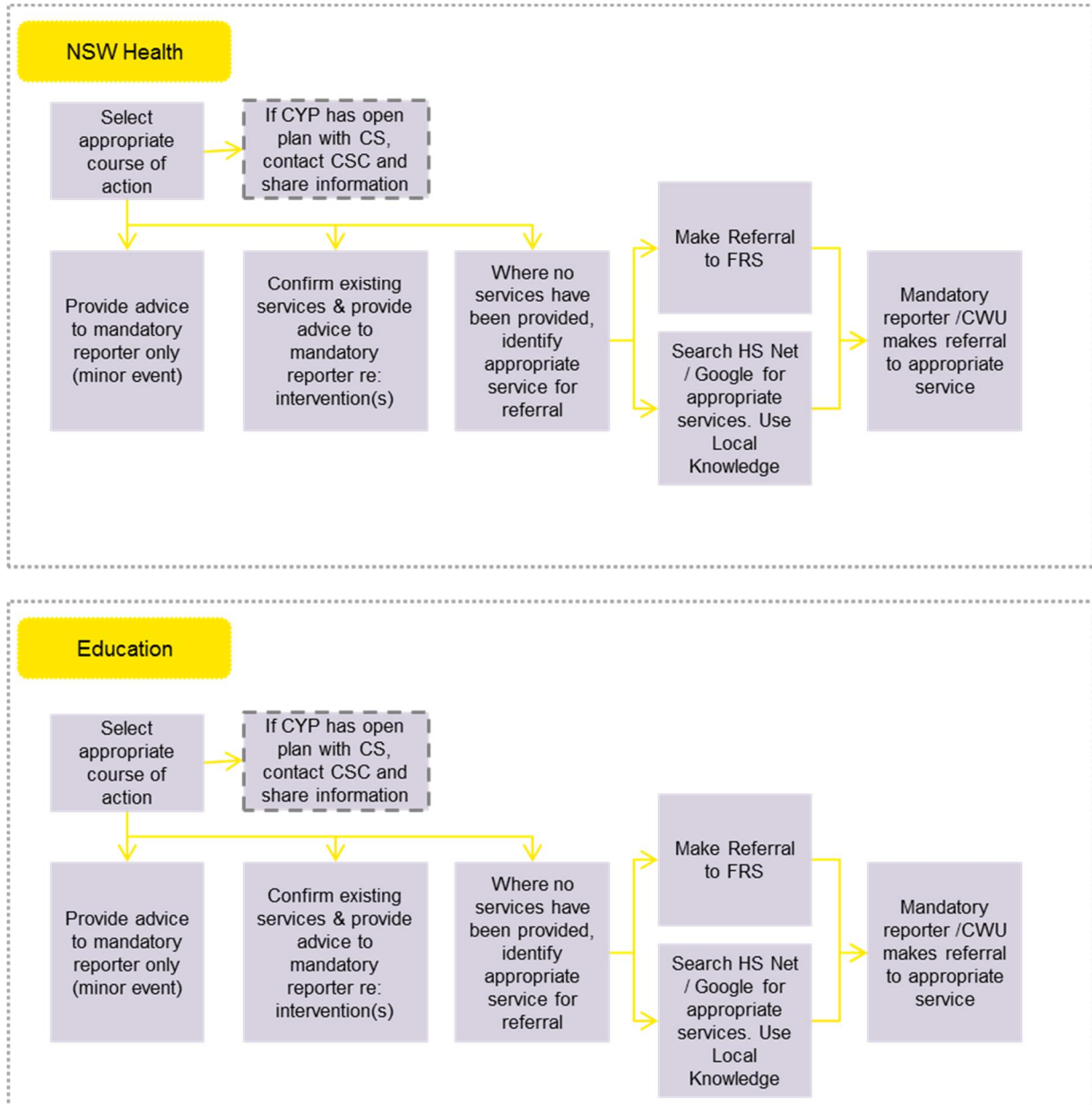
Similar constraints regarding the visibility of potential services available for children and service capacity across the State exist for Health and Education. An additional constraint here relates to potential resistance to the transfer of accountability to the mandatory reporter in the referral process. Both CWUs follow a practice which discusses and agrees an action plan with the mandatory reporter. Where resistance is encountered, alternative actions may be implemented, including using a direct referral route initiated by the CWU. The case studies and interviews provided some qualitative data in support of this (although not a statistically significant sample). This potential resistance is not preventing the CWU giving this advice, but the success of this advice is not captured. There is also a gap in overall success data for both Health and Education in terms of referral take up and outcomes.

5.4.3 Failure Mode Effect Analysis

Table 10: Key CWU action FMEA failures

Key Potential Failure Points Process Step	Severity	Likelihood	Detectability	Overall	Control	Mitigation
Police, Health & Education Inability to identify appropriate services through HSNET and Google	M	M	H	L	Assessment Officers have local knowledge of services available.	Where a child/family is referred to FRS, the FRS has access to a wide range of services as identified in the recent FRS Evaluation
Police, Health & Education: Inability to identify the capacity of services through HSNET and Google leading to inappropriate referrals	M	H	L	H	No control	Where a child/family is referred to FRS, the FRS has access to a wide range of services. For referrals to other service providers, the CWU may contact the service provider to check capacity
Police, Health & Education: Inability to identify the efficacy of service providers through HSNET and Google	M	H	L	H	No control	The CWU/MR may follow up with the service provider and/or CYP and family to check referral outcome
Police Referral to FRS is unsuccessful	M	M	H	M	Seek alternative services directly	No mitigation
Health & Education Mandatory reporter is unwilling to take the action and orchestrate the referral or do so in a timely manner	H	M	L	M	Follow up calls with mandatory reporter The CWU's direct referrals Policy and escalation points	No mitigation

The key potential failure points relate to the appropriate service being identified with the necessary capacity and the referral being successful and accepted by the family. Along with assessment officers, Child Wellbeing Coordinators as well as Health workers hold local knowledge and are also using the FRS to help identify available services. For Health and Education, the system relies on the will of mandatory reporters to instigate this and there is no detectability of how successful this part of the process is. The Police mainly rely on direct referrals and the FRS, which have a low success rate recorded for families accepting the referrals and with the outcome of half of all cases being unknown and not detectable.

It is important to acknowledge that families are not obliged to take up the referral, however the limited visibility of referral outcomes is a key gap in the current child protection and wellbeing system.

5.5 Cost Effectiveness

Since their inception, the CWUs have been becoming more cost effective over time as they deliver more outputs and deal with more inputs with only a marginal increase in their cost base.

Each agency is more cost effective in different parts of the process: The Police CWU is more cost effective at identification; Health at advising and supporting mandatory reporters when an event is not created; and Education at advising and supporting mandatory reporters when an event is created. A detailed activity base costing exercise was not conducted to allow analysis against effort and volume because the effort to perform these parts of the process is significantly different.

WellNet data indicates that 142,681 contacts were made to the CWUs over the period from January 2011 to December 2013. Of these, 62,610 were subsequently reported to the Helpline, with the remaining 80,071provided with an alternative response. In the absence of the CWUs this traffic would have been directed to the Helpline or stayed undocumented or unreported.

In this evaluation, the cost effectiveness analysis primarily consists of looking at ratios of outputs such as referrals made, intervention advice provided, reports made to the Helpline and events and actions captured against the cost base (FTE and overheads). Due to the varying models of delivering CWU services, it is essential to assess against these variables. The data tables overleaf outline these inputs and outputs for the period from 2011 to 2013. Table 11 highlights the outputs and inputs for this period.

Inputs are defined as all child concerns that are reported to the CWU and could be linked to an event or an activity in WellNet.

Outputs are defined as:

► Event related advice to mandatory reporters such as referral and intervention advice as well as support in completion of the MRG
► Advice not resulting the recording of an event which may include information exchange and advice to mandatory reporters on appropriate response for lower risk cases
► Direct referrals
► Reports to the Helpline

Table 11 below outlines the volume of each input and output type for the calendar year periods from 2011 to 2013.

Table 11: CWU summary-level inputs and outputs (calendar year)

	Year	Inputs			Outputs			
		Event Contacts (CYP Concern) to CWUs	Non-Event Contacts to CWUs	Event-Children	Non-Event Information and Advice to mandatory reporters	Event Information and Advice (including all MRG Advice)	Direct Referrals by CWUs	RoSH Escalations by CWUs to Helpline
Police	2011	27,260	212	104,821	-	-	3,244	15,363
	2012	28,418	447	116,038	-	-	2,718	17,577
	2013	26,818	476	115,858	-	-	4,165	16,510
Health	2011	4,196	4,389	14,292	2843	1,494	434	1,429
	2012	3,933	4,817	12,849	3274	1,507	55	1,325
	2013	4,563	5,645	16,185	4219	1,362	51	1,601
Education	2011	6,208	3,928	19,680	2116	4832	79	2,293
	2012	5,172	4,817	16,990	3742	4521	50	2,723
	2013	5,737	5,645	20,379	4130	4469	93	3,789
2011 Total	**2011**	**37,664**	**8,529**	**138,793**	**4,959**	**6,326**	**3,757**	**19,085**
2012 Total	**2012**	**37,523**	**10,081**	**145,877**	**7,016**	**6,028**	**2,823**	**21,625**
2013 Total	**2013**	**37,118**	**11,766**	**152,422**	**8,349**	**5,831**	**4,309**	**21,900**

Inputs have generally increased from 2011 to 2013 for all three CWUs combined:

► Total contacts have increased by 5.8 per cent from a total of 46,193 in 2011 to 48,884 in 2013
► The number of children identified in WellNet where there is a concern identified and an event is created has increased by 9.8 per cent from 138,793 in 2011 to 152,422 in 2013

Outputs have generally increased between 2011 and 2013 for all the three CWUs combined:

► The provision of information and advice by CWUs has increased by 25.7 per cent from a total of 11,285 in 2011 to 14,180 in 2013
► The number of Direct Referrals by CWUs have fluctuated over this time period but have increased by 14.7 per cent from 3,757 in 2011 to 4,309 in 2013
► The number of reports to the Helpline by CWUs has increased by 14.7 per cent from 19,085 in 2011 to 21,900 in 2013

It was apparent during analysis of WellNet data that the average number of children involved per event (3.9) is notably higher than the same figure for the Helpline (approximately 2.2). This is assumed to be due to potential duplicate children identifiers within the WellNet system, however, this was not able to be verified. This is a limitation of the data extracted from WellNet and it has not been possible to determine the magnitude of duplicates.

Table 12 below outlines the annual cost base for each CWU based on financial year time periods.

Table 12: CWU cost base (financial year)

	Police	Health	Education	Total
FY 2011	$3,143,761	$3,411,000	$2,525,584	$ 9,080,345
FY 2012	$2,917,074	$3,657,000	$2,364,893	$ 8,938,967
FY 2013	$3,067,578	$3,977,000	$3,132,545	$10,177,123

Funding over the period from financial years 2011 to 2013 increased by 12.1 per cent, from $9,080,345 to $10,177,123 for all the three CWUs combined.

Information in WellNet was only extracted from January 2011 meaning there are only two annualised data points that fully cross over between the cost data provided on a financial year basis and the activity data provided from WellNet.

Total outputs increased by 17.6 per cent from 33,983 in the 2012 financial year to 39,965 in the 2013 financial year. Funding over the same period from 2012 to 2013 increased by 13.9 per cent from $8,938,967 to $10,177,123.

It is evident from this analysis that collectively the CWUs are delivering more outputs and advice over time and this suggests they are becoming more cost effective.

In comparing how the three CWUs work across their defined processes, an analysis was conducted to map inputs and outputs against the FTE base for the period from September 2011 to October 2013. This looked at effective FTE over this period (i.e. actual hours spent on the job after discounting leave and absences).

Table 13: CWU processing efficiency comparison

	Per FTE for Period September 2012 to October 2013							
	Identification			**Assessment**		**Action**		
	CYP Concerns	Advice on MRG	Other Advice	PRA	CRA	Direct Referrals	Referral Advice	Report to the Helpline
Police	1671	0	0.8	2734	15	240	0	1036
Health	434	50	247	714	31	4	104	148
Education	408	24	124	622	33	7	305	259

The children Police encounter are more likely to be at risk, given the nature of the events in which the Police are recording information. Their process for recording risk is highly systematised and this means their practices are cost effective given the large volumes of children suspected as being at ROSH. Proportionally they subsequently report a larger proportion of children to the Helpline. These reports come from the additional information that the CWUs hold and account for around 46% of escalations to the Helpline. Police also conduct the greatest number of direct referrals across the 3 CWUs, but their reliance on the FRS means that the cost for conducting these referrals is largely hidden (although this channel is diminishing). As discussed elsewhere in this report, there is evidence of limited take-up rates for referrals made by Police. The Police do not, however, directly support and advise mandatory reporters, whereas this makes up most of the work that the Health and Education CWUs do.

It is important to clarify that no detailed activity based costing has been conducted as part of this evaluation, and that the effort to perform these parts of the process is significantly different between the Police and the other two agencies.

Education provides greater advice to mandatory reporters where an event is created and gave on average 305 pieces of referral advice per FTE over this period. This is reflective of earlier findings that suggested the Education mandatory reporter workforce relies on the CWU's agency and child wellbeing expertise to coach and support them when a child is suspected as non-ROSH.

Due to the connectivity of services and interventions that are primarily Health run and funded, Health CWU demand is greater for advice and support not resulting in the recording of an event. This advice is

provided where mandatory reporters are looking for appropriate actions they can take when risk is deemed too low to create an event.

In summary, the data shows that each agency is working within its own agency context in respect of meeting the demand pull of its mandatory reporters and is adapting their workload to produce more cost effective outputs relative to this demand over time.

6. The extent to which WellNet enables the work of the CWU

To what extent does WellNet enable the work of the CWUs?

> WellNet has supported the CWUs in recording basic incident reporting for children and has created a useful repository of information which has grown in size and therefore usefulness over time.
>
> However, WellNet has gaps and does not enable the entirety of the CWU's work (in particular across reporting, quality assurance, strategic direction, efficacy and take-up of services, and cumulative risk assessment).
>
> There is also a need for enhanced reporting and analysis of WellNet data to enable and support the CWU's strategic decision making. The ongoing development of the WellNet system is however being impacted by the current governance arrangements, and the lack of system development is limiting the effectiveness and efficiency of the CWU's work within WellNet.

6.1 Context

The KTS Action Plan articulated that one of the strategic objectives of the CWUs was that "an information system will be put in place to enable agencies to work together and share basic information, by allowing Child Wellbeing Units to know if a child is already known to Community Services or another agency".[15] This objective has been operationalised through the development of the WellNet system which is used by the three CWUs and was developed from pre-existing Community Services' systems architecture. CWUs use this database to record all contacts including the details of CYPs at risk and also to record the CWU's activity in responding to contacts from mandatory reporters.

The WellNet system was specifically designed for the CWUs and acts as a stand-alone repository of child information that has been operational since the CWUs inception. Over time CWUs have built up a large volume of child information within the WellNet repository, and as such the system becomes increasingly useful to support the work of the CWUs.

A Memorandum of Understanding (MOU) between the CWU agencies and Community Services enables the provision and storage of data on the Community Services database, as well as the ongoing support and development of WellNet. The storage of WellNet data is managed within the Community Services' Oracle Siebel CRM platform. As the WellNet system operates on the same Siebel architecture as KiDS, there are inherent links between these two systems.

The original intention of WellNet was outlined in the "Implementation of Keep Them Safe Child Wellbeing Units" Report of May 2009. Table 14 below details the generic requirements of the system, the intended functionality and the extent to which this functionality has been implemented.

Table 14: Generic WellNet requirements, intended functionality and extent of implementation

Generic Requirement	Intended Functionality	Extent of Implementation
1 - Allow CWUs to search for a child to understand if they are being or have recently been case managed by Community Services and if other CWUs have previously had concerns		
1A - Allow CWUs to search for a child to understand if they are being or have recently been case managed by Community Services	Only a logged in user can access the look up function which can search by First Name, Last Name, Date of Birth, or Suburb or Postcode	This has been implemented as intended.
1B - Allow CWUs to search for a child to understand if other CWUs have previously had	From the list of potential matches the user will determine if any of the candidate answers is the child that the agency is currently	CWU assessment officers making appraisals are able to access a sub-set of the information from another agency

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[15] Department of Premier and Cabinet (2010). Keep Them Safe: A shared approach to child wellbeing ["Action Plan"], Schedule of Recommendations, Government response to recommendation 10.9, page 70

concerns	looking at. The agency will be able to access minimum information such as the child details, who is currently working with that child, the services provided and a high level view of the incidents	within WellNet. Caseworkers at the Helpline are able to determine the number of prior child reports to CWUs and if any CWU is currently working on a case.
2 - Allow CWUs be able to log, access and search calls and incidents within their CWU		
2A – Ability to access the CWU WellNet	A web browser client will be used to access the solution	These have been implemented as intended.
2B – Ability to log a contact	WellNet provides contact management features such as those available in customer relationship management solution.	These have been implemented as intended.
2C – Ability to log an incident/concern	WellNet must provide a way to capture incidents and concerns.	This has evolved since the original release of WellNet. July 2011 Health and Education CWU revised its procedures to document some "document and continue" endpoints on the MRG as provide advice (activity), rather than events.
2D – Ability to triage an incident/concern	When a ROSH is assessed, the incident/concern must be redirected to Community Services for management.	Electronic reporting is in place and is the main channel for Police reports to the Helpline. Health and Education generally encourage the mandatory reporter to make the report direct.
2E – Ability to log actions	When an action is taken (e.g. to assist a child) WellNet must provide a way to capture the action taken.	This is captured in the history of the event or as a separate Activity if no event is created. This has evolved over time through the addition of data fields e.g. service gaps and provide information
2F – Ability to verify children/persons	WellNet must provide a way to identify a children/person and link the new records/incidents/concern/actions with an existing child in the system. If no existing related child is found WellNet must allow the creation of a child record.	These have been implemented as intended
2G – Ability to view records and activities related to a child	WellNet must provide a way to access and consult a record / action / incident / concern.	These have been implemented as intended
2H - Ability to search records/children	WellNet must provide a way to search for children and records via a structured field search.	These have been implemented as intended
2I – Provide a Web Service for	WellNet must provide a way to receive a report file from an	

capturing reports	agency's system and migrate it into the CWU private space of the solution.	
2J – Implement Privacy Controls to restrict information within CWUs	Access control will be managed at the user role level and at the data level.	Where the CWU assessment officer wishes to see further descriptive detail from another CWU agency or the Helpline, they must make a formal request to be granted access to this information under the provision of Chapter16A. CWU assessment officers can see if a child has a current open case with Community Services. Helpline workers cannot see any descriptive detail of the WellNet event and must make a formal request at the CWU if they wish to do so. This was a decision made by the KTS SOG that the statutory agency should not automatically see non-statutory CWU agency's case information
3 - Allow CWUs access information recorded by other agencies		
3A – Ability to run a CWU Child History Report	A single view of a child with details, Community Services related information and all agencies related information will be provided. Only fields agreed to be shared openly will be available on the history report.	This functionality exists through searching the unique child reference number which allows the CWU assessment officer to identify a list of events linked to that Child. The assessment officer will need to access each of the events to get a more detailed single view of a child.
3B – Ability to record requests for information to/from other CWUs	WellNet must provide a way to capture information request to/from other CWUs	This is captured in the information request fields however has some limitations leading to extensive use of free text fields.

The implementation of WellNet is meeting the minimum generic requirements of the CWUs that were originally identified in 2009. Where possible, the CWUs have driven improvements to the system over time as evidenced by the addition of further user input fields to document CWU activity and child information. There are, however, limitations within the system which are due to constraints in both technology and the current system governance arrangements between the CWU agencies and Community Services.

WellNet relies completely on the assessment officers from Health and Education to populate the repository based on contacts from mandatory reporters, whereas Police have automated the receipt of reports from mandatory reporters via the COPS system. Apart from this customisation by Police, there is no differentiation in the operation of the WellNet system between the three agencies and therefore this chapter refers to WellNet holistically unless an agency is specifically mentioned.

It is recognised that there has been substantial effort and progress to date to build the WellNet system to support the CWUs in recording activity and documenting child concern information. Without WellNet, the CWUs would find it very difficult to meet their objectives. It has therefore been a successful tool in connecting the CWU agencies with each other and with Community Services.

The following sections will focus on the system's current operations in relation to the evaluation questions

and identify areas for continued improvement.

Three key attributes of the WellNet information system have been assessed:

▶ **User Experience and Quality Assurance**: The overall experience of an assessment officer using WellNet in terms of the efficiency of processing, ease of use and the implications of different use on data quality

▶ **Reporting:** The regular and ad-hoc reporting from WellNet to enable the collection of information for children as well as enabling strategic decision making for CWU's operations

▶ **Linkages to other systems:** The scope and breadth of reach of the WellNet system with respect to being aligned and linked to other related systems throughout the boarder service landscape.

6.2   User Experience and Quality Assurance

There have been opportunities identified by CWUs for WellNet's reporting and operational functionality to be enhanced to better enable the CWU's work, however these have not been actioned. The lack of system development has been caused by an ineffective governance arrangement with Community Services which is limiting the efficiency of CWU work within the WellNet system.

In addition, there have been examples of inconsistent use of WellNet across CWUs over this period, which is creating challenges in data definition and taxonomy, and differences in how the CWUs use and record information in WellNet. Quality assurance initiatives instigated by the CWUs are progressively addressing these challenges.

Data consistency

The use of WellNet by CWU assessment officers is guided by a uniform WellNet Learner Resource and set of business rules which are used across all three CWU agencies. As with any user input system, WellNet is susceptible to variations in user behaviour.

Analysis of CWU processes and stakeholder interviews has identified there is inconsistent use of WellNet by different agencies in terms of data definitions and taxonomy caused by variations in use across the CWUs. Analysis of WellNet data and business processes has also shown numerous examples of variation between and within agencies in terms of data field definition and use by assessment officers. Some notable examples include the following:

▶ Education had previously used a different definition for the recording of a Cumulative Risk Appraisal (CRA) compared to Health and Police up until October 2013. The definition for CRAs has been aligned since this date. Comparison of CWU processes before this date shows that Police and Health record a WellNet history check for the child within the Preliminary Risk Appraisal (PRA). Education applied a different approach to recording this activity, classifying this as a CRA within WellNet. The different treatment requires interpretation of the data due to the difference in recording approach applied. Consequently WellNet data shows that Education has the highest apparent volume of CRAs of all three agencies in 2013, despite having the lowest number of child concerns reported over that same period.

▶ Data extracted from WellNet for the purposes of this evaluation shows that there are specific user input fields which are often not completed (e.g. the recipient/provider of information requests), as well as fields where the data appears to have been incorrectly entered by the user (e.g. the date the event occurred).

▶ Correspondence with experienced WellNet users at the time of analysis confirmed that there are inconsistencies in the use of fields between assessment officers, a number of fields are free text fields and the level of detail included varies considerably. Annotation and records of advice also vary depending on user preference or reporting style.

▶ It was noted during the evaluation that Health had implemented a quality assurance check whereby CWU Team Leaders would review each assessment officer's work to standardise the use of these fields. In addition to this, it was also noted that Police CWU Team Leaders review and verify all events to ensure they follow standard operating procedures with oversight by a specialist CWU data

analyst. Case studies suggest that over time the comprehensiveness of incident reporting is improving and standardised information requirements are increasingly being applied.

Efficiency and Stability

When documenting the initial child concern, CWU assessment officers use an Adobe PDF e-form (built into WellNet) to capture key information from the mandatory reporter. This allows them to more easily record child contacts and upload the information into WellNet when complete. Process analysis with assessment officers has confirmed that the use of this e-form has facilitated a better user experience for data entry into WellNet for the initial receipt of information.

However, beyond this initial report, the processing of further activity is limited by WellNet only allowing the linear recording of activities (i.e. multiple activities cannot be processed simultaneously in one entry). This reduces the CWU's efficiency relating to further activity. Additionally, assessment officers have reported that the WellNet system is sometimes slow and unstable which further limits the CWU's efficiency. As processes have matured, it is clear that WellNet, while continuing to meet its original design objectives, may need to evolve to facilitate development of additional recording and reporting capability.

Information Exchange

WellNet has enabled the exchange of information between CWU agencies as well as Community Services, with a short child event summary being visible within the system to agencies outside of the originator agency. This enables other agencies to identify whether there has been another incident for the child and, where they seek to conduct a more in-depth review, WellNet enables this through the request and provision of access to the full event within WellNet.

Stakeholder interviews have confirmed that this knowledge base within WellNet has been growing since the inception of WellNet and has greatly aided cumulative risk identification. However, users would like to see more detail in the summary which is currently restricted to only 250 characters. There are also budget constraints on upgrading the functionality of the system.

System Governance

The governance of the WellNet system is currently unclear as the MOU between the CWU agencies and Community Services is out-of-date. The original MOU was signed in 2011 which has not been updated over the lifetime of the system and there is currently limited dialogue occurring to update it. Where the CWU agencies have identified issues or requested enhancements of WellNet from Community Services, the CWU's request for remediation or change has not been prioritised by Community Services. This has limited the CWU's ability to proactively improve and manage the data stored within the WellNet database.

Recording and Monitoring Referrals

The WellNet system is focused on capturing child and incident reporting and has limited functionality to record the referral activity and outcomes. Referral information for children is recorded in the free text of WellNet and is captured inconsistently by CWUs. Feedback from service providers and mandatory reporters on referral take-up by children/families and information relating to the success of the service has also been limited.

WellNet lacks the functionality to record the referred service and outcome beyond a free text field. This limits reporting to inform future concerns for the child or family which may arise, and may also impact Cumulative Risk Assessments as information may not be easily identifiable or retrievable.

User Experience Summary

Overall, WellNet has supported the CWUs in recording basic incident reporting for children and has created a useful repository of information which has grown over time, however opportunities exist to enhance its existing capability.

The governance arrangements for the system are not operating effectively and this has led to delays in the remediation of known defects and improvements of the system to enhance the useability for CWUs. CWUs have been operating within these constraints, but the lack of a consistent set of data definitions and taxonomy is further limiting the usefulness of records within the database.

A major constraint of the system is that there is no recording of acceptance or success of interventions, which also limits the CWU's ability to determine the appropriateness of services to which children / families may be referred. This creates a barrier to CWU operations as there is limited reporting of intervention information to inform assessment officers when there are further events for the same child (which in turn appears to disenfranchise mandatory reporters).

There is an opportunity to enhance WellNet capacity to enable the CWUs to be better informed of referral outcomes. While it is not within the CWU's remit to collate or report on services taken up by families, there was considerable feedback from interviews across all sectors that this information is perceived as valuable to mandatory reporters and may inform future actions.

6.3   Reporting

There is currently basic regular reporting functionality within WellNet which requires manual manipulation outside of the system in order to produce meaningful outputs. There is a significant limitation in the system's child reporting capability as is does not facilitate the reporting of individual children across multiple events and agencies, limiting the CWU's ability to identify cumulative information.

The limited reporting capability of WellNet also does not enable the measurement of all CWU strategic objectives through performance measures and result indicators directly linked to child outcomes. Data and reporting deficiencies have been raised with Community Services, but have not been resolved as yet. Notwithstanding the limitations of the system, CWUs do report via the Directors' Forum on activity and dedicate resources to the preparation of trend analysis.

Regular Reporting

The WellNet system is limited in its functionality to provide data extracts to enable CWU reporting. The extraction of data from the WellNet system requires the use of the Microsoft Excel application in order for the CWUs to be able to produce meaningful reports.

Regular reporting of CWU activity is currently performed by the CWU Directors' Forum on a monthly basis. These reports show the high level volumes of inputs, outputs and basic client demographics for each CWU agency to identify and analyse trends. However, there is currently limited reporting capability from WellNet to support the CWU's strategic objectives through performance measures and outcome result indicators.

The CWU Directors have confirmed that they would like more detailed reporting and have had discussions with Community Services to identify their top priorities for additional data and reports. They have also confirmed the need for resources to enable analysis-based decision making and continuous improvement to CWU operations based on data analytics and insights.

Ad-hoc reporting

Ad-hoc reporting functionality within WellNet is limited. The underlying system architecture has an incident-based focus which captures both event and child information. All records for a particular child cannot be reported against within WellNet as it requires the CWU to perform a manual extraction of data from the system for CWUs to be able to gain a full picture of the case history for a particular child.

The recording of known referral details is stored within the free text of the system and is not able to be easily reported upon. These limitations culminate in a number of limitations which constrain the effectiveness of the CWUs in performing additional tasks after the initial information capture, namely:

▸ The WellNet system does not provide the functionality to report for an individual child across multiple events and agencies, which limits the CWU's ability to identify cumulative information

▸ As the system does not facilitate the consistent capture of referral details and outcomes, there is also limited functionality within the system to inform future concerns for the child or family which may arise.

▸ WellNet reporting does not exist to readily support the CWU Team Leaders in the quality assurance of assessment officer's work.

Opportunities therefore exist for future system enhancement to better enable the work of CWUs to identify children at risk and progressively inform the appropriateness of referrals.

External MRG tool

As the MRG tool is currently hosted on a separate system from WellNet, the decision pathways for risk assessment questions within this tool are not able to be stored within WellNet.

An opportunity also exists to put a database behind the MRG to capture these detailed assessment decision pathways for CWUs and mandatory reporters within WellNet. This would enable detailed data analysis to inform the decision making of CWUs and contribute to the periodic review of the MRG tool.

Reporting Summary

The overall reporting functionality within WellNet is limited to basic information which is mainly focused on the reporting of events. There are significant gaps in the reporting capability of WellNet which limit the CWU's ability to identify cumulative information for children, report on the nature and effectiveness of referrals and enable quality assurance of the CWU's work. Data and reporting deficiencies have also been raised with Community Services but have not been resolved.

Opportunities exist to further enhance the reporting capability of WellNet to enable CWUs in achieving and measuring their strategic objectives.

6.4   Linkages to other systems

WellNet is managed by Community Services on the Siebel platform, as is and Community Services KiDS system. This enables coordination in work between the CWU agencies and Community Services through access to information across the statutory and non-statutory child protection and wellbeing systems. However, the information flow between WellNet and KiDS is not fully leveraged to share information for ROSH allocation decisions which impacts on re-reporting to the CWU.

The automation of reports from COPS to WellNet for Police enables a high volume of reporting from Police mandatory reporters. As there are no further links to the broader service system, there exists an opportunity to extend the linkages between WellNet and the broader service system, although further research is needed to understand these opportunities, their risks and benefits.

Link with KiDS

WellNet is built and managed on the same Siebel technology which Community Services uses for its KiDS system. Community Services can identify if there has been a previous event for children within WellNet, but cannot see any details and must contact the CWU for further detail. However, the Helpline does not use the information stored in WellNet when making assessments based on analysis of the Helpline's processes. This is also confirmed by the low number of information requests received by the CWUs from Community Services.

Where a Helpline case has initially been reported to the CWU and then escalated to the Helpline, the CWU is dependent on the Helpline finalising the report before the Helpline screening decision is populated in WellNet. Where a ROSH case is not allocated by Community Services due to capacity constraints, KiDS is not linked to automatically update WellNet on unallocated ROSH.

There is an opportunity to further enhance the information availability between these systems for ROSH assessment outcomes and CSC allocation decisions. Stakeholder interviews have identified that the CWUs receive a significant volume of re-reports for unallocated ROSH and the opportunity to increase linkages between WellNet and KiDS could enhance visibility and help to decrease this volume of re-reporting within the broader service system.

Link with COPS

Police have customised the reporting of child concerns into WellNet through the integration between COPS and WellNet. This results in all suspected non-ROSH events being automatically reported to the CWU for review and further assessment. This is shown by the Police CWU having the largest volume of reports from its mandatory reporter cohort out of the three CWUs.

However, while the WellNet repository has details of previous reports for children known to Police, the attending Police Officer may not be aware of this history until after the event. Stakeholder interviews have identified that Police Officers in the field may benefit from having more access to WellNet information to be better informed of previous case history and any response already taken by the agency prior to a call out. This would help to mitigate the chance that they are unknowingly attending a repeat offender where there is a cumulative child concern. It is noted that this information is available to officers at the time of completing the incident report in COPS, should they choose to refer to it.

Links with Broader Service System

The WellNet system does not have any links to the broader service system beyond KiDS and COPS. Where there is limited information recorded in WellNet on the outcome and efficacy of referrals, an opportunity exists to enhance connections with service providers. As the shepherds for the mandatory

reporters, CWU access to referral information to identify service effectiveness for children in addressing risk at an early stage of development would facilitate early referral and manage re-reporting to the CWU.

System Linkage Summary

In summary, the WellNet system has inherent links to the Community Services KiDS system which are not being fully leveraged. Beyond the three CWU agencies and Community Services, WellNet does not have any linkages to the broader service system where the CWUs would benefit from increased information relative to the outcomes of referrals made from service providers or mandatory reporters.

7.   Broader impact of KTS

Which other KTS initiatives impact the CWUs effectiveness, how and to what extent?

The KTS initiatives sought to refine and refocus the NSW child protection and wellbeing service system. The entities involved support specific roles within the system but information is shared through the provisions of chapter 16A (CWUs are primarily focussed on supporting mandatory reporters and the FRS are focussed on families and service providers). There are opportunities to improve the effectiveness of client pathways to effective services through better understanding of demand and supply considerations. In particular the build of an effective service eco-system that has appropriate capacity relative to local demand would aide CWUs and mandatory reporters to achieve greater take up rates of interventions.

There is a lack of central oversight or responsibility for the interconnectivity of entities within the child protection and wellbeing system as is evidenced by the following:

► There are limited formal CWU governance structures, beyond the CWU Directors' Forum, to align CWU activities and programs to the broader service system. This limits the CWU's ability to influence change or improvement to the overall system.

► There are limited links between information systems across NGOs, CWUs, and Community Services. There are gaps in feedback mechanisms and the ability to record outcomes in existing systems such as WellNet. This lack of holistic data constrains the CWUs' ability to provide information to inform strategy, understand the appropriateness of services and inform cumulative assessment.

► The CWUs and FRS each catering to distinct audiences which ensures those audiences are being engaged, however they are not being connected as part of an overall pathway of risk management and meeting CYP needs.

► As evidenced by case studies and entries within Wellnet, there is limited evidence of end to end connections between agencies from the point of identification through to delivery of intervention services and measurement of outcomes. In reviewing the governance arrangements pertaining to the CWU, it is clear there is a lack of central oversight or responsibility for the interconnectivity of entities within the child protection and wellbeing system, as this function is not described in the terms of reference for any committee currently operating in which the CWU is involved.

► Multiple assessments are conducted over CYP across the child protection and wellbeing system. These assessments can result in different perceptions of risk and need, as they do not necessarily use the same information base or assessment methodology. The assessment approach used in the MRG applied by mandatory reporters and CWUs, and that applied by the Helpline in the ScRPT tool has known and intended differences. The differences between the MRG and ScRPT risk assessment tools lead to a level of "false positive" reports lodged with the Helpline (reported but not assessed by the Helpline as ROSH).

► There is limited feedback provided to the CWUs and/or mandatory reporters on actions for cases that are escalated to ROSH status to the Helpline. Where there is a lack of statutory response (unallocated ROSH), there is a potential negative impact on the mandatory reporters' goodwill and a risk of rework by the CWU.

7.1   Context

7.1.1   Key entities in the child protection and wellbeing system and their roles

In addressing this evaluation question, the relationship between the CWUs and the broader child protection and wellbeing system regarding the identification of children and young people at risk was considered.

Figure 54 below is a diagrammatic representation of the relationships between the CWUs and the other major entities within the system.

Figure 54: Diagrammatic overview of NSW child protection and wellbeing system
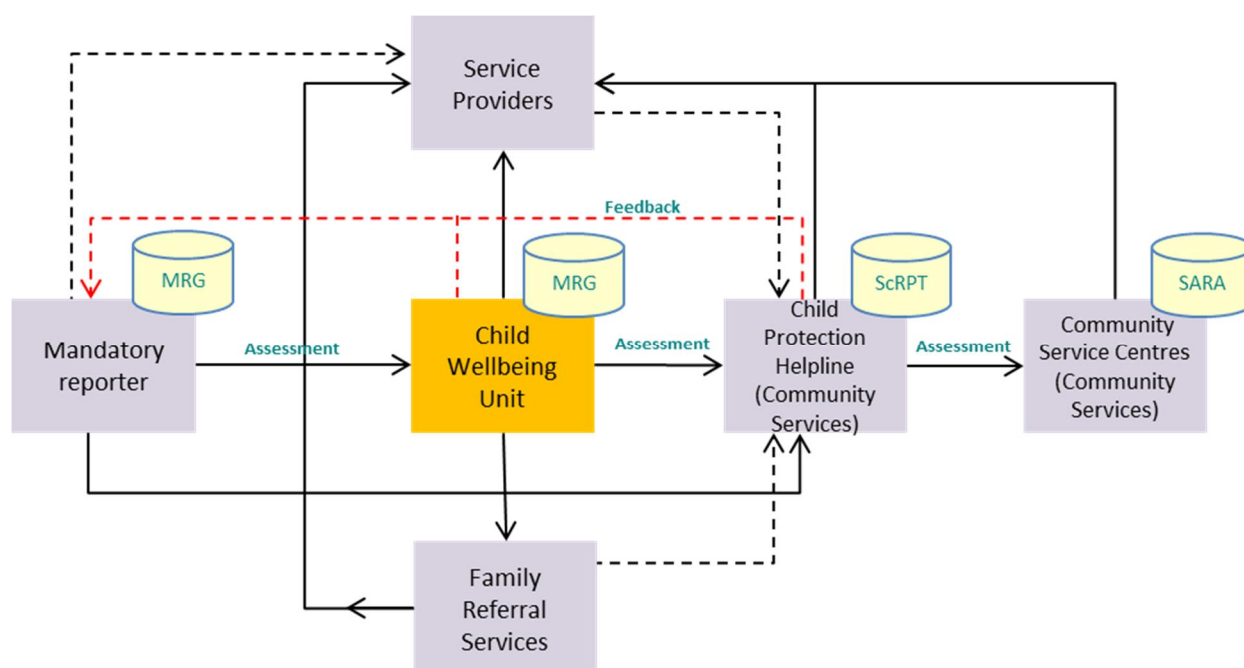
The role of CWUs in the system

The CWUs provide a central role supporting mandatory reporters in respect of child wellbeing and risk issues. The CWUs effectively advise, support and educate mandatory reporters within their own agency to identify children at suspected ROSH, with 48,884 contacts recorded in 2013 calendar year. They play a role in assessing suspected risk status based on mandatory reporter and multi-agency information. The CWUs provide advice to mandatory reporters regarding appropriate responses for them to action including interventions, referrals and also reports to the Helpline. As discussed in Chapter 2, the Police CWU assumes the role of the mandatory reporter for these actions.

Designated mandatory reporters within Education and Health also use the CWUs for support in providing alternate responses for unallocated ROSH cases where the mandatory reporter has ongoing concerns, but action by Community Services is not being undertaken or is unknown.

In performing its identification and advice roles, the CWU is impacted by the other stakeholders in the child protection and wellbeing system, namely mandatory reporters (and the agencies to whom they belong), Community Services and service providers. These other stakeholders and their roles are outlined in the remainder of this chapter.

Mandatory Reporters
Mandatory reporters identify CYP wellbeing and risk issues, and report concerns to the appropriate channel as guided by the Mandatory Reporter Guide. They may work directly with children and their families in an ongoing or short term role and/or may also refer them to appropriate interventions.

Family Referral Services (FRS)
The FRS connects families with services they need. They identify early interventions and family support services for referred cases. They also work with families to place them into services.

Service providers
Service providers deliver early intervention, prevention, family support and/or acute services to CYP and families.

Child Protection Helpline
The Helpline assesses the ROSH on reported events and refers ROSH cases to the relevant Community Service Centre or Joint Investigation Response Team (JIRT) Referral Unit. They should inform the mandatory reporter of their assessments as to whether CS action is warranted.

Community Service Centres (CSC) /JIRT
Child Protection and Joint Investigation Response Team (JIRT) caseworkers undertake risk, safety and needs assessments of children or young people, and their family to ensure their safety welfare and wellbeing. They develop a case plan, provide/arrange/request care and support services, and manage the CYP through the appropriate intervention.

In addition to the above stakeholders, there are other indirect stakeholder relationships arising from the agency structure within which the CWUs themselves reside.

Agencies
Both Education and Health are providers of early intervention services, and Health also provides high level intervention services. Each agency is an employer of mandatory reporters and holds legislative and policy making responsibility for child protection awareness and activity. The agencies fund CWU operations from KTS NSW Treasury allocations, and are also repositories of multiple information sets, which may be drawn upon by the CWUs using Chapter 16A requests. In the case of Health, there are a range of policy and operational roles associated with child protection funded at the both the overall Health system and Local Health District level.

Training
Staff training for Police, Education and Health staff (including mandatory reporters) is managed centrally. Health workers' training is either developed and delivered on-line through a stand-alone entity (the Health Education and Training Institute) or developed and delivered at the Local Health District/ Specialty Network level by staff whom have been accredited as Child Protection trainers. Training programs for Police and Health occur on a rolling basis and include child protection modules and other training to support the use of systems. Training is delivered in face to face and online settings. Education staff receive annual mandatory child protection training. CWUs play an active role in developing and delivering training within their respective agencies.

7.1.2 KTS Initiatives and the CWUs

There are numerous KTS initiatives which may affect the CWUs, either directly or indirectly. For the purposes of this evaluation, they are broadly grouped as follows.

Better protecting children at risk
The following initiatives affected mandatory reporters (and their agencies), CWUs and Community Services.
   a) Implementation and use of the Mandatory Reporter Guide
   b) Implementation of Structured Decision Making Tools in Community Services
   c) Legislative change and Chapter 16A – information sharing

These tools and resources provide the basis for the CWUs to assist in the identification and assessment of risk and needs of CYP and families.

Provision of services to families and children
These initiatives are associated with the development of services to which CYP and Families can be referred. Services within the KTS initiatives have the following objectives:
   a) Strengthening prevention and early intervention
   b) Enhancing acute services
   c) Better supporting Aboriginal children and families

CWU effectiveness has been measured largely in regard to their processes for the identification of appropriate services to which CYP/Families can be referred.

Improving Out of Home Care (OOHC)
These initiatives are associated with improving services and the experience of CYPs in OOHC and carers. By and large these initiatives do not significantly impact on the CWUs.

Strengthening partnerships
These initiatives are associated with strengthening the relationships between NGO, State Government and Federal Government entities and different initiatives they are involved in. The particular areas which

have the most relevance to CWUs are:
   a) NGO capacity building and workforce development
   b) Child Wellbeing and Child Protection – NSW Interagency Guidelines
   c) Regional Project Managers

The key elements associated with these reforms which are relevant to this evaluation are:

► The development of relevant and appropriate services in the NGO sector with improved capacity, effectiveness and quality of service/outcomes

► Guidelines regarding prevention and early intervention strategies and effective engagement with CYP and families

► Promoting local links between NGOs and agencies

These elements impact on CWU effectiveness largely in the identification of and referral to services, and in particular the implications for coordination of services.

Training, development and evaluation
Training has been addressed as part of evaluation question 1. Development and evaluation rely on quality data, information and reporting to inform success factors and future improvement.

Summary
In summary, the KTS initiatives impact the CWU's activities with regard to:

► Assessment of risk and need across the child protection and wellbeing system

► Data, information and reporting across the child protection and wellbeing system

► Identification and co-ordination of services across the child protection and wellbeing system

The CWUs themselves have an impact on these areas of the system, especially with regards to facilitating mandatory reporters and supporting identification of risk. Their role, as advisers and facilitators of information exchange and referrals, is key in facilitating early intervention, especially for those children who are assessed and determined not to be in the highest category of risk.

7.2   Assessment of Risk and Need

Within the KTS service system there are multiple appraisals performed at various stages of the CYP concern lifecycle, including the Mandatory Reporter Guide (MRG) and the ScRPT (the automated risk tool used by the Helpline) and SARA (the comprehensive safety and risk assessment tool used by Community Services).

The MRG and ScRPT focus on the assessment of risk, but do not provide for an assessment of the CYP's need. SARA provides both a safety assessment and risk assessment. The SARA tool does not of itself identify need, however it provides the basis for a targeted needs assessment correlated to the safety and risk factors identified.

The MRG can be regarded as a consensus tool developed through a collaborative development process. While it does not have an actuarial evidence base (i.e. predictive and data-based) underpinning the algorithms, the application of the decision trees built into the tool were informed by a consensus of views on the key identifying factors influencing an assessment of risk. It is intended to provide mandatory reporters in each agency with a systematic approach to assessing child wellbeing and risk issues, with a view to understanding if there is a need to report the concern to the Helpline.

The initial assessment using the tool is undertaken by the mandatory reporters and following contact with the CWU (in the case of Education and Health) or review (in the case of the Police CWU) may be actioned as an event. Where appropriate, a process of review takes place and further information may be sought to provide additional detail regarding the type of risk, whether there is evidence of repeated risk and what previous action may have been taken. This information is recorded within the CWU WellNet entries. Case studies show that event recording is often comprehensive and provides an informed base for a decision to report cases of suspected ROSH to the Helpline.

Following a report to the Helpline, additional evidenced based tools are applied.

These two assessment approaches are not intended to deliver the exact same result. Instead, it was intended to have a tiered approach to identifying risks in the first instance, then to be reported to the Helpline if appropriate, and formally assessed to determine the level of safety and risk to guide a determination regarding the level of intervention required. It is therefore to be expected that the initial identification process will allow for a greater number of cases to be escalated. Part of the rationale behind the identification process is to ensure that any risk is identified. However, this initial triage of risk serves to identify risk at lower levels, allowing for the possibility of earlier intervention than might otherwise be the case.

Community Services report on the level of 'false positives' (those reports to the Helpline that are not assessed by the Helpline as ROSH) in their quarterly business report. These are shown below in Figures 55 and 56 as a percentage of total contacts to the Helpline. These represent the contacts made to the Helpline that require no further response (as opposed to those identified as ROSH or forwarded for information or action).

Figure 55: Proportion of non-ROSH at the Helpline by agency's mandatory reporters
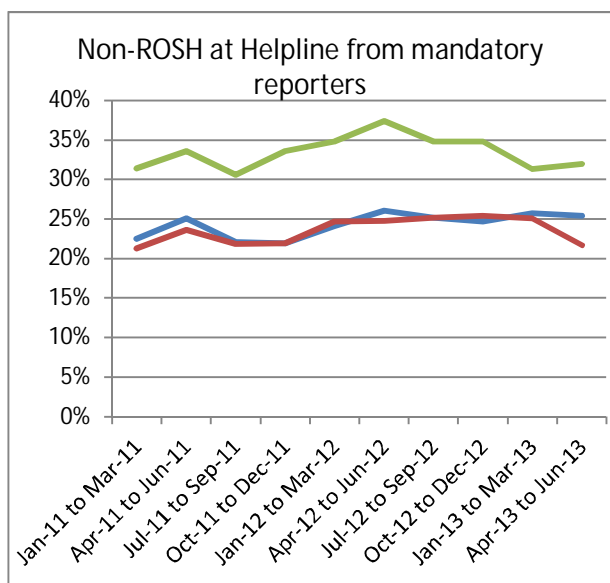
Figure 56: Proportion of non-ROSH at the Helpline by agency's CWUs
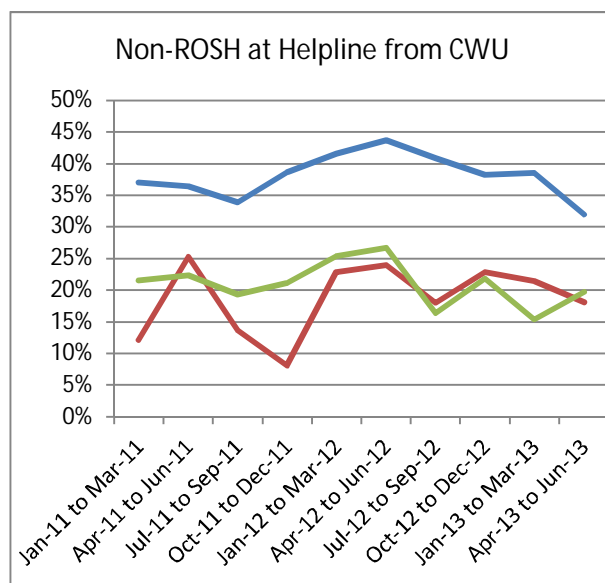
The notification of both ROSH and determinations of non-ROSH by the Helpline to the CWU or mandatory reporter is provided inconsistently. This may reflect the different types of decision trees used by the CWUs and the difference between the MRG and the Helpline ScRPT tools. For example, the risk definitions associated with domestic violence are more elevated in the MRG, whereas the ScRPT tool applies a number of evidenced based assessment factors that might lead to a different level of risk being determined once the event has been referred.

Whilst the MRG identification tool serves its purposes with regard to identifying the possibility of ROSH, the tool's targeted action is the need to report to the Helpline. This has the effect of bringing more children into the identification process than are ultimately assessed as being at ROSH.

The MRG and CWU process helps to triage cases such that lower levels of risk are not reported to the Helpline. However the MRG assessment is designed to identify suspected ROSH (reportable to the Helpline) which necessarily cover broader levels of risk than the ROSH threshold as determined by the Helpline. This results in some of these suspected ROSH reports being determined as non-ROSH by the Helpline (using the ScRPT assessment tool). Mandatory reporters, however, perceive that they have completed a risk assessment and arrive at a view regarding the level of risk they are observing. There was considerable evidence from interviews, confirmed in some case studies, of mandatory reporters expressing frustration at the Helpline "rejecting" their assessment of risk. It is an unanticipated consequence of this tiered assessment approach that there is still a high volume of non-ROSH cases going to the Helpline, adding to the assessment workload of mandatory reporters, CWUs and the Helpline.

In addition, there is a high instance of ROSH cases referred to CSCs from the Helpline that remain unallocated due to capacity constraints caused by competing priorities. Where a case is unallocated, the mandatory reporter often receives no feedback regarding actions being taken because no action is being taken.

Unallocated ROSH from Community Services may therefore create a loop within the system which can result in multiple reports regarding the same child, especially if the reporter is continuing to observe the child in a school or health setting, or if there are repeated incidents requiring Police involvement.

Taken together, the lack of feedback, or a revised ROSH rating, can discourage mandatory reporters. This sentiment is cited in 40 per cent of the case studies examined.

Feedback from the interviews (and confirmed in a small number of the case studies) appears to suggest that there are instances of mandatory reporters reporting again to the Helpline in an attempt to increase the chances of allocation and action by Community Services. Further investigation is required to confirm if this is the case. CWUs have, however, developed an agreed Helpline decision review process whereby the CWU Manager can request a review of the Helpline decision. Mandatory reporters can contact their CWU to pursue this option.

Challenges and Constraints for Mandatory Reporters and the CWUs

► The MRG was designed around a consensus approach to identifying risk to a threshold which confirms a need to report, versus the Helpline using ScRPT tool leading to different assessment outputs. The tools have different purposes, and also do not align the same way across their decision trees. This is contributing to the incidence of false positive reports to the Helpline, with the potential to contribute to re-reporting.

► The identification model allows for and encourages early identification of risk, so that early intervention may occur, however facilitating and supporting early intervention by identifying need is not present in the system overall, and outside the brief of the CWUs

► There is limited feedback provided to the CWUs and/or the mandatory reporters on actions for cases that are reported as suspected ROSH to the Helpline. Where there is a lack of statutory response (unallocated ROSH) there is also a potential negative feedback loop created which may impact on mandatory reporter's goodwill and may lead to rework by the CWU.

However, in a very short time, the CWU's have created a mandatory reporting risk appraisal culture that did not previously exist. They have provided a base for awareness, personal responsibility and skills around the identification of risk.

7.3   Information and Reporting

There is a major challenge with regard to access to, and use of, data. This impacts co-ordination across the system and the efficacy of the assessment process.

CWUs and Community Services: There has been significant work undertaken by the CWUs to utilise the Chapter 16A provisions and gather information to inform their initial assessments. There is no evidence however that information collected by WellNet is utilised in informing assessments undertaken by Helpline or Community Services SARA reviews. Despite the fact that WellNet sits as a database within the Community Services' KiDS system, and the system is managed by Community Services, the data is owned by the CWU and not used as an integrated part of the KiDS system.

While it is clear there is a deliberate intent to segment information so that those who access information may only do so subject to permissions and controls, there is an opportunity to improve the quality of assessments and better integrate critical information meticulously gathered and documented by the CWUs into an active process. It is unclear why Community Services does not review WellNet information and this is therefore perhaps an issue worthy of further consideration as part of the future development of WellNet.

This would aid the development of an 'intelligence-led' child protection and wellbeing approach which the NSW Ombudsman discussed in their April 2014 report. In particular, the Ombudsman noted that this concept is "beginning to be embraced internationally" with examples existing of intelligence-led outcomes "developed through multi-agency and integrated working, with a focus on systems for sharing data". The Ombudsman also noted that Keep Them Safe Senior Officers Group "agreed that there is potential to

apply intelligence driven practice at all points in the child protection continuum". [16]

This would also help to inform risk development of child wellbeing issues and allow for the better alignment of risk factors to the supply of services.

In addition to the disconnection with regard to assessments, there is a lack of two-way feedback from Community Services, the FRS and service providers to both mandatory reporters and the CWUs, which results in uncertainty and associated over-processing within the system (for example, re-reporting).

CWU and FRS / Service Providers: The WellNet system does not include records of what follow-up measures were undertaken after a referral or intervention. There are, therefore, no inputs recorded to measure access to services, the rate of take up of intervention, or the success or otherwise of the programs. There is some limited information collected by Police in a spreadsheet relating to referrals, but this information is not complete and is reliant on feedback from service providers being provided.

Furthermore, there does not appear to be a connection between CWU information systems and those used by the FRS. Information which may provide a more cohesive picture of a child's needs is therefore not collected currently in a single repository.

Reporting and Evaluation: In addition to what appears to be the limited use of data entered into the WellNet system, design constraints at the inception of the system have to date limited the capacity for reporting in the system to inform the development of trend analysis which might highlight areas of need. The lack of a single repository or view of the risk emergence and applied prevention strategies around CYP and families restricts the possibility for appropriate evaluation of risk emergence and mitigation strategies.

While WellNet acts as a repository for information, there is an opportunity to further analyse the data it contains to derive insights to inform and refine the ongoing design of pathways for early intervention.

Challenges and Constraints for Information and Reporting

- ► There are limited links between current systems, creating rework and risk especially with regard to borderline cases.

- ► There is limited reporting capability in WellNet to drive greater links with the strategic objectives of the CWUs through measurement of key result areas.

The effectiveness of referrals in achieving outcomes for prevention or early intervention activity (e.g. FRS, Brighter Futures) is mostly unknown to the CWUs and mandatory reporters. This may create duplication of effort and represents a potential failure point for the system as a whole. The system could be strengthened by:

- ► mandatory reporters being encouraged to seek feedback once they have made a referral (as per the Police CWU) and

- ► service providers (as part of their contract) being encouraged to seek feedback from their clients on the outcomes of the intervention and then feed this back to the referral source.

7.4   Coordination of services

The CWUs were set up to have dual roles – to support the process of identification by mandatory reporters and to facilitate early intervention for children at risk who have not met the threshold for suspected ROSH.

The evidence from this evaluation is that the CWUs have ably met the challenges of their first role, however there is uncertainty as to the full efficacy of the second role which is reliant on multiple entities in the child protection and wellbeing system.

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[16] Ombudsman NSW: Review of the NSW Child Protection System: Are things improving? A Special Report to Parliament under s.31 of the Ombudsman Act 1974, page 27

There also appears to be limited capacity and capability to connect to intervention services external to the CWU's agencies. This is in spite of an increasing use of Chapter 16A to share information between the CWUs and Community Services. In part, this is exacerbated by the lack of a single source of truth with regard to suitable, available services which can be shared across agencies and sectors. CWUs appear to largely source services by searching for online information and via informal networks and knowledge. As discussed earlier in this report, HS Net was created to serve as a directory of services across the NSW Government system, however there was feedback during interviews and during the process mapping phase of this evaluation that the directory has not been kept up to date, and does not provide contemporary information regarding availability for placement or acceptance criteria (where the service is offered by an NGO who may apply restrictions to entry). Nonetheless, HS Net currently serves as the most developed tool available within the system and work is occurring to improve its capacity including opening the site to members of the general public. The public-facing site will allow any visitor to HSNet the ability to search for services they need. It is a state-wide site, endorsed by NSW Government and a complete upgrade of HSNet for current members is tentatively scheduled for go-live in November 2014.

While there is some evidence that the Health system, via its Health Child Wellbeing Coordinators, has a strong informal network of identifying services in some areas, there is no evidence of a cohesive cross-system approach.

When combined with the deficiencies in recording follow-up in WellNet, there is a risk that while the CWU may recommend action, there is no way of verifying if services recommended are actually available and action may therefore not be taken.

A review of the training materials (refer Appendix D) in which the CWUs have had an active part in developing and delivering indicates the focus of the training offered to mandatory reporters is predominantly identification and support for the use of the MRG tool. There is little training offered concerning the identification or coordination of services to support families when risks are identified. This is done by the Police CWU for their mandatory reporters who are trained.

While the Health Child Wellbeing Coordinators play a bridging role in developing skills for NGOs and mandatory reporters within the Health sector, there appears to be limited widespread formal training to support mandatory reporters in liaising with families and establishing access to services for children at risk who are not under the supervision of Community Services in either the Health or Education systems. It is also noted that while there are designated professionals within the Health and Education systems such as school counsellors, social workers and drug, alcohol and mental health professionals who have responsibility for referral and case coordination as part of their roles, this is not the case for all mandatory reporters.

The Police rely on the FRS and many other NGO and government services to perform any case co-ordination and contact with families. There is evidence of a decline in the numbers of referrals to the FRS from Police, which may be suggestive of an emerging gap in follow-up.

Feedback from interviews suggested there may be some resistance from the FRS in accepting a high volume of referrals from Police, in particular where they relate to complex cases and may involve domestic violence. Evidence with regard to this observation was inconsistent, with policy directives and the recent FRS review which identified as the agencies to be contacted when complex cases are identified.

Furthermore, it is ambiguous as to which entity (if any) in the child protection and wellbeing system has oversight of monitoring whether there is a reduction in risk development in families associated with child wellbeing once a CYP is identified. There also does not appear to be a single responsible organisation or position accountable for whether early identification is working to assist early intervention, and whether early intervention is working to reduce ROSH.

Challenges and Constraints for Case Coordination

► The CWUs and other agencies within the child protection and wellbeing system are not well connected as part of an optimal pathway of risk management and meeting CYP needs.

► There is a lack of central visibility of services, capacity, efficacy and gaps.

► Beyond HS Net, there is no centralised co-ordination or maintenance of a common directory for prevention and early intervention services. The FRS do a play a role in this function but they are not materially used by the Health and Education CWUs.

► The mandatory reporters currently play an enabling role in connecting families to appropriate services, however many of them are not trained in case co-ordination. While the legislation makes it clear that this responsibility can remain with them, the capability and capacity of many mandatory reporters to take on this role varies. If equity, accessibility and consistency are desired outcomes for the identification and support of children at risk, then greater clarity and support is needed for this role.

► While the CWU may identify services for the mandatory reporter, their own role does not extend to coordinating interventions within the Health and Education systems. In contrast, the Police CWU does play this role. It is also important to note that interventions for all but ROSH cases are voluntary, making the issue of take-up a vexed one, and perhaps even more important to monitor when tracking outcomes for children.

There is limited capacity in WellNet to record or monitor interventions (apart from instances where there are subsequent related events), except in free text fields. This makes reporting on the efficacy of interventions difficult, however the greater problem is getting feedback from service providers regarding progress and outcomes.

7.5   Future Opportunities

The CWUs serve as an excellent model for supporting mandatory reporters in identifying and assessing ROSH. The evidence reviewed in the course of this evaluation also indicates there has been an improvement in the consistency and quality of reporting since the inception of the CWUs.

CWUs have made an active contribution to training mandatory reporters in the identification of ROSH sufficient to warrant escalation for assessment by the Helpline.

The evidence from the literature reviewed suggests that the identification of children at risk and the creation of opportunities to facilitate and support reporters in identification are both critical to enabling early intervention.

As the number of non-government service providers in the health, education and welfare sectors increases, these service providers will require appropriate support to ensure that this cohort of mandatory reporters who are able to identify and support children in need is fully engaged in the child protection and wellbeing system. Sharing information with the CWUs about the outcomes of their intervention and support programs is a key element which needs to be addressed.

Each part of the system is currently orientated to a different and essential audience. The CWUs are focused on supporting their agency staff (mandatory reporters) to respond to risk internally and through referrals, the FRS are focused on getting families the services they need, while Community Services has the legislative accountability for those at high risk. To ensure an optimal level of coordination, better governance and operational linkages are needed to connect these different parties and the services that support them, especially as this lack of coordination has a material impact on the CWUs and mandatory reporters having to potentially take on additional referral and coordination tasks.

There is limited data to calculate the quantum of current unmet demand for reporting support in sectors not currently supported by a CWU, however on the basis of the survey it appears that the early child care sector in particular may require extra support and engagement in formal identification processes.

The CWUs stand as a model of effective support for identification of those at risk. The model of telephone based support services is well established in Australia and internationally across a range of support services and the approach with regard to one on one coaching appears to have worked well. It may be a model that could be applied in the future to assist the elderly and others at disadvantage. A similar approach is under consideration for this cohort in the United States.

What remains a challenge for the CWUs and the system as a whole is the connection of the various activities supporting children and families into a cohesive response to need. The model of having separate CWUs has supported improved identification, however other elements of the role have not been as successful, perhaps in part due to the lack of connectivity across the system as a whole. Nonetheless

the results of the mandatory reporter survey are very encouraging in the areas of identifying potential responses, working across agencies and sharing information.

Where intervention is required, consistent systems or processes do not currently exist to coordinate appropriate services at the early intervention stage. The burden of coordination is therefore imposed on mandatory reporters, who may not be trained or feel able to take on this role, and the CWUs are not appropriately resourced to support them.

There are opportunities to:
► Extend the concept of the CWUs (or their coverage) to include coverage for NGOs and possibly target early childhood carers. This is an area for further investigation.
► Improve the use of WellNet to enable greater use of data inputs across the system and by Community Services
► Develop an appropriate feedback loop to enable mandatory reporters to remain engaged with the service system and to remain connected to individual cases if required.
► Improve and extend HS Net to be consolidated as a central, current directory of appropriate and available services. This could be modelled on the current national Directory of Primary Health Care Services managed and maintained by Health Direct Australia.
► Improve connectivity across the KTS system, while further clarifying and delineating roles, responsibilities and accountabilities, information loops and handover points.
► Continue to build on the strong foundation the CWUs have created within their agencies in support of their mandatory reporter workforce and their inter-agency co-operation, especially with regard to information sharing.

8.   Summary of Findings by Evaluation Question

1.   The role of CWUs in advising, supporting and educating mandatory reporters concerning suspected ROSH and reporting matters to the Helpline
Overview of Findings
Police rely on the mandatory use of COPS for all incidents involving a child suspected to be at ROSH and therefore provide significantly less advice and support for mandatory reporters than the Health or Education CWUs. The Health and Education CWUs are providing advice and support to mandatory reporters concerning suspected ROSH and reporting matters to the Child Protection Helpline. The volume of advice and support is increasing over time and the survey responses suggest mandatory reporters are satisfied with the service they receive from the CWU in identifying risk and appropriate responses. All CWUs are actively engaged in developing and delivering training to mandatory reporters and survey respondents believe that training is the most effective channel in building their knowledge of child wellbeing and protection issues.

Advice and Support	**Advice and Support – observations resulting in an event recorded**
	There is generally an increase in demand from mandatory reporters looking to the CWU for advice and support for an incident that results in the recording of an event. Where mandatory reporters are using the MRG, there is an increasing trend of this assessment matching the CWU's assessment. The CWU often will have access to additional information which may impact the nature of the resulting assessment. However, the increasing trend is indicative of an underlying improvement in the confidence of mandatory reporters in appraising risk for those that use the MRG. However, there is also an increasing trend in the volume of mandatory reporters who contact the CWU without using the MRG tool prior to calling. It is unclear from the available data what is driving this trend. Further research into why mandatory reporters are choosing not to fill out the MRG prior to calling is required to fully understand this trend. Mandatory reporters also see value talking through and discussing their concerns with a colleague (particularly with the Education CWU) and in obtaining assistance in appropriately documenting their concern. Over 80 per cent of workforce survey respondents indicated a positive satisfaction rating for the service they receive from the CWU for identifying risk (the CWU was rated as helpful, very helpful or extremely helpful – mandatory reporter survey – question 51 A). **Advice and Support – observations not resulting in an event recorded** Health and Education mandatory reporters are increasingly looking to the CWU for advice and support for an incident that does not result in the creation of an event. The Police CWU do not take any calls from Police officers in reference to this type of advice. Health workers have had the largest growth of 12 per cent in this type of advice from the CWU over the period from July 2011 to January 2014. 38 per cent of Health survey respondents also reported using their regional Health Child Wellbeing Coordinator. This increase in activity suggests that mandatory reporters are recognising the importance of early detection and intervention and seeking advice from the specialist knowledge the CWUs provide in identifying the appropriate response to address the identified risk. Health and Education workforce survey respondents also recognised the value and helpfulness of the advice given by the CWUs. Over 75 per cent of Health and Education respondents indicated the CWU was helpful, very helpful or extremely helpful in respect of providing advice associated with identifying and reporting suspected ROSH and identifying potential responses for families or

1.	**The role of CWUs in advising, supporting and educating mandatory reporters concerning suspected ROSH and reporting matters to the Helpline**
	CYP(mandatory reporter survey – question 51 A and B). Over 65 per cent of Health and over 58 per cent of Education respondents indicated the CWU was helpful, very helpful or extremely helpful in respect of providing advice associated with working with other agencies and information exchange (mandatory reporter survey – question 51 C and D). These results indicate the CWUs are valued by the mandatory reporters in their respective sectors.
Educate	All CWUs are actively engaged in developing and delivering training to mandatory reporters and survey respondents believe that training is the most effective channel in building their own knowledge of child wellbeing and protection issues. The timing of agency run training is not always in the control of the CWU, meaning there are varying degrees in how recently mandatory reporters have received training. Police use a risk based approach that targets areas and individuals with the greatest need based on demand and performance, but are also the least likely to have had training recently. Of Police survey respondents, 60 per cent indicated they had child protection related training in the last two years, while 15 per cent indicated they had not had any child protection related training. Over 75 per cent of respondents believed the training had an extremely positive or very positive impact on their ability to respond to child protection issues In addition to the efforts of the CWU, Health also uses its network of Health Child Wellbeing Coordinators to support the CWU in training mandatory reporters in the field. 60 per cent of Health survey respondents indicated they had child protection related training in the last two years, and 7 per cent indicated they had not had child protection related training. Over 75 per cent of respondents believed the training had an extremely positive or very positive impact on their ability to respond to child protection issues Education uses an annual mandated child protection training course to deliver their formal training to the mandatory reporter workforce. As a result their mandatory reporters are the most likely to have had recent training. 93 per cent of Education survey respondents indicated they had child protection related training in the last two years. Over 60 per cent of respondents believed the training had an extremely positive or very positive impact on their ability to respond to child protection issues.

2. The role of CWUs in successfully identifying potential responses by the agency or other services to assist vulnerable children, young people and/or their families

Overview of Findings - Police

The Police CWU conducts the referral response on behalf of its mandatory reporters. Whilst the number of direct referrals has fluctuated, there is an underlying increasing trend of referral since CWU inception.

The Police CWU proactively monitors their referrals with the FRS and other NGO services but the CWU is unable to determine the outcome of 46 per cent of recent cases (between January and December 2013) due to limited information provided by service providers. Based on the referral outcome information available, a higher proportion of Police referrals are not taken up by families / children (33 per cent) compared to those which are known to be taken up (13 per cent). This latter statistic is coincident with an increasing trend in the proportion of cases where the result is unknown.

Overview of Findings - Health and Education

The Health and Education CWUs encourage mandatory reporters to conduct referrals and interventions for child at risk events because the mandatory reporters have a direct relationship with the child and/or family (with the aim of using these relationships to encourage take up of referral). The CWUs support mandatory reporters to do this through the provision of service information and intervention advice. Consequently the CWUs only perform direct referrals or responses in a minority of cases.

The volume of activity associated with providing advice on referrals and interventions has been increasing over time. However, the mix of advice and information on cases with and without an event recorded is changing over time. There is increasing advice sought from the CWUs on cases without an event recorded, with the volume of contacts for this service increasing by 75 per cent for Health and 95 per cent for Education between 2011 and 2013 (based on a comparison of calendar year averages). Advice sought on cases with events recorded during this period has, however, remained relatively stable.

This suggests the CWUs are increasingly providing information and advice to mandatory reporters about the management of lower risk cases (that do not result in the creation of an event) and/or regarding how to improve their ongoing responses to children at risk.

There is evidence that mandatory reporters find the advice and information provided by CWUs on intervention valuable. Over 80 per cent of workforce survey respondents indicated a positive satisfaction rating for the service they receive from the CWU for referral advice (the CWU was rated as helpful, very helpful or extremely helpful – mandatory reporter survey – question 51 B).

In addition, 87 per cent of Health and 88 per cent of Education survey respondents indicated that the CWU have been either effective or somewhat effective in building mandatory reporters' capacity to respond to child wellbeing issues (mandatory reporter survey – question 61).

Health and Education have no formal mechanism for CWUs to monitor the take up of referrals. The majority of Health and Education mandatory reporters are therefore unsure whether referrals being made are beneficial to the family or child. This has the potential to set up a negative feedback loop where mandatory reporters could become disillusioned with the effectiveness of the activity they are asked to undertake. There is limited information available to both the CWU and mandatory reporter regarding the referral outcome. Interviews and case studies indicate that a lack of feedback from service providers regarding referrals is a major pressure point for mandatory reporters. The CWUs do provide feedback to mandatory reporters regarding action and referrals where this is available.

Whilst it is not within the CWU's mandate to collect and report on the capacity, take up rate or efficacy of services, this information would be helpful to the CWU in understanding the outcomes of the interventions recommended (which contributes to their appropriateness). In addition, as interventions are likely to be ongoing, being able to collect information on existing services taken up by families can assist with the ongoing management of interventions. An opportunity exists to implement a formal mechanism to monitor the outcome of these referrals, although the extent and form of any mechanism would need to be assessed against cost, risk and benefit principles. In addition, appropriate resourcing would need to be allowed for such a function to be performed (either by the CWU or other entity), to avoid reducing the CWU's existing capacity to respond.

3. The role of CWUs in driving better alignment and coordination of agency service systems	

Overview of Findings

There is strong evidence that the CWUs have positioned themselves effectively within their respective agencies and have driven both procedural and cultural change since their inception. This is seen through their involvement in the development of their own agency's policies as well as their impact on the child protection and wellbeing system as a whole. In addition, mandatory reporters have indicated in the workforce survey that their workplace encourages the raising of concerns relating to child wellbeing and child protection.

CWUs have also driven collaboration and information sharing between agencies. Where survey respondents indicated they had contact with the CWU in the last 12 months, they cited the CWU as one of the main influences encouraging them to share information.

The CWU Directors' Forum is successful at driving co-ordination across CWUs and each CWU has positioned themselves effectively within their respective agencies. However, there is limited evidence of formal governance structures aligning activities and programs to help drive a whole-of-government approach to child safety and wellbeing that identifies and responds to the needs of CYPs and families across the continuum of need. In an ideal world, the tiered identification, assessment and reporting system would have clear links to effective services that have capacity to provide an integrated and coordinated response to wrap around the family. Underpinning this would be an information system that is seamless with the right protocols for appropriate and timely access to the right information for each stakeholder.

Alignment	Initiatives affecting CWU agencies have included further development of the MRG tool, improvements to WellNet as well as cross agency learning programs.
	Broader alignment initiatives have included: updating the Brighter Futures Service Provision Guidelines to reflect referral pathways from CWU agencies; facilitating change to feedback mechanisms from Community Services to include where a referral to Brighter Futures had been made by Community Services; contributing to legislative review and change; and feedback provided on broader NSW Government proposals.
	There is however limited evidence of formal governance structures aligning activities and programs. This was also raised in the NSW Ombudsman 2014 Review of the NSW Child Protection System which identified the need for stronger interagency operational frameworks to deliver stronger governance processes to monitor outcomes.
Coordination	The CWU Directors' Forum has been instrumental in driving collaboration across the three CWU agencies and Community Services. It has been extremely effective in this regard as evidenced through the consultation process with the CWU Directors and senior executive interviews from each agency, and the release of the CWU Strategic Plan and the CWU Operating Guidelines which outline how the CWUs are working together.
	Further evidence of the impact on coordination can be seen through the increased information sharing that has occurred consistently for each of the three CWU agencies. The CWUs have actively encouraged mandatory reporters to share information more readily under the provision of Chapter16A. This is important to achieve a cross agency, coordinated response to child protection and wellbeing issues.
	Survey respondents who had contact with the CWU in the past 12 months cited them as one of the major contributing factors encouraging them to share information.

4. Adaption of each of the CWUs to the specific agency context within which its operates

Overview of Findings

All CWUs agencies have adapted their processes to align with their own agency by addressing the needs of their mandatory reporters.

These adaptations have different implications for the timeliness of reporting and potential points of failure in the processes implemented.

The systematised approach that Police have implemented assists to deal with high volume reporting and lowering the risk that incidents are not identified or assessed, but has a greater time period elapses between identification and reporting than within the Health or Education approaches.

Health and Education have implemented a process based approach, relying on the individual mandatory reporter to initiate for themselves the reporting process. This has greater potential for points of failure (for example, relating to reporter behaviour), however WellNet data shows this process results in less delay in raising matters to the CWUs.

Whilst there are potential risks identified, the CWUs have implemented controls to mitigate these risks. There are some potential points of failure that are not within the control of the CWUs, in particular the take up and efficacy of services or responses by other parties in the child protection and wellbeing system. These are considered further in the response to evaluation question 6.

Since the inception of the CWUs, they have been becoming more cost effective over time as they deliver more outputs (for example referrals) and deal with more inputs (for example contacts from agency employees) with only a small increase in their cost base. However it is unclear if there are underlying quality implications associated with the increase in volume.

Identification of the need to report by mandatory reporter	Police have a robust mechanism in place to identify large volumes of suspected children at risk through the systematisation of the MRG tool within their business as usual incident reporting. This adaptation is desirable from both a cultural perspective and to control the triage of the large volumes of potential incidents Police encounter. However the average time from event identified to event reported is 7.8 days.
	Health and Education rely on mandatory reporters to follow the identification and assessment procedure, achieved through the implementation of the MRG and associated processes. The CWU also provide a significant role in education, advice, support and raising awareness of the child protection and wellbeing responsibilities of professionals in their agencies. They have done this in a way that aligns with their respective agency needs. For example, Health through the network of Child Wellbeing Coordinators and Education through the centralised reporting framework through principals and workplace managers. Health and Education mandatory reporters are very timely at reporting concerns to the CWU with a short delay from the event occurring and the event reporting of an average of 1.35 days and 1.23 days respectively.
	The key potential points of failure for the identification process largely are not in the control of the CWU (e.g. mandatory reporters choosing not to report) but appropriate mitigation and control mechanisms have been implemented in each agency to address these risks. In fact the existence of the CWU is having a very positive impact on the child protection and wellbeing system as it provides a channel for mandatory reporters to report concerns to within their own agency context.
Assessment	The Police CWU relies on electronic completion of the MRG by its mandatory reporters to appraise risk and appropriate actions. Although a systematised process, it is prone to incomplete or inaccurate completion by the mandatory reporter. The Police CWU reactively addresses this through interaction with the reporting officer. This is creating an average delay in reaching an appraisal outcome of 2 days (in the 2013 calendar year), and in some cases by up to 20 days.
	Health and Education do not have the same challenges as they are in constant dialogue with the mandatory reporter allowing a more thorough consideration of the incident reported, leading to a timelier appraisal of risk.

	Cumulative risk appraisal is the highest risk area for potential failure as the detectability of whether it has been applied is not known and the consequence of not applying this could be severe. The procedure for cumulative risk appraisal has recently been updated to become more aligned across the 3 agencies however no evidence is available yet to determine the effectiveness of this change.
Action	All the CWUs actively identify appropriate action based on the information that is provided to them by the mandatory reporters and are fulfilling their role.
	Police have implemented an approach whereby the Police CWU provides the majority of referrals to potential services. They achieve this through referring the cases to the FRS to follow up and provide case coordination.
	Health and Education, however, recognise that the mandatory reporter can play an essential role in assisting the family, given they often have an existing direct relationship with the family. The CWUs therefore seek to support the mandatory reporter in making an appropriate response to concerns, and providing advice to the reporter about interventions and referral to services.
	A key potential failure point relates to the appropriate service being identified that has capacity and is successfully referred and accepted by the family. The outcome and acceptance rate of services is out of the control of the CWUs and they have had to apply more effort to identify services with capacity. This is largely down to system challenges and is explored in evaluation question 2 in more detail.
Cost Effectiveness	Since the inception of the CWUs, they have become more cost effective over time as they deliver more outputs and deal with more inputs with a small increase in their cost base.
	Each agency is more cost effective in different parts of the process: Police CWU at identification; Health at advising and supporting mandatory reporters when an event is not created and Education at advising and supporting mandatory reporters when an event is created. A detailed activity based costing exercise was not conducted to allow analysis against effort and volume because the effort to perform these parts of the process is significantly different.
	WellNet data indicates that 142,681 contacts have been made to the CWUs over the period from January 2011 to December 2013. Of these, 62,610 were subsequently reported to the Helpline, with the remainder (80,071) provided an alternative response. In the absence of the CWUs this traffic would have been directed to the Helpline or stayed undocumented or unreported.

5. WellNet enabling the work of the CWUs

Overview of Findings

WellNet has supported the CWUs in recording basic incident reporting for children and has created a useful repository of information through time, on which analysis can be performed.

However, WellNet has gaps and while it provides a basic level of functionality to support key activities, it does not enable the entirety of the CWU's work.

For example, there is a need for enhanced reporting and analysis of WellNet data to enable and contribute to the CWU's strategic decision making. At present there is manual data manipulation required outside of the system in order to produce meaningful outputs. The Memorandum of Understanding between CWUs and Community Services is currently out of date. The lack of system development caused by the ineffective governance arrangements is limiting the potential for further effectiveness and efficiency. In addition, there is a need for specified funding for ongoing WellNet development and support.

User experience and quality assurance	The CWUs have identified and requested improvements to be made (by FACS CS) regarding WellNet's reporting and operational functionality. These requests have not been actioned. A contributing factor to this inaction is the ineffective governance arrangement and out of date Memorandum of Understanding with Community Services.
	In addition, there have been examples of inconsistent use of WellNet across CWUs over this period, which is creating a challenge in data definition and taxonomy and differences in how CWUs use and record in WellNet. Quality assurance initiatives instigated by the CWUs are progressively addressing this.
Reporting	Currently, there is only basic regular reporting functionality within WellNet which requires manual data manipulation outside of the system in order to produce meaningful outputs. There is a significant limitation in the system's reporting capability as it does not easily facilitate the reporting of an individual child across multiple events and agencies (leading to additional manual work to complete cumulative risk assessments, for example).
	The limited reporting capability of WellNet does not enable the measurement of all of the CWU's strategic objectives through performance measures and result indicators directly linked to child outcomes. Data and reporting deficiencies have been raised with Community Services but have not been resolved yet. Notwithstanding the limitations of the system, CWUs do report via the CWU Directors' Forum on activity and dedicate resources to the preparation of trend analysis.
Linkages to other systems	WellNet is managed by Community Services on the Siebel platform (as is the Community Services KiDS system). This enables coordination in work between the CWU agencies and Community Services through access to information across the statutory and non-statutory systems. However, the information flow between WellNet and KiDS is not fully leveraged to share information for ROSH allocation decisions which impacts on re-reporting to the CWU. The automation of reports from COPS to WellNet for Police enables a high volume of reporting from Police mandatory reporters. Because there are no further links to the broader service system, there may be an opportunity to extend the linkages of WellNet to the broader service system, although further research to understand these opportunities, their risks and benefits would be required.

6. The impact of other KTS initiatives on the CWU's effectiveness

Overview of Findings

The KTS initiatives sought to refine and refocus the child protection and wellbeing service system. The entities were designated specific roles within the system (for example CWUs are primarily focused on supporting mandatory reporters and the FRS are focused on families and service providers). There are also opportunities to improve the effectiveness of client pathways to effective services through better understanding of demand and supply considerations. In particular, the build of an effective service eco-system that has appropriate capacity relative to local demand would aide CWUs and mandatory reporters to achieve greater take up rates of interventions.

There is a lack of central oversight or responsibility over the way in which the entities within the child protection and wellbeing system connect as is evidenced by the following:

- ► There are limited formal CWU governance structures, beyond the CWU Director's Forum, aligning CWU activities and programs to the broader service system. This limits the CWU's ability to influence change or improvement.
- ► There are limited links between information systems across NGOs, CWUs, and Community Services. There are gaps in feedback mechanisms and the ability to record outcomes in existing WellNet. This lack of holistic data provision constrains the CWUs' ability to provide information to inform strategy, understand the appropriateness of services and inform cumulative assessment.
- ► The CWU and FRS each cater for distinct audiences and while this ensures those audiences are being engaged, they are not being connected as part of an integrated pathway of risk and needs management.
- ► There is a lack of central visibility of the availability, capacity, efficacy and gaps of appropriate intervention services. There is no clear role accountability for case coordination or management where the risk is not assessed as ROSH or remains an unallocated ROSH case. The effectiveness of referrals in achieving outcomes for prevention or early intervention activity (e.g. FRS, Brighter Futures) is mostly unknown by the CWUs and mandatory reporters. This erodes mandatory reporters' confidence in the broader system and the perceived value of the activity they perform. This has potential implications for longer term identification of child wellbeing risks.
- ► There are multiple assessments conducted over CYP across the child protection and wellbeing system. These assessments can result in different perceptions of risk and need, as they don't necessarily use the same information base or assessment methodology. The assessment approach used in the MRG and applied by mandatory reporters/CWUs and that applied by the Helpline in the ScRPT tool has known and intended differences. The differences between the MRG and ScRPT risk assessment tools lead to a level of "false positive" reports lodged with the Helpline (reported but not assessed by the Helpline as ROSH).
- ► There is limited feedback provided to the CWU and/or mandatory reporters on actions for cases that are escalated to ROSH status to the Helpline. Where there is a lack of statutory response (unallocated ROSH) there is a potential negative impact on the mandatory reporters' goodwill and a risk of rework by the CWU.

9. Conclusion

In response to the recommendations regarding identification, information exchange and response identified in the 2007 Wood Commission, the NSW Government established CWUs for key government agencies to support mandatory reporters.

This evaluation has examined the ways in which the CWU's have accomplished their role as change agents, reshaping agency responses to child protection by:

1) Advising, supporting and educating mandatory reporters as to whether there is a suspected ROSH, and escalating these high risk matters to the Child Protection Helpline (the Helpline).

2) Identifying potential responses by the agency or other services to assist the child or family for cases that didn't meet the ROSH threshold.

3) Over time, driving better alignment and coordination of agency service systems (i.e. non-statutory services).

The key conclusions of the review are summarised below.

The CWUs have been driving better alignment and coordination of agency service systems

To achieve change in their individual agencies, the CWUs have adapted their operations and approach to their own agency context. Each CWU has slight variations in practice, process and outputs that are designed to better integrate child protection and wellbeing into the mindset of the mandatory reporters within their agencies.

The CWU Directors' Forum meets regularly and actively maintains the balance between agency specific needs and a consistent approach to child protection and wellbeing. Examples of this include the consensus achieved in the implementation of the Mandatory Reporter Guide (MRG), improvements to WellNet, as well as cross agency learning programs.

Police CWU	Police have systematised mandatory reporting through integration of the Mandatory Reporter Guide into their operational database (Computerised Operating Policing System, or COPS). This is to manage the higher volume of activity the organisation deals with. It operates a central CWU that identifies and actions appropriate responses for the notifications received.
Health CWU	Health operates in 3 regional CWU sites located in Dubbo, Newcastle and Wollongong. It also includes a network of 8 FTE or 13 full time or part time Health Child Wellbeing Coordinators located in Local Health Districts (LHDs). All mandatory reporter contacts are made via telephone. The CWU seeks to support callers in taking on the actions that were identified in consultation with the caller.
Education CWU	Education operates a centralised CWU located in Sydney. Reporting is conducted through school principals, or workplace managers in other locations (for example with TAFE and regional and state education teams). All contacts are via telephone. The CWU seeks to support callers in taking on the actions that were identified in consultation with the caller.

The systematised approach that Police have implemented assists to deal with the higher volume of reporting the organisation faces. This approach lowers the risk that incidents are not identified or assessed, but a greater time period can elapse between identification and reporting, than observed for the Health or Education approach.

Health and Education have implemented a process based approach, relying on the individual mandatory reporter to initiate the reporting process themselves. This has a greater reliance on individual mandatory reporter behaviour, however WellNet data shows this process also maintains a considerable degree of timeliness.

In addition to adapting their own operations, the CWUs have increased the awareness and cooperation between their agencies that prior to 2009 only existed on an ad hoc basis. For example, they negotiated information sharing protocols supported by the use of Chapter 16A of the Children and Young Persons

(Care and Protection) Act 1998 and have been among the principal agents for facilitating the Wood Commission's recommendations for information exchange between agencies regarding identification of risk. This has contributed to better cumulative risk assessments and a better understanding of child wellbeing and risk issues within their parent agencies

The CWUs have driven a balance between adapting to their agency context and maintaining inter and intra-agency alignment and coordination. Broader alignment initiatives have included updating the Brighter Futures Guidelines to reflect referral pathways from CWU agencies, facilitating change to feedback mechanisms from Community Services to include where a referral to Brighter Futures had been made by Community Services, contributing to legislative review and change, and providing feedback on broader government proposals.

Through their actions and by achieving this balance, the CWUs have helped to educate, support and galvanize mandatory reporters around the identification and reporting of child wellbeing and risk issues.

The CWUs have significantly advised, supported and educated mandatory reporters

The Health and Education CWUs are providing advice and support to mandatory reporters concerning suspected ROSH and reporting matters to the Helpline. The volume of advice and support has increased over time and the survey responses suggest mandatory reporters are positively satisfied with the service they receive from the CWU in identifying risk and appropriate responses. Police rely on the mandatory use of COPS for all incidents involving a child suspected to be at ROSH and the Police CWU's role is one of qualitative review and management of referrals. The Police CWU therefore provides significantly less advice and support for mandatory reporters than the Health or Education CWUs.

All CWUs are actively engaged in developing and delivering training to mandatory reporters within their respective agencies. While CWUs play an active role in training, child protection training is a part of their broader agency training programs. The timing of training programs and the training delivery methods used (online and face to face) are therefore not within the control of the CWUs. The extent to which training is effective is not within the scope of this evaluation, however survey respondents believe that training is the most effective channel in building their own knowledge of child wellbeing and protection issues.

The CWUs have acted and continue to act to refine the identification and quality of risk reporting. They have substantially improved mandatory reporter understanding and awareness of agency and individual employee responsibilities. This has been achieved through the implementation of the MRG, the associated system, process and people initiatives and the continued interaction with mandatory reporters through daily contact.

The CWUs have made an active contribution to managing the volume of contacts to the Helpline, especially those regarding children about whom there is concern, but who may not be regarded as being at ROSH. The CWU advice to mandatory reporters can serve as a screening process in some instances. Most activity and advice undertaken by the CWU is recorded in WellNet, a discrete data base controlled by Community Services.

WellNet figures show a total of 49,461 contacts to the CWUs recorded in financial year 2012/13, resulting in 22,697 reports to the Helpline. The remaining 26,764 contacts were managed within the CWU program and represent a reduced burden on the Helpline.

The demand to the Helpline (calls, faxes and eReports) dropped from 196,392 in financial year 2009/10 to 165,660 in financial year 2011/12[17], largely as a result of the implementation of the ROSH threshold.

When taken together, these changes in the pattern and volume of calls to the CWUs and the Helpline indicate that contacts associated with the identification of children with a wellbeing or risk issue have increased, and that reporting is being streamed to allow for alternative responses for suspected non-ROSH cases.

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[17] Source FACS Community Services Annual Statistical Report 2011/12, Table 3.1 Helpline demand and average waiting time, NSW, 2009/10 to 2011/12 p29

The CWUs have identified potential responses by the agency or other services to assist the child or family for cases that didn't meet the ROSH threshold

The CWU provides an alternate response for mandatory reporters to respond to child wellbeing (i.e. suspected non-ROSH) concerns.

The Police CWU is increasingly identifying potential responses for children and young people through direct referral (predominantly to the Family Referral Services). The FRS are predominantly delivered by non-government agencies and are the principal means of coordinating family support. The Health and Education CWUs provide advice to mandatory reporters regarding appropriate referrals and encourage them to action the referral with families and children.

The Wood Commission found that unallocated reports did not receive an appropriate intervention. It is therefore reasonable to assume that, in conjunction with the heightened reporting threshold, more vulnerable children (and their families) received a response because of the active facilitation of the CWUs. The success of these interventions in driving appropriate outcomes is however not known by the CWUs. The Health and Education CWUs were not established to monitor the success of referrals and have no formal mechanism to monitor referrals. While the Police CWU does proactively monitor its referrals, the outcome of the majority of cases is unknown.

There are a number of constraints that may influence the efficacy or take up of referrals. For example, there is a lack of visibility of potential services available for children/families and service capacity across the State. This is because multiple service catalogues exist which are not linked to service availability or gaps in services. For example, the HSNet catalogue of services for each locality is limited in its use to assessment officers and does not identify service capacity. This leads to a lack in understanding of capacity and efficacy of identified services.

WellNet figures from the 2011 calendar year, show the CWUs made 3,757 direct referrals (largely made by the Police CWU) and 11,285 recorded cases of advice to mandatory reporters regarding appropriate responses including referral advice (largely made by Health and Education). Each of these volumes has increased over the three year period from 2011 to 2013 (to 4,309 direct referrals made by CWUs and 14,180 recorded cases of advice).

In the absence of the advice the CWUs provide, the Helpline is likely to have received a greater number of contacts, however the focus of the Helpline is focused on children at the highest level of risk. The CWUs provide an effective mechanism to facilitate early intervention for those children not in this most serious category. It is likely that the number of families and children receiving an early intervention would have fallen if the CWUs had not been active in facilitating direct intervention for this group of children.

The governance and information challenge

While the CWU Directors' Forum helps to drive policy and change agendas within and between Police, Health and Education, the governance structures which the Forum reports to could be strengthened to promote greater interface and connectivity with Community Services and service providers.

There is limited evidence that Community Services is using the information gathered and maintained by the CWUs in WellNet as a resource to inform decision making or responses. Child and family histories can be complex and detailed. The existing reporting environment is not set up to easily collate these histories across WellNet and/or KiDS. This can impact both the risk and need assessment.

It was not possible to calculate the level of re-assessment and re-reporting performed by mandatory reporters from the data in WellNet. The incidence of unallocated ROSH can lead to a situation of re-reporting where feedback that the ROSH case has not been allocated to a caseworker at a CSC is not provided back to the mandatory reporter or CWU. Equally, constraints on service providers' ability to take on referrals, a family's reluctance to take up a referral or ineffective service outcomes can lead to re-assessment as the underlying wellbeing issue may not have been addressed. There is also the potential for mandatory reporters to become demotivated or disengaged where the result of their actions is perceived to be unknown or ineffective. Further research is required to establish how prevalent these issues are, as existing reporting does not capture this potential feature.

CWUs are not mandated to build the service network that matches demand, nor catalogue the availability of services in local areas. A universal catalogue and associated supply management function would

benefit CWUs and mandatory reporters to refer to known effective services that are more likely to have capacity to take a referral. This should build on the existing function of NSW Government's directory for intervention services (HS NET), extending its coverage of services and refreshing its content.

The limited governance arrangements supporting the Memorandum of Understanding between the CWUs and Community Services for system development (which is now out of date) is resulting in a lack of action and priority attributed to WellNet improvements. In addition, there is a need for specified funding for ongoing WellNet development and support.

Child protection and wellbeing stakeholders would benefit from greater data management and data analytics being applied to data sources, to create relevant analysis and information to aid the overarching management of early intervention.

Looking forward

The CWUs are one part of a larger child protection and wellbeing system that includes mandatory reporters, the agencies to whom they belong, Community Services, service providers (including Family Referral Services) and policy makers.

In an ideal world, the tiered identification, assessment and reporting system would have clear links to effective services that have the capacity to provide an integrated and coordinated response to wrap around the family. Underpinning this would be an information system that is seamless with the right protocols for appropriate and timely access to the right information for each stakeholder.

To move towards this outcome, a formal governance structure that acts to align and prioritise agency activities, programs and measures to drive outcomes, and that is empowered to ensure the financial sustainability of the components of the system is required. The existing KTS SOG was set up to focus on the implementation of the KTS Action Plan. As the system has evolved, what is now needed is a formal ongoing governance body that has oversight of continuing activity across the whole child protection and wellbeing system including NGOs.

There does not appear to be a single responsible organisation or position with responsibility for determining whether or not early identification is working to assist early intervention, and whether early intervention is working to reduce ROSH. This is a wider systemic gap in terms of agreed sector wide performance, benefit measurement and reporting.

Whilst the CWU Directors' Forum provides a mechanism to drive collaboration and alignment within and across their agencies, it is only one voice amongst other stakeholders in the broader child protection and wellbeing system and it is not within its scope to drive the collaboration required to ultimately achieve outcomes for families and children.

Without greater visibility and connectivity between each of the components in the child protection and wellbeing system, these issues have the potential to erode the effectiveness of mandatory reporter and CWU activity over time to facilitate early intervention.

10. Reliances and limitations

This report has been prepared solely for the purpose outlined in section 1 "Evaluation Purpose", in line with the terms and conditions of Ernst & Young's agreement with the Department of Premier and Cabinet agreement dated 13 September 2013. The report outlines our technical analysis of the effectiveness of the CWUs and utilises the methodology outlined in Section 1.

In accordance with our normal practice, we hereby expressly disclaim liability to any persons other than DPC. The information contained in this report may not be relied upon or used by anyone other than DPC in any matter whatsoever without the prior written consent of Ernst & Young.

In accordance with normal professional practice, neither Ernst & Young, nor any member or employee thereof undertakes responsibility in any way whatsoever to any person other than DPC in respect of this report. Neither the whole of this report or any part thereof or any reference thereto may be published in any document, statement or circular or in any communication to or with third parties without our prior written approval of the form and context in which it will appear.

The statements and opinions given in this report are given in good faith and in the belief that such statements and opinions are not false or misleading.

Our conclusions are based on the assumptions stated and on the information provided by management of DPC as well as other parties (including Police, Health, Education, SPRC and CS) through enquiry, analysis and review. Neither Ernst & Young nor any member or employee thereof undertakes responsibility in any way whatsoever to any person in respect of errors in this report arising from incorrect information provided by management.

In the preparation of this report we have relied upon and considered information believed after due enquiry to be reliable and accurate. We have no reason to believe that any information supplied to us was false or that any material information has been withheld from us.

We do not imply and it should not be construed that we have verified any of the information provided to us, or that our enquiries could have identified any matter, which a more extensive examination might disclose. We have however evaluated the information provided to us by DPC, Community Services, CWUs and SPRC and nothing has come to our attention to indicate the information provided was materially misstated or would not afford reasonable grounds upon which to base our report. The study does not constitute an audit of CWU activity.

Data Source	Description
Survey responses	3,766 complete survey responses from the mandatory reporter workforce in Health, Education or Police. The survey was conducted by SPRC and data provided in a flat file to us from SPRC
Systems data extract	Historical data from July2010 to January 2014 from the WellNet database, provided by CS
Staff Consultation	Process mapping and analysis
Stakeholder Consultation	Interviews were used to canvass the views of CWU Practitioners to explore enablers and constraints of each agency CWU in adapting to its own context
CWU Case Studies	180 case studies that the CWU directors randomly selected meeting the selection criteria
Literature Review	Publicly available research on the use of telephony services to support the delivery of triage and education support services
Other information provided by DPC and CWUs	Other information, including but not limited to: ► Current procedural manuals, policy statements, training materials, performance reporting documentation (including across the agencies), the accessibility and utilisation of tools and other related information from within the CWU, agency and broader service system.

Our analysis is based on survey responses from March 2014 and systems data for the period July 2010 to Jan 2014. The analysis is based on the mandatory reporter operating environments, profile of mandatory reporters, profile of children and other environmental factors that exist at the time of the survey. The study does not constitute a longitudinal study. If conditions change substantially from those

experienced in the survey timeframe or over the period that the systems data was captured, then the accuracy of modelled results may need updating.

A number of assumptions have been made in developing this analysis, as is commonly required in the development of models and analysis. DPC should monitor these assumptions over time and adjust these where experience indicates that this is required. These assumptions are outlined in the Appendices.

We have performed the work assigned and have prepared this report in conformity with its intended use by persons technically familiar with the areas addressed and for the stated purposes only. Judgements as to the data, methods and assumptions contained in the report should be made only after studying the report in its entirety, as conclusions reached by a review of a section or sections on an isolated basis may be incorrect. Members of Ernst & Young staff are available to explain or amplify any matter presented herein.

Appendix A   Detailed background

In October 2013, Ernst & Young were engaged as an independent consultant to evaluate Child Wellbeing Units (CWU) as part of a suite of evaluations intended to inform future policy decisions and budget directions for child protection and wellbeing policy in NSW. This report outlines key findings against a set of pre-defined evaluation questions driven by of a variety of evaluation methods.

Evaluation Purpose

The purpose of the Evaluation is to assess the extent to which the CWUs have achieved their goals as consistent with the Keep Them Safe Action Plan, Section 27A of the Children and Young Persons (Care and Protection) Act 1998 and the CWU Director's Forum Strategic Plan 2012 to 2014.

The extent to which the CWUs are meeting these goals is examined through the following core questions:

1. To what extent are CWUs successfully advising, supporting and educating mandatory reporters concerning ROSH and reporting of matters to the Child Protection Helpline?

2. To what extent are CWUs successfully identifying potential responses by the agency or other services to assist children, young people and/or families?

3. To what extent are CWUs helping to drive better alignment and coordination of agency service systems?

4. To what extent is each of the CWUs successfully adapting to the specific agency context within which it operates?

5. To what extent does WellNet enable the work of the CWUs?

6. Which other KTS initiatives impact the CWUs effectiveness, how and to what extent?

Evaluation Scope

The boundaries and scope of this evaluation is visually outlined overleaf with the high level process, key inputs, activities and outputs of the CWUs across the service system. In particular, the areas within scope include:

► The 'identification' sub-process referring to the initial identification by a mandatory reporter of a child protection or wellbeing issue through to the application of the MRG to determine the level of suspected risk and therefore the appropriate next steps (as illustrated by steps 1 and 2 in the diagram).

► The 'assessment' sub-process commencing once the mandatory reporter contacts their CWU, including if any additional information needs to be gathered, through to assessment of the level of suspected risk relating to the concern and therefore the determination of appropriate actions (as illustrated by step 3 in the diagram).

► The 'action' sub-process referring to the responses determined by the CWUs as appropriate which may include advice and support in identifying appropriate interventions or services, or escalation reports to the Helpline for cases that are identified at suspected ROSH (as illustrated by steps 4,5, 6 and 7 in the diagram).

► The use and effectiveness of WellNet from a CWU user perspective. This does not include a review of technical specifications or operations, but does include other system development and governance issues impacting on CWU operations.

► The appraisal outcomes of matters reported to the Helpline. The workings and practices of the Helpline are however out of scope for this evaluation (as illustrated by steps 9 and 10 in the diagram).

Figure 57: Summary diagram of CWU support services operated by Police, Education and Health
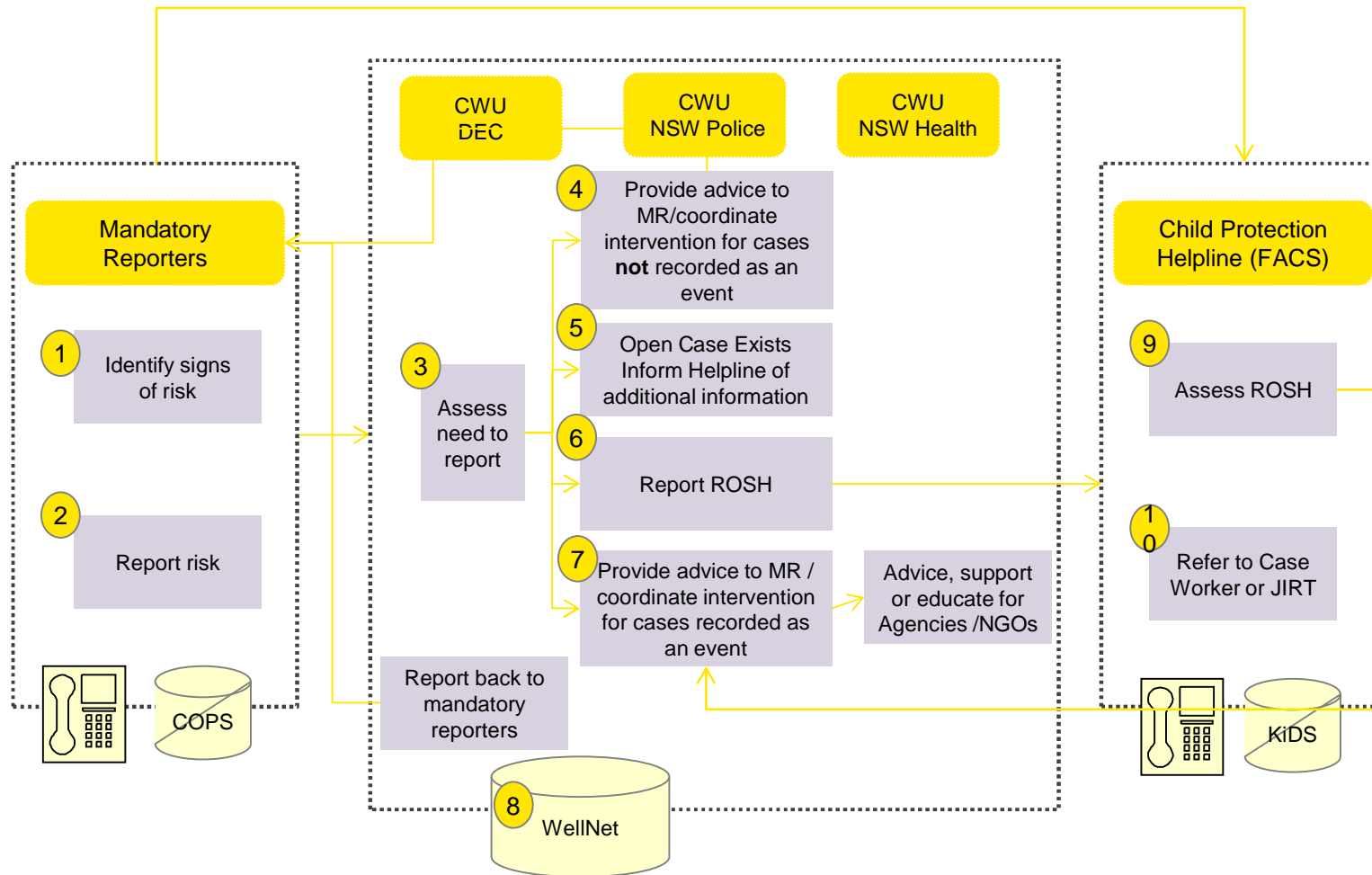
Evaluation Methods

The approach to the evaluation incorporates a multi data source strategy with a range of evaluation methods and techniques to bring both qualitative and quantitative elements to derive key findings. A summary of this methodology is set-out in the following table.

Method	How it has been applied
Document Review	Review of legislation, current procedural manuals, policy statements, training materials, performance reporting documentation across the agencies was performed. In addition, the accessibility of tools and information and the transparency of process to ascertain the ongoing knowledge management of the CWUs and the agencies was undertaken to provide a reference point for assessing the effectiveness.
Process Walkthrough and Analysis	Engaged with staff involved in the day–to-day operational aspects of the CWU in a workshop environment to gain a detailed understanding of the processes and practices of the CWU. This resulted in the development of detailed process maps, as well as providing qualitative information about staff perception of day to day efficacy, challenges and opportunities for improvement. Processes were then evaluated using Lean methodology to assess how a process delivers maximum value (using a number of key principles).
Interviews and Focus Groups	Qualitative interviews were conducted to canvass the views of CWU Practitioners, Senior Executives and other relevant and key stakeholders. The interviews explored the efficacy, challenges and opportunities in the utilisation and operational models of the CWUs by agencies and across the service system.
Literature Review	Review of publicly available research, studies and literature drawn from contemporary social sciences data bases to support key findings.
Case Studies	Case studies were used as an indication of operational practices to provide operational examples to validate evidence gained from other evaluation methods.
Mandatory Reporter Workforce Survey	A range of qualitative and quantitative research questions were released to the entire mandatory reporter workforce to establish the level of understanding of their role in child protection and wellbeing, their utilisation of the CWU and the efficacy and level of satisfaction of the CWU within their own agency context.
WellNet Data Analysis	A thorough review of the activity data (and reports) was conducted to assess the performance of the CWUs stratified by departmental level, regional level and other relevant parameters to provide quantitative analysis.
Failure Mode Effect and Analysis (FMEA)	FMEA is a systematic tool for identifying the effects or consequences of a potential process failure and methods to eliminate or reduce the chance of failure occurring. It facilitates the mitigation of risk (through a customer centric and objective focus) and assesses risk from an impact, likelihood and detectability perspective.
Cost Effectiveness Review (high level)	The cost effectiveness analysis primarily consisted of looking at ratios of operational inputs and outputs of CWUs against the cost base (FTE and overheads). Activity based costing was out of scope.

Evaluation Limitations

This evaluation has not considered or included:

► a review of technical specifications or operations of WellNet
► any detailed cost effectiveness analysis including activity based costing
► outcomes for children and young people who have been the subject of an event recorded by the CWUs
► the efficacy of funding arrangements within agencies for CWUs and other related or unrelated KTS and child protection activities

In addition, the following were out of scope

► the efficacy of the Mandatory Reporter Guide or other structured decision making tools such as those used by Community Services
► mandatory reporters outside of Police, Health or Education
► the role or efficacy of the FRS
► providing recommendations or solutions in response to the evaluation findings

Current State Landscape

Strategic Context

In 2007 Hon. James Wood, AO, QC was commissioned by the NSW Government to conduct a special inquiry into the state's child protection and wellbeing system. This included analysis of requirements to meet future levels of demand in the reporting of concerns relating to child wellbeing and protection. The inquiry proposed reform to the mechanisms by which Child Wellbeing and Protection is conducted, with an outcome of this inquiry being the implementation of the Child Wellbeing Units.

Wood outlined a series of principles to underpin the proposed reforms. The most notable of these is the notion that "Child protection is the collective responsibility of the whole of government and of the community". His recommendations resulted in the creation of the Keep Them Safe (KTS) Action Plan which outlined the following key strategic objectives for the CWUs:

To act as change agents, reshaping agency responses to child protection by:

► Advising, supporting and educating mandatory reporters as to whether there is a ROSH, and escalating these high risk matters to the Department of Community Services Helpline

► Identifying potential responses by the agency or other services to assist the child or family for cases that didn't meet the ROSH threshold

► Over time drive better alignment and coordination of agency service systems (i.e. non-statutory services), and speedy appropriate responses to children in need of assistance or at ROSH

► Developing an information system to enable agencies to work together and share basic information, by allowing Child Wellbeing Units to know if a child is already known to the Department of Community Services or another agency.

► Over time the Child Wellbeing Unit will take a strategic view, identifying ways to build worker capacity to make judgments independently and aligning the service system to improve interagency responses

The initial plan was to consider the co-location of Child Wellbeing Units on a regional basis for Health and Education including determination of resources needed for the functions to be undertaken, while the Police CWU was to provide a state-wide service from a regional location.

The CWU Directors' Strategic Plan 2012 - 2014 was developed by the CWU Directors' Forum in consultation with CWU agencies, Community Services and DPC and was endorsed in July 2012 by the KTS Senior Officers' Groups. The CWU Directors' Strategic Plan outlines the shared purpose, strategic focus, objectives, strategies and performance measures that CWU Directors and their services are jointly committed to.

In addition to the objectives outlined in the KTS Action Plan, the CWU Directors' Strategic Plan outlines a fourth objective of:

► Providing a valued, sustainable, high-quality service which is relevant to the roles of the mandatory reporters and the service delivery models in their respective agencies

This is within the broader goal of helping families and children about whom there is a safety, welfare or wellbeing concern, to get the help they need sooner and contributing to building a better, more integrated service system.

Operating Model Context

In evaluating the effectiveness of the CWUs, it is important to understand the unique operating environment each works in (CWUs relate to and are aligned to their own agency context).

Each CWU has a unique organisational structure outlined below:

Figure 58: CWU organisational structure
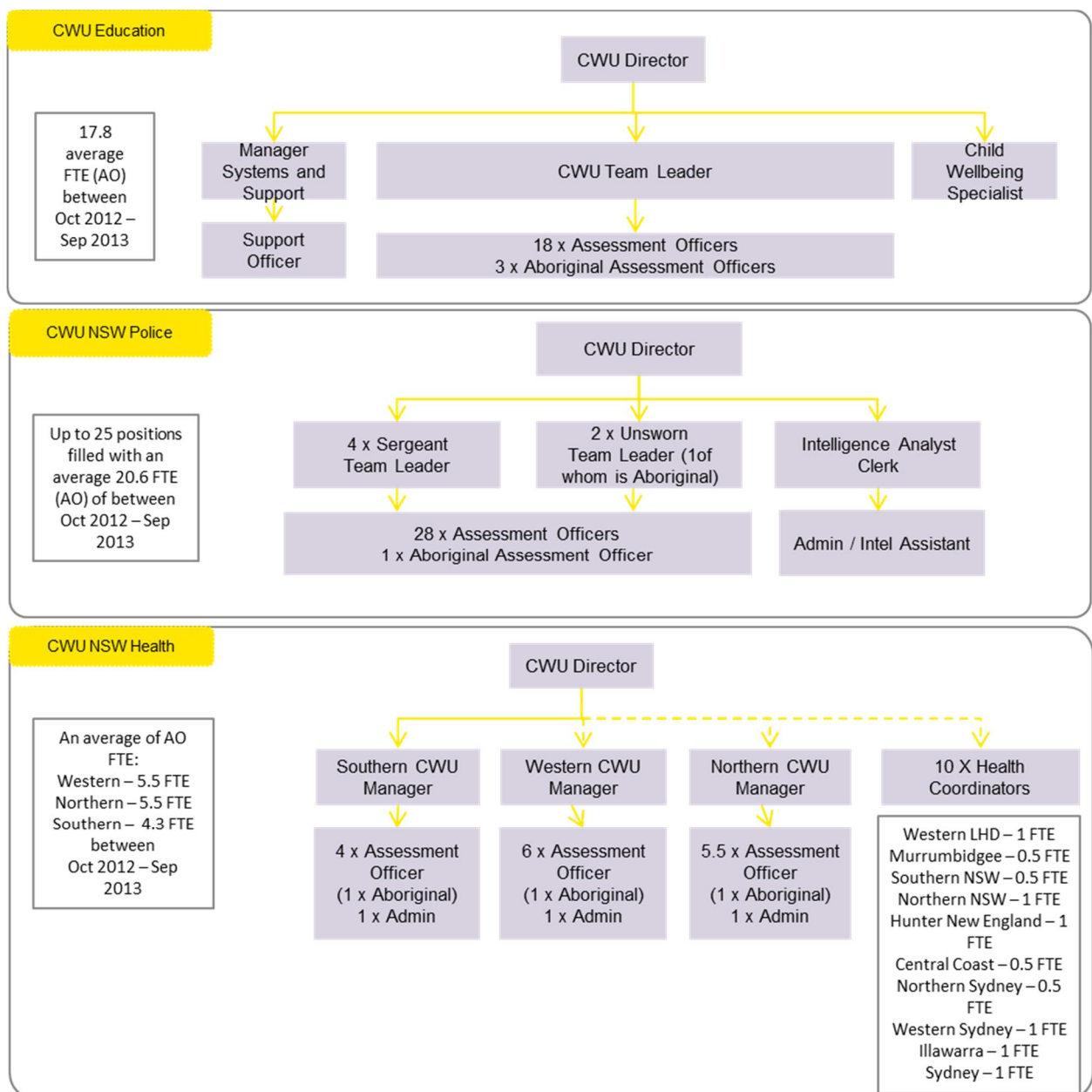
It is important to note that many CWU positions are temporary and have not always been filled, therefore positions do not equate to complete FTEs. In addition, the Western and Northern Health CWU and the

Health Coordinators do not report directly to the CWU Health Director.

The operating model outlines how each of the CWUs operates with reference to a number of components: scope of services; mandatory reporting governance; staffing; channels for interacting with the mandatory reporter cohort; geographical footprint including site footprint; technology; funding and operating costs.

Table 15: CWU overview by agency

	Police	Health	Education
Scope of Services	All NSW Police Mandatory Reporting cohort	All NSW Health mandatory reporters and private GPs. Health workers in Aboriginal Community Controlled Health Services and in affiliated Health Services (as defined by legislation and certain private GPs (as part of a trial from April 2012 to September 2013) (excluding NGO Health providers)	All government primary, secondary and tertiary education (excluding non-government pre-school, independent and catholic schools)
Mandatory Reporting Governance	All mandatory reporters can report through the CWU		Mandatory Reporting is done through 1 or 2 individuals at each school (usually the principal or workplace manager in non-school sites)
Channels	Receives electronic notification of suspected non ROSH events from the Police system COPS	Receives phone calls from the mandatory reporters during office hours (8:30am to 5:30pm) and faxes or telephone messages for after-hours reports of suspected child at risk events	
Geographical Footprint	Operates a centralised CWU located in Tuggerah	Operates in 3 regional CWU sites located in Dubbo, Newcastle and Wollongong and a network of Child Wellbeing Coordinators located in 10 LHDs CWU Director located in central Sydney.	Operates a centralised CWU located in central Sydney
Technology	WellNet and COPS	WellNet	WellNet
Funding (per financial year)	2010/11: $3,204,554 2011/12: $3,665,000 2012/13: $3,721,000 2013/14: $3,760,848	2010/11: $3,690,000 2011/12: $3,782,000 2012/13: $3,877,000 2013/14: $3,973,000	2010/11: $2,882,119 2011/12: $2,920,686 2012/13: $3,599,000 2013/14: $3,667,450
Operating Costs (per financial year)	2010/11: $3,143,761 2011/12: $2,917,073 2012/13: $3,067,578	2010/11: $3,411,000 2011/12: $3,977,000 2012/13: $3,704,600	2010/11: $2,525,584 2011/12: $2,364,893 2012/13: $3,132,545

Further exploration of these elements of the operating models is included in addressing the evaluation questions and scope.

Process Context

There are a number of process variations across the 3 CWUs in managing the high level practices of identifying a child at risk within their agency, assessing risk and determining appropriate action. These are illustrated in this high level process model that outlines the key processes initiated by the mandatory reporter as a result of identifying suspected signs of a child at risk.

Figure 59: CWU high-level process model by agency
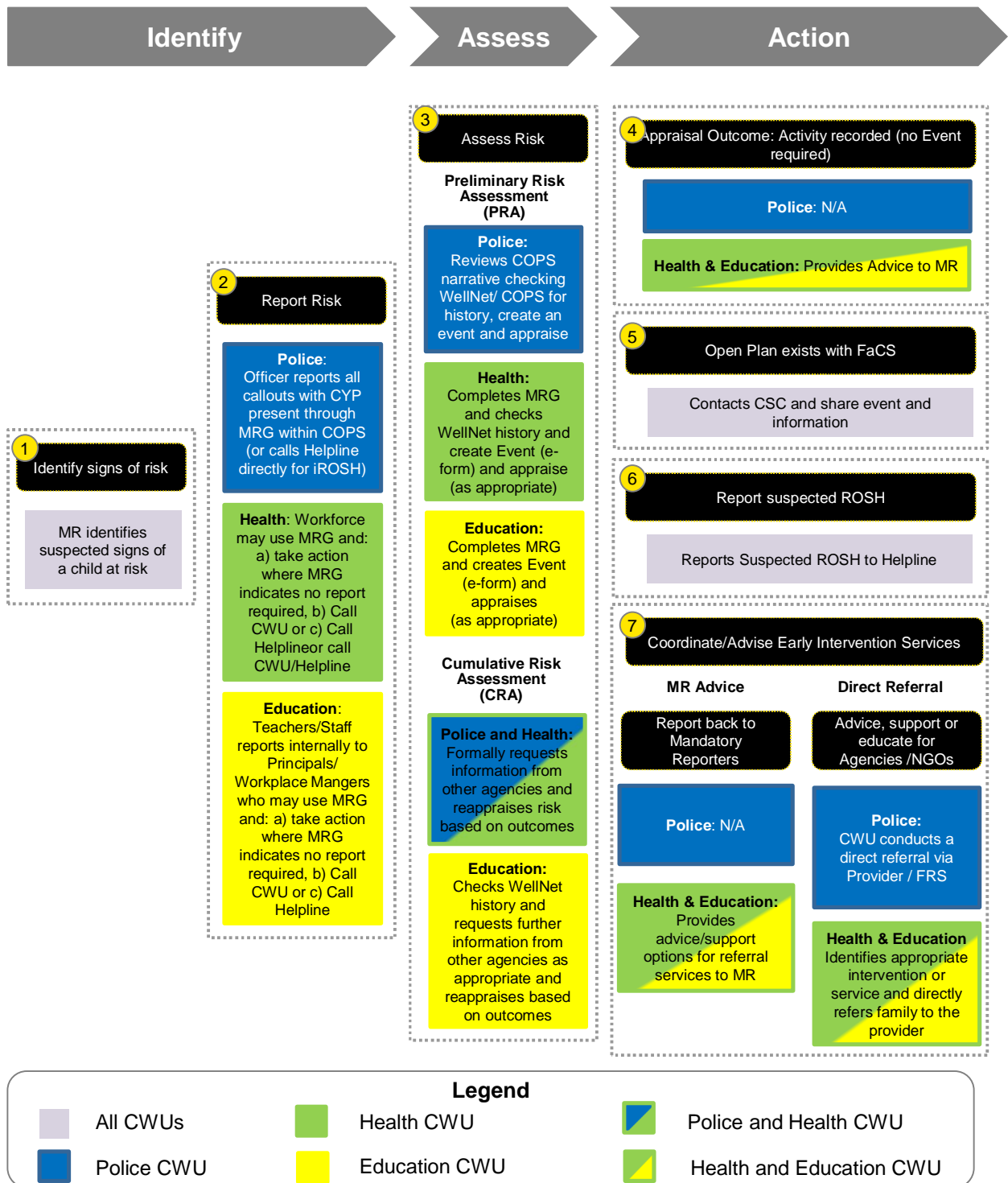
These variations are analysed in more detail in subsequent chapters in terms of the extent to which varying practices impacts on the core CWU objectives, whilst assessing appropriateness based on alignment to their own agency context.

Appendix B   WellNet System Data - Evaluation Methodology and Assumptions

Background

The WellNet system records activities and events which enter the CWU and these are tracked through to the completion of the event. The WellNet data is maintained by Community Services under a MOU with the CWUs. The data input and recording is managed by the CWUs, and as such, Community Services has not historically been involved with the reporting of data.

Objectives

CWU systems data provides a deep source of data to enable a broad analysis across the system, and to supply a reference frame to triangulate sample data (survey and case studies) within.

The data allowed us to:

► Investigate emergent trends across the evaluation period;
► Validate observations from anecdotal evidence and qualitative data; and
► Understand the composition and categorisation of the throughput of the CWUs.

Our approach

A quantitative approach was used in analysing WellNet system data which facilitated the efficient and systematic coverage of the relevant evaluation components of the CWUs, and drew upon existing routinely captured data to inform population based outcomes of the CWU's program and service outcomes.

To meet the aforementioned objectives, we undertook the following steps:

► We conducted a thorough review of all activity data (event and those not relating to an event) in WellNet to confirm the performance of the CWUs stratified by departmental level, regional level (where applicable) for each year within the scope of the evaluation.
► Once the data had been accessed, relevant quality checks were completed to ascertain the completeness of the data and to determine the limitations of the data.

Data extracts from the WellNet system were only available for release from Community Services as summary tables due to confidentiality and security reasons. These summaries were created on four data sets:

► Events by Appraisals
► Events by Activities
► Activities (without event)
► Access to information.

The summaries were subject to the following assumptions and limitations.

All data

Some events within the data are created before 1 July 2010, which is the agreed starting date for the scope of analysis. Subsequently, all events starting before this date have been excluded from the analysis.

There are events within the data from the Human Services CWU. The now defunct Human Services CWU is not within the scope of our evaluation, and these events have been excluded from the analysis.

There are events within the data which are incomplete. It was agreed with the CWU directors that we would only use complete events for analysis.

Events without a "Date Occurred" have been excluded from the analysis.

Event by appraisals

A unique identifier for each child per event was created to define a single case on the journey through the CWU appraisal system.

There are anomalies within the data whereby the difference between the date occurred and date reported fields is greater than 18 years, and thus the subject of the report would be over 18 at the time of reporting and no longer a child. These cases are excluded from the analysis.

In allocating an event to a particular CWU business unit, the unit of the primary case manager was recorded as the lead business unit. Where the case manager was working across multiple CWU teams, this would result in a duplication of records, one record for each team. The record that matched the three-digit sequence in the event ID was used as the business unit, and other duplicates were discarded. For Health CWUs, this may not always have been possible, as the Northern, Southern and Western CWUs do not use a different sequence for recording events; these cases were assigned to a generic "Health" business unit.

The appraisal dates given in the WellNet system data were manually entered fields. Manual errors have resulted in nonsensical sequences of events, such as CWU appraisals occurring before the reporting date. Cases where the appraisal pathway appears to not progress in the expected linear flow are excluded from the analysis. Further complicating this issue is the inconsistent use of system time stamps and time zones. The majority of "DATE_CREATED" and "DATE_COMPLETED" fields contained date-time stamps at UTC, whereas a handful of these records, and all appraisal dates were recorded as a date-only field in local time.

There are cases where the outcomes of a mandatory reporter's appraisal are missing from the data. These cases are excluded from the analysis.

The field "BASED_ON" was used to distinguish CWU preliminary risk assessments (PRA) from CWU cumulative risk assessments (CRA). Of the CWU appraisal cases, those based on report only at the were assigned as PRA, cases based on history were assigned as CRA, and cases based on feedback from Community Services Helpline were considered to be errors in the data collection, as agreed upon with the CWUs, and excluded from the analysis.

Locations of the subject of the reports were not made available for this evaluation. Instead, the postcode of the mandatory reporter was used as a proxy in lieu of the postcode of the child. Postcodes are allocated by matching the postcode attributed to the "Receive C/YP concern" activity from the event by activities database, matching each event-child ID. Where a concern activity was not recorded, the first chronological postcode associated with the event was used. Where no match was possible, the case was excluded.

Event by activities

This dataset contained all activities which were attributed to an event. Whilst it is possible to isolate unique cases from the data with EVENT and CHILD IDs, there was no such unique identifier for activities.

There are duplicates of records in the data created during the extract due to the mapping of business units, as described previously. Similarly, any duplicates identified are removed. Furthermore, there were a handful of records which are exact duplicates of each other. In the absence of activity IDs, it was assumed that these records are indeed duplicates and as such, removed from the data.

Locations of the subject of the reports were not made available for this evaluation. Instead, the postcode of the mandatory reporter was used as a proxy in lieu of the postcode of the child. Postcodes are allocated by matching the postcode attributed to the "Receive C/YP concern" activity. Where a concern activity was not recorded, the first chronological postcode associated with the event was used.

Appendix C   Mandatory Reporter Survey - Evaluation Methodology and Assumptions

Background

As part of the broader KTS evaluation, SPRC created and administered a workforce survey designed to target mandatory reporters across each of the three agencies. Ernst & Young drafted a range of additional survey questions to be included in the workforce survey. These questions were released to the entire mandatory reporter workforce to establish their levels of understanding of their role in child protection and wellbeing, their utilisation of the CWU and the efficacy and level of satisfaction of the CWU within their own agency context.

Objectives

A key component of our evaluation involved the analysis of responses to specific questions in SPRC's workforce survey. The objectives of the survey analysis was to obtain qualitative input to supplement existing information to inform the evaluation questions

Setting the Survey Questions

We used a consultative approach to setting the survey questions that would be relevant for each agency's mandatory reporters.
Conducted a survey workshop with CWU Directors and DPC to:

► Discuss and agree survey questions
► Identify relevant cohorts to be surveyed
► Agree survey logistics to:
  ► Communicate the purpose of the survey
  ► Increase the response rate across each agency
  ► Identify who will lead the survey
► Understand SPRC survey objectives and timing, and proposed methodology for delivery of the survey
► Compare and understand differences between the current and previous surveys

► Developed additional questions for the SPRC workforce survey, in order to obtain further information for the evaluation questions. Refer to Table A1 for a list of additional questions.
  ► Employed in Health, Education or Police sectors
  ► Employed in a government organisation
  ► Consented to participate
► Analysis was separated by sector, position category, district location and/or system pathway. (A "pathway" is the combination of MRG, CWU and Helpline services used by the respondent.)

Table A1: List of additional survey questions developed by EY

Question no.	Question text	Linked to evaluation question	Agency
3	Are you a Mandatory Reporter?	-	All
8	Which program of health do you work in?	-	Health
9	Which of the following best describes your position? – Health	-	Health
10	Which of the following best describes your position? – Education	-	Education
11	Which of the following best describes your position? – Early Education	-	Health
17	To what extent do you feel your workplace encourages the raising of concerns relating to child wellbeing and child protection?	1	Health, Education
18	Have you participated in child protection related training in your current role?	1	All
19	Are you better able to respond to child wellbeing and protection issues as a result of the training?	1	All
20	Do you require further training, or a refresh of previous training, in any of the following? (e.g. use of the MRG, Helpline, information sharing)	1	Police
22	What are the factors that would lead you to complete a Child at Risk (CAR) report?	-	
23	When faced with child at risk issues, who would you ask for assistance to complete a Child at Risk report?	-	

Evaluation of Child Wellbeing Units

Question no.	Question text	Linked to evaluation question	Agency
24	Have you reported a 'Child at Risk' incident in an event in COPS in the past 12 months?	-	
25	When you have submitted a CAR in COPS and believe the incident is severe (i.e. Immediate Risk of Serious Harm /IROSH) do you call the Helpline?	-	
26	When did you complete your mandatory Child Protection training?	1	
27	In the past 2 years, did you use any of the following sources to undertake self-learning?	1	
28	There is a review unit within the NSW Police Force which reviews CAR incidents and the use of the Mandatory Reporter Guide tool. This unit checks for errors and omissions, obtains further information and escalates incidents when appropriate. Which option applies to you?	1	
29	Which mechanism has been most effective in informing your knowledge of the child at risk response process?	1	
30	Do you think the Mandatory Reporter Guide (MRG) in COPS provides you with guidance when you consider risk factors for CAR?	1	
31	Have you had contact with your Local Health District Child Wellbeing Co-ordinator?	-	Health
32	For what reasons have you had contact with your LHD Child Wellbeing Co-ordinator?	1	
33	How helpful was the LHD Child Wellbeing Coordinator in the provision of training, advice or information?	1	
34	In the last 12 months, have you called the Community Services (Child Protection) Helpline?	-	Health, Education
35	Why haven't you called the Helpline in the last 12 months?	-	
36	Thinking about the last time you called the Helpline, what led you to do so?	-	
40	In the last 12 months, have you used the Mandatory Reporter Guide?	-	
41	For which reasons have you not used the Mandatory Reporter Guide in the last 12 months?	-	
47	Have you contacted your Child Wellbeing Unit (CWU) in the past 12 months?	-	
48	Thinking about the last time you called the Child Wellbeing Unit, what led you to do so?	1	
50	Why haven't you contacted the Child Wellbeing Unit in the last 12 months?	1	
51	How helpful was the CWU in assisting you with the following issues:		
	A. Identifying and reporting children, young people or unborn children at suspected risk of significant harm (when required)	1	
	B. Identifying potential responses (other than reporting) for children, young people, and families (when required)	2	
	C. Working with other agencies (when required)	3	
	D. Providing advice about exchanging information in accordance with Chapter 16A (when required)	1	
52	Last time you called the Child Wellbeing Unit, were you encouraged to make a referral?	2	
53	Why wasn't the referral made?	2	
54	Where a referral was taken up, do you feel the family benefited?	2	
55	In what ways did they benefit?	2	
58	Overall, would you say your contact with the Child Wellbeing Unit has changed how you respond to child protection and wellbeing issues?	1	
59	Why hasn't the Child Wellbeing Unit (CWU) changed how you respond to child wellbeing and protection issues?	1	
60	In what ways has the CWU changed how you respond to child protection and wellbeing issues?	1	

Analysing the Survey Responses

SPRC provided a flat file to Ernst & Young which detailed the responses to each question for each respondent. A total of 7,056 responses were recorded. However, some of these respondents were not related to the mandatory reporters of Police, Education or Health (for example the survey was sent also to non-government organisations).

Our analysis was based on the 3,766 responses from respondents who met the following criteria:
► Employed in Health, Education or Police
► Employed in a government organisation
► Consented to participate

We used SAS (a statistical programming software package) to
► Screen the data for gaps or anomalies
► Segment the data to understand responses across different relevant lenses
► Generate connected data sets to understand linked survey questions

We note that there were no recorded responses for question 41.

Responses and analysis was segmented by combinations of sector, position category, district location and/or reporting pathway. The reporting pathway was defined as the various permutations resulting from whether mandatory reporters had
► Used the MRG in the last 12 months
► Contacted the CWU in the last 12 months
► Contacted the Helpline in the last 12 months

The survey questions were mapped to the evaluation questions as consistent with the Evaluation Plan. The responses to each survey question was analysed across the individual and combined segments noted above (combined segments such as by location and by pathway for example). This was to determine if responses varied according to sector, position, geography, reporting pathway or combinations of these segments.

The relevant analyses were condensed into the data book by evaluation question and key results discussed with CWU Directors and DPC in workshop environments.

The list of survey questions analysed is shown in Table A2 below.

Table A2: List of survey questions for analysis

Question no.	Question text	Linked to evaluation question	Sector
	Reporter descriptions – used to filter responses		
2	Do you consent to participate?	-	All
3	Are you a Mandatory Reporter?	-	All
5	Do you work in a government or non-government organisation?	-	All
6	Which area [district] do you mainly work in?	-	All
7	What sector do you work in?	-	All
8	Which program of health do you work in?	-	Health
9	Which of the following best describes your position? – Health	-	Health
10	Which of the following best describes your position? – Education	-	Education
	Overall reporting system satisfaction		
15	Overall, how satisfied are you with the mandatory reporting system in place in NSW?	-	All
17	To what extent do you feel your workplace encourages the raising of concerns relating to child wellbeing and child protection?	1	Health, Education

Question no.	Question text	Linked to evaluation question	Sector
	Training		
18	Have you participated in child protection related training in your current role?	1	All
19	Are you better able to respond to child wellbeing and protection issues as a result of the training?	1	All
	Police specific questions		
20	Do you require further training, or a refresh of previous training, in any of the following? (e.g. use of the MRG, Helpline, information sharing)	1	Police
22	What are the factors that would lead you to complete a Child at Risk (CAR) report?	-	
23	When faced with child at risk issues, who would you ask for assistance to complete a Child at Risk report?	-	
24	Have you reported a 'Child at Risk' incident in an event in COPS in the past 12 months?	-	
25	When you have submitted a CAR in COPS and believe the incident is severe (i.e. Immediate Risk of Serious Harm /IROSH) do you call the Helpline?	-	
26	When did you complete your mandatory Child Protection training?	1	
27	In the past 2 years, did you use any of the following sources to undertake self-learning?	1	
28	There is a review unit within the NSW Police Force which reviews CAR incidents and the use of the Mandatory Reporter Guide tool. This unit checks for errors and omissions, obtains further information and escalates incidents when appropriate. Which option applies to you?	1	
29	Which mechanism has been most effective in informing your knowledge of the child at risk response process?	1	
30	Do you think the Mandatory Reporter Guide (MRG) in COPS provides you with guidance when you consider risk factors for CAR?	1	
	Local Health District CW Co-ordinator		
31	Have you had contact with your Local Health District Child Wellbeing Co-ordinator?	-	Health
32	For what reasons have you had contact with your LHD Child Wellbeing Co-ordinator?	1	
33	How helpful was the LHD Child Wellbeing Coordinator in the provision of training, advice or information?	1	
	Helpline		
34	In the last 12 months, have you called the Community Services (Child Protection) Helpline?	-	Health, Education
35	Why haven't you called the Helpline in the last 12 months?	-	
36	Thinking about the last time you called the Helpline, what led you to do so?	-	
37	In the last 12 months, have you made a child protection report to the Child Protection Helpline?	-	
38	How many reports have you made?	-	
39	Overall, how satisfied are you with the Helpline?	-	
	Mandatory Reporter Guide		
40	In the last 12 months, have you used the Mandatory Reporter Guide?	-	Health, Education
41	For which reasons have you not used the Mandatory Reporter Guide in the last 12 months?	-	
42	How did you find out about the Mandatory Reporter Guide?	-	
43	Why do you use the Mandatory Reporter Guide?	-	
44	How helpful is the Guide for:		
	A. Identifying risk of significant harm	-	
	B. Deciding whether to make a CP report	-	
	C. Determining next steps (e.g. formal referral or advice on appropriate support / early intervention programs when a child protection report is not required)	-	
	D. Helping me decide whether to contact my Child Wellbeing Unit	-	

Question no.	Question text	Linked to evaluation question	Sector
	Child Wellbeing Unit		
46	Do you have access to a Child Wellbeing Unit?	1	Health, Education
47	Have you contacted your Child Wellbeing Unit (CWU) in the past 12 months?	-	
48	Thinking about the last time you called the Child Wellbeing Unit, what led you to do so?	1	
49	Last time you called the Child Wellbeing Unit, what kind of advice did you need?	1	
50	Why haven't you contacted the Child Wellbeing Unit in the last 12 months?	1	
51	How helpful was the CWU in assisting you with the following issues:		
	A. Identifying and reporting children, young people or unborn children at suspected risk of significant harm (when required)	1	
	B. Identifying potential responses (other than reporting) for children, young people, and families (when required)	2	
	C. Working with other agencies (when required)	3	
	D. Providing advice about exchanging information in accordance with Chapter 16A (when required)	1	
52	Last time you called the Child Wellbeing Unit, were you encouraged to make a referral?	2	
53	Why wasn't the referral made?	2	
54	Where a referral was taken up, do you feel the family benefited?	2	
55	In what ways did they benefit?	2	
56	Have you received feedback from the Child Wellbeing Unit (CWU) on the outcome of a concern you have raised?	1	
57	How helpful was the feedback you received from the Child Wellbeing Unit (CWU) for:	1	
	A. Identifying children and their risk of harm	1	
	B. Making appropriate referrals / interventions	1	
	C. Working with other agencies	1	
	D. Supporting vulnerable children	1	
58	Overall, would you say your contact with the Child Wellbeing Unit has changed how you respond to child protection and wellbeing issues?	1	
59	Why hasn't the Child Wellbeing Unit (CWU) changed how you respond to child wellbeing and protection issues?	1	
60	In what ways has the CWU changed how you respond to child protection and wellbeing issues?	1	
61	How effective has the Child Wellbeing Unit (CWU) been in building your capability to respond to child wellbeing issues?	2	
62	What has been most effective in informing your knowledge of the child at risk / child safety/ child protection response process?	2	
	Information sharing		
64	Are you aware of the legislative provisions (sometimes called "Chapter 16A") which allow information to be shared between organisations – for example, where you think a child or family will benefit from additional supports or referrals?	3	All
65	What level of information sharing are you involved in?	3	
67	In the last 12 months, what factors have supported or encouraged you to share information?	3	
68	In the last 12 months, what factors have discouraged or prevented you from sharing information?	3	

Question no.	Question text		Linked to evaluation question	Sector
	Family Referral Service			
82	Have you contacted the Family Referral Service in the last 12 months? (If you have not heard of the Family Referral Service please select 'No')		2	All
83	Why did you contact the Family Referral Service?		2	
84	How effective was the Family Referral Service in:			
	A.	Identifying appropriate services to refer vulnerable children, young people and their families	2	
	B.	Accepting referrals for vulnerable children, young people and their families	2	
	C.	Providing case management support to vulnerable children, young people and their families	2	
	D.	Meeting the needs of vulnerable children, young people and their families	2	

Health response

The breakup of responses from health is shown in Table A3 below. For the purposes of analysis, these cells needed to be grouped to provide meaningful conclusions. These were broken into three groups as detailed in tables A4, A5 and A6.

Table A3: Table of Health survey responses by position and category

POSITION	CATEGORY	RESPONSES
Aboriginal Health Worker	Aboriginal Health	12
	Allied Health	1
	Child and Family Health	4
	Mental Health	3
	Other	2
Administrative staff (you do not need to complete the survey)	Allied Health	1
	Mental Health	1
	Other	7
	Other Community health	2
	Other Hospital	4
	(blank)	1
Allied health professional (including social worker, psychologist, counsellor)	Aboriginal Health	1
	Allied Health	153
	Child and Family Health	51
	Drug and Alcohol	28
	Emergency	4
	Maternity	17
	Mental Health	116
	Other	55
	Other Community health	38
	Other Hospital	23
	Paediatrics	57
	(blank)	1
Ambulance clinician	Allied Health	1
	Emergency	1

POSITION	CATEGORY	RESPONSES
Case worker / case manager / support worker	Child and Family Health	2
	Drug and Alcohol	4
	Mental Health	15
	Other	2
Clinical health worker – medical	Allied Health	3
	Drug and Alcohol	5
	Emergency	7
	Maternity	2
	Mental Health	14
	Other	13
	Other Community health	5
	Other Hospital	14
	Paediatrics	29
Clinical health worker – nursing	Aboriginal Health	5
	Allied Health	2
	Child and Family Health	129
	Drug and Alcohol	41
	Emergency	58
	Maternity	77
	Mental Health	85
	Other	109
	Other Community health	38
	Other Hospital	81
	Paediatrics	35
	(blank)	3
Manager – organisation / region	Aboriginal Health	2
	Allied Health	2
	Child and Family Health	3
	Drug and Alcohol	4
	Emergency	2
	Maternity	3
	Mental Health	7
	Other	28
	Other Community health	3
	Other Hospital	8
	Paediatrics	1
Manager – team	Allied Health	12
	Child and Family Health	16
	Drug and Alcohol	10
	Emergency	9
	Maternity	11
	Mental Health	17
	Other	30
	Other Community health	9
	Other Hospital	10
	Paediatrics	7
	(blank)	1

POSITION	CATEGORY	RESPONSES
Oral health / dentist	Allied Health	12
	Other	16
	Other Community health	3
	Paediatrics	2
Project officer	Child and Family Health	1
	Drug and Alcohol	3
	Emergency	1
	Mental Health	4
	Other	6
	Other Community health	3
	Other Hospital	1
	Paediatrics	1
(blank)	Allied Health	8
	Child and Family Health	1
	Drug and Alcohol	2
	Maternity	19
	Mental Health	9
	Other	30
	Other Community health	4
	Other Hospital	2
	Paediatrics	3
Grand Total		1688

The groupings used in the analysis where splits are shown were as follows:

Primary Health Group - definition

Table A4: Table of Health survey responses for Primary Health Group

PRIMARY		
POSITION	CATEGORY	RESPONSES
Aboriginal Health Worker	Aboriginal Health	12
	Allied Health	1
	Child and Family Health	4
	Mental Health	3
	Other	2
Allied health professional (including social worker, psychologist, counsellor)	Aboriginal Health	1
	Allied Health	153
	Child and Family Health	51
	Drug and Alcohol	28
	Mental Health	116
	Other	55
	Other Community health	38
	(blank)	1
Ambulance clinician	Allied Health	1
	Emergency	1

PRIMARY		
POSITION	**CATEGORY**	**RESPONSES**
Clinical health worker – medical	Allied Health	3
	Drug and Alcohol	5
	Mental Health	14
	Other	13
	Other Community health	5
Clinical health worker – nursing	Aboriginal Health	5
	Allied Health	2
	Child and Family Health	129
	Drug and Alcohol	41
	Mental Health	85
	Other	109
	Other Community health	38
	(blank)	3
Oral health / dentist	Allied Health	12
	Other	16
	Other Community health	3
	Paediatrics	2
Grand Total		952

Secondary Health - definition

Table A5: Table of Health survey responses for Secondary Health Group

SECONDARY		
POSITION	**CATEGORY**	**RESPONSES**
Allied health professional (including social worker, psychologist, counsellor)	Emergency	4
	Maternity	17
	Other Hospital	23
	Paediatrics	57
Clinical health worker – medical	Emergency	7
	Maternity	2
	Other Hospital	14
	Paediatrics	29
Clinical health worker – nursing	Emergency	58
	Maternity	77
	Other Hospital	81
	Paediatrics	35
Grand Total		404

Other Health – Definition

Table A6: Table of Health survey responses for Other Health Group

OTHER		
POSITION	**CATEGORY**	**RESPONSES**
Administrative staff (you do not need to complete the survey)	Allied Health	1
	Mental Health	1
	Other	7
	Other Community health	2
	Other Hospital	4
	(blank)	1
Case worker / case manager / support worker	Child and Family Health	2
	Drug and Alcohol	4
	Mental Health	15
	Other	2
Manager – organisation / region	Aboriginal Health	2
	Allied Health	2
	Child and Family Health	3
	Drug and Alcohol	4
	Emergency	2
	Maternity	3
	Mental Health	7
	Other	28
	Other Community health	3
	Other Hospital	8
	Paediatrics	1
Manager – team	Allied Health	12
	Child and Family Health	16
	Drug and Alcohol	10
	Emergency	9
	Maternity	11
	Mental Health	17
	Other	30
	Other Community health	9
	Other Hospital	10
	Paediatrics	7
	(blank)	1
Project officer	Child and Family Health	1
	Drug and Alcohol	3
	Emergency	1
	Mental Health	4
	Other	6
	Other Community health	3
	Other Hospital	1
	Paediatrics	1

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OTHER		
POSITION	**CATEGORY**	**RESPONSES**
(blank)	Allied Health	8
	Child and Family Health	1
	Drug and Alcohol	2
	Maternity	19
	Mental Health	9
	Other	30
	Other Community health	4
	Other Hospital	2
	Paediatrics	3
Grand Total		**332**

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Appendix D   Document Review - Evaluation Methodology and Assumptions

As part of this evaluation a review was performed of each CWU's current procedure manuals, policy statements, training materials and performance reporting documentation (including across the agencies), as well as the accessibility and utilisation of tools and other related information from within the CWU, agency and broader service system. Where CWU data is stored externally to the WellNet database, analysis was also performed on these data sources.

Documents and data provided by the CWUs and DPC were used to inform an understanding of the current state of the CWU's operations when assessing each of the evaluation questions. In addition to this, a review of performance against identified agency activity areas was conducted including:

► Analysis of requests for information within and across CWUs

► Contribution to research and thought leadership on child protection

► Advice, support and education activities for mandatory reporters

► Staff Communication and Training

► Contribution to strategic improvement in service response within agency

► Contribution to agency service reform and enhancement, including development of systems, policy, practice guidelines and reporting mechanisms – noting the extent to which these have been adopted

► Developing of strong relationships within agencies and with external parties

These documents and data provided evidence of CWU outputs relevant to each evaluation component. The review also took into consideration the operating model of each CWU and service delivery process with reference to their specific agency requirements – including resourcing requirements, location, operating hours, operational process flows, key activities and other requirements.

The table below contains a list of documents and data used within the evaluation:

Table A7: Documents and data

Document/Data	Owner (Dept.)	Provider Name	Description
CWU budgets and actuals	Health CWU	Rosemary Fitzgerald	Budgets allocated and actual spend data for all years of operation
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Position Descriptions	Health CWU	Rosemary Fitzgerald	Position descriptions for all CWU staff
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Organisational Chart	Health CWU	Rosemary Fitzgerald	Organisational Chart for each CWU, including FTEs and any vacancies
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Process Maps/ Process guidelines	Health CWU	Rosemary Fitzgerald	Existing Process Maps, Guidelines, relevant policies and procedures/ operations manuals
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	

Document/Data	Owner (Dept.)	Provider Name	Description
Agency Policies and Procedures	Health CWU	Rosemary Fitzgerald	Child Wellbeing and Child Protection Policies and Procedures for NSW Health Fact Sheet for NSW Health Workers Neonatal Abstinence Syndrome Guidelines – section on mandatory reporter responsibilities NSW Health Child Wellbeing Services Organisational Structure Local Health Districts Maps
	Education CWU	Anna Morris	Protecting and Supporting Children and Young People Policy and Procedures Protecting and Supporting Children and Young People Policy Education and Communities: Child Wellbeing Unit Guidelines
CWU's input into Agency Policies and Procedures	Health CWU	Rosemary Fitzgerald	Lists and examples of CWU's contribution to their own agencies policies and procedures
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Call Monitoring System Data	Health CWU	Rosemary Fitzgerald	Volumes, contact times and wait times of inbound contacts into the CWU through the respective telephony systems
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
CWU effective FTE data (October '12 – September '13)	Health CWU	Rosemary Fitzgerald	FTE places for each CWU agency and calculation of effective FTE over this 12 month period
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Quarterly reports on Child Wellbeing Units (CWUs) to the Keep Them Safe – Senior Officers Group	Education CWU	Anna Morris	From 1 April 2012 to 30 June 2013
Education Information Sheets	Education CWU	Anna Morris	Information for principals regarding: ► Contacting the CWU: what you need to know ► HSNet ► Reporting to CS: what you need to know
Compliments Register	Education CWU	Anna Morris	Compliments received by the CWU from mandatory reporters
Business Case	DPC	Peter Ryan	Original business case for establishing CWUs, including budgets
WellNet report types	ALL CWUs	Rosemary Fitzgerald	List of reports available from WellNet, including lists of reports actually used
CWU eForm			Blank e-form for the capture of child concern information
Inbound communication screenshots			WellNet screenshots
CWU Strategic Plan	ALL CWUs	Rosemary Fitzgerald	CWU's strategic plan relating to KTS
MOUs/ agreements with other agencies	ALL CWUs	Rosemary Fitzgerald	MOU for WellNet

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Document/Data	Owner (Dept.)	Provider Name	Description
Error rates by LAC for COPS MRG tool	Police CWU	Barbara Carroll	Police CWU reporting maintained in spreadsheet outside of WellNet
CWU events received since January 2011	Health CWU	Rosemary Fitzgerald	Directors Forum Reporting based on the WellNet system
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
Training materials	Health CWU	Rosemary Fitzgerald	Training materials developed and used to educate mandatory reporters
	Police CWU	Barbara Carroll	
	Education CWU	Anna Morris	
CWU training webinar	Health CWU	Rosemary Fitzgerald	Presentation talks about the difference between the MRG suspected ROSH outcome and the Helpline ROSH decision, as well as unallocated cases
Information Exchange Unit Policy & Procedures	Community Services - Information Exchange Services	Joy Capulong	Current policy and procedural documents for the Information Exchange Unit, including anything specific to CWUs and their preliminary information requests
			The updated policy and procedural documents yet to be endorsed
Health CWU Coordinators template	Health CWU	Tia Covi	Template to capture the history, context, successes and challenges of the position
Effectiveness of Health's Child Wellbeing Coordinator Role	Health CWU	Rosemary Fitzgerald	Information prepared by a number of the Health Child Wellbeing Coordinators, about how the role is contributing to child wellbeing and protection reform across NSW Health
Child Wellbeing and Child Protection Policies and Procedures for NSW Health	Health CWU	Rosemary Fitzgerald	Document stating tools and guidance for Health workers to meet their legal and policy responsibilities within the NSW Government child protection and wellbeing system
WellNet/KiDS interface screenshots	ALL CWUs	Rosemary Fitzgerald	Screenshot that KiDS users see in WellNet and vice versa
Feedback letters from CS	CS	Kimberly Auget	Template letters sent to mandatory reporters detailing outcome of Community Services assessment
Quarterly Partner agency Reports	Community Services Website	Rosemary Fitzgerald	Breakdown of contacts to the Community Services Helpline by agency
Breakdown of Health Inbounds by LGA and LHD	Health CWU	Rosemary Fitzgerald	Call volume data split by each CWU site
MRG v6	CS	Peter Ryan	Current version of the MRG at the time of the evaluation
Governance process for MRG	DPC	Peter Ryan	Overview of governance process for the continual improvement of the MRG
CWU Strategic Performance Report	DPC	Peter Ryan	CWU reporting against their strategic objectives
CWU Operating Guidelines	DPC	Peter Ryan	Overarching guidelines for the operation of the three CWUs

Document/Data	Owner (Dept.)	Provider Name	Description
Quarterly Report on CWU (SOG) Jan - Mar 2013, April - June 2013	DPC	Peter Ryan	CWU reporting to the KTS-SOG on activity and outputs of each agencies CWU
KPMG: KTS Workforce Survey Findings on Child Wellbeing Units - Directors Forum Presentation	DPC	Peter Ryan	Report on the previous mandatory reporter survey conducted
CWU Director's Forum Reporting	ALL CWUs	CWU Directors	Latest version of events and activities classification descriptions within WellNet
Police Referral Outcome Statistics	Police CWU	Barbara Carroll	Monthly statistics from CWU on the outcome of Police CWU's referrals
Police CWU assessment officer statistics	Police CWU	Barbara Carroll	Monthly reporting on processing volumes and hours by individual assessment officers (de-identified)
Police Yellow Card Statistics	Police CWU	Barbara Carroll	Monthly statistics from CWU on number of Yellow Cards offered by the attending Police Officers
Police Incorrect MRG Statistics	Police CWU	Barbara Carroll	Monthly statistics from CWU on number of Incorrect MRG Determination by frontline Police Officers
IECT Data	Community Services - Information Exchange Services	Joy Capulong	Information on information exchanges facilitated by the IECT for CWUs as well as Police Provisions from October 2012 to September 2013
NCCD Children's Research Center – NSW Mandatory Reporter Guide Training	Health CWU	Rosemary Fitzgerald	Introductory training delivered to CWU assessment officers
Health CWU Coordinator Summary Information	Health CWU	Rosemary Fitzgerald	Information on Coordinators activities and initiatives conducted

Appendix E   Literature Review - Evaluation Methodology and Assumptions

A high-level literature review was completed using publicly available research on the use of telephony services to support the delivery of triage and education support services. This provided additional information to inform the evaluation regarding the effectiveness of the current operating models as a means of achieving the stated objectives of the CWUs.

The findings from the literature review were used to support findings from other quantitative data sources used in the evaluation. An empirical approach to current research on reporting and assessment activity was taken, however it did not constitute a comprehensive literature survey. Research topics from the literature review were:

► Current research on operating models for child protection identification assessment

► Current research on education and training support delivery

► Current support on the use of telephony services in a triage setting

The sources used to support the evaluation are listed below:

Table A8: Literature Review Bibliography

CWU Evaluation: Literature Review Bibliography
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Arney, F 2010, 'Promoting The Wellbeing Of Young Aboriginal Children', Children and Public Health, vol. 7, pp. 23–7.
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Australian Institute of Judicial Administration 2011, Child protection in Australia and New Zealand — issues and challenges for judicial administration conference, viewed 29 Dec 2013, <http://www.aija.org.au/Child per cent20Protection per cent202011/Program.pdf>.
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Melbourne University Law Review, vol. 35, no. 3, pp. 739–744.
Braithwaite, V, Harris, N & Ivec, M 2009, 'Seeking to clarify child protection's regulatory principles', Communities, Children and Families Australia, vol. 4, no. 1, pp. 7–23.
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——, Lamont, A, Parker, R & Horsfall, B 2010, Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems, National Child Protection Clearinghouse, Australian Institute of Family Studies, Melbourne.
Brydon, K 2004, 'Barriers to permanency planning: what the literature suggests', Children Australia, vol. 2, no. 3, pp. 16–21.
Bunn, A 2013, Signs of Safety in England: an NSPCC commissioned report on the Signs of Safety model in child protection, NSPCC, London.
Cameron, C & Taylor-Sands, M 2007, '"Corporate governments" as model litigants', Legal Ethics, vol. 10, no. 2, pp. 154–175.
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Appendix F   CWU Case Studies - Evaluation Methodology and Assumptions

In the evaluation, case studies from each CWU were reviewed to give an indication of operational practices and provide examples of CWU outputs. A high-level assessment was also performed with reference to existing KPIs at the CWUs with regard to their objectives, timelines and numbers of referrals between agencies, and processes undertaken in identifying potential responses.

A sample of at least 20 case studies from the years 2011 and 2013 was provided to EY by the CWU Directors and an end-to-end and case-by-case review was conducted. This did not represent a statistically relevant sample and, as such, stand-alone conclusions were not drawn from this analysis, but rather these case studies were used to provide operational evidence to support other evaluation findings from qualitative data sources.

Case Study Methodology

The method used to select appropriate case studies that meet the needs of the evaluation was:

► EY developed a range of criteria to be used to select case studies that will include objectives, implementation and administration and outputs and inputs

► CWU Directors randomly selected a minimum sample size of 20 cases meeting the selection criteria based from a preselected date of 16 August on 2011and 2013 (and subsequent case studies will be taken in chronological order from the following day(s) in order to meet the selection criteria). In total 180 cases were analysed

► EY performed a measurement of the nominated events against the criteria developed

► A high-level assessment of case studies was completed with reference to other data sources used for the purposes of the evaluation.

The end product of each of these case studies was a summary document on a number of CWU cases across NSW based on WellNet data and relevant supporting information. Each case study was de-identified by the CWU to ensure confidentiality requirements were met and, at the completion of our review, was disposed of by EY, using secure documentation protocols. Selection criteria for CWU cases were in accordance with the diagram and table below:
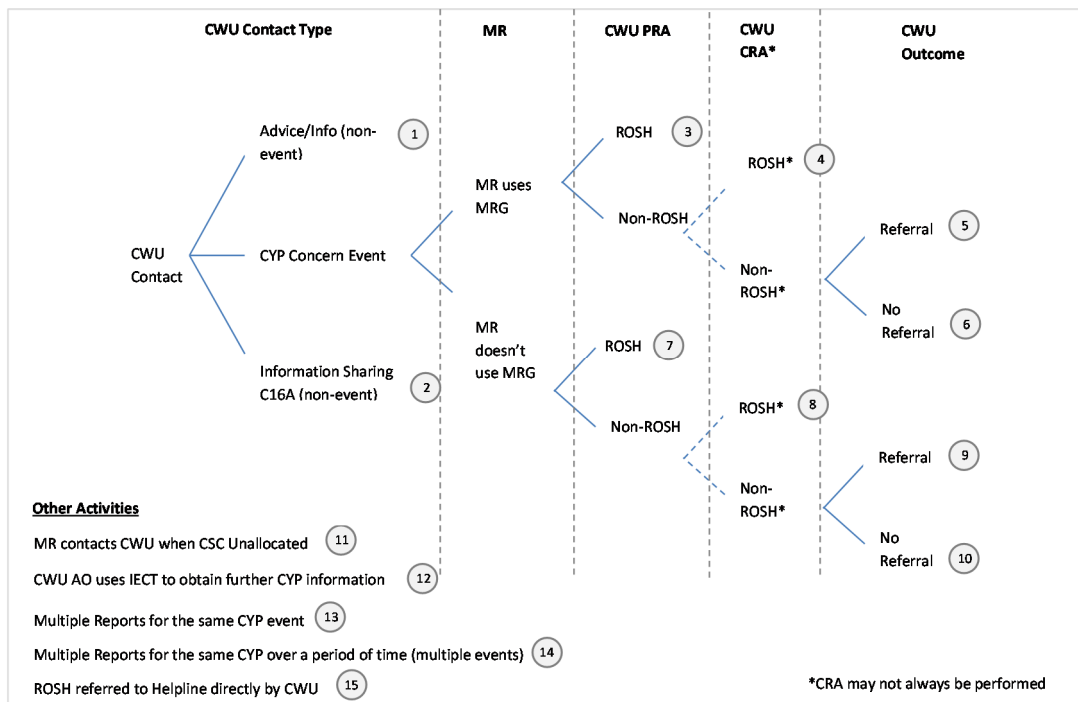
Table A9: Selection Criteria for CaseStudies

Ref #	Selection Criteria	Also applicable for Police?
1	Mandatory reporter contacts the CWU for advice/information not relating directly to a child event	N/A for Police
2	Mandatory reporter contacts the CWU for information request pursuant to C16A	✔
3	Mandatory reporter applies the MRG before contacting the CWU, CWU conducts PRA and assesses the event as ROSH	✔ (Police to provide more cases)
4	Mandatory reporter applies the MRG before contacting the CWU, CWU conducts CRA$^{\#}$ and assesses the event as ROSH	✔
5	Mandatory reporter applies the MRG before contacting the CWU; CWU conducts PRA and/or CRA$^{\#}$ and assesses the event as Non-ROSH. A referral (internal or external) is made or planned by the CWU and the mandatory reporter	✔
6	Mandatory reporter applies the MRG before contacting the CWU; CWU conducts PRA and/or CRA$^{\#}$ and assesses the event as Non-ROSH. Minor event – no further action is taken or recommended by the CWU	✔
7*	Mandatory reporter does not apply the MRG before contacting the CWU, CWU conducts PRA and assesses the event as ROSH	N/A for Police
8*	Mandatory reporter does not apply the MRG before contacting the CWU, CWU conducts CRA$^{\#}$ and assesses the event as ROSH	N/A for Police
9*	Mandatory reporter does not apply the MRG before contacting the CWU; CWU conducts PRA and/or CRA$^{\#}$ and assesses the event as Non-ROSH. A referral (internal or external) is made or planned by the CWU and the mandatory reporter	N/A for Police
10*	Mandatory reporter does not apply the MRG before contacting the CWU; CWU conducts PRA and/or CRA$^{\#}$ and assesses the event as Non-ROSH. Minor event – no further action is taken or recommended by the CWU	N/A for Police
11	Mandatory reporter receives information from a CSC of unallocated ROSH, mandatory reporter contacts the CWU for assistance	N/A for Police
12	CWU AO utilises the Information Exchange Change Team to retrieve information relating to child event	✔
13	Mandatory reporter contacts the CWU for an event where multiple reports have already been made for the same event e.g. repeat contacts	✔
14	Mandatory reporters contact the CWU in relation to a child where that child has a history of multiple events reported over a period of time (including details of what triggered escalation of risk)	N/A for Police
15	CWU AO appraises the child event as ROSH and contacts the CP Helpline directly (on behalf of mandatory reporter)	✔

* Where the prior application of the MRG was not deemed to be relevant to case studies, criteria 7–10 was removed

$^{\#}$A CRA as defined by the CWU agency, noting that this is defined differently for the Education CWU compared to other CWUs

Assumptions

We have assumed that a CWU has the following interactions within the NSW child protection and wellbeing system:

► Referrers/mandatory reporters

► Community Services Lookup function in KiDS to determine if a Child/Young Person is known to Community Services

► Other CWUs requesting information or referring incident

► Community Services Helpline where cumulative risk screening and reappraisal shows ROSH

► The agency view of KiDS (known as the CWU database or WellNet)

► Service Providers/Coordinators of referrals for children and families from within and externally to each agency

► An agency's own system which may have information about a Child/Young Person

Appendix G   Process Review - Evaluation Methodology and Assumptions

As part of the evaluation, walkthroughs of CWU and Helpline processes were conducted for:

► Education CWU

► Health NSW CWU

► Police CWU

► Community Services Child Protection Helpline

Small groups of CWU staff that are involved in the day-to-day operational aspects of the CWU were engaged in a workshop environment to analyse the processes and practices of the specific agency CWU. The outputs of these workshops were process maps for each CWU and the Helpline. These were validated with stakeholders from each respective agency and can be found in Appendix I.

CWU Process Review

These processes were assessed for current potential challenges to effectively meet the CWU's objectives due to practice and/or process deficiencies. A review was conducted of each CWU's processes using a lean process improvement methodology to inform the evaluation in terms of:

► **Value add activity** - all parts of the process that contribute directly to achievement of the desired objectives (e.g. appropriately reporting cases that are suspected ROSH to the Child Protection Helpline)

► **Essential non-value add** - all parts of the process that may not directly contribute to the achievement of the desired outcomes, but are largely mandatory steps that are necessary for the process to work (e.g. policy and regulatory requirements)

► **Non-value add** - all the other parts of the process and can be depicted into the following 6 key areas: waiting, over-processing, rework, under/overuse of talent, standardisation, and time effectiveness

Failure Mode Effect and Analysis (FMEA)

A FMEA analysis was performed for each CWU in terms of the possible failure of the CWUs in achieving their strategic objectives. FMEA was used to identify specific effects or consequences of a potential process failure and methods to eliminate or reduce the chance of failure occurring.

Cost Effectiveness Review

We have reviewed the cost of delivery and outcomes in terms of the CWU's activity volumes for inputs and outputs over time. With the initial inception year of the CWUs not being a complete year, the cost effectiveness analysis was performed over only the three full calendar years which the CWUs have been in operation from 2011, 2012 and 2013. The analysis included a high-level assessment of the objectives to date in the form of a finalised cost effectiveness analysis.

The financial inputs (cost) of the CWUs have been compared against their objectives and outputs. In the evaluation, the cost effectiveness analysis consisted of looking at ratios of CWU operational inputs and outputs against the cost base (FTE and overheads) such as:

► Contacts to the CWU (input)

► Children from events recorded within WellNet (input)

► Direct referrals made by CWUs (output)

► Event advice to mandatory reporters (output)

► Advice to mandatory reporters not relating to an event (output)

► ROSH Assessments escalated to the Helpline (output)

Appendix H   Stakeholder Interviews - Evaluation Methodology and Assumptions

Interviews were conducted with CWU stakeholders relevant to this evaluation as selected by EY and the CWU Directors. Interviews were used to canvass the views of CWU practitioners to explore the enablers and constraints of each agency CWU in adapting to its own context. These interviews were used to identify good practice and lessons learned from those who have been most involved in the CWUs, as well their efficacy in delivering both KTS and agency CWU objectives. Interviews were used to target analysis from quantitative data sources and provide anecdotal evidence to further inform these findings.

The interview methodology utilised in the evaluation followed a structured agenda of pre-prepared questions designed to align with different stakeholder groups. The questions covered three high-level themes within the context of each stakeholder group:

► What is operating effectively to identify, report and intervene on child wellbeing concerns?

► What are the challenges or obstacles to improving child identification reporting and interventions?

► What improvements could be made to enhance the performance and positioning of child protection and wellbeing accountability, education, policy and process?

Mandatory Reporter Interviews

Mandatory reporter interviews were focused around qualitative measures from mandatory reporters' understanding of their role, the CWU's role and the safety and risk indicators to children and young people. In addition to role clarity, their views on the accessibility and quality of information available were also sought to determine the effectiveness of knowledge management across each agency. The question set used for mandatory reporters was adapted for each stakeholder based on the high-level question set below:

1. **To what extent are CWUs helping to drive better alignment and coordination of agency service systems?**
   a. Overall, what has worked well with the introduction of the CWUs across the service system?

2. **To what extent is each of the CWUs successfully adapting to the specific agency context within which it operates?**
   a. What key differences/successes have you seen from an agency perspective?
   b. Overall, what else could be improved?

3. **Open questions:**
   a. How has the CWU influenced outcomes for children - identification and response?
   b. What would you like to see done differently across all agencies and CWUs?
   c. How would support for mandatory reporting take place and who would provide this support if the CWUs did not exist?
   d. Is there anything else we have not covered which you feel is relevant to this review?

Senior Agency Stakeholder Interviews

Key CWU agency stakeholders interviews were used to assess the extent to which each CWU was supporting its own agency and whether the existing governance structures enabled effective alignment to each agency's specific context, as well as collaboration with other agencies. In addition, specific themes were identified to inform other information sources examined within the evaluation. The question set followed for Senior CWU agency stakeholders was adapted for each stakeholder based on the high-level question set below:

1. **To what extent are CWUs successfully advising, supporting and educating mandatory reporters concerning risk of significant harm and reporting of matters to the Child Protection Helpline?**

   a. How effective are CWUs in educating mandatory reporters to enable them to effectively identify a child at risk of significant harm?
   b. How has this changed over the last 4 years?

2. **To what extent are CWUs successfully identifying potential responses by the agency or other services to assist children, young people and/or families?**

    a. What observations can you make around the use of the MRG by mandatory reporters and its effectiveness and accuracy?

    b. How effective have referrals to interventions and NGOs been in addressing risk of significant harm?

3. **To what extent are CWUs helping to drive better alignment and coordination of agency service systems?**

    a. Within your agency how coordinated do you feel the agency is in addressing risk of significant harm

    b. How effective do you think cross-agency information sharing is?

    c. What challenges exist to collaborating across agencies?

4. **To what extent does WellNet enable the work of the CWUs?**

    a. How well does WellNet facilitate cumulative reporting?

    b. How well does WellNet facilitate information exchange?

    c. How effective is the reporting mechanisms within WellNet and how can this be improved?

    d. To what extent is reporting used to inform and drive decision making around the CWU operations?

5. **Which other KTS initiatives impact the CWU's effectiveness, how and to what extent?**

    a. How has the CWU influenced outcomes for children - identification and response?

6. **Open Questions:**

    a. What would you like to see done differently across all agencies and CWUs?

    b. How would support for mandatory reporting take place and who would provide this support if the CWUs did not exist?

    c. Is there anything else we haven't covered which you feel is relevant to this review?

The table below holds a list of all interviews conducted with mandatory reporters and CWU Stakeholders in the course of the evaluation:
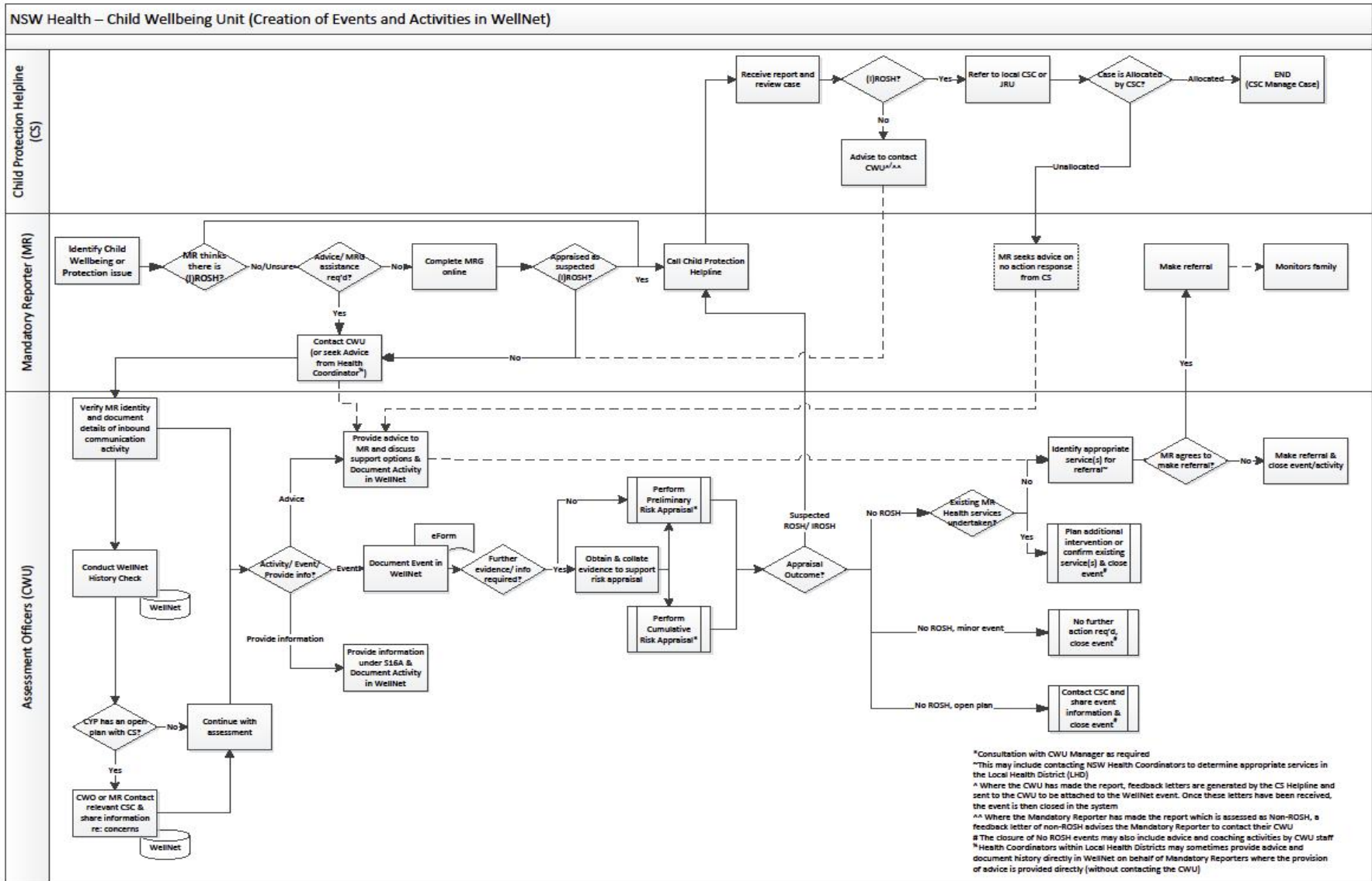
Table A10: Interviewee list

| CWU Evaluation: Interviewee List		
Interviewee(s)	Role/Position	Agency
Anna Morris	Director Child Wellbeing DEC NSW	Education NSW
Education CWU Representatives	Team Leaders and assessment officers	Education NSW
Secondary School Principal Representatives	-	Education NSW
Primary Principals Association - student welfare reference group	-	Education NSW
Brian Smyth King	Executive Director, Learning and Engagement	Education NSW
Education Child	-	Education NSW

| CWU Evaluation: Interviewee List		
Interviewee(s)	Role/Position	Agency
Protection Steering Committee		
Trevor Bale	Assistant Director, Child Protection Helpline	FACS
Matt McFarlane	Director, Child Protection Helpline	FACS
Kylie Gilbert	Inter-agency Liaison Manager, Child Protection Helpline	FACS
Anne Campbell	Deputy Chief Executive of Community Services	FACS
Maree Walk	Chief Executive of Community Services	FACS
Marilyn Chilvers	Executive Director, Frontline Resource Management - Community Services	FACS
Child Protection Helpline	Team Leaders and assessment officers	FACS
Joy Capulong, Ian Robinson	Information Exchange Change Team	FACS
Rosemary Fitzgerald	Director Child Wellbeing NSW Health	Health NSW
Northern Health CWU Representatives	Team Leaders and assessment officers	Health NSW
Western Health CWU Representatives	Team Leaders and assessment officers	Health NSW
Southern Health CWU Representatives	Team Leaders and assessment officers	Health NSW
Mailin Suchting	Director, Child Protection and Violence Prevention, NSW KiDS and Families (representing Joanna Holt - Chief Executive NSW KiDS and Families)	Health NSW
Graham Vimpani	Senior Clinical Advisor, Child Protection and Wellbeing, NSW KiDS and Families	Health NSW
Western Local Health District (LHD) Representatives	Julie Cooper - Director Integrated Primary Care and Partnerships Debrah Davis - Deputy Director - Integrated Primary Care and Partnerships	Health NSW
Northern Local Health District (LHD) Representatives	Patricia Davidson - Children Young People and Families Services Hunter New England Local Health District. Conjoint Professor of Paediatric Surgery, University of Newcastle Susan Heyman - Director - Operations - District Hospitals and Community Health Networks	Health NSW
Jenny Marshall	Manager, Child Protection and Wellbeing Unit, Child Protection and Violence Prevention Team, NSW KiDS and Families	Health NSW
Allison Guthrie	DVLO Coordinator for training	Health NSW

Evaluation of Child Wellbeing Units

CWU Evaluation: Interviewee List		
Interviewee(s)	Role/Position	Agency
Stacy Whiley	District Manager Child Protection Strategies - Integrated Primary Care & Partnerships	Health NSW
Elizabeth Koff	Chief Executive - Sydney Children's Hospitals Network	Health NSW
Raelene Freitag	Director, NCCD Children's Research Center	NCCD Children's Research Center
Barbara Carroll	Inspector, Manager of Operations - CWU	Police NSW
Police CWU Representatives	Team Leaders and assessment officers	Police NSW
Alison Curtis	Sergeant, CWU	Police NSW
Chris Beatson	Director PoliceLink	Police NSW
Peter Barrie	Assistant Commissioner	Police NSW
Mark Murdoch	A/C Mark Murdoch, corporate spokesperson for Domestic Violence	Police NSW

Evaluation of Child Wellbeing Units

Appendix I   Process Maps

NSW Health – Child Wellbeing Unit (Creation of Events and Activities in WellNet)

NSW Dept. Education and Communities – Child Wellbeing Unit (Creation of Events and Activities in WellNet)

FaCS – Child Protection Helpline Process
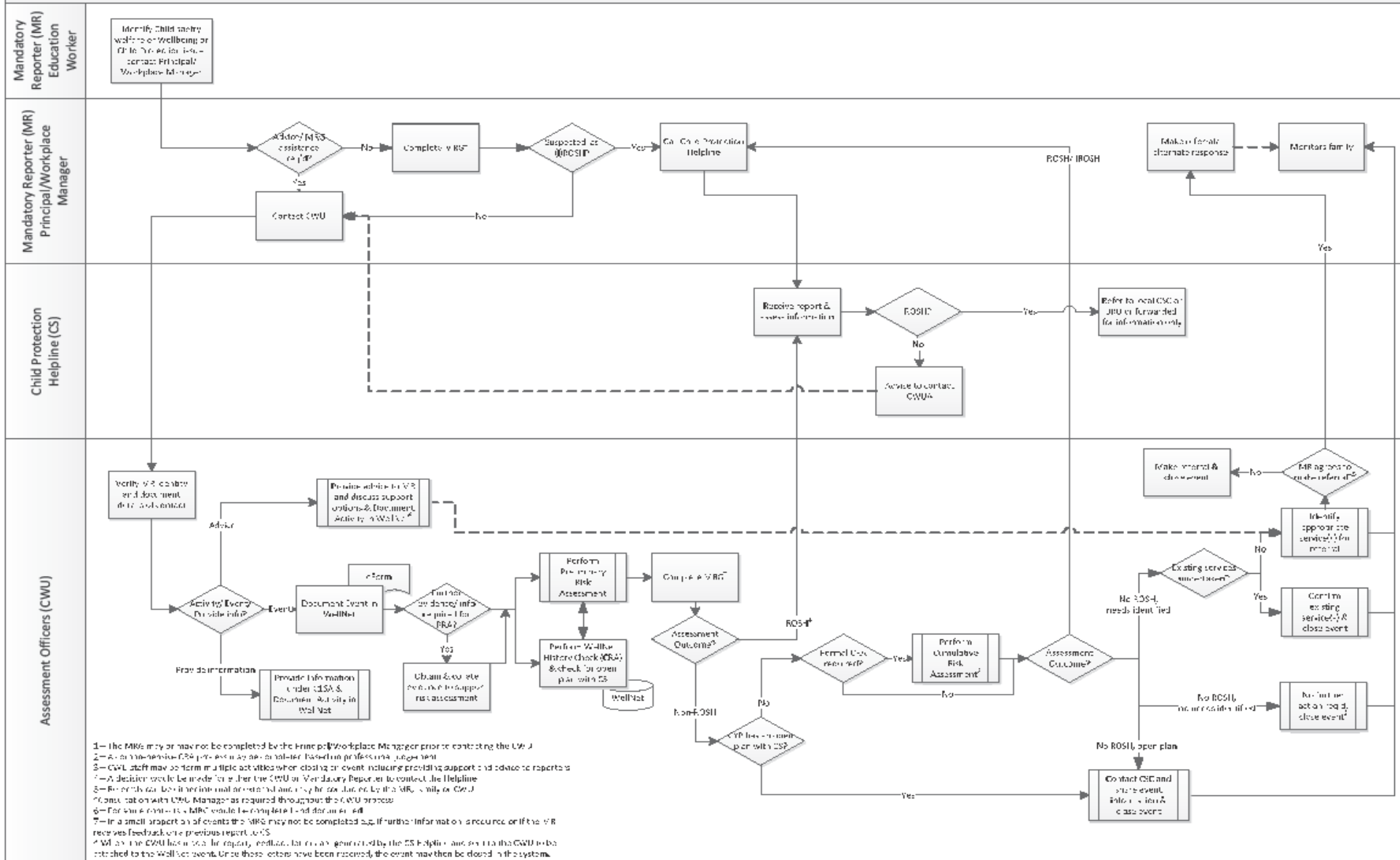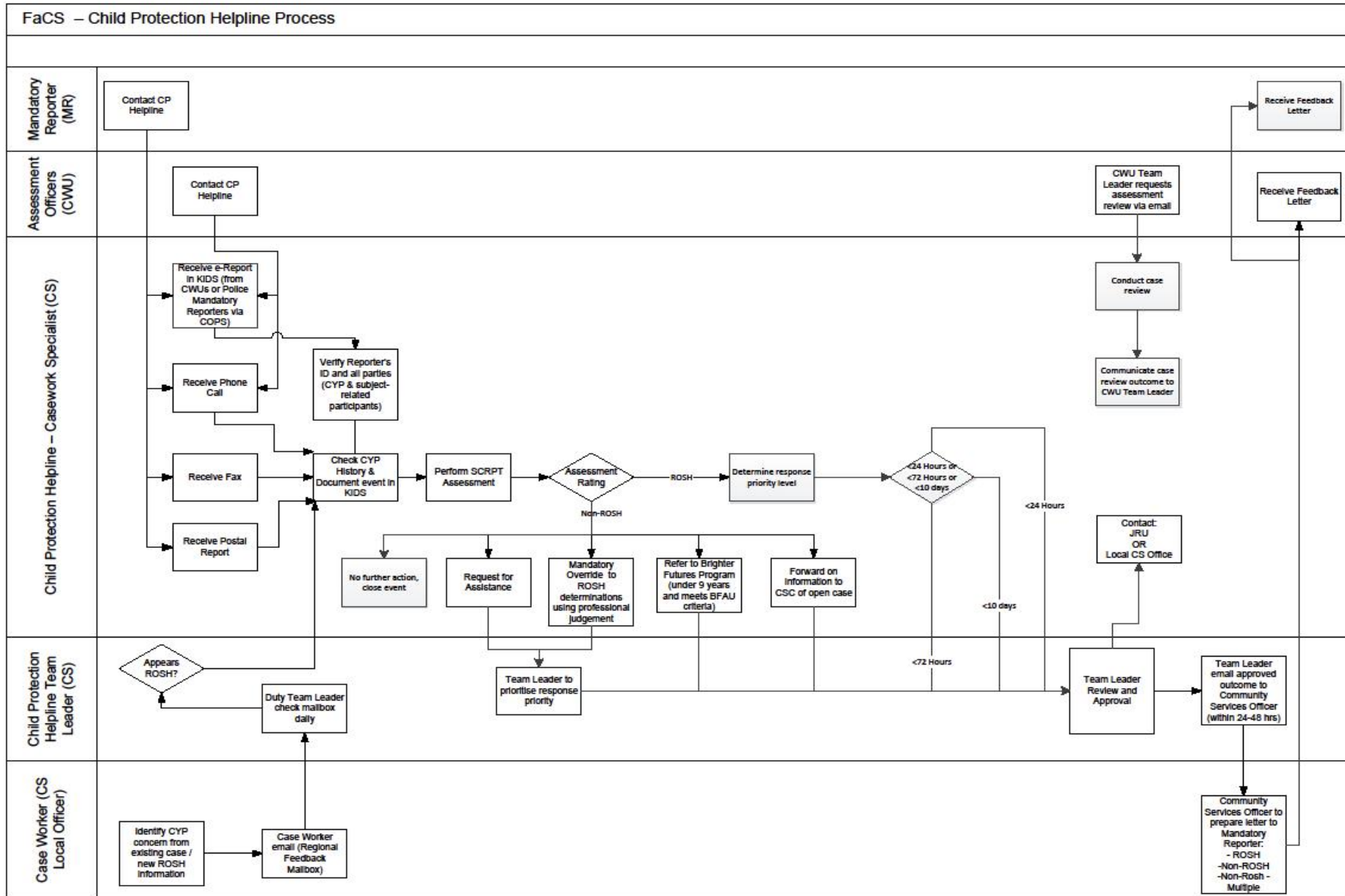
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