



# Social Policy Research Centre

Never Stand Still

Faculty of Arts and Social Sciences

## KEEP THEM SAFE OUTCOMES EVALUATION

FINAL REPORT  
NSW DEPARTMENT OF PREMIER AND CABINET

JUNE 2014

SPRC  
Social Policy Research Centre



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## Ethics and police clearance

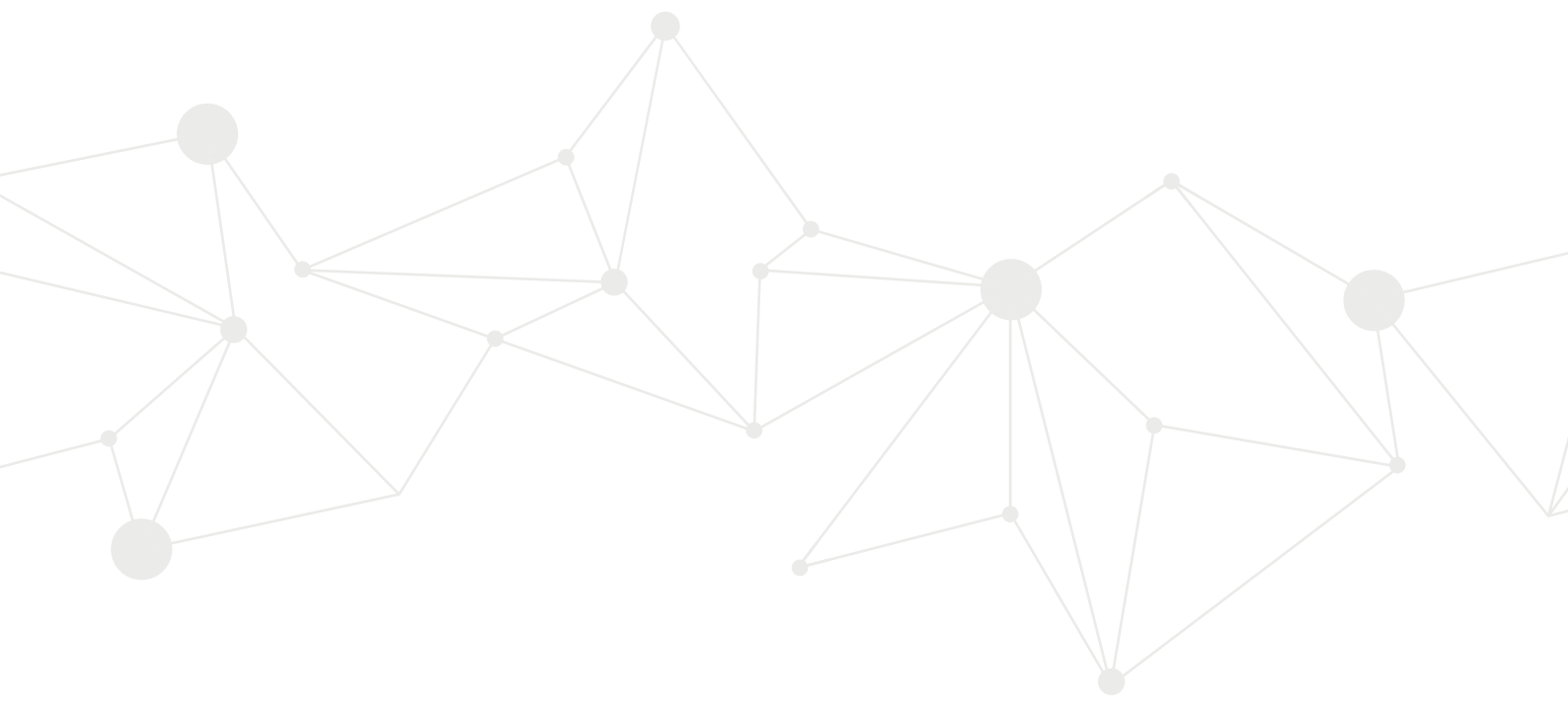
The outcomes evaluation has received human research ethics clearance from the University of New South Wales Ethics Committee. Researchers involved in this project have obtained appropriate clearances (police checks) which are required to work with sensitive datasets.



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## Abbreviations

ADR	Alternative Dispute Resolution
AEDI	Australian Early Development Index
Chapter 16A	Chapter 16A of the <i>Children and Young Persons (Care and Protection) Act 1998</i>
CSC	Community Services Centre (Department of Family and Community Services)
COPS	Computerised Operational Policing System
CYP	Children and young people
CWU	Child Wellbeing Unit
DPC	NSW Department of Premier and Cabinet
DEC	NSW Department of Education and Communities
FACS	NSW Department of Family and Community Services
FP/STCO	Family Preservation/Restoration and Short Term Court Order Pilot Project
FRS	Family Referral Services
Health	NSW Ministry of Health
IFBS	Intensive Family Based Services
IFS/IFP	Intensive Family Support/Intensive Family Preservation
JIRT	Joint Investigative Response Team
JRU	Joint Response Unit
KiDS	Key Information Directory System (KiDS) – Community Services information management system
KTS	Keep Them Safe
LHD	Local Health District
LGA	Local Government Area
MRG	Mandatory Reporter Guide
NGO	Non-government Organisation
OOHC	Out-of-home care
ROH	Risk of Harm
ROSH	Risk of Significant Harm
SDM	Structured Decision Making
SPRC	Social Policy Research Centre
Wellnet	Information management system used by CWUs

# 1 Executive summary



The NSW Government has made a substantial investment towards protecting children from harm through its \$750 million Keep Them Safe child protection initiative. Keep Them Safe (hereafter KTS) is arguably the most significant change to child protection policy in NSW since the introduction of mandatory reporting in 1987. It was introduced in 2009 as the NSW government's response to the Special Commission of Inquiry into Child Protection Services in NSW undertaken by Justice Wood (Wood Inquiry). KTS is a five-year plan (2009-14) by the NSW Government to improve the safety and wellbeing of children and young people in NSW.

KTS has the following main objectives:

- **Intervening early:** ensuring the safety and wellbeing of vulnerable children and young people by enhancing the universal service system and early intervention services
- **Responding effectively:** protecting children at risk of significant harm and ensuring that fewer children enter out-of-home-care and those children in out-of-home-care are well supported
- **Supporting Aboriginal children, families and communities:** improving service delivery and Aboriginal participation to address Aboriginal over-representation in child protection
- **Changing practices and systems:** improving interagency collaboration and information exchange across all services to provide effective support to children and families at all levels of risk

The Department of Premier and Cabinet (DPC) commissioned a consortium of researchers, led by the Social Policy Research Centre at the University of New South Wales, to conduct the Outcomes Evaluation.

Like KTS itself, this evaluation is a pioneering initiative and involved nine complementary methodologies, specifically selected to cover as many aspects of KTS as possible.

## Key Findings

The evaluation has found that KTS has had success in changing the system areas across the four objectives. In a relatively short time-frame KTS has provided a solid platform for future improvements in the quality of service provision, collaborative practice, adoption of a more strategic approach to early intervention, better engagement with Aboriginal communities and improvements in the identification and protection of children at risk of significant harm (ROSH).

The cost effectiveness analysis shows that KTS funding, in particular funding directed towards prevention and early intervention, has had a significant impact on reducing the rate of children reported at ROSH to the Child Protection Helpline.

However, the five years of KTS have not been long enough to realise its objectives fully. The five year time-frame should be seen as the first stage in a longer journey towards a truly effective system that ensures the safety and wellbeing of children in NSW.

The change in the threshold of reporting to the NSW Child Protection Helpline from risk of harm (ROH) to risk of significant harm (ROSH) resulted in considerable reductions in reports of harm. However, since the initial decline that coincided with the threshold change, the level of reporting has remained the same for non-Aboriginal children and slightly increased for Aboriginal children.

The logic behind early intervention is that over time, as the wellbeing of the population improves, the proportion of children whose risks escalate to the ROSH threshold should decrease. This has not happened in NSW at an aggregate level yet. However, the evaluation has found that the greatest impacts have been felt by younger children (0 to 5), and this provides some optimism that the expected reduction in reports will ultimately eventuate.

The prevention, early intervention and protection system is still very 'system focused', and much effort is still expended on reporting, referral and assessment rather than efforts to intervene early and provide effective, holistic multi-agency responses to vulnerable children. There is still some way to go for agencies to take responsibility for the wellbeing of children rather than looking for another service or agency.

KTS has made some improvements to service provision and engagement for Aboriginal children and communities. Progress has been slow, but is as good as could be expected within the timescales and resources available. However, there are still significant gaps between Aboriginal and non-Aboriginal children at all levels of the system. For these to be reduced, the improvements for Aboriginal children would have to be greater than for non-Aboriginal children, and this is only the case for a few outcomes. On the whole, improvements in outcomes for Aboriginal children parallel those for non-Aboriginal children.



## Intervening Early

More than \$156m over five years has been invested in prevention and early intervention through the KTS initiative. Significant programs funded by KTS include Brighter Futures (additional funding of \$36.7m), Sustaining NSW Families (\$18.8m), Family Referral Services (FRS) (\$39.5m), Aboriginal Student Liaison Officer Positions (\$7m), and Home School Liaison Officers (HSLO) (\$11.6m).

Findings from multiple components of the evaluation indicate positive changes in levels of support provided to vulnerable families. However, the extent of these changes is not possible to gauge with the available evidence.

Brighter Futures is the largest program within the child protection system that seeks to address family vulnerability. KTS delivered a substantial funding increase to this flagship program and participation in Brighter Futures has increased over time from 3,502 children whose families had participated in 2008/09 to 7,050 in 2011/12. Increases were especially large for families of Aboriginal children.

There are some indications that the program may be successful in preventing children from entering the statutory child protection system and entering out-of-home care.

The evaluations of funded components of KTS that provide services to vulnerable children and their families provide limited information on outcomes, but they do indicate some promising findings. The evaluation of Family Case Management, a program for families who have high levels of contact with multiple services, found positive results for participating families in terms of reports to the Helpline and family functioning. The evaluation of the FRS indicates that the take-up of the FRS as a referral resource for local services has been limited to date, but the FRS have been effective in delivering timely and sufficient services to those families who are referred to them. Sustaining NSW Families is a structured program based on two successful health home visiting programs (MECSH Sydney and Nurse Family Partnerships, United States) with enhanced components of parenting support. The evaluation of this program was not completed in time for this report.

One of the reported consequences of changes to the reporting threshold is that more families with complex needs are now being supported by early intervention services. This is a positive indicator of the effectiveness of new services for families and improved referral processes, as these children would otherwise be in the child protection system or not receiving any support.

However, many service providers do not feel confident in supporting families with higher needs. These service providers struggle to meet the demand placed on them by families with high and complex support needs, including domestic violence, co-occurring mental health and substance misuse problems, and intergenerational poverty and disadvantage. They are concerned that in supporting these families they are risking poor outcomes.

## **Cost effectiveness of early intervention**

The cost-effectiveness analysis shows that the largest impact of KTS investment is for younger children aged 0-5 years, where an overall KTS investment increase of \$100 per child within a community is significantly associated with a decrease of 9 children and young people reported at ROSH per 1,000 children in the population.

KTS funding that has been specifically allocated to prevention and early intervention is estimated to reduce significantly the count of ROSH reports with greater reductions in ROSH reports for younger children. Quantifying the effectiveness of KTS prevention and early intervention funding, all else being equal, a \$100 increase in funding per capita has the following impacts:

- a reduction of 8.8 in the number of ROSH reports per 1,000 among children aged 0-5
- a reduction of 6.4 in the number of ROSH reports per 1,000 among children aged 6-12
- a reduction of 9.3 in the number of ROSH reports per 1,000 among children aged 13-17
- a reduction of 8.2 in the number of ROSH reports per 1,000 among children aged 0-17

## **Responding effectively: children at risk of significant harm**

KTS funded a number of new services to better identify and protect children at ROSH. The threshold change was designed to ensure that children at the highest level of risk were better protected and that those at lower levels would be diverted into preventive services.

The threshold change resulted in an immediate reduction in reports to the Helpline, which were streamed to Community Services Centres (CSCs) for further assessment. The numbers of such reports has remained relatively stable to 2012/13, with marginal increases in the past two years. However, the volume of suspected ROSH reports to the Helpline continues to be very high. While comparison with domestic and international jurisdictions is difficult, it appears that the reporting rate in NSW is much higher than in many other jurisdictions.

KTS has resulted in lower numbers of children being re-reported to the Helpline (within 12 months) following an initial ROSH assessment. However, more than half of these children are still re-reported again within 12 months. The level of re-reporting is an indication that the assessment process is still not leading to effective interventions for many children.

While 60 per cent of Aboriginal children and 75 per cent of non-Aboriginal children who are assessed to be at ROSH are not seen by a case worker, the likelihood of receiving a face-to-face assessment has been improving for both Aboriginal and non-Aboriginal children during KTS, especially for children aged 0-5. Almost one in two Aboriginal children and one in three non-Aboriginal children at ROSH in this age group currently receive a face-to-face assessment. This is still below international standards. No other jurisdiction reports on this particular metric, but consultations with key stakeholders has indicated that in the UK and USA there is a clear expectation that every child with an initial determination of child abuse is seen unless there is a specific reason

not to see the child. Ideally, every child who is at ROSH should receive a full assessment, including being seen face-to-face, unless there are good reasons for the child not to be seen.

Nevertheless, Community Services has made significant efforts to improve support to children at ROSH through a range of initiatives, not all KTS funded. More children at ROSH are receiving services, and there are indications that these services may be effective in preventing children from going into out-of-home care, although the evidence is not definitive.

The increase in the rate of children in statutory out-of-home care has slowed since the introduction of KTS and for some groups decreased. For example, for children under six, 6.2 per 1,000 lived in statutory out-of-home care in 2012/13, compared to a peak of 6.8 per 1,000 in 2009/10. Rates of children entering care for the first time have also been declining, from 3,233 in 2009/10 to 2,792 in 2011/12, representing a 13.6 per cent decrease.

The strongest effects are observed for the youngest children (those aged 0-5 years) entering care, where the rate of non-Aboriginal children entering out-of-home care in this group is declining and the rate for Aboriginal children flattening. This finding is consistent with KTS being effective as younger children are most likely to be diverted from out-of-home care by prevention and early intervention programs.

Additionally, it is now quite rare for children who do not have a substantial prior history with child protection to be placed in out-of-home care, and the likelihood of placement in out-of-home care for this group of children has decreased substantially.

This is an encouraging trend and bodes well for the system's capacity to better help families maintain children in their own homes.

There is also positive evidence that successful restoration of children to their families has been improving. Re-entries into out-of-home care have decreased for almost all age groups over a seven year period (i.e. starting before KTS). Aboriginal children and young people have experienced an average annual decrease of 1.6 percentage points. Re-entries for non-Aboriginal children and young people have decreased on average by 1.1 percentage points annually.

However, Aboriginal children are still more than six times more likely to be in out-of-home care than non-Aboriginal children.

### **Better supporting Aboriginal children and families**

There are some signs that service provision for Aboriginal children and families is improving, and engagement with Aboriginal agencies and communities has also improved. This has resulted in better outcomes for Aboriginal children in a number of domains. However, Aboriginal children continue to be over-represented in the child protection system, and progress around the quality of service improvement is not uniform. In some respects, the gap continues to widen.

Between 2010/11 and 2011/12 there was a fall in the proportion of Aboriginal children aged 3-5 years attending Brighter Futures who were subsequently reported at suspected ROSH and there was also a drop in

Aboriginal children who participated in Brighter Futures entering OOHC. This suggests that Aboriginal children and families are being better supported in the KTS environment.

Although the rates of reporting for Aboriginal children continue to rise, more Aboriginal children are receiving a face-to-face assessment than they were before the KTS reforms. There is also positive evidence that successful restoration of children to their families has been increasing. Re-entries to out-of-home care have decreased for almost all age groups over a seven year period, especially for Aboriginal children and young people.

Consultations with Aboriginal organisations, service providers and stakeholders indicate that the Aboriginal services funded through KTS, especially Intensive Family Based Services (IFBS) and Aboriginal Student Liaison Officer Positions are highly regarded. The IFBS evaluation found participants were less likely to be the subject of a ROSH report after participation in the program.

Most respondents to the workforce survey felt KTS had made at least a somewhat positive impact on the cultural appropriateness of services. Those whose work was highly focused on Aboriginal clients were more likely than others to report KTS had a positive impact on the cultural appropriateness of services.

The capacity of services to deliver support enabling Aboriginal children and young people to be safe and connected to culture remains complex and challenging. Services and agencies are making significant efforts to improve connections between non-Aboriginal services and Aboriginal services and communities. However, while there are many promising signs, changes are necessarily gradual, and time to build relationships and trust is essential.

The results of the workforce survey indicate that the child protection system as a whole is working less effectively for services delivered primarily to Aboriginal families. Respondents whose work is highly focused on Aboriginal clients are less likely than other respondents to be satisfied with the mandatory reporting system in NSW, and more likely to be dissatisfied with it. This reflects the continuing over-representation of Aboriginal children in the child protection system.

## **Changing practices and systems**

The vast majority of mandatory reporters who responded to the workforce survey felt that there had been improvements over the past 12 months in supporting families, sharing information, and connecting with Aboriginal organisations and communities. The majority of those attributed these improvements to KTS.

There are promising signs of shared responsibility for child protection and early intervention. The provisions of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 that enable information sharing are highly valued and have made a difference to the way that agencies work together. However, many stakeholders reported continuing challenges and significant bureaucratic delays in relation to information sharing.

Mandatory reporters value the new initiatives for information sharing and the provision of support and advice to mandatory reporters on how to respond to concerns about children's safety and well-being. Reporters are now more likely to divert children to early intervention. Whilst KTS has made a positive difference in this

respect, half of calls to the Helpline from mandatory reporters still do not meet the ROSH threshold, which means that Helpline and other Community Services resources are still absorbed in managing these calls.

There are indications that Community Services is still held responsible for child protection, and that information sharing and interagency collaboration is largely confined to the early intervention part of the system. This is confirmed by a number of evaluation findings including the continuing high level of children not at ROSH referred to the Helpline and the fact that many support services are not available to families with children at ROSH. However, there are many local initiatives, which aim to improve collaboration between Community Services and other agencies to better serve children at ROSH.

Child Wellbeing Units (CWUs) (\$65.6m over 5 years) in Police, Health and Education, were funded to help mandatory reporters from these agencies to identify the appropriate children to report to the Helpline and to divert those below ROSH from being reported by providing services within their own agency or referring to other organisations. The CWU evaluation report indicates that the CWUs are fulfilling their intended functions of advising, supporting and educating mandatory reporters in their agencies. Over 80 per cent of respondents to the mandatory reporter workforce survey from the relevant agencies find the CWU helpful. Further, the evaluation looked at reports by mandatory reporters to CWUs of suspected harm. Across DEC, Police, and Health, fewer mandatory reporters are using the MRG, indicating familiarity with the process. Since 2010, the proportion of cases in which reporters and CWUs both come up with the same assessment as to whether the subject of the report is at ROSH or not has increased, indicating that mandatory reporters are becoming more familiar with the MRG.

CWUs are not available for large sectors of the mandatory reporter workforce, and consultations indicated that many turn to the Helpline or to FRS for advice and support around reporting.

Children who are already known to Community Services are much more likely to be re-referred to the CWU and to be reported at ROSH than those who are referred for the first time.

The FRSs have been successful in engaging with families and referring them to appropriate services. They have not yet realised the role of the 'Regional Intake and Referral Services' that were proposed by the Wood Inquiry and envisaged in the KTS action plan, i.e. to 'drive improved links between local government and non-government services and provide advice to agencies to support better realignment of local services'. This may be because many of the services have only recently been implemented, but it could also be due to a range of other factors including lack of awareness of the FRS role by potential collaborating agencies and FRS not having the remit to initiate strategic change in their local areas.

The Mandatory Reporter Guide (MRG) and Structured Decision Making (SDM) tools are valued by mandatory reporters and have facilitated the development of a common language and more collaboration around reporting. However, the system is still preoccupied with reporting and referral, with relatively less focus on collaboration around intervention and support for vulnerable families, especially those at ROSH. Although there are multiple local initiatives aimed at improving multi-agency approaches to intervention, the lack of a strategic framework has hampered progress in this area.

As the Wood Inquiry and other reports have found, significant challenges remain in service delivery in remote and isolated communities and small towns. The economic analysis showed that the rate of children being reported at ROSH increases with the remoteness of the community they live in.

## The universal system

The KTS approach, characterised by 'a shared approach to child wellbeing' highlights the importance of the universal system, by indicating that universal services can identify and help families manage these problems at the earliest possible opportunity, and refer families to additional support or more specialised services where needed.

The universal system consists of services provided from both the education and health sectors and includes universal health visits; pre and ante-natal care; child care; pre-primary and secondary-school among others. These services promote child wellbeing for children no matter their circumstances, including vulnerable children, children at ROSH and those in OOHC. The evaluation has found that more NSW children are getting a healthy start to life and there have been improvements in child development between 2009 and 2012 in NSW. However, Aboriginal children are much more likely to be developmentally vulnerable than other children.

Findings from multiple components of the evaluation show positive changes in support for vulnerable families, and promising indicators that universal services are contributing to identifying and responding to the needs of vulnerable children. The evaluation also finds significant remaining challenges.

## 2 Introduction



This is the final report of the Outcomes Evaluation of Keep Them Safe (KTS). The Department of Premier and Cabinet (DPC) commissioned a consortium of researchers, led by the Social Policy Research Centre at the University of New South Wales, to conduct the outcomes evaluation.

The outcomes evaluation was conducted over a 12-month period to June 2014. Concurrently with this, many of the funded components of KTS were subject to interim evaluations at varying intervals after they had been set up, and an Interim Review of KTS was undertaken by DPC and published in early 2013. Overall, the review found that KTS had been reasonably well implemented but some of its components had experienced difficulties in their set up phase. The review indicated that most of the KTS initiatives were still in their early phases of implementation and that outcome data was generally not yet available (NSW Department of Premier and Cabinet, 2013).

KTS is one of the most far-reaching attempts to reform a child protection system anywhere, and like KTS itself, this evaluation is a pioneering initiative. Our review of the international literature indicated that there have been no evaluations of child protection and early intervention systems which cover the breadth of this evaluation or which rely on such a diverse range of methods to draw conclusions about the effectiveness of a major system change initiative.

This report brings together analysis from each methodological component of the evaluation, and draws on the insights of previous reviews, and evaluations of individual KTS projects and initiatives.

The methodology for the evaluation is summarised at Chapter 3 and detailed at Appendix A.

## 2.1 Keep Them Safe

Every jurisdiction in Australia, and most child protection systems around the world, have been subjected to reviews, most of which have resulted in recommendations leading to reforms and sometimes fundamental agency re-structures.<sup>1</sup> Yet few cover the range of initiatives that KTS has encompassed – including the universal system, the engagement of multiple government agencies and the non-government sector and the courts, legislative changes, and efforts to change the organisational cultures of multiple agencies and professional disciplines.

KTS was introduced in 2009, with a \$750 million funding package, as the NSW Government's response to the Special Commission of Inquiry into Child Protection Services in NSW undertaken by Justice Wood (hereafter the Inquiry) (Wood, 2008b, 2008c, 2008d). Its components were an investment in new services, enhancements of existing services, and new methods for ensuring children receive high quality interventions as early as possible.

The Inquiry identified a range of challenges for the child protection system and made 111 recommendations to improve the system. It reported on several areas of concern, relating to reporting of suspected harm, responses to those reports, and the capacity of the service system to support children and families.

The Inquiry found that too many reports were being made to Community Services (formerly the Department of Community Services) that did not require a statutory response. As a result, much effort and cost was expended in managing these reports, resulting in children receiving little in the way of subsequent assistance, while cases of children who required attention from Community Services were closed because of insufficient resources. Moreover, there was a tendency by mandatory reporters to report children to Community Services without considering whether these children would benefit from other services.

The service system itself was not able to meet the needs of all families. Universal and early intervention services were poorly coordinated and families often 'fell through the cracks' – receiving inadequate services even where these were available. Agencies were reluctant to share information about vulnerable children due to perceived legal barriers around consent and patient/client confidentiality. This prevented many vulnerable children from receiving the appropriate services.

The Inquiry's report on 'specific issues' included a section on Aboriginal over-representation in child protection, and the fact that there were indications that the quality of services they received was inadequate.

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1 For example, reforms in South Australia following the Layton Review (\$200 million over five years from 2005), Victoria's Vulnerable Children – Our Shared Responsibility Strategy 2013-2022 (\$336 million over four years from 2012), following the earlier action plan and white paper (including legislative changes) in 2005; and Queensland's response to the Crime and Misconduct Commission's (CMC) Inquiry Report Protecting children: an inquiry into abuse of children in foster care (\$414 million over four years from 2004).



The key elements of *Keep Them Safe*, the government's five year (2009-14) action plan, are:

- Increasing the threshold for reporting children and young people to the Child Protection Helpline from 'risk of harm' to 'risk of significant harm' (ROSH)
- Improving information exchange between agencies by amending Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* to facilitate information exchange between government agencies
- Establishing Child Wellbeing Units in the major government reporting agencies
- Establishing a network of Family Referral Services
- Enhanced service provision, including prevention and early intervention services and acute services
- Increasing the role of non-government organisations in delivering services
- Changes to out-of-home care
- Changes to processes in the Children's Court
- Providing better services to Aboriginal children and young people, with the aim of reducing their over-representation in the child protection system

(New South Wales Government, 2009)

KTS was informed by a public health model of child welfare and child protection, which entails targeting policies and interventions at the risk factors known to be related to child maltreatment, quickly identifying and responding to problems if they do occur, and minimising their long-term effects (Hunter, 2011; The Allen Consulting Group, 2008). These services include:

- Primary intervention services, which in this report are described as those that make up the universal service system that target all children, young people and families. The report classifies these services as universal although the KTS primary prevention program, *Sustaining NSW Families*, is more accurately described as targeted within the universal system (all families with newborns receive home visits, vulnerable families with social and economic disadvantage and associated psychosocial distress receive sustained home visiting).
- Secondary intervention services that target families in need and who show risk factors for child maltreatment; for example, poverty, parental mental health problems, and alcohol and other drug misuse. In this evaluation report, these services are described as *prevention and early intervention services*, for vulnerable children and families.
- Tertiary intervention services that target families where abuse or neglect has already occurred. In this evaluation report, these services are described as the *statutory child protection system*,

targeting families where children are at risk of significant harm (ROSH). Although not all children at ROSH require or receive a statutory response, the report organises the findings of the evaluation in this way to emphasise the fact that children at ROSH should be in contact with the statutory system, and to differentiate this from the networks of early intervention and prevention services for non-ROSH families. The tertiary or statutory child protection system is divided into two sub-systems: children who are in contact with the system but who remain within their families; and children in out-of-home care (OOHC).

A schematic illustration of these levels and how they interact is provided in Figure 1. This indicates that all families benefit from the universal services, including vulnerable families and families of children at ROSH. Families may also require a range of primary, secondary and tertiary services, and children may require services when the risk of significant harm has diminished. Thus, these descriptions do not refer to the risks to children or their needs, and families should not be categorised as falling into these service categories.

**Figure 1** Schematic representation of the KTS service system



Funding for KTS included allocations to services across the universal, secondary and tertiary service systems, and programs for Aboriginal families and communities. Most of these are in selected sites; Brighter Futures, SAFE START, and Intensive Family Support and Intensive Family Preservation, are available across NSW.

KTS funded one **primary prevention program**, the health home visiting program for vulnerable families with predictive risk factors *Sustaining NSW Families*.

**Early intervention** programs for vulnerable children and families that were introduced or enhanced under KTS are:

- *SAFE START*, a support program for vulnerable women, parents and infants during the antenatal period and following birth
- *Family Referral Services (FRS)* were intended to provide information and link vulnerable children, young people and their families to a range of support services in their local area; and deliver services for a time-limited period for families who could not be referred to an appropriate service immediately. The core role of the FRS is to provide services to children, young people, and families who do not meet the statutory threshold for child protection intervention. In the Child Protection Caseworker in Family Referral Services Pilot Project, the FRS are also assisting with low priority cases of children and young people reported as being at ROSH
- *Brighter Futures*, an early intervention service for vulnerable families with young children. Since 2012, there have been notable increases in the number of families and children engaged and participating in Brighter Futures with non-government organisations (NGOs). This is in part the result of the transfer of families receiving Brighter Futures case management through Community Services to non-government agencies
- *Getting on Track in Time (Got It!)*, a school-based mental health clinical early intervention program to reduce the frequency and severity of conduct problems and prevent the development of severe behaviour problems such as conduct disorder in young children. The program is delivered across two school terms by specialist Child and Adolescent Mental Health teams in partnership with school staff
- *Family Case Management*, an integrated case management response to better support families who are frequently encountered by a number of government agencies and NGOs. It commenced in 2010 in three pilot sites: South West Sydney; South East NSW; and Western NSW
- *Home School Liaison Officers (HSLOs)* are employed by the Department of Education and Communities (DEC) to work with children with absentee issues that have failed to respond to intervention by schools. They are appointed to a particular region and identify the schools with the most serious attendance issues. Their role is to identify the reasons why the child has a high rate of absenteeism, and put them in touch with the appropriate supports. HSLOs have operated in NSW schools since 1986. KTS funding for this program allowed DEC to increase the numbers of HSLOs available for NSW schools from 85 to 110 (25 additional positions).

**Tertiary programs** for families where a child is at ROSH that were introduced or enhanced by KTS funding are:

- *Intensive Family Support (IFS) and Intensive Family Preservation (IFP)* provide support, including casework and case coordination, and access to brokerage funds, to families where children

are at ROSH (and for IFP, at imminent risk of placement in out-of-home care (OOHC)). IFS and IFP commenced in 2011. IFS and IFP commenced in 2011 and is delivered by contracted NGOs across NSW

- *Whole Family Teams* program aims to address the needs of whole families where parents/carers have mental health and/or substance use problems and parenting difficulties. The pilot has been implemented since 2010 in four regional and rural sites across NSW: Lismore, Newcastle, Gosford, and Nowra
- *Family Preservation/Restoration and Short Term Court Order Pilot Project* provided intensive casework, including dedicated positions, to families with a ROSH report or children in out-of-home care. Pilot was operational across four Community Service Centres in the Metro Central and Hunter Central Coast regions (Eastern Sydney, Central Sydney, Gosford and Raymond Terrace) from April 2011 to 30 June 2013
- *Alternative Dispute Resolution* programs can be used prior to and during care and protection proceedings in the Children's Court and provide families with opportunities to participate in decision making
- The Hunter New England *Sexualised Behaviour (under tens) program* is a therapeutic program for children under ten with problematic or harmful sexual behaviour, and *New Street Services* is a therapeutic program for young people aged 10-17 years old with a history of confirmed sexually abusive behaviours
- *Bail Assistance Line (BAL)* is intended to reduce the number of young people going into custody because they do not have stable housing.

**Services for Aboriginal families and communities** that were introduced or enhanced by KTS funding are:

- *Safe Families* aimed to reduce the incidence of child sexual assault in five targeted communities in Western NSW, and reduce offending over the long term by building strong, healthy family and community relationships
- Two parenting programs for Aboriginal parents in NSW Correctional Centres, *Hey, Dad! For Indigenous Dads, Uncles and Pops* and *Mothing at a Distance (MAAD)* aim to increase parenting skills
- *Protecting Aboriginal Children Together (PACT)* aims to provide Aboriginal-specific responses by providing cultural advice at key decision-making points in child protection interventions for Aboriginal children and young people. It commenced in 2011. Services are delivered by Aboriginal NGOs in Shellharbour and Moree
- *Intensive Family Based Services* is an intensive, time-limited service to Aboriginal families in which children and young people are at risk of placement in OOHC. Services are delivered by Aboriginal NGOs in Wyong, Kempsey, Wagga Wagga and Grafton

- *Aboriginal Student Liaison Officers (ASLOs)* work with Aboriginal communities and schools to promote school retention. While ASLOs do engage with individual Aboriginal children in the same manner as HSLOs, they also focus on involving Aboriginal community members to support attendance. Under KTS, the number of ASLOs was increased from 10 to 25 – an additional 15 positions.

A number of KTS programs also have a strong Aboriginal focus including the *Family Referral Services* (New England North West, Mid North Coast and Western NSW regions) and the *New Street Services* (Western NSW and Hunter New England Local Health Districts).

KTS also enhanced or introduced services to improve responses to reports of suspected significant harm, and referrals to services.

Initiatives to **improve reporting, referrals and service delivery** include changes to legislation to enable information sharing, specifically the enactment of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*. Funded initiatives that were introduced or enhanced by KTS funding are:

- *Child Well-being Units (CWUs)* help mandatory reporters to identify services available within their own agency, or in other organisations, which could support the family. They have been established in the three government agencies responsible for the majority of child protection reports: NSW Health, NSW Police Force, and Department of Education and Communities
- A number of decision making tools to support the introduction of the new ROSH reporting threshold were introduced. The *Mandatory Reporter Guide (MRG)* was created to provide mandatory reporters with a systematic approach to assessing child wellbeing and risk issues, and the *Structured Decision Making (SDM®) Screening Tool* and the *Response Priority Tools* were introduced for use by Community Services staff at the Child Protection Helpline
- The *Clinical Issues Unit* is an expansion of the operations of the previous Drug and Alcohol Expertise Unit in Community Services, and provides support and training to frontline workers to improve their capacity to work with families
- The *OOHC Health Pathway Program* has been implemented to help address the disproportionate chronic health needs of children in out-of-home care through the systematic health assessment, intervention and review of all children and young people entering statutory out-of-home care. A network of *NSW Health OOHC Health Coordinators* have been appointed to help plan and implement this process
- *NSW DEC OOHC Education Coordinators* were appointed to ensure the implementation of educational support planning for children and young people in out-of-home care
- *KTS Regional Project Managers* were appointed to provide regional support for specific Keep Them Safe initiatives; develop new relationships with the nongovernment sector and improve existing ones; and support regional aspects of key Keep Them Safe projects such as the Family Case Management Pilot (FCM) and the Family Referral Services (FRS).

In addition, KTS initiated the transfer of responsibility for children in out-of-home care from Community Services to the NGO sector. Although one of the KTS indicators addresses this issue, the implementation of the transfer, and its impact on the wellbeing of children in out-of-home care, were not in scope for this evaluation, because it happened too recently for meaningful outcomes to emerge. This will be subject to a separate evaluation.

The Wood Inquiry's recommendations were explicitly aimed at addressing specific issues that emerged as problematic and challenging. The KTS Action Plan provided an overall vision of 'a shared approach to child well-being' and has been implemented as a range of initiatives and reforms, many of which were enhancements to already existing programs. Significantly for the evaluation of KTS, the various components have been rolled out over the whole five-year period of KTS implementation. Therefore, there are a number of KTS components that have only recently been introduced, while others have already run their course or have changed their approach over time, sometimes in response to the interim evaluations.

KTS changes sit within the child protection and early intervention systems but do not constitute the whole child protection or early intervention systems. The funded components and other initiatives implemented by KTS are meant to complement and enhance the functioning of these systems and to change some of the practices of the child protection and early intervention workforce to improve the efficiency and effectiveness of the system.

## 2.2 NSW Ombudsman's reports

Since the commencement of KTS, the NSW Ombudsman has released two reports concerning the performance of the child protection system; *Keep Them Safe?* (2011) and *Review of the NSW child protection system: are things improving?* (2014).

The focus of the Ombudsman's reports are complementary to this one, in that their main objective is to comment on the performance and productivity of Community Services; this is largely outside the scope of the outcomes evaluation other than within the context of KTS as a whole.

*Keep Them Safe?* was tabled in Parliament in August 2011. The report documents progress and challenges 18 months after the commencement of KTS and the threshold change. The report analyses Community Services data on reporting, responses and assessment; and makes observations on key aspects of the child protection system: recruitment, retention, training and productivity of child protection caseworkers; improving assessment tools and information management systems; and resourcing and broader systems challenges. The report made recommendations including:

- Better public reporting of Community Services' performance, specifically the number of children reported at ROSH, and the number of those who receive a comprehensive assessment and casework support
- Improved productivity and efficiency outcomes in Community Services

- Improved information management, specifically a reporting tool that can rapidly generate consolidated child protection history reports
- The development of an intelligence driven child protection system
- The need to focus on how agencies might provide a more effective and coordinated child protection response to high risk older children and adolescents; and children who are the subject of serious educational neglect
- Filling vacant Community Services' caseworker positions in rural and remote areas
- Shared responsibility for child protection (NSW Ombudsman, 2011, p.11).

In 2014 the NSW Ombudsman tabled a follow-up report to Parliament, *Review of the NSW child protection system: are things improving?* (NSW Ombudsman, 2014). That report found a number of improvements, notably:

- The rate of face-to-face assessments of ROSH reports has improved, from 21% in 2010-2011 to 28% in 2012-2013
- The Community Services child protection database, the Key Information and Directory System (KiDS) has been redesigned and upgraded, and Community Services has developed a range of new reports through its Corporate Data Warehouse
- Some progress has been made through interagency initiatives to address educational neglect.

The report also found several areas of concern. Although it has improved over time, the rate of face-to-face assessments of ROSH reports is low, and 'although the rate of face-to-face assessment of ROSH reports is not the only measure of how the child protection system is responding to children determined to be at risk of significant harm, it is nonetheless an important indicator' (NSW Ombudsman, 2011, p.8). The report found significant vacancy rates in Community Services positions in several districts; and instances of poor practice in Community Services and other agencies. The report also highlighted the need for an overarching framework to guide the delivery of services that are provided to high-risk adolescents in a more coordinated and integrated way.

## 2.3 The KTS outcomes evaluation

The evaluation brief included eight evaluation questions and a technical paper of KTS indicators. These have driven the evaluation research design; they are detailed at Appendix A.

The KTS Outcomes Evaluation builds on the Interim Review of KTS and individual evaluations to investigate whether, after five years of implementation, KTS has had the intended impact on the service system and ultimately on children in NSW. However, this is not simply a summative evaluation reporting on past performance. A key component of this evaluation is to support funding and policy decisions in the future regarding KTS as a whole and its constituent funded components. More specifically, its purpose is to:

1. Identify whether outcomes for children, young people and their families in NSW have changed since the introduction of KTS.
2. Identify the extent to which these changes are due to KTS.
3. Explain why identified reforms have been successful, within available information, to inform future decisions on the best way to preserve gains.
4. Explain why some reforms have not been successful, within available information, to inform decisions about what should be done with these initiatives.



## 3 Method



### 3.1 Evaluation components, information and reporting

The evaluation involved nine separate methodologies that were designed to address eight evaluation questions and to analyse the various sources of data available to the evaluation team. Where possible the different methods were triangulated to strengthen the findings and to provide more depth to the analysis. The full Evaluation Framework (Katz, valentine, Cassells, Shlonsky, & Eastman, 2013) sets out in detail the methodology of the evaluation and the limitations to the methodological approach, and although the evaluation deviated from the framework in some ways, this is still the most comprehensive description of the approach. The methodology is also described in Appendix A. Table 1 summarises each component of the evaluation and identifies if and where that component is fully reported. This report draws on all nine components of the evaluation.

### 3.2 Limitations

Whilst this is one of the most comprehensive evaluations of a system change initiative in child protection there are inevitably a number of limitations to this evaluation. As indicated in the Evaluation Framework (Katz et al., 2013) the main limitations are the attribution of any changes (positive or negative) to KTS. Because of the nature of KTS, it is not possible to directly control for other influences on outcomes, so the basic design of the evaluation is a before/after comparison. Where possible this has been supplemented by comparisons with other jurisdictions, but these are always subject to significant caveats, because the counting rules in other Australian states and overseas jurisdictions are different from NSW and are not always transparent. The report also provides a list of other initiatives which may have contributed to the outcomes reported here and acknowledges that there have been other

<b>Table 1 Evaluation components; information and reporting</b>		
<b>Evaluation component</b>	<b>Summary</b>	<b>Annex</b>
Analysis of KTS Indicators (known as Population Outcome Indicators in the KTS Interim Review)	Analysis of the KTS Indicators developed by the KTS Evaluation Steering Committee to measure KTS performance. A total of 38 indicators were examined. Where appropriate indicators were disaggregated by Aboriginal status, geography (LGA) and age.	A
Unit record analysis of child protection data	Analysis of records in the Community Services KiDS and CWU Wellnet databases on actions related to individual children.	B
Analysis of spending on KTS over time and in different locations	Where appropriate KTS funding was allocated to LGAs and examined over time, to examine the relationship between KTS investment and outcomes. Approximately 50 per cent of KTS funding was included in this analysis.	C
Consultations with a range of key stakeholders	Individual and group consultations with stakeholders including senior and middle managers and practitioners from government agencies, the NGO sector, peak bodies and other relevant organisations.	N/A (this report)
Case studies in three locations	Site visits to three locations selected to provide information about KTS where there has been high KTS investment. Interviews and focus groups were conducted with a range of stakeholders. In total 115 staff and stakeholders participated.	N/A (this report)
Interviews with clients	Interviews with clients of early intervention services that support vulnerable parents and their children, and vulnerable young people, in the three case study sites.	G
Consultations with Aboriginal community organisations	Consultation with six Aboriginal controlled community organisations funded through KTS.	N/A (this report)
Survey of the mandatory reporter workforce	Survey of people working in the community services, education, police and health workforce, in the government, non-government and private sectors. A total of 7056 mandatory reporters responded to the survey.	D
Appraisal of evaluations of KTS funded initiatives	All reports of evaluations of KTS funded initiatives that had reported in the past 18 months were examined and assessed according to a framework developed for this evaluation in relation to strength of evidence and success of the project.	F
Audit of other initiatives in NSW which may bear on the outcomes for vulnerable children in NSW	NSW and Commonwealth government agencies were asked to provide details of relevant initiatives, and if possible to indicate the locations that they would be likely to impact. Available from the authors by request.	I
Review of international literature relating to evaluation of system changes in child welfare/child protection	Summarises methods for similar evaluations	J

significant reforms and interventions in NSW during the period under study. Furthermore, many KTS initiatives were enhancements of previously existing programs. These would be expected to make an impact separate and earlier to the KTS funded components.

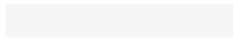
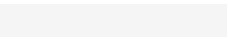
On the other hand, KTS is expected to create change to the whole system, not only the programs that it directly funds. KTS interacts with other programs and is intended to provide a platform for interagency collaboration, information sharing and early intervention that can be built on by other reforms in NSW. Similarly, KTS funded initiatives can benefit from improvements in service provision which have been brought about by other reforms. In this sense, attribution to KTS is not a fundamental question for this evaluation. The challenge is to identify where outcomes have improved (or failed to improve) and why, and then to detect the contribution of KTS to these outcomes where possible. This contribution also varies in different parts of the system. As is made clear in Chapter 3, KTS was not expected to impact on the universal service system or on outcomes at the population level.

A second limitation is that KTS was rolled out over a number of years and was not implemented uniformly across NSW. For some components of KTS (most notably the FRS), this has meant that it is too early to identify whether the expected outcomes will be achieved. Similarly, some of the changes to practice and systems are likely to take a long time to eventuate, and this evaluation can only report on the early stages of what is likely to be a long-term process.

For some components of this evaluation, there are no baseline data. This applies particularly to the survey of the mandatory reporter workforce which is the most important assessment of cultural change. Although participants were asked to attribute changes to KTS, this is not equivalent to a prospective longitudinal design. Although the findings of this survey are reasonably robust (given the constraints, including no population data from which to draw a sample), attribution to KTS is reported tentatively.

There were several practical challenges to the evaluation, in particular the lack of data in some areas, project evaluations reports from which it was difficult to draw conclusions, and some indicators for which primary data could not be collected. Furthermore, most of the qualitative data from practitioners was collected in the course of case studies in three locations. Although these were reasonably diverse, they obviously do not represent the full range of areas covered by KTS.

In addition to these limitations, each of the evaluation components faced challenges and limitations that are set out in the relevant reports.



## 4 All children in NSW: the universal service system




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### Relevant evaluation questions

1. To what extent is the universal service system helping to ensure children and young people are safer, healthier, and meeting developmental milestones?
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Although KTS was not primarily focused on the universal service system, this system provides the broader context in which KTS and its constituent programs have functioned over the past five years. The universal service system should provide support for all families, regardless of income and socio-economic status, to ensure that all children have the essentials to thrive. Its key service components are health and education. A universal system allows for the early detection of children who may be at risk and subsequent intervention to support vulnerable families. All children, irrespective of their risk of harm, have access to these services and can benefit from them. In Australia, many of the components of the universal service system are not provided by states, but are Commonwealth responsibilities, in particular general practice (Medicare) and income support (Centrelink).

The evaluation did not examine the universal service system, other than in relation to how people working in this system (e.g. schools, child care workers, neighbourhood centres etc.) have dealt with children who are vulnerable or at risk.

The evaluation does, however contain a number of indicators that examine changes in the wellbeing of children in NSW over time, which are detailed in Annex A. These indicators provide the broader context for KTS, but are NOT indicators of the success or otherwise of KTS, nor are they indicators of the success of the universal service system itself. A range of economic, demographic and social factors affect the wellbeing of the overall child population, and services may only account for a relatively small proportion



of the changes in wellbeing over time. The KTS indicators are, however, important in understanding KTS and its effectiveness by providing the broader context in which vulnerable children are living.

The indicators consider population wide outcomes for Aboriginal and non-Aboriginal families. Indicators focus on prenatal and antenatal support, health, wellbeing at school entry, and education and schooling outcomes.

### Health

The universal service system is showing an improvement in indicators relating to prenatal and antenatal support. The rate of smoking among pregnant Aboriginal and non-Aboriginal women has been on a downward trend from 2000 and has continued to decline during the KTS period. The proportion of pregnant women attending prenatal care and families with a newborn receiving a Universal Health Home Visit have both increased, suggesting that more families receive support in caring for their newborns. Very small increases in the proportion of four year olds receiving vision screening and referred for further assessment are apparent, but the increases are small enough that they may be due to random variation. Universal vaccination schemes have had relatively high rates of compliance for many years before and during KTS. The proportion of children fully immunised at ages 1 and 2 has remained steady for the past seven years, and the proportion fully immunised at age 5 has increased to over 90 per cent.

However, this still falls short of the goal of having 95 per cent of NSW children fully immunised – the rate of vaccination required for population immunity.<sup>2</sup>

Overall, the majority of indicators evaluated have shown an improvement over time, however the outcomes for Aboriginal children, while also improving, are still well below those of the rest of the population.

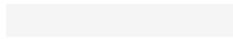
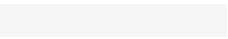
### Education

There has been an improvement in the number of children attending pre-school, from since 2009, and at time of analysis was on track to reach the KTS indicator target of 95 per cent by 2013<sup>3</sup>. This is likely to be attributable to initiatives other than KTS, such as the National Partnership Agreement on Early Childhood Education, which provides a preschool program for 15 hours a week. Other school related indicators have worsened. Fewer NSW students are above the national minimum standard of reading and numeracy and while attendance rates of Aboriginal students in primary school have improved, attendance rates of non-Aboriginal students at primary school have not improved<sup>4</sup>. The universal service system has increased the proportion of very young children who have accessed services to improve their start in life, including vaccination, newborn home health visits and preschool. However, there is less evidence that the wellbeing of older children is improving.

Since the wellbeing of the total child population is improving, it may be hoped that the ‘shifting curve’ will, over time, result in fewer and fewer children becoming vulnerable or at risk. It would therefore be expected that the need for more intensive secondary and tertiary services should decrease. This is confirmed by some of the indicators. For example NSW has improved considerably in the Australian Early Development Index scores, and a lower proportion of children were vulnerable in 2012 than was the case in 2009<sup>5</sup>. This means that in the cohort of children starting school, there are a lower proportion of children who are vulnerable. However, this assumes that the factors that affect the total population are also affecting the population of vulnerable children and their families. If this is not the case, then despite there being improvements overall, the number of vulnerable and at risk children may even increase, because disparities in socio-economic and other factors mean that the causes of their vulnerability increase. For example although there may be a lower proportion of vulnerable children in the AEDI, there may still be increasing proportions of children at the highest levels of vulnerability.

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2 Annex A, indicator 1a, 1b, 1c, 1d, 1e  
 3 Annex A, indicator 2b  
 4 Annex A, indicator 3a, 3c  
 5 Annex A, indicator 2a





## 5 Vulnerable children: strengthening early intervention and community based services




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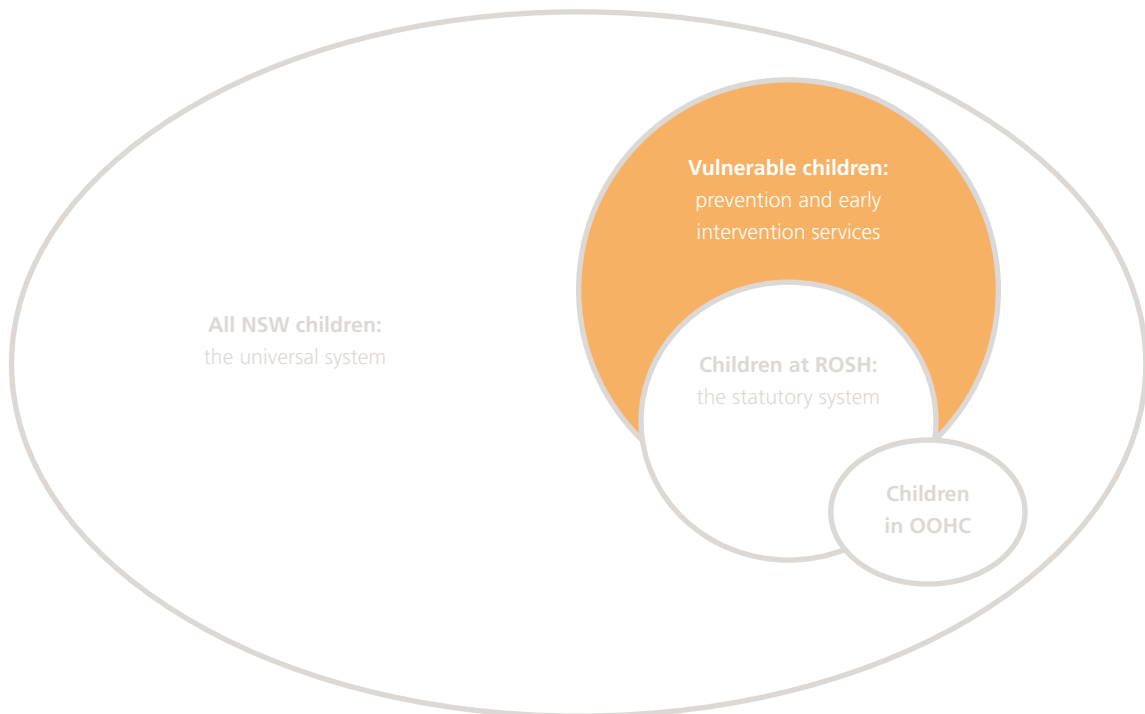
### Relevant evaluation questions

2. To what extent is the emphasis under KTS on prevention and early intervention helping to ensure vulnerable and at-risk children and young people live in families where their physical, emotional and social needs are met, and are not entering the statutory child protection system?
  4. To what extent are the new reporting threshold and its associated advisory and referral mechanisms helping to ensure children and young people who are vulnerable but not at risk of significant harm are appropriately supported and not entering the statutory child protection system?
- 

### 5.1 Introduction

The Inquiry articulated principles that should underpin early intervention and child protection, and made a series of recommendations to reshape responses for vulnerable families, to meet these principles.

The difference between early intervention and child protection has been a key and contested element of KTS, but this was not an important difference to the principles and recommendations of the Inquiry. Although a key change was the raising of the reporting threshold, the report of the Inquiry emphasises the interconnectedness of responses for families above and below the threshold. Early intervention and child protection are discussed in the same section of the report, and the goals and principles for both are presented together. The Inquiry recommended that responses should be driven by the needs of children and families, rather than by the criteria for meeting the statutory threshold. The unit record analysis (Annex B) confirmed that most children who are reported to be at ROSH are not re-reported, confirming that the risk of significant harm can increase and decrease, but the needs of children and families for intervention are likely to be ongoing.



The distinction between children who meet the ROSH threshold, and those who do not, has become important to the way some agencies operate, and this distinction is also enforced by the structure of this evaluation report. It is therefore important to recall that the Inquiry recommended the threshold change and different referral pathways as a means of improving responsiveness to all families who need support, while also recommending integrated services and referral pathways.

The Inquiry's recommendations include:

- *Reporting should lead to an appropriate response.* The Inquiry recommended that reports of children at risk of harm but that do not meet the statutory threshold, and some that do meet the threshold<sup>6</sup>, should be referred to a Regional Intake and Referral Service that determines the nature of the support required and refers the family to the appropriate service. Services may include Brighter Futures, 'case management, home visiting, intensive family support, brokerage, quality child care, housing and/or parenting education' (Wood 2008b, Recommendation 10.2).
- *Services should be able to provide an appropriate response.* The Inquiry recommended that the capacity of NGOs to deliver these services to families with complex and chronic needs should be developed (Wood 2008b, Recommendation 10.6).

6 That is, those in need of a response within 72 hours with a risk assessed as less than high, or as in need of a response within less than 10 days and who do not meet the criteria for Brighter Futures

- *Agencies should collaborate to deliver services*
- *The needs of children and families should drive reports and responses: 'what is called for is a shift in the way in which the needs of children and young persons' are understood and services for children and young persons are delivered' (Wood 2008b, Section 9.222)*
- *Assessments and threshold decisions should not determine responses: service availability 'should not be dependent upon a risk of significant harm report being made to [Community Services], or Community Services having allocated the report/case' (Wood 2008b, Recommendation 10.4e)*

The analytic approach to this chapter has included assessing the individual elements of KTS that aim to strengthen early intervention and community based services, and the effect of KTS overall on the key issues noted above. Most of these relate to the capacity of services to meet the needs of children and families *not* to the triaging and assessment of reports.

## 5.2 New and expanded services

Five services were introduced or enhanced by KTS funding that are classified in this report as early intervention and prevention services, although FCM targets both families with children at ROSH and not at ROSH as does the Child Protection Caseworker in FRS Pilot Project.

- *Family Referral Services (FRS)*, introduced by KTS, are intended to assess the support needs of vulnerable children and young people who are below the threshold for statutory child protection intervention and their families, and link them with appropriate support services available in their local area. FRSs are also intended to reach and support vulnerable children and families before matters escalate to statutory child protection. They also have a role in improving the knowledge of service providers about local support services in their catchment area, and strengthening coordination and collaboration. FRS was subject to an independent evaluation (KPMG, 2013b).
- *Brighter Futures*, which pre-dates KTS, is a voluntary, targeted early intervention program for families with children at high risk of entering or re-entering the child protection system provided to families with children less than nine years who are experiencing a range of vulnerabilities. These include domestic violence, alcohol or other drug misuse; parental mental health issues; lack of parenting skills or inadequate supervision; and parent(s) with significant learning difficulties or intellectual disability. Brighter Futures was evaluated prior to KTS (Hilferty et al., 2010), and although the program has changed considerably since that time, the impact of those changes have not been evaluated. Brighter Futures is especially important to KTS as it is designed specifically to prevent problems faced by vulnerable families escalating to the statutory child protection system.
- *SAFE START*, which pre-dates KTS, is a support program for vulnerable women during the antenatal period and following birth. It provides comprehensive psychosocial assessments (including screening for domestic violence and depression) as a component of routine antenatal

and postnatal care. It helps identify families with psychosocial difficulties (including depression and other mental health problems) during the critical perinatal and postnatal periods, and offers appropriate care and support. The independent evaluation completed in 2013 by ARTD was not available to the KTS outcomes evaluation. NSW Health reports that the evaluation findings are 'extremely encouraging, with 98 per cent of services surveyed screening pregnant women and new mothers for depression and 97 per cent assessing for psychosocial risk. The evaluation revealed a strong commitment by Maternity Services and Child and Family Health (CFH) Service staff to the SAFE START screening and assessment and 93 per cent of services surveyed had Multidisciplinary Case Discussion meetings in place. The evaluation found that workforce development was well supported, with 91 per cent of CFH staff and 38 per cent of Maternity staff completing the online SAFE START training as well as engaging in additional locally provided training.' We are unable to comment on the quality or findings of the evaluation and it is not included in Annex F

- *Getting on Track in Time – Got It!*, introduced by KTS, is an early intervention mental health program delivered in schools for children from Kindergarten to Year 2 and their parents/ carers. It is delivered by Child and Adolescent Mental Health Services (CAMHS) teams including occupational therapists, psychologists, psychiatrists, social workers, nurses in partnership with teachers and school staff over six months. The objective is to reduce the frequency and severity of disruptive behavioural problems and ultimately the incidence of conduct disorder by building skills, knowledge and capacity of children, families and schools. The multilevel program includes: universal primary prevention for teachers to identify and better manage conduct in the classroom and deliver universal social-emotional skills development programs; universal parenting information distributed via the school community and a secondary prevention strategy delivered to children and parents/carers in a structured 8-10 week targeted clinical group format and to parents, for those children who are identified as having conduct problems. *Got It!* is not a standardised program but rather it is framework based on principles that can be implemented flexibly depending on circumstances. The *Got It!* pilot program commenced in 2011 with KTS funding at three sites, with four schools from each site at Dubbo, Mount Druitt, and Newcastle. The teams were operational for approximately one year prior to the commencement of the evaluation in June 2012. A two year independent evaluation completed in May 2014 examined the effectiveness of the program in terms of outcomes for children, parents and teachers, level of implementation and cost-benefits of the program (Debbie Plath Consulting & Family Action Centre, 2014)
- Family Case Management, introduced by KTS, is an integrated case management response to better support families who are frequently encountered by a number of government agencies and non-government organisations (NGOs). It commenced in 2010 in three pilot sites: South West Sydney – Fairfield, Greenacre and Green Valley/ Miller (commenced February 2010); South East NSW – Queanbeyan, Goulburn and Bega Valley (commenced February 2010); and Western NSW – Orange and Leeton/ Narrandera (May-June 2010). FCM was subject to an independent evaluation (ARTD Consultants, 2012).

## 5.3 Findings

### 5.3.1 Outcomes for children and young people

#### (a) Project evaluations

Most of the project evaluations (Annex F) provide very limited information on outcomes for children, young people and families, due to the timing and design of evaluation studies and the nature of the interventions themselves.

- The evaluation of FCM (ARTD Consultants, 2012), completed in 2012, found that after participating in the program, a number of families had fewer reports to the Helpline and fewer days of suspension and incidents with police. Families who completed a pre- and post-assessment showed improved family functioning. However, the evaluation design was formative rather than summative and no comparison group was available, the evaluation took place when the program had been fully operational for only a short time, and sample sizes were small (a total of 45 families in the final sample, 18 completing pre- and post-assessment). Thus it was not possible to draw definitive conclusions about the effectiveness of FCM from this evaluation.
- The evaluation of Got it! (Debbie Plath Consulting & Family Action Centre, 2014) found clinically significant improvements in child behaviour scores after participating in the Got It! targeted intervention on the scales that most directly measure disruptive behaviours in children. There were significant positive benefits of up to 6.3 per cent improvement in scores and 18-33% of children made a positive shift into the Normal or Borderline bands for behaviour following the targeted intervention. Improvements were maintained by about 85% of children at the 6-8 month follow-up. Significant improvements in parenting were also identified and the majority of parents were continuing to improve at the 6-8 month follow-up.
- The FRS (KPMG, 2013b) is a referral service and many of its outcomes are likely to be demonstrated in improved referral pathways and collaboration. The evaluation includes a client survey showing positive feedback and analysis of the services' engagement with service providers, contact with clients and timeliness of responses. The evaluation concluded that FRS were not valued consistently across NSW, but attributed this to the short time since many FRS had been implemented. The workforce survey showed a relatively low level of engagement with the FRS as compared to CWUs, but again this may be because FRS in some locations were established only recently.

#### (b) KTS indicators

One measure of the effectiveness of early intervention services is whether the risk to the children escalates and the children are reported to child protection after participating in the service. This is not a perfect measure, because the risk to children may not have escalated to ROSH even if they did not receive the intervention. However, this indicator provides some indication of the effectiveness of the service. Two of the KTS indicators analyse the trajectories of children and young people whose families have exited the early intervention service Brighter Futures: those who are subsequently reported at risk of significant harm, and those who enter out-of-home care. It is important to note that Brighter Futures

is not representative of the prevention and early intervention (PEI) sector in NSW but is the only program for which data relating to participation in the program can be linked to subsequent ROSH reports and admission to out-of-home care.

As described in the Indicators report (Annex A, indicator 6a, 6b), participation in Brighter Futures has increased. The number of children aged 0-9 whose families exited Brighter Futures more than doubled between 2008/09 and 2011/12, with the biggest increase in participation being children from Aboriginal families. Comparing the years 2010/11 and 2011/12 (which have a consistent ROSH definition), there has been little change in the proportion of non-Aboriginal children reported at ROSH following exit from Brighter Futures across all age groups, with around 24 per cent of non-Aboriginal children subsequently being reported at ROSH after their families had exited Brighter Futures across this period.

However, decreases in ROSH reports for Aboriginal children are evident. Aboriginal children aged 3-5 years were much less likely to be reported at ROSH in 2011/12 than in 2010/11, after their family had exited Brighter Futures – a decrease from 41.7 to 34.7 per cent. Aboriginal children aged 0-2 years were also less likely to be reported at ROSH across the period, reducing from 37.3 to 33.8 per cent. It is not known however, whether the Brighter Futures program has led to an overall reduction in subsequent ROSH reports for this population, as the risk profile of the child and family before entry to Brighter Futures and other mitigating factors have not been controlled for.

Prior to KTS, the number of Aboriginal children entering out-of-home care following exit from Brighter Futures was increasing for almost all age groups except those aged 0-2 years. Since KTS, proportions of Aboriginal children entering out-of-home care after their families exited Brighter Futures began to decrease, with the biggest drop for Aboriginal children aged 6-9 years (Annex A, indicator 6c). Again, this is a positive indicator of the effectiveness of Brighter Futures but should also be seen in the context of an overall decline in the rates of entry into out-of-home care in NSW.

#### (c) Economic Evaluation

KTS funding that has been specifically allocated to prevention and early intervention is estimated to reduce significantly the number of children and young people at ROSH. Quantifying the effectiveness of KTS prevention and early intervention funding, all else being equal a \$100 increase in funding per capita has the following impacts:

- decrease of 8.8 children at ROSH per 1,000 children aged 0-5 years
- decrease of 6.4 children at ROSH per 1,000 children aged 6-12 years
- decrease of 9.3 young people at ROSH per 1,000 young people aged 13-17 years
- decrease of 8.2 CYP at ROSH per 1,000 CYP aged 0-17 years

Total KTS funding (i.e. funding for all KTS activities other than the transition to out-of-home care) is also associated with lower rates of ROSH referrals per capita.

### 5.3.2 Referral and support

A central concern for KTS was to ensure that adequate support is provided for vulnerable children and families where children are not at ROSH but where risk may escalate to the level of significant harm. Yet this group of families remains difficult to define, and the most effective services for supporting them and reducing the risk of harm to children are not easy to identify. Both the Inquiry (Wood, 2008b: 7.213-7.217) and the evaluation of Brighter Futures (Hilferty et al., 2010) found disagreement between agencies and sectors about the types of risk profiles and characteristics of families who should receive an early intervention, as opposed to a statutory, response. KTS attempted to address this by increasing the number and type of services available for children and young people and their families; by creating new ways for families and agencies to find the services that families need; and by supporting integrated case management and interagency coordination.

#### (a) Constraints on service system capacity

Findings from the stakeholder consultations and the mandatory reporter workforce survey as well as a number of the project evaluations indicate a number of positive changes, but also significant remaining challenges. The strongest and most consistently reported challenge is the continuing trend, identified by the Inquiry, of the demand placed on services by the number of families with high and complex support needs, including domestic violence, co-occurring mental health and substance misuse problems, and intergenerational poverty and disadvantage. This reportedly has two unintended consequences:

- Families with lower support needs, who could benefit from early intervention services such as Brighter Futures, and for whom those services are arguably intended, do not receive support because families with higher needs receive priority.
- Services that were designed for families with lower needs, and practitioners who do not feel confident in supporting families with higher needs, are supporting families with higher needs and thus risking poor outcomes.

Although practitioners and service managers reported both of these problems, the second appears to be more pressing for them and is also reported in the KPMG evaluation of FRS (KPMG, 2013b: 19).

It is not clear if families with lower support needs are being turned away from services. The number of families participating in Brighter Futures has increased over time, and it has waiting lists in many areas. One possible indicator of service capacity is that the FRS are not yet operating at anticipated levels (KPMG, 2013b: 40). This could mean that the service system has capacity to support more families than it is currently supporting, or could be a function only of the newness of the FRS and the FRS will increase their operations as they become more established.

These findings seem to be anomalous. Qualitative data indicates that services are overstretched and working with families that they cannot effectively support because there are no alternative services; but the FRS evaluation indicates they are not working at capacity, and Brighter Futures data indicates that it may be an effective service model for the majority of families. There are a number of likely reasons for this, including the different levels of support offered by early intervention services. Brighter Futures can work with families for two years and there are waiting lists in many areas, whereas the FRS works with

families for a more limited period of six weeks. Another factor may be the diversity of the services and workforce, and a lack of awareness about appropriate referral pathways for families at different levels of need. Early intervention is a very broad category, delivered by family support workers, disability workers, psychologists and other health workers, and specialist staff in schools. Many practitioners in these services do not have training or experience in child welfare, raising child safety concerns with parents, or in supporting parents with alcohol and other drug problems and their children—although all of these concerns are commonly encountered in vulnerable families.

Reporting and assessment absorbs significant time and resources, across agencies. This also relates to our findings on disputed and multiple assessments of families, where the assessment that a child is not at ROSH is contested and the mandatory reporter makes multiple calls to the Helpline, and where services take time to assess a family who has already been assessed as not at ROSH.

The MRG has reportedly been very helpful in clarifying the criteria for determining suspected ROSH. However, there are still difficulties for reporters and services in determining what services would most benefit children near the ROSH threshold, and who should be responsible for providing those services. The CWUs and FRSs have increased the options for mandatory reporters to discuss their concerns and receive advice; however the CWU evaluation indicates that of the direct referrals made by the Police CWU, which makes the majority of referrals, the outcomes of most (55%) are unknown, and around a third are declined by families (Ernst & Young, 2014: 29-31).

Gaps in service delivery remain, meaning that not all vulnerable families receive an appropriate response. The most commonly reported service gaps reported in the FRS evaluation included case management services and housing and homelessness services (KPMG, 2013b: 42). Waiting lists are also long for services such as speech therapy (KPMG 2013b: 42). The NGO workforce is large and diverse, and organisational policies differ. This can have direct implications for the support that families receive. For example, the FRS evaluation (KPMG, 2013b) found that domestic violence was the presenting issue identified most frequently (38 per cent of families) for the families it contacted. However, our qualitative data indicates that a number of agencies will not work with families in their home if domestic violence is present; suggesting that the most pressing concern for many families is also that which may preclude them receiving support.

(b) Promising initiatives

There are signs that KTS initiatives are improving service access. The CWU evaluation indicates that in 2012/13 the CWUs received 49,461 calls and made 3,757 direct referrals, and 11,285 instances of advice. Consistent with the distinct service models of the different CWUs, most direct referrals were made by the Police CWU, while the provision of advice was mostly done by the Education and Health CWUs (Ernst & Young, 2014). The FRS are also facilitating or providing services. During the first six months of 2013 FRS across the state received 4,171 referrals, and made contact with 2,760 (67 per cent) of the families that were referred. Most of those families received support for less than six weeks, and 150 referrals in Western Sydney were closed within one day. However, two FRS in particular are supporting clients for longer than six weeks because, FRS staff reported, six weeks is needed to engage, assess and refer families with complex needs and vulnerabilities (KPMG, 2013b).



These findings suggest that the FRS are supporting families with complex support needs, some immediately addressed and others more long term. Similarly most respondents to the mandatory reporter workforce survey (Annex D) believed that over the last 12 months, children and young people who need it were more likely to receive early intervention services, and most felt this was because of KTS. The survey indicates that KTS has had a positive impact on professionals' capacity to support vulnerable children, young people and families, and to provide appropriate referrals. This is especially the case among respondents in not-for-profit organisations, and in early childhood education and care services.

Other promising practice changes and initiatives include:

- The workforce survey (Annex D) indicates that around 20 per cent of respondents who did not call the Helpline in the last 12 months used the MRG. This suggests that the MRG may be diverting calls from the Helpline. Interviews for this evaluation also indicate that practitioners in services use the MRG to assist in decision-making, and that the MRG builds confidence and capacity in mandatory reporters
- Our qualitative data suggests that changes to Brighter Futures have reportedly increased its accessibility to families with complex needs, and its effectiveness
- There is improved collaboration between services, and better links between services and schools. The project evaluations of Got it!, Home School Liaison Officers and Aboriginal Student Liaison Officers, and consultations with the KTS Regional Project Managers indicate that KTS has started to address the traditional difficulties faced by schools and services in working together.

### 5.3.3 The perspectives and experiences of clients

Interviews with vulnerable parents and young people (Annex G) indicate that the support that they receive is valuable for a range of reasons, and that the needs of clients are diverse and complex. The help and support provided by the services helps to boost people's confidence in themselves as parents and individuals; in turn, confidence can trigger a more optimistic view on life and, therefore, the willingness to engage with change in personal and familial circumstances.

The types of support received by parents include help with access to health, housing, and other services; parenting programs; and material support in the form of household goods. Relationships with support workers were emphasised as extremely important. The interviews also reveal, however, a gap in the capacity of service providers to offer a systematic approach to the transition of clients out of their support. This element is particularly important considering the short time frame of the services and interventions.

The clients' interviews also reveal the fluid and dynamic nature of families' lives, and their changing needs over time. The experiences and views of families who were voluntary referrals to services are very similar to those whose children were at ROSH, and many voluntary referrals had had children at ROSH in the past. This reinforces the fact that families in the statutory system are very similar to those who are not, and the distinction between ROSH and non-ROSH is often very fine.

## 5.4 Summary

Overall, the evaluation has found that KTS has been effective in improving the quantity, range and accessibility of early intervention services. The limited data available appear to indicate that early intervention services are having an impact on the wellbeing of vulnerable children and, where families do receive a service, there are encouraging signs that the services can effectively reduce the risk of harm to children and improve the wellbeing of children and families. However, there are continuing challenges that limit the extent to which early intervention is able to make a difference. These include continuing workforce issues, availability of services for lower risk children, continuing difficulties with complex referral pathways, and a continuing focus by many practitioners on assessment, referral and reporting rather than intervention and support. This has resulted in some FRS, and possibly other services not receiving the level of referrals from service providers seeking to help link vulnerable families to support that was initially expected.

## 6 Children at risk of significant harm (ROSH): the statutory system



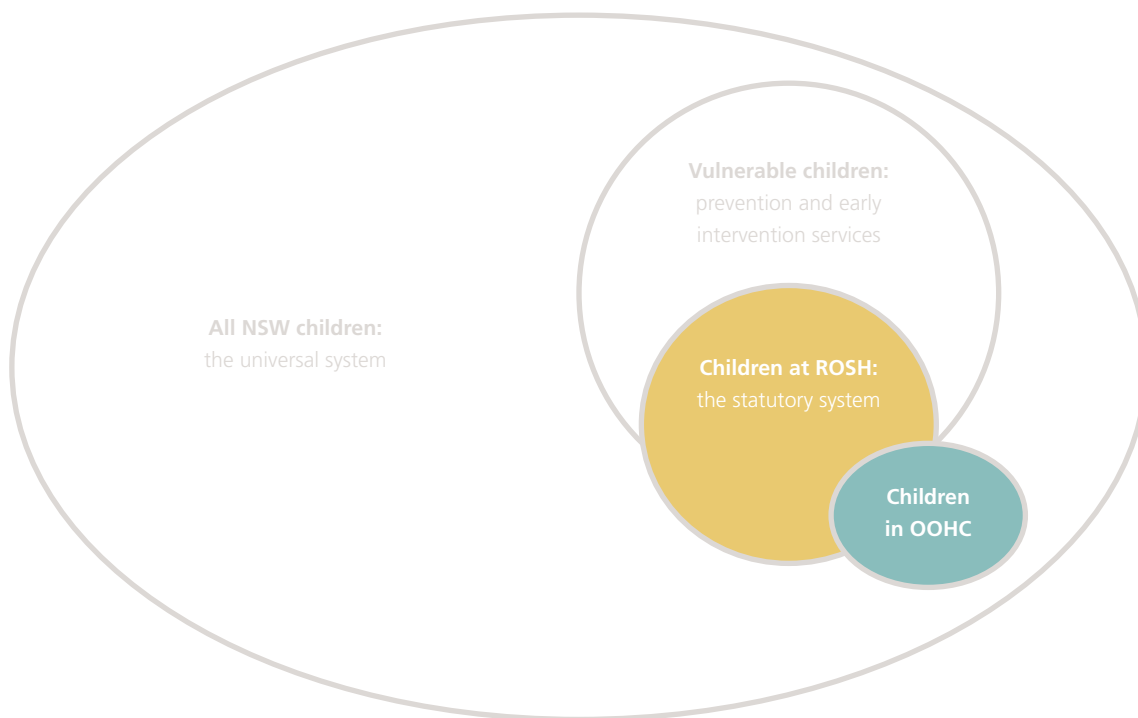
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### Relevant evaluation questions

5. To what extent is the new reporting threshold and its associated reporting and assessment mechanisms helping to ensure children and young people at risk of significant harm are identified and kept safe from harm and injury?
  6. To what extent are KTS reforms to child protection case management and the Children's Court helping to ensure that children and young people are safe?
  7. To what extent are new out-of-home care standards, support/coordinator positions and investment in dedicated health and education services helping to ensure that children and young people in out-of-home care are safe, healthy and meeting developmental milestones?
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### 6.1 Introduction

One of the key reforms of KTS was the raising of the threshold for reporting to the Community Services Helpline from 'Risk of Harm' (ROH) to 'Risk of Significant Harm' (ROSH). The Inquiry recommended the raised threshold because it considered that lowering the number of reports to the child protection system would release resources which could be better spent on intervening to support children at the highest levels of risk and diverting those below this level to early intervention. KTS followed this logic; the raised threshold was accompanied by a range of other initiatives intended to facilitate improvements in early intervention, in the accuracy of risk assessments (e.g. CWU, SDM and the MRG) and reporting. Other reforms aimed to better support the families of children who are at ROSH to prevent the risk from escalating and children having to be removed from their families (e.g. Whole Family Teams, Family Case Management and IFS/IFP).



Although the threshold change was a keynote KTS reform, there have been a series of other reforms in NSW which are likely to have had an effect on the number of children reported at ROSH and the wellbeing and protection of those children. Much of the KTS funding for early intervention was allocated to enhancement or expansion of existing programs such as Brighter Futures or to establish new programs in a limited number of sites such as NSW Health’s sustained health home visiting program, Sustaining NSW Families. A range of other prevention and early intervention programs has been established which are funded from other sources (e.g. Families NSW, Communities for Children). In addition, there have been a raft of reforms to out-of-home care, some preceding KTS, others part of KTS and still others separately funded. Further reforms are also in the pipeline including parent responsibility contracts and parent capacity orders to promote parenting capacity, family preservation and restoration. There are other changes, such as the inclusion of the permanent placement principles that set out the preferred permanent placement options for children and young people in out-of-home care. The principles state the preferred placement options are: (1) family preservation/restoration; (2) long-term guardianship; (3) adoption; (4) parental responsibility (PR) to the Minister<sup>7</sup>.

The impacts of these programs, particularly the prevention and early intervention initiatives, are not likely to become apparent for several years (although there should be some signs of early impact at this stage, and many of the reforms preceded KTS and so should be showing impact by now). Thus, any changes in the number of children reported and their safety and wellbeing subsequent to their being reported at ROSH cannot be fully attributed to KTS. Nevertheless, KTS and its constituent structural reforms and

7 For Aboriginal children and young people, adoption is to be considered after PR to the Minister.

interventions, is expected to have a significant impact on the protection and wellbeing of children in the statutory child protection system.

If KTS were to achieve its goals, then the expected pattern would be:

- An immediate drop in referrals at the threshold when the threshold is raised
- Referrals of children at ROSH continuing to decline after the threshold change, as early intervention diverts children from the child protection system
- Referrals of children at ROSH declining quickest for the youngest children, as the impact of early intervention is expected to have the greatest effect on young children and children referred for the first time, as these children will have a relatively higher 'dose' of KTS than those who had been referred before KTS
- More children who are reported at ROSH being assessed, and appropriate actions being taken to protect them
- A decrease in re-reports as children and families are successfully referred to effective interventions
- A lower proportion of children who are reported at ROSH going into out-of-home care, again with the greatest reduction for younger children
- Decreasing numbers of children being re-reported to the Helpline as they will have been better supported and protected when first referred (both for those who are reported below ROSH and those at ROSH)
- The gap in rates of referrals at the threshold between Aboriginal and non-Aboriginal children closing as Aboriginal specific programs support these children.

## 6.2 New and expanded services

Seven services were introduced or enhanced by KTS funding that are classified in this report as services for families of children at ROSH, although the sexualised behaviour programs are not described as such by the programs themselves, and the Bail Assistance Line is not part of the statutory system.

- *Intensive Family Support and Intensive Family Preservation* are based on the Homebuilders Model, used in the United States. IFP focuses on children who are at imminent risk of removal to OOHC, while IFS focuses on those children who are not at imminent risk of removal. Both programs work intensively with families over a period of up to 12 months, beginning with a 12-week period of high intensity support, including counselling, training, and tackling issues that led to the children being at ROSH. These can also refer families to other support services, including health services, alcohol and drug services, domestic violence support. In the less intensive phase, families may be referred to more general services, e.g. playgroups, generalist

support services and community groups. The project was subject to an internal evaluation (NSW Family & Community Services, 2013).

- *Whole Family Teams* aim to address the needs of whole families where carers have mental health and/or substance use problems and parenting difficulties. Teams provide a tertiary specialist health service in the home that is structured to assess and address the needs of families where parents have drug and alcohol and/or mental health issues and where child protection concerns exist. The services provided by WFTs include comprehensive assessment, treatment and therapeutic interventions, and case management as required. WFTs work closely with other support services and agencies to ensure that diverse client service needs are met. The KTS-WFT pilot has been implemented since 2010 in four regional and rural sites across NSW: Lismore, Newcastle, Gosford, and Nowra. The project was subject to an independent evaluation (ARTD Consultants, 2013a).
- *Family Preservation/Restoration and Short Term Court Order Pilot Project (FP/STCO)* works with parents whose children have been removed or who face imminent removal, to improve their care for their children, parenting skills, personal behaviours or home environment so that their children are safe. Caseworkers engage one on one with parents, identify problems that are putting children at risk such as parent mental health, child behaviour problems, housing difficulties or exposure to domestic violence and establish a plan to solve these problems. Short Term Court Orders can be used to allow custody of children at ROSH to enter custody of the Community Services Director or another person for a short period, to keep children safe while IFS/IFP caseworkers work with the parents to support them improving the home circumstances, to facilitate the children moving home. STCOs can also allocate custody to one parent or another for a limited period, require persons to undertake treatment as a condition of custody or enable adjournments to allow caseworkers to work with families before final orders are made. Structured decision-making tools are used to identify families most likely to benefit from this program. The project was subject to an independent evaluation (ARTD Consultants, 2013b).
- *Alternative Dispute Resolution (ADR)* programs can be used prior to and during care and protection proceedings in the Children's Court and provide families with opportunities to participate in decision-making. Its aims are to (a) provide the parties with an opportunity to agree on the action that should be taken in the best interests of the child and, where an agreement cannot be reached, narrowing the scope and length of the court hearing; (b) produce child protection decisions that are better informed and more responsive; (c) foster collaborative, rather than adversarial, relationships between Community Services and families; and (d) lead to outcomes that are accepted by all parties and therefore more likely to be implemented. Three models of ADR have been introduced. The Family Group Conferencing Pilot has provided ADR before court proceedings are initiated. Conferences are chaired by a trained and independent facilitator and attendees include parents, the child/young person where appropriate, extended family members, service provider and Community Services caseworkers and managers. Conferences are held in neutral, community based venues and are focussed on developing strategies that can be implemented by the family. The Legal Aid pilot has dealt exclusively with matters coming to the Bidura Children's Court. The neutral third party facilitating these ADR conferences are external mediators. Matters are only referred when it is established that a child is in need of care or protection. Conferences are conducted

at the Legal Aid head office in Sydney. A Children's Registrar using a conciliation model, usually conducted within the relevant Children's Court building but outside the courtroom, facilitates dispute Resolution Conferences. Care matters can be referred to Dispute Resolution Conference once a care application has been filed in the Children's Court. The projects were subject to an independent evaluation (Australian Institute of Criminology, 2012a).

- The *Sexualised Behaviour (under tens) program (SPARKS)* and *New Street Adolescent Services* are therapeutic programs for children under ten with problematic or harmful sexual behaviour (SPARKS), and young people aged 10-17 years old with a history of confirmed sexually abusive behaviours (New Street). The projects were subject to independent evaluation (iconsult.nsw, 2013; KPMG, 2014a).
- The *Bail Assistance Line (BAL)* is intended to reduce the number of young people going into custody because they are homeless. The Inquiry noted that some young people, who would otherwise be released on bail, are not being released because they are homeless and have nowhere else to go. The aims of BAL are to: divert young people from custody; reduce the length of time spent on remand; increase their adherence to bail conditions; increase their court attendance; reduce the time young people spend away from their family home or other appropriate accommodation; and increase community integration. The project was subject to an independent evaluation (Sydney Institute of Criminology, 2013).

## 6.3 Findings

### 6.3.1 Outcomes for children and young people

#### (a) Project evaluations

The project evaluations (Annex F) provide some information on outcomes for children, young people and families, but these findings are limited due to the timing and design of evaluation studies and in some cases the nature of the interventions themselves.

Given the intensive nature of the services working with families to prevent children being placed in out-of-home care, and the fact that these services were pilot projects, a relatively small number of families participated in these services. IFS and IFP provided 265 places across NSW in March 2013; a total of 305 families participated in WFT between January 2011 and June 2013; and 175 children and young people had exited the FP/STCO pilot by 31 March 2013 (KPMG, 2013a; NSW Family & Community Services, 2013; Urbis, 2014). In the context of this state-wide outcomes evaluation, even if these projects were very successful in preventing placement prevention and future ROSH reports, they would have a very small impact on the KTS indicators on ROSH reports, re-reports and out-of-home care that are summarised in this report. These services assisted less than 1,000 families with children at ROSH, while 100,000 ROSH reports are made each year.

Although the evaluation findings are limited, as Annex F notes, and different evaluation methodologies make comparability difficult even within these limitations, they show some promising results.

The evaluation of *Whole Family Teams* (Urbis, 2014) found:

- A statistically significant 58.4 per cent reduction in the mean rate of ROSH reports for families who completed the program
- Significant improvements in parental mental health both on the Health of the Nation Outcomes Scales, a clinician-rated measure, and the Kessler Psychological Distress Scale (K10), a self-reported measure
- Consistent and statistically significant improvements across 54 of 58 subscales measuring family functioning, child wellbeing and parenting outcomes using the North Carolina Family Assessment Scale (NCFAS). The remaining four subscales also showed improvement, although not statistically significant.

The evaluation of the *FP/STCO pilot* (KPMG, 2013a) found:

- The pilot group was much more likely to be restored to their family (54 per cent) after 12 months, compared to the comparison group (8 per cent)
- Two-thirds of children showed a reduction in risk of harm.

The evaluation of *IFS/IFP* (NSW Family & Community Services, 2013) found that children and young people in the intervention group spent fewer days in out-of-home care than the comparison group.

The other projects included in this chapter are different from the above programs, and from each other, in that they do not work directly with parents and families to prevent placement into out-of-home care. ADR is used in the Children's Court to improve the outcomes of care and protection matters, the sexualised behaviour programs are therapeutic interventions, and the Bail Assistance Line is intended to prevent young people going into custody.

The evaluation of the two ADR projects adopted once care proceedings have commenced (Dispute Resolution Conferences and Legal Aid Pilot) (Australian Institute of Criminology, 2012a) found:

- The DRCs and Legal Aid Pilot were generally well supported by those involved
- Initial resistance to ADR, especially by some Community Service staff, eased over time; and most of the legal practitioners and magistrates involved were supportive
- There were a high number of referrals to both programs (relative to their size), the majority of referrals proceed to conference and the number of conferences gradually increased over time
- Parents and family members were actively engaged in most of the observed conferences. This is important because one of the aims of the programs is to encourage participation by the parents and other relevant family members in the decision-making process



- There were some successes evident towards the aim to provide more culturally appropriate process for Aboriginal families and families from a culturally and linguistically diverse (CALD) background to discuss and reach agreement on the best way forward
- In a large proportion of matters, the issues in dispute were resolved or at least narrowed, and a significant number of matters for which ADR resulted in agreement on final orders.
- The satisfaction of parents and family members with the conference outcomes was high, and higher with the conference process

The pre-court *ADR Family Group Conferencing pilot (Family Group Conferencing)* (Australian Institute of Criminology, 2012b) was unable to draw strong conclusions about the impact of the pilot on care and protection outcomes. However, it found high levels of satisfaction among family members and professionals and evidence that in some matters, the conference had resulted in a more positive working relationship between Community Services and the family, particularly the extended family. The majority of matters that proceeded to conference during the evaluation period resulted in the development of a Family Plan, none of which were rejected by Community Services.

The two programs to address sexualised behaviour in children and young people existed prior to KTS. Two evaluations of *New Street* had already been completed prior to the most recent evaluation (KPMG, 2014a), and it found that *New Street* was a cost effective service, with sound clinical interventions that resulted in quantifiable benefits to individuals and to government. However, it is too early to identify the possible long-term benefits that may arise from targeting *New Street* to the needs of Aboriginal young people. The KTS enhancements have resulted in seven times as many new Aboriginal cases entering *New Street* in 2012, compared to 2009. Partnering agencies and clients provided positive feedback on the cultural competency of services. The client success rates for program completion and ceasing of offending behaviour were comparable for Aboriginal and non-Aboriginal clients (at 87 per cent and 89 per cent respectively).

While the evaluation of *The Hunter New England Sexualised Behaviour (Under Tens) Program* found some indications regarding possible program benefits, it lacks baseline data, outcomes data, data from past clients caregivers, long-term data, and comparison group data.

The evaluation of the *Bail Assistance Line* (Sydney Institute of Criminology, 2013) found that it is valued by police and service providers, and has reportedly been successful in assisting young people and there have been individual instances of diversion from custody.

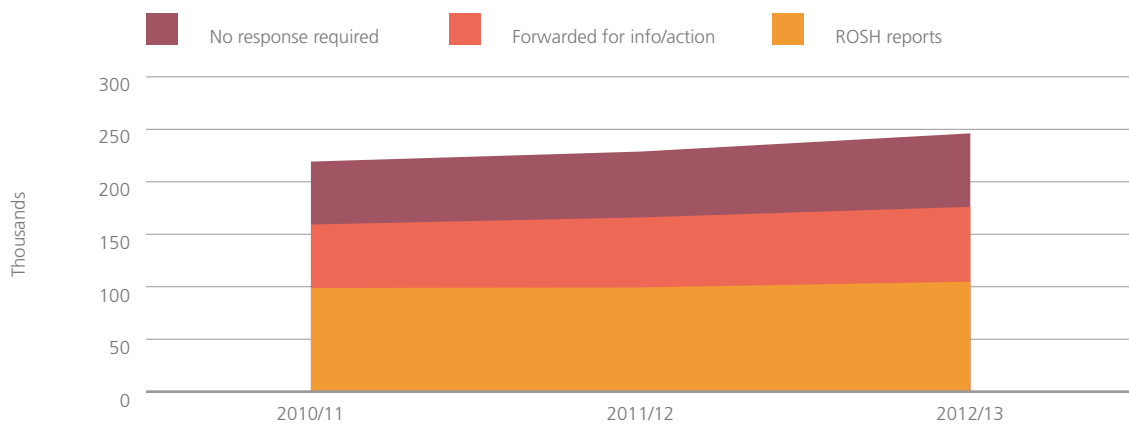
### 6.3.2 Reports of suspected harm to the Helpline

The analysis confirms that, as expected, there was an immediate drop in the rate of reports to the Helpline following the change in threshold. In the following years, the rate of reporting has been relatively stable, with a small increase in 2011/12 and 2012/13 (Annex A). The analysis shows that the greatest impact has been on reports of children aged under 5, and this is consistent with the early intervention logic of KTS; perhaps providing an indication that reports of ROSH for future cohorts of children who have had the full 'dosage' of KTS may continue to decline. However the gap between rates of reporting for Aboriginal and non-Aboriginal children have not declined.

Findings from the mandatory reporter workforce survey confirm that those mandatory reporters who are more engaged with the child protection system have found the introduction of the MRG as a particularly useful tool for reporting to the Helpline. Interestingly, practitioners and managers from the NGO sector were marginally more likely to use the MRG than those in the government sector. The response from the Helpline is also well regarded by most people in the workforce.

There are a number of reasons for the continuing high number of reports to the Helpline of children who do not meet the statutory threshold. On the one hand, this can be seen as a matter of concern. A key objective of KTS was to ensure that children below the ROSH threshold should be diverted to early intervention services, and the Inquiry was obviously very concerned about the high numbers of referrals to the statutory system. Thus, the introduction of CWUs, FRS and the range of early intervention services would be expected to considerably reduce the numbers of reports of children not at ROSH. Figure 2 shows the number of referrals for three years following the threshold change and the three main categories into which referrals are classified. There was a significant reduction in reports of children at ROSH compared to those at ROH before the threshold change. However, against the expectations of the Inquiry, the threshold change has not resulted in a reduction in low risk reports; rather there has been a substantial increase in reports where no response is required<sup>8</sup>. These reports were identified by the Inquiry as creating a burden on the child protection system that should be ameliorated by diverting the families to early intervention services.

**Figure 2 Referrals to the Helpline 2010/11-2012/13**



Source: Authors' calculation of NSW Community Services unit record data

8 Reports screened by the Helpline as 'forward for info/action' are often appropriate reports to the Helpline (e.g. duplicate reports from different mandatory reporters). However, reports screened as 'no response required' are low risk, and these calls have increased over time.

The Inquiry did not indicate how much reduction in ROSH or ‘no response required’ reports would be expected from the threshold change, nor the magnitude of resources this change was expected to free up to improve the quality of interventions.

Our findings confirmed that some mandatory reporters refer to the Helpline even if the MRG has indicated that a child is not at risk of significant harm. Sometimes reporters will continue to report a number of times, believing (rightly or wrongly) that multiple reports will ultimately result in the child being assessed as ROSH and thus passed on to a CSC. Clearly this would indicate a significant resource issue if those children should have been referred directly to an FRS or provided with a service by the referrer or another agency.

However, many agencies do not see the Helpline’s role as being solely to take ROSH referrals and pass them on to CSCs. The MRG is *not* designed to assess whether a child is at ROSH, but rather to help the referrer make a decision about whether it is appropriate to refer to the Helpline. In fact, it is the Screening Tool and the Response Priority Tools (SCRPT) used by the Helpline that is the first assessment of whether a child is at risk of significant harm<sup>9</sup>.

One of the challenges for the system, identified by multiple stakeholders and confirmed by the CWU evaluation report (Ernst & Young, 2014) is the misalignment between different assessment processes and the confusion this can cause for workers within the system. The primary assessments within the system are:

- The MRG – assesses whether a mandatory reporter should report a child to the Helpline. The MRG is part of the SDM suite of assessments, but is not a risk assessment per se. It was designed to provide a common assessment tool across agencies that can be used by any mandatory reporter.
- SCRPT – used by the Helpline to assess whether a child is at ROSH, based on information provided by the mandatory reporter and the KiDS data on the child’s previous engagement with the child protection system. SCRPT includes an assessment of priority level that is used to determine how quickly a case needs to be responded to. This assessment is not directly related to risk, but to the need for care and protection; the statutory threshold for a Community Services response.
- Weekly Allocation Meeting (WAM) – weekly process in the CSC which decides on what action should be taken for most cases of ROSH (children at immediate ROSH are allocated prior to the WAM). The WAM is a decision making forum which determines if a child will be seen face-to-face, referred to another agency or closed. The decision is based on a range of factors including prior knowledge of the case, input from other agencies and workload pressures on the CSC.

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9 The CWU evaluation points out that the discrepancy between the MRG and the SCRPT tools creates a number of false positive reports (i.e. children who the MRG identifies as potentially at ROSH but are not assessed at ROSH by the SCRPT tool). This can cause frustration to mandatory reporters who believe that their assessment should be confirmed by SCRPT.

- SARA – used by Community Services to determine what action should be taken to protect the child. Actually consists of two assessments: the Safety Assessment, and the Risk Assessment, which is a much more comprehensive assessment of the family and the parents’ capacity to protect. This requires a face-to-face assessment and may involve several sessions with the parents and/or the child.

Although all of these are aimed at providing information on which to base judgements about how best to protect the child, they do not all use the same criteria. As stated above, the MRG is not strictly speaking a risk assessment, but is viewed in this way by most mandatory reporters. As described above, it results in a certain number of ‘false positives’, which, although appropriate from a case management point of view (it is probably better to report than not to report when the ROSH assessment is borderline), can cause conflict between the Helpline and mandatory reporters and result in ‘gaming’ the system by reporting multiple times. Similarly the differences between ‘Risk Of Significant Harm’ and ‘need for care and protection’ are real but rather subtle; while it is possible for a child to be at high risk but not in need of care and protection (e.g. if the child is already being closely monitored by another agency), in the majority of cases the level of risk should be commensurate with the need for care and protection. The WAM also causes some confusion, not because the decisions are wrong, but rather because the decision-making within CSCs is seen as rather opaque by mandatory reporters, who are not well informed about the rationale for why Community Services has decided on a particular course of action<sup>10</sup>.

While none of these issues is in itself a significant concern for the system, the sum total of multiple assessments which do not align with each other results in mandatory reporters very often feeling that their report has not been acted on appropriately. This is exacerbated by the lack of feedback from the various assessments, as has been described above. The CWU evaluation confirmed that there is greater alignment between CWUs and mandatory reporters concerning their assessment of ROSH using the MRG, but that it is expected that, over time, around 80 per cent of reports from these three sectors should meet the ROSH threshold. There is still some way to go before that level is reached, however.

The mandatory reporter workforce survey (Annex D) confirmed that although a large majority of mandatory reporters use the MRG before making a report to the Helpline, those that make few reports (almost half the respondents) are less likely to use the MRG, and less likely to contact the FRS, than those who make more than four reports a year. This means that the new services designed to assist mandatory reporters respond to concerns, other than by calling the Helpline, are not being used by many mandatory reporters—although it should be emphasised that the FRS are relatively new, especially in some areas, and this is probably a factor.

There is also a belief amongst a number of agencies that the Helpline’s role includes providing advice to reporters, especially after hours when CWUs are not available. Thus, the Helpline is not viewed simply as a repository of ROSH reports, and therefore it is very unlikely that raising the threshold would have ever resulted in very significant reductions in reports to the Helpline.

In addition, while the CWUs are serving their intended purpose of assisting mandatory reporters, a large volume of those calls are not assisting reporters to identify responses to support families, but advice on

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10 Although as we report above, in some CSCs NGOs are invited to the WAM to address this concern.

how to manage their reporting responsibilities. Respondents to the workforce survey reported that many of the calls to the Education and Health CWU calls were to document a child protection or well-being issue or seek advice on reporting to Community Services—around a third of calls to the Health CWU and almost half the calls to the Education CWU were for these purposes. In contrast, calls for advice on the services available to support families made up 16 per cent of calls to the Education CWU Education calls and 7 per cent of calls to the Health CWU (Ernst & Young, 2014: 17)<sup>11</sup>.

Overall, the changes to the threshold and the introduction of the MRG and the SDM processes appear to have had a significant positive impact on the system, despite the continuing challenges described above. Findings from the mandatory reporter workforce survey clearly indicate that the vast majority of mandatory reporters value the MRG and it is very widely, though not universally, used.

However there continues to be a ‘culture of reporting’ in NSW, where many practitioners prefer to report children who are causing concern to the Helpline rather than considering alternatives such as referring to the FRS or another agency, or indeed providing support to the family themselves. It is not surprising that this culture continues. Before KTS, mandatory reporters were given very strong messages to report all children who were considered to be at risk, and not to make the assessment themselves, nor to take responsibility for protecting or supporting the children. KTS has made significant strides in changing this culture, but it will take some time before all practitioners are able to accept more responsibility for child protection. For many it is easier and simpler to report children to Community Services. There are three main reasons for the continuing tendency of some professionals to report, even when children do not appear to be at ROSH:

- Workload – many professionals feel overwhelmed by their workload and not able to take on the task of assessing and supporting complex families.
- Anxiety – practitioners are concerned about the safety of children and need to share the anxiety with someone. By reporting to the Helpline, they believe that they have placed their concerns on record and that if the child is harmed, the records will show that they took action.
- Skills – many practitioners do not believe they have the skills to deal with difficult situations and hostile or unmotivated families. By referring to the Helpline, they believe ‘something will be done’ by others who have those skills.

All these issues were recognised by the Inquiry, and KTS has had an impact on many of these flaws in the system. However, there is still some way to go for the NSW workforce to be confident and competent enough to ensure that the vast majority of reports to the Helpline are of children at ROSH, and that other children receive holistic early interventions that prevent problems escalating.

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11 A large number of calls to the CWU are also to seek advice on how to respond to child protection or wellbeing issues (35 per cent of Education CWU calls, 16 per cent of Health CWU calls).

### 6.3.3 Re-reports

A common way of measuring the effectiveness of the child protection system in preventing further abuse to occur is to examine the proportion of children who are re-reported within a particular timescale after having been assessed as being at ROSH. Although there are a number of practical and conceptual challenges in this (for example a child may be reported several times regarding a single incident), overall this is a reasonable indicator that the child protection system is effectively preventing children from being harmed again once they are brought to the attention of the system. The KTS indicator analysis (Annex A, indicator 15c) confirms that there has been a significant fall in the proportion of children who are re-reported, that this fall may have begun before KTS and has levelled out in the past two years. KTS and the raised threshold appear to have had a moderate effect on rates of re-reporting.

More than half of children reported to the Helpline and assessed as ROSH are being reported again within 12 months, although this proportion has fallen since KTS was first implemented. It is difficult to compare this to other jurisdictions because they do not measure re-reports in the same way, but this appears to be a relatively high rate.

### 6.3.4 Response to ROSH reports by CSCs

Most ROSH reports do not receive a face-to-face assessment. Although the proportion of children reported at ROSH who receive a face to face assessment has risen from below 20 per cent to around 27 per cent since KTS was introduced, this is still way below international standards. No other jurisdiction reports on this particular metric, but consultations with key stakeholders has indicated that in the UK and USA there is a clear expectation or statutory duty that every child with an initial determination of child abuse is seen unless there is a specific reason not to see the child<sup>12</sup>. Although it could never be expected that 100 per cent of children should be seen, the only circumstances that do not warrant a face to face assessment are when initial enquiries indicate that the risk has changed since the case was passed to the CSC, or that the initial assessment was mistaken and the child is not in fact at ROSH<sup>13</sup>.

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12 The Ombudsman report (2014, p8) notes that available data does not provide sufficient information to determine if there are specific reasons not to see the child. 'Community Services has also advised that despite the "case closure" labelling, some of the 40,555 reports recorded as having been closed due to competing priorities may, in fact, have received another type of response from either Community Services or other agencies. Furthermore, Community Services has noted that an initial Helpline determination of ROSH, does not necessarily mean that the related ROSH report requires a full safety and risk assessment. For example, additional screening and information collection processes that may occur at the local level could indicate that a full assessment is not required.'

13 Irrespective of the proportions, the volume of reports in NSW is very high. There are no direct comparisons but, for example in England in 2012/13, 5.2 per cent of children were referred to children's services, including referrals of children in need, which covers a much wider range of situations than the Helpline. The equivalent rate for all reports to the Helpline, including those which were not assessed as ROSH was nearly three times as high at 14.7 per cent. On the other hand, the rate of children receiving a 'Section 47' (child protection) investigation was 111.5 per 10,000. The equivalent for NSW (children receiving a face-to-face SARA assessment) was 14.8 per 10,000 or approximately one eighth.

A face-to-face assessment does not protect children in and of itself, nor does it help to support families. Equally, the SARA and other SDM tools assist the assessment of risk and are not intended to be a protective intervention. Only if the assessment leads to an appropriate and effective intervention is it likely to facilitate improved outcomes for children at ROSH. Unfortunately there are few data available about what interventions were provided to these children, although again the signs are encouraging, and the KTS Indicator regarding the rate of children and young people for whom a secondary assessment determines intervention is required and who participate in a family preservation, Strengthening Families, or placement prevention intervention increased from 2011-12 to 2012-13. However, the evaluation does not have data about the outcomes for these children.

The unit record analysis (Annex B) shows that children who have had a face-to-face assessment are more likely to be re-reported within 12 months. This is probably a reflection of the fact that these are the children at greatest need of care and protection. However, this finding confirms that a SARA assessment is not itself a protective intervention.

Nevertheless, Community Services has made significant efforts to improve support to this cohort of families through initiatives such as Practice First. Community Services reports that 'Practice First has offered a casework model that reflects the best available evidence regarding contemporary child protection practice. While it is too early in implementation to provide robust evaluation data, early data analysis regarding the impact of Practice First has identified: a 29 per cent increase in the amount of home visits being undertaken in Practice First CSCs in the first eight months of operation; a 26 per cent decline over 12 months (in the oldest sites) in the number of ROSH re-reports<sup>14</sup>; and that casework in Practice First sites is more oriented to solution focussed outcomes for families.' We are unable to comment on this data and it has not been included in Annex F. The intensive family support initiatives described earlier in this chapter also show some promising results.

### 6.3.5 Referral and support

Overall, there are encouraging signs that more children at ROSH are receiving services, and that these services may be effective in preventing children entering out-of-home care.

However, the low rate of response to children at ROSH has had repercussions for the system as a whole. The low response rate by Community Services to children was not well known by many service providers, especially among disability services and other services with historically limited child protection responsibilities. However, the new threshold, and information provided to reporting agencies from the Helpline, is increasing awareness that Community Services does not conduct a face-to-face assessment in response to all, or even most ROSH reports, and that many are closed without any response from Community Services. It seems that growing awareness of this has had both negative and positive effects.

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14 After casework had been undertaken with a family and the case was closed where the case plan goal was achieved – during the same period, there was a 13.7 per cent increase in re-reports in non-Practice First CSCs.

The **negative** effects include disillusionment from schools and services with both Community Services and the concept of shared responsibility. Reportedly, there was early enthusiasm about working with families who are vulnerable but not at ROSH. This enthusiasm was then curbed by the realisation that if working with the families revealed greater vulnerabilities, meeting the ROSH threshold, the result may be that the case was closed without receiving an assessment. Consequently, a number of interview participants reported feeling that children are less safe now than before KTS, because they know that many of those at ROSH are not receiving an intervention from Community Services. What seems most likely, however, is that it has always been the case that many cases are closed without a Community Services intervention, and that KTS has made this more evident to those working outside of Community Services.

Negative effects also include disillusionment or cynicism on the part of some Community Services personnel about other services. Some services, including those whose core business is child welfare and disability, are resistant to working with families of children at ROSH, or contest the assessment of them as not at ROSH. Community Services staff interviewed in the site visits said that other agencies had been mostly unwilling to take on shared responsibility for child protection. This assessment was supported by NGOs, who said that families with very complex needs, and those they characterised as unwilling to engage, are the responsibility of Community Services. Similarly, it appears that agencies such as schools and health professionals are seldom engaged as part of a multi-agency response to supporting families of children at ROSH, a point discussed further in Chapter 8.

Interview participants from NGOs also described expectations of greater resources to respond to families with complex needs, which they did not receive. These unfulfilled expectations contributed to their disillusionment with KTS, and affected their capacity to take on families with greater needs than those they traditionally worked with.

**Positive** responses from NGO services stem from an awareness that they may be the best chance of families receiving support, because they now know that families who need support will not receive it from Community Services.

There were both difficulties and promising practices in responding to families of children at ROSH.

(a) Constraints on service system capacity

KTS funded the introduction or expansion of a number of pilot programs to support families with multiple and complex vulnerabilities, including those with a substantiated ROSH report. The new reporting threshold also directs NGO services, including disability and community support programs, to keep working with families who have complex needs but do not meet the ROSH threshold.

As noted above, a number of these NGOs report being resentful that they have not received additional resources. Despite this, they continue to work with the families where possible. However, constraints on the capacity of the service system to meet families' needs are significant and systemic. The high prevalence of **domestic violence, alcohol and other drug misuse and mental health issues** in families of children at ROSH limits the effectiveness of responses, partly because safety protocols, which preclude home visits to families where there is reported domestic violence, mean that many organisations cannot deliver a service to those families at all. **Affordable and safe housing** is a



pressing need in many areas, and lack of access compromises some families' ability to protect their children. In addition, the **skills, authority, and resources** of the NGO workforce appear to constrain effective responses. In common with a number of the program evaluations, many of our interview participants described their difficulties in supporting parents who are disengaged, hard to reach, and unwilling to change. This is a significant challenge in working with families in child protection, but is not a surprising finding, and indeed some of the KTS projects were established specifically to address this population, including Family Case Management and Whole Family Teams.

(b) Constraints on effective responses

Families with a child at ROSH may fail to receive support for a number of reasons that relate to the capacity of services to respond in a timely and accessible way. These include:

**Contested and multiple assessments:** As reported above, there are a number of practitioners and managers who refer non-ROSH cases to the Helpline after using the MRG, and others who don't use the MRG because they prefer to use their own judgement and do not trust the assessments produced by the MRG. Some FRS use the MRG on new referrals even if the referring agency has already done this. There are significant resources needed to assess, allocate and refer cases, and multiple and misdirected assessments serve to delay or prevent the delivery of support to families. The change to the reporting threshold and introduction of the MRG and the CWUs was intended, *inter alia*, to reduce the time spent by Helpline staff in dealing with reports that do not meet Community Services criteria for a SARA; the evidence suggests that a great deal of time must still be spent on these assessments.

**Service specifications:** many early intervention services are not allowed to be provided to families where a child has been reported at ROSH, even if that family was already a client of the service when the ROSH report was made. This means that support for some families is being *withdrawn* rather than provided at a highly critical time, because the ROSH report is unlikely to result in the provision of support, given the number of cases that are closed without action. The evaluation has received conflicting evidence that this is an explicit policy, although it is widely believed in some locations that Brighter Futures is not available to children at ROSH and their families. However, in other locations it was reported that Community Services had referred children at ROSH to Brighter Futures, and this too had caused concern to NGOs who were not comfortable providing services to families with such complex needs. The overall finding is that despite evidence of good practice in many locations there is not generally a clear expectation or understanding by agencies across NSW that children at ROSH and their families should be provided with a multi-disciplinary response aimed both at lowering the risk of abuse and at addressing the long-term needs of the children. Although it is not possible with the datasets available to quantify this number, it does appear that many families with children at ROSH continue to be provided with fragmentary services or in some cases, no service at all.

**Delays and transaction costs associated with Chapter 16A:** although the provisions of Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* that enable information sharing are highly valued, there were issues reported in relation to its implementation and the continuing challenges around information sharing. Some participants reported delays in receiving requested information, and indicated that the process of requesting and waiting for information detracts from the capacity to deliver services. Concerns were also raised in relation to some grey areas in the legislation, in particular the fact that Chapter 16A does not include the private sector. For example paediatricians and GPs not

working for a 'prescribed body' pursuant to section 248 (6) of the *Children and Young Persons (Care and Protection) Act 1998*, are not obligated to share information<sup>15</sup>. This represented a potential issue for NGOs working with children and for private practitioners who contracted work from Community Services and who could not ask for information regarding families. Information can be shared with the consent of the family and the Wood Inquiry made it clear that it is preferable to seek to share information with consent wherever this is possible and/or is unlikely to exacerbate risk. In the UK, families are expected to be involved in meetings and conferences unless it can be explicitly demonstrated that this would pose a risk to children. There was little evidence of children and parents being routinely consulted when statutory agencies shared information.

(c) Promising initiatives

Promising responses appear to be emerging from the pilot projects described earlier in this chapter (Whole Family Teams, IFS/IFP and Family Preservation/Restoration and Short Term Court Order) and changes to traditional ways of working in Community Services. For example:

- Community Services provided information sessions to NGOs in the Murrumbidgee on the process of triaging and allocating ROSH reports, to both educate practitioners on the allocation process and to highlight the number of cases that are closed without an assessment
- The evaluation reports of the IFS pilot projects describe improvements in the relationships between Community Services, Health and NGOs, increased mutual respect, and greater collaboration. The increased respect on the part of NGOs for the work of Community Services caseworkers, and greater willingness for Community Services to refer clients to NGOs, seems especially promising
- NGOs are invited to Community Services Weekly Allocation Meetings in a number of CSCs across the state, so some reported cases that do not require a statutory response can receive a service
- The evaluation of the Family Referral Services Casework Pilot, which co-locates a Community Services caseworker in 5 FRS sites, provides early findings which suggest that the FRS referral model is a viable alternative pathway for low priority ROSH families who would not otherwise receive a service response through the statutory child protection system (KPMG, 2014b).

Overall there are a range of initiatives which facilitate agencies in local areas working together to make sure that families are provided with an adequate multi-agency response. The introduction of Chapter 16A appears to have been the trigger for many of these initiatives. Yet they are often small scale and fragile, dependent on the trust and good will of local practitioners, often working against the constraints of the system.

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15 The *Child Protection Legislation Amendment Act 2014*, however, includes regulations to clarify the coverage of private health professionals under Chapter 16A.

### 6.3.6 Out-of-home care

The most significant KTS innovation regarding out-of-home care has been the transition from Community Services to the NGO sector of responsibility for providing statutory out-of-home care services. There have also been a number of other reforms to out-of-home care that were not funded by KTS. None of these is in scope of this evaluation, as it was considered premature to judge the effects of the transition on the outcomes for children in out-of-home care, other than the KTS Indicators on the proportion of children in out-of-home care who are placed with and case managed by NGOs, which shows good progress. Nevertheless out-of-home care is an important component of the child protection system, and a number of the KTS indicators refer to children in out-of-home care (in general as an outcome which KTS interventions are aimed at avoiding).

Out of a total of 51 secondary data KTS Indicators, 13 were not available. This was for a number of reasons including availability issues and difficulties in extracting these data. These indicators primarily centred around how well NSW children and young people were faring while in out-of-home care, including their educational performance, case plan goals for restoration, permanent placements, interaction with the juvenile justice system and risk of harm reports while in care. The lack of available information and recommendations for future data development, collection and analysis around these important pieces of information are addressed in a separate Data Development report (Annex H).

Indicators on the wellbeing of children in out-of-home care that were available show that although the rate of children in care continues to increase (Indicators report Annex A, indicator 4b), and therefore that KTS has not met its target of a 1.5 per cent reduction. However, the number of children entering out-of-home care is reducing considerably, and that this is particularly for children under five. The number of children re-entering care after being restored to their families has also declined (Annex A, indicator 11b). All these are positive signs and indications that the wellbeing of children in out-of-home care is improving, despite the lack of direct evidence of changes in their wellbeing.

Overall, however, it is not possible with the data available to make a considered judgement about the wellbeing of children in out-of-home care at this point, although there are signs that this is improving.

## 6.4 Summary

Overall, the evaluation has found that KTS, as part of a range of other initiatives, has been effective in improving the responses of the statutory system to children at ROSH, and that there are promising signs that intensive support with families with very high needs is effective for those families. There are encouraging signs that more children at ROSH are receiving services, and that these services may be effective in preventing children going into out-of-home care.

However, the capacity of the statutory system is still in need of significant improvement, indicated by the rate of assessment and the rate of re-reporting. Moreover, although new pilot projects offering intensive support to vulnerable families show promise, the primary mechanism of the statutory system remains investigative responses following allegations of critical incidents of child maltreatment. A significant reduction in reports of children at ROSH is unlikely to occur in the near future.



## 7 Better supporting Aboriginal children and families



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### Relevant evaluation questions

7. To what extent are services working better with Aboriginal communities to ensure Aboriginal children and young people are living in families and communities where their physical, emotional and social needs are met, and not entering the statutory child protection system?
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### 7.1 Introduction

The Inquiry reported on Aboriginal over-representation in child protection, and made a number of recommendations to respond to the multi-dimensional nature of Aboriginal disadvantage.

The Inquiry's findings include:

- Support services should be available to ensure that all Aboriginal and Torres Strait Islander children and young persons are safe and connected to family, community and culture (Wood, 2008c, 10.9)
- Aboriginal and Torres Strait Islander people should participate in decision making concerning the care and protection of their children and young persons with as much self-determination as is possible, and steps should be taken to empower local communities to that end (Wood, 2008c, Principle 10.10)

- A recommendation for new measures to address sexual assault in Aboriginal communities, and interventions to address school attendance and child safety and well-being (Wood, 2008c)

The analytic approach to this chapter has included assessing the individual elements of KTS that aim to improve outcomes for Aboriginal children, families and communities, with a particular focus on the key issues of participation and inclusion noted above. A very strong theme in our qualitative data, and in most of the project evaluation reports, is that time and resources are needed to sustain improvements in service and support to Aboriginal children and families. As we have reported elsewhere in this report and the Indicators report (Annex A), Aboriginal children continue to be over-represented in the child protection system, and progress around the quality of service improvement is not uniform. Notwithstanding this, if KTS were to achieve its goals, then we would expect to see greater participation by Aboriginal organisations in the design and delivery of services, and improved service delivery to Aboriginal children and families.

## 7.2 Findings

### 7.2.1 Outcomes for children and young people

#### (a) Project evaluations

*Safe Families* provides community-driven early intervention and prevention activities, and improves alignment of government services with community needs to address child sexual abuse in Aboriginal communities. The evaluation provides a description of the operation of the Revised Service Delivery Model of the program, based on the perspectives of different informants. No conclusions on the effectiveness of the program in addressing the outcomes of children and young people can be drawn from the evaluation (Cambridge Education, 2013).

*New Street Services* provide a therapeutic intervention for young people aged 10-17 years old with a history of confirmed sexually abusive behaviours. The New Street evaluation found the KTS enhancements resulted in seven times as many new Aboriginal cases entering New Street in 2012 (28 new cases), compared to 2009 (four new cases). This has been achieved through increasing the cultural competence of the New Street service response including the development of Aboriginal workforce, consistent engagement with Aboriginal Community Controlled Organisations and adapting the engagement approaches to meet Aboriginal community needs (KPMG, 2014a).

*Protecting Aboriginal Children Together (PACT)* is a consultation-based model that provides cultural advice to families at critical decision-making time points in child protection, from pre-assessment home visits through to care plans at 12 months. The evaluation of PACT reports that the development of the program is generally proceeding as planned, although there are some major concerns about data availability. The evaluation does not report on the effectiveness of this program for meeting child outcomes (ARTD Consultants, 2013a).

*Intensive Family Based Services* delivers intensive practical and therapeutic services in the home and community environment to Aboriginal families of children and young people who are likely to be placed or remain in OOHC. The evaluation reports 'early results' indicate, in particular, that families were subject to significantly fewer ROSH reports following the intervention relative to families in the comparison group (ARTD Consultants, 2013b). The final report should provide useful findings on the effects of the program.

*SAY Night Patrols* provide a safe transport and outreach service for young people who are on the streets late at night. The evaluation (Cooper et al., 2013) presents a qualitative study on the workings of the program against many 'best practices' identified in the literature but no outcomes data.

*Aboriginal Student Liaison Officers (ASLO)* perform a similar function to HSLOs, but in addition to working directly with Aboriginal children and young people with school attendance and engagement problems, they also endeavour to involve members of the Aboriginal community in supporting students in school attendance. Overall, survey feedback from stakeholders showed a belief that the additional ASLOs contributed to higher school attendance, enrolment and engagement, with fewer leaving school early, however no data on student engagement in school were available to support this (KPMG, 2013c).

The *Aboriginal Care Circle pilot* is an Alternative Dispute Resolution process designed to encourage more culturally appropriate decision-making and care plans for Aboriginal children and young people through better meeting their needs in the NSW Children's Court. The evaluation (Cultural and Indigenous Research Centre Australia, 2010) found that the process was strongly supported by participants.

The structure of the evaluations makes it difficult to determine whether these programs meet their overall objectives of ensuring Aboriginal children and young people have their needs met and are likely to avoid the child protection system. Some of the programs attempted to provide general impressions of program success through surveying stakeholders for their views on the program, identifying best practices or looking at trends in data generally related to the program. Of these, only the ASLO evaluation gave a generally positive impression. The evaluation of IFBS was the only evaluation in this group that gave clearly positive results, using a comparison group to find that IFBS participants were less likely to be subject of a ROSH report after participation in the program. These results may prove stronger with the final report.

The evaluation of two *parenting programs for Aboriginal Parents in NSW Correctional Centres* is currently underway. The programs are designed to address the distress and disadvantage of the children of offenders, and their parents. Early findings indicate that the programs are highly valued by participants, particularly the structure of the programs, which includes empathic, skilled facilitators and the shared experience with other participants, and the opportunities to focus on their identity as parents.

(b) KTS indicators

The outcomes for Aboriginal children and young people were analysed for each KTS indicator, and these findings are detailed in the Indicators report (Annex A).

A key measure of Aboriginal participation in the care and protection of children and young people, and ensuring they are safe and connected to family, community and culture, is the Aboriginal Child

Placement Principle (ACCP). The National Secretariat of Aboriginal and Islander Child Care (SNAICC) describes the ACCP as ‘the cornerstone of Australian law and policy acknowledging the importance of family, cultural and community connections to the identity and wellbeing of Aboriginal and Torres Strait Islander children who come into contact with the statutory child protection system’ (SNAICC, 2013). The Indicators report shows that the number of Aboriginal children placed according to the ACCP has more than doubled in the last seven years, but the proportion of Aboriginal children in OOHC placed according to the ACCP has decreased slightly over time, from 84.2 per cent in 2004/2005 to 80.4 per cent in 2012/13<sup>16</sup>. The reasons for this drop are not available in the data but are likely to include the difficulties in recruiting, retaining and supporting carers identified in the Inquiry and the research literature (Wood, 2008c: 16.245).

### 7.2.2 Referral and support

Consultations with Aboriginal organisations, service providers and stakeholders indicate that the Aboriginal services funded through KTS, especially IFBS and liaison officer positions in schools, are highly regarded.

The interviews and consultations, workforce survey, and the evaluation of the FRS, highlight other promising areas.

*Improved relationships between Aboriginal and non-Aboriginal services.* Sound relationships that have been built and improved include those between federal, state and local governments, service providers, Aboriginal Medical Services, other health related agencies and local FACS services and police. The KTS Regional Project Managers have helped build connections between Aboriginal services and non-Aboriginal services. Interviews undertaken by KPMG for the FRS evaluation found that the FRS have engaged with Aboriginal inter-agencies and forums; and employed Aboriginal staff.

Most respondents to the workforce survey felt KTS had had at least a somewhat positive impact on the cultural appropriateness of services.<sup>17</sup> Those whose work was highly focused on Aboriginal clients were more likely than others to report KTS had a positive impact on the cultural appropriateness of services.

*Changes to service delivery.* The workforce survey found that three in ten respondents reported that their organisation had made changes in the way it worked with Aboriginal children, young people and families. However, among respondents whose work was highly focused on Aboriginal clients, a much higher proportion reported that their organisations had made changes: 45.1 percent. Overwhelmingly, respondents who reported their organisations had made changes in how they worked with Aboriginal populations felt these changes had led to improvements, including more culturally appropriate services, improved links with Aboriginal organisations and communities, and more Aboriginal people accessing services.

The FRS evaluation found that Aboriginal families are receiving support: ‘a high proportion of children and young people supported by the Western NSW and New England North West FRS of Aboriginal and/

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16 Annex A, indicator 5a.

17 However, almost a fifth of respondents reported it had no positive impact, and a quarter were unsure.



or Torres Strait Islander origin (60 per cent and 40 per cent respectively). [...]. Across all FRS, Aboriginal children and young people represent 21 per cent of all children and young people accessing FRS' (KPMG, 2013b, p.viii).

*Greater participation by Aboriginal people.* The community consultations found that IFBS and PACT have provided a means in which Aboriginal people can become involved in supporting families rather than only being involved as clients. Almost 50 qualified Aboriginal staff members are involved in these programs.

As well as these positive findings, a number of areas of significant concern remain. This is unsurprising, as many participants in this evaluation emphasised, given the complexity of service delivery in remote areas, barriers to service integration, and entrenched poverty and disadvantage in many Aboriginal families and communities.

The Inquiry's findings on the challenges of service delivery in **remote and isolated communities**, and small towns, remain important. The evaluation of the night patrols introduced by KTS and funded in 11 communities<sup>18</sup> found that the program's services are valued within the communities for their contribution to the safety of children and young people, and this is in part because the communities present so many hazards to children and young people (Cooper et al., 2013). Interview participants in the two non-metropolitan case study sites in the outcomes evaluation talked about the service gaps for Aboriginal families who live a long way from services, particularly culturally appropriate mental health and substance misuse services.

Safe Families aimed to address child sexual abuse through community-drive early intervention and prevention activities, and improved alignment of government services in five remote Aboriginal communities. The evaluation found considerable effort and good-will towards responding to the Inquiry's recommendations around the *Interagency Plan to Tackle Child Sexual Assault in Aboriginal Communities* (Wood, 2008c: Recommendation 18.2). However, it also found that while all five communities made progress in developing community based prevention plans and activities, the implementation of Safe Families struggled to achieve identified standards of best practice in developing and implementing sexual abuse prevention programs, (Cambridge Education, 2013).

More broadly, the Inquiry's findings that an 'effective integrated network of government agencies and sufficiently supported and funded non-government agencies is needed at a local level' was echoed in our interviews and consultations as a pressing need. Our interview participants talked about **the need for better connections between non- and Aboriginal services**, and more Aboriginal staff in service delivery and caseworker positions. A number of non-KTS services and initiatives have also been set up to improve service delivery, educational outcomes, and early education and care, and most of our interview participants talked about referring families to Aboriginal services and organisations as their main way of supporting Aboriginal families.

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18 Dareton, Nowra, La Perouse, Newcastle, Taree, Kempsey, Armidale, Dubbo, and until recently, Brewarrina, Wilcannia and Bourke.

The capacity of services to deliver support enabling Aboriginal children and young people to be safe and connected to culture remains complex and challenging. The Aboriginal community consultations identified the importance of Aboriginal Community Controlled Organisations, finding that if services and programs are adequately promoted, Aboriginal people are more likely to engage and liaise with the service if it is Aboriginal owned and operated. At the same time, many Aboriginal children and families have complex health and social needs and Aboriginal organisations cannot meet all of them. Interviews for this evaluation and the FRS evaluation as well as the mandatory reporters' workforce survey, found significant efforts were being made by non-Aboriginal services to make connections with Aboriginal services and communities and in employing Aboriginal staff. However, our informants emphasised that while there are many promising signs, changes are necessarily gradual, and time to build relationships and trust is essential.

Reflecting these challenges, and the KTS indicators on Aboriginal children and young people reported at ROSH and in out-of-home care (Chapter 6), the results of the workforce survey indicate that the child protection system is working less effectively for services working primarily with Aboriginal families than others. Respondents whose work is highly focused on Aboriginal clients are less likely than other respondents to be satisfied with the mandatory reporting system in NSW, and more likely to be dissatisfied with it.

## 8 Changing practices and systems




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### Relevant evaluation questions

3. To what extent are KTS reforms designed to foster communication and collaboration helping to ensure vulnerable and at-risk children and young people live in families where their physical, emotional and social needs are met, and are not entering the statutory child protection system?
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### 8.1 Introduction

The Inquiry clearly set out a range of principles which should govern the child protection and early intervention system, and thus a primary goal of KTS was to drive changes in the system as a whole, not only for families who come into contact with KTS funded interventions. The KTS strapline, *a shared approach to child well-being*, captures the essence of the objective of system reform: to ensure that agencies from different sectors and different disciplines work together to ensure that children are protected and they receive appropriate, holistic support as early as possible. In this sense, KTS is similar to many 'dual response' initiatives around the world, all of which aim to keep children out of the child protection system and out-of-home care by providing early intervention and support. As described in the introduction to this report, KTS has, in some respects gone much further than most other reforms and has included a wider range of agencies and practitioners.

Although many of the KTS funded components were enhancements of existing programs, and to some extent, KTS was therefore a continuation of reforms that had come before, the cultural shift required to ensure the success of KTS was very significant. Prior to KTS, workers in government agencies and NGOs were encouraged to report all children who they suspected may be at risk of harm, and to rely on the Helpline to make this determination. Mandatory reporters were neither encouraged to consider

the wider needs of the child or their family, nor to consider referring to other agencies in preference to reporting to the Helpline. In consequence, reports to the Helpline grew exponentially throughout the 2000s. Inter-agency collaboration was also minimal, especially between government and non-government agencies. Even deliberate attempts to improve this collaboration were very tentative, as attested by the Brighter Futures evaluation (Hilferty et al., 2010). For many stakeholders, including practitioners and managers, KTS was a 'game changer', requiring them to re-think some of the basic assumptions of their practice and to engage with other service providers in new and unfamiliar ways.

Virtually every KTS funded initiative has contributed to these system changes in some way, but there have also been specific efforts to change the nature of child protection in NSW. System reform involved a number of components, including:

- The change of reporting threshold from ROH to ROSH, with the intention of ensuring that the most vulnerable children are protected and that those less vulnerable are diverted to appropriate early intervention services
- Changes in legislation to facilitate better information sharing between agencies
- Changes in governance; in particular the establishment of the Senior Officer's Group and its sub committees and of KTS Regional Program Managers
- Cultural change through a program of education and awareness when KTS was first implemented and through the CWUs
- New ways of engaging with and building capacity in the NGO sector and in particular with Aboriginal organisations and communities

## 8.2 Cultural change

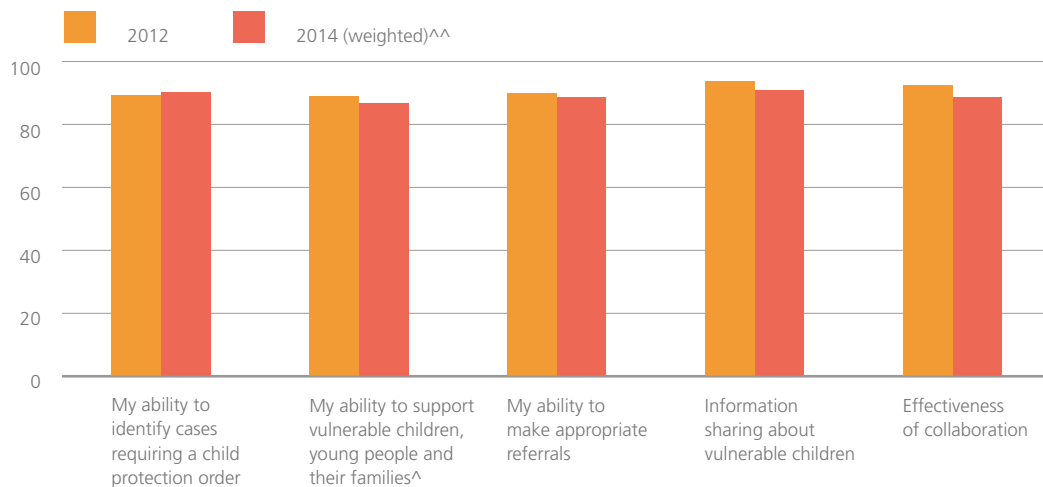
Overall, the findings of the mandatory reporter workforce survey (Annex D) indicate that in each of these areas, the vast majority of mandatory reporters felt that there had been improvements over the past 12 months, and the majority of those attributed these improvements to KTS. Although it is difficult to compare the findings from the 2012 survey to the 2014 survey, the best estimate indicates that there has been a marginal decline in perceptions of positive impacts over the past 18 months (see Figure 3). This is possibly an indication that the impetus of KTS has lessened recently compared to its first three years; a perception of a number of stakeholders. However, it is just as likely a reflection of the methodological differences between the 2012 and 2014 surveys.

People working in the non-government sector were generally more positive about KTS and perceived it to have had a bigger impact on their work than those in the government sector. This may be because the non-government sector was generally coming from a lower base than the government sector in terms of responding to children at risk of harm or significant harm. However, the findings of some of the project evaluations and qualitative data from the stakeholder consultations suggest that, as intended by the Inquiry, the role of NGOs has become much more significant. NGOs now operate some

of the core KTS services such as FRS, are conducting joint service delivery with Community Services in a number of initiatives, and have been involved in all stages of decision making about the out-of-home care transitions. Although, as is reported in Chapter 5, this has created some discomfort for many organisations, it has changed the status of NGOs in NSW from service provision to an integral role in planning and service development.

The evaluation does not have any baseline data on workforce culture, but these findings confirm that KTS has resulted in significant changes in workforce culture, in particular around cooperation and information sharing but also in relation to diverting children to prevention and early intervention services. The most strenuous efforts at cultural change were made at the introduction of KTS when there was a specific cultural change program and training for mandatory reporters. There was some concern amongst stakeholders that cultural change may drop off over time, as there is considerable churn in the mandatory reporter workforce. However, the results of the survey appear to indicate that at this point the cultural change has largely been sustained across the government and NGO sectors.

**Figure 3** Percentage of respondents reporting any positive impact, 2012 and 2014



<sup>^</sup> In 2012 this question was asked as 'My ability to support vulnerable children, young people and their families using case management' whereas in 2014 it was simplified to 'My ability to support children, young people and their families'.

<sup>^^</sup> Note that 2014 data in this chart has been weighted, to account for differences in the composition of respondents by service area and sector in each year.

## 8.3 Interagency collaboration and information exchange

Findings in the three case study sites, the project evaluations, and consultations with key stakeholders confirmed that there are promising signs of shared responsibility for child protection and early intervention. In some cases, collaboration and integrated working was already part of the way that organisations worked, and the KTS changes built on existing practices by expanding the opportunities for networking both at the system and at the case level.

### 8.3.1 Collaboration

At the system level, the introduction of KTS led to the organisation of regional and local forums in which NGO, government agencies, and KTS Regional Project Managers had an opportunity to meet and discuss the roll out of KTS. At the service delivery and individual level, interviewees reported more involvement of agencies in planning meetings on client cases and, as a result, an improvement of their collective understanding of how each other's agencies work. A whole range of interagency innovations have emerged across the state, including local panels for discussing individual children and families involved with multiple agencies and also more strategic forums for discussion of interagency collaboration and the development of referral protocols and MOUs between agencies. However, these are dependent on local leadership and often the initiative of one or two committed individuals. Unlike the situation for reports, interagency collaboration does not operate within a strategic framework, and this leaves the local initiatives very vulnerable.

In those areas where there has been a KTS Regional Program Manager (RPM) in place continuously, service providers welcomed the sector development and interagency work undertaken by the RPM. They emphasised that better connections between schools and service delivery organisations has been a key achievement. However, some of the participants from government agencies mentioned they were not clear about the value or the role of the KTS RPM, and were concerned that this lack of clarity may result in an under-utilisation of their services. There was also a view expressed by some stakeholders that the RPMs were not pitched at the right level; they did not have the authority to push through changes in practice and local interagency arrangements. Where they were effective this was due to their personal knowledge of the area and their commitment, rather than being due to their position as KTS regional coordinators. On the other hand, facilitation and support for collaboration may, in the longer term, be more effective than attempts to push through change against reluctant agencies. Informal collaboration was much more developed among services providing support for vulnerable families. There are promising signs of developing collaborative practice for children at ROSH but our findings in this sector are mixed. Within Community Services, Practice First and the Care and Protection Practice Framework aim at improving collaboration, NGOs are now invited to Workload Allocation Meetings, and the intensive family support pilot projects described in Chapter 6 embed partnerships between NGOs and Community Services in the service model.

However, there was a strong perspective from many agencies that assessment and intervention for children at ROSH and their families was largely carried out by Community Services, and other agencies were only brought in on a piecemeal basis. On the other hand, agencies other than Community Services were often reluctant to work with the risk and complexity of these families. This is a clear gap in the system. In most child protection systems, interagency collaboration is a key part of the statutory

intervention. In the UK for example, children who are assessed as being at risk of significant harm are subject to a multi-agency child protection conference that leads to a multi-agency child protection plan. Agencies such as health services and schools are also involved in the equivalent of the SARA assessment, not just to provide information but also to assess needs and risk and to support children and families. In contrast to the general pattern, health practitioners and police are key members of the Joint Investigative Response Team (JIRT) and the KTS funded JRU, which investigate cases where there may be a criminal element. The JIRTs are a longstanding and valued feature of the NSW child protection system and provide an example of good interagency collaboration.

Despite this, there has been an improvement in interagency collaboration for children in out-of-home care. The evaluations of the Home School Liaison Officers and Aboriginal Student Liaison Officers funded positions, as well as the health checks for children in out-of-home care, indicate that these initiatives appear to be improving practice and helping to address the significant health and education needs of children in out-of-home care, although there were still some issues identified in this respect.

### 8.3.2 Information exchange

Perhaps the most significant change to the system and the culture which was brought about by KTS has been the changes to Chapter 16A of the *Children and Young Person (Care and Protection) Act 1998 (NSW)*. This change is widely seen as enabling information sharing between agencies. The mandatory reporter workforce survey confirms that there is a high level of awareness of the need to exchange information, and much of the workforce is involved in high levels of information exchange. Stakeholders confirmed that this has been a real 'game changer' and that the formal legislative change was less significant than the message that exchanging information to support or protect children was to be encouraged. Chapter 6 of this report sets out some of the continuing practical difficulties around information exchange, and the mandatory reporter workforce survey confirms that there are continuing challenges for some agencies.

A particular issue for many referrers, to the Helpline, CWU and FRS is the lack of feedback to referrers regarding the outcomes of their referrals. This is not only frustrating for the referrer but is also potentially a cause of concern because it creates a risk that families will not receive a service and will 'fall through the cracks'. This is also an issue for data systems, discussed below. Current data systems do not allow any analysis of outcomes, particularly for children not at ROSH. This point is made in both the CWU and FRS evaluations. In both cases there was good information about children being referred and the referrer, and similarly where children were referred to. However, data were not available on whether the referral resulted in a service nor on the outcome of that service.

## 8.4 Reporting and referral pathways

KTS introduced new mechanisms for mandatory reporters and others to seek advice about how to respond to a child or family need, report a concern, or obtain support for a family. Prior to KTS, the Helpline was the primary means of each of these tasks, and while the intention of KTS was to change the circumstances in which the Helpline was called, there is continued reporting to the Helpline of vulnerable children who are not suspected of being at ROSH. This is an indicator that Community Services is still held responsible for child protection, and is a barrier to effective responses by the services who should be working with vulnerable families.

The CWU and FRS are distinct services but there are important connections between them. Although the FRS are providing services directly to families, they also receive and make referrals, especially from the Police CWU.<sup>19</sup>

One FRS service provider referred to the FRS as a 'quasi Child Wellbeing Unit for NGOs', and while this is not a stated aim of the service, they are being used in some areas as a key information and referral point (KPMG, 2013b: 46). The benefits of this are that additional sources of information are available to mandatory reporters in the government and NGO sector, but the role of each new initiative is not always clear.

### 8.4.1 Child Wellbeing Units

There are three CWUs, for government sector mandatory reporters in Health, Education and Police. They were set up to assist mandatory reporters to assess whether a child suspected of being at risk of harm was significant and should generate a call to the Helpline, and to identify responses other than a call to the Helpline for families where children are not at ROSH. They also have a remit to provide training and support to their respective workforces around mandatory reporting, the MRG and alternatives to reporting. Over time, it is hoped that the CWUs will facilitate better access to services for families who need it as reporters, especially in Education and Health, become more confident and knowledgeable about assessing risks and available services.

The Police CWU operates differently from the other two, in that it does not actively support mandatory reporters by providing advice and information about services. Police mandatory reporters use the MRG within the police operational database (COPS), which is linked to the CWU database. Police CWU staff receive electronic notification of suspected 'non-ROSH' events and manage the reports by identifying referral pathways and in some cases making direct referrals. The Police CWU receives around 2,300 calls per month (Ernst & Young, 2014: 30).

The Education and Health CWUs, in contrast, run telephone advice lines for mandatory reporters. Education is largely centralised, while Health has funded coordinator positions in each LHD and the CWU

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19 The FRS evaluation (KPMG, 2014c) found that many more referrals to the FRS came from the CWU than from mandatory reporters.



is also located in three locations. Both these CWUs encourage mandatory reporters to themselves make reports to the Helpline and referrals of children not at ROSH to the appropriate service. This is in order to build the capacity of the mandatory reporter workforce and, specifically, to encourage people who are working closely with the child and family to engage them in any referral process and so enhance the likelihood of service engagement. These CWUs make referrals fairly rarely (the DEC CWU makes an average of 6 direct referrals per month; the Health CWU an average 15 per month, compared with an average of 851 calls per month to the Health CWU and 1,055 calls per month to the Education CWU). (Ernst & Young, 2014, p13)

The CWU evaluation (Ernst & Young, 2014) indicates that the CWUs are filling their intended functions of advising, supporting and educating mandatory reporters in Health and Education, and the mandatory reporter workforce survey indicates that most (over 80 per cent) of respondents find the CWU helpful. Over time, fewer people are using the MRG prior to calling the CWU, indicating that they may be using the CWU for advice on services or other ways of supporting a family, rather than advice on whether or not to call the Helpline. Interviews for this evaluation also indicate that the CWUs are increasingly used by mandatory reporters for advice, in particular advice on how their concerns about a family can be translated into an assessment of risk to the children; and that they are helping mandatory reporters to build skills and knowledge. In addition, proportionally, reports to the Helpline from Police, DEC and Health have not increased to the same level as has been the case for NGOs and agencies that do not have a CWU; suggesting that the CWUs are diverting calls from the Helpline.

#### **8.4.2 Family Referral Services**

The FRS model was implemented in stages, so has been in place in some areas for much longer than others. It is therefore not surprising that their impact is also varied, and it will take time for the newly operational FRS to operate at the same level as the longer-established services. Even allowing for staged rollout and local characteristics, the uptake of the FRS as a referral service and resource has been limited. A number of the stakeholders and practitioners in the site visits were unclear about the role of the FRS – in particular whether it is primarily a service provider or primarily a conduit to other services.

The FRS evaluation noted that three FRS were not conducting home visits at the time of that evaluation. Stakeholder interviews for this evaluation confirmed the findings of the FRS evaluation that those three FRS which were not conducting home visits faced challenges when working with families who have complex needs and who are reluctant to interact with services.

The FRS evaluation (KPMG, 2014c) recommended continued promotion of the capacity of FRS to provide information and advice to professionals, and that FRS should be able to take on Community Services cases that are open but not allocated. Stakeholder interviews for this evaluation confirmed that direct referrals from Community Services to FRS would improve the functionality of the system for those children at ROSH do not receive a SARA. This is also consistent with the Inquiry's view that Regional Intake and Referral Services would accept families of children at ROSH who did not need an immediate response.

Since July 2013, FACS with the support of NSW Health has trialled the placement of child protection caseworkers in five FRS. This trial has enabled the services and support offered by Family Referral Services to be extended to children, young people and families whose needs have met the ROSH threshold and where an urgent response is not required.

The FRS evaluation concludes that the uptake of the FRS as a referral resource for local services has been limited, although they also found the FRS have been effective in delivering timely and sufficient services to those families who are referred to them (KPMG, 2014c). The evaluation of the Child Protection Caseworker in Family Referral Services Pilot Project found that those FRS are a viable service pathway for low priority ROSH cases that would otherwise not receive a service from Community Services (KPMG, 2014b).

Stakeholder consultation in this evaluation confirmed very mixed responses to FRS, with some stakeholders believing that they have made a significant impact on the service delivery system, whereas others felt that their impact had been patchy and limited, with further complaints that FRS do not provide adequate feedback to referrers.

At this still relatively early stage of implementation of KTS, rather than calling the FRS, the majority of mandatory reporters continue to call the Helpline for cases with low risk, either after using the MRG or instead of using the MRG. More work is needed if the FRS service is to become a real alternative response to calling the Helpline for matters not suspected of reaching the ROSH threshold. In the January-June 2013 period, the same period the FRS received around 2500 calls that were not from CWUs there were 70,306 reports to the Helpline that did not meet the ROSH threshold (KPMG, 2013b). The number of calls to the Helpline for which no response was required increased from 62,776 in 2011/12 to 70,007 in 2012/13.<sup>20</sup>

Those who are closely involved with the FRS and CWU, and whose work routinely involves child protection matters, can be expected to navigate the new pathways easily, and our consultations suggest this is the case. However, many mandatory reporters are not closely connected to child protection or early intervention. The mandatory reporter workforce survey indicates that almost half of the respondents who had made a report to the Helpline in the last 12 months had made three or fewer reports. For these workers, the new processes of reporting and referral, which are quite complex, may be confusing. Table 2 and Figure 4 indicate that, although CWU, FRS and the Helpline have very clear and separate roles, there is considerable overlap, and mandatory reporters are not always clear about the most appropriate course of action when they have concerns about a child. Figure 4 also shows that there are many more points at which a report is assessed or referred on, than points at which an intervention is delivered. This goes some way to explaining the lack of feedback on referrals that frustrates mandatory reporters, because the points at which decisions are made are often remote from the reports.

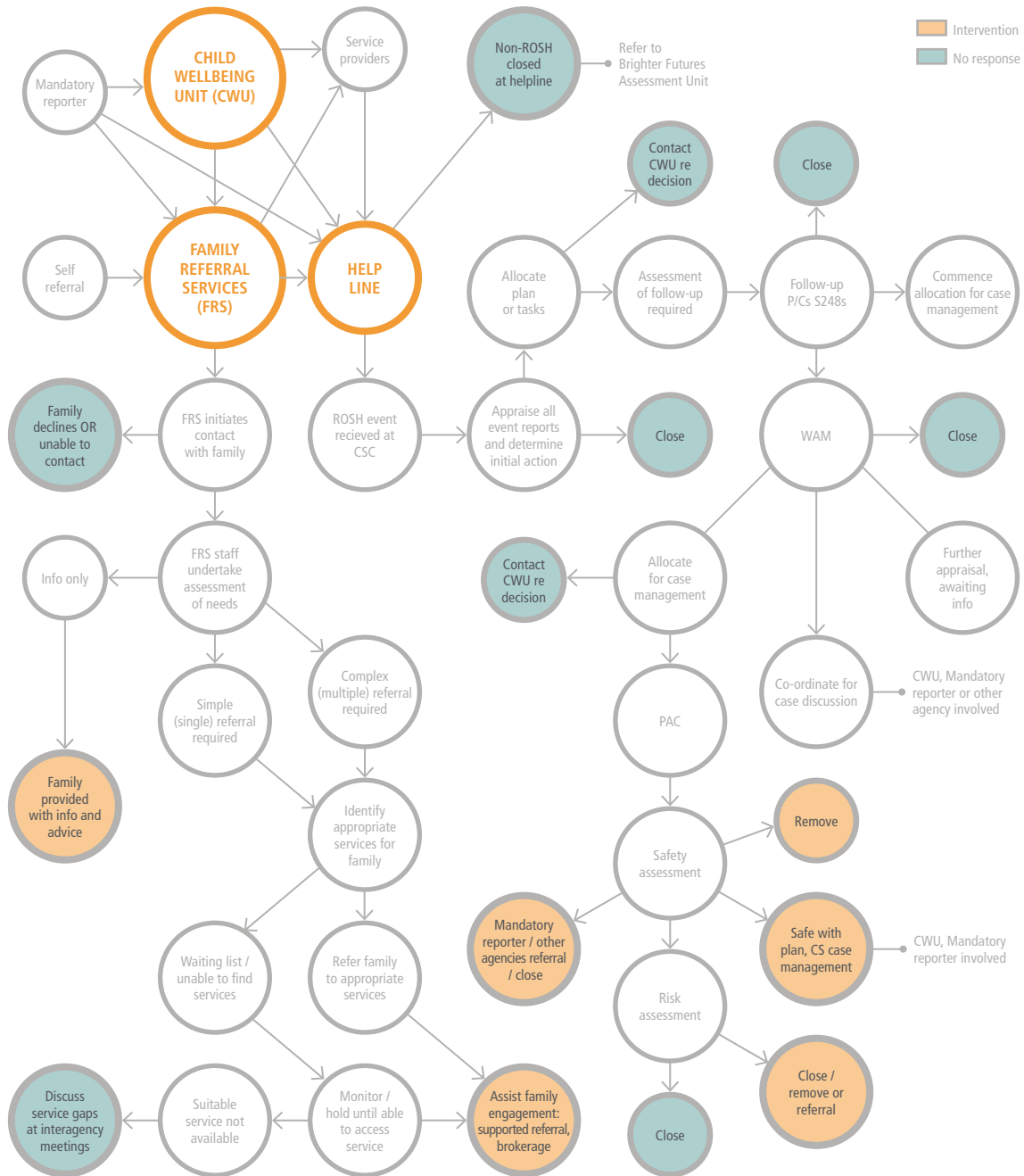
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20 Community Services quarterly data report, [http://www.community.nsw.gov.au/docswr/\\_assets/main/documents/docs\\_data/quarterly\\_report\\_jun13.pdf](http://www.community.nsw.gov.au/docswr/_assets/main/documents/docs_data/quarterly_report_jun13.pdf), and authors' calculations from NSW Community Services unit record data (see also Figure 2 above).

<b>Table 2 CWU, FRS and Helpline roles related to reporting and referral</b>				
Mandatory reporter action	DEC/Health CWU	Police CWU	FRS	Helpline
Report a child suspected to be at ROSH	Yes Advice on reporting to Community Services is the reason for around 15 per cent of calls to the CWU	No	No/Yes Reporting is not the role of the FRS, but they do report from time to time	Yes
Document concerns about a child	Yes Documenting concerns is the reason for around 25 per cent of calls to the CWU	Yes	No	Yes/No Mandatory reporters without access to a CWU call the Helpline for this reason
Advice on a vulnerable child who may need support but could be at risk	Yes	Yes Police CWU receive calls from service providers and other agencies	Yes	Yes/No Mandatory reporters without access to a CWU call the Helpline for this reason
Discuss a child who needs a service but is not at ROSH	Yes	No	Yes	Unclear; appears to vary <sup>a</sup>
Refer a child who needs a service	Yes If mandatory reporters will not complete referrals themselves. Low number of referrals (DEC 6/month; Health 11/month)	Yes 38 per cent of all FRS referrals are from the Police CWU	Yes	Yes/No The Helpline makes some referrals e.g. to Brighter Futures
Support and educate workforce to report more appropriately and support/refer vulnerable children not at ROSH	Yes	No	No	Unclear; appears to vary <sup>a</sup>
Give general advice about child protection/child wellbeing	Yes		No	No

a Feedback on this was very mixed, and suggests that the response from the Helpline varies, perhaps according to the volume of calls being received or the Helpline worker taking the call.

**Figure 4** CWU, FRS and Helpline referral pathways



Source: FRS evaluation, CWU evaluation, Community Services process for triage and assessment of ROSE events at CSCs

As the most significant initiatives to change reporting by mandatory reporters (CWUs) and increase support to families who need it (CWUs and FRS), their impact is a key component of KTS although not directly linked to safety and well-being outcomes. The project evaluations and this outcomes evaluation gathered a great deal of data on the FRS and CWU, which indicate both benefits and risks.

The strengths of the new initiatives are reported to be:

- Increased support and advice for mandatory reporters, especially principals in government schools and Health staff
- Capacity building for mandatory reporters in government schools and Health to support children and families
- Increased collaboration between Police, Health, Community Services, and Education, particularly around operational guidelines and interagency systems
- More referrals from Police to NGO services, due to the nature of reporting by Police: COPS database=>CWU=>FRS=>services

There are challenges related to the new initiatives, and many of these are typical of any service: time for services to become known, challenges in recruiting and retaining staff, clarity of role and function. The differential access to CWUs has also caused some resentment, especially among independent schools and staff in FACS (who did have a CWU until 2013) although it is unclear if this is having any effect on how agencies are working.

In addition to these challenges, which are to be expected and do not appear to detract from the benefits of the new initiatives, there are two significant risks relating to whether or not a response is made:

- A significant number of calls to both the Helpline and the CWUs are from reporters wanting to document their concerns. It is uncertain how many of these believe that documenting concerns is a meaningful way to ensure a response for children, but the risk of these calls is that the reporter will feel falsely reassured that an intervention will happen.
- The complex referral and information pathways illustrated in simplified form in Figure 4 above take up resources of the CWU and FRS, but do not always result in families receiving support. This is because there may be no services available, the FRS may not be able to make contact with the family, or the family may decline the service when offered. As we noted in Chapter 6, many vulnerable families are difficult for NGOs to work with, and although they may need support, this does not mean that they welcome a service contacting them, especially if they haven't given their consent to be contacted.

### 8.4.3 The Helpline

The changes to the reporting threshold appear not to have freed up enough resources to make a significant difference to the capacity of Community Services to respond to ROSH reports, as discussed in

Chapter 6. Most reports of children at ROSH are closed without a face-to-face assessment or intervention from Community Services. The capacity of Community Services is not in scope for this evaluation, but despite the improvements indicated in the KTS indicator analysis, this is seen by many of the participants in this evaluation from a range of agencies as an inadequate response to the needs of very vulnerable children and families, and has been confirmed by the Ombudsman's Report (NSW Ombudsman, 2014).

Although the operation of the Helpline itself is out of scope for this evaluation (except for the use of the SCRPT tool which was funded by KTS but which has not been evaluated), some stakeholders in the consultations questioned the continuation of the Helpline in its current form. The Helpline was set up to address the problem of referrals being treated inconsistently across the state, and it has been very successful in this objective. Nevertheless, in the context of KTS, there are significant disadvantages to having a centralised Helpline whose sole task is to determine whether children meet the ROSH threshold, and to pass on initial assessments to CSCs for investigation. As reported above, this has resulted in frustration for many service providers who are reluctant to report to an 'anonymous' helpline and who feel that reporting is a one-way process. It has also led to considerable 'gaming' of the system by mandatory reporters to ensure that children are assessed to be at ROSH and that Community Services will take responsibility for the case. Raising the threshold has not changed this dynamic – the exception being the CWUs, which have built up a working relationship with the Helpline and who are able to discuss cases with Helpline staff and can seek a formal review of Helpline decisions. Overall, the Helpline continues to be a symbol of the pre-KTS philosophy of the default response for practitioners being to report rather than to consider alternatives for intervention.

It may be that with the development of new technologies, a more localised approach to referral and reporting could be developed, whilst still maintaining consistency in ROSH assessments across the state. This would allow a much more interactive process between referrers and Community Services, and would also be closer to the Wood Commission's concept of regional intake and referral units. This is also consistent with the evaluation of CWUs and stakeholder consultations for this evaluation, who confirmed that the geographic dispersion of the CWUs has enabled them to interact more effectively with practitioners in regions, and that practitioners prefer to refer to the CWU in their region.

## 8.5 Governance and data

KTS has suffered similar challenges in attempting to deliver systemic changes as other whole-of-government initiatives, and for similar reasons related to inadequate governance structures. A strong finding from the consultations was that the KTS Senior Officers Group (Senior Officers Group) was mainly concerned with ensuring that the components of KTS were implemented on time, sorting out implementation challenges and facilitating information sharing between agencies. It is important to note that the SOG has been carrying out its remit and its role has been highly valued. The role of DPC and the SOG was always intended to coordinate government responses, not to take responsibility for them. Nevertheless, many of the senior stakeholders expressed the view that an initiative such as KTS requires not just coordination but sustained and effective leadership. In some agencies this was provided within the agency itself, and it was reported that KTS led to an unprecedented level of involvement by senior managers to ensure that all levels of the organisation were involved in the changes brought about by KTS. Inevitably, this was mainly confined to the first years of implementation and has not been sustained.

KTS has facilitated a range of other inter-agency and inter-departmental initiatives and has changed the landscape in terms of how agencies interact with each other at a strategic level. Senior stakeholders reported that there continues to be a high level of inter-departmental collaboration, not only in relation to KTS itself but also in related areas such as the NSW Government's Domestic and Family Violence Framework for Reform and the Aboriginal Maternity and Infant Health Service.

Similarly, while KTS RPMs supported changes to local practices, they did not appear to be positioned to drive strategic change within their regions. The changes to organisational boundaries and the introduction of FACS District Directors may facilitate a whole-of-government approach to service provision for vulnerable populations.

### 8.5.1 Evaluation governance

An illustration of the challenges of governance is provided by the evaluation process itself. It is estimated that there have been over 50 project evaluations funded by KTS. Yet it has taken several months for the evaluation team to be provided with a definitive list of these evaluations. The evaluations themselves have been commissioned by individual agencies and most have been designed to meet the needs of each individual project rather than contributing to the overall understanding of KTS or the system as a whole. While the project itself should be the primary concern of evaluations, as KTS funded components it would be expected that there would be some consistency across these evaluations and some consideration of the broader issues for KTS as was recommended by Urbis in the implementation plan for the evaluation (Urbis Consultants, 2011).

### 8.5.2 Data

Good governance of complex interventions such as KTS relies on accurate and timely data. While it does appear that the SOG was provided with information about the progress and implementation of KTS funded projects, there have been considerable challenges in collecting and collating data for examining the impact and outcomes of KTS and its components. The most significant data development which was funded by KTS has been Wellnet, which is used by the three CWUs. The draft CWU evaluation report indicates that although Wellnet has been a significant and welcome development, it is a rather unwieldy system and is difficult to use for monitoring and accountability purposes. The FRS evaluation similarly points out the challenges of understanding the impact of the FRS without adequate data.

Another data issue identified by the recent Ombudsman's report (NSW Ombudsman, 2014) and confirmed by this evaluation is that the way activities are classified in the KiDS dataset does not allow for easy analysis. Whilst some of these categories may make sense from an operational or case management perspective, they do not facilitate an understanding of how the system functions. Examples include:

- The category "Forwarded for information/action" which includes a whole range of different responses which have different implications for outcomes but are not possible to disentangle in the dataset.

- The SCRPT assessment of ROSH and response priority remains in the database even if it is determined by the CSC that a child is not (or is no longer) at ROSH. The case may then be closed and categorised as 'no further action', giving the false indication that high risk cases are not being responded to appropriately.

The Evaluation Plan (Katz et al., 2013) explains the rationale for the evaluation and the choice of methods and data sources which have been drawn on. Considerable effort has been made by DPC and our team to ensure that data have been made available for all the KTS Indicators and other analyses.

It has proved exceedingly challenging for agencies to provide accurate, complete and up to date data for this evaluation. This is a concern not only for the evaluation but also for the management of KTS and its component projects. Without an adequate flow of data it is difficult to facilitate collective action and coordinated governance.

## 8.6 Summary

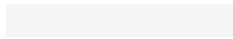
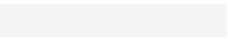
However, the main problems are not related to the practicalities of information sharing and collaboration. The system as a whole is still very 'system focused' rather than being 'child focused'. There is still a great deal of activity and much anxiety around whether children do or do not meet the ROSH threshold, and therefore which agency is responsible for service provision. The MRG and the various Structured Decision Making tools are primarily focused on risk and safety assessment and not on what interventions are required to meet the needs of the child and the family. Similarly, Chapter 16A is often interpreted as supporting information sharing about children for the purposes of assessment, but does not necessarily lead to collaborative holistic interventions to support those children. There is no common assessment or strategic framework for ensuring that children are provided with a timely, holistic and coordinated intervention, and no process for assuring that there is a continuity of care for families. The view that Community Services is fully responsible for children who meet the ROSH threshold, and that only children below this threshold are 'everyone's business', still pervades much of the practice in NSW. True interagency collaboration around families with children at ROSH is rare. This has led to perverse outcomes including instances where services have been **withdrawn** from children at ROSH rather than ROSH assessments triggering increased resources and collaboration between agencies, which are the hallmarks of good child protection systems internationally.

The clear intention of the Inquiry and of KTS was not merely to improve information exchange and assessment; it was to facilitate a holistic, multi-agency response to vulnerable children at all levels of risk. Information exchange is only helpful if it leads to better and more informed interventions, a principle which is clearly stated in the amendments to the *Children and Young Persons (Care and Protection) Act 1998*. Section 245E (which is part of Chapter 16A) of the Act states that:

*Prescribed bodies are, in order to effectively meet their responsibilities in relation to the safety, welfare or well-being of children and young persons, required to take reasonable steps to co-ordinate decision-making and the delivery of services regarding children and young persons.*



KTS has made significant inroads into changing the system and culture within NSW, and the changes appear to be embedded not only in the KTS funded programs but throughout the human services workforce. However, there is still some way to go before NSW can claim to provide coordinated, timely and holistic services to vulnerable children and their families at all levels of risk and need.



## 9 Conclusion



KTS is one of the most far-reaching reforms to child protection and early intervention in Australia and internationally. Similarly, this evaluation is one of the most comprehensive studies of a system level reform ever conducted in this policy area. Nevertheless, there are some methodological limitations which should be taken into account when considering the findings.

The evaluation has found that there have been positive changes in all the outcome areas KTS targeted. However, there are continuing challenges for the child protection and early intervention systems which will need to be addressed.

### 9.1 Positive effects

#### 9.1.1 The universal system and the wellbeing of children in NSW

During the five years of KTS, the wellbeing of the overall child population in NSW has improved in a number of dimensions, especially for children in their early years. Thus, KTS has been implemented in context of improved outcomes for children in NSW. These improvements cannot be attributed to KTS. Improvements are not fully attributable even to universal services and are likely to be influenced by broader social and demographic trends. However, it is not known whether the most vulnerable children have benefited to the same extent as the broader child population.

### **9.1.2 Prevention and early intervention**

KTS has implemented a range of reforms which have helped to ensure that vulnerable children who are likely to encounter the child protection system are identified early and diverted to appropriate early intervention services. For those children who receive these preventive services, outcomes appear to be positive and many of the projects have led to reduced rates of subsequent reporting to the Helpline. However, the evaluations of many of these interventions did not provide reliable enough findings to make a definitive statement in this respect.

The cost-effectiveness analysis shows that the largest impact of KTS investment is for younger children aged 0-5 years, where an overall KTS investment increase of \$100 per child within a community is significantly associated with a decrease of nine children and young people reported at ROSH per 1000 children in the population.

### **9.1.3 Protecting children at ROSH**

There are encouraging signs that a number of reforms (not all of them KTS funded) have improved outcomes for children at ROSH. Re-reports of children appear to be decreasing, and many of the projects funded to support these children have been positively evaluated. Alternative Dispute Resolution and other changes to the Children's Court appear to have improved the experience of families during care and protection proceedings.

Although the number of children in out-of-home care has increased, fewer children who were not previously known to Community Services appear to be entering out-of-home care, especially younger children. This is likely to result in a reduction in the number of children in out-of-home care over time. There are also positive indications that the well-being of children in out-of-home care is improving and fewer children re-enter out-of-home care after being restored to their families. Several KTS Indicators relating to this population were not available to the evaluation and there are no direct indicators of wellbeing for this population, so these findings are tentative.

### **9.1.4 Aboriginal children**

The KTS Indicator analysis shows that there have been improvements in outcomes for Aboriginal children (Annex A). Outcomes for Aboriginal children have improved at the same rate as for non-Aboriginal children. If the considerable existing gaps in outcomes were to close, Aboriginal children's outcomes would have to improve at a greater rate than non-Aboriginal children.

With regard to KTS, the consultations and project evaluations confirm that, in many ways, there has been considerable progress in areas such as consultations with Aboriginal communities and building the capacity of Aboriginal organisations. However, the challenges are considerable and progress has not been uniform. This process is likely to take some time and it was perhaps not realistic to expect more in the timescales available.

In the child protection system, the gap between Aboriginal and non-Aboriginal children does seem to be narrowing, especially for young children. The unit record analysis of children without prior histories of child protection involvement shows some notable overall improvements for Aboriginal children (subsequent report rate; rate of entry to out-of-home care). However, Aboriginal children still tend to experience worse outcomes across a range of child protection indicators.

Child protection responsiveness to reports of ROSH to Aboriginal children has improved. There has been an increase in the proportion of Aboriginal children at ROSH who get a face-to-face assessment following a report to the Helpline. This is despite the fact that Aboriginal children are less likely to have a response priority of less than 24 hours than non-Aboriginal children.

### 9.1.5 System and cultural change: Interagency collaboration and information exchange

There is compelling evidence that KTS has led to substantial changes in the way agencies collaborate to prevent harm to children and to intervene early to divert them from being involved in the child protection system. Before KTS, interagency collaboration was sporadic and information exchange was hampered by bureaucratic hurdles and agency policies. The amendments to Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* have facilitated significant shifts in the way agencies other than Community Services take responsibility for protecting children. Information sharing between agencies has improved across the board. The CWUs are highly valued by their agencies and have helped to change the culture of reporting towards one of early intervention and collaboration. The MRG has also been an important innovation which appears to have been successful in improving the reliability and validity of reports to the Helpline and has provided a common language to discuss cases and agree on the risks to the child.

There are many examples of local initiatives to improve collaboration such as local interagency panels to discuss cases and broader service provision. Although these are not always directly funded by KTS, KTS has provided the impetus for these initiatives to develop. At a strategic level, interagency planning is far more common than previously, and the NGO sector is far more integrated into service provision and service planning in the prevention and early intervention and out-of-home care domains.

## 9.2 Continuing challenges

There are positive signs of improvements in outcomes for vulnerable children not at ROSH and children who encounter the child protection system, but the evidence is mixed. Whilst progress has undoubtedly been made, this has not always been to the degree anticipated, particularly for children around the threshold of significant harm.

Across a wide range of domains and in many parts of the system, there is still a considerable way to go for NSW to claim to be delivering an adequate child protection and early intervention system. KTS was starting from a very low base; the Inquiry confirmed that the system in NSW was in crisis in the mid-2000s, despite considerable funding having already been expended on primary prevention, early intervention and out-of-home care. It is not reasonable to expect that all these issues would be resolved in five years.

One of the paradoxical findings of this evaluation is that some of the basic assumptions behind KTS, and indeed all early intervention programs, have not (or not yet) been borne out. The wellbeing of the overall child population is improving, services to vulnerable children have increased, sharing of information and interagency collaboration has improved, and targeted early intervention services appear to be effective. However, these improvements have not resulted in continuing decreases in the number of children at ROSH being reported to Community Services. Although the volume of reports to the Helpline initially decreased after the commencement of KTS, reports have not continued to decline and early gains have even become threatened. The logic behind prevention is that over time, as the wellbeing of the population improves, the proportion of children whose risks escalate to the threshold of significant harm should decrease. However, it is unclear whether this has happened yet in NSW.

There are a number of possible explanations for the continuing high rate of reports following the threshold change and the answer is probably a combination of these factors:

- There is an established culture of reporting in NSW that generates a very high volume of calls to the Helpline, with significant resource implications. KTS is attempting to change this culture but the signs are that this will take time.
- A relatively small amount of KTS expenditure was devoted to early intervention services and this tended to be in the form of small pilots which do not cover enough families to make a difference to the overall population of children with high levels of vulnerability.<sup>21</sup>
- Whilst KTS has established new prevention and early intervention services, there are still significant gaps in the system's ability to effectively meet the needs of families in a timely fashion and avoid escalation of the risks and problems in families. There are also gaps in service provision, particularly outside metropolitan areas, and the need for safe affordable housing identified by the Inquiry remains urgent.
- KTS has resulted in increased awareness and responsiveness of services and organisations such as schools and health providers, and this may have led to larger numbers of vulnerable children being identified as being at risk. Other factors such as media reporting around the Royal Commission into Institutional Responses to Child Sexual Abuse may have also raised awareness.
- KTS is still in its relative infancy and many of the reforms will take much longer to reduce the overall population of vulnerable children, despite improvements in the general population. Many of the measures of systems improvement, particularly those comprising the set of broad performance indicators, are not sensitive to change in the near term. This shortcoming is partially offset by individual level analyses. Near-term success would best be reflected in measures of improvement of individual physical, behavioural, educational and emotional outcomes for children receiving KTS. Unfortunately, these are extremely limited.

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21 The evaluation has mixed evidence for this explanation; consultation with stakeholders and case studies indicate that secondary services are overwhelmed, but FRS are, if anything operating under full capacity, as are some other secondary services.

- Whilst universal services may 'shift the curve', they may be less effective with the most vulnerable children. Moreover, preventive services may not be a 'one shot' endeavour, and may need to be sustained over time.
- Universal services may be available, but they may not be effective, or they may be less effective for particular groups of children with different problems at different times. A more nuanced targeting of effective services for specific children may be required to take the system further.
- Even effective services may be implemented in ways that are ineffective (e.g., low fidelity; failure to deliver due to systemic or cultural barriers).
- Even if services are effective and implemented well, the prevalence of harm and vulnerability in the population is not determined by service provision, but mostly results from broader social and economic factors such as socio-economic disparities, access to employment, adequate housing and transport etc. KTS has little impact on these factors.

The threshold change has resulted in lower numbers of reports to the Helpline which are passed on to CSCs. However, this has not resulted in the anticipated increase in resources to the child protection system to ensure that all children at risk of significant harm receive an appropriate response. In one sense, this can be seen as a failure of KTS, which was premised on the idea that early intervention would ultimately reduce the number of children who meet the ROSH threshold. Nonetheless, despite the growing number of children in need of services and the increasing complexity of family problems that services have to deal with, the system has managed to become more efficient and effective at addressing their needs. It may be that these changes will only begin to manifest in a longer timescale, in which case the service system will be in a much better position to respond. Findings from the KTS Indicators and the unit record analysis confirm that the biggest reductions in reports and in children going into OOHC are for children under five. Similarly, the findings from the economic evaluation indicate that the biggest economic gains are for young children. This provides some indications that future cohorts of vulnerable children may indeed have higher levels of wellbeing and lower levels of risk.

Unfortunately, neither the Wood Inquiry nor the KTS Action Plan set out a specific timescale for these changes, nor did they identify the expected level of resources which would be 'freed up' by the threshold change. Thus, it is not possible to say definitively whether or not KTS has met expectations in this respect. What is clear is that a significant reduction in reports of children at ROSH is unlikely to occur in the near future.

Although comparison is difficult, it appears that the volume of reports to the Helpline is much higher than in other jurisdictions.

Most of the funded components of KTS which were evaluated appear to have been effective, but the evidence from the project evaluations is generally not robust enough to draw definitive conclusions about their effectiveness in terms of improving outcomes for children and families. All these services address very significant needs. The main challenge for KTS may not be a lack of effective services but the continuing challenges around collaboration and cooperation between services.

### 9.2.1 Assessment, information sharing and collaboration

The system still appears to be preoccupied with referral and reporting rather than providing timely, holistic, and effective interventions to children and families. Much of the activity in the system is focused on assessing whether children do or do not meet the ROSH threshold, and therefore which agency is responsible for service provision. The MRG and the various Structured Decision Making tools which have been implemented are primarily focused on risk and safety and not on screening children and families for specific problems and assessing their needs, nor on what interventions would best meet these needs and thereby improve outcomes. Similarly, Chapter 16A is often interpreted as supporting information sharing about children for the purposes of assessment rather than facilitating collaborative responses to intervention. The view that Community Services is fully responsible for children who meet the ROSH threshold, and that interagency collaboration is only relevant to children below this threshold, still pervades much of the practice in NSW. True interagency collaboration around families with children at ROSH is rare. This has led to perverse outcomes including instances where services have been withdrawn from children at ROSH rather than ROSH assessments triggering increased resources and collaboration between agencies, which are the hallmarks of good child protection systems internationally and were the clear intentions of the Wood Inquiry. Even early intervention services largely interact around referrals to each other rather than providing holistic, multi-disciplinary assessments and interventions.

The referral criteria for many of the early intervention services create another set of significant barriers to the provision of holistic, effective, child focused interventions: for example, only taking referrals from certain agencies, only providing services to families with children in particular age groups, or being inflexible about the context or timing of services. Whilst these requirements may be logical from the point of view of service providers, they have resulted in services being under-utilised and families being unable to access the most effective interventions in a timely fashion.

One of the reported consequences of the raised threshold and the lack of response from Community Services is that more families with complex needs are now being supported by early intervention services. This is a positive indicator of the effectiveness of new services for families and improved referral processes as well as an unintended consequence of the perceived lack of response from Community Services.

However, some service providers do not feel confident in supporting families with higher needs and are concerned that in supporting these families they are risking poor outcomes. The strongest and most consistently reported challenge expressed by service providers is the demand placed on them by families with high and complex support needs, including domestic violence, co-occurring mental health and substance misuse problems, and intergenerational poverty and disadvantage.

Despite these systemic failures, there are promising indications that practitioners and managers in many parts of NSW are attempting to set up processes for improving interagency collaboration to provide effective holistic services to families of children at all levels of risk and need. However, these are still rather piecemeal and KTS has not, as yet, resulted in a strategic vision for collaboration and coordination of services.



## 9.3 Governance

KTS was, to a great extent, implemented efficiently and effectively. The governance arrangements around KTS were put in place mainly to coordinate and monitor the actions of different agencies, and were successful in this respect (with the exception of the coordination of evaluations). However, the strategic governance structures at state and regional levels did not provide the leadership required to drive forward a whole of government approach to child safety and wellbeing.

### 9.3.1 Administrative data

There are still major challenges to organisations with regard to collecting accurate, complete and reliable administrative data on the services they provide. If agencies were able to facilitate linking of datasets (e.g. children in out-of-home care who are in the justice or mental health systems) ethically and efficiently, this would provide ongoing outcome information which could be used to continuously monitor and improve programs and policy initiatives, rather than relying on complex and bureaucratic data extraction protocols.

## 9.4 Summary

Overall, there is compelling evidence that KTS has contributed to a significant shift towards its primary objectives; better protecting children at ROSH, diverting vulnerable children towards early intervention and facilitating better interagency collaboration and information exchange to provide more holistic and accessible services to vulnerable children and families at all levels of risk. KTS has provided a solid platform for future improvements in the quality of service provision, collaborative practice, a more strategic approach to early intervention and improvements in the protection of children at ROSH. However, the five years of KTS are only the first stage in the journey towards a truly effective system for ensuring the safety and wellbeing of children in NSW.



# Appendix A

## Methodology and evaluation design



### Introduction

This Appendix provides a summary of the methods used for the KTS Outcomes Evaluation. Reports of the main methods (KTS Indicators report, unit record analysis, survey of the mandatory reporter workforce, economic evaluation, spatial analysis, and appraisal of project evaluations) are provided in the respective Annexes. The overall approach of the evaluation has been to triangulate findings from the different methodologies to test the robustness of findings from a range of different perspectives.

### Methodology

#### KTS Indicators

Report at Annex A

(a) Indicators and data

The KTS Evaluation Steering Committee identified 60 KTS Indicators to be analysed for the evaluation (see Population Outcome Indicators Technical Report). Indicators have been grouped within broader domains associated with particular outcomes and include those that require both primary and secondary data collection. The majority of indicators are derived from secondary data that have been supplied to the evaluation team. Primary data was collected for some indicators where no data sources existed.

Our approach to the indicators has been to assess each, particularly in relation to data quality and usability, as well as identifying other indicators or variations thereof that may serve additional or complimentary purposes for addressing the key outcome evaluation questions.

Extensive data testing, assembly and validation has taken place with additional requests for refinements and modifications sent to the data custodian and provided where possible.

The project team has also collected data from other jurisdictions to provide comparisons for the KTS indicators.

(b) Data development

Considerable effort was applied by the Department of Family and Community Services, Ministry of Health, Department of Education and Communities, NSW Treasury, Department of Attorney General and Justice, NSW Police Force and Office of the Children's Guardian in order to assemble the necessary data to undertake the population outcome indicator analysis and to assess investment.

A number of issues have arisen over the course of obtaining data that made the KTS indicators analysis more challenging than initially considered. These issues and potential solutions and recommendations around data development for ongoing monitoring of child protection outcomes, will be provided in a separate report supplement to this report, as they have some relevance for the development of state level KPIs in the future.

Out of a total of 51 secondary data KTS Indicators 13 were not available (Figure 5). This was for a number of reasons including availability issues and difficulties in extracting these data.

These indicators primarily centred around how well NSW Children and Young people were faring while in Out-of-Home Care, including their educational performance, case plan goals for restoration, permanent placements, interaction with the juvenile justice system and risk of harm reports while in care. The lack of available information and recommendations for future data development, collection and analysis around these important pieces of information are addressed in a separate Data Development Report (see Annex H).

**Figure 5** Receipt status of KTS Indicators, Secondary data

Source: Authors' calculations, Data Tracker\_POI\_080514

### (c) Analytical approach

The approach to analysing the Indicators has been to begin with state-level analysis constructing time-series where data permits, allowing temporal trends and trends between Aboriginal and non-Aboriginal children to be identified. While data has in many cases been provided by single year ages, it has been combined into three meaningful categories – before school age (0-5 years); primary school age (6-12 years) and secondary school age (13-17 years).

An important element of the indicators is that variability can be identified, ideally including both time and space dimensions. Some indicators allow for both, others are less flexible. In certain cases it was only possible to obtain a single data point. However, this single data point provides an important baseline going forward and efforts for future data collection will allow for further monitoring and evaluation.

Some of the Indicators contain specific targets, and where this is the case, the indicators are reported against those targets as well as the trends over time for different sub-populations. The analysis examines the path to achieving the target and its variations at different time points and in different LGAs in NSW. Therefore, the first step is to compare the initial condition (ideally before substantial KTS investment) with a target or threshold line going forward.

Due to the volume of data that has been analysed spatially (primarily at the Local Government Area level), this analysis is also provided as a separate Appendix. The data underlying this report have been built into a child protection basefile at LGA level, forming a panel. This basefile is the key data source for the cost-effectiveness analyses. This basefile includes information on socio-economic status of communities, economic activity and, importantly, KTS investment along with all viable KTS Indicators.

It is important to note that where targets are not being met or change not is not yet seen do not necessarily indicate that the KTS funding is failing, but may rather indicate other factors, such as changes

in socio-economic conditions, implementation issues, data limitations or not enough time since program implementation. Another issue for this analysis is that in some cases, unrealistic targets may have been set, and therefore failure to meet those targets is more a reflection of the target than of the effectiveness of KTS. On the other hand, there are other indicators which do not have specific targets but which indicate merely a rise or fall in a particular outcome. Whilst these are not unrealistic, they are not good discriminators of the success of KTS. Where this is the case, the report describes the trend and, where possible, compares the observed change to what would legitimately be expected from KTS.

## Unit record analysis

### Report at Annex B

The unit record analysis involves the analysis of records for every activity and every child who was referred to Community Services between 2004-05 and 2012-13. This data is matched with unit records from Wellnet, which is the database used by the CWUs. Fortunately, there are unique identifiers which are able to match children referred to CWUs with those reported to the Helpline.

Source of data for unit record:

- All child protection reports occurring between the 1999/2000 and 2012/13 financial years, along with associated information about how and when children were streamed through various points of the child protection system, including initial assessments of child maltreatment, face-to-face assessments/investigations, and systems level outcomes for each of these decisions.
- All out-of-home care episodes occurring between 1999/2000 and October 2013.

The counting rules used in the analysis are as follows:

- Source data for reports is Community Services year-on-year reports file 1999 to the end of the 2012/13 financial year.
- Source data for out-of-home care episodes come from the Community Services OOHC Episode file to the end of August 2013. However, out-of-home care episodes are only reported through financial year 2011/12 since data are incomplete for the 2012/13 financial year.
- Reports are only counted if a concern has been raised about a specific child/young person (Community Services counting point A = 1).
- Face-to-face contact is defined as (D2=1): child has received a face-to-face investigation pertaining to a report or reports.
- Matches between the report and out-of-home care datasets were made using the unique child identifier.

- An out-of-home care episode is defined as a period of any length of time in which a child entered any form of out-of-home care (apart from respite or restored to parents). In order to be matched to a report, the episode start date must have commenced on or following an initial assessment (i.e. children already in care at the time of an assessment were not counted for that assessment). Testing was conducted to match episodes to face-to-face dates (or court judgement and decision dates); however, the data were more reliable when matched to initial assessment dates.
- About 10 per cent of out-of-home care episodes were not matched to Initial Assessment (IA) dates and the unique identifier and are not included here. Non-matched OOHC episodes include a series of episodes related to children with 'ACIS' IDs – this is not a standard Community Services unique identifier and therefore these children are not seen in the reports data.
- For all counting points following a report (i.e. D2), if the counting point was indicated as being completed (i.e. D2=1) and the date of the point was missing, then the date for the counting point prior was substituted (for D2, this was initial assessment date, or contact date).
- A report / face-to-face / Episode has been included as occurring in the financial year if the start date of the point was in that financial year. Figures in this report might, as a result, diverge slightly from official published counts. To illustrate, a report may have been received on 31/05/2011 and a face-to-face associated with that report conducted on 10/10/2011. The child will be counted as being subject of a report in the 2010/11 financial year and subject of a face to face in the 2011/12 financial year.

### Aboriginal consultations

BD Consultants engaged with Aboriginal organisations and communities which have programs funded under KTS. Below is a description detailing how BD Consultants has undertaken consultations in six (6) locations in NSW where the Intensive Family Based Services (IFBS) and Protecting Aboriginal Communities Together (PACT) programs operate.

The six services that participated in this review are:

- Bungree Aboriginal Association (Bungree IFBS) in Wyong
- Burrun Dalai OOHC & Family Support Service (Burrun Dalai IFBS) in Kempsey
- Riverina Medical & Dental Aboriginal Corporation (Ngangaagi IFBS) in Wagga Wagga
- Bulgarr Ngaru Aboriginal Medical Service (Clarence Valley IFBS) in Grafton
- Myimbarr Aboriginal Child, Youth & Family Services (PACT) in Shellharbour
- Bamba-Baa Aboriginal Children's Service (PACT) in Moree

Due to some constraints, face-to-face meetings were not possible in all communities. In these instances, interviews were conducted by phone. All organisations agreed the best means to conduct the review was to receive information in advance and be given time to consider their answers. All communities were provided with information regarding the KTS evaluation and specific question about how KTS and the advent of their program/s have affected their communities.

a)       Introductory Community Meetings – November 2013

BD Consultants met face-to-face with the six (6) KTS funded organisations. A brief outline was given regarding the KTS evaluation and the information that would be needed on the progress of their services in their communities.

b)       Promotional Material Review – January 2014

BD Consultants completed a review of the promotional material each organisation has developed to inform the level of accessibility to each service, an important part of effective service delivery for the KTS evaluation. A report on the consultations was provided to SPRC in February 2014.

c)       Service Consultations – February 2014

BD Consultants liaised with all six (6) services to gain an understanding of how respective programs engage with Aboriginal children, young people and families. A list of interview questions were sent in advance of the consultation.

NB In late 2013, when the Aboriginal community consultations were close to completion, Brad Delaney from BD Consultants was offered and accepted a position at AbSec. This position involves working with a number of KTS funded projects.

## **Workforce survey**

### **Report at Annex D**

One of the components of that review was a workforce survey, which studied how KTS has supported changes to the practices and behaviour of mandatory reporters.

For this evaluation, the survey was amended to include additional questions on Child Wellbeing Units (CWUs), and questions on the perceived impact of KTS. The survey was open from 17 February to 14 March 2014.

A distribution strategy was developed in collaboration with stakeholders from multiple sectors. DPC and peak organisations sent an email with the survey link to their extensive networks of mandatory reporters. These organisations and agencies included:

- CEOs of Local Health Districts
- CWUs



- TAFE NSW
- Department of Education and Communities
- Catholic Education Commission NSW
- Association of Independent Schools of NSW
- Department of Family and Community Services
- Council of Social Service of NSW (NCOSS)
- Aboriginal Child, Family and Community Care State Secretariat (NSW) (AbSec)
- National Disability Services (NDS)
- NSW Family Services (FAMS)
- Aboriginal Health and Medical Research Council of NSW (AH&MRC)
- Youth Action and Policy Association (YAPA)
- ADHC
- Local government: council general managers
- Juvenile Justice
- Department of Attorney General and Justice

In total, 7,056 people completed the survey.

**Table 3** Number of survey completions, by sector

	Government	NGO <sup>^</sup>	Private (for-profit) <sup>^^</sup>	Total
Health	1,688	67	6	1,761
Education	1,397	268	104	1,769
Early childhood education and care	179	347	135	661
Community services*	620	444	5	1,069
Disability	299	69	4	372
Housing	151	52	1	204
Police	681	0	0	681
Justice	218	6	1	225
Local Government	41	1	0	42
Other	105	156	11	272
<b>Total</b>	<b>5,379</b>	<b>1,410</b>	<b>267</b>	<b>7,056</b>

\* Including child and family services and child protection

<sup>^</sup> Non-government, not-for-profit organisation

<sup>^^</sup> Non-government, for-profit organisation, i.e. a private company

## Interviews and consultations with families, service providers and stakeholders

### (d) Case studies in three locations

Given the evaluation timelines and the methodological constraints of conducting research with this group, we selected three regions in which to collect information from vulnerable parents and carers. This information related to KTS indicators for which no data sources are available:

- 7(a) Proportion of parents in vulnerable and at risk families reporting that they feel more confident to care for their children
- 8(b) Participation in child and family programs and services to meet the specific needs of vulnerable families
- 9(a) Proportion of vulnerable and at risk families who report that they consider targeted support services to be relevant to their needs
- 9(b) Proportion of vulnerable and at risk families who report that they found services to be accessible and appropriate
- 9(c) Proportion of vulnerable and at risk families who report that they consider systems and services to be responsive and timely
- 9(d) Proportion of vulnerable and at risk families who report that they consider that services are culturally appropriate and inclusive

We interviewed service providers to gather contextual information on the presence and impact of different components of KTS in the region, partnerships between NGOs and government agencies in sector development and service delivery, and changes to the key areas of shared responsibility for child welfare and collaboration across sectors.

The case study sites are:

1. South West Sydney and Macarthur
2. Mid North Coast and Richmond-Tweed
3. Murrumbidgee

These three sites were selected because they represent different experiences in key KTS areas, including funded components, continuity of Regional Project Manager, and KTS investment.

(e) Interviews with parents (case study sites)

Parents were recruited through twelve NGO service providers and, in one case, Community Services. These are set out below. Because of this opportunistic recruitment method, the sample has a selection bias in that all participants were recruited through support workers who work directly with families. The clients were not representative of all clients of these services because they are likely to have an overall or an immediate positive experience of KTS.

Case Study Site	Providers through which parents were recruited
South West Sydney and Macarthur	Anglicare Family Services, Sadlier Family Resource Centre, Fairfield Family Support Service, Campbelltown Burnside, Campbelltown
Mid North Coast and Richmond-Tweed	Community Programs, Grafton Indigenous Community Links, Lismore Young Women's Accommodation Service Family Support Network, Lismore CRANES, Grafton The Family Centre, Tweed Heads Community Services, Tweed Heads
Murrumbidgee	Mission Australia in Wagga Wagga, Cootamundra, and Albury Centacare, Wagga Wagga

Fifty-seven interviews were undertaken across the three case study sites, involving 61 participants (four interviews were with couples). Some socio-demographic information regarding the participants can be found in Table 4, which shows that the majority of the participants were women, recipients of social security payments, and received services on a voluntary basis (e.g. self-reports), so were below ROSH.

<b>Table 4</b> Number and percentage of study participants by gender, employment status, type of referral, and geographical location			
Participants' characteristics		N	%
Gender:	Female	51	84
	Male	10	16
Employment status:	Employed	7	12
	Social security benefits	36	63
	No information	14	25
Access to services:	Mandatory	26	46
	Voluntary	31	54
Geographical location:	Murrumbidgee	18	32
	Northern Rivers	19	33
	South West Sydney	20	35

Note. Information on employment status and type of referral is based on the participants' self-reported accounts.

(f) Stakeholder interviews and consultations (case study sites and central offices)

We consulted with and interviewed representatives of government and non-government agencies, via a forum for NGOs in Sydney in September 2013, and individual interviews.

We interviewed 55 service providers from the case study sites, face-to-face or over the phone, and undertook five focus groups.

<b>Table 5</b> Number of participants in interviews and focus groups with service providers and stakeholders across the three case study sites			
Region	Individual interviews	Participants in Focus groups	Total
South West Sydney and Macarthur	18	7	25
Mid North Coast and Richmond-Tweed	22	19	41
Murrumbidgee	15	12	27
Non-site specific	22	0	22
Total	77	38	115

**Table 6** Number of individual interviews with service providers and stakeholders by organisation across the three case study sites

Organisation	South West Sydney and Macarthur	Mid North Coast and Richmond-Tweed	Murrumbidgee
FACS	2	1	6
Health	1	3	4
Education	2	1	4
Police	-	2	1
NGOs	13 <sup>1</sup>	15 <sup>2</sup>	- <sup>3</sup>
Total	18	22	15

## Notes

1 Two focus groups were also undertaken.

2 One focus group was also undertaken.

3 Two focus groups were undertaken with NGOs.

We interviewed 22 senior and central staff members, mostly in face-to-face interviews.

**Table 7** Number of interviews with senior and central government staff by organisation

Organisation	N
FACS	12
Health	5
Education	1
Police	3
Children's Court	1
Total	22

## (g) Analytical approach

Interviews were recorded and transcribed verbatim and analysed using a thematic approach, which entails identifying, analysing and reporting patterns (themes) within data. The themes within the data were constructed using a coding frame which was developed starting from the above mentioned KTS indicators (7a, 8b, 9a, 9b, 9c, 9d) and then refined using open and axial coding, i.e. labelling portions of the interviews to summarise their content (codes) and then identifying relationships between the

developed codes. A sample of interviews was double coded independently by two researchers until consistency in the interpretation of the codes was reached, and thereafter a single researcher coded each interview. Key cross cutting themes were described and reported using direct quotations from the conversations with clients in the report of the interviews with clients (Annex G) and summarised in the narrative report.

## **Appraisal of individual program evaluations**

### **Report at Annex F**

Many of the individual programs established or expanded as part of the KTS have been evaluated. This component provides an assessment of these evaluations, considering both the quality of the evaluation and its findings. It aims to provide guidance to NSW Government on which programs have demonstrated positive outcomes and which have not, so they can make decisions on which programs to continue or expand, and which programs to close.

The nature of the methodologies used in the program evaluations meant that ratings of research rigour such as the Cochrane rating were unsuitable, because none of these evaluations would reach even the bottom rung of research rigour in any of the internationally recognised rating scales. Instead, a rating system was developed to identify the relative strengths and weaknesses in the evaluations under consideration. This involved ranking evaluations on a scale of one (very weak) to five (very strong) based on four domains: clarity of evaluation aims, outcomes clearly identified, strength of methodology and strength of results. Each evaluation was rated using this metric as part of an evaluation appraisal, which provides key information on the evaluation approach taken and the methodology used, with a discussion of strengths and weaknesses.

It should be emphasised that this appraisal of the evaluations should not be read as an assessment of the programs themselves, nor should it be read as a comment on the skills or quality of the evaluators. Programs may well be very effective, but without rigorous methods, this is hard to demonstrate empirically. Furthermore, many of the evaluators were working under very difficult circumstances, with limited funding, very short timescales and lack of sufficient data. They were often working to evaluation briefs which had been specified for them, and so had little control over the methodologies. Similarly, the evaluation funders were often working to very tight timescales with limited resources. Furthermore, many of the programs themselves were not set up in a way that made them easy to evaluate, and they were often not in a position to generate sufficient outcome data for their own clients, let alone comparison data, which would allow for a robust evaluation. Thus, the report should be seen as a commentary on the system itself, if anything, rather than on individual evaluators, funders or program managers.

## Evaluation design

In April 2013, the Department of Premier and Cabinet issued a Request for Tender for the outcomes evaluation of Keep Them Safe. The RFT set out the evaluation's purpose, questions, and methodological approach, specifying that quantitative analysis of the KTS Indicators is a key component of the evaluation. Key points from the RFT are extracted below

### Purpose and aims

The purpose of the evaluation is to consider the overall outcomes of KTS with specific consideration to outcomes realised for vulnerable children and families in NSW. It is intended to inform future policy decisions and budget directions for child protection and wellbeing policy in NSW.

Specifically, the purpose of the outcomes evaluation is to:

- Identify whether outcomes for children, young people and their families in NSW have changed since the introduction of KTS;
- Identify the extent to which these changes are due to KTS;
- Explain why identified reforms have been successful, within available information, to inform future decisions on the best way to preserve gains; and
- Explain why some reforms have not been successful, within available information, to inform decisions about what should be done with these initiatives.

### Evaluation questions

1. To what extent is the universal service system helping to ensure children and young people are safer, healthier, and meeting developmental milestones?
2. To what extent is the emphasis under KTS on prevention and early intervention helping to ensure vulnerable and at-risk children and young people live in families where their physical, emotional and social needs are met, and are not entering the statutory child protection system?
3. To what extent are KTS reforms designed to foster communication and collaboration helping to ensure vulnerable and at-risk children and young people live in families where their physical, emotional and social needs are met, and are not entering the statutory child protection system?
4. To what extent are the new reporting threshold and its associated advisory and referral mechanisms helping to ensure children and young people who are vulnerable but not at risk of significant harm are appropriately supported and not entering the statutory child protection system?

5. To what extent is the new reporting threshold and its associated reporting and assessment mechanisms helping to ensure children and young people at risk of significant harm are identified and kept safe from harm and injury?
6. To what extent are KTS reforms to child protection case management and the Children's Court helping to ensure that children and young people are safe?
7. To what extent are new out-of-home care standards, support/coordinator positions and investment in dedicated health and education services helping to ensure that children and young people in out-of-home care are safe, healthy and meeting developmental milestones?
8. To what extent are services working better with Aboriginal communities to ensure Aboriginal children and young people are living in families and communities where their physical, emotional and social needs are met, and not entering the statutory child protection system?

These questions have been designed to align with the KTS Evaluation Framework and the KTS Action Plan.

## Antecedents to the outcomes evaluation

Shortly after the launch of KTS, the SPRC and the Australian Institute of Family Studies (AIFS) were commissioned by DPC to develop an Evaluation Framework for KTS, which was completed in 2010 (AIFS and SPRC, 2010). This framework developed a detailed logic model for KTS and suggested a range of methods for evaluating its implementation and outcomes. The framework included establishing a baseline, an interim evaluation as well as an outcomes evaluation after five years. An implementation plan, developed by Urbis in 2011, translated the framework into evaluation activity that can be attributed specifically to KTS. The implementation plan organised these reform areas into three arenas: workforce and cultural change; practice and system; services and continuum of support (Urbis Consultants, 2011).

The relationship between the Special Commission of Inquiry into Child Protection Services in NSW, evaluation framework, implementation plan, and outcome evaluation questions, are summarised below.

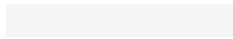
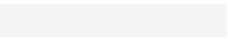


Evaluation question	Reform area <sup>a</sup>	Implementation <sup>b</sup>	Wood <sup>c</sup>
1	Universal services	Services and continuum of support	7
2	Secondary services	Services and continuum of support	7
3	Workforce and cultural change	Workforce and cultural change	24
4	Secondary services	Services and continuum of support	6, 8, 9, 10
5	Intake and referral to the statutory system	Services and continuum of support	6, 8, 9, 10
6	Improving processes for the resolution of child protection dispute cases	Practice and systems	11-14
7	Out-of-home care	Services and continuum of support	16
8	Greater participation and better services to Aboriginal children and young people	Practice and systems Workforce and cultural change	18, 19

a Evaluation framework (AIFS and SPRC, 2010)

b Implementation plan (Urbis, 2011)

c Chapter of the report of the Special Commission of Inquiry (Wood, 2008a, 2008b, 2008c, 2008d)



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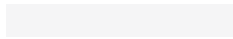
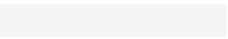
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## 11 List of Annexes

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- A. KTS Indicators
  - B. Unit Record Analysis
  - C. Economic Evaluation
  - D. Professional Perspectives
  - E. Spatial Analysis
  - F. Synthesis of Evaluations
  - G. Report on Clients' Interviews
  - H. Data Development
  - I. Other NSW Strategies and Initiatives
  - J. Literature Review

